

KEY DECISION NOTICE

SERVICE AREA:	DIRECTORATE OF PEOPLE Adult Services
SUBJECT MATTER:	THE REVIEW OF OPT IN SERVICES
DECISION:	<p>It is DETERMINED AND APPROVED:</p> <p>That following the review of the Opt In Service that approval is given to:</p> <ol style="list-style-type: none"> (1) Cease providing the Opt In Service as a Council run service and look to alternative provision in the independent, charitable and volunteer sector (2) Enter into negotiations with independent, charitable and volunteer sector providers to re provide key elements of the Opt In Service namely access to educational opportunities, recovery support group facilitation and depression support group facilitation (3) To invest £30,000 of resources to support the provision of services in the independent, charitable and voluntary sector
DECISION TAKER(S):	Councillor Brenda Warrington
DESIGNATION OF DECISION TAKER (S):	Executive Member for Adult Social Care and Wellbeing
DATE OF DECISION:	29 January 2016
REASON FOR DECISION:	<p>To invest a portion of Opt-In funding to support the development of the voluntary / charitable sector to provide some key elements of Opt-In services and consider reduced investment in the Recovery College model - With this option we would look at achieving £92,000 savings towards the overall savings target but use £30,000 to invest in the independent, charitable and voluntary sector to facilitate some of the groups currently facilitated by Opt-In. This option would ensure continuity of key areas of provision most valued by people who access Opt-In services while also investing in future models of delivery and support in terms of the Recovery College. While this option would not realise the full savings potential of a total closure of Opt-In the Council would be still offering a level of service to assist people to remain well in the community, as required in the Care Act 2015.</p>
ALTERNATIVE OPTIONS REJECTED (if any):	<p>Alternative options considered included:</p> <ol style="list-style-type: none"> 1. To continue providing the Opt In service with no change – This option was rejected as we need to meet Adult Services Transformation Strategy budget targets and failure to review all areas of controllable spend will result in failure to support the councils financial strategy 2. To close Opt In – This option was rejected following consultation with key stakeholders who felt that the service is effective in terms of a preventative model and that a

	<p>number of people would become unwell if the service stopped</p> <p>3. To close Opt In and invest some resource into the Recovery College model while still maintaining a significant saving – This option was rejected as it was felt that the recovery college model would only partially meet the needs of current users of Opt In as it provides time limited educational and therapeutic interventions. A large group of people who access Opt In do so for the recovery focused group activities and depression support which is not time bound and resembles more of a day service provision.</p>
<p>CONSULTEES:</p>	<p>Various methods were used to consult as part of this process and this included:</p> <ul style="list-style-type: none"> • Big Conversation using web and paper based questionnaire for people to complete (126 respondents completed the questionnaire) • Attendance at three opt In social groups including one open forum where discussions were facilitated with a range of stakeholders (85 people attended) • Completion of a service evaluation questionnaire (46 respondents) <p>Individuals were offered 1:1 support completing questionnaires if requested.</p> <p>Attendees and respondents included:</p> <ul style="list-style-type: none"> • People who use opt In • Carers of people who use Opt In • Public • Representatives of community groups • Staff from Pennine NHS Foundation Trust • Opt In staff
<p>FINANCIAL IMPLICATIONS: (Authorised by Borough Section 151 Officer)</p>	<p>The future proposed model is partly based on the use of volunteers who have experienced mental health issues in their own lives and will therefore lead to a reduced reliance on the Council and a more financially sustainable model of community based service options supported by the independent sector.</p> <p>The proposal outlined in this report will deliver annual recurrent savings of £0.092 million per annum whilst retaining £0.030 million of the existing budget for investment in the independent, charitable and voluntary sector to facilitate some of the groups currently facilitated by Opt-In.</p> <p>The savings delivered will contribute towards the £ 19.7 million savings required within the Adult services directorate by 31 March 2017 and on a recurrent basis thereafter.</p> <p>It should be noted that whilst recurrent annual revenue savings of £ 0.092 million will be delivered from 2016/17, there will be no immediate savings realised for the Council due to the associated additional net cost (£ 0.035 million) of allowing the related service</p>

	employees to voluntarily leave the Council's employment during 2015/16.
LEGAL IMPLICATIONS: (Authorised by Borough Solicitor)	The service has undertaken consultation and engagement with those currently affected as set out in the report. Members will need to consider and take into account any feedback which may affect the making of the decision or require moderation, and consider any equality impact. The impact of the equality assessment has been summarised in the report and the assessment is attached at Appendix 3. The decision taker needs to ensure they have read and take into account the assessment before making their decision, as case law now requires them to do so to mitigate the risk of challenge. It is not sufficient to simply read the summary.
CONFLICT OF INTEREST:	None
DISPENSATION GRANTED BY STANDARDS COMMITTEE ATTACHED:	None
ACCESS TO INFORMATION:	The background papers relating to this report can be inspected by contacting the report author, Sandra Whitehead, Interim Assistant Director, Adult Services on:  Telephone:0161 342 3414  e-mail: sandra.whitehead@tameside.gov.uk

Signed.....Date.....

Councillor Brenda Warrington – Executive Member (Adult Social Care and Wellbeing)

KEY DECISION REPORT

SERVICE AREA:	DIRECTORATE OF PEOPLE Adult Services
SUBJECT MATTER:	THE REVIEW OF OPT IN SERVICES
DATE OF DECISION:	29 January 2016
DECISION TAKER	Councillor Brenda Warrington
DESIGNATION OF DECISION TAKER	Executive Member for Adult Social Care and Wellbeing
REPORTING OFFICER:	Sandra Whitehead – Interim Assistant Executive Director, Adult Services
REPORT SUMMARY:	<p>This report provides an overview of the mental health Opt In Service and provides a summary of various options to secure a portion of identified savings while maintaining service provision.</p> <p>The report seeks to secure authorisation for Adult Services to explore alternative approaches to the provision of key Opt In services within the independent, charitable and volunteer sector. And authorisation is sought in terms of commissioning the independent, charitable and voluntary sector to re provide key elements of the Opt In Service.</p> <p>The primary driver is to meet budget savings targets which for Opt In are £122,000. The current budget for Opt In is £122,000.</p> <p>The recommended option will allow Adult Services to achieve £90,000 (74%) of identified savings against Opt In while ensuring continuity of the key functions that Opt In provides.</p>
RECOMMENDATIONS:	<p>That following the review of the Opt In Service that approval is given to:</p> <ol style="list-style-type: none"> 1. Cease providing the Opt In Service as a Council run service and look to alternative provision in the independent, charitable and volunteer sector 2. Enter into negotiations with independent, charitable and volunteer sector providers to re provide key elements of the Opt In Service namely access to educational opportunities, recovery support group facilitation and depression support group facilitation 3. To invest £30,000 of resources to support the provision of services in the independent, charitable and voluntary sector
JUSTIFICATION FOR DECISION:	To invest a portion of Opt-In funding to support the development of the voluntary / charitable sector to provide some key elements of Opt-In services and consider reduced investment in the Recovery College model - With

	<p>this option we would look at achieving £90,000 savings towards the overall savings target but use £30,000 to invest in the independent, charitable and voluntary sector to facilitate some of the groups currently facilitated by Opt-In. This option would ensure continuity of key areas of provision most valued by people who access Opt-In services while also investing in future models of delivery and support in terms of the Recovery College. While this option would not realise the full savings potential of a total closure of Opt-In the Council would be still offering a level of service to assist people to remain well in the community, as required in the Care Act 2015.</p>
<p>ALTERNATIVE REJECTED:</p> <p>OPTIONS</p>	<p>Alternative options considered included:</p> <ol style="list-style-type: none"> 1. To continue providing the Opt In service with no change – This option was rejected as we need to meet Adult Services Transformation Strategy budget targets and failure to review all areas of controllable spend will result in failure to support the councils financial strategy 2. To close Opt In – This option was rejected following consultation with key stakeholders who felt that the service is effective in terms of a preventative model and that a number of people would become unwell if the service stopped 3. To withdraw Opt In funding and provide investment in the Recovery College model as an alternative means of provision while still maintaining a significant saving – This option was rejected as it was felt that the recovery college model would only partially meet the needs of current users of Opt In as it provides time limited educational and therapeutic interventions. A large group of people who access Opt In do so for the recovery focused group activities and depression support which is not time bound and resembles more of a day service provision.
<p>CONSULTEES:</p>	<p>Various methods were used to consult as part of this process and this included:</p> <ul style="list-style-type: none"> • Big Conversation using web and paper based questionnaire for people to complete (126 respondents completed the questionnaire) • Attendance at three opt In social groups including one open forum where discussions were facilitated with a range of stakeholders (85 people attended) • Completion of a service evaluation questionnaire (46 respondents) <p>Individuals were offered 1:1 support completing questionnaires if requested.</p> <p>Attendees and respondents included:</p> <ul style="list-style-type: none"> • People who use opt In

	<ul style="list-style-type: none"> • Carers of people who use Opt In • Public • Representatives of community groups • Staff from Pennine NHS Foundation Trust • Opt In staff
<p>FINANCIAL IMPLICATIONS: (Authorised by Section 151 Officer)</p>	<p>The future proposed model is partly based on the use of volunteers who have experienced mental health issues in their own lives and will therefore lead to a reduced reliance on the Council and a more financially sustainable model of community based service options supported by the independent sector.</p> <p>The proposal outlined in this report will deliver annual recurrent savings of £0.092 million per annum whilst retaining £0.030 million of the existing budget for investment in the independent, charitable and voluntary sector to facilitate some of the groups currently facilitated by Opt-In.</p> <p>The savings delivered will contribute towards the £ 19.7 million savings required within the Adult services directorate by 31 March 2017 and on a recurrent basis thereafter.</p> <p>It should be noted that whilst recurrent annual revenue savings of £ 0.092 million will be delivered from 2016/17, there will be no immediate savings realised for the Council due to the associated additional net cost (£ 0.035 million) of allowing the related service employees to voluntarily leave the Council's employment during 2015/16.</p>
<p>LEGAL IMPLICATIONS: (Authorised by Borough Solicitor)</p>	<p>The service has undertaken consultation and engagement with those currently affected as set out in the report. Members will need to consider and take into account any feedback which may affect the making of the decision or require moderation, and consider any equality impact. The impact of the equality assessment has been summarised in the report and the assessment is attached at Appendix 3. The decision taker needs to ensure they have read and take into account the assessment before making their decision, as case law now requires them to do so to mitigate the risk of challenge. It is not sufficient to simply read the summary.</p>
<p>RISK MANAGEMENT:</p>	<p>Please see section 8 of the attached report 'Risk Management'</p>
<p>LINKS TO COMMUNITY PLAN:</p>	<ul style="list-style-type: none"> • Supportive Tameside • Learning Tameside • Safe Tameside • Healthy Tameside <p>The review also relates to Tameside Adult Services Transformation programme</p>

ACCESS TO INFORMATION:

The background papers relating to this report can be inspected by contacting the report author, Sandra Whitehead, Interim Assistant Director, Adult Services on:



Telephone:0161 342 3414



e-mail: sandra.whitehead@tameside.gov.uk

1. INTRODUCTION

- 1.1 The Council continues to face unprecedented financial pressures in terms of the year on year reductions in Government financial settlements. Since 2010 the Council has been required to deliver efficiency savings of £104 million. Adult Services has been required to deliver £37 million to this total, with a further £5 million required in 2016/2017. This will result in a net budget for all Adult Services of £40 million at the start of the 2016/2017 a reduction of over half the budget it had in 2010.
- 1.2 In order to realise these savings Adult Services has already made a number of radical changes in the way it provides services. These include a number of service redesigns starting with a full management structure redesign which reduced the budget recurrently by £1.2 million at the time, in 2010.
- 1.3 These reductions in budget have been happening at the same time as demand for social care has been rising. The increasing number of older people and younger adults with complex and life limiting conditions and disabilities has added a further pressure to the services that the Council provides. Although many people are encouraged to seek help from within their own families or communities many still require help and support from the Council and the people who are now seeking help are those with more complicated and complex care and support needs that often need more expensive packages of care to meet their assessed needs. Success in the treatment and care of adults with severe illnesses and disabling conditions has also meant that many more people in the borough are living longer; however they are living with one or more health issues that require help and support. The healthy life expectancy of people in the borough is 57 years.
- 1.4 There are some services that the Council is either providing or commissioning that work with people who currently do not have an identified eligible need according to the new national eligibility criteria. These services are not required to be provided as a duty under the Care Act 2014, however it is widely recognised that working with people as early in their care journey as possible, or when a person is well, will result in them delaying and or stopping the need for more intensive and longer term interventions. Adult Services has invested in lower level sub eligibility threshold services for many years and it is regarded as a crucial element of a holistic health and social care service, and is a key feature of the Care Together programme.
- 1.5 To reduce or cease these types of service will have an impact on the people accessing them and there will be a significant numbers of people who will undoubtedly begin to hit the eligibility thresholds for statutory services much earlier than at present. The reduction of this type of provision could, therefore, be seen as a false economy, however it is accepted that given the current financial difficulties faced by the Council, these services must be considered ahead of those services that are deemed to be crucial in meeting the assessed eligible care and support needs of the citizens of the borough.
- 1.6 The managers within Adult Services have identified a number of areas for consideration for either redesigning or ceasing services that are currently provided for people who have needs that are deemed non-eligible under the national criteria. Opt-In is one such service that provides support to adults who have, or are experiencing, mental health issues, including support to their carers or supporters. The service offers help and advice for people to hold existing social roles, relationships and social/leisure activities as well as developing new ones.
- 1.7 Opt-In currently costs £122,000 per annum. This is Council funding with no contributions from other areas that have contributed to the service previously such as Pennine NHS Foundation Trust or funding that was previously provided through the Supporting People Programme. The original saving target identified against this service was £122,000. This

saving would ultimately mean that the service will have to be closed. As there are not any alternative service options this would be detrimental to individuals who use this service.

- 1.8 The Council have also introduced a voluntary severance scheme during November 2015 which has meant that several employees including the manager of Opt-In have voluntarily exited the service leaving a significantly reduced staffing compliment to facilitate service operations. This has to be considered in terms of any future direction.
- 1.9 Both these developments have meant that a serious review of this service area is now required and this report will set out how Adult Services aim to achieve most of the identified savings whilst also looking at maintaining some aspects of service provision across the borough using the independent and voluntary sector options.
- 1.10 An Executive Decision taken on 15 October 2015 gave authority to consult on future options for this service.

2. BACKGROUND

- 2.1 The Opt-In team was formed in 2008 following a review of mental health day services in Tameside. Opt-In offers information and advice to people who have mental health issues and their families and carers. The aim of the service is to provide support that actively encourages engagement and participation to aid recovery and wellbeing through the use of recovery and socially focussed groups that encourage engagement and peer support while also offering access to courses that allow better access to further education.
- 2.2 The Opt-in Team consisted of 1 Assistant Team Manager (managed by a Mental Health Team Manager external to Opt-In), 3 Support Workers and 1 Business Support Worker. During the course of this consultation the Council launched the voluntary severance scheme and two Opt In staff exited the authority; these were the Assistant Team Manager and the Business Support Worker. This has significantly reduced the team's capacity however in terms of current savings targets and planned reviews and restructures across Adult Services we could not viably refuse these applications. This will impact on current support provided by Opt In.
- 2.3 Opt-In's core areas of work are recovery, wellbeing and peer support. This is facilitated through supporting a number of initiatives which include:
 - **Recovery Focused Groups** which offer support and information that aims to help people move on in their life. These groups include educational elements, and offer advice and guidance to individuals and groups on a range of topics to assist people to cope and live their lives despite any mental health issues an individual may be experiencing. These groups are facilitated at various sites around the borough primarily in church community facilities.
 - **Depression Support Group** - this is a peer support group for people affected by depression. People meet to share experiences and ways of coping. People find this very helpful in terms of being able to talk to other people about their experiences of having depression. It is understood that this is the only depression support group within the borough.
 - **Education Based Groups** - Education and Learning is part of the 5 Ways to Wellbeing programme and this is an area that Opt-In co-ordinate to help people move on by helping individuals develop new skills. These include 16 groups which focus on improving literacy and English skills, access to formal qualifications, a theatre group, outdoor groups focused on walking and local conservation group projects, art and craft groups. Many of these groups are linked to Tameside College and a local theatre group.

- 2.4 A key area of provision in this service is delivered through the facilitation of peer support groups; these include social drop in groups that include three groups that meet in Hyde, Dukinfield and Denton and also a group for women facilitated by women that offers a safe environment to talk and give and receive support. These groups are supported by local community groups who allow access to community facilities for the groups. A lot of the support that is valued by people who use these services focuses on being able to discuss and seek help and advice with daily issues such as problems with benefits and finances, housing etc.
- 2.5 Between June and September 2015 the average number of people who accessed Opt-In was 157 people per month. However many of these people will access various activities and groups so the average number of contacts per month is 638 contacts. While there is a core group who regularly access and depend upon the service there are a number of people who drop in and out of groups so actual numbers can be variable. Statistics for July 2015 indicate that of 152 people seen, 49 would be classed as Level 2 or high level of need by Community Mental Health Teams (CMHTs) and 2 people were inpatients on a mental health ward who were accessing community based services facilitated by Opt In.

3. POLICY CONTEXT

- 3.1 Local authority social service departments have had a statutory requirement to assess people for services to meet their ongoing needs since the National Assistance Act 1948. Over the years this duty and responsibility has been further enhanced by a number of other pieces of legislation notably the Chronically Sick and Disabled Persons Act 1970 and a number of Carers Acts. The Care Act 2014 was implemented from April 2015 and pulls together all the salient points of previous legislation for adult social care under one piece of legislation. The duty on Councils to assess any citizen who requests an assessment of their social care needs remains as a fundamental part of the Care Act as does the introduction of a new national minimum eligibility criteria for receiving adult social care services.
- 3.2 Once an assessment is completed the Council must determine whether a person is eligible to receive services provided by or commissioned by the Council. Previous to the Care Act local councils had discretion regarding the level of need they deemed eligible using the Fairer Access to Care Services (FACS) eligibility criteria. In Tameside services provided to those people meeting category 1 and 2 of the FACS criteria, that is those people with critical and substantial needs.
- 3.3 The FACS eligibility criteria was replaced with the introduction of the Care Act's National Minimum Eligibility Criteria which means that all councils must now assess people and provide services to those people who meet the national criteria.
- 3.4 Opt-In is used as a sub-threshold service in that most of the people who access this service would not currently meet the National Minimum Eligibility Criteria and do not require assessment to access the services provided. This service is an early intervention, prevention and wellbeing service that is focused on supporting anyone who accesses the service to maintain mental wellbeing and in so doing reducing the risk of further admission to more formal primary and secondary health and social care services. In doing this the service supports other areas of the 'system' in reducing more costly interventions by supporting community based support solutions focused on self-management, resilience and wellbeing.
- 3.5 One of the key provisions in the Care Act 2014 is:

'...a requirement (for local authorities) to arrange for the provision of preventative services, i.e. services which will reduce, prevent or delay the development of need for care and support' Furthermore it is a "definite requirement to provide or arrange for the provision of

such services rather than just a matter to which you (the local authority) must have regard when carrying out functions under the Act'.

- 3.6 Prevention includes improving people's wellbeing and independence. Councils will have to consider various factors:
- what services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people
 - identifying people in the local area who might have care and support needs that are not being met
 - identifying carers in the area who might have support needs that are not being met.
- 3.7 In taking on this role, local authorities will need to continue to work with their communities and provide or arrange services that help to keep people well and independent. This should include identifying the local support and resources already available and helping people to access them.
- 3.8 Councils should also provide or arrange a range of services which are aimed at reducing needs and helping people regain skills, for instance after a spell in hospital. They should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.
- 3.9 As part of this review it has been essential for us to:
- Establish the effectiveness of interventions provided by Opt In through a thorough consultation with users and key stakeholders;
 - To understand what is available across the borough that may be similar or could be accessed in terms of re-provision of services;
 - Look at the viability of developing alternative schemes within the independent, charity and voluntary sector that could be developed to meet the current and future needs of individuals with low level mental health needs and their carers.

4. FINANCIAL INFORMATION

- 4.1 Opt-In currently costs £122,000 net to run each year. These costs are primarily made up of staffing resource costs and include the funding of 1 Assistant Team Manager and 3 Day Support Workers. More senior management costs are held elsewhere so are not included in the overall Opt-In cost.
- 4.2 The actual savings set against Opt-In are £122,000.
- 4.3 This will mean that Op-In will need to close and current available resources redirected to achieve the actual savings target or that the Council look at more creative ways of addressing identified priority areas of provision. This concept forms one option described later in the report in terms of providing savings of £92,000 per annum and withholding £30,000 for reinvestment in the independent, charitable and voluntary sector to re provide services currently provided by Opt In and to assist in the development of future service options for new people. The £30,000 figure is an estimate as negotiations will need to be progressed with various organisations across the sector to define activity and the cost of that activity so the actual cost may be lower than the £30,000 estimated cost.
- 4.4 The current budget for Opt In 2015-16 is detailed below and is currently showing a projected underspend for the financial year of £8,710.00 however this will increase further because the Assistant Team Manager and Business Support left on voluntary severance on the 30 November 2015 which will be a further £19,739 approximate saving with an estimated projected outturn saving of £28,449.25 by April 2015.

Opt In Service 20152016

	Budget	Qtr 2 Projection	Under/Over
Staffing	112,410.00	112,240.00	-170.00
Premises	120.00	0.00	-120.00
Supplies and Services	7,850.00	880.00	-6,970.00
Transport	1,750.00	300.00	-1,450.00
Net Cost	122,130.00	113,420.00	-8,710.00

4.5 Based on 5 day working for 52 weeks per year (260 days per year) and current attendance of 152 people attending per week unit costs are detailed below based on net budget and projected outturn of £8,710.00 underspend:

Days	Net Budget Cost	Cost Per Day	Average Attendees	Cost Per Day per attendee
260	122,130.00	£469.73	30.4	£15.45
Days	Based on Net Outturn	Cost Per Day	Average Attendees	Cost Per Day per attendee
260	113,420.00	£436.23	30.4	£14.35

5. CONSULTATION

5.1 A range of consultation methods have been used to discuss and elicit responses from key stakeholders around the current financial situation. This has included people who use Opt-In, families and carers, other professionals and interested groups and the wider residents of the borough. This has been conducted in parallel with the wider consultation on Adult Services budget savings that have been facilitated over the same time period. The results of which are detailed within this section of the report. Approaches used have included:

- Use of the Big Conversation (web based consultation open to everyone to comment on) including specific questionnaire related to Opt In (paper copies were provided when requested)
- Attendance at three of the Opt-In social groups including one open session to discuss the changes
- Individual sessions with people who attend Opt-In including a Service Evaluation questionnaire

5.2 Consultation has been supported by the Council's Policy Unit who have assisted in pulling both quantitative and qualitative data together to be used to inform decision making regarding options.

5.3 Big Conversation

5.3.1 The Big Conversation platform was used to provide wider access to the main questionnaire and supported by the supply of paper based copies when requested. This was supported by two discussion groups with social groups and one open forum session where updates on the proposals were provided and people were encouraged to participate in the questionnaire process. A summary of the main issues raised are

detailed below however full quantitative and qualitative summaries are provided in appendix 1 attached to this report.

5.3.2 126 respondents responded to the Opt In questionnaire, 87 of which (74.1%) are regular or casual users of the service. Relatives and friends were the next highest level of respondents at 6 people (5.04%) of respondents. The remaining respondents included the public, community and voluntary groups, partner organisations, TMBC staff member, NHS Pennine and other.

5.3.3 People were asked how Opt In has benefited people and out of 93 respondents, 73 (78.49%) stated that the service has helped them to manage their condition better. 70 (75.27%) of respondents stated that attending the service has helped them improve their coping skills. 63 (67.74%) stated that the service has helped them improve their place in the community for example meeting other people, getting involved etc. 37 (39.78%) of respondents stated that the service has assisted in improving individuals physical health.

5.3.4 Out of 115 respondents 99 (86.09%) of respondents stated that they would be directly affected by any changes to the Opt In service. From a gender perspective out of 111 responses 53 (47.75%) of respondents were Male and 58 (52.25%) of respondents were female so the gender mix was quite balanced. Interestingly from 110 responses 106 (96.36%) described themselves as white – English / Welsh / Scottish / Northern Irish / British which does not reflect the current demographic mix of the borough.

5.3.5 From a qualitative perspective respondents felt that the services provided and or facilitated by Opt In are immediately accessible unlike other services where waiting lists are in place. Respondents felt that other recovery based models are heavily focused on throughput and targets unlike Opt In. Respondents stated that current recovery models consist of short term time bounded interventions where Opt In facilitates more supportive networks and building friendships where similar people can meet and safely discuss issues of concern. Respondents stated that Opt In provides a welcoming and unconditional, non-judgemental environment. Respondents stated that the staff are trusted.

5.3.6 The service provides educational and learning opportunities for people including assistance with reading skills, opportunities to take on responsibilities such as being a member of the committee and volunteering opportunities. Respondents stated that the environment allows people to talk about concerns and worries and assists people to better cope with situations. Key examples used included reducing loneliness and isolation, developing greater confidence and helping people to be more tolerant and respectful of others. Some respondents voiced concerns that the service has helped reduce self-harming and are worried that stopping the service could lead them to begin self-harming and or be at risk of harming others.

5.3.7 Further issues raised by respondents included the importance of Opt In in providing respite for carers and family members. Carers stated that they have concerns that they would be unable to cope if services stopped. Further concerns from some respondents were that by withdrawing services such as Opt In some individuals will regress and require more costly interventions from the NHS and or Local Authority.

5.4 Group Consultation Sessions

5.4.1 Managers attended three of the organised social groups including the Art Group to discuss the changes and to answer questions. One meeting was an open forum meeting with 40 people and consisted of an overview of the current situation and the process of consultation followed by a question and answer session. In total 85 people

were in attendance at the three sessions. It was apparent that Opt In is a much valued service, and emotions were understandably high as people were concerned that services were to be stopped. A summary of the key issues raised were:

- That the social groups and art group are much valued resources that many people felt provides a therapeutic environment.
- That the groups that are facilitated help prevent isolation and are therapeutic and calming.
- That carers value the services provided as it allows them time to do other things.
- People felt that the services offer support even when in formal services as Care Coordinators and Community Psychiatric Nurses contact can be low so they rely on Opt In for resolution of problems and described the service as a “lifeline”.
- That a lot of people are very anxious at the potential changes / proposals.
- Several people stated that the service is a cheap way of supporting a lot of people to stay well and could not understand why we would consider reducing or stopping the service.
- People raised that they were concerned that they would become unwell and present a risk to self and others. This was also raised by carers.
- People stated that the proposal may make short term savings which will lead to greater cost.
- Community / church groups raised that because the groups are facilitated in local communities they become part of that community as do the people.
- Parity of esteem was raised in terms of Local Authority spend on mental health in comparison to physical health services. One comment was that if this was a cancer treatment service we would not be considering closing the service.
- People stated that they value the service and it helps keep people well. That there are risks that if the service stops people will become unwell.
- People were questioning why the council is spending money on things like fountains in Ashton market while reducing or stopping vital services to vulnerable people.

5.5 Service Evaluation

5.5.1 The Service Evaluation summary is available in **appendix 2**. The evaluation was undertaken with people who use Opt In. 46 forms were returned and where requested 1:1 supported was provided to individuals to help complete the forms. Key messages were that the three key aspects of Opt In that people like is socialising (28 people), learning (17 people) and friendly helpful people (16 people). When asked what Opt In has helped people do?, the responses were in descending order, increased confidence, Socialise, get out of the home and learn to read and other skills. When people were asked how they were managing prior to using Opt In? 8 people stated they were managing well / ok. 22 people were managing with difficulty while 13 stated they were struggling. This was out of 43 respondents. When people were asked how Opt In has helped them to manage better the responses were that people were socialising which gives greater purpose to leaving the house. The increased support helped people gain more confidence, routine and structure leading to greater sense of wellbeing and happiness.

5.5.2 The people who use Opt In, families and carers, community groups associated with Opt In and practitioners in partner organisations all value the services that Opt In provide. This does seem to be down to the work of the staff, the volunteers and people who use the services who make this work for people who are very vulnerable. The service is also quite unique in terms of its structure with no access criteria and immediate help and assistance for people who wish to access the service. The service has never operated to strict performance targets unlike most other areas of service operations however due to the nature of the work this seems to be a massive positive

as well as also placing the service at risk during times of austerity. Feelings are strong in terms of continuing to provide some key elements of the service and this strong commitment by people consulted with has led to a re-evaluation of the original plan in terms of stopping the service and moving to the recovery college model as the only viable alternative option.

6. OPTIONS APPRAISAL

- 6.1 Following the review of the service which included full consultation with key stakeholders there are a number of options that need to be considered as part of this decision and these are detailed below:
- 6.2 **Option A - No change to the current level of service provided by Opt-In** - To retain the current levels of provision would not meet the required savings target. This would contribute to the level of risk of Adult Services and the Council not achieving its statutory duty in terms of achieving a balanced budget and would mean that other areas of provision would have to be considered to achieve the savings. This would mean considering stopping or reducing statutory services which would be unlawful. To achieve the current savings requirements all non-statutory services such as Opt-In have to be considered prior to services where a statutory duty is in place.
- 6.3 **Option B - Stop providing Opt-In** - The easiest option for the Council would be to stop providing Opt-In services and redirect current staffing resources to alternative teams where voids exist. This would achieve the required savings towards the wider savings strategy. The impact would be detrimental to many of the people who access Opt-In and their families and carers. The decision could result in some people becoming unwell as support networks diminish and could result in increased demand on primary and secondary care services leading to greater costs across the system as a whole. A further consideration would be that of duties under the Care Act 2014 in terms of the provision of preventative services within the borough (see section 3 above).
- 6.4 **Option C - To withdraw Opt In funding and provide investment in the Recovery College model as an alternative means of provision while still maintaining a significant saving** - This is an option that has been considered. The option would involve retaining approximately 26% portion of the budget (£30,000) to invest in the Recovery College which will provide specific time limited interventions to people who have low level mental health needs. While the Recovery College will replicate some of the activity currently facilitated by Opt-In these will be specific outcome based time limited options. While we do envisage this as a future model which we do want to be involved with it may not meet the needs of a significant number of people who attend Opt-In who have become dependent on the activities it facilitates so will not at this time meet everyone's needs.
- 6.5 **Option D - To invest a portion of Opt-In funding to support the development of the voluntary / charitable sector to provide some key elements of Opt-In services and consider reduced investment in the Recovery College model** - With this option we would look at achieving £92,000 savings towards the overall savings target but use £30,000 to invest in the independent, charitable and voluntary sector to facilitate some of the groups currently facilitated by Opt-In. This option would ensure continuity of key areas of provision most valued by people who access Opt-In services while also investing in future models of delivery and support in terms of the Recovery College. While this option would not realise the full savings potential of a total closure of Opt-In the Council would be still offering a level of service to assist people to remain well in the community, as required in the Care Act 2015 (see section 3 above). What this will mean is a much reduced contribution towards the Recovery College only option described in paragraph 6.3 above.

- 6.6 Based on the options available the Council recommends the Option detailed in paragraph 6.5 as the most viable option in terms of the balance of risk and impact against actual savings that can be achieved. The Council are aware of several organisations that it can enter into negotiations with who have excellent experience of supporting people who have mental health issues who could facilitate the social peer support groups and the depression support group at a significantly reduced cost to Opt-In. The Recovery College is scheduled for 'soft launch' in January 2016 and this development aims to provide a significantly wider package of courses including education based courses that are currently provided by Op-In as well as more coping strategy based inputs in the community. The Council would want to enter into discussions with Tameside and Glossop Clinical commissioning Group to support investment in the Recovery College model to try and ensure its success.
- 6.7 Option D is a model partly based on the use of volunteers who have experienced mental health issues in their own lives and we would be aiming for reduced reliance on the Council and a more sustainable model of community based service options supported by the community. We would have to have authorisation to commit to this model before entering into discussions with key providers. We estimate that £30,000 will be more than sufficient to fund the options being discussed and would not exceed this cost in terms of the design of new services.

7 EQUALITIES

- 7.1 An Equality Impact Assessment has been conducted as part of the review (see appendix 3). The primary reason for this is because this decision involves reducing or stopping a service. From a protected characteristics perspective this decision primarily impacts on adults who have or are suffering from mental ill health and therefore have a disability. It may have an indirect impact on people who access the services provided by Opt In who do fall into a protected characteristic group. Based on respondents feedback to the consultation out of 111 respondents 106 (95.5%) identified themselves as white British, with 2 white Irish, 1 white Gypsy/Irish, one Asian British and one white/black Caribbean.
- 7.2 Opt-in offers a range of service interventions focused on the provision of information and advice to people with mental health issues and their families and carers. Provision is focussed on the core objectives of recovery, wellbeing and peer support through the facilitation of recovery focused groups, depression support groups and education based groups. Opt In is a sub-threshold service and as such anyone can access the services without assessment so there is no clear statutory duty to provide this service as no national access criteria is applied for entry. Despite this some upper threshold people do attend Opt In as part of their treatment and recovery, and there is a local authority duty to ensure that preventative services are made available under the Care Act 2014.
- 7.3 To stop this service would result in a significant impact upon the people who access this service including carers. Feedback from consultation has indicated that a significant group of people rely heavily on the service to support mental wellbeing, reduce social isolation and support family and carer networks in terms of providing respite. The service also provides day to day support to individuals around finances, housing support and general activities for daily living.
- 7.4 One key argument is that of 'parity of esteem' and a general feeling that people with mental health issues are not treated as fairly as other people in the community in terms of recognition and investment and funding of services. This is one area that has been raised as part of the consultation on this proposal.
- 7.5 Based on the findings from consultation Adult Services have tried to compromise in terms of its transformation agenda and savings targets to make savings whilst also trying to retain the key element of services provided. Adult Services have recommended as part of the Key

Decision process that an option of part savings and part investment in the development of new services would be the most appropriate option in the future. This would include investment in a Charity to provide depression support, investment in the independent sector in terms of the provision of recovery focused groups and investment in the recovery college in terms of education based support. Adult Services propose supporting this investment by discussing joint investment from partners namely Tameside and Glossop CCG. This model will be significantly more efficient as current overheads would be reduced and organisations use volunteer workers who will support group working. This model would provide alternative provision in terms of providing prevention based services to meet Care Act 2014 requirements and also contribute to Adult Services duty in terms of its identified savings.

8 RISK MANAGEMENT

8.1 The table below describes the key risks of implementing Option D, and the actions to mitigate the risks.

Risk	Consequence	Impact	Likelihood	Action to mitigate against risk
The Council is unable to fulfil its statutory duties (in terms of not meeting identified financial targets)	Potential for Judicial Review and involvement of Local Government Ombudsman	4	2	Ensure that assessment function remains and that appropriate services are available to meet identified eligible needs
Lack of support services to people with mental health issues	People will have to seek services from elsewhere or go into crisis resulting in higher level services being needed / potential challenge in terms of parity of esteem	4	3	Discuss and redesign different service delivery models with health service colleagues and the voluntary sector
Not being able to meet the Services financial targets	Inability to make the necessary savings will impact elsewhere on Council services at a time when all services are being drastically reduced	4	3	Ensure that budget plan is realistic and doable without running counter to the Council's statutory duties
Savings timescales are not achieved	Failure to achieve necessary timescales will add further pressure to the financial pressures faced by the Council	4	3	Ensure that a robust governance and project plan is in place that is closely monitored and acted upon in a timely manner.
That due to reduced staffing as a result of severance Opt-In services fail to provide adequate provision in the short term	Impact on people who use the service could result in disengagement from services and lead to poor individual consequences in terms of poor mental health outcomes	4	2	Will ensure that interim management arrangements are put in place to support the review and manage current service operations
Failure to understand the	That essential services stop and impact on those	3	1	Full consultation with people who use

full impact of the proposed decisions	who use or may need services resulting in people becoming unwell and requiring more formal service interventions			services, staff and partners to ensure that alternative options are considered and communications are clear
---------------------------------------	--	--	--	---

9 CONCLUSIONS

- 9.1 The Council has seen unprecedented reductions in funding over the past five years which since 2010 has resulted in efficiency savings of £104 million. By 2017 it is predicted that the net reductions in Adult Services budget since 2010 will equate to a £40 million reduction in its overall budget (50% of budget) since 2010.
- 9.2 As a result of these reductions all services are subject to review to establish where efficiencies can be achieved and / or where services can be provided differently. This includes consideration of services where there are statutory and non-statutory duties and responsibilities. One such service area that has not previously been reviewed is the Opt-in Service. Opt In currently costs £122,000 per annum, and these costs are primarily staffing costs for the facilitation of groups and activities. The savings target for Opt In is £122,000 so this is fundamentally all of the funding for the service.
- 9.3 Following consultation with users of Opt In and other key stakeholders it was apparent that this service is a highly valued service by people who access the service and their families and carers. As a result of this we have explored how we can sustain the key elements of service at a significantly reduced cost. This would mean that Adult Services would not achieve the full efficiency against Opt In but it would mean that continuity of service now and in the future could be sustained at a significantly reduced cost. The review coincided with the councils voluntary severance scheme which the manager and administrative support from Opt In have applied for and been agreed so they have exited the council leaving a significantly reduced resource in Opt In of three Day Service Support staff.
- 9.4 The options set out in this report are to enter into negotiations with the independent, charitable and volunteer sector to provide some of the key functions of Opt In. Adult Services would exit the provision and fund the sector to provide these services while also achieving £92,000 of the £122,000 savings target, using the remaining £30,000 to invest in the sector. The actual investment may be much lower but we will need to enter into negotiations to establish actual cost of investment.
- 9.5 There are providers in the sector who have experience of facilitating similar groups to those provided by Opt In and this approach would maintain key services with minimum investment on the part of Adult Services. This does seem a good compromise in difficult times.

10. RECOMMENDATIONS

- 10.1 As stated on the report cover

APPENDIX 1

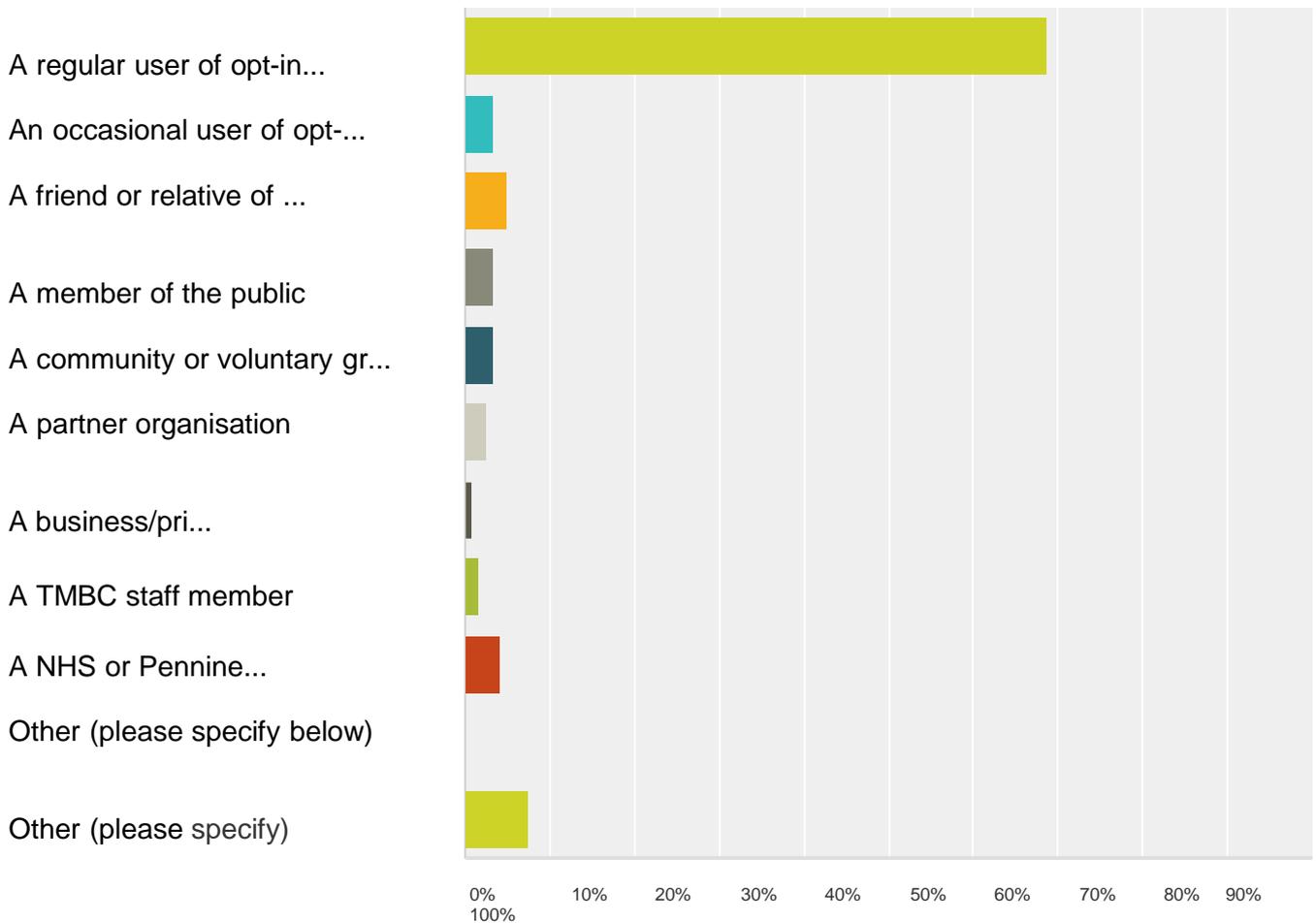
Q1 We want to hear your views. Please help us by providing your personal details so that we can verify that the responses are valid, so that we can give due weight and consideration to your views. This information will only be used as part of the public consultation and will not be used or processed for any other purpose. Thank you for joining in our Big Conversation.

Answered: 117 Skipped: 9

Answer Choices	Responses	
Name	21.37%	25
Address 1	20.51%	24
Address 2	11.11%	13
Town	19.66%	23
Postcode	99.15%	116
Email Address	18.80%	22

Q2 Please tick the box that best describes your interest in this issue? (Please tick one box only)

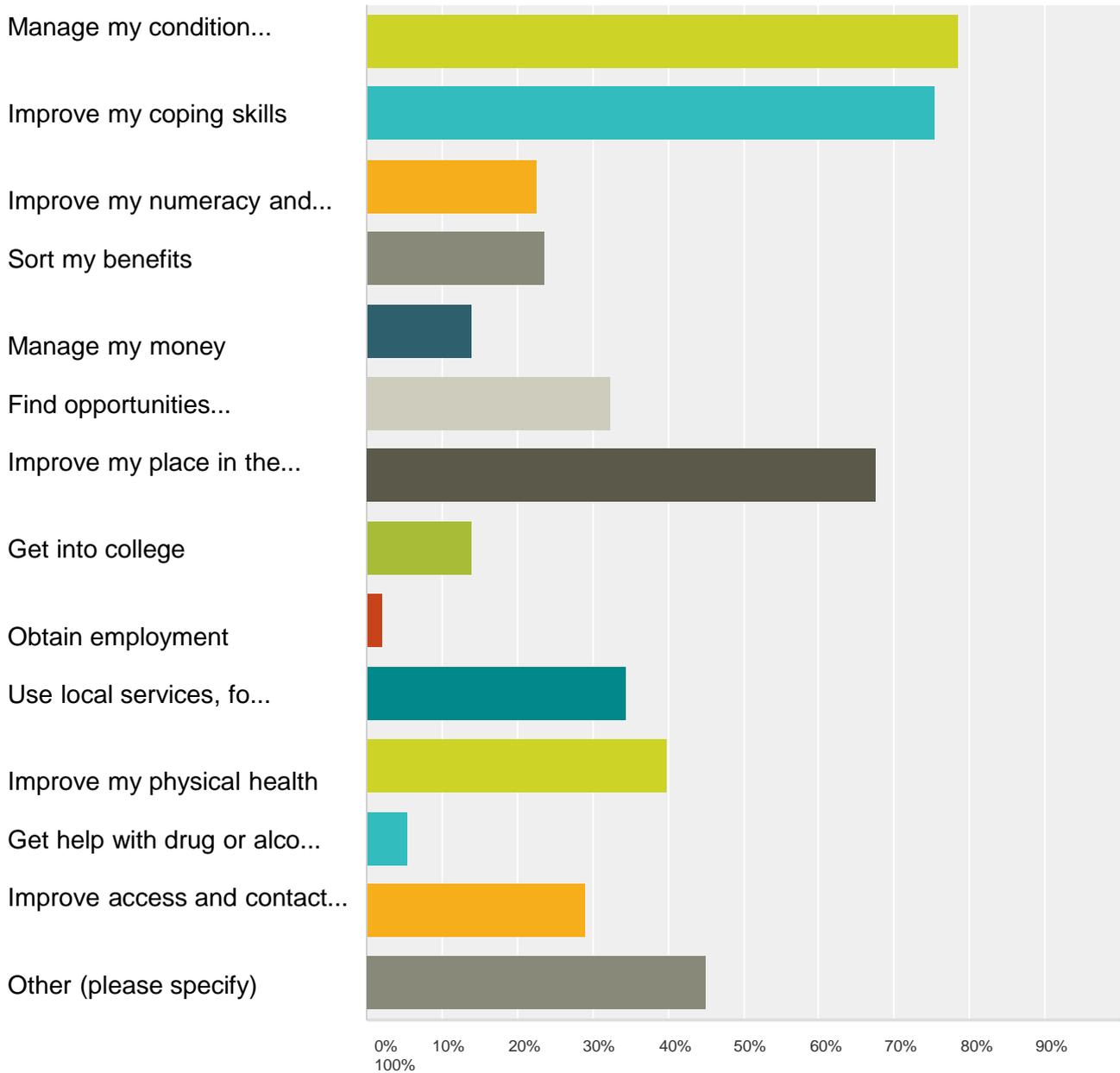
Answered: 121 Skipped: 5



Answer Choices	Responses
A regular user of opt-in services	68.60% 83
An occasional user of opt-in services	3.31% 4
A friend or relative of a resident of a service user who uses services provided by the opt-in team	4.96% 6
A member of the public	3.31% 4
A community or voluntary group	3.31% 4
A partner organisation	2.48% 3
A business/private organisation	0.83% 1
A TMBC staff member	1.65% 2
A NHS or Pennine Foundation Trust employee	4.13% 5
Other (please specify below)	0.00% 0
Other (please specify)	7.44% 9
Total	121

Q3 How has the opt-in service benefited you? (Please tick all that apply)It has helped me to...

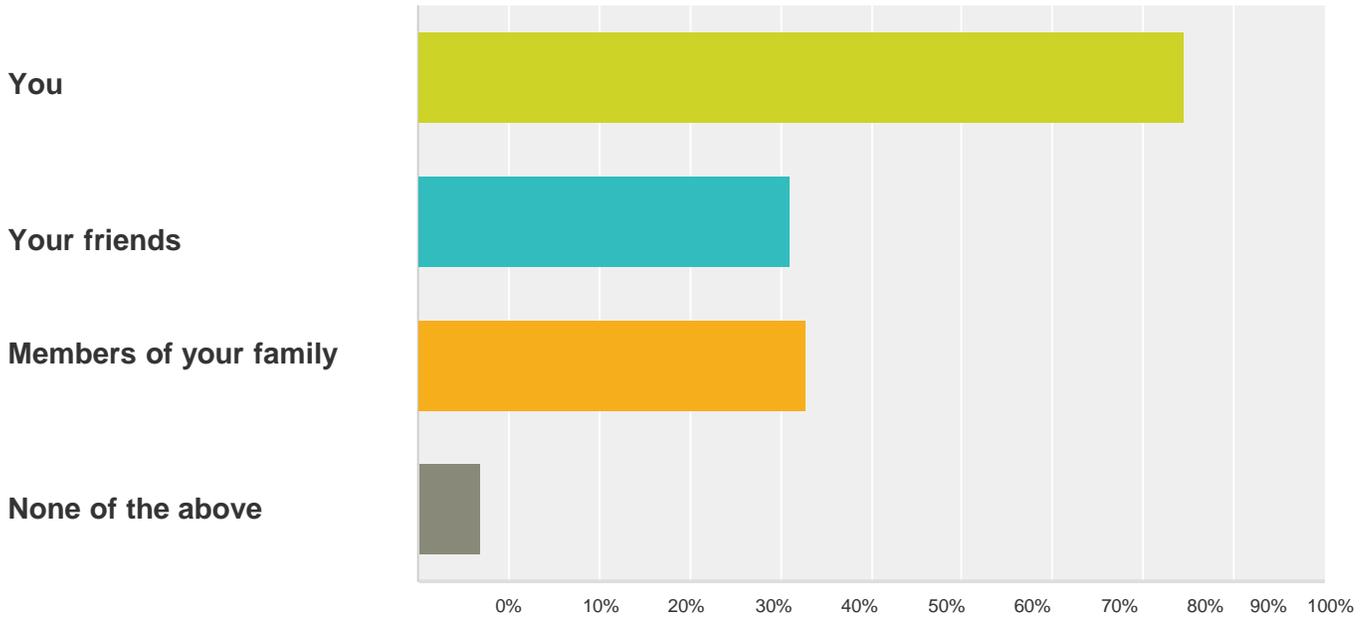
Answered: 93 Skipped: 33



Answer Choices	Responses	
Manage my condition better	78.49%	73
Improve my coping skills	75.27%	70
Improve my numeracy and literacy skills	22.58%	21
Sort my benefits	23.66%	22
Manage my money	13.98%	13
Find opportunities to volunteer	32.26%	30
Improve my place in the community e.g. meeting other local people, getting involved	67.74%	63
Get into college	13.98%	13
Obtain employment	2.15%	2
Use local services, for example library or sports centre	34.41%	32
Improve my physical health	39.78%	37
Get help with drug or alcohol issues	5.38%	5
Improve access and contact with other agencies i.e. Mental Health	29.03%	27
Other (please specify)	45.16%	42
Total Respondents: 93		

Q4 If the Council decides to provide support for mental health services users in a different way, will this affect any of the following directly? (Please tick all that apply)

Answered: 117
Skipped: 9



Answer Choices	Responses	
You	84.62%	99
Your friends	41.03%	48
Members of your family	42.74%	50
None of the above	6.84%	8
Total Respondents: 117		

Q5 If the Council decides to provide support for mental health service users in a different way, please describe how it will affect you, your friends, or members of your family. (Please specify below)

Answered: 98 Skipped: 28

Please see Page 28 for qualitative feedback / comments

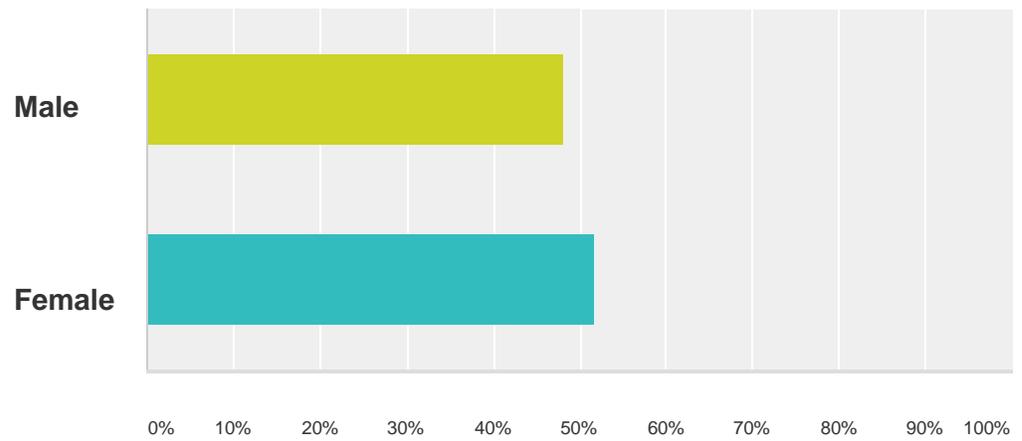
Q6 Do you have any other comments you wish to make about the future of the current opt-in service in Tameside? (Please specify below)

Answered: 93 Skipped: 33

Please see Page 28 for qualitative feedback / comments

Q7 Are you?

Answered: 112 Skipped: 14



Answer Choices	Responses
Male	48.21% 54
Female	51.79% 58
Total	112

Q8 What is your Age? (Please state)

Answered: 108 Skipped: 18

Age Group	No.	%
29 or less	9	8.3
30 to 39	7	6.5
40 to 49	26	24.1
50 to 59	35	32.4
60 to 69	23	21.3
70 to 79	3	2.8
80+	5	4.6

Q9 Which ethnic group do you consider yourself to belong to? (Please tick one box only)

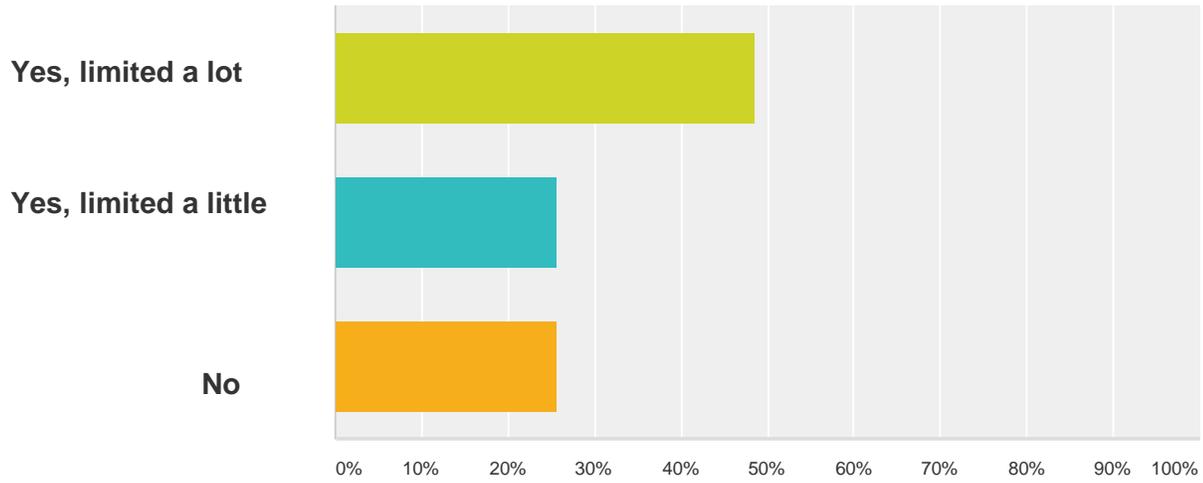
Answered: 111 Skipped: 15



Answer Choices	Response	
White - English / Welsh / Scottish / Northern Irish / British	95.50%	106
White – Irish	1.80%	2
White - Gypsy or Irish Traveller	0.90%	1
Other White background (please specify in the box below)	0.00%	0
White & Black Caribbean	0.00%	0
White & Black African	0.90%	1
White & Asian	0.00%	0
Other Mixed background (please specify in the box below)	0.00%	0
Asian/Asian British – Indian	0.90%	1
Asian/Asian British – Pakistani	0.00%	0
Asian/Asian British – Bangladeshi	0.00%	0
Asian/Asian British – Chinese	0.00%	0
Other Asian background (please specify in the box below)	0.00%	0
Black/Black British – African	0.00%	0
Black/Black British – Caribbean	0.00%	0
Other Black / African / Caribbean background (please specify in the box below)	0.00%	0
Arab	0.00%	0
Any other Ethnic group (please specify in the box below)	0.00%	0
Total	111	

Q10 Are your day-to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

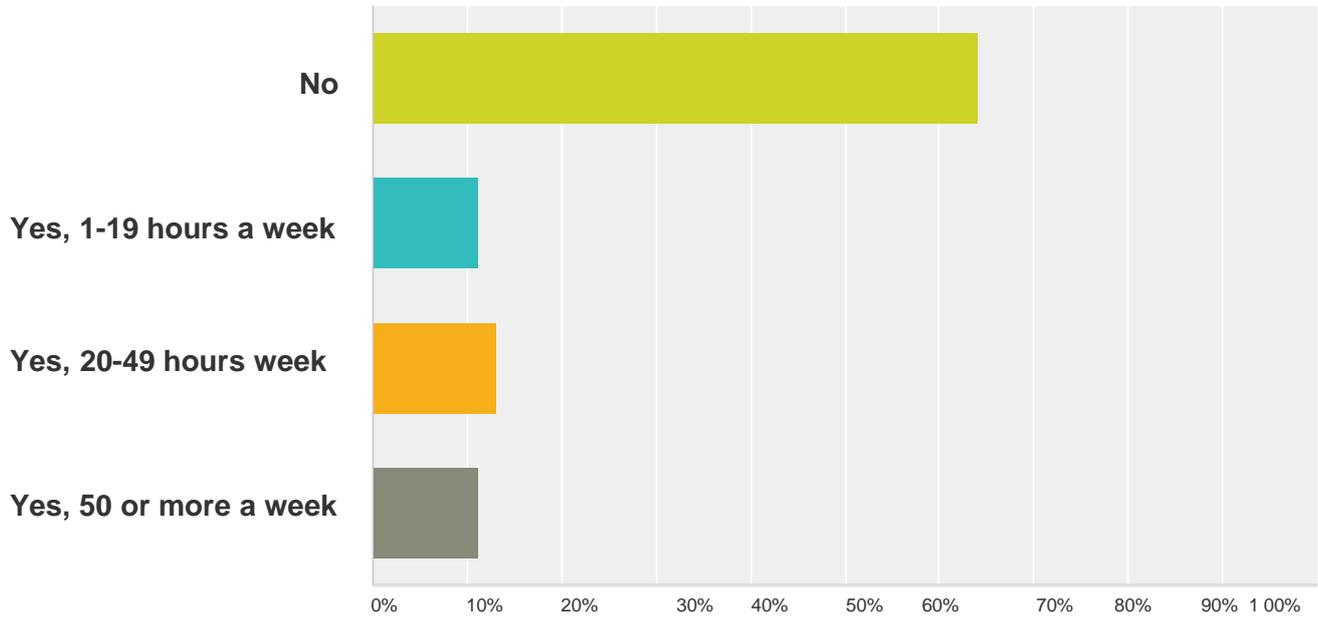
Answered: 105 Skipped: 21



Answer Choices	Responses
Yes, limited a lot	48.57% 51
Yes, limited a little	25.71% 27
No	25.71% 27
Total	105

Q11 Do you look after, or give any help or support to family members, friends, neighbours or others because of either, long term physical or mental ill-health / disability or problems due to old age? (Please tick one box only)

Answered: 106 Skipped: 20



Answer Choices	Responses	
No	64.15%	68
Yes, 1-19 hours a week	11.32%	12
Yes, 20-49 hours a week	13.21%	14
Yes, 50 or more a week	11.32%	12
Total	106	

Respondent ID	Collector ID	Start Date	End Date	If the Council decides to provide support for mental health service users in a different way, please describe how it will affect you, your friends, or members of your family. (Please specify below)
4282831619	75180377	10/26/2015	10/26/2015	Well if Opt-In Doesn't Run anymore then i won't be able to cope.
4286635457	75180377	10/27/2015	10/27/2015	I will find it difficult to occupy my client in a meaningful way without organised groups to attend
4286682091	75180377	10/27/2015	10/27/2015	Depends on how the service will be different? I don't know until you give me more information.
4297520721	75180377	10/31/2015	10/31/2015	The Tameside Opt In Project has members that are on the same wavelength and I can relate to what issues are contending in life . If there is a possibility some paid staff are not looking after the Opt-in. PLEASE could the re deployment or search help for a new job be given. With consistency of wages and if possible aftercare help. If volunteers are given these positions could training be given and small out of pocket expenses and refreshments.
4299156334	75180377	11/02/2015	11/02/2015	It may leave me without employment. SU's would be expected to take up services that wouldn't be available to them. The alternatives are still in pipe dream status.
4301053771	75180377	11/02/2015	11/02/2015	Do not try to fix something that is not broken people with mental health problems need all the help we can get from health care profesenals in tameside services
4305109150	75180377	11/04/2015	11/04/2015	See earlier comment. Support needs to be quickly accessible, person centred, not time limited, local, skilled and friendly. When you are in mental distress you need consistency; to know and trust the people who are supporting you and for them to know you.
4310863207	75180377	11/06/2015	11/06/2015	Would effect my mothers mental health. Also as a carer would not be able support further hours of caring because of my own health issues.

4317067727	75180377	11/09/2015	11/09/2015	I already help as much as I can on a voluntary basis, but Opt In is invaluable to me because when I have any concerns about any of the members of our group, I can phone Wilshaw House and [REDACTED] or one of the team can give me advice or intervene - they are a vital aid to helping us provide community support for some of the most vulnerable people locally who are telling me that without Opt In they are scared and expect to end up needing essential acute care.
4320024993	75180377	11/10/2015	11/10/2015	If the Council takes Opt In away they are taking away the only family I have - the groups are what keep me going and let me have friends and not be alone. Without Opt In I will not have people who understand my condition and know what to do when I hear my voices, Opt In gives me access to people who know about our conditions whenever we need them - college courses are great as an add on but Opt In is there every day for us and when we are in crisis - it has kept me out of hospital numerous times.
4320064192	75180377	11/10/2015	11/10/2015	Opt In gives me something to do and somewhere to go every day and lots of friends. Opt In gives me a purpose in life and a reason to go out and do things and not just end up shut in or wandering around on the streets - Opt In groups keep me safe.
4320111252	75180377	11/10/2015	11/10/2015	I would be really upset if Opt In went - I used to be really depressed and I would slip back without the groups. I would lose most of my support - my family do support me but without Opt In I would only have two friends.
4320232665	75180377	11/10/2015	11/10/2015	badly
4320385646	75180377	11/10/2015	11/10/2015	Many of my Opt In friends aren't as lucky as I am, I have a supportive family and a job and other friends, but many of them don't have that and would be left isolated and even more vulnerable.
4323295099	75180377	11/11/2015	11/11/2015	Lack of support and valuable contact for my friends. This service is a lifeline; providing opportunity to meet people in a safe and supportive environment.

4333088003	75180377	11/16/2015	11/16/2015	Severe cuts within the NHS and TMBC to mental health services is resulting in people being released into the community with poor mental health conditions that would have historical meant they would still be in hospital. Authority cuts mean that these people are not being picked up and having there needs met. Cutting this service will mean that even more people will become ill to the point of further hospitalisation. Extra cost for the stay, medication, social breakdowns, rehousing, assessment and treatment. This affects me as a professional, resident and tax payer. This service needs investment not cuts.
4345640248	75180377	11/20/2015	11/20/2015	This is the only support I've had that works and has given me more confidence.
4345746434	75180377	11/20/2015	11/20/2015	I would miss the art group I attend now. This group offers me support with my illness as well as a routine and builds self confidence.it is a valuable part of my life, a necessity gives me a better quality of life.
4345788986	75180377	11/20/2015	11/20/2015	not sure
4345799556	75180377	11/20/2015	11/20/2015	A sustained service provides a safe place for users and a place they can meet other vulnerable users out of the public gaze. Mental Health services are a LIFELINE and MOTIVATOR in helping users to help themselves in recovery.
4345794244	75180377	11/20/2015	11/20/2015	stability , peole to talk to being able to drop in when needed is so important that if it wasn't there would make life much harder.
4345814319	75180377	11/20/2015	11/20/2015	I don't like the changes at all
4345811755	75180377	11/20/2015	11/20/2015	If I didn't have OPT-in that has given me a safe place to build my confidence and self esteem. I have been able to set up a Women's Group and a Reading Group as I know I couldn't go into paid work. I am able to help others. We have professionals on hand to talk with and let us know what's going on. We need OPT-in it is a safe place for service users with people who know us.
4345828114	75180377	11/20/2015	11/20/2015	I have been with OPT-in since January 2015. I have had less bouts of serious depression since joining. I have become less isolated with my illness. I have met

				like-minded people and we have supported each other with the OPT-in staff always available as a back-up. In times of crisis I can get in touch with the OPT-in staff team to alleviate my fears.
4345842203	75180377	11/20/2015	11/20/2015	I use the groups with my service users or refer them to Opt-in. The staff there provide valuable continuity, support and encouragement.
4345855372	75180377	11/20/2015	11/20/2015	The opt-in service has helped me tremendously i.e. - Isolation of being a single parent coping with anxiety and depression. There is no waiting list and their services are available immediately.
4345868319	75180377	11/20/2015	11/20/2015	It takes away a safe place where I meet friends and can socialize.
4345872775	75180377	11/20/2015	11/20/2015	I am a support worker and it will have a very bad effect on individuals whom I support to their recovery and wellbeing if this service is no longer available.
4345882737	75180377	11/20/2015	11/20/2015	This is the first time I have been to a group and if it's stopped, I will be back to square one. No confidence and trapped in the house.
4345890816	75180377	11/20/2015	11/20/2015	In what way? Not sure I can answer this question without further information? We mustn't lose our support life lines.
4345899066	75180377	11/20/2015	11/20/2015	As I live alone, I may become more anxious and depressed without Opt-in.
4345914298	75180377	11/20/2015	11/20/2015	My schizophrenic brother lives in [REDACTED]. He lives on his own and I have Power of Attorney. I am an OAP living in [REDACTED] and cannot spend more than a couple of days a week helping him. He goes to OPT-IN Art Groups twice a week and I am worried that he will become isolated if these sessions stop.
4345946026	75180377	11/20/2015	11/20/2015	Feel sure that regular contact with opt-in users helps both them and me to understand their problems and help them to share and feel accepted.
4345955142	75180377	11/20/2015	11/20/2015	I will not have access to a group which I am familiar with. I have made friends. I suffer with mental health and learning difficulties.
4345960974	75180377	11/20/2015	11/20/2015	it will make home life impossible as well as

				socializing. My routine will be upset which is bad for my autism. iwill be depressed and withdrawn from the community
4345971328	75180377	11/20/2015	11/20/2015	The groups keep me going - especially for my well-being. I have friends that are members and they are there I think for the same reasons. We support each other which helps to keep us well!
4345975556	75180377	11/20/2015	11/20/2015	changes affects my mental wellbeing
4345979882	75180377	11/20/2015	11/20/2015	I am the assessment co-ordinator for Tameside North C.M.H.T. I often refer people to OPT-IN who do not meet the threshold for C.M.H.T. I value this service greatly as good community support for people with mental health problems. The staff are well experienced in managing people who present with a wide range of mental health problems.
4345980543	75180377	11/20/2015	11/20/2015	both me and my partner have serious mental help problems and been supported by opt-in for a long time. without staff the groups will not be able to continue
4345992584	75180377	11/20/2015	11/20/2015	my sister would not be able to get out of the house much or see her friends
4345992845	75180377	11/20/2015	11/20/2015	You say "if". Until known I don't know!
4345999362	75180377	11/20/2015	11/20/2015	wouldn't get out of the house much
4346000623	75180377	11/20/2015	11/20/2015	You say "if". Until known my answer is "I don't know"
4346005595	75180377	11/20/2015	11/20/2015	I will go back to how I was 3 1/2 years ago
4346008079	75180377	11/20/2015	11/20/2015	Can't say unless we know what the changes are but, at the moment it's working.
4346017399	75180377	11/20/2015	11/20/2015	The user of these services expects routine and change can be detrimental to his health.
4346015179	75180377	11/20/2015	11/20/2015	part of it is having professionals around
4346022880	75180377	11/20/2015	11/20/2015	It will affect my mental health. Won't help with isolation and suicide thoughts and my depression.
4346025464	75180377	11/20/2015	11/20/2015	i don't want to be at home in the daytime want to see people who understand me. it gives my family a break

4346034109	75180377	11/20/2015	11/20/2015	if the staff go I will lose the bond I have with them
4346033258	75180377	11/20/2015	11/20/2015	I will lose being a member of a group which shows humanity and care to it's members. I am vulnerable and may relapse into suicidal depression
4346039493	75180377	11/20/2015	11/20/2015	the amount of groups I attend would stop
4346040858	75180377	11/20/2015	11/20/2015	My wife and I attend the Staying Well Group once a month run by [REDACTED]. This has been a support to both of us and losing the group would mean losing that support.
4346044942	75180377	11/20/2015	11/20/2015	I wouldn't have as much to do .It would make my condition worse
4346047315	75180377	11/20/2015	11/20/2015	It will affect my mental health - my anxiety levels will increase and this will have a knock on effect for my whole family.
4346053207	75180377	11/20/2015	11/20/2015	I would lose my friends my volunteering and then my self esteem and confidence would go down
4346064106	75180377	11/20/2015	11/20/2015	will not see people
4346059365	75180377	11/20/2015	11/20/2015	I would find the change challenging and very upsetting. Why change a system that works?
4346074138	75180377	11/20/2015	11/20/2015	Isolation
4346078175	75180377	11/20/2015	11/20/2015	I will need staff for continuity and support
4346083959	75180377	11/20/2015	11/20/2015	Currently people are used to the meeting places and have got to know the staff and members well and feel able to talk to them. If the service goes it might make people more isolated.
4346071678	75180377	11/20/2015	11/20/2015	im used to , and trust the staff. I get agitated with strangers
4346100744	75180377	11/20/2015	11/20/2015	This is a question of managing change. We seem to be in a giant transition stage and it will take a joint effort between users and the council to get through this particular learning curve.
4350775786	75180377	11/23/2015	11/23/2015	I need a reason to get out of the house I feel safe in the groups and know and trust the staff

4350782527	75180377	11/23/2015	11/23/2015	it will not suit me at all
4350791658	75180377	11/23/2015	11/23/2015	it will effect my routine and may cause a deterioration in my mental health
4350799256	75180377	11/23/2015	11/23/2015	I am a member of CMHT.changes will make service users anxious insecure and isolated. several people I work with find opt-in invaluable for social inclusion and helps to keep them from relapse which in turn keeps them out of hospital.
4350914777	75180377	11/23/2015	11/23/2015	gets me out of the house and with other people rather than just my family
4350922859	75180377	11/23/2015	11/23/2015	I will become isolated at home
4350926740	75180377	11/23/2015	11/23/2015	I find it hard to meet new people and the social side helps me cope with my issues
4350931358	75180377	11/23/2015	11/23/2015	It would be hard to contact people. it is vital to my wellbeing
4351065344	75180377	11/23/2015	11/23/2015	she would be in the house more and her anxiety and depression would worsen and her self harming would increase
4351104502	75180377	11/23/2015	11/23/2015	I will get ill and need to go to the hospital. iwill miss friends and be lonely I will need more medication
4351118234	75180377	11/23/2015	11/23/2015	I would be very stressed and agitated. we cant run it by ourselves.
4351156566	75180377	11/23/2015	11/23/2015	this makes me worried anxious and ill. If I couldn't access this service I would have no support I would not be able to eat and sleep .I would have more panic attacks
4351186750	75180377	11/23/2015	11/23/2015	the uncertainty about the future and what is likely to take its place is having a bad impact on me
4351196786	75180377	11/23/2015	11/23/2015	i have got used to the staff.
4351206905	75180377	11/23/2015	11/23/2015	I would not mix with people leave me with nothing to do
4351216509	75180377	11/23/2015	11/23/2015	I would stay at home all day and become ill at home . relationships would get strained
4351236569	75180377	11/23/2015	11/23/2015	i would struggle with my problems. I can just talk to staff and my mum
4351249196	75180377	11/23/2015	11/23/2015	there would be no one to deal with

				problems as they come up.
4351259873	75180377	11/23/2015	11/23/2015	there is a real lack of communication
4351301581	75180377	11/23/2015	11/23/2015	I would miss the routine social contact and support on hand.
4351314993	75180377	11/23/2015	11/23/2015	opt-in is the only place I will go on my own
4351327347	75180377	11/23/2015	11/23/2015	helps me get out and get support with mental health, physical health and benefits
4351396712	75180377	11/23/2015	11/23/2015	it will make me feel anxious I like the routine and I suffer with social anxiety
4351551981	75180377	11/23/2015	11/23/2015	As a person with a mental health issue, finding help was difficult in the beginning, but now I am able to find help quicker and feel like I am not going crazy.
4353866518	75180377	11/24/2015	11/24/2015	There would be nowhere to go to mix with friends. Encouragement to do art and craft makes me think what other skills I can do next
4353871919	75180377	11/24/2015	11/24/2015	I will miss the staff because they are good to talk too and I have met some really nice people.
4353875579	75180377	11/24/2015	11/24/2015	I would probably go back to square 1
4353877787	75180377	11/24/2015	11/24/2015	It will effect me because I've just got my confidence and self worth and any change would be that I would have to start from scratch and learn how to trust people again.
4353885729	75180377	11/24/2015	11/24/2015	this works there is nothing else like it out there
4353900172	75180377	11/24/2015	11/24/2015	The social group at St George's church provides an essential safe space for people whose chaotic lives mean that they are often disenfranchised from much offered in society. If it stops it will not be easy because to transfer to "other provision" as it is the familiarity of security which enables the group to function for its members.
4353903352	75180377	11/24/2015	11/24/2015	it is a life line for many people in the community
4353914633	75180377	11/24/2015	11/24/2015	it will effect my family member in calming his mental and emotional issues and will effect his long term condition

4353912060	75180377	11/24/2015	11/24/2015	I would have nowhere to go. Closing Opt-in would break my friendships with people that I have known for years. I fear the lack of support would lead to hardship and add pressure to my life and relationships.
4353926383	75180377	11/24/2015	11/24/2015	stop my confidence
4353969935	75180377	11/24/2015	11/24/2015	i'll have nothing to look forward to or anywhere to go i'll miss staff and friends

APPENDIX 2

Service Evaluation

Evaluation forms handed out to people in the groups over a 3 week period. Some people preferred to fill them in on their own, others filled them in 1 to 1 with a member of staff.

There were 46 forms handed in with not all questions completed by everyone.

1. What I like about Opt-in			
Getting out	7	The variety of activities	2
Socialising	28	Making things	2
Learning things	17	Helping others	4
Friendly/helpful people	16	People understand	4
Enjoy doing things	12	local	1
Good/informal atmosphere	9	Good information	2
Having a laugh	2	No waiting list	2
support	10		

2. What I don't like			
Rude people or confrontation in groups	4	Not enough room or equipment	3
Loud music/not my music	4	Getting anxious in groups	2
Not enough groups	1	Traveling to groups	1
People going on too much	1	Man city supporters	1

3. Has being part of Opt-in helped you			
Yes	46	No	0

4. If yes, how has being part of Opt-in helped you:			
Increased confidence	16	Better outlook on life	3
socialising	7	Happier now	3
support	5	Can cope better	2
Getting out	7	Communicating with people	2
Learned to read/other skills	7	Helped me volunteer	1
People with the same problems	4		
Doing more	6		

5. How did you hear about Opt-in

Community mental health team	17	Website link	1
Job centre/Avanta	3	Supported accommodation	1
Primary care	3	Church	1
Hospital	3	Making space	1
Family member	3	GP	1
Friend	5	People first	1
Mind	2	library	1
N.43			

6. What help or support do you have other than Opt-in.

Family/carer	26	Mind	3
CMHT	19	Supported accommodation	5
GP	27	Making space	3
Healthy minds	11	Psychiatrist	1
Faith groups	4	Work colleague	1
		counsellor	1

33 (71%) had 2 or more sources of support apart from Opt-in.

7. How well were you managing before getting Opt-in?

Well	1
Ok	7
With difficulty	22
Really struggling	13

Better	41
About the same	1
worse	1

There were the following combinations of replies

Well - Better	1
OK - Better	1
With Difficulty - Better	20
With difficulty - About the same	1
With difficulty - worse	1
Really struggling - Better	13

7a. Why do think this is

Socialising more	17	Learned to read	2
Gives purpose to going out	16	Feel calmer	1
More support	10	Nice people	1
More confidence	6	My mind is working more	1
Routine / structure	4		
Greater sense of wellbeing or happiness	8		

APPENDIX 3

EQUALITY IMPACT ASSESSMENT

Subject / Title	Opt-In Review
------------------------	---------------

Service Unit	Service Area	Directorate
Mental Health	Adults	People

Start Date	Completion Date
20 October 2015	10 December 2015

Lead Officer	Mark Whitehead
Service Unit Manager	Vicki Gee
Assistant Executive Director	Sandra Whitehead

EIA Group (lead contact first)	Job title	Service
Mark Whitehead	Head of Service	Adults
Michael Lee	Service Unit Manager	Adults
Phil Greaves	Assistant Team Manager	Adults
Vicki Gee	Service Unit Manager	Adults

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all Key Decisions that involve changes to service delivery. All other changes, whether a Key Decision or not, require consideration for the necessity of an EIA.

The Initial Screening is a quick and easy process which aims to identify:

- *those projects, policies, and proposals which require a full EIA by looking at the potential impact on any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, policy or proposal is likely to have an impact upon people with a protected characteristic. This should be undertaken irrespective of whether the impact is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Service Unit Manager and Assistant Executive Director.

1a.	What is the project, policy or proposal?	As part of adult services transformation programme Adult Services needs to achieve identified savings of £19.7 million by 2017. This review is focused on the Opt In service which provides low level support to people who have mental health issues in the community. Based on the current Transformation / savings plan all of Opt In's funding is identified against savings.
1b.	What are the main aims of the project, policy or proposal?	<p>The main aims are to review the current Opt In service in terms of:</p> <ul style="list-style-type: none"> • Viability and impact of stopping the service • Consulting with users of the service and other key stakeholders to establish impact • Exploring alternative lower cost options of providing key elements of service to reduce risk and costs associated with provision

**1c. Will the project, policy or proposal have either a direct or indirect impact on any groups of people with protected equality characteristics?
Where a direct or indirect impact will occur as a result of the policy, project or proposal, please explain why and how that group of people will be affected.**

Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age			x	
Disability	x			See below
Race			x	
Sex / Gender			x	
Religion or Belief			x	
Sexual Orientation			x	
Gender Reassignment			x	
Pregnancy & Maternity			x	
Marriage & Civil Partnership			x	

Are there any other groups who you feel may be impacted, directly or indirectly, by this project, policy or proposal? (e.g. carers, vulnerable residents, isolated residents)

Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation
People with mental health issues and their carers irrelevant of protected equality characteristics	Yes			<p>Opt In provides support to adults who predominantly have low level mental health issues and their carer's. Reducing or stopping provision will impact on many of the individuals who access this service and will impact upon the availability of low level early intervention and prevention services for people with mental health issues in Tameside.</p> <p>Comments made by carers of people who use the service indicate that many carers rely on the service to provide an element of respite which supports individual resilience when supporting</p>

				<p>the cared for. Stopping this service could result in carer / family breakdown.</p> <p>One key argument is that of 'parity of esteem' and a general feeling that people with mental health issues are not treated as fairly as other people in the community in terms of recognition and investment and funding of services. This is one area that has been raised as part of the consultation on this proposal.</p>
--	--	--	--	--

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, policy or proposal require a full EIA?	Yes	No
		Yes	
1e.	What are your reasons for the decision made at 1d?	<p>This decision involves reducing or stopping services that are provided to people with mental health issues so will require a full EIA.</p>	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
<p>Opt-In offers information and advice to people who have mental health issues and their families and carers. The aim of the service is to provide support that actively encourages engagement and participation to aid recovery and wellbeing through the use of recovery and socially focussed groups that encourage engagement and peer support while also offering access to courses that allow better access to further education. Opt In currently (December 2015) supports 152 people. Opt-In core objectives are recovery, wellbeing and peer support. This is facilitated through supporting a number of initiatives which include:</p> <ul style="list-style-type: none"> • Recovery Focused Groups which offer support and information that aims to help people move on in their life. These groups include educational elements, and offer advice and guidance to individuals and groups on a range of topics to assist people to cope and live their lives despite any mental health issues an individual may be experiencing. • Depression Support Group - this is a peer support group for people affected by depression. People meet to share experiences and ways of coping. People find this very helpful in terms of being able to talk to other people about their experiences of

having depression. It is understood that this is the only depression support group within the borough.

- **Education Based Groups** - Education and Learning is part of the 5 Ways to Wellbeing programme and this is an area that Opt-In co-ordinate to help people move on by helping individuals develop skills. These include 16 groups which focus on improving literacy and English skills, access to formal qualifications, a theatre group, outdoor groups focused on walking and local conservation group projects, art and craft groups. Many of these groups are linked to Tameside College and a local theatre group.

Opt-In is used as a sub-threshold service in that most of the people who access this service would not currently meet the national minimum eligibility criteria for access to social care and health services and do not require assessment to access the services provided. This service is an early intervention, prevention and wellbeing service that is focused on supporting anyone who accesses the service to maintain mental wellbeing and in so doing reducing the risk of further admission to more formal primary and secondary health services. In doing this the service supports other areas of the 'system' in reducing more costly interventions by supporting community based support solutions.

However one of the key provisions in the Care Act 2014 is:

'...a requirement (for local authorities) to arrange for the provision of preventative services, i.e. services which will reduce, prevent or delay the development of need for care and support' Furthermore it is a "definite requirement to provide or arrange for the provision of such services rather than just a matter to which you (the local authority) must have regard when carrying out functions under the Act'.

Early intervention and prevention is a key consideration in terms of keeping people well and managing demand on services. This is and has been a central consideration when designing services in the past in Tameside as this is a cost effective way of managing predicted increased demand across the social care and health sector. However the council has a duty to balance its budget and with increasingly reduced funding, services have to prioritise expenditure while ensuring statutory duties and responsibilities are met.

Opt-in currently costs £122,000 per annum. This is Council funding with no contributions from other areas that have previously contributed to the service such as Pennine NHS Foundation Trust or funding that was previously provided through the Supporting People Programme. The original saving target identified against this service is £122,000. This saving would ultimately mean that the service will have to be closed as there are not any alternative service options that would be detrimental to individuals who use this service.

Based on this Adult Services want to explore alternative arrangements for the provision of key functions identified during the consultation which was facilitated with people who use the service including carers, staff, the public and key stakeholders including other charitable, voluntary groups and church groups.

2b. Issues to Consider

Budget

The primary issue that is driving this service review is economically driven in terms of the budget reduction placed on Adult Services of £19.7 million by 2017. This is on the back of £21.5 million reductions in Adult Services over the past 5 years. To address these reductions in funding all service areas are currently under review including some statutory provisions. It is a statutory duty placed on the council to balance its budgets so a balance has to be struck between achieving a balanced budget, meeting statutory duties whilst trying to ensure that preventative services such as Opt In are considered in terms of managing current and predicted future demand.

Market Development / Appraisal

As part of any review an appraisal of alternative services and developments need to be considered. One such development is that of the Recovery College which is being driven by Healthy Minds which will focus on time limited interventions to help people who have mental health issues become more resilient and stay well. This includes access to educational opportunities / courses in conjunction with higher education establishments and access to therapeutic interventions to assist people to better understand and manage both physical and mental health needs. The council as part of this review will consider if the Recovery College would replace some of the learning and educational functions currently provided by Opt In. The council in considering this will look at resource contributions to support the Recovery College development.

Adult services currently works with a wide range of provider organisations who are specialists in the provision of mental health services and consideration needs to be given to one of these providers facilitating the recovery based groups currently facilitated by opt In. These groups are highly thought of by users and carers and are supplemented by volunteers made up of people who attend Opt In. This would be at a significantly reduced cost.

The voluntary and charitable sector also have a lot to offer and we would look at a charity that primarily works with people who have depression facilitating the depression support group. Again this would be at a significantly reduced cost as the charity utilises different funding streams and relies on volunteers who have or have previously suffered from depression.

Impact on People who use the Service and Carers

As part of this decision we need to consider the actual impact on people who use this service and their families and carers. It is very clear from consultation (see appendix 1) that people who use this service do value the service and the support that is offered, and stopping this service would have significant ramifications on some individuals in terms of their mental health and wellbeing. This would lead to negative outcomes for the individual and their family and also significantly impact on the service system in terms of demand on more costly treatment and support interventions should individuals become unwell.

A further consideration is that of 'parity of esteem' and the fact that many people feel that the mental health agenda is not given the same priority as other areas for example cancer treatment. This was raised as part of consultation and people feel that if mental illness was viewed in a similar way to physical illness then funding would not be reduced or cut to these services.

Based on the consultation with people who use the service and their families and carers it become apparent that initial alternative replacement service options such as the recovery college would not currently meet all the people's needs so this has fundamentally influenced the decision to request that we retain 26% of the funding for reinvestment in the sector / market to develop alternative services that meet these needs.

We will need to ensure that we have on going consultation and information sharing throughout the change to offer reassurance to individuals who are anxious about these proposed changes.

Summary

If we can invest in the recovery college and the charitable not for profit and independent sector to provide these key elements of service this would be at a cost so the full savings target of £122,000 will not be achieved however we estimate that viable alternatives would cost in the region of £30,000 leading to a saving of £90,000. While this is failing to achieve the full identified savings target there are a number of benefits which include:

- Sustainability of services for this vulnerable group
- Investment in future service provision with less dependence on Adult Services
- 74% achievement of overall savings target
- The development in the recovery college of a model / pathway that assists in promoting wellbeing with clear defined outcomes
- Continued capacity for users of Opt In and the Opt In committee to be actively involved in the provision of services through volunteering opportunities whilst also being actively involved in defining the future direction of services

This decision is fundamentally a compromise driven by the need to reduce expenditure whilst trying to continue to meet the needs of people who use Opt In. Some service provisions will stop particularly functions focused on education as these will be replaced by activities provided by the Recovery College. These will however be time limited with clear pathways and outcomes.

2c. Impact

The primary impact will be that the current management and provision of the Opt In service will cease and alternative options will be secured to replace some of the most valued activities as identified during the consultation process which include provision of the recovery focused social groups, the depression support group and educational activities. The key impact's will be:

- Some functions / activities will not be provided
- Staff who facilitate activities will be different and will need to build relationships and trust with people who access the activities
- People may exit activities and contact with Opt In resulting in regression in mental health

From a protected characteristics perspective this decision primarily impacts on adults who have or are suffering from mental ill health. However there is a strengthening argument around parity of esteem nationally and locally in terms of the treatment and profile of mental health when compared to physical ill health. Based on respondents feedback to the consultation out of 111 respondents 106 (95.5%) identified themselves as white British, with 2 white Irish, 1 white Gypsy/Irish, one Asian British and one white/black Caribbean.

2d. Mitigations (*Where you have identified an impact, what can be done to reduce or mitigate the impact?*)

Impact1

Opt In provides a wide range of formal and informal support interventions some of which may cease as services change and personnel change

Need to ensure that people are fully informed and engaged in changes and that transition of services is managed effectively between agencies. Also need to ensure that the new provider/s of services are experienced in supporting people who have mental ill health

<p><i>Impact 2</i> The remaining staff at Opt In have many years experience in terms of getting to know people who use the service. This could be lost as part of this process</p>	<p>Need to ensure that the transition of services is managed effectively between agencies and that new provider/s have the experience and knowledge to offer appropriate support</p>
<p><i>Impact 3</i> One risk is that the changes may result in individuals exiting the service which could lead to some individuals being at risk of becoming unwell</p>	<p>Need to ensure that the transition of services is managed effectively between agencies, and that the registers are monitored against attendance to ensure that we fully understand peoples reasons for leaving should this happen</p>
<p><i>Impact 4</i> Services being challenged on Parity of Esteem</p>	<p>To ensure that communications and information provision is clear and understandable in terms of the service transformation agenda and the range of service reviews across all service areas. To ensure that individuals understand that everyone will be treated fairly and equitably in line with council policy and practice and in line with legislation and the councils duties and responsibilities</p>

<p>2e. Evidence Sources</p>
<ul style="list-style-type: none"> • Care Act 2014 • Adult Services Budget Strategy 2015 • Adult Services Budget Position Key Decision (October 2015) • Adult Services Budget Consultation 'Big Conversation' (October 2015)

<p>2f. Monitoring progress</p>		
Issue / Action	Lead officer	Timescale
<p>Monitoring of the review will be undertaken primarily by the Service Unit Manager who will report progress to Adult Services Transformation Board and Adult management Team (AMT)</p>	<p>Vicki Gee Adult Management Team (AMT)</p>	<p>Monthly</p>

<p>Signature of Head of Service</p>	<p>Date</p>
	<p>06/01/16</p>
<p>Signature of Assistant Executive Director</p>	<p>Date</p>