

28 October 2016

To the Leader Councillor Sachin Shah  
Room 102, Labour Group Office  
PO Box 2  
Civic Centre, Station Road  
HARROW  
HA1 2UH

Dear Councillor Sachin Shah

**Re: Council's VCS Funding Proposals 2016-17 – Mind in Harrow's response to the consultation**

**1.0 Context of the consultation - mental health a local top priority**

1.1 Harrow Council has identified that Mental Health is a top priority need for the local community and a top priority for action. The Harrow Health & Wellbeing Strategy 2016-20 commits the Council to '*Use every opportunity to promote mental wellbeing*: Mental health is a huge issue which some people say does not receive the same attention as physical health. We want to change this in Harrow to ensure we abide by the mantra 'there is no health without mental health.' The Harrow Health and Wellbeing Board have committed to a vision which enables residents to start, live, work and age well. This area of work in Harrow will be informed by the Like Minded programme, a strategy to improve mental health and wellbeing across North West London. The programme has the aim of establishing excellent, integrated mental health services to improve mental and physical health.'

1.2 The Council's Information, Advice & Advocacy consultation report outcomes and recent needs assessment (October 2016), have confirmed that Mental Health is a top priority need, eg: 'Supporting people with mental health issues is complicated by the fact that many do not access advice services until their issues have reached 'crisis point'. When asked about the levels of need in their clients, service providers claimed that many of those requesting advice over mental health delayed approaching the advice services, due to a perceived stigma attached to having mental health problems, and were therefore in high need.'

1.3 We welcome the Council's endeavour to sustain the Bridge mental health day service after Council funding has tapered to zero over the next three years. However, the Council has significantly reduced and worsened the promotion of mental wellbeing by deciding in 2016 to cut Public Health programmes for

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Chief Executive  
Mark Gillham

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by Guarantee  
Registered Number  
3351324

Registered Charity  
Number 1067480

Registered Office:  
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Exercise on Referral and Health Trainers and by consulting on a proposal to cut the smoking cessation service. The current VCS Funding Proposals 2016-17, if implemented in 2017, will result in further cuts to several mental health services provided by Harrow voluntary organisations on top of cuts to voluntary sector services in 2015, including Mind in Harrow, and will reverse 20 years Council investment in the promotion of mental health and wellbeing and contradict every commitment made in The Harrow Health & Wellbeing Strategy 2016-20.

## **2.0 Our summary response to the Council's Proposals**

- 2.1 Please note, Mind in Harrow has chosen not to follow the 'questionnaire' format of the consultation paper, as we consider that many of the questions do not properly address issues raised in the consultation and are merely designed to gather information. For example, Question B.4 asks for information about our organisation's other sources of funding, a matter which is not relevant to this consultation.
- 2.2 We are deeply concerned that the implementation of the proposals currently set out in the consultation paper in relation to Mind in Harrow's services would create a significant and unmitigated risk that Harrow Council would breach duties owed to its residents under the Equality Act 2010. The majority of those who would be impacted by the funding cuts have a mental health disability and many have multiple protected characteristics under the Equality Act 2010. The proposed cuts would create a significant risk of unlawful indirect discrimination, contrary to s.19 Equality Act 2010. In our consultation response below, we draw on our extensive experience of working with this group to provide evidence of our concerns.
- 2.3 If the Council's VCS Funding Proposals 2016-17 are implemented, the following service impacts will result for Mind in Harrow's services:
  - **The Mental Health User Involvement Project**, funded via Adult Social Care SLA £24,735 per annum, will be cut from April 2017. If the Council decides to cut funding to this Project, service users impacted by this cut have indicated to Mind in Harrow that the only option available for them to have their voice heard would be to pursue a legal challenge. We have taken expert advice from a public law firm and believe that they have a strong case, which is outlined in this letter on their behalf.
  - **The Mental Health Information Service**, funded via Outcome-Based Grants £16,094 per annum, will be cut from April 2017. The service may partly be re-provided over two years under the current VCS Funding Proposals 2016-17 to fund 'non-statutory specialist advice' service, although the definition of this service is not yet clear in relation to our mental health specialist service.

- **The Core Services**, funded via Adult Social Care SLA £25,843 per annum, will be cut from April 2017. Owing to a similar level of funding cut by the Council last year £27K, a similar level of total funding cut of £40K by NHS Harrow in recent years and increases in uncontrollable costs (office rent and legal compliance) of £30K per annum, Mind in Harrow's relative financial challenges as a charity are far worse than the Council's position. As a result, unless Harrow Council aligns to VCS priorities for sustainability urgently, Mind in Harrow will close within the next 2-3 years. Our sustainability priorities are outlined below.

#### 2.4 Mind in Harrow welcomes the following in the Proposal Document:

- The commitment to continue funding at the same level for the three Care Act 2014 services (Information & Advice, Advocacy and Carers).
- The commitment to commission services for three years to enable VCS to plan ahead.
- Although Mind in Harrow is very strongly opposed to the proposed cut to the overall cut to Adult Social Care SLAs, which will substantially worsen inequalities for people experiencing mental health needs, we welcome the proposal to continue to fund some non-statutory VCS provision.
- While we disagree with huge cut to the majority of Hardship Fund, we support the proposal to integrate the very limited provision remaining with a general advice service, as long as it is made much less onerous to administer by simplifying eligibility criteria and evidence of need.
- We welcome the continuation of funding to infrastructure organisation to deliver capacity building, fundraising and VCS Forum support to Harrow VCS organisations, but cannot see the justification for reducing funding from £75,000 per annum to £60,000 per annum.

### 3.0 Our full response to the Council's Proposals

3.1 We will respond to the Council's VCS Funding Proposals 2016-17 by addressing the impact on each of our three services and their service users affected

#### 3.2 Mental Health User Involvement Project

3.3 **The Mental Health User Involvement Project ('the Project')** is funded via an Adult Social Care Service Level Agreement (SLA) and receives £24,735 per annum, which is match funded by NHS Harrow Clinical Commissioning Group (CCG) for NHS service user involvement activities. The Project fulfils its function by support and facilitation of the Harrow Mental Health Service User Group (HUG).

- 3.4 Under the SLA with Harrow Council, the Project's aims are to:
- a) get people involved in the planning, development and evaluation of mental health services;
  - b) develop and further user participation, inclusion and involvement in Harrow;
  - c) encourage and support a strong user voice;
  - d) prevent the voices of service users not being heard when decisions are being made about their care in the borough;
  - e) create and promote strong partnerships with key decision makers in the Borough including local Health and Social Care Commissioners; and
  - f) set a good example to the wider community by showing people using services that their feedback influences how services are designed and run.
- 3.5 Under the SLA with Harrow Council, the Project is required to deliver the following activities:
- a) Maintaining active membership to [the Harrow User Group] HUG of at least 350 demographically representative people registered as members of HUG to engage in Council public consultations;
  - b) Facilitating four quarterly Mental Health Forums per annum engaging 30-40 service users at each meeting;
  - c) Maintaining a pool of a minimum of 20 'user representatives' participating in committees, working groups, staff training and induction and recruitment and selection panels to address health inequalities;
  - d) Engaging 25 new service users per annum through two new representatives' training programmes per annum (including training in, for example, empowerment, committee skills and assertiveness and group skills); and
  - e) Ensuring that stakeholders (i.e. Adult Social Care senior managers) identify positive changes made as a result of HUG representing the voice of up to 4,000 people experiencing mental health problems who access adult social care services.
- 3.6 Demographic profile of the Harrow User Group (HUG) members, in 2016 is now over 600 Harrow residents. We provide below an example of the equalities characteristics of attendees at a HUG Forum event, which we expect is a similar demographic profile to up to 4,000 people experiencing mental health problems who access adults social care services.

#### Example quarterly HUG Forum attendance:

- **Gender:** 59% Female, 41% Male
- **Age ranges:** 2% (20 and under), 12% (21 – 35), 21% (36 – 50), 47% (51 – 65), 18% (66+)
- **Ethnicity:** 5% Black or Black British, 36 % Indian, 12% Other Asian Background, 6% Mixed Parentage, 38% White British or Other White Background, 3% Other Ethnic Groups
- **Disability:** 100% mental health problems, 10% Autistic Spectrum

#### The demographic profile of the Project current 20 mental health service user representatives:

- **Gender:** 70% Female, 30% Male
- **Age ranges:** 0% (20 and under), 15% (21 – 35), 55% (36 – 50), 6% (51 – 65), 0% (66+)
- **Ethnicity:** 5% Black or Black British , 35% Indian, 5% Other Asian Background, 5% Mixed Parentage, 35% White British or Other White Background, 15% Other Ethnic Group
- **Religion:** 5% Christian, 0% Buddhist, 35% Hindu, 5% Jewish, 10% Muslim, 20% Other Religion, 25% No Stated Religion
- **Disability:** 100% mental health problems, 10 physical disability, 5% autistic spectrum
- **Caring Responsibilities:** 25% caring for family member(s)
- **Married or Civil Partnership:** 40% married

#### **Our response to the Council's Proposals for this Project**

3.7 We note that the aim of the proposal is stated to be for Harrow Council to 'balance its books' by making savings of £734,000 by the end of the two year period 2017-19<sup>1</sup>. Those savings are intended to be achieved by preserving funding for statutory Care Act service provision and tendering for a generalist advice service for a period of three years, whilst phasing out funding for 'specialist and non-statutory information and advice' using a 'tapered fund' over the two three years. Mind in Harrow disagrees strongly with this proposal for the reasons set out below.

#### ***Impact on the Mental Health User Involvement Project***

3.8 The Harrow User Involvement Project is currently funded by Harrow under a Service Level Agreement. Under the current proposal, total funding to the Project

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<sup>1</sup> Consultation pp.3 and 4

would be withdrawn on 1 April 2017. The Project is entirely reliant on funding from Harrow Council (for its Adult Social Care focused activities) for all its running costs. The withdrawal of Council funding for the project would inevitably lead the Project to close.

- 3.9 It has no alternative means of support because the primary purpose of the Project is to support the legal obligations of the Council to consult and engage in proper way with Harrow mental health service users. Alternative funding sources, eg Big Lottery Fund and grant-making trusts, all state as an explicit exclusion services which fulfil the statutory responsibilities of public bodies. There is no target amount stated to be raised each year by the new 'crowdfunding' service proposed in the Consultation Document nor which services are intended to be funded from this source. Mind in Harrow is very skeptical that this crowdfunding service would raise more than to fund small-scale time-limited activities (ie £2-3,000) and would be shared across the hundreds of VCS organisations operating in Harrow. If any grants were to be provided through crowdfunding, they would be restricted to specific projects and the same exclusions would apply as for other grants as explained above. Therefore, it would be impossible for the Mental Health User Involvement Project to be funded from this source. There are no other alternative mitigations proposed in the Consultation Document to support the continuation of the Project.
- 3.10 Mind in Harrow is very concerned at the suggestion within the Consultation Document that crowdfunding or any other alternative source may be a suitable funding method for many of the services, including this Project, which were previously funded by Harrow Council. As set out below, the Project plays an essential role in enabling Harrow to avoid substantive breaches of the Equality Act and in meeting its duties to consult vulnerable service users. Although we accept that the Project is not a statutory service *per se*, it is clear (as evidenced below) that the Council will be in legal difficulty without the service it provides. It is entirely inappropriate for Harrow Council to rely on the Project's own fundraising efforts to perform such a vital role. Further, it is woefully inadequate for such an essential service to be funded by a source of funding such as crowdfunding which is inherently unstable, fluctuating and limited in how much it could raise.

### ***Impact on Harrow Council***

- 3.11 As noted above, one of the Project's primary functions is to enable mental health service users to participate in decision making about matters which affect their care in the borough. It does this by training and supporting a group of 20 mental health service user representatives to engage regularly in committees and working groups about a wide range of Adult Social Care mental health service and policy changes; regularly communicating to the project membership of over 600 mental health service users through a quarterly user involvement newsletter and running a quarterly Forum event; during the many months of the Council's formal public consultations, enabling the Project to represent up to 4,000 Harrow Adult Social Care mental health service users by promoting the consultation, explaining/interpreting the content for service users, holding special Forum events or special consultation events with Harrow Council staff, supporting service users to access and complete the Council's consultation surveys, designing and conducting survey's tailored for mental health service users, reporting impact results to the Council and empowering service user representatives to attend consultation steering groups and ask public questions at Council meetings (Evidence source Mind in Harrow six-monthly monitoring reports to Harrow Council 2011-16 )
- 3.12 The Project is an essential means of ensuring that Harrow Council has the capacity to properly consult mental health service users about matters affecting their care. It is a unique, specialist provision within Harrow. As far as we are aware, no other organisation or service in Harrow supports, or is commissioned to support mental health user engagement in the service design, planning and policy level of mental health social care. For example, in response to a public question from Leroy Rose, Harrow resident and Harrow (Mental Health) User Group Service User Representative about the function of CNWL NHS Foundation Trust in consulting with service users to Councillor Sue Anderson, Portfolio Holder for Community, Culture & Resident Engagement at 13<sup>th</sup> October 2016 Cabinet meeting, she responded: 'It is accepted that this is not the same function as the Harrow User involvement project.' We confirm from several years of evidence provided below that CNWL NHS Foundation Trust could not fulfil the responsibility for Council-led public consultations about service or policy changes affecting mental health service users.

Furthermore, we believe from several years of evidence provided below that Harrow Council does not have the in-house capacity to fulfil this function, owing to reductions in commissioning and contracting staff. Its own methods of engagement do not, in our view, make sufficient reasonable adjustments to allow mental health service users to properly participate in public consultations and the

other types of public engagement activities that are currently facilitated by the Project. For example this is clearly demonstrated by Harrow's Council's approach to the present VCS Funding Proposals 2016-17 consultation, in which Harrow Council indicated has not directly engaged with the thousands of residents with protected characteristics potentially impacted by the funding reductions. Instead, the Council sought to rely on those very voluntary sector organisations, who stand to lose funding, to engage with their service users. The Council has not directly communicated with any service users, including mental health service users potentially affected by the proposed service cuts, to make them aware of the public consultation and the Council has provided no method for service users to respond to the consultation. The only Council consultation questionnaire has been online and designed for voluntary sector organisations to give feedback.

- 3.13 Furthermore, the Council's mental health adult social care provision is under a special arrangement through the Section 75 Agreement for CNWL NHS Foundation Trust. As such, the Council has made special provision through our Mental Health User Involvement Project to ensure that mental health service user engagement and consultation is sustained and supports the Council's legal obligations in this regard.
- 3.14 Councillor Sue Anderson, Portfolio Holder for Community, Culture & Resident Engagement was asked the following public question at 13<sup>th</sup> October 2016 Cabinet meeting by Sandra Jayacodi, Harrow resident and Harrow (Mental Health) User Group Service User Representative:

"A number of consultation events in September-October 2016 are stated in the Harrow Council Voluntary & Community Sector Funding Proposals 2016/17 consultation document with local voluntary sector organisations who are affected by the proposed service funding cuts. How will the Council be consulting with mental health service users and other disadvantaged groups, who are impacted by these Proposals, as there is no reference in the consultation document to direct engagement with service users?"

Councillor Sue Anderson replied (from Cabinet meeting recording uploaded to Council website):

"The consultation around the voluntary sector cuts is targeted at those organisations who we believe will be impacted by the proposals. We are expecting the VCS organisations who are responding to the consultation and affected by the proposals will be putting forward the views of their service users as well as their own views.....We expect that they will also be feeding back to service users what the consultation is about the impacts of the proposals. We

have run number of events and there have been service users present at some of these events.....However, we are now contacting organisations so that we can have direct engagement with users to gain their views on the consultation”.

Supplementary question asked by Sandra Jayacodi:

The Council has not advertised the online version of the Consultation Proposals to service users who would be impacted by service cuts and many service users with mental health problems and particularly with multiple needs do not access online information. There is also no questionnaire or way for service users to respond to the consultation. Mind in Harrow's Mental Health User Involvement Project, which is funded by Harrow Council, is able to support engagement of mental health service users in the consultation process. Do you commit to work with the Project and how?

Councillor Sue Anderson replied (from Cabinet meeting recording uploaded to Council website):

“We have representatives who are part of Harrow User Group attend some of these events, and that has provided valuable information for us. We have would expect that organisations would be contacting users of their services.....”.

3.15 The evidence of the Project's past five years' contributions to the Council's public consultations and needs assessments demonstrates the essential nature of the Project, which is listed below and itemised in detail in **Appendix A**. The Project contributed substantively to engage mental health services users with the following 10 Council public consultations and needs assessments between the sample period 2011-16:

- Fairer Contributions Policy consultation (2011-12)
- Mental Health Day Service Review consultation (2012-13)
- Concessionary travel/Discretionary Freedom Pass consultation (2013-14)
- Council Tax Support Scheme consultation (2014-15)
- Take Part voluntary sector funding cut proposals consultation (2014-15)
- Mystery Shopping exercises for Harrow Safeguarding Adults Board (2014-ongoing)
- Bridge Day Centre closure consultation (2015-16)
- Scrutiny committees Welfare Benefits/Access to Work enquiry (2015-16)
- Harrow Joint Strategic Needs Assessment consultation (2015)
- Harrow Health & Wellbeing Strategy consultation (2014-15)

3.16 It is clear from the above, and from the terms of the Consultation Document itself that Harrow Council does not have capacity, nor plans to 'fill the gap' left by the loss of the Project following the spending cuts.

***Impact on service users***

3.17 Mind in Harrow is also deeply concerned about the potential for significant breaches of the Equality Act in respect of individual service users in Harrow. The Consultation Document proposes to cut funding to this Project from 1 April 2017. In the absence of alternative provision (which, as we set out above, is not intended by Harrow Council to be made), it is clear that many individual service users will be placed at a particular disadvantage to those who do not share their protected characteristics, in that they will not be able to participate in consultations on an equal footing. This would constitute unlawful indirect discrimination, in breach of s.19 Equality Act 2010. We would say that that type of discrimination could not be justified by Harrow Council nor the cited lack of funding for this provision in the Council's Consultation Document.

3.17 Following from the point above, the closure of the Project would also significantly reduce Harrow Council's capacity to fulfil any obligations that may arise under the Public Sector Equality Duty ('PSED') or because of common law duties to consult on matters which affect those with mental health problems in Harrow. The implementation of the current proposals would, we say, lead Harrow into clear legal error.

3.18 We set out below by way of illustration the ways in which the Project has to date enabled Harrow Council to properly consult mental health service users. In many cases, the closure of the Project would have prevented the participation of service users, who are well-evidenced (eg Harrow JSNA 2015) to experience additional barriers to participate and give their views to consultations:

- residents who are disabled by long-term mental health needs and have other support needs including
- physical disabilities
- residents from black & minority ethnic communities,
- young adults,
- older people,
- residents from LBGT communities,
- residents with learning disabilities,
- residents with caring responsibilities.

3.19 Furthermore, it is well-evidenced that mental health service users are significantly less likely than average to be digitally engaged and therefore online consultations disadvantage these service users from being properly consulted, such as for the Council's VCS Funding Proposals 2016-17 for which a online questionnaire is the main consultation method. For example, during the Council's Take Part consultation to cut all VCS funding 2015-16, of 1,150 online surveys completed only 1% were completed by mental health service users (Council Cabinet Report November 2014).

3.20 In addition to the wide-ranging regular activity of the Project to fulfil the Council service level agreement itemised above, the Project has supported 10 major Council public consultations/needs assessments over the past 5 years each one lasting several months and involving hundreds of Harrow mental health service users in a variety of ways (eg promoting and explaining the consultation content, organising special engagement events, supporting service users to complete Council consultation questionnaires, developing tailored questionnaires for mental health service users if needed, empowering service user representatives to attend consultation steering groups and ask public questions at Council meetings). In our recent survey (October16), 94% mental health service users self-reported that they could not engage effectively in Council consultations without the support of the Project. 75%+ Project service user representatives self-assess that participation in the Project significantly supports their mental health recovery (Monitoring report to Harrow Council October 2015-March 2016).

3.21 We provide explanation of the ways in which the Mental Health User Involvement Project made an essential contribution to each of these Council consultations in **Appendix A** and provide more detailed case studies in the next section

3.22 To evidence some of this impact, Mind in Harrow has asked service users to complete an impact survey, for which they self-assess the impact for them of a loss of the Mental Health User Involvement Project on their capacity to engage in the Council's public consultations. To date, 75 service users have completed surveys asking '*If Mind in Harrow's Mental Health User Involvement Project was cut next year, how would this affect you?*'

- **94%** of respondents said that they would be likely or very likely less aware of Council consultations about service changes which affect me.
- **92%** of respondents said that it would be likely or very likely that Council consultations will be less accessible to them in the future.
- **94%** of respondents said that they would be likely or very likely less able to understand the full implications of Council consultations about service changes which affect them.

- **94%** of respondents said that they would be likely or very likely less confidence to respond to Council consultations about service changes which affect them.
- **92%** of respondents said that it would be likely or very likely that their views will not be heard in Council consultations about service changes which affect them.
- **89%** of respondents said that they would be likely or very likely to have less influence over Council decisions about service changes which affect them.

#### **Demographic profile of respondents**

- **Gender:** 55% Female, 45% Male
- **Age ranges:** 0% (20 and under), 12% (21 – 35), 35% (36 – 50), 43% (51 – 65), 9% (66+)
- **Ethnicity:** 2% Black or Black British, 36 % Indian, 12% Other Asian Background, 9% Mixed Parentage, 51% White British or Other White Background, 2% Other Ethnic Groups
- **Disability:** 100% mental health problems, 10% Autistic Spectrum

#### **Example feedback from Harrow User Group members in October 2016:**

*“The cut to the Harrow User Group would be a disaster for democratic representation in Harrow.” **Mental Health Service User***

*“I have only become aware of these proposed funding cuts due to the Harrow User Group provided by Mind in Harrow. I need representation to make my voice heard and also the structure to consult with other in such a group. The Council and other government depts will again be overwhelmed and unable to act suitably if delayed by thousands of individual requests. This will be insufficient and increase costs.” **Mental Health Service User***

*“I am informed all about the Harrow Council’s consultations and service changes, which affect me. If the User Involvement Project is cut and this is no longer available to me, it will very much impact me.” **Mental Health Service User***

***Impact on service users - Case Study examples***

**Case Study Example 1: Project contribution to 'Take Part' voluntary sector funding cut consultation**

<b>Harrow Council Public Consultations</b>	<b>Descriptions</b>
What the Council is consulting on and how	<p><b><u>What consulted on</u></b> The Council proposal to cut all Adult Social Care and Outcome-Based Grants voluntary sector funding from April 2015 through the 'Take Part' consultation.</p> <p><b><u>How consulted</u></b> The Council sent a consultation proposal and questionnaire to Adult Social Care service users, ran a series of public consultation events and uploaded the consultation proposal and questionnaire to the Council's online portal.</p>
Period of consultation	September 2014-February 2015
Potential impact of proposals (on Harrow residents with mental health problems)	Loss of all voluntary sector mental health, counselling and welfare rights advice services affecting thousands of vulnerable residents including Mind in Harrow's services for mental health information, mental health carers and service user engagement.
Activity to engage (timetable of different types and evidence Council no in-house capacity)	<p><b><u>Project engagement &amp; consultation activity</u></b></p> <ul style="list-style-type: none"> <li>• <u>September-November 2014</u>: Mental Health User Involvement Coordinator informed 460 mental health service users (approx 50% of current adult social care users) of a number of events to explain the Council proposals and gathered feedback.</li> </ul>

- October-December 2014: Mental Health User Involvement Coordinator supported 10 mental health service users to attend Council Cabinet meetings at which 4 Mental Health Service User Representatives asked public questions to the Council Portfolio Holder for Health & Wellbeing Services.
- January 2015: Mental Health User Involvement Coordinator supported around 50 people of 85 who completed paper consultation questionnaires (around 59%).
- January 2015: Mental Health User Involvement Coordinator supported 15 mental health service user representatives to meet with the Community Engagement Portfolio Holder Cllr Sue Anderson.
- January-February 2015: Mental Health User Involvement Coordinator designed a tailored impact survey for people with mental health needs and reported on results of 67 completed surveys.
- February 2015: Mental Health User Involvement Coordinator supported 15 mental health service users to attend Council Cabinet meeting at which 2 Mental Health Service User Representatives asked public questions to the Council Portfolio Holder for Health & Wellbeing Services.
- February 2015: Mental Health User Involvement Coordinator supported 20 mental health service users to attend full Council meeting at which 2 Mental Health Service User Representatives asked public questions to the Council Portfolio Holder for Community Engagement and the Leader of the Council.

**Support to Council with consultation**

- Coordinated with Council staff to run a targeted awareness raising event advertised to 460 mental health service users and attended by 40 people.
- Attended and contributed with mental health service user representatives to three Council Equality Impact Assessment meetings to provide evidence of impact on mental health service users.
- Coordinated two targeted sessions for mental health service users to drop-in for assistance from up to 10 user representatives to complete the consultation questionnaire.

	<ul style="list-style-type: none"> <li>• Gave written feedback about the consultation process, which resulted in changes implemented from January 2015 including extension of the consultation period.</li> </ul>
Number and demographics of people engaged by project (particularly multiple protected characteristics)	<ul style="list-style-type: none"> <li>• 20 Mental Health Service User Representatives participated in different roles in the consultation process.</li> <li>• 460 mental health service users (approx 50% of current adult social care users) informed about the consultation via the project database, of whom around 100 attended consultation meetings.</li> <li>• Around 50 mental health service users of 85 who completed the Council paper consultation questionnaires (around 59%) were supported by the Project.</li> <li>• 67 mental health service users completed a tailored impact survey</li> </ul> <p>For the Council's Take Part consultation to cut all VCS funding 2015-16, of 1,150 online surveys completed only 1% were completed by mental health service users (Council Cabinet Report November 2014).</p>
Outcome of project engagement activities	As a result of service users' participation in the consultation including their views expressed, the Council was persuaded to defer 50% of the voluntary sector funding cut.
Documentary evidence examples	<ul style="list-style-type: none"> <li>• Take Part consultation proposal questionnaire</li> <li>• Take Part report to Cabinet November 2014</li> <li>• Take Part report to Cabinet and Full Council meeting February 2015</li> </ul>

**Council Consultation Case Study Example 1: Individual service users engaged by the Project in the ‘Take Part’ voluntary sector funding cut consultation**

***First Individual Example***

<b>Council consultation factors for involvement</b>	<b>Explanation of vital role of Mental Health User Involvement Project</b>
The person and their protected characteristics	Mr AM, a male Harrow resident, of Pakistani origin, aged 59 with a severe and enduring mental health condition, long-term unemployed and is a long-term user of Harrow voluntary sector services. He is socially isolated and suffers from poor physical health, including diabetes.
The likely impact on them of the decision which was the subject of the consultation	The loss of the voluntary sector mental health and advice services for him would have meant significant negative impact on his mental health, his social inclusion, physical health and access to advice about this welfare and housing benefits.
How their protected characteristic impacted upon their ability to participate in the consultation	Owing to Mr AM’s severe and enduring mental health condition, which results in panic attacks and paranoia in social or stressful context, Mr AM’s was unable to attend Harrow council Consultation meetings or complete the consultation questionnaire without support.
How the project enabled them to overcome those obstacles	The Project offered Mr AM 1:1 support to explain the content of the consultation proposals and implications and to complete a tailored Project survey and Council questionnaire about the impact of the consultation proposals on his daily life. In addition Mr AM attended one of the Project’s engagement meetings for the consultation targeted for mental health service users with additional barriers to access.
If appropriate, any positive outcome for that service user	As a result of her participation in the consultation including the views expressed by Mr AM to Harrow Council, the Council was persuaded to defer 50% of the voluntary sector funding cut.

**Council Consultation Case Study Example 1: Individual service users engaged by the Project in the ‘Take Part’ voluntary sector funding cut consultation**

***Second Individual Example***

<b>Council consultation factors for involvement</b>	<b>Explanation of vital role of Mental Health User Involvement Project</b>
The person and their protected characteristics	Mrs JH, a female resident of Harrow, aged 55-60 with severe and enduring mental health condition, term unemployed and is a long-term using of Harrow voluntary sector services. He has been diagnosed with cancer and has two children.
The likely impact on them of the decision which was the subject of the consultation	The loss of the voluntary sector mental health and advice services for him would have meant significant negative impact on her mental health, her confidence, motivation and social inclusion.
How their protected characteristic impacted upon their ability to participate in the consultation	Owing to Mrs JH severe and enduring mental health condition, which results in severe panic attacks, Mrs JH was unable to attend Harrow council Consultation meetings or complete the consultation questionnaire without support.
How the project enabled them to overcome those obstacles	The Project organised engagement meetings for the consultation targeted for mental health service users with additional barriers to access, through which Mrs JH received a Project information sheet explaining the content of the consultation proposals and implications and was supported to complete a tailored Project survey and Council questionnaire about the impact of the consultation proposals on his daily life.
If appropriate, any positive outcome for that service user	As a result of her participation in the consultation including the views expressed by Mrs JH to Harrow Council, the Council was persuaded to defer 50% of the voluntary sector funding cut.

## **Council Consultation Case Study Example 2: Project contribution to the Discretionary Freedom Pass consultation**

<b>Harrow Council Public Consultations</b>	<b>Descriptions</b>
What the Council is consulting on and how	<p><b><u>What consulted on</u></b> The Council proposal to cut the Discretionary Freedom Pass Scheme for people with mental health problems and other residents not benefitting from the National Disabled Freedom Pass.</p> <p><b><u>How consulted</u></b> The Council sent a Concessionary Travel (including the Discretionary Freedom Pass) consultation proposal and questionnaire to Adult Social Care service users, ran a series of public consultation events and uploaded the consultation proposal and questionnaire to the Council's online portal.</p>
Period of consultation	June 2011-June 2012
Potential impact of proposals (on Harrow residents with mental health problems)	Cut the Discretionary Freedom Pass for all current holders (over 1,000 in May 2011), which provided free travel on public transport within Greater London.
Activity to engage (timetable of different types and evidence Council no in-house capacity)	<p><b><u>Project engagement &amp; consultation activity</u></b></p> <ul style="list-style-type: none"> <li>• <u>June 2011-October</u>: Mental Health User Involvement Coordinator supported 4 service user representatives to participate on the consultation steering group over several months;</li> <li>• <u>June 2011</u>: Mental Health User Involvement Coordinator developed briefing papers to explain Discretionary Freedom Pass consultation implications for mental health service users.</li> </ul>

- June-July 2011: Mental Health User Involvement Coordinator designed a tailored impact survey for people with mental health needs and reported on results of over 100 completed surveys.
- June-July 2011: Mental Health User Involvement Coordinator promoted the consultation to 460 mental health service users (approx 50% of current adult social care users) on the project database and held a Special Forum consultation event with mental health service users on 28 June 2011 for Council staff to present the proposals and receive feedback from mental health service users.
- June-October 2011: Mental Health User Involvement Coordinator supported mental health service users to attend Council consultation events.
- June-October 2011: Mental Health User Involvement Coordinator supported 8 mental health service user representatives to ask public questions at Cabinet meetings over several months.
- September 2011: Mental Health User Involvement Coordinator empowered 10 mental health service user representatives to meet with the Council Portfolio Holder for Adult Social Care.
- October 2011-June 2012: Mental Health User Involvement Coordinator helped develop draft eligibility criteria and assessment process for people with mental health needs for an affordable and sustainable scheme.

**Support to Council with consultation**

- Coordinated with Council staff to run a targeted awareness raising event advertised to 460 mental health service users (approx 50% of current adult social care users) and attended by 40 people.
- Attended and contributed with mental health service user representatives to three Council Equality Impact Assessment meetings to provide evidence of impact on mental health service users.
- Coordinated two targeted sessions for mental health service users to drop-in for assistance from up to 10 user representatives to complete the consultation questionnaire.

	<ul style="list-style-type: none"> <li>• Held several meetings with the Discretionary Freedom Pass consultation lead, the Council Director of Finance to contribute to the design of mental health criteria and assessment processes for claimants.</li> </ul>
Number and demographics of people engaged by project (particularly multiple protected characteristics)	<ul style="list-style-type: none"> <li>• 20 Mental Health Service User Representatives participated in different roles in the consultation process.</li> <li>• 460 mental health service users (approx 50% of current adult social care users) informed about the consultation via the project database, of whom around 100 attended consultation meetings.</li> <li>• Over 100 mental health service users engaged to complete consultation questionnaires</li> </ul>
Outcome of project engagement activities	As a result of service users' participation in the consultation including their views expressed, the Council was persuaded to retain the Discretionary Freedom Pass for up to 600 mental health adult social care service users.
Documentary evidence examples	<ul style="list-style-type: none"> <li>• Concessionary Travel consultation proposal questionnaire</li> <li>• Concessionary Travel report to Cabinet December 2011</li> <li>• Concessionary Travel report to Cabinet and Full Council meeting February 2012</li> </ul>

**Council Consultation Case Study Example 2: Service users engaged by the project in the Discretionary Freedom Pass consultation**

***First Individual Example***

<b>Council consultation factors for involvement</b>	<b>Explanation of vital role of Mental Health User Involvement Project</b>
The person and their protected characteristics	Ms JM, a female resident of Bangladeshi origin, aged 45+ with a severe and enduring mental health condition and is a long-term user of the Council discretionary freedom pass. In addition Ms JM is long term unemployed and has had several emergency admissions to inpatient wards under the Mental Health Act.
The likely impact on them of the decision which was the subject of the consultation	The loss of the discretionary freedom pass for her would have meant significant negative impact on her ability to attend medical appointments, to attend day care activities, to visit her social worker or care co-ordinator and to pursue volunteering or employment opportunities.
How their protected characteristic impacted upon their ability to participate in the consultation	Owing to Ms JM's severe and enduring mental health condition, which results in incapacitating and distressing thoughts, she was unable to attend Harrow council Consultation meetings or complete the consultation questionnaire without support.
How the project enabled them to overcome those obstacles	The Project organised engagement meetings for the consultation targeted for mental health service users with additional barriers to access, through which Ms JM was provided with a Project information sheet explaining in plain English the purpose and implications of the consultation. Her views were noted at this meeting and fed back to the Council. Mrs JM also completed a tailored Project survey about the impact of the consultation proposals on her daily life.
If appropriate, any positive outcome for that service user	As a result of her participation in the consultation including the views expressed by Ms JM to Harrow Council, the Council was persuaded not to cut the discretionary freedom pass.

**Council Consultation Case Study Example 2: Service users engaged by the project in the Discretionary Freedom Pass consultation**

***Second Individual Example***

<b>Council consultation factors for involvement</b>	<b>Explanation of vital role of Mental Health User Involvement Project</b>
The person and their protected characteristics	Mr IA, a male resident of Arabic origin, aged 35 with a severe and enduring mental health condition and is eligible for the discretionary freedom pass. Owing to his mental health problems, he was socially isolated, experienced anger management issues and diagnosed on the autism spectrum.
The likely impact on them of the decision which was the subject of the consultation	The loss of the discretionary freedom pass for her would have meant significant negative impact on his ability to attend medical appointments, to attend day care activities and autism support group, to visit his care co-ordinator and to pursue volunteering or employment opportunities.
How their protected characteristic impacted upon their ability to participate in the consultation	Owing to Ms JM's severe and enduring mental health condition, anger management issues and autism, Mr IA was unable to attend Harrow council Consultation meetings or complete the consultation questionnaire without support.
How the project enabled them to overcome those obstacles	The Project offered Mr IA 1:1 support to explain the content of the consultation proposals and implications and to complete tailored Project survey and Council questionnaire about the impact of the consultation proposals on his daily life.
If appropriate, any positive outcome for that service user	As a result of her participation in the consultation including the views expressed by Mr IA to Harrow Council, the council were persuaded not to cut the discretionary freedom pass.

### Council Consultation Case Study Example 3: Project contribution to Bridge Day Centre closure consultation

Harrow Council Public Consultations	Descriptions
What the Council is consulting on and how	<p><b><u>What consulted on</u></b> Proposal to close a mental health day centre run by a charity, Rethink Mental Illness, from April 2016.</p> <p><b><u>How consulted</u></b> The Council sent a consultation proposal and questionnaire to all 164 members of the Bridge Day Centre, ran 3 public consultation events and uploaded the consultation proposal and questionnaire to the Council's online portal.</p>
Period of consultation	January-March 2016
Potential impact of proposals (on Harrow residents with mental health problems)	Loss of mental health day support services, including 1:1 key-working, activity groups, volunteering, peer support groups for Harrow residents experiencing severe and enduring mental health problems (eg the majority of referrals from NHS secondary care mental health service)
Activity to engage (timetable of different types and evidence Council no in-house capacity)	<p><b><u>Project engagement &amp; consultation activity</u></b></p> <ul style="list-style-type: none"> <li>• <u>January 2016</u>: Mental Health User Involvement Coordinator supported 15 Mental Health Service User Representatives to attend the Council public consultation events.</li> <li>• <u>February 2016</u>: Mental Health User Involvement Coordinator supported 20 mental health service users to attend Council Cabinet meeting at which 4 Mental Health Service User Representatives asked public questions to the Council Portfolio Holder for Health &amp; Wellbeing Services</li> <li>• <u>February 2016</u>: Mental Health User Involvement Coordinator supported 20 mental health service users to attend full Council meeting at which 2 Mental Health Service User Representatives asked public questions to the Council Portfolio Holder for Community Engagement and the Leader of the Council.</li> <li>• <u>January-March 2016</u>: Mental Health User Involvement Coordinator supported 8 trained User Representatives to visit the Bridge Day Centre and other venue to raise</li> </ul>

	<p>awareness of the consultation and assist around 60 people of 150 who completed paper consultation questionnaires (around 40%)</p> <ul style="list-style-type: none"> <li>• <u>January-March 2016:</u> Mental Health User Involvement Coordinator supported 8 trained Mental Health Service User Representatives to circulate the consultation proposal to 460 mental health service users (approx 50% of current adult social care users) on the project database of whom 38 attended a project forum meeting to give feedback on the consultation proposals.</li> <li>• <u>February-March 2016:</u> Mental Health User Involvement Coordinator engaged representative 40 service users from Nedaye Zan Afghan women's mental health project, 38% of whom have caring responsibilities and Somali mental health project, of whom 24% have caring responsibilities.</li> <li>• <u>February-March 2016:</u> Attended and liaised with members of the Bridge mental health service user campaign group on several occasions to provide support and information.</li> </ul> <p><b><u>Support to Council with consultation</u></b></p> <ul style="list-style-type: none"> <li>• Provided lead Council officers for the consultation a list of contacts from mental health provider organisations relevant to the consultation process, which the Council did not have access to.</li> <li>• Advised about engagement with provider organisations to assess the potential equality impact of the closure of the service, including consultation events and questionnaire which were not originally planned.</li> <li>• Advised about engagement with service users and carers in relation to public consultation event to assess the potential equality impact of the closure of the service</li> <li>• Provided feedback on the content for a stakeholder consultation questionnaire</li> <li>• Provided feedback on the content for the service user consultation questionnaire</li> </ul>
<p>Number and demographics of people engaged by project</p>	<ul style="list-style-type: none"> <li>• 20 Mental Health Service User Representatives participated in different roles in the consultation process.</li> </ul>

(particularly multiple protected characteristics)	<ul style="list-style-type: none"> <li>• 460 mental health service users (approx 50% of current adult social care users) informed about the consultation via the project database, of whom 38 attended a project forum meeting to give feedback on the consultation proposals.</li> <li>• 60 mental health service users engaged to complete consultation questionnaires</li> <li>• 40 service users from Nedaye Zan Afghan women’s mental health project, 38% of whom have caring responsibilities and Somali mental health project, of whom 24% have caring responsibilities.</li> </ul>
Outcome of project engagement activities	<p>The Leader of the Council decided that the Bridge Day Centre was essential provision for people experiencing mental health problems and therefore committed to keep the centre open. Mental Health User Involvement Coordinator supported 4 Mental Health Service User Representatives of 8 (50%) to apply to be members of the Bridge Steering Group convened to redesign the new specification for the services and the Mind in Harrow Chief Executive is also a member of the Steering Group to support the process.</p>
Documentary evidence examples	<ul style="list-style-type: none"> <li>• Council consultation documentation</li> <li>• The Leader of the Council decision statement</li> <li>• Project forum event flyer March 2016</li> </ul>

### **Council Consultation Case Study Example 3: Service users engaged in Bridge Day Centre closure consultation**

#### ***First Individual Example***

<b>Council consultation factors for involvement</b>	<b>Explanation of vital role of Mental Health User Involvement Project</b>
The person and their protected characteristics	Ms NS, a female resident of Indian origin, aged 40-50 with an enduring mental health condition, long-term unemployed and was a long-term user of the Bridge day service. She experienced a stroke in 2014 and relies on a wheelchair for her mobility. She cares for 2 children.
The likely impact on them of the decision which was the subject of the consultation	The loss of the Bridge day service for her would have meant a significant negative impact on her mental health, social support network and independence from her family.
How their protected characteristic impacted upon their ability to participate in the consultation	Owing to Ms NS's mental health condition and stroke, for which she relies on a wheelchair for her mobility, she was unable to complete the council's consultation questionnaire or attend consultation meetings arranged by the Council without support.
How the project enabled them to overcome those obstacles	The Project coordinated trained mental health service user representatives matched to her Indian cultural background and who spoke her mother tongue language to visit her at a community centre, to explain the purpose and content of the consultation and support her to complete the Council consultation questionnaire.
If appropriate, any positive outcome for that service user	As a result of user participation in the consultation, including the views expressed by Ms NS in her consultation response, the Council was persuaded not to withdraw funding for the service.

### Council Consultation Case Study Example 3: Service users engaged in Bridge Day Centre closure consultation

#### *Second Individual Example*

<b>Council consultation factors for involvement</b>	<b>Explanation of vital role of Mental Health User Involvement Project</b>
The person and their protected characteristics	Mr RE, a male resident of White British origin, aged 50+ with an enduring mental health condition with hoarding problems, long-term unemployed, social isolated and was a long-term user of the Bridge day service.
The likely impact on them of the decision which was the subject of the consultation	The loss of the Bridge day service for her would have meant a significant negative impact on her mental health, social support network and inclusion in meaningful regular activity.
How their protected characteristic impacted upon their ability to participate in the consultation	Owing to Mr RE's enduring mental health condition and resulting extreme hoarding problems and distrust, he was unable to complete the council's consultation questionnaire or attend consultation meetings arranged by the Council without support.
How the project enabled them to overcome those obstacles	The Project organised engagement meetings for the consultation targeted for mental health service users with additional barriers to access, at which Mr RE was supported to complete the Council consultation questionnaire and have any questions answered.
If appropriate, any positive outcome for that service user	As a result of user participation in the consultation, including the views expressed by Ms NS in her consultation response, the Council was persuaded not to withdraw funding for the service.

## **Conclusion for this Project**

- 3.23 Mind in Harrow strongly opposes the proposals cut funding to the Mental Health User Involvement Project. Harrow Council's proposed alternative funding source for this and the other Mind in Harrow affected by the cut, crowdfunding, is inappropriate and inadequate. The proposal will therefore inevitably lead to the closure of the User Involvement Project, with no alternative provision to fill its place.
- 3.24 Mind in Harrow considers that this creates a significant and unmitigated risk that service users will suffer unlawful indirect discrimination by Harrow Council. Without the expertise and capacity of the Project, Harrow Council will be unable to properly engage and consult with residents who share protected characteristics within the meaning of the Equality Act 2010. The Project currently prevents Harrow Council from falling into serious legal error and as such, it must clearly be properly funded.
- 3.25 If the Council decides to cut funding to the Mental Health User Involvement Project, service users impacted by this cut have indicated to Mind in Harrow that will have no other options available to have their voice heard but to pursue a legal challenge. We have taken expert advice from a public law firm and believe that they have a strong case, which is outlined in this letter on their behalf.
- 3.26 **Mental Health Information Service**
- 3.27 **The Mental Health Information Service**, funded via Outcome-Based Grants £16,094 per annum, will be cut from April 2017. The Outcome-based Grant for the service was originally £33,930 in 2014-15 but was reduced by 53% to the current level of £16,094.
- 3.28 In the Outcome-Based Grant service specification, the Mental Health Information Service aims to help 6,473 people, who are vulnerable and disabled by mental health problems or those caring for them, to enable them to access support services that reduce isolation and improve health and well-being and to increase self-management so that they can live an independent and fulfilling life. Offering best value for money, this Service provides a universal & preventative support and will offer a choice of access points each year to:
- 400-500 callers to the Harrow Mental Health Information Helpline delivered by a team of 6 trained volunteers offering 720 volunteer hours per annum.

- 21 people with complex access needs supported by specialist face-to-face outreach and signposting service.
- 3,900 unique visitors to the Harrow Mental Health Online Directory containing upto-date information on 100+ Harrow health & well-being services, 100+ regional/national organisations and 25 Harrow factsheets, such as crisis support and housing/homelessness.
- 1,500 people experiencing mental health problems receive 6-monthly welfare rights bulletin.
- The service is delivered through a strategic approach with other local information providers to ensure improved coordination, avoid duplication through IAG protocols.

## **Our response to the Council's Proposals for this Project**

### ***Impact on the Mental Health Information Service***

- 3.29 **The Mental Health Information Service**, which is meeting or exceeding its annual service targets (eg double the number of phone callers per annum 800 for 2015-16), may partly be re-provided for over further two years under the current VCS Funding Proposal 2016-17 to fund 'non-statutory specialist advice' service, although the definition of this service is not yet clear in relation to our mental health specialist service and at this stage without further clarity, we assume that the service will close from April 2017 at the earliest and March 2019 at the latest.
- 3.30 Mind in Harrow cannot fund this service from any other sources because the Big Lottery Fund and grant-making trusts are explicit in stating that they will not fund provision which is regarded as the responsibility of Council's such as information provision for people experiencing mental health problems.

### ***Impact on Harrow Council***

- 3.31 Mental Health Information Service is a unique specialist service in Harrow, evidenced by a local mapping exercise with input from an Adult Social Care Commissioner, and its reduction could not be mitigated by alternatives. Please **Appendix B** for the service mapping summary. For example, the only search result under the NHS Choices website for 'Mental Health Information and Support for Harrow' is local Mind organisations and Mind in Harrow is the top search result.
- 3.32 The Council has already reduced Outcome-based Grant funding to this service by 53% during 2015-16. If the VCS Funding Proposals 2016-17 for 'General Advice' and 'Specialist non-statutory advice' are approved as described in the Consultation Document, Mind in Harrow believes that the Council will not be justified in worsening existing serious inequalities in access to mental health

services for vulnerable Harrow residents, as a specialist mental health provision will be cut from April 2017 at the earliest or March 2019 at the latest.

### **Our response to Council's Information & Advice proposals**

- 3.33 The Council's Information, Advice & Advocacy consultation report outcomes and recent needs assessment (October 2016), have confirmed that Mental Health is a top priority need, eg: 'Supporting people with mental health issues is complicated by the fact that many do not access advice services until their issues have reached 'crisis point'. When asked about the levels of need in their clients, service providers claimed that many of those requesting advice over mental health delayed approaching the advice services, due to a perceived stigma attached to having mental health problems, and were therefore in high need.'
- 3.34 Some Harrow adult social care charities, including Mind in Harrow, put forward at the Council's 17 October Information & Advice Co-production day an alternative service model for £226,000 General Advice combined with £100,000 tapering over 2 years for 'Specialist non-statutory advice', which we believe better needs the needs identified and service solutions recommended by the Council's Information, Advice & Advocacy consultation report outcomes.
- 3.35 We propose that £226,000 allocated to General advice and £100,000 tapering over 2 years for non-statutory specialist advice are pooled into a single service which offers an holistic, integrated, inclusive and preventative response to the priority community needs. The service will provide:
- A single approach to access, whereby there is a single, consistent and coordinated approach to referrals with a choice of access points.
  - General advice (eg welfare rights, housing, debt and consumer rights advice)
  - A service support safety net including specialist advice, social support, community advocacy/representation and outreach targeted at client groups who are most excluded, vulnerable and at risk.
  - Harrow VCS strategic representation on the Local Safeguarding Boards.
  - A single monitoring, evaluation and reporting framework
  - Added value through matched funding, volunteering and a peer-led service model.

#### Proposed service outcomes

- Increased access to high quality and timely advice to meet the diverse needs of the community
- Improved engagement in community life as active citizens
- Reduced risk of social exclusion and isolation for vulnerable client groups

- Reduced risk of homelessness, debt and long-term dependency on social care service for vulnerable client groups

### ***Impact on service users***

- 3.36 If the Mental Health Information Service close, there would be following impacts:
- **800 callers (2015-16 level) to lose** access to the Harrow Mental Health Information Helpline per annum.
  - **720 volunteering hours** will be cut from the service.
  - **21 people with complex access needs per annum to lose** support by specialist face-to-face outreach and signposting service
  - **3,900 unique visitors** to the Harrow Mental Health Online Directory would not be able to rely on up to date information on 100+ Harrow health & well-being services, 100+ regional/national organisations and 25 Harrow factsheets, such as crisis support and housing/homelessness
  - **1,500 people experiencing mental health problems** would lose the regular welfare rights bulletins
  - The majority of the people impacted by the funding cut will have a mental health disability and at one or more other 'protected characteristics' under the Care Act 2010.

### **Conclusion for this Project**

- 3.37 If the VCS Funding Proposals 2016-17 for 'General Advice' and 'Specialist non-statutory advice' are approved as described in the Consultation Document, Mind in Harrow believes that the Council will not be justified in worsening existing serious inequalities in access to mental health services for vulnerable Harrow residents, as a specialist mental health provision will be cut from April 2017 at the earliest or March 2019 at the latest.

### **3.38 Core Services**

- 3.39 Our Core Services, funded via Adult Social Care SLA £25,843 per annum, will be cut from April 2017. The original Adult Social Care Service Level Agreement in 2014-15 was £52,511 per annum and was cut by 51% in 2014-15.

- 3.40 In the Adult Social Care Service Level Agreement, the following aims and activities are:

- Providing high quality support for residents of the London Borough of Harrow suffering with Mental Ill health
- Promote a strong and well regarded face of Mind in Harrow within the local community and the wider London network

- Promote mental well-being with young people, parents and families at risk owing to their life disadvantages.
- Providing a visible presence within Harrow, and wider London; with the goal of promoting better mental health
- Increase peer support opportunities and offer new life opportunities, embedding a peer-led approach within every service and activity, particularly new life opportunities including employment, training, education, sport and leisure, volunteering, social opportunities and cultural activities.
- Ensuring the voices of people suffering with Mental Health challenges are heard and acted upon by the people who make decisions around their care
- Creating sustainable services that can withstand economic uncertainty in a rapidly changing social care environment
- Maintaining Financial security for the operation of Mental Health Services in Harrow
- Continuing to challenge the stigma surrounding Mental Health in the public eye
- Create new routes and quicker access/ signposting to mental health support

***Example annual activity outputs 2015-16:***

- 3.41 Mind in Harrow's Core Services support per year over 7,000 Harrow residents experiencing mental health needs or their carers through 13 recovery, preventative and community outreach projects in partnership with CNWL NHS Foundation Trust, other public sector partners, private and community organisations. Of these projects for this period, 6 have been funded from grantmaking trusts, Big Lottery Fund, donations or national government grants totalling £263,000 in 2015-16.
- 3.42 This very significant contribution of the voluntary organisations to the Harrow adult social care economy is often not recognised and its preventative impact often not quantified. For example, our Core Services raise funds for projects offering preventative mental health support to BMER communities never funded by Harrow Council include:
- Nedaye Zai Afghan women mental health empowerment project, funded by Comic Relief
  - Hayaan Somali mental health promotion project, funded by Henry Smith Charitable Trust
  - Bridging Cultures faith community & mental health project, funded by Tudor Trust
  - EKTA South Asian mental health project, funded by donations.

## **Our response to the Council's Proposals for this Service**

### ***Impact on the Project***

3.43 The Core Activities Service, funded via Adult Social Care SLA £25,843 per annum, will be cut from April 2017. Owing to a similar level of funding cut by the Council last year £27K, a similar level of total funding cut of £40K by NHS Harrow in recent years and increases in uncontrollable costs (office rent and legal compliance) of £30K per annum, Mind in Harrow's relative financial challenges as a charity are far worse than the Council's position. As a result, unless Harrow Council aligns to VCS priorities for sustainability urgently, Mind in Harrow will close within the next 2-3 years. Our sustainability priorities are outlined below.

### ***Impact on Harrow Council***

3.44 Mind in Harrow believes that if its Core Services are cut:

- Mind in Harrow Core Services offer a unique contribution to Harrow's social care economy, which cannot be mitigated by alternatives.
- Harrow Council will be worsening serious inequalities in mental health support for vulnerable Harrow residents by reducing funding rather than increasing investment, which is expected by the government's 'No Health Without Mental Health' national policy to establish funding equity for mental health services.

3.45 Furthermore, Mind in Harrow's the Council cut to all Core Services funding would reduce the Council's capacity to fulfil its statutory obligations in relation to mental health service users in two ways:

**a) Local Safeguarding Adults Board (LSAB):** Mind in Harrow's Chief Executive is an active member of the LSAB representing mental health, a priority area of priority action for the Board, which is now established on a statutory footing by the Care Act 2014. Mind in Harrow contributes to multi-agency safeguarding performance as a member of LSAB through attendance at Board meetings and annual awayday, our safeguarding action plans detailed in the LSAB annual report. Our annual actions include: community engagement and awareness-raising for people experiencing mental health problems, facilitating an annual mystery shopping exercise by mental health service users and giving quality assurance feedback to the Harrow Safeguarding Team on any systemic issues arising in relation to mental health safeguarding processes.

**Through the Core Services the Chief Executive has the capacity to contribute to the LSAB but would have to withdraw, if the Core Services funding is cut from April 2017.**

## **b) Contributing to Harrow Council's forwarding planning and implementation of service change**

In addition to the Mental Health User Involvement Project, as a provider of a wide range of specialist mental health services with a considerable reach and impact in Harrow, Mind in Harrow's Core Services' capacity enable us to contribute to several Harrow Council key strategic working groups, such as bi-monthly meetings with the Director of the Community, Health & Wellbeing Directorate and Public Health mental health priorities. This Core Services capacity includes engagement with our individuals and their families from our BMER projects who have protected characteristics under the Equality Act 2010 provide added value consultation reach to the Mental Health User Involvement Project.

**Through the Core Services Mind in Harrow has the capacity to contribute wider public engagement activities, which would be withdrawn if this funding is cut from April 2017.**

**3.46 Adults social care budget impact:** From our analysis of two years (2015-16 and 2016-17) external funding levels, we can with some confidence forecast that the impact of the cut of **our Core Services and the potential closure of Mind in Harrow** will result in the following reduction in preventative services from external funding for residents experiencing mental health problems or their carers:

- the loss of up to £250,000 funding per annum from Big Lottery, charitable grant-making trust and national government sources not being raised for Harrow services.
- as a result 100 volunteers supported by these externally funded projects not recruited and trained to contribute to service delivery.
- as a result over 1,000 people from the priority vulnerable groups not benefitting from range of preventative outcomes, including improved mental and physical health, increased social integration, better sustained caring role and reduced need for care & support
- Even if only 5% of 2,000+ people, supported by Mind in Harrow's face-to-face services funded from external sources, access FACS eligible personal budget resources following the loss of Mind in Harrow's externally funded services, **we estimate the financial impact on the Council could be very significant, totalling over £100K per annum.**

### ***Impact on service users***

3.47 The majority of the service users impacted by the Core Services funding cut will have a mental health disability and at one or more other 'protected characteristics' under the Care Act 2010. To evidence some of this impact, Mind in Harrow has asked its service users to complete an impact survey, for which they grade the outcome for them of a loss of Mind in Harrow services. To date, 75 service users have completed surveys and the summary results are provided below. Some of the most vulnerable Harrow residents have fed back that Mind in Harrow's services are a lifeline and vital safety net in their lives and a cut to our services would have a very high impact on them. The survey asked *'If Mind in Harrow services were cut next year, how would this affect you?'*

- **91% of respondents** said that they would be likely or very likely less able to cope where they live and have problems with their living situation.
- **93% of respondents** said that they would be likely or very likely be less able to cope without these services supporting their well-being.
- **85% of respondents** said that they would be likely or very likely to be less able to seek work or hold down employment and rely more on employment benefits.
- **87% of respondents** said that they would be likely or very likely less able to look after themselves and therefore more reliant on friends, family or partners.
- **90% of respondents** said they will need to make more appointments to see their GP or visit A&E for urgent help, if I do not have these other types of support.

#### **Demographic profile of respondents**

- **Gender:** 55% Female, 45% Male
- **Age ranges:** 0% (20 and under), 12% (21 – 35), 35% (36 – 50), 43% (51 – 65), 9% (66+)
- **Ethnicity:** 2% Black or Black British, 36 % Indian, 12% Other Asian Background, 9% Mixed Parentage, 51% White British or Other White Background, 2% Other Ethnic Groups
- **Disability:** 100% mental health problems

**Example residents' feedback about proposed funding cuts to Mind in Harrow October 2016**

"Mind in Harrow is an ESSENTIAL service. DO NOT MAKE THESE CUTS. It is essential for people's wellbeing, saving money for Council and NHS long-term."

***Mental Health Service User***

"I am a 62 year old single vulnerable woman with no family here to support and so I completely depending on Mind in Harrow for my day to day wellbeing. The cut to Mind's services will have a massive impact on my mental health. I do have suicidal tendencies." ***Mental Health Service User***

"Because of my autism, I will be unable to cope with these cuts to services and I don't have friends or family to help...I won't have anything to do anymore or speak to people who work at Mind." ***Mental Health Service User***

*"I would just like to say that I have been dependent on Mind in Harrow's services for 16 years and that they have been instrumental in my progress and wellbeing until now. If the services are cut, this will impact very much on my mental health."*

***Mental Health Service User***

"I have found on behalf of my client that Mind's services to be excellent in his from social isolation anxiety. I fear that there is no other service that can provide this to him."

***Local mental health professional on behalf of Mental Health Service User***

### **Conclusion for this service**

3.48 If Council proceeds with the proposed total funding cut to Mind in Harrow's **Core Services**, Mind in Harrow believes the Council will spend far more on increased social care costs in the medium and into the long-term and find it harder to fulfil its statutory obligations for Equality Act 2010 and Care Act 2014 in relation to safeguarding adults.

3.49 Therefore, ask the Administration to consider seriously the Council's statutory duties in these respects and the mitigations being proposed by Mind in Harrow below for urgent action.

### **Alternative mitigations for Core Services funding loss**

3.50 In the current form, the mitigations for funding cuts in the Council's VCS Funding Proposals 2016-17 Consultation Document, including crowdfunding, would not offset any of the funding cuts proposed to Mind in Harrow's services. We request that the Council urgently considers other mitigations which will not increase Council revenue expenditure but could address both Council priorities to prevent the impact of increased service users' demand at the same time support Mind in Harrow's medium to long-term sustainability.

3.51 Mind in Harrow believes that the Council must be much more strategic across the whole Council to support the sustainability of the VCS and must implement substantive and meaningful changes now to prevent the local VCS as a service provider disappearing. Mind in Harrow proposes three examples below.

#### **a) Affordable office space – strategically important to the Harrow VCS**

##### The community needs

- Mind in Harrow's office rental costs will double in 2017 owing to changes in the office rental market, increasing our recurrent expenditure by almost £20,000 per annum. As a result of the government's changes to planning laws, allowing property developers to convert office blocks into flats without going through the usual local planning procedures, has dramatically reduced the number of available offices and hugely inflated rental costs.
- **It is unfair that the Council has provided office space to some charities and not others, such as Mind in Harrow, who must pay inflated costs of the private rental market.** These additional rental costs on top of almost £100,000 combined core funding cuts by Harrow Council and CCG have made Mind in Harrow currently unsustainable.

### Our proposals

- Affordable rental space is essential and strategically important issue for VCS organisations in relation to the Council. Mind in Harrow expects equitable treatment for all charities, and not favourable treatment for a few. We request a much more creative and collaborate approach between the Council's Corporate Estates Department working with the People Directorate and VCS organisations to find smart solutions to these challenges, which would be in the interests of Harrow residents.

### **b) Housing pressures in Harrow – strategically important to the Council's balanced annual budget**

#### The community needs

- Mind in Harrow is aware that housing pressures in Harrow are one of the most costly increases on the Council's annual budget. A multi-agency (Council, CCG, Voluntary Sector) mapping of housing needs for people with severe and enduring mental health problems in July 2016, confirmed the acute need for new solutions to the lack of affordable independent living accommodation for this client group. There a small and reducing number of private landlords willing to accept tenants on housing benefit in a rental market for which they can charge at least £300 more per month in the private rental sector.
- Mind in Harrow has noticed in the past 2-3 years a dramatic increase in the number of people with mental health problems in independent living accommodation owned by private landlords, who are getting into debt because of unaffordable rental payments and becoming homeless. Furthermore, owing to the expected further pressures from welfare reform, universal credit and continuing increases in the private sector rental market, we can see the number of people getting into debt and becoming homeless only increasing dramatically in the coming years without new solutions.

#### Our proposals

- Mind in Harrow would like to explore with the Council ways in which the Council and Mind in Harrow could combine resources and expertise to find long-term sustainable solutions to the local acute housing shortages, eg could the Council resource the acquisition of properties for priority residents experiencing mental health needs and reliant on housing benefit through the regeneration investment, for whom Mind in Harrow could act as a social landlord to manage these tenancies charging affordable rents?

**c) Support for collection boxes to be sited at Council offices or similar activities – Strategically important to support community fundraising activities such as charity shops**

The VCS income generation options

The Council's proposal for crowdfunding aims to generate new income via a community fundraising digital platform. The Council could support Mind in Harrow and other charities in other ways with community fundraising activities without any additional cost.

Our proposals

Mind in Harrow has a system for collecting donations of items such as clothing, jewelry or other housing items sold in our charity shop in central Harrow using a professionally designed collection boxes. Often local residents may want to donate items to a charity shop such as Mind's, but do not have the time to or don't know how to. By having a collection box on site in Council offices or service space, residents are presented with a convenient and simple way to give to local charities. Mind in Harrow has raised this suggestion already to Council officers and we are informed that it is up to the Administration to back this approach across the whole Council for it to be supported and implemented consistently.

**Conclusion for Core Services**

3.52 Mind in Harrow calls on the Council to take urgent action now for these proposed mitigations and others requested by my VCS colleagues. We have already raised our proposals on a number of occasions with Members and Officers and have asked for action for some of these for over a decade without response! If the Council is serious about ensuring that the Harrow VCS is not wiped out by Council funding cuts, you must take decisive steps immediately to transform how all Council directorates and departments support local VCS sustainability.

**Summary**

4.0 Mind in Harrow appreciates that the Council is in an extremely financially challenged position and must make many difficult decisions about cuts to vital services.

4.1 However, Mind in Harrow's purpose and values are to ensure that the rights of mental health service users are respected, including their rights under the Equality Act 2010 and public law. We feel it is important for us at this stage to make you aware of the Council's duties, particularly in relation to the proposed cuts to the Mental Health User Involvement Project, and ask for your consideration of these duties in your Administration's decision-making process.

4.2 Finally, we ask the Council to change fundamentally the relationship between the Harrow VCS and the Council as we have requested above, in the interests of the most vulnerable Harrow residents, who will have almost no voluntary sector services left to support them, unless you introduce a radically different vision and purpose across every aspect of the Council's activities.

Yours sincerely

*Mark Gillham*

**Mark Gillham**  
Chief Executive

cc

- Councillor Sue Anderson, Portfolio Holder for Community, Culture & Resident Engagement
- Councillor Simon Brown, Portfolio Holder for Adults & Older People
- Bernie Flaherty, Director Adult Social Services
- Alex Dewsnap, Director Strategic Commissioning

**Appendix A: mental Health User Involvement Project – Summary of contribution to Council public consultations 2011-16**

<b>Period of consultation</b>	<b>Consultation topic</b>	<b>How MH User Involvement Project contributed to the consultation</b>	<b>Outcome of Project engagement with mental health service users</b>
2011-12	Fairer Contributions Policy: a consultation about a new financial assessment and charging policy for adult social care services	<p>The MH User Involvement Project:</p> <ul style="list-style-type: none"> <li>• supported 4 mental health service user representatives to participate on the consultation steering group over several months;</li> <li>• supported mental health service users to attend Council consultation events;</li> <li>• promoted the consultation to 460 mental health service users on the project database and held a Special Forum consultation event with mental health service users on 28 June 2011 for Council staff to present the proposals and receive feedback from mental health service users.</li> </ul>	<p>Mental health service users with multiple protected characteristics (eg disability, age, gender, ethnicity, faith &amp; belief) were supported to have sustained representation and meaningful engagement in the Council's consultation process through the MH User Involvement explaining the content and implications of the proposed policy and overcoming barriers to engage in the consultation process. As a result, the Project substantively contributed to fulfil the Council's Public Service Equality Duty (PSED) public law duty to consult with residents potentially impact by service or policy changes.</p>

<p>2011-12</p>	<p>Concessionary travel/Discretionary Freedom Pass: proposal to cut discretionary freedom scheme</p>	<p>The MH User Involvement Project:</p> <ul style="list-style-type: none"> <li>• supported 2 mental health service user representatives to participate on the consultation steering group over several months;</li> <li>• developed explanatory briefing papers;</li> <li>• developed draft eligibility criteria and assessment process for people with mental health needs for an affordable and sustainable scheme;</li> <li>• supported mental health service users to attend Council consultation events;</li> <li>• designed a tailored impact survey for people with mental health needs and reported on results of over 100 completed surveys.</li> <li>• promoted the consultation to 460 mental health service users on the project database and held a Special Forum consultation event with mental health service users on 28 June 2011 for Council staff to present the proposals and receive feedback from mental health service users;</li> <li>• supported 8 mental health service user representatives to ask public questions at Cabinet meetings over several months.</li> </ul>	<p>Mental health service users with multiple protected characteristics (eg disability, age, gender, ethnicity, faith &amp; belief) were supported to have sustained representation and meaningful engagement in the Council's consultation process through the MH User Involvement explaining the content and implications of the proposed policy and overcoming barriers to engage in the consultation process. As a result, the Project substantively contributed to fulfil the Council's Public Service Equality Duty (PSED) public law duty to consult with residents potentially impact by service or policy changes.</p>
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2012-13	Mental Health Day Service Review	<p>The MH User Involvement Project:</p> <ul style="list-style-type: none"> <li>supported 6 mental health service user representatives to participate on the Day Service Review steering group for 9 months;</li> <li>supported mental health service users to attend Council consultation events and give feedback on the draft service specification;</li> <li>promoted the consultation to 460 mental health service users on the project database and held a Forum consultation event with mental health for Council staff to present the proposals and receive feedback from mental health service users.</li> </ul>	<p>Mental health service users with multiple protected characteristics (eg disability, age, gender, ethnicity, faith &amp; belief) were supported to have sustained representation and meaningful engagement in the Council's consultation process through the MH User Involvement explaining the content and implications of the proposed policy and overcoming barriers to engage in the consultation process. As a result, the Project substantively contributed to fulfil the Council's Public Service Equality Duty (PSED) public law duty to consult with residents potentially impact by service or policy changes.</p>
2014-ongoing	Mystery Shopping exercises for Harrow Safeguarding Adults Board to ensure equality of response to mental health service users	<p>The MH User Involvement Project:</p> <ul style="list-style-type: none"> <li>collaborated with Harrow Local Adults Safeguarding Board lead to conduct the annual mystery shopping exercise to inform the Board's understanding;</li> <li>briefed and supported 2 mental health service user representatives per annum to conduct a mystery shopping exercise to test public service responses to safeguarding concerns being raised;</li> </ul>	<p>Mental health service users with multiple protected characteristics (eg disability, age, gender, ethnicity, faith &amp; belief) were supported to have sustained and meaningful engagement in the Council's consultation process through the MH User Involvement. As a result, CNWL NHS Foundation Trust and NHS Harrow CCG have implemented</p>

		<ul style="list-style-type: none"> <li>• conducted Mystery shopping with CNWL NHS Foundation Trust Harrow service (2014) and regional Single Point of Access (2015), sample of GP practices (2015), 101 number (2015);</li> <li>• reported via Mind in Harrow Chief Executive to Harrow Local Adults Safeguarding Board for each exercise and followed-up with review of agreed actions;</li> <li>• plans to widen scope to be inclusive of LD and older people needs 2016-17.</li> </ul>	improvements to their safeguarding adults responses in response to identified concerns.
2014-15	Council Tax Support Scheme: propose to increase charges to disabled people	<p>The MH User Involvement Project;</p> <ul style="list-style-type: none"> <li>• engaged with mental health service users at a number of events to explain the Council proposals and gathered feedback;</li> <li>• supported 9 mental health service user representatives to meet with the Finance Portfolio Holder Cllr Sachin Shah;</li> <li>• supported mental health service users to complete consultation feedback surveys;</li> <li>• supported 4 mental health service user representatives to ask public questions at Cabinet meetings over several months;</li> <li>• promoted the consultation to 460 mental health service users on the project database and held a September 2014 Forum consultation event with mental</li> </ul>	Mental health service users with multiple protected characteristics (eg disability, age, gender, ethnicity, faith & belief) were supported to have sustained representation and meaningful engagement in the Council's consultation process through the MH User Involvement explaining the content and implications of the proposed policy and overcoming barriers to engage in the consultation process. As a result, the Project substantively contributed to fulfil the Council's Public Service Equality Duty (PSED) public law duty to consult

		<p>health to explain the Council proposals and receive feedback from mental health service users;</p> <ul style="list-style-type: none"> <li>presented evidence of the impact on mental health service users of reducing Council Tax Support to the Council Scrutiny Committee in July 2015.</li> </ul>	<p>with residents potentially impact by service or policy changes.</p>
2014-15	<p>Take Part voluntary sector funding cut proposals: for all voluntary sector Outcome-Based Grants and Adults SLAs</p>	<p>The MH User Involvement Project:</p> <ul style="list-style-type: none"> <li>engaged with mental health service users at a number of events to explain the Council proposals and gathered feedback;</li> <li>supported mental health service users to complete Council consultation feedback surveys;</li> <li>supported 15 mental health service user representatives to meet with the Community Engagement Portfolio Holder Cllr Sue Anderson;</li> <li>designed a tailored impact survey for people with mental health needs and reported on results of 67 completed surveys;</li> <li>supported 8 mental health service user representatives to ask public questions at Cabinet meetings over several months.</li> </ul>	<p>Mental health service users with multiple protected characteristics (eg disability, age, gender, ethnicity, faith &amp; belief) were supported to have sustained representation and meaningful engagement in the Council's consultation process through the MH User Involvement explaining the content and implications of the proposed policy and overcoming barriers to engage in the consultation process. As a result, the Project substantively contributed to fulfil the Council's Public Service Equality Duty (PSED) public law duty to consult with residents potentially impact by service or policy changes.</p>

2015	Council Welfare Reform Scrutiny committee: to review the impact of Welfare Benefits/Access to Work reforms (2015-16)	<p>The MH User Involvement Project:</p> <ul style="list-style-type: none"> <li>• facilitated 1 mental health service user representative and 6 Afghan women with mental health needs who are residents of Harrow to meet 2 Harrow Councillors from the Welfare Reform Scrutiny Committee to discuss the impact of welfare reform on their lives;</li> <li>• organised translation for the Afghan women into their community language so that they could contribute to this Scrutiny Committee review;</li> <li>• collated evidence from 26 mental health service user representatives to present at the Welfare Reform Scrutiny Committee in May 2015.</li> </ul>	<p>Mental health service users with multiple protected characteristics (eg disability, age, gender, ethnicity, faith &amp; belief) were supported to have sustained and meaningful engagement in the Council's consultation process through the MH User Involvement. As a result, the impact of welfare reform on mental health service users, including those who are most disadvantaged in relation to the labour market (Afghan women), was incorporated into the Scrutiny Committee report dated May 2015.</p>
2015-16	Bridge Day Centre: Proposal to close a mental health day centre run by a charity, Rethink Mental Illness, from April 2016.	<p>The MH User Involvement Project:</p> <ul style="list-style-type: none"> <li>• engaged with mental health service users at a number of events to explain the Council proposals and gathered feedback;</li> <li>• Supported 60 mental health service users to complete Council consultation feedback surveys including equalities data;</li> <li>• supported 20 mental health service users to attend Council Cabinet meeting at which 4 Mental Health Service User Representatives asked public questions;</li> </ul>	<p>Mental health service users with multiple protected characteristics (eg disability, age, gender, ethnicity, faith &amp; belief) were supported to have sustained representation and meaningful engagement in the Council's consultation process through the MH User Involvement explaining the content and implications of the proposed policy and overcoming barriers to engage in the consultation process. As a result,</p>

		<ul style="list-style-type: none"> <li>supported 20 mental health service users to attend full Council meeting at which 2 Mental Health Service User Representatives asked public questions;</li> <li>promoted the consultation to 460 mental health service users on the project database and held a March 2016 Forum consultation event with mental health to explain the Council proposals and receive feedback from mental health service users;</li> <li>engaged representative 40 service users from Nedaye Zan Afghan women's mental health project, 38% of whom have caring responsibilities and Somali mental health project, of whom 24% have caring responsibilities;</li> <li>attended and liaised with members of the Bridge mental health service user campaign group on several occasions to provide support and information.</li> </ul>	<p>the Project substantively contributed to fulfil the Council's Public Service Equality Duty (PSED) public law duty to consult with residents potentially impact by service or policy changes.</p>
2016	VCS Funding Proposals 2016-17: to reduce VCS Outcome-based Grants and Adults SLAs by £400K from April 2017	<p>The MH User Involvement Project:</p> <ul style="list-style-type: none"> <li>engaged with mental health service users at a number of events to explain the Council proposals and gathered feedback;</li> <li>designed a tailored impact survey for people with mental health needs to report on results, including equalities data;</li> </ul>	<p>Mental health service users with multiple protected characteristics (eg disability, age, gender, ethnicity, faith &amp; belief) were supported to have sustained representation and meaningful engagement in the Council's consultation process through the MH User Involvement explaining</p>

		<ul style="list-style-type: none"> <li>• Promoted the consultation to 600 mental health service users on the project database and to hold a Special Forum consultation event on 25 October to explain the proposals and receive feedback from mental health service users;</li> <li>• supported 2 mental health service user representatives to ask public questions at Cabinet meetings over several months;</li> <li>• 10 mental health service user representatives attending the Bridge Centre and Wiseworks to raise awareness of the consultation with service users;</li> <li>• coordinated with Harrow Council for mental health service user representatives to meet with the Adult Services commissioning team to give feedback and views about the impact of the Council's proposals.</li> </ul>	<p>the content and implications of the proposed policy and overcoming barriers to engage in the consultation process. As a result, the Project substantively contributed to fulfil the Council's Public Service Equality Duty (PSED) public law duty to consult with residents potentially impact by service or policy changes.</p>
2015	Harrow Joint Strategic Needs Assessment: to refresh and update the needs assessment	The MH User Involvement Project coordinated Harrow Council Public Health Mental Health Consultants to hold a consultation session during the summer 2015 with 12 trained service user representatives from South Asian, Somali, Afghan, Tamil communities to input their experiences into the JSNA development.	<p>Contribution of Mind in Harrow referenced in the Harrow JSNA from November 2015: Mind in Harrow has undertaken a number of projects to identify the needs of people from black and minority ethnic (BAME) groups and of refugees. Common findings</p>

			<p>from the research undertaken over the past 10 years are:</p> <ul style="list-style-type: none"> <li>• Poor awareness of mental health services and how to access them, which often leads to only seeking help in a crisis</li> <li>• Cultural stigma of mental health problems</li> <li>• Lack of culturally appropriate support within the services</li> <li>• Need to consider mental health treatment within a religious context</li> <li>• Need to raise awareness and reduce stigma within different communities; and</li> </ul> <p>A desire for a more holistic approach that addresses underlying problems affecting mental health</p>
2014-15	Harrow Health & Wellbeing Strategy 2016-20: to identify Borough priorities and action plan	The MH User Involvement Project supported 11 mental health service user representatives to attend 14 July 2015 public consultation event to identify priorities and action plan for the Harrow Health & Wellbeing Strategy 2016-20	Mental health a Strategy priority for Harrow: <i>Use every opportunity to promote mental wellbeing:</i> Mental health is a huge issue which some people say does not receive the same attention as physical health. We want to change this in Harrow to

			<p>ensure we abide by the mantra 'there is no health without mental health.' The Harrow Health and Wellbeing Board have committed to a vision which enables residents to start, live, work and age well. This area of work in Harrow will be informed by the Like Minded programme, a strategy to improve mental health and wellbeing across North West London. The programme has the aim of establishing excellent, integrated mental health services to improve mental and physical health.</p>
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## **Appendix B: Mapping of Mental Health Information Services 2015**

Mind in Harrow's service mapping indicates that its Mental Health Information Service is unique. Without funding, the impact on Harrow residents would be that they have no alternative comparable service to access.

The Mental Health Information Service offers:

- mental health specialist information, signposting and support to access services
- a comprehensive knowledge-base of Harrow mental health services in statutory, voluntary and private sectors (developed over 10 years) in our online mental health directory;
- instant access via telephone helpline or 1:1 face to face sessions
- a local mental health specialist welfare rights bulletin updated and circulated widely

### **Service Mapping Summary 2015**

<b>Service Type</b>	<b>Mapping of Services Accessible to Harrow residents</b>
Samaritans	Samaritans is 24/7 crisis support helpline service and does not offer an information service.
National mental health helplines (eg Rethink, SANELINE, Mind)	National mental health helplines provide general information to callers, do not hold detailed local service information and regularly refer callers to Mind in Harrow for local service information.
Local charities	No local charity offers a specialist Mental Health Information Service. Some local charities offer specialist welfare benefits or debt advice by appointment to people with mental health problems or information services to targeted groups (eg older people) but are not commissioned to offer mental health information and refer callers to Mind in Harrow.
Commissioned local mental health advocacy services	No local mental health advocacy provider offers a telephone information service or crisis telephone support to facilitate caller access to services.
CNWL NHS Foundation Trust	CNWL NHS Foundation Trust has confirmed that it is not commissioned to offer a public information service and provides services to CNWL patients only.
Harrow Council	Harrow Council has novated mental health provision to CNWL NHS Foundation Trust and does not offer a mental health information service. The Council's Access Harrow Service has confirmed in 2013 that they do not hold any information about mental health service to provide to callers. Our mapping of local mental health information services in 2013 has been validated by the Harrow Council Mental

	Health Commissioning lead that Mind in Harrow mental health information service is the only resource of its type in Harrow and used widely.
Public Health NHS Harrow	Harrow Public Health Service does not offer mental health information telephone services. NHS Harrow commissioners confirmed that they were not able to identify an alternative comparable service for Mind in Harrow to direct callers to, if the Mental Health Information Service closed or was reduced.
GP and primary care services	There are no mental health information telephone services within Harrow primary care settings. GPs refer patients to Mind in Harrow's Mental Health Information Telephone Service or contact the service directly on behalf of their patients.
IAPT Services HealthWatch	IAPT Services do not offer an open access mental health telephone information service. IAPT Services offer signposting to patients as an option for Step 2 interventions following assessment and on an appointment basis only. The service operates eligibility criteria limited to patients with mild to moderate anxiety and depression. The specification for HealthWatch Harrow includes the coordination of existing information & advice services or the provision of basic health-related information for Harrow residents, such as how to register with a GP or how to make complaints.