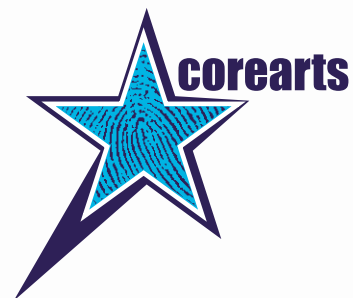


core arts promoting positive mental health.

Core Arts integrated working The City and Hackney Recovery Alliance.



Arts in Health CCG Annual Review 2016/17/18



EXECUTIVE SUMMARY

BACKGROUND

- The Recovery alliance provides a real recovery model, in line with CCG outcomes regarding quality of life and patient experience demonstrating strong move on results and high impact, time-bound opportunities.
- This funding is to support patients in crisis or with significant rehabilitation, social functioning needs and those hard to engage with traditional mental health services. Therefore supporting the care coordinator role. The target group are BME males who are overrepresented in City in Hackney mental health services, especially on the inpatient wards.
- The success of this partnership led to refunding in 2016/17 and 2017/18. This is due to the impact of the alliance and continuous improvement and achievement above the target outcomes. The partnership is highly regarded amongst care teams as a supportive measure for reducing admissions and increasing patient experiences of care.
- The service demonstrates the innovative practice of developing a culture of partnership and integrated practice of third sector agency being contracted by the NHS via the CCG to support mutual KPI's, outcomes for patients and effective partnership working.
- The achievements consistently support patients in the following care act areas:
 - making use of necessary facilities in the local community (public transport, recreational facilities and services)
 - Access and engaging in work, training, education and volunteering
 - Developing and maintaining personal relationship (social inclusion)
- As well as promoting CCG strategic health priorities:
 - Improve the quality of healthcare for Hackney and City residents
 - Ensure our health care system is affordable, high quality and improves patient experience of care and support.
 - Develop integrated out of hospital services to mitigate the increasing cost of hospital based un-scheduled care
- Nationally:
 - Reducing avoidable emergency admissions
 - Improving patient experience of hospital services

ACHIEVEMENTS

- A successful integrated partnership of ELFT, Core Arts & The Recovery College provides a Recovery Alliance and a joined up experience for patients.
- Formal partnership with the NHS Recovery College, The 'Art of Recovery' event, promotion and referral pathways established for induction. Current discussions for joint reporting opportunities across the services.
- 2016- 17: 81% of the cohort was BME of which 70% identified as Black British. 80% were male. 2017-18: 82% of the cohort was BME of which 80% were male.
- Clear demand for this level of support, threefold demand from what is funded/ target capacity. (2017: 109/ 2018:108)
- Huge cost savings made in both cost of memberships and reducing the use of inpatient service by avoiding relapse & admission.
- Core Arts are working with patients on discharge and those with support needs from the recovery teams. Ongoing improvements and relationship development.
- Proven reduction in re- admissions (2017: 95%/ 2018: 98%) and supporting people to avoid relapse and work towards discharge from CPA (approximately 20% reduce to outpatient only during the funded period)
- Panel met frequently in 2017 and implemented a protocol with direct payments, 45 clients were assessed by the panel to date and this personalised way of ensuring appropriate funding for this group of patients with significant needs. In June 2018 the use of direct payments was reviewed and it has been concluded personal budgets/ individual personal commissioning (pg. 10-11) are more suitable for this type of purchase of service offering access to personalised funding to the individual relevant to their needs and support goals using the Care Act 2014 – outlined on pages 18-27.

FINANCIAL SAVINGS

YEAR 1 & 2

- Service delivery costings (CCG savings) to date: **£333,430** (funding strategy)
- Estimated NHS savings due to reductions in admissions: up to £700k (possible **£835,800K** per annum)

YEAR 3

- Service delivery costings (CCG savings) to date: **£154,205** (funding strategy)

TOTAL

Over 3 years fundraised by Core Arts to cover delivery costs: **£487,635**

Over the funded period 2014-17 Core Arts has supported the reduction in admissions for patients with high risk of relapse.

From looking at ELFT trends and mental health expenditure research we were able to estimate cost savings made by releasing resources for other beneficiaries/ patients.

We also have part funded via fundraising successes to be able to deliver to the demand of referrals. Therefore making savings to the cost of the service to the CCG and increasing the impact of the grant.

Over the funded period we estimate a cost saving of up to **£989,205 - £1,130,000** between service costs and reducing use of NHS services (resources released).

Membership per person per hour was £3.20- £4, which is clearly excellent value for money.

RECOVERY ALLIANCE

STABILITY AND PROJECTION

The Core Arts, ELFT partnership service (Recovery Alliance) and referral pathway is effective and valued by clinicians and members achieving a reduction in NHS usage and providing early intervention to patients at high risk of relapse.

The success has relied on partnership working and joint working aims regarding support planning for patients. Core Arts have achieved KPI's and over performed on capacity and reach of delivery. Our successful separate fundraising streams have enabled the service to respond and deliver against suitable NHS crisis pathway referrals despite contract capacity.

The major risk to this service is the lack of stability of funding and the possibility of new models. However recurrent funding is currently available.

The secondary risk is the continued barrier to personal budgets/ direct payments resources in the borough. The time-consuming application and implementation of this type of funding is unsuitable for a responsive, crisis focused, timely service offer to a high-risk client group.

The Wellbeing Network is being reviewed and extended to continue until 2019/20 therefore continues to over move on opportunities for this client group.



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Service Specification

CORE ARTS

Core Arts offers a fully equipped and staffed creative arts centre.

Psychological Wellbeing through Creative Education

- Offering access to 70 + creative classes a week under four departments: Arts, Music, Multimedia, Horticulture and a Sport Programme.
- Open studios and resources to work on self directed projects.
- 3 bookable recording studios,
- 4 exhibition spaces,
- 2 art studios,
- 3 art workshops & an ICT Suite.
- 32 professional PGCE trained, established and practicing tutors offering excellent education and inspiration in the creative arts.
- Effective individual guidance and support in personalised progression and skills development.

Supportive Learning Environment

- 50 creative volunteers, working as tutor's assistants offering 1:1 individual support and guidance on a weekly basis.
- Individual assessment of referral and Creative Work Plan, goal-setting with achievable objectives to promote success and provide a personalised service tailored to the individual's needs and aims.

A short history

Established in 1992 out of a meeting of an entrepreneurial artist and a group of psychiatric patients Core Arts has become a sophisticated and dynamic charity, priding itself in its exceptional user governance, ensuring relevance and integrity to all its developments. With extensive experience in creative education for people suffering severe mental health issues

"I have really enjoyed using my music to bring people together and making friends. Music and Core Arts have become a lifeline at this time, giving me the confidence to be myself"

What is at the Heart of Recovery?

At the heart of Recovery is the person. The person who knows they have the right to a brighter future, one in which they can grow learn and develop. One in which they can achieve their goals and meet their own expectations. The concept of Hope is vital, for, "Hope is crucial for recovery, for our despair disables us more than our disease could ever" (Deegan, 1993)

I have spent the last twenty years studying, teaching and more importantly practicing each day the principles of Recovery. There are two main factors that one must incorporate into their own practice and that of the service in which they work to ensure we support people in their journey.

Firstly it is essential that we have the ability to see the person as another human being and not as an illness – to be able to connect with another person's humanity, creativity and uniqueness and to see that having a mental illness could be a turning point in life. (Rosen, 2005). There is something for everyone in Core Arts!

The second essential factor is the ability to engage with people and to maintain that engagement over time. This must also include supporting people to engage within the wider community - to increase social inclusion and to say goodbye when the time is right. Core Arts have the ability to connect with the uniqueness of each individual engage them in a programme that reflects their own strengths, skills and abilities, to increase confidence, self-efficiency and inspire hope. Imagine having the opportunity to show case your Art at the British Museum!

Having worked closely with Core Arts over the past years I truly believe that all that they do reflects the key concepts of recovery and their input into ensuring people with mental health problems lead a more fulfilling productive life is outstanding. Core Arts does Recovery so well!

To have the opportunity to undertake joint projects with Core Arts has enabled Staff in City and Hackney Centre for Mental Health to continue to support people both throughout their stay in Hospital and back into the their life – we have joint posts working across the settings – we have joint groups and projects such as those looking making the wards "safer".

It is absolutely inspiring to read this report and the success stories of some many people who have experienced mental health problems and been supported in their recovery.

Recovery alliance: reflection of the year from Jane Kelly, Borough Lead Nurse / Associate Clinical Director.

5 TO THRIVE

Connect:
Core Sport creates a safe and supportive environment, enabling members to make life-long friendships and connections; creating a feeling that they belong to a community and generally feel close to other people. This brings a sense of identification, aiding recovery, and helping them integrate into society and fulfil their needs.

Be Active:
Core Sport boasts a six-day a week timetable, offering more than 15 different inclusive sport-specific activities and exercise classes, in addition to one-off sport-specific trips and opportunities to attend live sporting events.

Take Notice:
Core Sport prides itself in bringing together a large group of diverse members; empowering people by respecting and appreciating what makes them different; taking notice of each other in terms of age, gender, ethnicity, religion, disability, sexual orientation and national origin; allowing exploration of these differences in a safe, positive and nurturing environment. Core Sport provides ample opportunity to reflect on personal experiences, stages of recovery and appreciate their impact.

Keep Learning:
Every person who attends Core Sport has an individualised support strategy, outlining goals and an action plan, supported by the Sports Manager and encouraged by a team of highly qualified coaches, instructors and volunteers. Core Sport also gives members the opportunity to personally develop and obtain numerous world recognised qualifications. Everyone is made to feel special and welcome, and classes can be adapted with ease to suit individual ability, level of fitness and desired outcomes, whether it be a first time attendance or a lifelong pastime.

Give:
Core offers ample opportunity to give back through volunteering schemes with Core and also via partnerships across London. This enables our members to gain valuable work experience and also the chance to be up-skilled and obtain recognised qualifications.



Referral & Membership pathway

Persons requires support
for their mental health

Tour of the Centre
(choice & control)

Core Sport is offered
(GP Referral)

Is The Wellbeing Network
suitable (Assessment)

yes

Assessment & Induction

The Wellbeing Network
up to 2 years access

preventative service

Recovery Alliance/
Recovery College

BME/S.117 - CCG Contact

Transition - Resilience

- Discharge
- relapse issues

Discharge Support
3-6 month

step
down

move
on

Direct Payment
(long term
conditions/SMI)

review

move
on

Funded Memberships
6 month - 1 year

**Core Arts
specialist
panels**

Forensic
Service
Referrals



EFFECTIVE IMPACT IN IMPROVING PATIENT OUTCOMES

The KPI's agreed for this service are specifically aimed to improve patient experience of mental health services, and support persons in crisis or those in need of high support measures to maintain their autonomy in the community.

The outcomes agreed are outlined in the KPI section of this report.

The service promotes three of the CCG strategic priorities:

1) Improve the equality of health care for Hackney and City of London residents;

Aimed at disadvantaged group: Persons experiencing severe and enduring mental health, specifically those with high needs in the community and socially excluded and BME which NHS care teams find difficult to engage in the community.

The service ensures people feel supported to manage their condition and have services that are assessable and suitable for this client group. The introduction of personal budgets means that clients who are eligible and have support needs would need to complete a FACE assessment and be supported by social services to apply for funding to access (and pay for) services. This process on average takes 4-6 months to complete and the funding will last 6months to 1year (see personal budget KPI section of this report).

In Hackney in particular it is very difficult to access a personal (health) budget despite the implementation as part of The Care Act 2015. Without this funding in place, services are not available to this client group and it is very unlikely they would not be engaged whatsoever despite having the highest likelihood of ill mental health or risk management needs.

It is well documented that timely intervention is crucial for persons with mental health needs, and that community services support persons for stay out of hospital and reduce the requirement of crisis services or police intervention. This particular client group do not have the incentive to engage with the application process and in many cases are reluctant to engage with mental health services.

Core Arts is the access point for persons, interested in the creative industries and wellbeing to understand the wider benefits of mental health services and through personal development and alternative means of engagement are assisted and enabled to create better relationships with services available to them and better insight into self management and personal responsibility.

2) Ensure our health care system is affordable of high quality and improves patient experience

Service feedback from patients is excellent, many members feel the service has improved their wellbeing (See Health care usage KPI) and wish they had been aware of the service earlier in their experience of mental illness.

The service offers a varies of in-direct strategies for personal development, discussions around good mental health, and forms relational structures and supportive community in which members (and staff) service support each others wellbeing, maintain good mental health and support early intervention if mental health fluctuates. The creative community promotes positive mental health and aspirational, strength focussed dialogue for its members.

Core Arts continues to engage inpatients for excellent value for money and improve patient satisfaction in Hackney.

3) Develop integrated out of hospital services to mitigate the increasing cost of hospital based unscheduled care;

The fund has improved the structured pathway of service availability and is now established; the service improves activities offered by NHS and treatment plan leading to reduced use of inpatient care (see partnership working, and reduced hospital admission sections of the report)

Core Arts has supported care teams to avoid crisis admissions and support the crisis pathway of support.

We have established a discharge route from inpatient services to support the transitional (high risk) period, and offered a structured and rich offer to ensure the patient feels supported upon discharge and socially included (as well as productive) (NHS (England) Outcomes 2014/15 readmissions within 30days of discharge, see reduced admission section).

Core Arts is included in discharge paperwork and CPA documents to communicate the integration of the services in documents and communicated as part of a wider treatment plan.

- Core Arts promotes Hackney CCG's Five to Thrive concept of wellbeing, supported all of our members to Be connected (artistic community promoting wellbeing through the arts and friendship), Be Active (structured routine and health programme offered), Give (volunteering and peer support), Keep Learning (50+ workshops and move on options), Be Aware (through arts practice, and in-direct mindfulness techniques and self management)
- Reducing premature death in people with serious mental illness: people with severe mental illness who have received a list of physical checks.

Core Arts communicates directly with GP to support any engagement with physical health intervention and as part of the welfare support at Core Arts promotes health and signposts to various health centres & host projects also (i.e. health checks/ Core Sports). As part of the membership review, staff checks in regarding health and the balance of Mind and Body in wellbeing. Core Arts liaise with GPs, and care

teams regarding concerns and promote good health and personal health development as part of the membership package. There is an integrated approach regarding physical health and mental health services and we support to engage with life prolonging treatments and support.

Clinically:

- Long term conditions and the management of these, specifically increasing the quality of life to those who suffer severe mental illness.
- Targeted to BME groups and the high proportion of black males on the hospital wards.

And nationally support the CCG aims regarding:

- Reducing avoidable emergency admissions;
- Improving patient experience of hospital services.

Measured by:

- User & process outcomes, contributing to & delivering system outcomes (see KPI's)
- KPIs across aligned contracts & tracking system

The partnership element of this funding agreement has significantly improved the patient experience of care, especially inpatients or those who are socially isolated.

Core Arts has been recognised as a resource by inpatient teams and considered for patients

as part of any leave or discharge plan. The service is also easily accessible to persons under high support care coordinators such as the Rehab and Recovery team or Assertive Outreach Service offering a consistent, routine building support service, supporting those who are most disengaged or hard to engage. It is widely agreed that instant access is crucial when working with clients that have varied momentum and stability.

As part of the enrolment process Core Arts offers members information and offers pathways and referrals to other third sector agencies and mainstream options (specifically MIND recovery college and Lee house amongst others) as well as wider Core Arts activities and the Wellbeing Network.

Areas of impact:

- Discharge planning and transitional step down support
- Encourage engagement with statutory services
- Reduce social isolation
- Support risk management through early intervention and medication discussion & support
- Increase initiative and personal leisure activity development (strengths focussed) and cultural opportunities (Quality of Life QoL)
- Increase motivation and confident/ self esteem
- Structure, routine and responsibilities
- Being active
- Prepare members and demonstrate ability for the Wellbeing network (group activities & dynamics, punctuality, understanding own needs and potential for change)
- Support applications for Personal Budgets
- Improve crisis pathway and access to wider support services.





PROGRESSION TO WELLBEING:

Progression Pathways

Opportunities to volunteer, develop existing skills and experience work-like activity and training; including contributing to the running of Core Arts through the members Involvement Scheme and Core Council.

Opportunities for clients to progress to public performances, exhibitions, publishing, further education, volunteering, work experience opportunities and employment.

Placements in our award winning innovative Social Enterprise: Core Landscapes

Community Events and Social Inclusion

Core Arts offers an extensive internal and external events program, giving members opportunities to exhibit, perform and socialise in a safe space. The hall has a 300 capacity, with a fully equipped stage run by technical staff, special guest artists and bands. Partnerships and networking opportunities offered regularly to clients with creative institutions across London, the UK and abroad.

Award Winners, including:

- Opening Doors to Adult Learning NIACE
- International Impact Award (UK) Kings Fund /Glaxo Smith Kline
- Angela Vivienne Award
- Green Pennant Award UK
- City of London Growing Localities Award

MISSION STATEMENT

Core Arts exists to enrich the lives of socially excluded people with severe mental health issues Through professional educational input and emotional support we are able to develop and promote the individuals artistic and creative ability Our aim is to empower and equip service users to achieve their personal goals and aspirations and make a full contribution to society

Core Arts values

Service User Guided

The service users guide all our work

Innovative

Our ground breaking approach to engaging service user’s creativity enables people to achieve their full potential

Artistic excellence

Our commitment is to high quality professional standards which will inspire and enable students to excel

Inclusivity

The principle of embracing the value of diversity is fundamental to all our work with a particular focus on marginalised groups

Positivity

Our priority is always to focus on service user’s positive attributes and strengths rather than their perceived difficulties

Strategic Aims

- To challenge negative stereotypes and the stigma facing people with mental health problems by the promotion of their positive attributes and strengths
- To develop the artistic and creative potential of our service users and increase their access to the benefits of the arts.
- To expand and develop Social Firms and Social Enterprises in order to
 1. Increase service users’ confidence and self esteem through their engagement with a practical working enterprise
 2. To increase the service users’ employability
 3. To generate income for Core Arts to enable the organisation achieve its charitable aims and objective and Page 6 use below title and side note.

“... gives me a chance to talk and exchange ideas with unusual and inspiring people”

Service User Guided

From its original beginning in 1992 Core Arts service users have and are contributing daily to shaping Core’s direction and vision as well as sculpting its artistic agenda.

- Core Arts structure is one of inclusion.
- Core Arts encourages a cohesive multi cultural environment in which the creativity of all trustees, staff, volunteers, client or audience can flourish.
- Our thoughtful, non-tokenistic implementation of the Equality and Diversity Policy is absolutely central to our effective cultural diversity practice and we are proud in attaining true inclusiveness.

- Art
- Music
- Multimedia
- Performance
- Events
- Culture
- Exhibitions
- Sports and health
- Support & recovery
- Personal goals and achievement

See our full timetable in the Appendix.

Core Arts intensive wrap around is designed to facilitate rapid progress by providing a temporary framework of positive social networks enabling the member to build up more independently similar structures that are sustainable beyond the length of service.

This has shown to have a direct impact on quality of life, observed by clinicians, core arts staff and members' self assessments. The importance of a space that promotes wellbeing is key; members report on feeling in control of their support, surroundings and respond to responsibility and adult settings that are active (and permitting equitable roles) in the space. Creative education is accessible and a highly regarded skills focus. This challenges the concept of disadvantage or vulnerability. The person is regarded beyond their mental health diagnosis which enables positive regard, showcasing and enhancing skills, interests and therefore parity of esteem.

OUTCOMES FOR MEMBERS

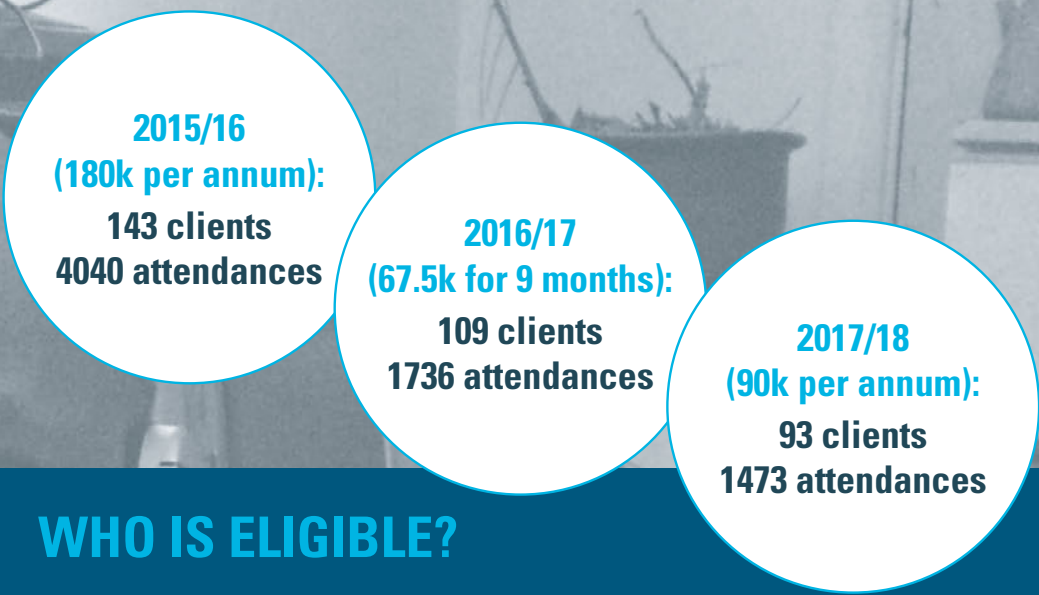
- **Connecting with others:** Core Arts provides those who are experiencing mental health issues and at risk for social exclusion an opportunity to interact with others who have had similar experiences and to build relationships with them. A necessary support system can be established here- especially for those who do not have social support systems (or family) in place.
- **Peer support and mentoring:** the emphasis on creative expression, progression and learning through creative activity allows members creative freedom to regain confidence and reconstruct own identity as an artist/ competent individual. This is mutually beneficial to the organisation and the member.
- **Skill Development/access to learning:** Creative skill development is the main focus at Core Arts and establishes human capital (self investment/ own assets/ strengths) for each member. Learning and skill development, completion of projects & goals can continue irregardless of mental health difficulties. Engagement in the creative process encourages skill development in cognitive process as well, such as planning, decision-making, problem solving etc.
- **Self-esteem building:** In addition to skill development, social factors, such as the support and affirmation from tutors as one's artwork/ composition is appreciated, encourages improvements in the member's selfperception and beliefs about their potential and actualise/realise achievements.
- **Development of artist identity (changing the label):** The opportunities for creative skill development and the validation of ability enables the adoption of positive regard/perspective from others (talent).
- **Bridging opportunities. greater lived experience:** Members are able to take on greater responsibility through volunteering positions at Core Arts, work training and build employable skills. They are also able to establish relationships with the community through the exhibitions and event opportunities made available to members/ local networks/arts community.
- **Being active & structured activities;** impact on motivation, routine and lifestyle and wellbeing. Core Arts timetable plus daytime/evening and various weekend events as part of events program.
- **Education and Progression routes/achievements;** Core Arts have established move on opportunities for members to continue personal development (away from mental health services)
- **Non clinical environment in preparation for mainstream opportunities** (of which is not currently able to engage due to support needs)
- **Keeping Safe/risk management/well-being;** early intervention and communication with services (Core Arts supported communication & intervention) re: welfare, safeguarding, self care.
- **Better sense of support and options to seek help:** less crisis admissions/less CMHT input/less dependency on NHS services.
- **Access when on the wards** - part of treatment plan/ rehabilitation.
- **Quality of life and impact of environment and spaces:** London is an urban, heavy and for some, difficult place to live and find beauty or space. Core provides an open, large space & creative flourishing environment.

NHS AND VOLUNTARY SECTOR INTEGRATED PARTNERSHIP WORKING

Core Arts membership placements that are specifically targeted to BME persons who are being discharged from hospital and those being supported to live in the community by specialist CMHT's such as Rehab and Recovery and Assertive Outreach service with a high level of risk (forensic or relapse) without support from various services as part of an integrated treatment plan (CPA, s.117/ s37/41 or CTO).

The 3-6 month placements (up to 2 days a week access) will support those that are difficult to engage with traditional mental health services but require support, by offering early intervention, motivational activities, social inclusion and creative education opportunities to improve quality of life and wellbeing, enhance communication with the care team and reduce the need or use for secondary services.

- ### AIMS AND OBJECTIVES
- To offer a structured pathway of support and transitional (discharge) planning between ELFT and Core Arts creating a robust partnership across statutory and voluntary sector provision. The purpose is integrated out of hospital services to mitigate the increasing cost of hospital based unscheduled care through reducing avoidable emergency admissions & improving access (pathways) to care and opportunities/ activities to patients accessing high support secondary care.
 - By targeting and positively discriminating in favour of supporting BME males patients (a client group CA engages and clients report positive impact on various areas of emotional wellbeing and recovery) which are over-represented on Hackney inpatient wards (improve equality of health care and access) this contract recognises and reduces inequalities and increases engagement from this client group.
 - To monitor client progress and NHS usage throughout the placement to report outcomes on the KPI's below to produce data regarding the Recovery Alliance & the impact of Arts in Health and integrated working practices.
 - To proactively monitor members for early warning signs in order to prevent use of crisis pathway and initiate early intervention strategies.
 - To promote the use of arts in wellbeing and offer opportunities for those who are socially isolated and life-long learning opportunities to develop confidence, social functioning ability and parity of esteem.
 - To promote the use of preventative service 'The Wellbeing Network' to provide move on options and facilitate the use of direct payments for those eligible under the care act for continued level of support provided under this initiative.
 - High quality service that improves patient's experience of care and quality of life.
 - To provide affordable and quality services to those with significant needs that are not currently able to access preventative services.
 - To assist eligible members to achieve a personal budget relative to their care Act assessed needs and s.117 responsibilities for the individual to have a personalised outcome focused plan with their care team.



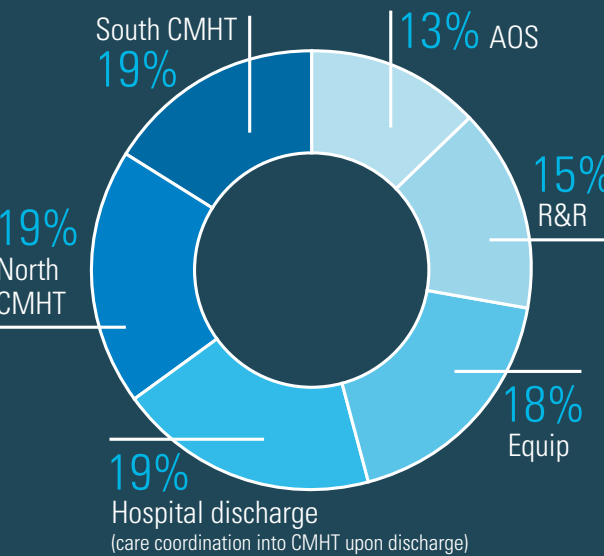
WHO IS ELIGIBLE?

Referrals from clinicians only:

- Inpatients on section 3 preparing for discharge/ support transition
- Patients using s.17 leave
- Patients discharged to s.117, CTO or s.37/41
- Community patients at risk of relapse requiring crisis support
- Patients with a risk history or previous s.136 admissions
- Hard to engage clients that are not using clinical support services available
- Patients difficult to discharge/ part of treatment plan and reduce length of hospital admission
- Patients who are socially isolated
- Require high level of input from services for social functioning or daily living (including supported housing)
- Target BME males, to reduce inequality of access.
- Eligible for direct payments as meet the Care Act criteria due to significant risk of mental health problems re-emerging without the support of services
- Unable to engage with mainstreams services
- Persons who meet the eligibility for support under the Care Act 2014.

Referrals are consistent and appropriate, OT's and care coordinators are aware of the CCG offer and contact the team to be advised as to what their client is eligible for. The membership manager receives an average of 2 referrals a week, 3-5 prospective members tour the centre each week. For comparison, the wellbeing network pathway receives double the amount of referrals reflecting the careful assessment and strict criteria for CCG funded clients. Those put forward for direct payments account for approximately 10% of the membership of Core Arts. This reflects the high support needs client group and those with long-term significant needs.

Average referrals route:



RECOVERY ALLIANCE: STABILITY AND PROJECTION

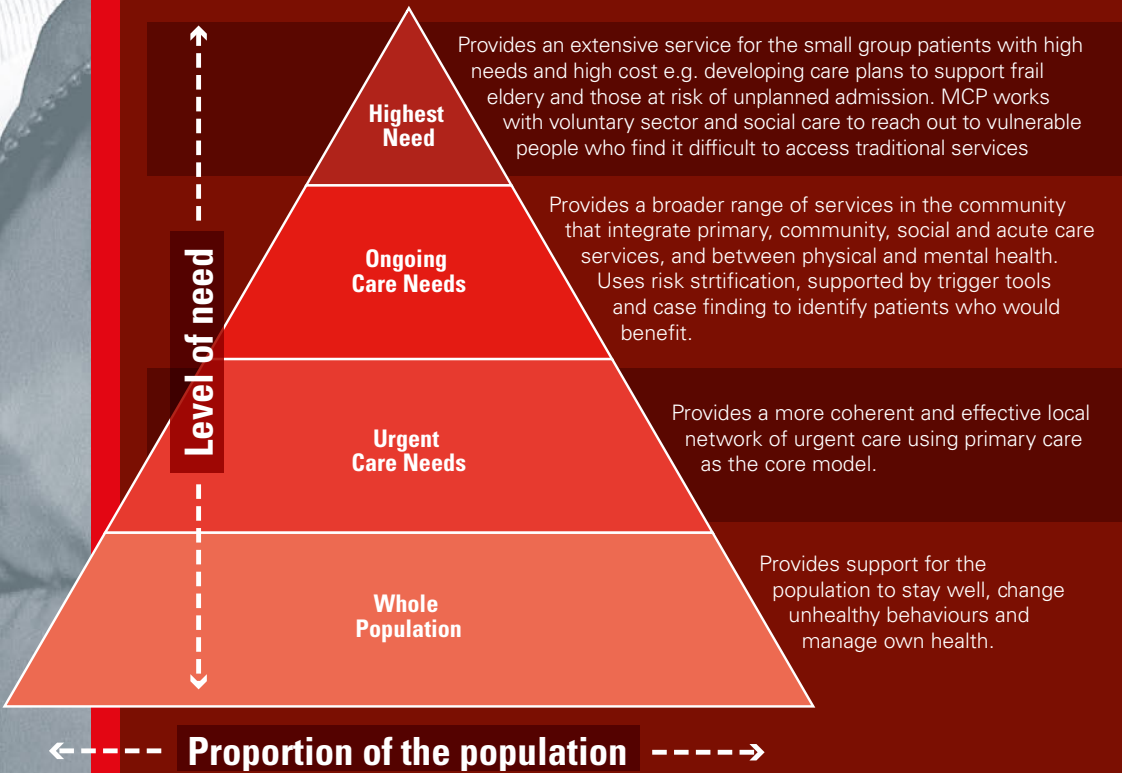
Reflections at this time:

A	<p>Assessing suitability for funding</p> <p>That Direct Payments are not appropriate for new referrals that find it hard to attend or hard to engage. The flexibility of the CCG funding allows us to work flexibly with those who require this in order to ascertain commitment and regular attendance. This is the target, hard to engage group. Funding is required to assess for personal budget suitability for on-going membership.</p>
B	<p>Service provision for those hard to engage</p> <p>It is noted that the clients the CMHT cannot engage do not engage with the FACE process and can't be presented easily at panel and these are the patients that attend the service and seek support. The CCG fund supports these persons with longer-term access to engage the client with the CMHT effectively.</p>
C	<p>Flexibility of the resources</p> <p>Wellbeing Network members whose needs increase or are admitted into hospital can use this fund to continue membership whilst needs are too high for preventative service.</p>
D	<p>Instability of funding and effect on future planning</p> <p>The changes in ASC and CCG funding to pool resources for health, long term conditions and persons on CPA or other section is very unclear at present. Meeting required discuss possibilities for future funding for this client group and continue this successful partnership.</p>
E	<p>Reduced Gap in funding for this client group</p> <p>Core Arts secured healthier Hackney Fund to deliver the new Transitions contract expanding the Recovery Alliance to offer support to improve Resilience for a further 80 patients who are experiencing change and vulnerable to relapse.</p>
F	<p>Added value to the contract</p> <p>Value for money is more in contracted/ funded services, allowing core arts to work flexibly within the fund and make the best use of the funding available to deliver beyond the contract depending on additional funding successes. Core Arts are funded £20 per hour to work with moderate need Wellbeing network clients (who can use service for up to 2 years) compared to an average £3.60 per hour high support need client for 3-6 months access (including inpatients using s.17 leave)</p>

Future funding arrangements are currently under upheaval in City and Hackney. There are major shifts in how care will delivered alongside national frameworks of change. STP's have worked on the Five Year forward review and part of the outcomes requires systematic change in how services are integrated and delivered. It appears LBH and C&H CCG working together to implement a new commissioning and service delivery model. It the model that is considered in Hackney is the MCP model. (Multi specialty community provider) and is called Enhanced Primary Care. This model incorporates all commissioning and joins up the workforce to deliver an integrated delivery (partnership working) with a focus on personalisation of care and improvements in health outcomes for the patient.

- Services including the voluntary sector will integrate and from strong partnerships in quadrant areas
- Primary secondary social care and third sector with work together to improve patient outcomes
- Will work together to build on existing pathways and where needed develop new models of care and support where data tells us we can make the most impact on reducing inappropriate or unplanned healthcare usage.

The four levels of the MCP Care Model



NHS ENGLAND: WHAT IS INTEGRATED PERSONAL COMMISSIONING? (JUNE 2017)

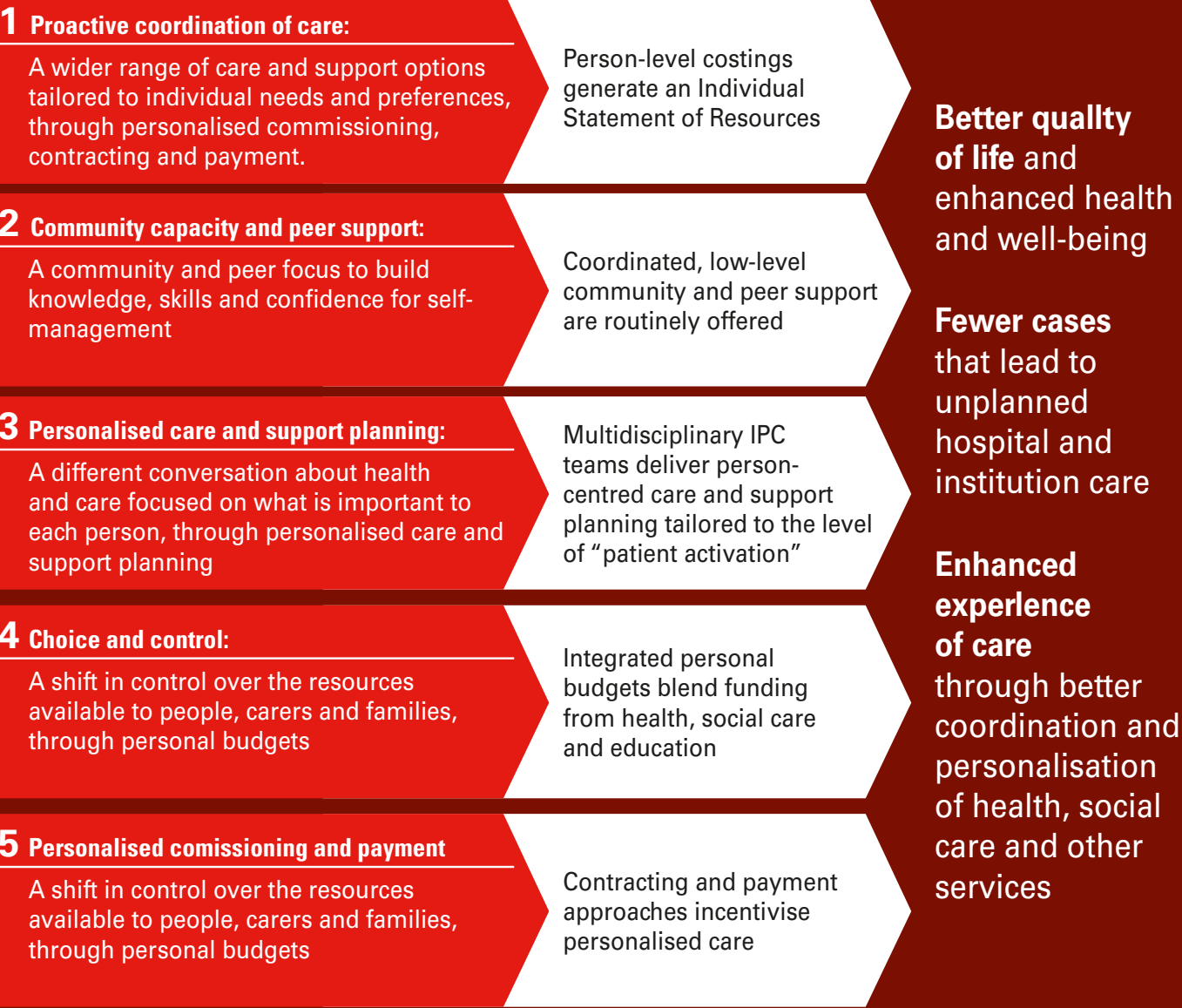
The operating model sets out the essential components of Integrated Personal Commissioning and provides a template for local areas to follow. It enables a seamless approach so that people and their families have the same experience regardless of whether their care and support is funded by the local authorities or the NHS. It provides a best practice approach for implementing personal health budgets.

Integrated Personal Commissioning will be the main model of care for 5% of a local system's population, including people with multiple long-term conditions or disabilities, people with severe and enduring mental health problems, and children and adults with complex learning disabilities and autism.

THE RECOVERY
ALLIANCE IS ACHIEVING
INTEGRATED PERSONAL
COMMISSIONING

All areas delivering IPC are working with one or more of the following groups of people, who typically have high levels of need, often across health and social care:

- Children and young people with complex needs, including those eligible for education, health and care (EHC) plans
- People with multiple long-term conditions, particularly older people with frailty
- People with learning disabilities with high support needs, including those who are in institutional settings or at risk of being placed in these settings
- People with significant mental health needs, such as those eligible for the Care Programme Approach (CPA), or those who use high levels of unplanned care.



CORE ARTS SPECIALIST FUNDING PANEL:

From the implementation of a specific panel since November 2016 to review cases of those accessing Core Arts services via the CCG fund, we can report significant progression in this area.

- The process for application was not understood prior to initiating the panel and therefore finding the barriers to set up using real life cases and process scrutiny.
- Issues regarding partnerships between ELFT processes and Mosaic/LBH funding/ DP identified
- The set up of payments and it has involved a lot of coordination and various sign-offs at different stages by different professionals (CC, Service Manager, Steve Garner, Direct payment team & the client.
- Service user set up for individual service required new process and new way of working with the Direct Payments team
- The use of FACE assessments by care coordinators to assess needs and address needs through outcome focussed support planning.

Shared Aims: Advocating within the partnership for personalised funding

It is a useful mechanism for directors and LBH commissioners to understand the level of care required for the individual to participate in the service, therefore understanding the needs of the higher level support and more complex cases in Hackney. There is only a small amount of persons that require this type of membership and level of care to be able to maintain their mental health and wellbeing in the community (less than 10% of the membership cohort).

- Using the Care Act 2014 principles to recognise care and support required and eligibility for funding
- Review of Recovery teams to promote use of personalised requests for funding to suits clients personal goals and aims regarding social inclusion and access to learning and education
- The November 2016 agreements lapsed in March/ April and many took until July 2017 to be reviewed. Therefore it is fair to say this new system is still in very early stages of functioning effectively. However the practice is still being embedded.
- The panel are thorough in decision making and for those already funded for some time it is very difficult to get an extension however due to lack of move on plans or options available to this client group- the conclusion is that Core Arts is appropriate for ongoing progression (new opportunities, increase skills and goals)
- LBH and ELFT are cautious to extend funding beyond 6 months. 95% of those presented are S.117 clients, the other 5% require a high level of intervention to access support. Therefore the support for persons with long-term severe conditions is less stable and it is harder to set long-term goals with the client and create a sense of safety that the membership can continue. It relies on the care team relationship to be strong and the patient to have a good awareness of funding limits, however in most cases they are unable to make a difference to the outcome (decisions happen without them/about them). This is frustrating as Wellbeing networkers are given a guideline of 1-2 years, a more stable projection when they have much lower needs.
- For those who are not s.117, the financial contribution from themselves should offer stability and on-going access if the client continues to pay and continues to require the service. This area is vague in practice.

As part of the aims of the CCG to support mental health service users to be using direct payments to for the care and support, therefore supporting to achieve national aims around personalisation.

Snapshot

PANEL ACHIEVEMENTS:

- 40 cases were presented in 2016/17 of which 35 were agreed.
- Prior to the panel meeting Core Arts had supported 8 members to achieve funding for Core Arts services (4 of which were JHC patients)



4 x November panels 1 panel for each team (AOS R&R/ EQUIP/ NHCMT/SHCMHT)	27 members were agreed at panel	
February panel 27/02/17	Cancelled	
1 x March panel 22/03/17	1 extension (JHC)	4 new funded memberships (4 JHC)
April panel 26/04/17	Cancelled	
May 04/05/17	2 extensions agreed	2 new funded membership (1 forensic JHC)
1x May panel 24/05/17	Cancelled	
1x June panel 28/6/17	11 extensions agreed	1 new funded member
1 x July panel 26/07/17	3 extensions agreed	1 new funded member

Why is the personalised funding required?

- Access to learning and education under the Care Act 2014
- Access to social inclusion and community facilities under the Care Act 2014
- Smaller caseload allocated to membership manager, daily and weekly tracking of client access. Better knowledge of early indicators, triggers, previous risk and CPA ensure vigilance and early communication and intervention strategies with care team.
- More choice and control around when to attend (flexibility and changes to timetable compared to 12 week static course available on Wellbeing Network) directly in line with NHS aims and support planning for client outcomes.
- Regular reviews regarding self-assessment and progress. Core Arts use strengths focused feedback with realistic awareness of possible sign posting or move on options.
- More volunteers available in the class for additional support, including peer support (member progression opportunities)
- Longer class length and afternoon workshops that allow fro issues regarding leaving the house, medication side effects and symptom management (flexible arrival time and access)
- Offer of 70 creative workshops compared to 14 offered to Wellbeing Network clients.
- Smaller group size means more support from tutor to set and achieve goals (CWP's)
- More support regarding interpersonal relationships within the group and less varied skill set (member less likely to feel they are underachieving or less competent)
- Personalised goals being achieved within the workshop, very individualised to member rather than structured group course participation

CHALLENGES FOR PANEL:

Is it value for money?

We have found there is a large number of NHS/ LBH professionals required in setting up these membership packages (panel meetings involved 15-20 professionals, sign offs, discussions, Assessments) and a lot of time inputted by the NHS (resources) when in some cases the funding outcome is 12 weeks at £35 a week (£420). The NHS time to set this up would outweigh this agreed funding amount tremendously. We have also found that the original level of access (up to 2 days a week in CCG funded pathway) is not agreed at panel, many members only have ½ day a week agreed which is not adequate to their needs, or enable Core Arts to offer a robust structure/ impact. Those that access the wellbeing network often get the same amount of contact time (one session a week) although the access may be 1:1, small groups with additional staffing and flexible timings.

The Core Arts service packages of £35 for half day, £50 for full (2x sessions a week), £85 for 1.5 (3 sessions) or £100 for 2 days (full flexibility) are excellent value for money, therefore annual memberships for 1 day a week (recommended) is £2,600 and this low value should be considered when assessing clients for direct payments set up for intensive support for a year post discharge.

Level of need compared to direct payment or personal budget users from other boroughs:

Core Arts have found that surrounding boroughs threshold for direct payments of personal budgets seems to be lower. Clients coming from other boroughs have a lower risk history or relapse in most cases. Core Arts is seen as a specialist creative arts college, unique in its offer as a mental health focused charity and therefore applications for the specific service as an educational and learning resource appear to be successful. The courses offered by Core Arts are not available in many educational institutions.

Suitable Move on for complex needs clients:

The aim of DP is to plan move on- in some cases the access to educational resources is Core Arts and this is an appropriate longer term plan.

Move on for those persons who may be socially excluded, have complex needs or have difficulty engaging in mainstream opportunities. There is an ethical consideration to be had regarding the decision making which does not include the service users view. Many of the most vulnerable patients will not challenge decisions or be aware of their rights. Those in need of ongoing care may simply follow the instruction and timeframes set out to them from care coordinators or Core Arts staff. Our staffs are very vigilant to ensure extensions are based on client risk, needs and long-term best interests for the individual as with the nature of mental health the need may fluctuate significantly.

Hard to engage clients or low usage clients to be on DP is inappropriate:

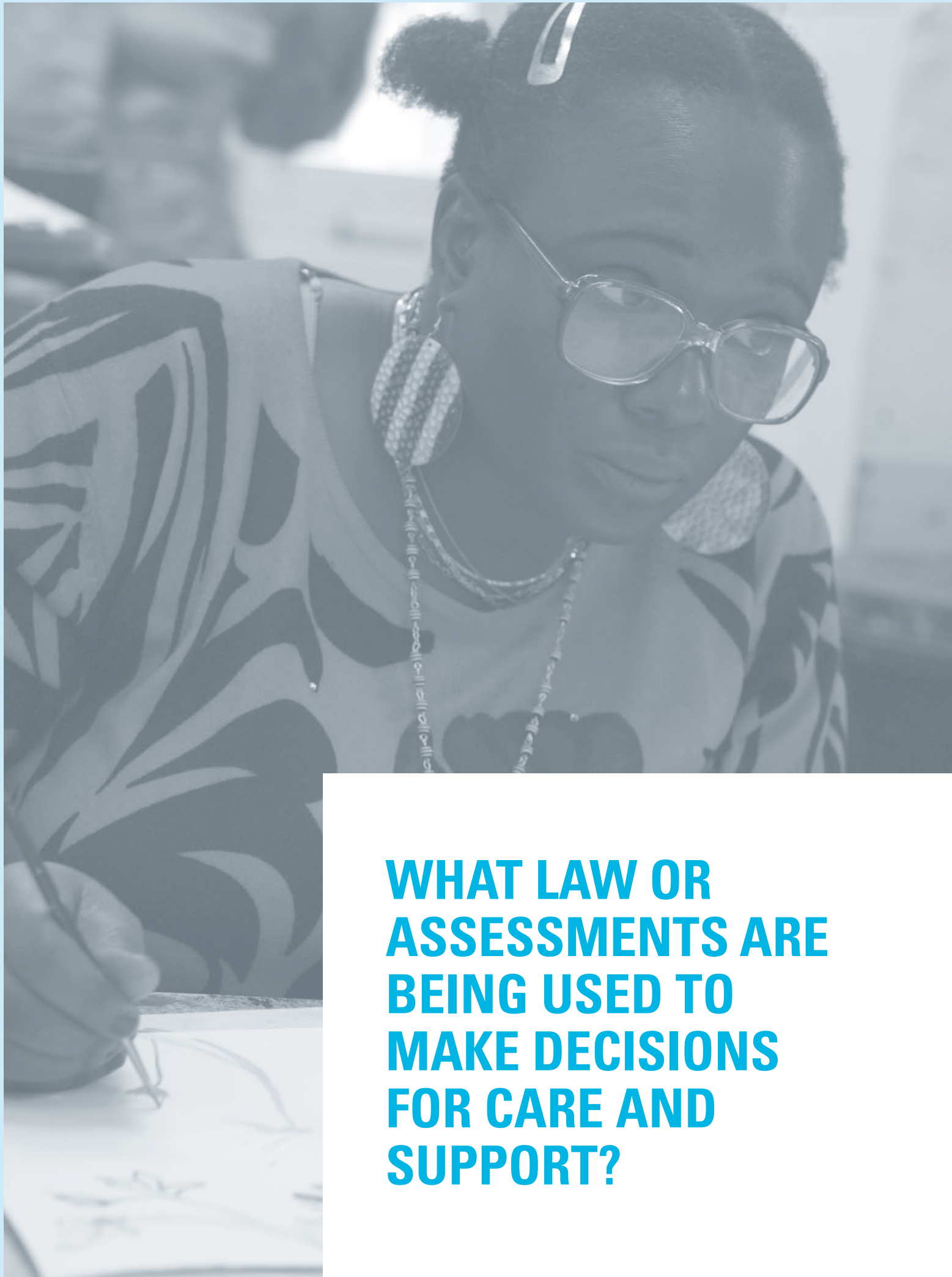
The use of CCG funding is available to some members ongoing; these members may have infrequent use of the centre, or be difficult to engage with the care team around their aims and ambitions. Core Arts is able to offer this flexibility to build rapport and goal setting, increase regular attendance and support the individual to apply or be assessed by FACE for additional membership. These members tend to be members that the CMHT would like to be able to engage and find Core Arts feedback very useful in terms of ongoing care and support for the client.

BME inequality not considered at panel in regards to fair access to care or further need for support:

The FACE assessment and Care Act 2014 do not recognise inequality as an additional support need in regards to ethnicity. It is well documented that BME males with mental health difficulties are the most marginalized in our society with the most disadvantage due to lack of opportunity. Referrals that meet these criteria are through the Core Arts specialist panel, having more opportunity to be assessed and offered a personal budget to meet goals and aims to promote opportunities for achievement and de-stigmatise mental health issues or that individual contribution to society. Many members' confidence and self esteem improvement is directly related to access to learning and increased skill set.

Clients that are not s.117 that require to contribute to package – panel require to know how much they are funding prior to the panel to agree or not.

Not all clients with significant needs have been hospitalised on a section 3. Therefore these clients require a financial assessment to contribute to their care and support. It appears members a keen to pay if it means they are able to access the centre in a personalised way as part of their ongoing mental health management. It is however, important that clients have choice and control about this, and understand that the wellbeing network is funded and therefore they understand that this would be an option for them if they continue to make progress and become eligible for that service. More typically however, we have clients whose needs are high and have exhausted their support available to them via the wellbeing network but still require ongoing service. These clients may have significant support needs and would require financial contribution review and for ASC to be aware of the ongoing need rather than a 'self- fund' option that would mean the clients needs are not recognised by social services as a service user.



WHAT LAW OR ASSESSMENTS ARE BEING USED TO MAKE DECISIONS FOR CARE AND SUPPORT?

The Well-being principle:

Local authorities now have statutory recognised ‘general responsibilities’, which are set out in sections one to seven of the Care Act. Section 1 creates a general duty on local authorities exercising community care functions to promote the well being of the individual.

The definition of well-being is wide and can encompass looking out for someone’s personal dignity, physical health, mental health and emotional well-being, amongst other things. In addition to this, under this section a local authority must have regard to the views, wishes, feelings and beliefs of an individual. It must also have regard to avoiding the development of the need for care and support of that particular individual. The Guidance explains that, with regard to the principle of well-being, all aspects of a person’s well-being should be given equal importance.

A question arises therefore as to how much in practice this general duty will dictate decision making by local authorities. It is also less clear as to whether it will create an obligation, which is enforceable. It is clear however that the duty is in relation to ‘that individual’s needs’ and therefore the duty is owed to each and every individual in relation to whom the local authority is discharging its care and support functions. In addition, the Guidance states promoting well-being involves actively seeking improvements in the aspect of well-being. As such, commentators have suggested that an easily recognisable upshot of this principle is that in situations where services might be provided in a different manner, which could be perceived to improve a person’s well-being, a local authority must be able to clarify clearly why such a service is not being provided. This element of the Care Act could be particularly useful to service users who express a view to their local authority that their well-being would be heightened if they were in receipt of a different care and support package. This scenario would ensure, via the duty to promote well-being, that some onus is placed on the local authority to take some steps to address the individual’s wishes.

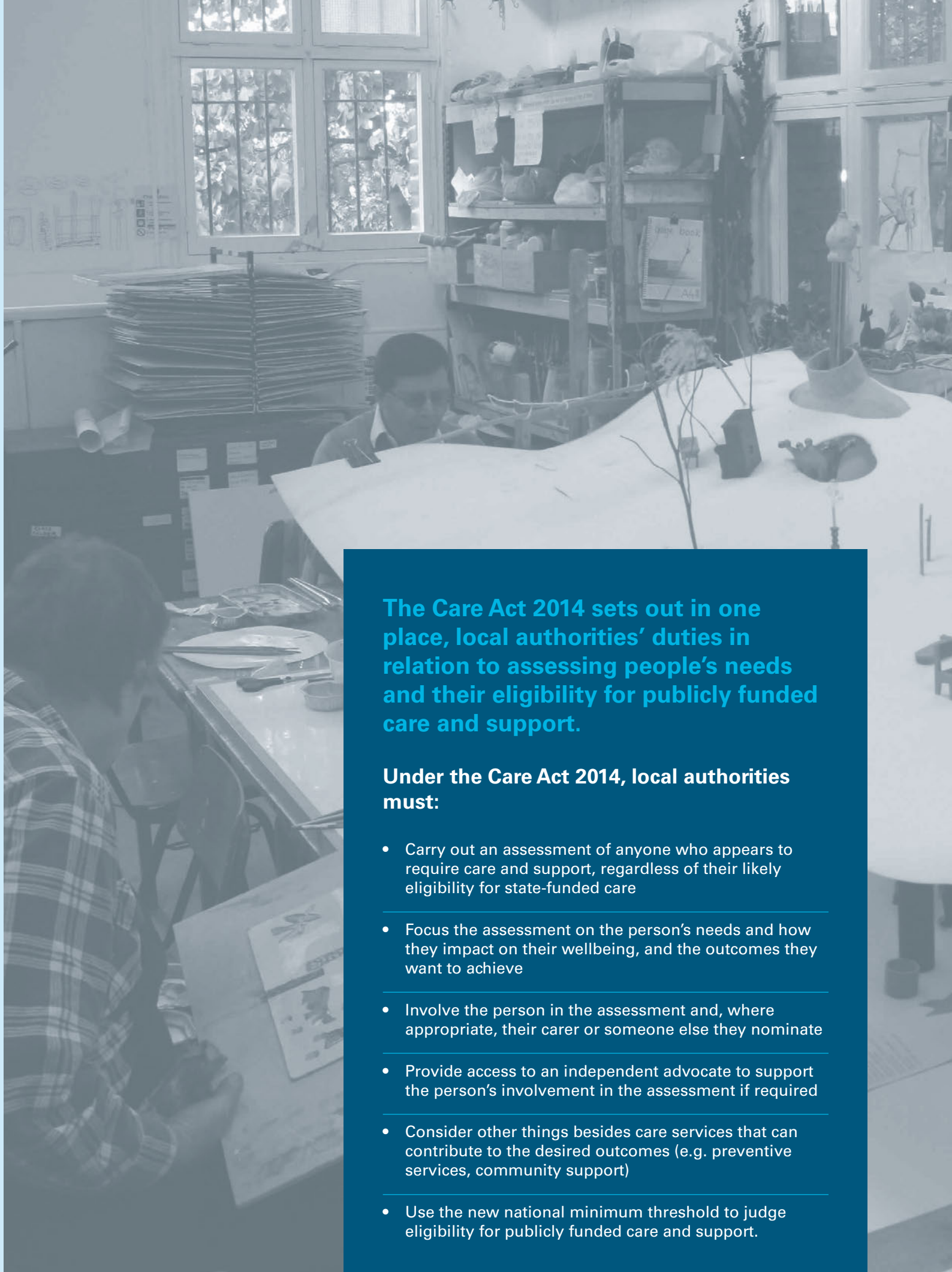
‘Wellbeing’ is a broad concept. It is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal domains
- Suitability of the individual’s living accommodation
- The individual’s contribution to society.

Core Arts meets 8 of the 9 areas of promoting wellbeing.

A local authority or CMHT’s can promote a person’s wellbeing in many ways. How this happens will depend on the circumstances, including the person’s needs, goals and wishes, and how these impact on their wellbeing. The support plan should consider what the person wants to achieve, and how the action may affect the wellbeing of the individual in relation to the nine areas listed in the definition of wellbeing.

It is likely that some aspects of wellbeing will be more relevant to one person than another and a flexible approach needs to be adopted that allows for a focus on which aspects of wellbeing matter most to the individual concerned.



The Care Act 2014 sets out in one place, local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support.

Under the Care Act 2014, local authorities must:

- Carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care
- Focus the assessment on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve
- Involve the person in the assessment and, where appropriate, their carer or someone else they nominate
- Provide access to an independent advocate to support the person's involvement in the assessment if required
- Consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support)
- Use the new national minimum threshold to judge eligibility for publicly funded care and support.

Core Arts impact on the following highlighted areas of eligibility

These Regulations may be cited as the Care and Support (Eligibility Criteria) Regulations 2014 and come into force immediately after section 13(7) of the Care Act 2014 comes fully into force (2).



- **Managing and maintaining nutrition**

Local authorities should consider whether the adult has access to food and drink to maintain nutrition, and that the adult is able to prepare and consume the food and drink.

- **Maintaining personal hygiene**

Local authorities should, for example, consider the adult's ability to wash themselves and launder their clothes.

- **Managing toilet needs**

Local authorities should consider the adult's ability to access and use a toilet and manage their toilet needs.

- **Being appropriately clothed**

Local authorities should consider the adult's ability to dress themselves and to be appropriately dressed, for instance in relation to the weather to maintain their health.

- **Being able to make use of the adult's home safely**

Local authorities should consider the adult's ability to move around the home safely, which could for example include getting up steps, using kitchen facilities or accessing the bathroom. This should also include the immediate environment around the home such as access to the property, for example steps leading up to the home.

- **Maintaining a habitable home environment**

Local authorities should consider whether the condition of the adult's home is sufficiently clean and maintained to be safe. A habitable home is safe and has essential amenities. An adult may require support to sustain their occupancy of the home and to maintain amenities, such as water, electricity and gas.

- **Developing and maintaining family or other personal relationships**

Local authorities should consider whether the adult is lonely or isolated, either because their needs prevent them from maintaining the personal relationships they have or because their needs prevent them from developing new relationships.

- **Accessing and engaging in work, training, education or volunteering**

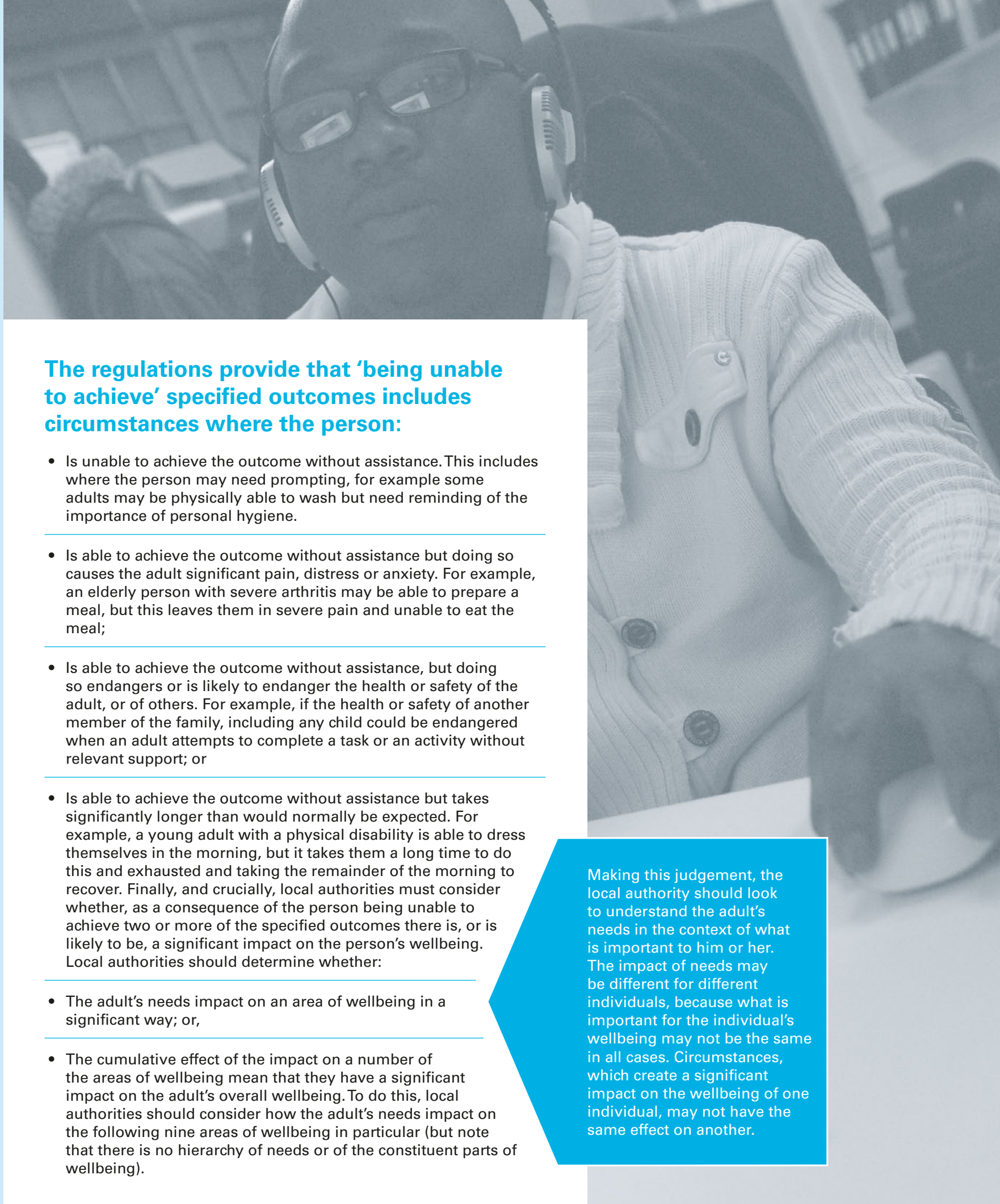
Local authorities should consider whether the adult has an opportunity to apply themselves and contribute to society through work, training, education or volunteering, subject to their own wishes in this regard. This includes the physical access to any facility and support with the participation in the relevant activity.

- **Making use of necessary facilities or services in the local community including public transport and recreational facilities or services**

Local authorities should consider the adult's ability to get around in the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing.

- **Carrying out any caring responsibilities the adult has for a child**

Local authorities should consider any parenting or other caring responsibilities the person has. The adult may for example be a step-parent with caring responsibilities for their spouse's children.



The regulations provide that ‘being unable to achieve’ specified outcomes includes circumstances where the person:

- Is unable to achieve the outcome without assistance. This includes where the person may need prompting, for example some adults may be physically able to wash but need reminding of the importance of personal hygiene.
 - Is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety. For example, an elderly person with severe arthritis may be able to prepare a meal, but this leaves them in severe pain and unable to eat the meal;
 - Is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others. For example, if the health or safety of another member of the family, including any child could be endangered when an adult attempts to complete a task or an activity without relevant support; or
 - Is able to achieve the outcome without assistance but takes significantly longer than would normally be expected. For example, a young adult with a physical disability is able to dress themselves in the morning, but it takes them a long time to do this and exhausted and taking the remainder of the morning to recover. Finally, and crucially, local authorities must consider whether, as a consequence of the person being unable to achieve two or more of the specified outcomes there is, or is likely to be, a significant impact on the person’s wellbeing. Local authorities should determine whether:
- The adult’s needs impact on an area of wellbeing in a significant way; or,
 - The cumulative effect of the impact on a number of the areas of wellbeing mean that they have a significant impact on the adult’s overall wellbeing. To do this, local authorities should consider how the adult’s needs impact on the following nine areas of wellbeing in particular (but note that there is no hierarchy of needs or of the constituent parts of wellbeing).

Making this judgement, the local authority should look to understand the adult’s needs in the context of what is important to him or her. The impact of needs may be different for different individuals, because what is important for the individual’s wellbeing may not be the same in all cases. Circumstances, which create a significant impact on the wellbeing of one individual, may not have the same effect on another.

People’s well-being will be at the heart of every decision

Carers’ rights will be on the same footing as the people they care for

Freedom and flexibility to encourage innovation and integration

Preventing and delaying needs for care and support

Personal budgets giving people greater control over their care

Information and advice about the care and support system

Promoting the diversity and quality of the local care market, shaping care and support around what people want

New guarantees to ensure continuity of care

(3) For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult—

- (a) Is unable to achieve it without assistance;
 - (b) Is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
 - (c) Is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
 - (d) Is able to achieve it without assistance but takes significantly longer than would normally be expected.
- (4) Where the level of an adult’s needs fluctuates, in determining whether the adult’s needs meet the eligibility criteria, the local authority must take into account the adult’s circumstances over such period as it considers necessary to establish accurately the adult’s level of need.**

Direct payments:

There are different things that you could spend direct payments on. For example:14

- someone to care for you at home
- transport, such as taxis
- help with shopping or budgeting
- **educational classes (for example, art or writing classes)**
- pooling direct payments with other people to employ a tutor to give classes
- respite, which could include a hotel stay or day trips with a friend
- help with childcare
- employing a personal assistant
- going to the gym

Rethink mental illness : Joseph Rowntree Foundation. Direct Payments and Mental Health:New Directions (2005).72 plus



THE CARE ACT AREAS WE PROVIDE SUPPORT WITH

1. ACCESS TO LEARNING AND EDUCATION

Core Arts is an educational resource, funded partly by the learning trust and Ofsted audited for teaching practice.

Core Arts is an adult education and learning facility, not a day centre. However on top of the workshops the membership managers and tutors offer educational input and ongoing assessment of support needs to identify areas for progression and support. Identified support needs are referred and signposted effectively to ensure the service offers a mainstream approach to adult education and life long learning. Goals set with clients will be specific to ability and growth as well as ambition and potential. All goals are to support portfolio development or skills development to be able to access other adult education resources such as Hackney community College or Citylit/ Morley College. The practice of our tutors ensures skills are identified and there is not a competitive or pressure based approach. The ethos is to use creative arts as a tool for mental health management and self- care, and all teaching methods incorporate the use of arts outside of the centre. The ideal move on for clients is to other educational resources. We do not use high- tec or specialist equipment that members could not purchase for themselves; all of our tools are accessible once the membership ends. The centre promotes wellbeing and artistic lifestyle. It is important to recognise that life long learning and access to opportunity is imperative for quality of life for persons who are unable to access opportunities or work due to the detrimental effect their condition has on them.

"The teachers and tutors are very caring. I just love it the way it is, congratulations!"

"Create yourself freely and the tutors are very supportive"

" Great help from tutor, it is very nice to be learning skills"

" The best part of the course is that I'm confident to apply for a job"

" I'm very happy here"

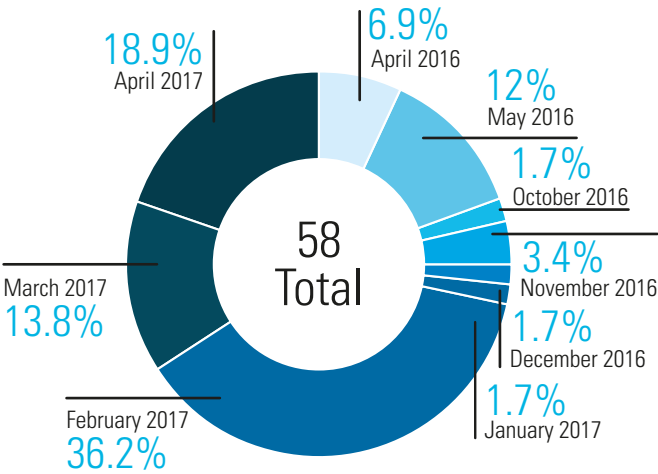
" I am very happy that I engaged myself in doing something. And also my health and wellbeing has improved. I am happy and thanks to Core Arts"

" This has given me a great opportunity in my communication and listening skills because I need to be able to listen to be a guitarist"

"Other members inspire me"

"Coming here and focusing on myself and being able to come here even when I'm not mentally well as I know there is supportive people around and most importantly I won't be judged"

performance achieved by members



In a recent learners satisfaction survey 100% of respondents agreed the following:

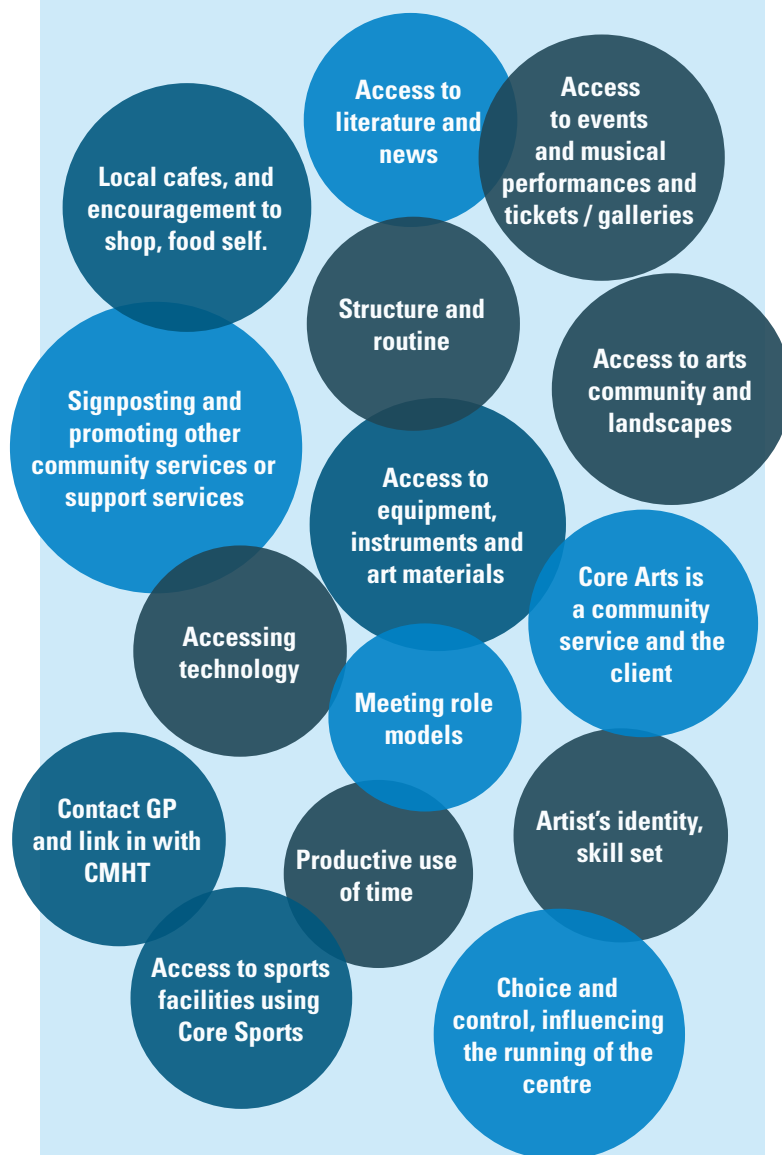
- My course meets my needs ✓
- I receive the support I need to help me progress ✓
- I am treated fairly ✓
- My lessons are well taught ✓
- My work is assessed regularly ✓
- I am given feedback to help me improve ✓
- My course is helping me for my chosen next step (further courses, employment) ✓

Other areas of improvement highlighted are:

- Communication skills ✓
- Study skills ✓

All responders also noted an increase in confidence, independence and making new friends. 80% of respondents agreed that their overall health and wellbeing has improved.

2. ACCESS TO COMMUNITY FACILITIES AND SERVICES



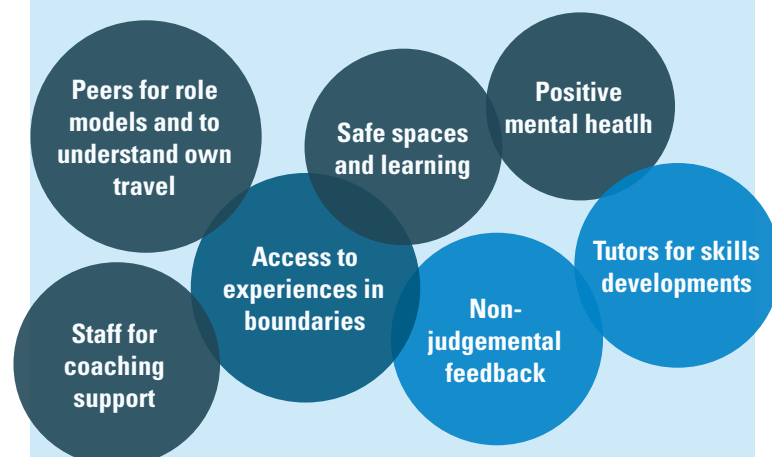
Core Arts provides a creative arts community, leading people to access galleries, gigs, local creative groups, events and festivals. Core Arts signposts members to useful amenities and services to meet their needs and compliment the experience provided by our service.

- Core Arts as a community resource
- Access to advocacy groups, peer and leadership services
- Use of local cafes & facilities and encouragement to organise bringing food (Living skills) or budgeting to socialise and arrange lunch or dinner with other members.
- Re-define identity as a service user or person with disability, promote recovery and positive mental health using the creative arts.

From the onset of membership, members are aware they are signing up to a community. The enrolment focuses on the Code of Respect, which outlined how to treat and be treated by others, and forms the basis of the service experience. Members accessing Core Arts identify social exclusion as an issue. Many of our members do not have families or friendships and Core Arts provides a framework to begin to have supportive relationships with others.

- Encourage genuine relationships in a safe, supportive environment
- Promote positive mental health and being inspired/ inspiring to others
- Access to meeting volunteers from the creative industries, tutors from academic and arts professions and peers with varied and diverse life experiences.
- 1:1 classes to build rapport, smaller groups initially, and larger groups depending on ability and confidence
- Access to music and poetry events, exhibitions presented by the membership in a safe and supportive environment
- Goal setting around social networks and community engagement, furthering inclusion and access to mainstream opportunities.

3. DEVELOPING AND MAINTAINING RELATIONSHIPS



Why the Wellbeing Network isn't suitable for clients referred:

- LBH Contracted Preventative service aimed at preventing mental health issues for Hackney residents, rather than proactively supporting current challenges or working in crisis and intervention
- Relies on self awareness and self assessment as part of accessing the service
- Group courses are structured and large groups, times are fixed
- The service requires navigation i.e. coordinator may be at Mind but you attend Core Arts. This can be confusing and complex.
- The focus of the Network is low to moderate needs, the allocated funding is moving this way
- The questionnaires may be triggering for those with high support needs and vulnerable
- The group may not be comparative to the level of need identified in the assessment
- The clinician may have worked over many months to motivate and engage the client and therefore a proactive and flexible approach is required.
- The attendance and welfare of the client in the group may require increased staffing levels
- The client may need encouragement or support to attend
- Public health funding is not targeting or prioritising this client group.



UNDER SECTION 117 CCGS/NHS AND LOCAL AUTHORITIES ARE OBLIGED TO PROVIDE FREE CARE UNTIL THE SECTION IS LIFTED.

- This free care relates to the needs arising from the actual mental disorder or cognitive impairment that led to the Section. It applies to people with or without dementia who have, for example, challenging behaviour or who are a risk to themselves.
- The person may have additional care needs that are not related to the Section – and these needs should be assessed separately, for example via the NHS Continuing Healthcare process, just as they would be if no Section were in place.
- The budget for Section 117 aftercare is not the same as an NHS Continuing Healthcare budget.
- Regardless of whether the 117 aftercare services are provided by the CCG or the local authority, this 117 care should never be means tested.
- There is no long funding assessment process for 117 aftercare services (unlike with NHS Continuing Healthcare where the process can be extremely drawn out). Instead, if a person is Sectioned, the relevant care is funded by the state – and that's that.
- All other Continuing Healthcare rules remain the same, regardless of whether a Section is in place. Also, just because a person is in receipt of 117 aftercare does not mean NHS Continuing Healthcare funding can be ignored for additional needs.
- The availability of 117 aftercare services doesn't mean that everyone with severe dementia and challenging behaviour will automatically receive free care. There needs to be a Section in place first, and this is a separate thing to Continuing Healthcare. However, the two can run in parallel.
- Even if a Section is lifted, the person still doesn't necessarily have to pay for care just because they have savings. As in all cases, it depends on a person's health needs first and foremost. The NHS's duty to provide funding for nursing care – and its duty to assess all needs properly – still applies, and no Section should be lifted without proper re-evaluation beforehand.

Reference: Community Care- Belinda Schwehr (Care and Health Law) March 2017
<http://www.communitycare.co.uk/2017/03/01/your-questions-answered-on-mental-health-aftercare/>

WHAT AFTERCARE IS

What is section 117 (s117) aftercare, who gets it, and why is it free?

It's a package of care that is designed to put a person back on their feet after a period of compulsory detention under particular sections of the Mental Health Act – and to keep a person well enough to avoid readmission to hospital. It has to be related to their mental disorder and not the rest of their needs. One qualifies for it on leaving hospital; so people on leave from hospital under section 17 of the Mental Health Act, those released on a community treatment order as well as people discharged from the sections in question, all qualify. It's free regardless of one's financial position because there is no charging provision applicable to the function, and the function is not a gateway through to ordinary chargeable social services or NHS functions. It's funded by health and social services together, in undefined shares, as a truly joint legal duty.

Where does it fit, between Care Act rights and NHS rights? What about continuing healthcare (CHC) rights?

It's not a Care Act service: there are no eligibility criteria to inform or standardise how professional discretion is exercised, so it's left very much up to the Care Programme Approach and local practice rules. The government's view is that as soon as one leaves a psychiatric hospital, the status pops up and excludes the mental health needs being met under other less generous functions. One can have CHC status for physical needs, but not for those related to one's mental disorder if one has been compulsorily sectioned. It's able to be cross-subsidised, and many local authorities have different custom and practice compacts with their health services equivalents, for s117 delivery. Some do 50/50 of whatever has to be commissioned; some try 'as if' to apply the CHC concepts and funding implications of 'priority' and 'severe' in relation to quality and quantity of needs amounting to 'primary health need', and some do splits on the basis of the type of purchased service fitting with what the relevant commissioner is simply used to buying.

ENDING A S117 ARRANGEMENT

How long does s117 go on for, and how can it be ended?

The status lasts for as long as one or other of the partners believes that the person still needs the services by way of aftercare (ie for the statutory purpose of avoiding readmission). The duration is not therefore related to a person's diagnosis, prognosis, reliance on primary or outpatient care or specialist services, in and of themselves; the purpose is the essence of the duration issue. The difficulty is that someone's lack of contact with community-based staff may be on account of their progress, but also potentially related to their deterioration. One does not need a meeting to bring an s117 arrangement to an end, as such, if both partners agree that the purpose of the services has been fulfilled. There is guidance to the effect that there can be no set period, and no assumptions; and there is joint Local Government Ombudsman and Public and Health Services Ombudsman guidance that the absence of paperwork evidencing agreement between the partners does not preclude a finding that the person's entitlement to s117 care **should not be regarded as continuing**, merely on account of the lack of formal termination.

LIABILITY FOR AFTERCARE

Which CCG is the liable (responsible) commissioner for the NHS part of an s117?

The CCG where the person was registered with a GP practice or usually resident before they were sectioned is the one that must organise the s117 package, and that CCG remains liable, even if the person has to be placed out of area, unless the person is compulsorily detained again (ie freshly sectioned). If that happens, the GP registration rules are applied again, afresh. The idea of the changes brought in by regulations from 1 April 2016 was to bring the s117 commissioning responsibility of the NHS element in line geographically with the likely responsibility for the social care element.

Which council is responsible for planning the local authority aspect of an s117 care plan?

The Care Act amended s117, from stating that the responsible local authority was where the person was resident before being sectioned, to stating that it was the authority where the person was 'ordinarily' resident when they were sectioned. The deeming rules, under which a person retains their ordinary residence when placed by a council out of area under the Care Act in one form of specified accommodation or another, are not extended to the s117 provisions about the allocation of responsibility. The government asserts that a person's deemed ordinary residence before they are sectioned is not relevant to the question of which local authority is responsible for providing aftercare. This means that the person is likely to lose continuity of care planning, and that the amendment has made no difference to this group of people. There is no example in the Care Act guidance dealing with this sort of a scenario, which is frustrating. The examples that are given indicate that the amendment from 'resident' to ordinarily resident in s117 has made no difference for capacitated individuals, which is a bizarre outcome for a legislative amendment. There is no real addressing of the question as to how mental health planning staff are supposed to investigate the mental capacity, on the part of the detained patient, to have moved to the place where they were living when sectioned – as would be required, if the government's interpretation of its own changes is correct.

ORDINARY RESIDENCE AND THE CARE ACT

Which council is responsible for aftercare when a person is also receiving Care Act services?

The remaining controversy is what happens for people who have been in hospital on a section 2 (assessment) or on a voluntary basis, and then need social care – without the s117 complication. Being in a hospital would not normally affect one's place of ordinary residence – one doesn't go to 'live' in a hospital; s2 sectioning is not voluntary either. There's a provision in the Care Act making that assumption explicit – but the pre-Care Act case law suggests that one can be regarded as living in a hospital, as a voluntary patient, if one has lost one's accommodation during an in-patient spell.

Determinations from the Secretary of State are the only way forward and they are slow to emerge, for reasons that are entirely unclear. <http://www.communitycare.co.uk/2017/03/01/your-questions-answered-on-mental-health-aftercare/>

PERSONAL HEALTH BUDGETS

(LONG-TERM CONDITIONS)

A personal health budget is an allocation of money by the NHS to someone with an identified health need, made so they can buy what they need to improve their health and wellbeing. They are intended to give the person more control over the care they receive. Guidance from NHS England identifies five essential features, meaning that personal health budget holders (or their representatives) should:

- Be able to choose the health and wellbeing outcomes they want to achieve, in agreement with a health care professional.
- Know how much money they have for their health care and support.
- Be enabled to create their own care plan with support if they want it.
- Be able to choose how their budget is held and managed, including the right to ask for a direct payment.
- Be able to spend the money in ways and at times that make sense to them, as agreed in their care plan.

Launched in 2009 following the Next Stage Review, the pilot programme for personal health budgets involved 64 sites. Twenty of these were the subject of an in-depth evaluation aimed at identifying whether personal health budgets led to better health and care outcomes, the best way for them to be implemented and for whom. The pilot sites focused their work on a wide range of different health conditions, including people in receipt of NHS Continuing Health Care (people with complex care needs and severely disabling conditions), people with mental health problems, chronic obstructive pulmonary disease (COPD), diabetes and long-term neurological conditions.

An early evaluation 98,99 suggested that:

- Personal health budgets were cost-effective relative to conventional service delivery – though cost neutral overall, there were some savings for people with the most complex needs.
- People with higher levels of need benefited most regardless of diagnosis, similarly high-value personal health budgets (over £1,000 a year) were found to be more cost-effective than low-value budgets.
- Personal health budgets were found to be effective for both mental and physical health conditions and the net benefits of personal health budgets for Continuing Health Care and mental health were tentatively found to be greater than for other patient groups.

“It gives me choice and control over my support.”

To meet the criteria for a PHB the continuing health care checklist (national assessment criteria) is used to assess the following areas:

- | | |
|-------------------------------------|-----------------------------------|
| • Behaviour | • Continence |
| • Cognition | • Skin |
| • Psychological and emotional needs | • Breathing |
| • Communication | • Drug therapies and medication |
| • Mobility | • Altered states of consciousness |
| • Nutrition | |



PROPORTIONATE COSTINGS: VALUE FOR MONEY COMPARISONS CORE ARTS VS. MAINSTREAM OPPORTUNITIES

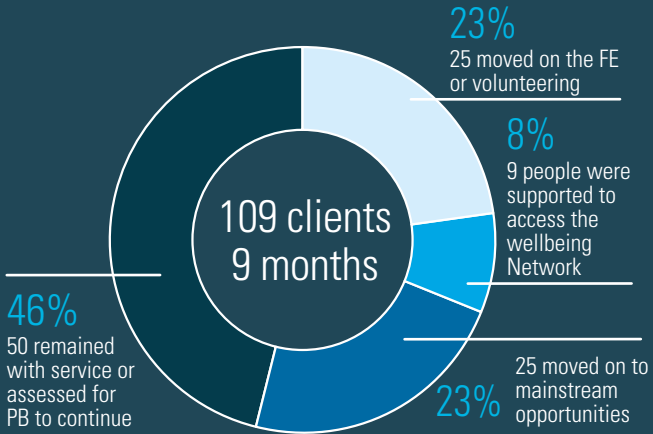
Music		DJ Courses:		Arts	
3 months	£1,995	1 day	£349	Fashion 10 session	£975
6 months (Singing)	£1,495	6 weeks	£449	Silk Screen 5 sessions	£580
1 Year (Music Production)	£13,495 <small>(Pointblank)</small>	12 weeks	£849	Life Drawing 10 sessions	£545 <small>(Central St. Martins)</small>
		Consult	£159 <small>(Hub 16)</small>		

Core Arts costs between £420 - £600 for 12 weeks

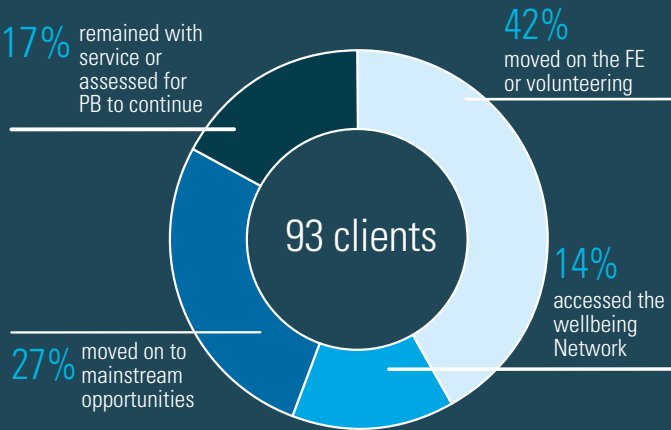
Core Arts offers very good value for money compared to courses available in the mainstream, therefore applications for personal budgets and direct payments are better value for money than progression options.

Core Arts promotes good value move on's and have partnership pathways with institutes that offer concessions and additional mental health support.

MOVE ON / PROGRESSION 2015/16



2017/18



COMPARING COMISSIONED PATHWAYS

Wellbeing Network	Recovery Alliance
• 1.8 Million	• 90k
• £20-£30 per hour	• £3.40 per hour
• Low to moderate	• severe enduring
• 1 course	• up to 3 courses

KPI'S 2016/17

	Activity Metric	Target	Performance	
5.1.1	Number of attendances/ units	1350	1736	✓
5.1.2	Target Number of people engaging with the service	34	109	✓
5.1.3	Male to Female Ratio		80% Male	✓
5.1.4	Number of workshops provided per week	50	68	✓
5.1.5	Number of events / exhibitions facilitated in a year	15	17	✓
	KPI	Target	Performance	
5.2.1	% on CPA at referral	100%	100%	✓
5.2.2	% patient in cluster 12/13 (target group)	>80%	80%	✓
5.2.3	% of patients/service users discharged from CPA during placement	>10%	12/109 (11%)	✓
5.2.4	% Psychiatric readmissions	<10%	(7/109) 94%	✓
	KPI	Target	Performance	
5.3.1	% of members supported to attend further education, other community opportunities/ interests or volunteering	>20%	25/109 (23%)	✓
5.3.2	% referred supported to be assessed for Personal Budget for continued placement	>50%	76%	✓
5.3.3	% client journeys recorded (Monitor overall increases/decreases in care and support and supportive interventions)	100%	100%	✓
	KPI	Target	Performance	
5.4.1	% of service users reporting improved quality of life	>90%	100%	✓
5.4.2	% of people attending from a BME background	>60%	81%	✓
5.4.3	% assessed as eligible for PB on referral by a clinician	>90%	93%	✓
5.4.4	% Reduce support needs appropriate for referral to available preventative provision or mainstream opportunities	>25%	28%	✓
5.4.5	% of patients/service users who reported achievement of goals set	>90%	91%	✓
5.4.6	% of service users reporting improved confidence & self esteem/social inclusion and social networks/relationships	>80%	93%/83%	✓
5.4.7	% supported to adhere to Code of Respect behaviour contract despite medium/high risk assessments and hard to engage/ forensic issues upon referral	90%	99%	✓
5.4.8	% patients / service users showing increase Warwick and Edinburgh (emotional wellbeing) scores during placement	>90%	(67/72) 93%	✓

93% increase in wellbeing
(Warwick & Edinburgh)

81% BME

28% reduced needs no
longer fit eligibility

100% reported improved
quality of life

2015/16

96%
non-admission rate

142 members

180k

2016/17

94% non-admission rate

109 members

90K

KPI'S 2017/18

	Activity Metric	Target	Performance	
5.1.1	Number of attendances/ units	1350	1473	✓
5.1.2	Target Number of people engaging with the service	34	93	✓
5.1.3	Male to Female Ratio		80% Male	✓
5.1.4	Number of workshops provided per week	50	73	✓
5.1.5	Number of events / exhibitions facilitated in a year	15	22	✓
	KPI	Target	Performance	
5.2.1	% on CPA at referral	100%	98%	✓
5.2.2	% patient in cluster 12/13 (target group)	>80%		✓
5.2.3	% of patients/service users discharged from CPA during placement	>10%		✓
5.2.4	% Psychiatric readmissions	<10%	98%	✓
	KPI	Target	Performance	
5.3.1	% of members supported to attend further education, other community opportunities/ interests or volunteering	>20%	39/93 (42%)	✓
5.3.2	% referred supported to be assessed for Personal Budget for continued placement	>50%		✓
5.3.3	% client journeys recorded (Monitor overall increases/decreases in care and support and supportive interventions)	100%	100%	✓
	KPI	Target	Performance	
5.4.1	% of service users reporting improved quality of life	>90%	100%	✓
5.4.2	% of people attending from a BME background	>60%	82%	✓
5.4.3	% assessed as eligible for PB on referral by a clinician	>90%	90%	✓
5.4.4	% Reduce support needs appropriate for referral to available preventative provision or mainstream opportunities	>25%	14%/27%%	✓
5.4.5	% of patients/service users who reported achievement of goals set	>90%	100%	✓
5.4.6	% of service users reporting improved confidence & self esteem/social inclusion and social networks/relationships	>80%	91%/87%/83%/82%	✓
5.4.7	% supported to adhere to Code of Respect behaviour contract despite medium/high risk assessments and hard to engage/ forensic issues upon referral	90%	100%	✓
5.4.8	% patients / service users showing increase Warwick and Edinburgh (emotional wellbeing) scores during placement	>90%	94%	✓

93% increase in wellbeing
(Warwick & Edinburgh)

81% BME

28% reduced needs no
longer fit eligibility

100% reported improved
quality of life

2017/18

98% non-admission rate

93 members

90K

Year 1 2014/16 15 months £180,000 (90k + 90k)

Achievements:

4040 attendances
143 patients (Target 80) engaged using the funding and offered 6 months access
96% Reduction in admission- (66 people discharged/ only 8 people admitted)
100% CPA/ 45% S117/ CTO
Discharged from CPA or care coordination: 27%
37% decreased needs throughout the 6-month period to no longer meet the eligibility criteria for CCG funding
Decreased needs to be able to access wellbeing network: 34%
Further education/ opportunities: 28/142 (20%)
Volunteering/ work experience: 22/142 (15%)
88% increased confidence/ self esteem
100% improved access to learning/skill development
97% improved social networks/inclusion
100% quality of life

Value for money: £1267 per person (Less than £50 per week/ £4.80 per hour)

Cost of actual attendance	£343, 400
Cost of membership placements:	£369, 200
CCG funding	£180, 000
Saving	£189,200

CCG paid half the cost of the delivery in 2015/16

Year 2 2016/17 9 months £67, 500 (90k per annum)

Achievements:

1736 attendances
109 patients engaged/ target 34- Core Arts engaged 3x the funded number of patients using this funding. 44 new referrals assessed as eligible and offered placements since July 2016 from 113 expressions of interest. Patients were offered 3- 6 months access.
100% on CPA at referral/ 60% S.117.
80% male
81% BME
93% improved Warwick and Edinburgh scale
93% confidence and self-esteem
83% social networks improved
91% achieved the goals they set
9 people referred the network over the 9-month period- despite network capacity issues from July 2016 delaying referrals.
28% of the cohort moved on from the fund to alternative opportunities.
25 people were moved on the volunteering, work activities or further education. Total of 14 clients were supported to access volunteering opportunities/ work experience/ activities. Total 17 clients were supported to access further courses, and external activities.
100% quality of life
80% 12/13-target cluster- this figure is low due to the high demand for support for the Cluster 10 client group (EQUIP) who are typically young black males discharged from their first hospital stay.
12 people were discharged from CPA (11%)
7 people were admitted into hospital during the period (6%) 94% were supported to remain in the community. 4 of the 7 were re-admitted after discharge due to concerns about ability to manage. This is compared to the national average of 33%

Value for money: £619 per person (Less than £25 per week/ £3.60 per hour)

Total saving on actual delivery (each attendance) costs:	£103, 685k
Total membership cost for the period:	£181,730
Total Paid:	£67,500
Total saving on membership costs to the CCG:	£114,230

Over the two
years a saving of
£333,430
was made to
the CCG for the
costs of the
memberships.

Year 3 2017/18 9 months £67, 500 (90k per annum)

Value for money: £619 per person (Less than £25 per week/ £3.60 per hour)

Total saving on actual delivery (each attendance) costs:	
Total membership cost for the period:	£244,205
Total Paid:	£67,500
Total saving on membership costs to the CCG:	£154, 205

Over the three years
Core Arts fundraised
£487,635
to full cost recovery for
the services delivery



CLUSTER INFORMATION

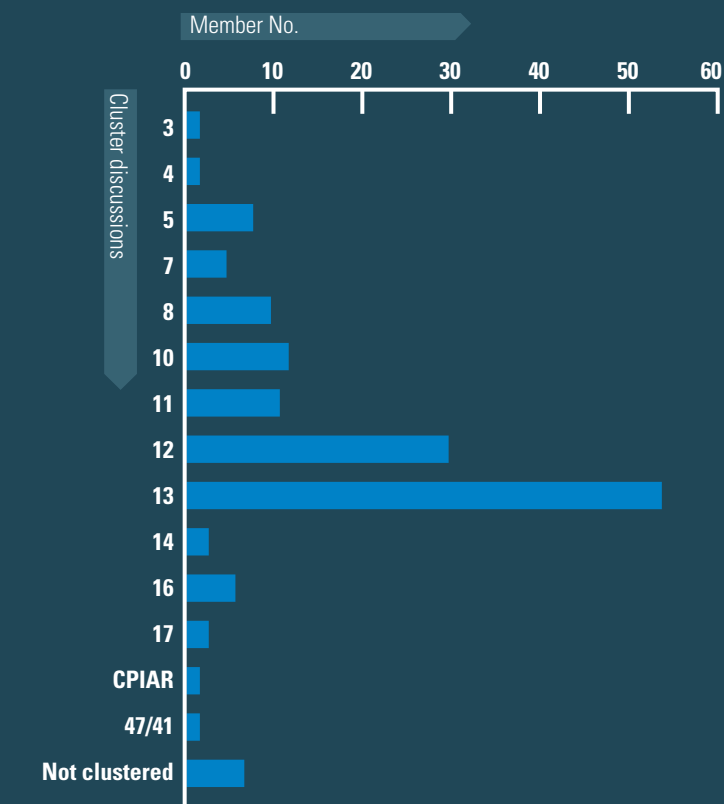
The changes from year 1 to year 2 represent the refining of the eligibility criteria and Core Arts prioritising working with and targeting certain cluster groups. It will be useful to discuss with ELFT the issues faced with other cluster groups in order to possibly outreach using further funding by targeting support to work with other cluster groups identified as high support or using NHS resources.

It was agreed that Equip clients would be supported as part of the intervention pathway and improve progress & engagement.

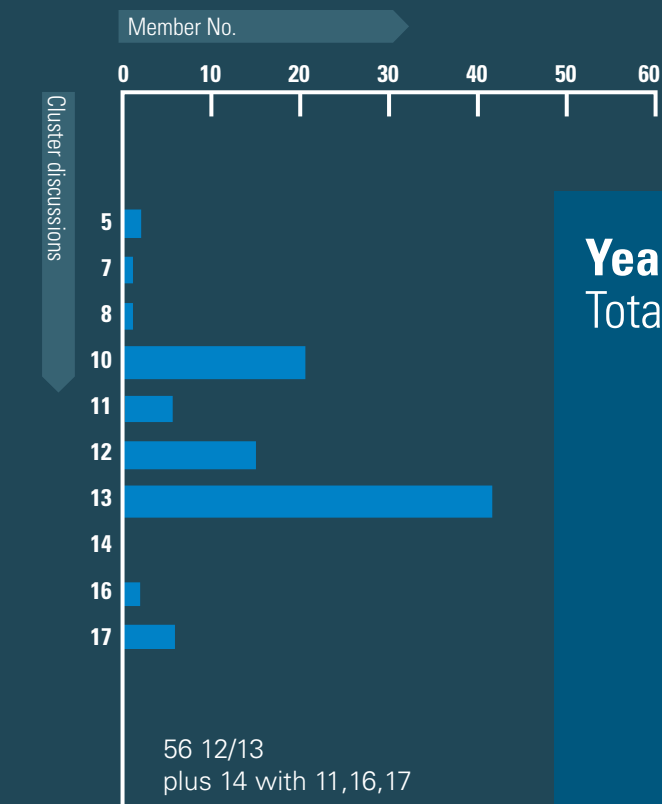
As 18% of referrals are Equip clients- we have approximately 18% cluster 10 referred clients.

The other 2% are cluster 16/17. We are on target however for the 80% Cluster 12/13.

Year 1
Total cohort 143 members

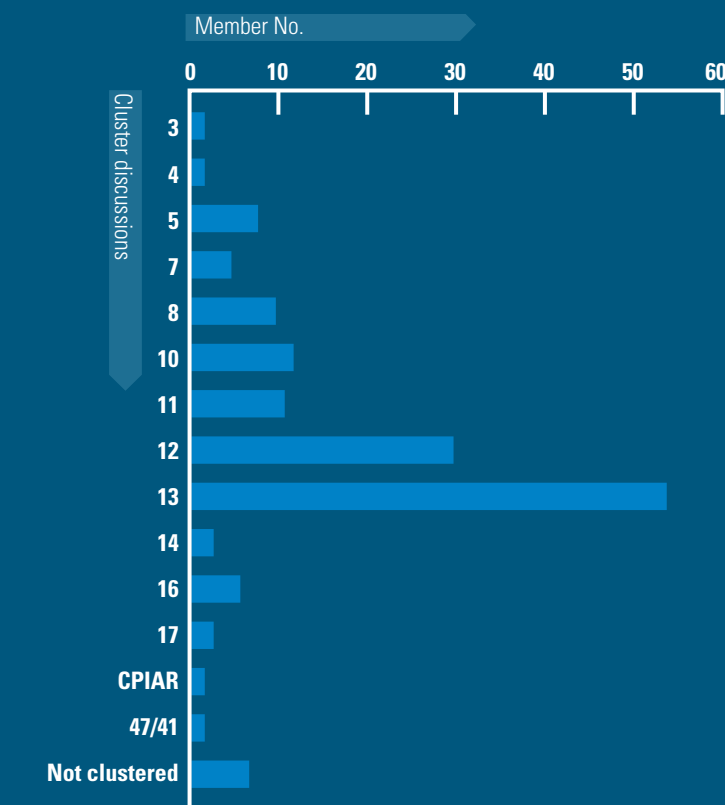


Year 2
Active members



80%
(cluster 12/13)

Year 3
Total cohort 143 members



REDUCTION IN READMISSION AND DECREASES IN CARE

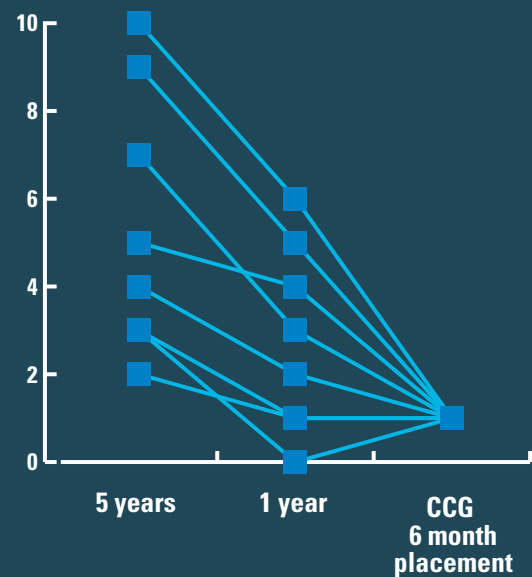
The placements continue to show reductions in use of bed spaces and support for successful discharge transitions.

A total of 66 persons were discharged over the annum of which only 4 were re-admitted (94% success rate)

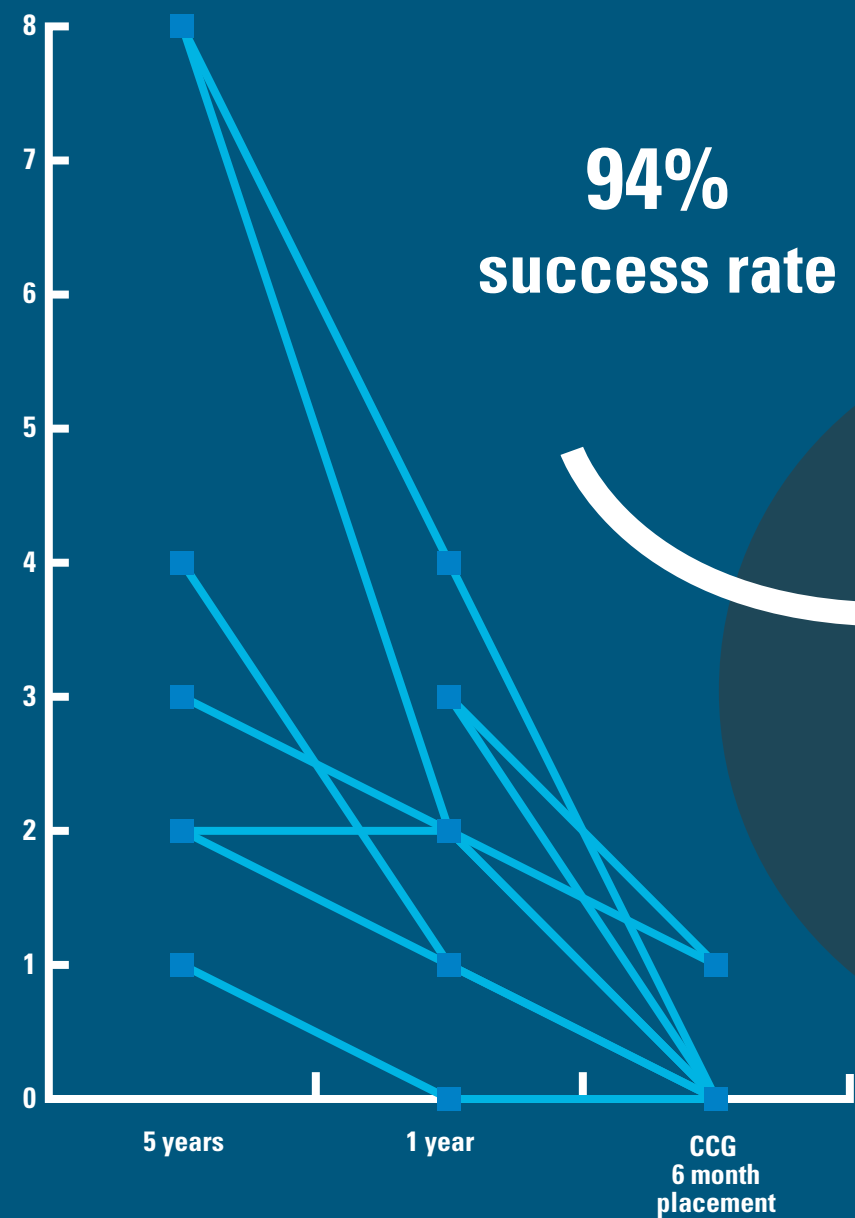
Over the 9 month period only 7 people were admitted into hospital.

Over the period- 15 clients were supported to significantly reduce their rate of admission compared with the previous year. These persons had a pattern of multiple admissions the previous year and were not admitted throughout their membership placement at Core Arts.

Year 1
Patterns of Admission (8)



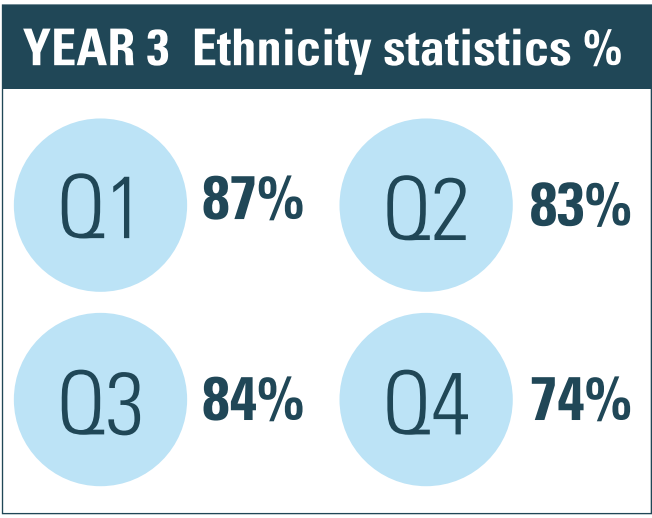
Year 2
Patterns of Admission (7)



Year 3
98% success rate

New Trend

Young Black men on the wards: first episode psychosis 10 referrals from the ward NFA- all under 25years and removed form the family home due to mental health deterioration.



BME ENGAGEMENT:

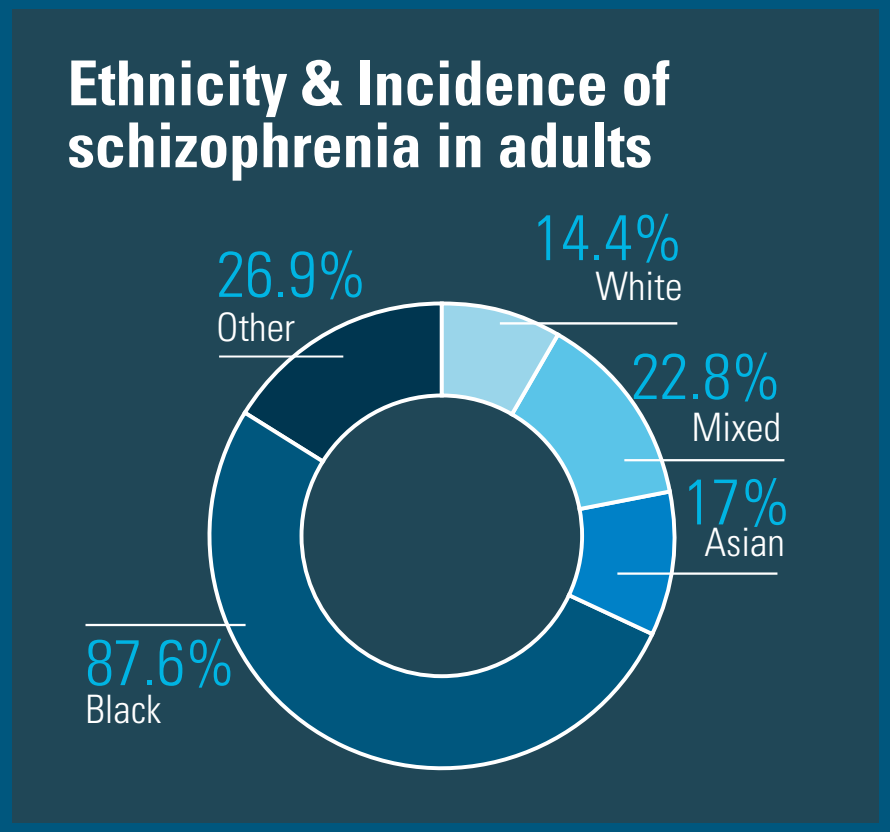
Improving BME and hard to reach access

Artistic and musical practice is something that benefits each individual and is accessible to persons who may not want to engage with mental health interventions directly. Creative education offers a safe space to connect with expression, skills, self worth and identity enabling clients to address problematic issues through collaboration, inspiration and a sense of belonging. The peer support, community and exchange of knowledge and experiences can be very supportive to enable changes in thinking, actions and enables members to feel socially included and better able to manage their mental health.

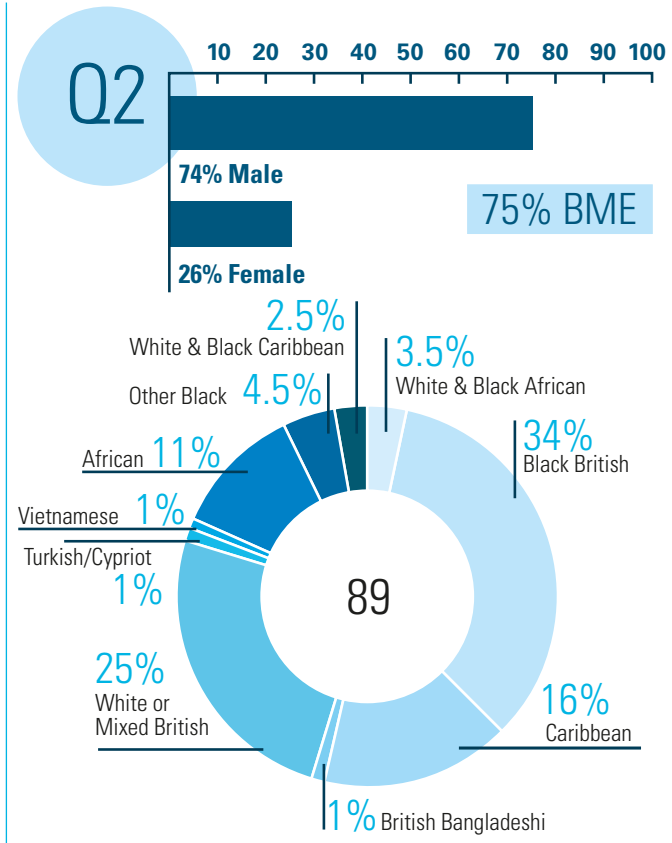
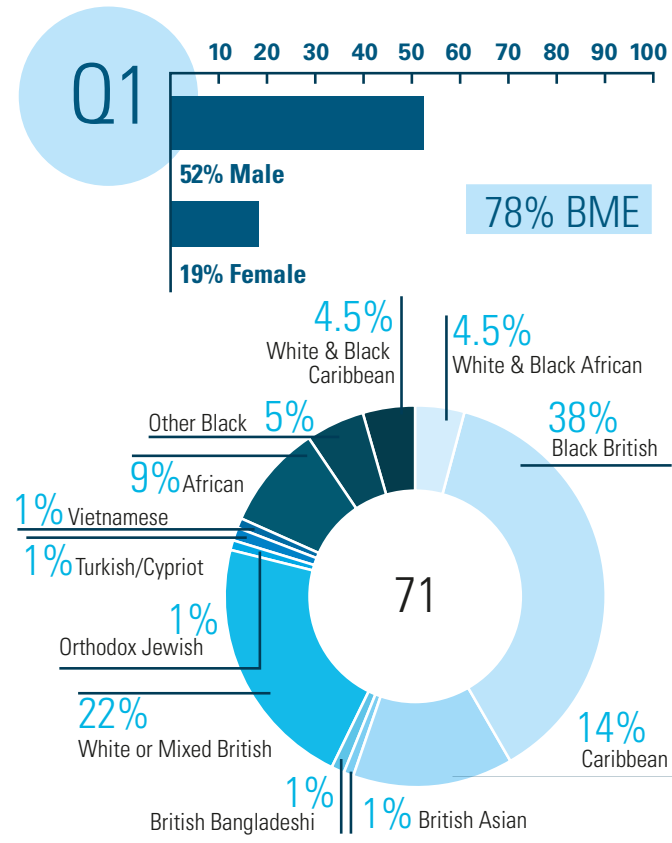
Core Arts were able to engage 81% BME clients of which an average of 70% were Black or Black British.

Reducing inequality by offering opportunity:

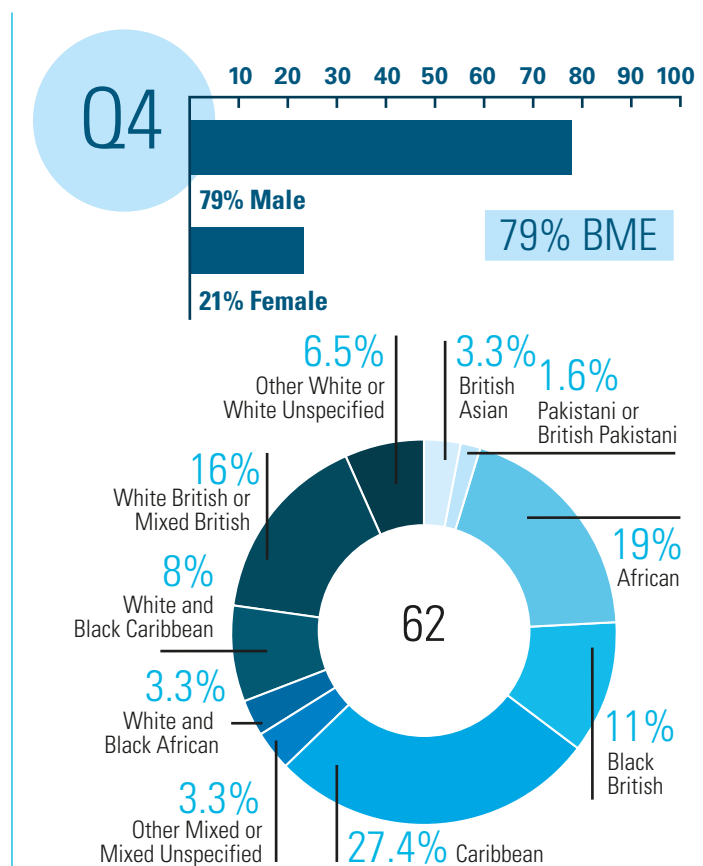
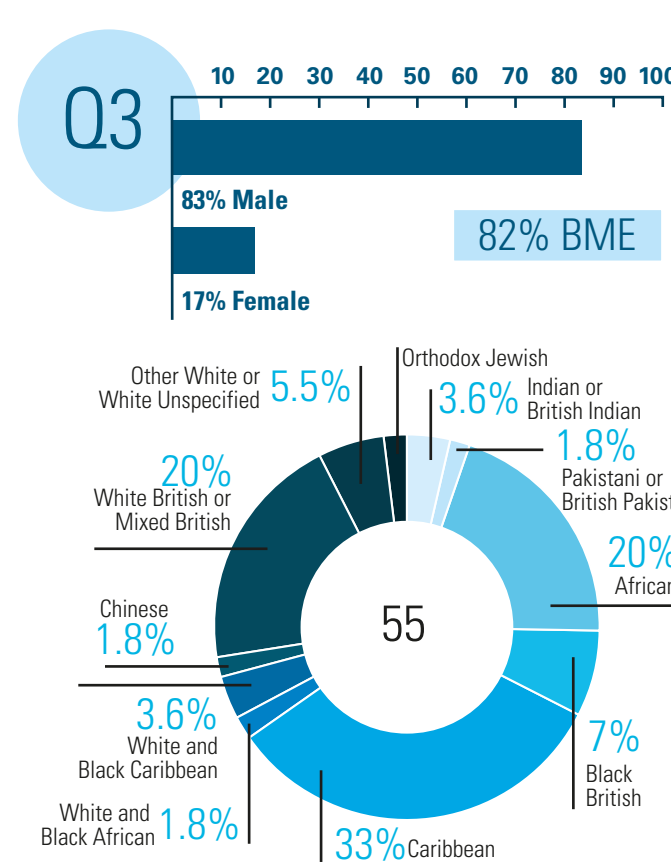
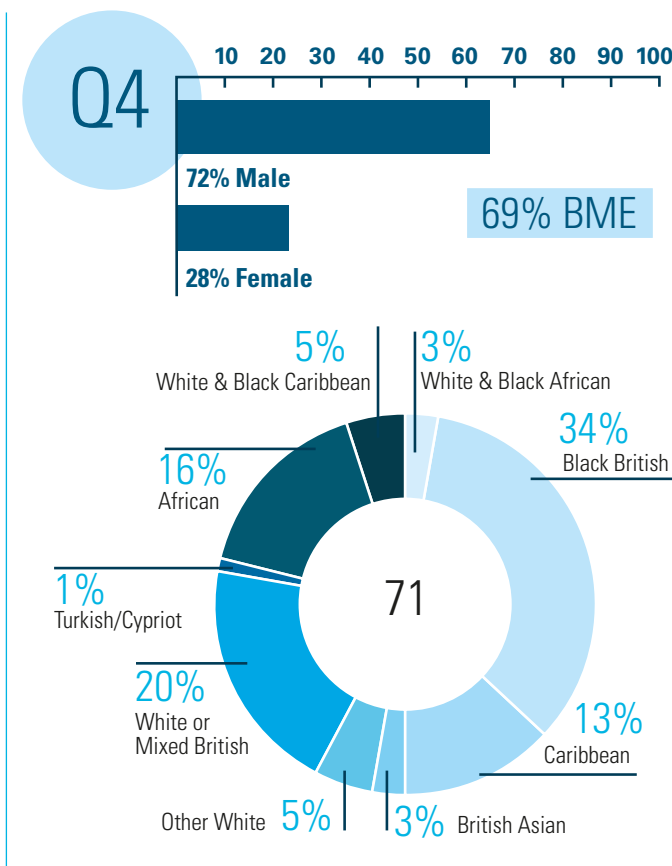
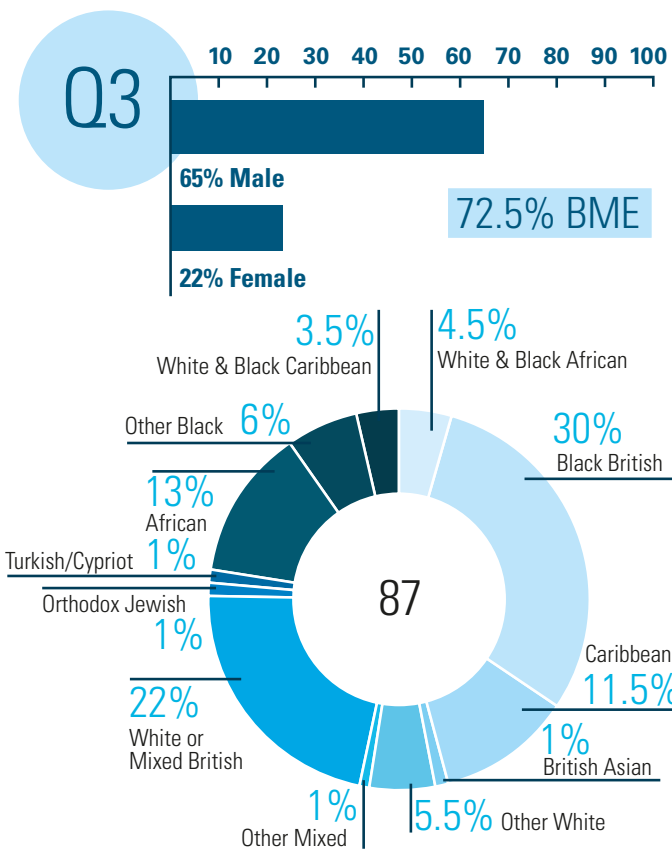
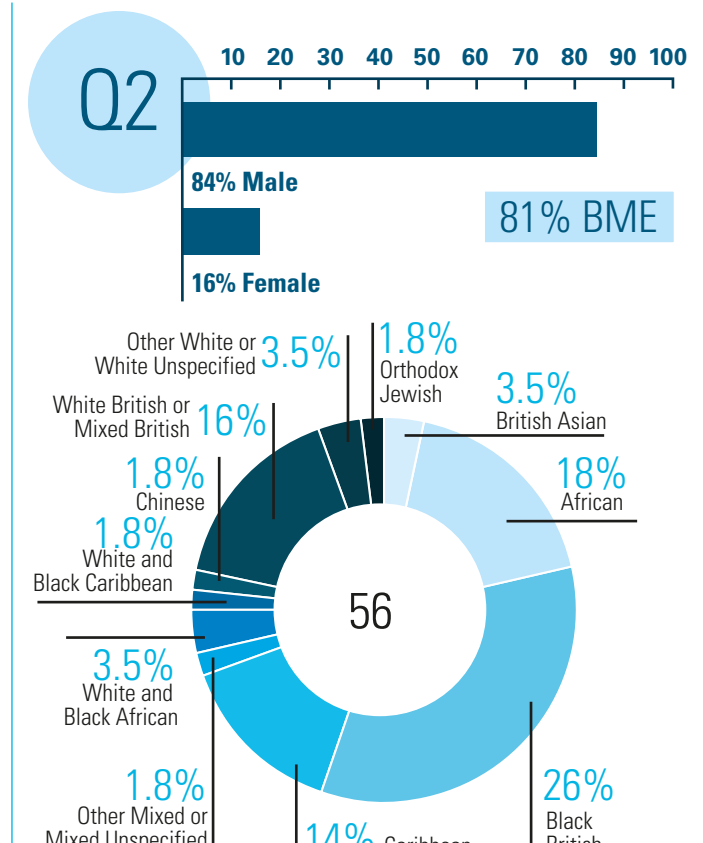
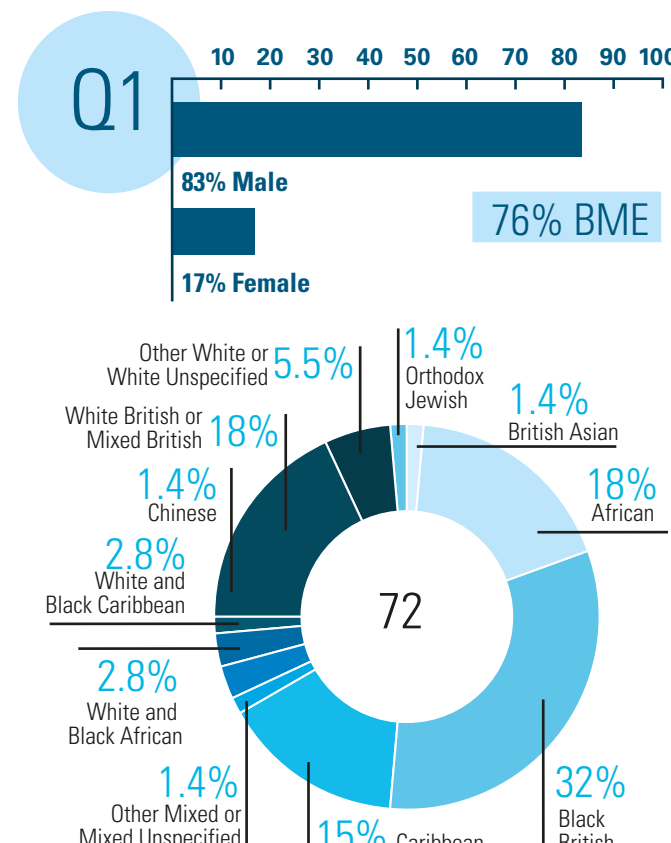
Core Arts provides access to support and improved wellbeing to persons who may not wish to engage with traditional mental health services or groups



YEAR 1 Ethnicity statistics %



YEAR 2 Ethnicity statistics %



Approximately 50% are supported in their housing on referral.

81%

VALUE FOR MONEY

Resources released to the NHS - Savings of up to a million during the funding period.

Year 1: 143 patients, 66 discharged, 8 admissions

Year 2: 109 patients, 50 discharged, 7 admissions

Year 3: 93 patients, 46 discharged, 5 admissions

Fore example, in 2016/17 the actual admission cost for the Core Arts severe and enduring client group is between £9,800- 117,600 depending on length of stay.

Savings of up to and over
£1.7 Million
2015-18

NHS value for Money (Reduced Hospital Admissions):

NHS (ELFT) Trend	33%		Saving cost of admission £2,450-£29,400 (1-12 weeks)
Actual re-admittance trend for active members	Year 1	4%	Saving of up to £646,400
	Year 2	6%	Saving of up to £485,100
	Year 3	2%	Saving of up to £617,400
	Year 1 + Year 2 + Year 3		Up to £1,748, 900 resources released due to reduced admissions.

Persons specifically with a diagnosis of Paranoid schizophrenia:

New referrals: active over the contract period: 68% diagnosed

	Year 1	Year 2	Year 3
15-44 years of age- Approx. 24 days a year	Saving of £235,200	Saving of £386,400	tbc
45-64 years of age- Approx. 9 days a year	Saving of £119,700	Saving of £94,500	tbc
Savings (Based on day stay @ £350)	Saving of up to £354,900	Saving of up to £480,900	tbc

Year 1 + Year 2	£835, 800
-----------------	------------------

It is predicted that persons with the diagnosis of schizophrenia cost approximately an average of £10, 605 per annum, with around about a third of this cost inpatient services (Kings fund-paying the price)

In year 2, 70% of the client group cluster, 11, 12,13,16,17, which encompasses this severe mental illness. The average cost of this client group per annum would be £806, 000 of which a third would have been inpatient services: £266,000.

DEVELOPMENT AND INNOVATION OF THIS RECOVERY ALLIANCE

Non-recurrent pilot funding application:

Aim to reduce use of NHS services by other cluster groups:

Identify areas of high usage i.e. Crisis line/ Café and align services to take referrals that require a proactive, responsive yet flexible service to support the client and reduce use of crisis services

Actively support the CHAMPHRAS crisis pathway developing our Alliance with ELFT.

Engage the quadrant meeting with referrals under GP or EPC, which use A&E or duty to have direct access to the Core Arts resources, to evidence the impact of the membership support.

Recovery College Partnership established

“No health without mental health”



APPENDIX



Breakdown of caseload member details and support planning tracking:

Confidential

Confidential: Please contact Core Arts for members details.

Timetable:

Friday

Art

10.30am-12.30pm

Printmaking Techniques in Focus Art Studio 1

★

11.30am-2.30pm

Textiles & Fashion Design Hall

★

1.00pm-4.00pm

Portrait Painting Art Studio 2

👤

2.00pm-5.00pm

Printmaking Art Studio 1 and 2

🕒

Music

10.30am-12.30pm

Song Writing Studio 1

★🕒

10.30am-3.15pm

Vocal Performance Skills 1:1 Green Room | 45min |

1:1

11.00am-5.00pm

MIDI MIDI Suite | 1hr slots |

1:1👤

12.30am-13.30pm

Song Writing Jam Studio 1

🕒

2.00pm-5.00pm

Easy Jam Sessions Studio 1

🕒

2.30pm-5.00pm

Music Technology: Logic ICT Suite

🕒

3.30pm-4.45pm

Choir Hall | all welcome |

✓🕒

Multimedia & Creative Writing

10.30am-12.30pm

Creative Computing ICT Suite

🕒

Sport

10.00am-11.30am

Table Tennis Bounce Shoreditch

Meet at 8.50am at Core Arts

1.00pm-3.00pm

Gym Copper Box, Olympic Park

Meet at 12.30pm at Core Arts

Additional Core Sport Courses at Core Arts:

Saturday

Yoga 12pm-1pm

Boxing & Self-defence 1pm - 2pm

Table Tennis 2.30pm - 4.30pm

Monday

Dance 12.30pm - 1.30pm

Core Health 1.30pm - 2.30pm

Circuit Training 2.30pm - 3.30pm

Stretch & Relaxation 3.30pm - 4.30pm

★

Opening times & term dates

Monday

Core Sport

Thursday

10am-6.45pm

Tuesday

10am-6.45pm

Friday

10am-5pm

Wednesday

10am-5pm

Saturday

Core Sport

Summer term 2018

reopens Tuesday 10th April 2018

closed for half-term Tuesday 29th May to Wednesday 30th May 2018

last day Friday 27th July 2018

Autumn term 2018

reopens Monday 13th August 2018

closed for half-term Thursday 25th October to Friday 26th October 2018

last day Friday 21st December 2018

Spring term 2019

reopens Monday 7th January 2019

closed for half-term Tuesday 19th February to Wednesday 20th February 2019

last day Friday 12th April 2019

Summer term 2019

reopens Tuesday 23rd April 2019

closed for half-term Thursday 30th May to Friday 31st May 2019

last day 26th July 2019

Reopens 12th August 2019

core arts promoting positive mental health.

corearts

2018/2019

timetable

access via

Wellbeing Network

Personal (Health) Budgets

Direct Payments

City & Hackney CCG Recovery Alliance

Music

Art

Multimedia

Sport

Horticulture

core arts exists to promote the artistic and creative abilities of people who experience enduring mental health issues.

Core Arts, 1 St Barnabas Terrace, London E9 6DJ

tel: 020 8533 3500

email: mail@corearts.co.uk

www.facebook.com/coreartshackney

www.twitter.com/coreartshackney

www.corearts.co.uk

charity no: 1043588 • company no: 2985939

corearts

Tuesday

Art

10.30am-12.30pm

Art Techniques and Materials Hall

★🕒

10.30am-12.30pm

Introduction to Art Art Studios

★🕒

2.00pm-5.00pm

Life Drawing Hall

★🕒

2.00pm-5.00pm

Developing Art Practice Art Studios

🕒

5.00pm-6.30pm

Studio (individual projects) Art Studios

🕒

Music

10.30am-11.30pm

Harmonica Workshop Studio 1

★

11.30am-12.30pm

Early Birds Jam Studio 1

🕒

10.30am-12.30pm

Introduction to Music Production ICT Suite

★

11.00am-1.00pm

Introduction to Music Skills Green Room

🕒

11.00am-6.45pm

MIDI MIDI Suite | 1hr slots |

1:1👤

2.00pm-5.00pm

Keyboard Green Room

🕒

2.30pm-5.00pm

Music Performance Skills Studio 1

🕒

5.30pm-6.30pm

Open Jam Sessions Studio 1

🕒

Multimedia & Creative Writing

3.00pm-5.00pm

Creative Computing ICT Suite

🕒

Sport

2.00pm-4.00pm

Gym & Swim Aquatic Centre, Olympic Park

Meet at 1.15pm at Core Arts

Horticulture

10.00am-2.00pm

Skilled Progression Horticulture, Self Directed Sessions Whitechapel Nursery

🕒

Wednesday

Art

10.30am-12.30pm

Collaborative Arts Projects: Portraiture Art Studio 1

★

10.30am-1.30pm

Studio (individual projects) Art Studio 2

🕒

2.00pm-4.00pm

Jewellery, Leatherwork and Small Accessories Art Studio 2

★

2.00pm-5.00pm

Oil Painting Techniques Art Studio 1

★

Music

10.30am-12.30pm

Live Studio: experienced musician jam Studio 1

★

11.00am-5.00pm

MIDI MIDI Suite | 1hr slots |

1:1👤

11.30pm-1.30pm

Bass 1:1 Green Room

1:1👤

2.00pm-3.30pm

Guitar (Intermediate) Green Room

★🕒

2.00pm-5.00pm

Jam Sessions Studio 1

🕒

2.30pm-5.00pm

Music Technology: Logic ICT Suite

🕒

3.30pm-5.00pm

Guitar (Beginners) Green Roo

★🕒

Multimedia & Creative Writing

10.00am-2.00pm

ICT and Music special projects ICT Suite

🕒

1.30pm-3.00pm

Creative Writing Group 2 Pink Room

★🕒

3.30pm-5.00pm

Creative Writing Group 1 Pink Room

★🕒

Sport

11.00am-1.00pm

Basketball Bannister House

Meet at 11am at Core Arts

1.30pm-3.30pm

Cycling Local Area

🕒

Horticulture

A Referral to Core Landscapes is required, please contact nmerc@corearts.co.uk

www.core-landscapes.co.uk

Thursday

Art

10.30am-12.30pm

Botanical Drawing & Colour Techniques Art Studio 1

★👤

10.30am-12.30pm

Ceramics (throwing) Ceramics Studio

🕒

10.30am-12.30pm

Ceramics (hand building) Art Studio 2

👤

2.00pm-5.00pm

Ceramics (hand building) Art Studios 1 & 2

★🕒👤

5.00pm-6.30pm

Ceramics (individual work) Art Studios 1 & 2

★👤

Music

11.00am-1.00pm

Live Studio, Performance and Vocal Skills Studio 1

★

11.00am-6.45pm

MIDI MIDI Suite | 1hr slots |

1:1👤

1.30pm-5.00pm

Kit Drumming 1:1 Studio 2

30min sessions | 1:1

2.00pm-4.00pm

Popular Singing Green Room

👤🕒

2.00pm-5.00pm

Furthering Song Ideas Studio 1

👤

4.30pm-6.00pm

Women's Singing Group Green Room

👤👤

5.30pm-6.30pm

Open Jam Sessions Studio 1

👤

Multimedia & Creative Writing

10.30am-12.30pm

Digital Profile and Social Media ICT Suite

★

1.30pm-6.30pm

Creative Computing ICT Suite

👤

4.00pm-5.00pm

Digital Media ICT Suite | open access |

★👤

Sport

1.30pm-3.30pm

Walking Group Local Area

🕒

2.00pm-3.30pm

Tennis Olympic Park

Meet at 1.20pm at Core Arts

2.30pm-6.30pm

Table Tennis & Badminton Hall

🕒

4.30pm-6.30pm

Club Core Daytime Hall | all welcome |

👤

Horticulture

10.00am-2.00pm

Assisted Horticulture/Landscaping Sessions Whitechapel Nursery

🕒

1.30pm-3.30pm

Structured horticultural tutored seasonal workshops (specific dates) Whitechapel Nursery

🕒

★ = Wellbeing Network Course

👤 = Volunteer Supported

🕒 = Registered Learning Trust Course

1:1 = Bookings only

✓ = all welcome

👤 = Graduate Offer: 12-7pm on Thursdays

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core arts exists to promote the artistic and creative abilities of people who experience severe and enduring mental health issues.

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