An evaluation of the Mind Esteem Team

Part of the Edgbaston Wellbeing Hub

July 2015

Merida associates

1. Introduction

Birmingham Mind is an independent charity promoting and providing high quality support for people experiencing mental distress in Birmingham and the West Midlands, affiliated to the national Mind[1] it works to promote community based wellbeing and recovery services for people living in their own homes or in residential care

Birmingham Mind (Mind) take a specialist recovery approach to their work and recovery based approaches focus on hope and on reintegrating service users back into society and their life before diagnosis. (Gale and Marshall-Lucette, 2012[2]) It aims to help people experiencing mental distress to build fulfilling and enjoyable lives and is rooted in the principle of empowering people to take control of their own lives, even if they continue to experience the symptoms of an illness. It is about recovering a life worth living.

Underpinning all of Mind's work is a strong value base that puts challenging stigma, oppression and discrimination at the core of the organisation.

One of Mind's services aims to help people experiencing mental health difficulties to maintain their independence by offering the support and advice required for them to live as independently as possible in the community; whether this is in their own home or in hostels, sheltered housing or other specialised supported housing. This service is funded though Supporting People - a Government programme that is locally administered through Birmingham City Council Housing Services Department.

It is this Supporting People funded service that was 'flexed' to create the Esteem Team.

1.1 What is the Esteem Team?

The Esteem Team is part of the Edgbaston Wellbeing Hub. The service seeks to support individuals who have a range of complex needs which can include health, social, emotional and psychological needs.

The Esteem Team offers support designed to:

- Promote independence
- Help people access specialist services
- Enhance physical, emotional and mental wellbeing
- Develop self help resources

[1] This affiliation ensures that Birmingham Mind works to quality standards of governance and service delivery set by National Mind and is one of over 140 local Mind organisations - all of which are Charities in their own right.

[2] Gale J, Marshall-Lucette S (2012) *Community mental health nurses' perspectives of recovery orientated practice*. Journal of Psychiatric and Mental Health Nursing; 19: 4, 348-353

1.2 What is the Edgbaston Wellbeing Hub?

The key aim of the Wellbeing Hub is to help people with mild to moderate mental health problems and complex social needs at an early stage to help prevent further deterioration and need for secondary care. The service provides a single point of access (the Hub) and signposting to an appropriate service within a network of provision (spokes) through a process of triage assessment.

The Wellbeing Hub works with people within a network of 6 GP practices in Edgbaston It allows both GP and self referral to a range of primary care mental health and wellbeing services that respond to lower-level patient need in a timely manner.

The concept was developed to coordinate services already commissioned by Birmingham City Council and the NHS and includes a range of support from befriending through to benefit advice, and seeks to address the cause of an individual's mental health distress. The Wellbeing Hub was designed to enable linking and navigating between services and the provision of holistic frontline support for people requiring non-crisis support with their emotional and mental health, where specialist services are not needed.[3]

The Edgbaston Wellbeing Hub builds on learning from a similar model in Sandwell.

A key success factor of the Sandwell Hub was a service called the Esteem Team which focused on providing care coordination for patients coming into the Hub. Birmingham Mind was approached by Dr Paul Turner, the GP leading the Edgbaston Wellbeing Hub, and asked if they would be interested in delivering the Esteem Team function, as a 'spoke' delivery arm of the Hub model.

Birmingham Mind saw that the Esteem Team function offered an opportunity to extend a service they were already commissioned to deliver, namely support to help people with mental health difficulties to maintain tenancies and prevent them becoming homeless. This service, Floating Support, is part of Birmingham City Council's Supporting People programme.

There was no additional funding available from the Wellbeing Hub to set up or deliver the Esteem Team so in March and April 2014 Birmingham Mind discussed the opportunity for running a pilot project to test out a new way of working from within existing resources with their commissioners; the Esteem Team service would still be part of the Supporting People programme and deliver against its overarching outcomes. The commissioner agreed that a small team of staff already funded through Supporting People could take part in a pilot Esteem Team service and granted them some flexibility around the programme's eligibility and delivery criteria to see if a new approach could achieve better outcomes for service users. The flexibility was authorised through governance arrangements, the council's

[3] Source: Edgbaston Health & Wellbeing Hub report to Birmingham Health & Wellbeing Board, January 2015

Supporting People Project Board approved it on the condition that the commissioner received the learning from the project.

Birmingham Mind was also able to gain support from another commissioner to employ an Esteem Team manager to recruit staff and set up the pilot service.

The Esteem Team went live in May 2014.

1.3 What is the evaluation exploring?

Mind commissioned Merida Associates, an independent research consultancy, to review the progress of the Esteem Team and to:

- find out to what extent this has led to a more rounded and personalised support offer to a broader range of clients
- explore if this enhanced offer has led to improved outcomes for clients
- explore the impact of working in a different way on staff motivation and job satisfaction
- seek to understand how this new offer is helping people reduce their use of Primary Care services.

2. Methodology

We used a blended methodology that involved gathering primary data from staff and key stakeholders and analysing secondary data gathered by the staff at Mind.

Primary data gathering tasks:

- An in-depth one to one interview with the current Esteem Team manager.
- An interview with the Esteem Team manager who helped set up the service.
- A workshop with the Esteem Team staff that explored the differences in both role and job satisfaction from the delivery team's perspective. Staff who were not able to attend this session were able to provide their input into the evaluation through phone interviews.
- A telephone interview with Birmingham City Councils (BCC) Supporting People lead.
- A telephone interview with Dr Paul Turner from the Edgbaston Wellbeing Hub
- Desk research to locate the initiative in current policy and service design and delivery thinking.

In addition to analysing the qualitative data we also reviewed and analysed data collected by Mind using the Wellbeing Star for Long Term Conditions[4] and 22 case studies written by the staff team.

3. Evaluation Findings

Case Study and interview data was analysed using a 4 stage process of **immersion** to ensure that the team are familiar with the collected data; **coding and indexing** of key themes, identifying commonalities and highlighting anomalies; **thematic summaries** to group the data into themes and emerging outcomes; **analysis and interpretation** to establish an understanding of the data, describe and explain findings, draw conclusions and make recommendations.

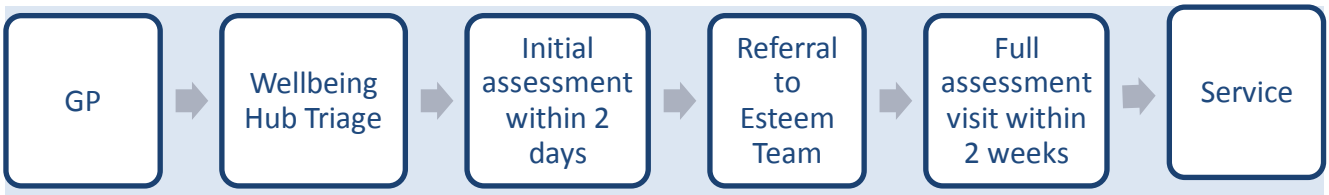
> Tomasz (not his real name) is a 46 yr old Polish man with depression, sleep disturbance and poor appetite. He has limited English and his daughter acts as interpreter.
>
> He was assessed as needing support to manage symptoms and activities to reduce social isolation and improve his employability skills. He was referred for Cognitive Behaviour Therapy and supported to engage with this. He identified the agency was not suitable to his current needs, so this was explored further with the Esteem Team worker who discussed his options with him and he self referred to an organisation providing creative support.
>
> He is now taking his medication regularly, his symptoms are less acute and he is sleeping better and reports feeling better within himself.

3.1 The Esteem Team structure and operation

The Esteem Team was recruited from within the existing Supporting People-funded Floating Support Team at Birmingham Mind.

- There are 6 team members and a manager.
- Each team member has 8-10 people on caseload.
- Referrals are received from the Wellbeing Hub triage system and from the Floating Support service within Mind.
- People must be registered with one of 6 GP practices in the Wellbeing Hub to access the service.
- Esteem Team has supported 64 Service users; many of whom would have been excluded from accessing more mainstream support services due to their long term, often complex, social and mental health needs.

Figure 1 Wellbeing Hub process



[4] Wellbeing Star TM (Long-term conditions) © Triangle Consulting Social Enterprise ltd
www.outcomesstar.org.uk *Developed in collaboration with NHS NEE Supported by the Department of Health*

The Esteem Team offers befriending, emotional support, using a person-centred approach that works at the pace of clients.

Where initial assessment at triage is occasionally unable to determine immediately the best route for a service user, the Esteem Team can offer a more supporting signposting role, for instance going with people to access another spoke service.

The service is holistic, looking at the whole person and offering, for instance, emotional support, longer term support, behaviour nudging and information to enable people to take care of themselves in different situations. There is a clear aim expressed by the team to provide support but not create dependency.

3.1.1 Oversight and Management

The Esteem Team manager maintains a strong link with the other spokes of the Wellbeing Hub to ensure that the triage assessment system is effective and people get to the right service for them.

The manager co-assesses new service users referred into the service with the Esteem Team member who will support them, in a location accessible to the service user, sometimes even a home visit. In this way the manager maintains a clear understanding of the complexity of the caseloads each staff member is holding and is better able to support them in supervision.

It also means that the service user knows that the service manager is aware of their needs and can ensure they get the right support for their individual journey, as part of the personalised approach of the service. It also enables the manager to maintain an overview of what the service as a whole is delivering to help *"keep the aims of the service alive.*

John (not his real name) is a 38 year old White man who had experienced considerable trauma from early childhood into adulthood. He suffers from Schizophrenia, has a forensic history and an addiction to crack cocaine and heroin. He has been to prison on a number of occasions.

He accessed the Esteem Team July 2014 and was given help to bid for a council flat. His worker put a support plan in place and liaised with all the agencies required to provide evidence of his situation in relation to 'housing points'. He has been supported to maintain his tenancy, access a local welfare provision grant, register for housing and council tax benefit, and assisted with getting services connected.

Following reports of anti-social behaviour and allowing other drug users to stay the Esteem Team worker called a multi-agency conference and helped broker a package of support that includes a weekly visit from the local Police Community Support Officer; a weekly appointment with the drugs team and a monthly visit from the housing officer. As a result of the Esteem Team interventions the Police agreed to suspend a warrant issued for his arrest . Statutory and other services now understand John is a vulnerable adult.

He is maintaining is tenancy, been 'clean' for over 6 months; paid off his drug related debts; is attending wellbeing and recovery service groups and is starting to build positive relationships with people who are not drug users.

3.1.2 Staffing

The Esteem Team staff are experienced Floating Support practitioners who brought a range of skills and backgrounds into the team including mental health qualifications, work with asylum seekers and with older people. Staff agree that an understanding of the importance of wellbeing and how to maintain it is an asset in the Esteem Team.

When recruiting to the pilot project, the first manager was looking for experienced staff with excellent practice within Floating Support who were up-to-date on all relevant polices, especially safeguarding and risk assessment, with focus, good knowledge, self-awareness, a positive attitude and approach to team working, who were good communicators and who demonstrated good file management. It takes initiative, courage and motivation to pilot a new way of working within an established service and Esteem Team members collectively exhibit these behaviours.

Staff welcome the problem-solving aspect of the role, where they can pursue a course of action without needing to refer up to the manager for permission all the time, although they seek advice if Health & Safety or safeguarding is a possible issue.

3.1.3 Benefits for staff

Staff expressed high levels of job satisfaction as members of the Esteem Team. They cited the following elements that contribute to increased job satisfaction:

- Being able to support service users holistically over a longer time period, working at their pace and getting to see how people improve and move forward - they feel they are able to do a better job.
- Having the flexibility to work outside the Floating Support service criteria creates more autonomy – staff feel trusted to get on with their work and valued in what they do. Even though cases are more complicated because staff have more flexibility to respond to people and fewer constraints than when they are delivering Floating Support, which in turn is less stressful for staff.
- Staff feel empowered and able to use the full range of their skills in a more person-centred way**.**
- Staff feel really well supported and able to manage themselves psychologically, drawing on the support available from the manager and team members.
- The Esteem Team works across a relatively small geographical area as part of the Wellbeing Hub and this has enabled staff to build relationships with GPs and other partners (spokes) to improve links between services, as well as develop their knowledge of other services in the patch.

- Staff are developing skills sets around outcomes measurement, they are able to use the outcomes tool most appropriate to individual clients (everyone does the Wellbeing Star) depends on their needs, where they are at.

Birmingham Mind were keen to test a different way of working through the Esteem Team pilot, one with a preventative focus, picking people up when they first present at GPs asking for help. This section looks at the differences between the Esteem Team and the existing Floating Support service offered by Birmingham Mind.

Table 1 : Comparison between Esteem Team and Floating Support

Esteem Team	Floating Support
• Broad eligibility criteria .	• People can access service if have a housing issue and mental health needs.
• Aim to meet emotional needs as well as practical support.	• Aim is to promote independent living, on right benefits.
• Work with people with very complex needs which might include housing and mental health, also drugs, alcohol, domestic violence, social isolation. • Able to work with service users with mental health problems, using professional skills and experience (where applicable).	• Focus on housing/tenancy maintenance, mental health issues addressed by CPN • Emotional support not offered under Floating Support, more a practical focus.
• Esteem Team receive early intervention referrals from GPs through Wellbeing Hub, able to prevent escalation to crisis situation. • Smaller geographical boundary helps to build relationships on the ground	• Referrals from a range of agencies – CMHT, self, GP, health worker, social worker across the city.
• Apart from the GP, Esteem Team is often the first intervention people have received – they are not as sceptical as people who have been through mental health or other services, service users want to engage.	• Floating Support service users might not have a choice about engaging e.g. if on a license.
• More relaxed timescales, pace set by service user - only deadline is for full assessment within a certain time	• Tight timescales / deadlines to meet once service user assessed on Floating Support

Esteem Team	Floating Support
• Staff co-ordinate services around service users – a key worker role • Esteem Team provide warm referrals, go with people to meetings with other agencies/professionals – more seamless service.	• In Floating Support the key worker is often a CPN. • Service is focused, it does not always link seamlessly into other services around the service user.
• Ability to continue support until service user ready to move on – longer term intervention is possible	• Once service user reaches agreed outcomes they are signed off
• Retain Supporting People focus on promoting independence, Esteem Team agree and maintain clear boundaries with service users to prevent the development of dependency and have the flexibility to do more informal support e.g. go for a walk, give emotional support • Deal with the presenting problem as quickly as possible e.g. fill in forms with people to prioritise getting the service or benefit they need, then help them with literacy issues – but are clear the role is not advocacy, refer on for that service	• In Floating Support the focus is on not creating a dependency on the service, activities that might be seen to create dependency are not encouraged e.g. going for a coffee with a service user, filling forms out for them (even if they do not have the literacy skills to do it – would signpost them to literacy classes)
• Staff have more autonomy e.g. control over their diary and flexibility about what they can do with service	• Less autonomy to stretch the role, more tightly managed
• As a small group, staff able to work with each other more, share knowledge and information, talk through assessments – ability to contribute more in team meetings	• It is a big team tend to receive support from one or two co-workers, big team meetings, more difficult to contribute
• Esteem Team can access NHS interpreter service which is not restricted	• Time limited access to interpreters

3.2 Who has accessed the service?

An analysis of the Wellbeing Star for Long Term Conditions data for 38[5] clients indicates that the majority of people (29) accessed the service via a GP referral to the Wellbeing Hub the remainder were self referrals into the Hub following a GP appointment. Of these 38 clients 10 had a long term condition or disability. More information about the profile of people accessing the service can be found at appendix 1.

Case study information usefully provides more detailed information about the clients accessing the service.

Case study data indicates that:

- Around three quarters of these clients were experiencing poor mental health that ranged from people with depression, anxiety or low moods to people who had a formal diagnosis of Post Traumatic Stress Disorder, Schizophrenia, Bipolar Affective Disorder and Obsessive Compulsive Disorder. Some people were experiencing a number of difficulties, for example depression, social isolation and anxiety combined with panic attacks. Others had difficulties managing anxiety which resulted in feelings of anger that they found difficult to control. One client has mental health issues and learning difficulties.

- A small number had been in prison and were either on license or probation at the time of their referral to the Esteem Team.

- Just under half of all case study clients had experienced some kind of trauma in their past, often as children. For example one woman had experienced sexual abuse as a child between the ages of 3 - 16 which resulted in her regularly self harming. A difficult marriage saw her develop a range of physical symptoms combined with depression. Others lived in homes where they witnessed domestic violence, others spent their childhood (or parts of it) with parents who were physically and psychologically abusive towards them, while others lived in

> Azra (not her real name) is a 36 year old Pakistani woman with a history of depression and social isolation.
>
> The Esteem Team have been offering regular support for 10 months during which time she has received support to understand and respond appropriately to correspondence and attend appointments.
>
> She has received support to understand paperwork, respond appropriately to correspondence and attend appointments, support to apply for Personal Independence Payments* and to attend an Employment and Support Allowance Work Capability Assessment.
>
> She is receiving support to understand and engage with the Universal Job Search System and to prepare for the Life in the UK Citizenship Test.
>
> *have replaced Disability Living Allowance and helps with the additional costs caused by long term ill-health or disability.

[5] There are a small number of clients who left the services after assessing support and who didn't complete a baseline, and for whom there is no profile information.

families where parents were heavily dependent on drugs or alcohol. One client saw his mother stabbed (aged 3) and spent until he was 16 in and out of care.

- A number of clients had issues with alcohol or drugs including heroin, crack cocaine and cannabis.
- Just under half of all the case studies identify that clients were experiencing physical illnesses and difficulties including for example chronic pain, Fibromyalgia, epilepsy, exhaustion, sleep deprivation, difficulties with eating, limited mobility or lack of appetite.
- Case studies show that a number of people using the service have complex living arrangements that add to the difficulties they are experiencing, for example returning to the family home following separation; moving a terminally ill parent into the family home; living alone following separation; being exploited by staff at a hostel; caring for an elderly parent with physical health issues; support to leave the family home (for a man with mental health issues and learning disabilities currently receiving no external support); working with those who are homeless to help secure accommodation.

3.3 Delivering change for clients

As part of the data and evidence gathering undertaken for the Edgbaston Wellbeing Hub all Esteem Team clients are encouraged to complete two forms of self assessment that help to capture both the starting point (baseline) for clients and the changes in wellbeing that they experience over the life of the support intervention. The assessments are the Warwick-Edinburgh Mental Wellbeing Scale[6] (WEMWBS) and the Wellbeing Star for long -term conditions.[7] One version of the recognised Outcomes Star model, the Wellbeing Star measures and supports progress for clients towards their agreed goals and is *"designed to be completed collaboratively as an integral part of keywork".*

Data from both sets of assessments are then entered in to the Wellbeing Hub data bank via the Health Exchange online portal. At the moment data loaded into the Wellbeing Hub portal is not analysed, and delivery spokes such as the Esteem Team have no access to raw or analysed data from the Hub.

The Esteem Team manager collated the Wellbeing Star data for the evaluation and we have been able to draw on data from 13 clients who had completed at least 2 Wellbeing Stars to identify indicative outcomes for clients. WEMWBS data has not been analysed for this report.

[6] Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Scotland, University of Warwick and University of Edinburgh, 2006

[7] Wellbeing Star (long-term conditions) © Triangle Consulting Social Enterprise Developed in collaboration with NHS NEE and supported by the DoH

In addition, Esteem Team support workers compile case studies that reflect the clients' journeys and the outcomes that have been achieved as a direct result of the support provided by the Esteem Team.

Across both Wellbeing Star and case study data there are very clear signs that the work of the Esteem Team delivers a range of positive outcomes for clients and these are described on the following pages.

Wellbeing Star outcome data is collected against 8 key headings (domains) and an analysis of outcomes against the Star[8] shows that:

- **Lifestyle** - 70% (9) reported an improvement
- **Looking after yourself** - 38% (5) reported an improvement
- **Managing symptoms** - 46% (6) reported an improvement
- **Work, volunteering and other activities** - 38% (5) reported an improvement
- **Money** - 38% (5) reported an improvement, with 2 people reporting considerable improvements
- **Where you live** - 46% (6) reported an improvement, with one person reporting a considerable improvement
- **Friends and family** - 70% (9) reported an improvement
- **Feeling positive** - 46% (6) reported an improvement.

All 13 people recorded some improvements in one or more outcome areas of the Star:

- 1 person reported an improvement against 1 domain
- 2 people reported an improvement against 2 domains
- 4 people reported an improvement against 3 domains
- 1 person reported an improvement against 4 domains
- 2 people reported an improvement against 5 domains
- 3 people reported an improvement against 6 domains.

4 people reported an improvement in one or more domain or outcome areas with the rest of the outcome areas remaining stable; 6 people reported slipping back in 1 outcome area, 2 people reported feeling slipping back in 2 domains and 1 person reported slipping back in 3 domains. These movements may reflect a change in a client's relationship with the domain as work to address issues or problems in this area comes to the fore; or it may indicate the clients are more accurately reflecting their relationship with this area of their life following support and/or are "*disclosing more and issues become more apparent*"[9].

A more detailed analysis of the outcomes for all 13 people can be found at appendix 2.

[8] Outcome domain as expressed by the Star in **bold**

[9] Making the most of Star data © Triangle Consulting Social Enterprise Ltd 2015

It is worth noting that while numbers are small within the cohort for baseline plus one or two reviews, research evidence identifies[10] that the Outcomes Star model is valid as an outcome measurement tool and that the evidence provided through this method is reliable and robust.

3.4 Addressing need

An analysis of case studies shows that the support provided to clients most often addresses a number of inter-related and complex needs that range from support with housing and family relationships associated with living arrangements through to acting as a signposting service with supported referrals and introductions to other agencies.

The process of identifying the support required starts with an assessment of need (which it would appear is often more involved that the original referral may have suggested) along with detailed risk assessments and baseline outcomes measurements the Wellbeing Star, WEMWBS or the GAD-7 Anxiety Scale. From these initial assessments a Support Agreement is put in place that clearly sets out what the client can expect from the service and what the service expects from the client and this agreement is reviewed at regular intervals.

To highlight some of the complexities of health, needs and circumstances that are the lived experience of clients coming into the service, 2 case studies have been used to illustrate personal circumstances, need, interventions and outcomes.

Names have been changed.

Abia has 2 small children, she is separated from her husband and lives with her parents, 4 severely disabled siblings and her 2 able bodied brothers and their wives.

She has Fibromyalgia, Chronic Fatigue Syndrome, Irritable Bowel Syndrome, Hyper Mobility and a prolapsed uterus. She has depression, often feels guilty and like she is letting people down. She either forgets to eat or binge eats and vomits.

She feels that her husband was unable to cope with her issues (some of which she feels stem from sustained sexual abuse as a child and adolescent) and that this led him to be physically and verbally abusive towards her.

She was referred for support to help her engage with specialist services, self help resources and to enhance her physical, emotion and mental wellbeing.

Henry has low self esteem due to a serious skin condition, which left him unable to continue with his manual labouring job and as a result he become unemployed.

[10] Briefing: The Outcomes Star™: Unpacking the Evidence© 2014 Triangle Consulting Social Enterprise

Henry wouldn't engage with or attend hospital appointments tending to attend or to cancel them. He also refused to use prescribed treatments for his skin condition.

He was sanctioned for not attending Job Centre Plus and job placements, he had problems with housing benefit and had insufficient money to buy food or pay for electricity.

He was referred for support for his low self esteem.

3.5 What does the Esteem Team Offer?

The service recognises and builds on the strengths of individuals and the Esteem Team support offer is tailored to individual need, designed to help people manage physical and mental health, get access to services and additional support and help people to take control of their own lives.

Both the Wellbeing Hub designers and Mind recognise that many of the people accessing the service may have got out of the habit of thinking that their life is worthwhile. They have often 'lost confidence' in themselves and other services. While many services are time limited and only available to address basic and immediate needs the Esteem Team provides recovery focussed support which goes well beyond this. The service not only addresses immediate concerns and deals with practical issues it helps people to set and attain longer terms goals that are more focussed on helping people to stay in control of their lives.

Abia now has a daily planner to ensure she can pace herself.

She has been working on a PATH PLAN setting out long and short term goals.

She is being encouraged to spend time each day keeping a diary and is using this to reflect on the positive aspects of her life.

She is receiving support to complete a housing application form and the Esteem Team worker has helped her to apply for Personal Independence Payments (PIP).[11]

Henry was encouraged and supported to visit the Neighbourhood Office to sort his Housing Benefit and to make an application for a Local Welfare Provision.

His Esteem Team worker helped him to attend hospital appointments to address his skin complaint and to engage with using the prescribed skin treatments.

[11] P.I.P. replaced Disability Living Allowance and helps with the additional costs caused by long term ill-health or disability.

Henry was supported to go to the library, set up an email account and use computers there to undertake the mandatory job search requirements.

An analysis of case studies suggests that the support on offer can be clustered around a number of thematic areas as follows:

- **Support with housing and housing related issues** which includes helping people to find and secure accommodation; apply for benefits; make appeals against benefit decisions; access information about housing choices and plan for living in their own accommodation. Clients have been given guidance on dealing with 'visitors' who may persuade them to relapse back into drug abuse and or anti-social behaviour and clients have been encouraged to participate in regular drugs testing to prove they are 'staying clean.'
- **Help with budgeting and money management**:- includes managing rent arrears and other debts. Clients have also been helped to save money, encouraged not spend money on drugs and to put financial and other paperwork in order. For example, one client was helped to sort through and file paperwork previously kept in a dustbin bag. Another was helped through a legal and judicial process relating to unpaid council tax debts.
- **Combating social isolation**: - reconnecting people with their friends or local community; supporting and encouraging people to get involved in local groups and organisations. One client's worker attended coffee mornings with her as well as going along to sessions at Kinmoss in order to build confidence to access these activities alone.
- **Helping people with employment and volunteering**: - ensuring that the support on offer helps enable people to sustain their employment; encouraging people to learn new things that may help them move back into work, for example encouraging people to re-engage with training or education; and supporting and encouraging people to try or to continue with volunteer activity. For example, one client was supported to start volunteering at her local charity shop.
- **Signposting and referrals to other agencies**: - researching possible referral agencies to help address identified need and helping clients access and attend appointments with other agencies. Referral routes include other spokes within the Edgbaston Wellbeing Hub, statutory sector agencies including social care and primary, secondary and tertiary health services. One client has been helped to access carers support services via Admiral Nurses for a partner with Alzheimer's.
- **Health (physical and mental) and emotional wellbeing**: ensuring that clients have access to specialist services such as mental health, drugs counselling and health and social care services and encouraging and supporting them to attend appointments and or take medication regularly. Some clients were encouraged to use diaries, daily

planners and other tools to combat feelings of anxiety, depression and worthlessness. Clients have been helped to cope with family difficulties; others have been helped to attend assertiveness and self-confidence classes; and some have been helped to eat more regularly and or healthi

3.6 What difference does the service make for clients?

Although anecdotal there is an emerging sense from the GP's involved with the Wellbeing Hub that the Esteem Team service is delivering positive and tangible results, particularly where people have a history of poor engagement with their GP. Esteem Team workers are helping people to make better use of GP appointments, to prepare for going to see the GP and to communicate better with their GP.

An example was given of a young man, who has a history of poor engagement with his GP and his notes identify he can be violent and aggressive. "*He attends sporadically and chaotically, without any thought about continuity of care with any one GP, he's not able to make a good relationship with a GP and he's been to see me a couple of times now with one of the Esteem Team workers and its really interesting to see how this is beneficial - now he may have changed and moved on and stopped winding people up and being wound up - BUT what seems to have changed is that he's connected with someone from the Esteem Team.*"

Abia is feeling less chaotic and is feeling much more in control of her life. Her self esteem is improving and she is continuing with counselling.

She is regularly attending University and volunteering at a local charity.

Her PIP has been awarded and she is still awaiting the outcome of her housing application.

Henry has been attending hospital appointments and has agreed to try different treatments for his skin condition.

He was given a payment for electricity and a voucher for food and he is now receiving housing and other benefits. He is no longer at risk of losing his home.

He feels less socially isolated and reports feeling more sociable and willing to engage with people. He has enrolled on an English course and wants to gain formal qualifications to help him move back into employment.

The case studies and the analysis of the Wellbeing Star offer an insight into how the Esteem Team service helps people to achieve a range of health, wellbeing, personal and social outcomes. *"Personal and social wellbeing describes a person's state of mind, relationship*

with the world around them, and the fulfilment they get from life. It can be understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole. It is linked to a range of other outcomes, including mental health."[12]

People reported feeling better about themselves, these improved feelings of self include their self-confidence, self-esteem and emotional wellbeing and resilience. Simple things such as starting to cook and learning how to use an oven, weigh ingredients and time cooking have seen clients' confidence grow. Others were given supported referrals to agencies such Birmingham Healthy Minds, for CBT, and Pattigift.

Some people have talked about their improved relationships with family and friends, or about feeling better disposed towards people in the community where they live. Some started to volunteer, others joined local groups. Social relationships are a cornerstone of wellbeing promotion and this feeling of being connected to place and people is an indicator of improved health and wellbeing and acts as a "*buffer against mental health*"[13].

Many clients have had practical housing, benefits and money or debt problems addressed. A literature review on debt and mental health[14] identified some associations between debt and mental health problems such as anxiety and depression. The literature review also suggested that *"People with debt and mental health problems often do not seek help for financial difficulties".*

Those people who referred into the Esteem Team service with feelings of anxiety, depression, disturbed sleep patterns or with a clinical mental health diagnosis have been given help and support to manage their condition and most of the case studies indicate that people are feeling better as a result. People reported an improved mental state, including reduced anxiety and distress and reported fewer negative symptoms of mental distress.

Anecdotal evidence gathered from clients by staff indicates that people are visiting their GP less frequently than there were before. For many of the Esteem Team clients their GP was often the only service they could access for help with their problems. For example drug users with a mental health diagnosis are not able to be seen through Mental Health Services until their addiction issues have been resolved, and there are some suggestions that this results in people 'self medicating' by using a range of substances. Likewise drug and alcohol abuse can increase the underlying risks around wellbeing and mental health or mask or exacerbate symptoms. Service 'silos' can find people presenting in cross-service categories challenging and this can often result in increased visits to the GP. Some people had complex needs but had not accessed statutory provision for health and wellbeing - maybe because

[12] Outcomes map: personal and social wellbeing:John Copps and Dawn Plimmer NPC 2013
[13]Thompson S, Aked J, Marks N, Cordon C (2008)Five Ways to Wellbeing: The Evidence A report presented to the Foresight Project on communicating the evidence base for improving people's well-being NEF
[14] Debt and mental health What do we know? What should we do?: Royal College of Psychiatrists

they did not meet the service delivery threshold, or because they were unaware of other services that may be able to help them and as a consequence were frequent GP attendees.

3.7 What works?

The relationship between the Esteem Team support worker and the client is at the heart of the approach. There is less time pressure on the support staff and they are able to invest time in building and maintaining positive relationships with clients. In our conversations with staff they were very clear about the boundaries in their relationships with clients, they are not friends but they may act as befrienders. They are able to offer informal emotional support and encouragement to help clients address issues and problems without this being perceived as 'creating dependencies.'

Personal and person-centred while all of those in the service were referred either via their GP or via a self referral following a GP visit into the Wellbeing Hub, staff undertook detailed assessments and worked on the issues that were important to the client at a pace that worked for the client. They are able to assess and address needs broadly - not just in relation to funding or service access criteria.

Flexibility - staff are able to work on issues that are important to the client and help them address problems and behaviours that may be at the root of repeated GP visits. Staff can allow clients to cancel or disengage from appointments, while remaining in touch and being ready to continue with the support work once the client re-engages. **Flexibility** is also built into the approach used by the Esteem Team that supports the highly personal offer to clients and in order to deliver services in this way support staff need to be both **flexible, adaptable and confident** in their ability to access information, services and other forms of support and to deal with the clients here and now.

Acting as a coordinating key worker for clients – to facilitate clients' access to services, sort out a range of issues and ensure that clients got access to the right service at the right time for them. Many of the people coming into the Esteem Team have few or no other services involved in supporting their health or social care needs. Staff help people to understand what support and services are available to them and motivate clients to attend and engage; often by making initial appointments and helping them to attend them - either by going with them or encouraging them to be confident about how to get there using public transport. Staff also **mediate** with service providers when clients are experiencing difficulties accessing services for whatever reason. Where other services are engaged (often as a result of the efforts of the support staff) staff also **co-ordinate** these services around the person.

The skills, knowledge, confidence and competence of staff. Staff identified a number of skills and personal attributes that they feel they bring to the job and these include tenacity, a broad knowledge of services and the ability to find out what they don't know about. They

need to be reliable and have a genuine desire to see people progress. They need to be well organised, flexible and comfortable in a changing environment. They need high level communication skills and strong relationship building skills. They need to be good at building trust and working with people who have complex needs. Staff need to be flexible, well organised, good at paperwork and self-starters. They need to be able to hold and maintain positive relationships with clients even during times of crisis. They also need to be good team players and communicate well within the team and be able to support colleagues as and when needed.

4. Conclusions

The underpinning culture and values of Mind, combined with the flexibilities granted within the Supporting People programme, combined with the skills and knowledge of the Esteem Team staff and managers have developed a model of service delivery that appears to have real potential to deliver lasting change for clients. They are able to help people navigate the system and access services, moreover they are able to liaise with and co-ordinate other services to ensure that clients are able to benefit from an integrated package of care and support.

The team work with and address the needs of the whole person and there is evidence from both the Wellbeing Star data and the case study analysis that people are making positive changes to both lifestyle and behaviour. There is a strong fit between the Esteem Team approach and an asset based or salutogenic approach to health and wellbeing. Asset based approaches shift the emphasis from a focus on the causes of illness to the determinants of health: "*Asset based approaches are concerned with identifying the protective factors that support health and wellbeing. They offer the potential to enhance the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities.*"[15]

While it is too early to say if the Esteem Team service is helping people reduce or change their use of Primary Care services anecdotal evidence from GP's involved in the Wellbeing Hub strongly indicates that this is likely to be the case over the longer term, particularly for those patients who find it difficult to engage or engage inappropriately with primary and secondary care services. The emerging findings suggest that support from and Esteem Team worker can help GP's manage difficult patient encounters. An article on the BNJ Careers[16] Web Site suggests that 15% of clinical interactions with patients are perceived as “difficult” by doctors.

[15] Mclean J (2011) Concept Series 9 briefing paper Glasgow Centre for Population Health.
[16] http://careers.bmj.com/careers/advice/view-article.html?id=20013822# Web site accessed July 2015

There are some indications that suggest that the Esteem Team approach is able to 'catch' people who may have fallen through the health and social care 'net' as and as a consequence had become frequent visitors to their GP. By providing regular contact, support, signposting and access to other services, anecdotal evidence suggests that people are less reliant on seeing their GP for support, and where people are accessing GP services they are less chaotic, better able to engage with both their GP and keep appointments.

The flexibility granted through the Floating Support Governance arrangements that have enabled Mind to develop the Esteem Team offer and it is worth noting that the Esteem Team service are not simply seeing the same clients that the Floating Support service is funded to work with. They are seeing a somewhat different client group - people that visit their GP regularly; who may have either not been able to access services previously or who may disengaged (declined or dropped out) from available mental health and wellbeing services due to wait times and other access issues. They have complex and multiple problems, personality problems, social and confidence problems and often a chaotic lifestyle that makes navigating support services difficult.

The findings from this evaluation in step with the many of the Ten Key Messages for Commissioning Public Mental Health Services (2013)[17] which notes that *"Good evidence exists for a range of public mental health interventions. These can reduce the burden of mental disorder, enhance mental wellbeing, and support the delivery of a broad range of outcomes relating to health, education and employment."*

As a pilot project the Esteem Team has tested a different approach to the traditional Floating Support offer and the indications are that it is achieving wider outcomes for clients with potentially longer-term benefits.

The Esteem Team delivers against areas eligible for Supporting People funding:

- Provision of emotional support, counselling and advice.
- Provision of advice, advocacy and liaison.
- Living as independently as possible.
- Meeting tenancy responsibilities and providing advice and help around license, tenancy and mortgage conditions.
- Budgeting and money management.

It still addresses the practical issues that people are contending with but sets them within a wider context of what else is going on in their lives that might be contributing factors to the practical issues, a holistic approach that sits well with the overall Mind Recovery approach.

[17] Guidance for commissioning public mental health services Joint Commissioning Panel for Mental Health (2013)

It is a high quality, person-centred service that works well because it:

- Is rooted in Birmingham Mind ethos and values
- Has a small, highly qualified and experienced team working within a relatively compact geographical boundary
- Addresses practical issues such as risks to tenancy, debt or independent living challenges holistically within the context of underlying mental health and wellbeing issues and external factors
- Offers longer-term support to embed lifestyle or behaviour change and support seamless integration with other service providers around the person
- Doesn't create dependency but does offer bespoke support that help build resilience.

The evidence suggests that this approach is valued by service users and is helping them to achieve intermediate and longer-term outcomes as well as short term problem solving.

It delivers against these areas of the proposed Integrated Prevention commissioning framework:[18]

- Support vulnerable adults to transition into more independent and community based living;
- Supporting vulnerable adults to regain/maintain their independence; and
- Empower citizens to do more for themselves.

It has demonstrated an effective model of delivery against Proposal 1: Customer Pathways in the current consultation document and particularly the universal prevention offer. And the Directorate for People outcome around *"promoting people's recovery and inclusion in the most independent life"* as referenced in the commissioning consultation document.

5. Recommendations

1. Disseminate findings of this review

- Feed learning from Esteem Team pilot review into:
    - The Supporting People/ Integrated Prevention commissioning consultation
    - The evaluation of the Edgbaston Wellbeing Hub
- Explore opportunities to extend the service through ongoing partnership working with Clinical Commissioning Groups and Birmingham City Council.

[18] Birmingham City Council Directorate for People Consultation Document for Prevention Services (Undated)

2. Continue to gather evidence of impact and outcomes

- Continue to collect and analyse impact data from the Wellbeing Star and other assessment tools to monitor the sustainability of outcomes for clients.

- Work with the Wellbeing Hub to extract data to evidence the impact Esteem Team has had on the number of visits to the GP by clients before and after accessing the service.

- Conduct a case study based cost consequence analysis to evidence cost savings generated by Esteem Team.

3. Consider the implications of 'scaling up' the service

- Retain the Esteem Team structure of small teams supported by dedicated Manager/Team Leader.

- Retain geographical focus to enable teams to build local networks with other providers on the ground in order to provide seamless joined up services.

- Scaling up could offer CPD and career progression opportunities to existing Floating Support staff.

- If this were to be delivered by existing Supporting People staff It may require an additional investment in staff training and supervision given that the Esteem Team offers individualised support to people with complex needs.

Appendix 1 Profile of clients

An analysis of the Wellbeing Star for Long Term Conditions data for 38[19] clients indicates that:

- 16 clients were female, 21 were men (one gender unknown)
- 29 came to the service via a GP referral to the Wellbeing Hub the remainder were self referrals into the Hub following a GP appointment.
- 10 people had an existing long term condition or disability.

Ethnicity

- 15 identified as English/Welsh/Northern Irish/British
- 3 identified as White and Black African
- 3 as White and Black Caribbean
- 2 as Asian (other)
- 2 as White (other)

Age

- 3 were aged between 16 – 24 years
- 9 were aged between 25-43 years
- 10 between 35 – 44 years
- 4 aged between 55 – 64 years
- 2 were aged 65 – 74 years

[19] There are a small number of clients who left the services after assessing support and who didn't complete a baseline, and for whom there is no profile information.

Appendix 2 Wellbeing Star[20] (Long Term Conditions) Summary

	Lifestyle	Looking after yourself	Managing symptoms	Work, volunteering and other activities	Money	Where you live	Family and friends	Feeling positive
Shows an improvement against baseline	9	5	6	5	5	6	9	6
Has remained stable against baseline	4	5	7	5	3	6	4	6
Lower than baseline	0	3	0	3	5	1	0	1

Total number of people = 13

An individual breakdown showing movement across each outcome domain area.
1 domain showing improvement /7 domains stable
2 domains showing improvement /5 domains stable/1 domain slipping back
2 domain showing improvement /5 domains stable /1 domain slipping back
3 domain showing improvement /2 domains stable /3 domain slipping back
3 domain showing improvement /3 domains stable /2 domain slipping back

[20] Wellbeing Star © Triangle Consulting Social Enterprise

3 domain showing improvement /4 domains stable /1 domain slipping back
3 domain showing improvement /5 domains stable
4 domain showing improvement /2 domains stable /1 domain slipping back
5 domain showing improvement /2 domains stable /1 domain slipping back
5 domain showing improvement /2 domains stable /1 domain slipping back
6 domain showing improvement /2 domains stable
6 domain showing improvement /2 domains stable
6 domain showing improvement /2 domain slipping back