



# How do we get from here to there?

Modernisation and restructuring of mental health day services presents a huge challenge to trusts and commissioners. Ben Taylor outlines the common barriers and suggests some fundamental principles to guide those venturing on this task – not least of which is the involvement of current and potential service users.

Since the publication of the Mental Health and Social Exclusion report in June 2004 (SEU, 2004), there has been a clear intention by the government to ensure the transformation of day services into 'community resources that promote social inclusion'. The commissioning guidance for mental health day services and for women-only day services, both published in February 2006 (Department of Health, 2006a; 2006b), set out the clear principles and functions of modern day services. However, for many commissioners and providers seeking to implement the guidance, the difficulty has not been envisioning a modernised service, but how to get from the current service to the intended model of provision, and how to manage the issues that arise along the way.

This article is based on the findings of a recent day services review undertaken by the National Social Inclusion Programme (NSIP), From Segregation to Inclusion: Where Are We Now? (Department of Health, 2008), which focuses on some of the issues commonly arising in the restructuring process, and approaches to addressing them.

The review was undertaken through good practice visits to services, interviews with commissioners, and a questionnaire completed by 135 commissioners and providers at local level, each commenting on an average of seven day services.

It found that there had been progress towards implementing the commissioning guidance in the vast majority of areas, but that progress was slow and sometimes halting, with over 56% of respondents reporting that the guidance had been partly implemented and was either progressing or had stalled. This highlights the challenges inherent in day service modernisation, and the reality that it is rarely a rapid process.

## Resistance to change

A common theme emerging in discussions about modernisation and restructuring of day services was resistance to change. People who use services are often particularly anxious and unhappy about changes to services that have offered them valuable support, sometimes over many years, but resistance can also come from staff and provider organisations. Day services often play an important role in providing key elements of people's day-to-day lives – somewhere to go, something to do and someone to see – meaning that a level of resistance is inevitable when implementing changes to these services. However there are ways to manage and overcome this, and many restructured services report high levels of satisfaction by those using the services and staff.

Key approaches to overcoming resistance identified in the review included:

- gain a mandate for change. At the outset, get an explicit mandate for change from provider organisations and people using the service by involving them in reviewing existing service provision to better meet the needs of people using the service
- ensure leadership from the top. An understanding of and commitment to day services modernisation from those who hold budgets, including elected officials in local authorities, and those at director level in commissioning and provider organisations is critical to seeing through service change in the face of resistance
- be clear what is being proposed. Often the uncertainty and lack of clarity cause as much anxiety as the proposals. But also be clear and transparent about what you don't know
- help people to visualise the modernised services. There is often an acute sense of loss among staff and people who use services that are facing restructuring. This can be mitigated by giving a clear sense of the reality of, and gains inherent in, the new model for service delivery
- talk to others who have been there. Facilitating people who use services and their staff to meet with their peers in services that have already been through a re-structuring process can be very beneficial, as can visiting modernised services to see how they operate.

## Involving people

Involving people is another key factor in overcoming resistance to change, and it also increases the chances of the resulting services effectively delivering their aims. The review suggests a number of strategies for this, which should be considered in conjunction with the wider literature on involving people in service design, planning and review:

- seek to engage and get the views of people with mental health needs who are not currently using day services. They may have quite a different perspective on current services and what is needed. Care co-ordinators and primary care mental health teams may be able to facilitate this
- identify groups within the local population who are currently under-represented in day services (eg. women, young people, people from black and minority ethnic (BME) communities), and ensure they are involved
- be clear what the parameters of any consultation are and what aspects are not negotiable. This is important, because there are often a significant number of people who would like to see traditional day services stay exactly as they are
- see involvement and consultation as an ongoing process rather than a one-off event, and begin at an early stage
- provide support and training for people who become heavily involved in the process, as they may experience a negative reaction from other people who use services
- consider using a 'neutral' individual or organisation, such as a user involvement or advocacy service, to aid involvement, to maximise the independence and responsiveness of the involvement process.



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### Brighton and Hove

Following the production of proposals for restructuring day services and significant resistance from some people who used the services, commissioners in Brighton and Hove decided a different approach was needed.

As a result, in March 2007 two local voluntary sector organisations were commissioned to facilitate a group of people who used the services to develop a set of alternative proposals for the future of day services in the city.

Key factors in maximising the chances of success for this user-led process were:

- a clear remit and parameters for the work, including guiding principles, key functions and financial limitations
- a clear statement that there were no restrictions to the service model and delivery solutions that could be proposed
- provision of a budget so that people could be paid for their involvement
- a steering group to support and manage the process
- a direct reporting line to the lead commissioner
- people involved in the process being prepared to go out and discuss the final proposals with other people who may use services.

A draft report was presented to the commissioners by September 2007. It reflected the input of over 50 people who used the services who had attended the weekly meetings set up to develop the proposals, and hundreds of others who had been consulted through questionnaires and meetings.

While it is too early to say how the new proposals will be received, there is confidence that the process will have created greater ownership of them by people using the services.

### Identifying a model

As the commissioning guidance states, 'one approach will not fit all' (Department of Health, 2006a) when it comes to modernising mental health day services. As such, there is no one 'right' model for provision; rather, the commissioning guidance offers a set of principles and elements that can be incorporated, depending on local circumstances. It is crucial that the local needs profile, history of services and context of current provision are considered when identifying a suitable model and process for restructuring. The model adopted may, for example, be influenced by the way in which community mental health teams operate in the area or by whether existing provision includes day hospital or sheltered employment settings.

Commissioners should also consider the extent to which it is their role to define the model for service provision. There has been a recent shift towards outcome-based commissioning in health and social care services, and this provides an opportunity for commissioners to base their service specifications on outcomes to be achieved, rather than on a model of delivery. This approach leaves the responsibility for developing effective approaches to service delivery with provider organisations. The Day Services Outcome Indicators Framework recently developed by the National Social Inclusion Programme (NSIP, 2007) may prove a useful tool in this process.

### To tender or not to tender?

The local situation and the models or approaches chosen will be important factors in deciding whether or not day services should be put out to tender. Some of the issues to consider in determining whether the benefits will justify the change are:

- is there a need for diversification or rationalisation of provision? Are there too many or too few providers in the area?
- are the right type of organisations delivering day services? This is a question worth considering, taking into account the principles and working models of the proposed services
- are the existing day service providers willing and able to modernise their services?
- will putting the services out to tender result in a service that meets the needs of, and delivers outcomes for service users more effectively?
- will putting the services out to tender lead to other necessary improvements in service delivery, such as a greater diversity of people accessing the service?

When new service specifications are agreed with providers – whether there has been a tendering process or not – it is crucial that they are accompanied by robust performance monitoring systems, including the monitoring of outcomes. These have often been lacking in the management of day service contracts. This means that

## East Surrey

In 2004, the majority of mental health day and employment services in Eastern Surrey were being run by the local NHS trust. Although the services were valued by some, there was a lack of individual support, some groups in the local population were under-represented, and the services rarely enabled people to obtain paid employment or mainstream community involvement.

A review of current provision led to the decision to run a tender process to look for providers for employment and 'community connections' services, in line with newly-developed service specifications.

There are now much clearer expectations of employment and community connections services in Eastern Surrey, against which they are being regularly monitored, including a condition of contract that they work closely with all providers in the area. Two work projects in the area (Travel Matters Ltd and Netherne Print Ltd), which were formerly run from within the NHS, have now become independent companies and social firms. The change process has increased the accessibility of all services to a wider range of people with mental health needs.

Some of the keys to effectively managing this complex restructuring and tendering process were:

- appointing an independent project manager to manage the process, giving dedicated time, flexibility and specialist support and expertise to the process
- a joint commissioning approach involving the local authority and primary care trust
- a collaborative approach between commissioners, the NHS trust and existing and newly contracted voluntary sector providers
- gaining agreement for the proposals from the Local Authorities Procurement Review Group, the Health Scrutiny Committee and from the PCT and NHS trust boards
- involvement of people using the services. Although greater representation would have improved the process further, this involvement from the outset and throughout the process, including designing the written documents for consultation, was invaluable
- clearly distinguishing the roles and expectations of the new services by using three service specifications: supported employment, community connections and vocational training and development
- having all key decision-makers meeting regularly and people being prepared to take difficult decisions at critical times
- funding to manage the transitional period as services are transferred to new providers, and commitment to maintain the current level of investment in day and employment services.

This type of service transformation is currently being written into a new Handbook for Commissioners, which will be available from the Sainsbury Centre for Mental Health ([www.scmh.org.uk](http://www.scmh.org.uk)) in 2008.



providers can be held to account, that the modernisation process is more likely to succeed, and that the outcomes achieved can be demonstrated.

## Direct payments

Direct payments and individual budgets could have a substantial role in supplementing day services provision. Certainly several of the key functions of day services and aims of social inclusion can be well met by the use of direct payments to fund community based activities, either individually or collaboratively.

Direct payments must be made available to all those eligible for them, as an option for meeting social care needs (Department of Health, 2006c); whether this option is taken is the choice of the individual. As a result, levels of uptake can be difficult to predict. However, the potential shift of financial resources to direct payments does have implications for commissioners and providers, who will both be keen to ensure that this is done in a way that does not place an unreasonable level of financial risk on either party.

All localities restructuring their day services therefore need to take into account probable future take-up of direct payments to fund community-based opportunities. This is



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likely to include making an informed estimate of potential uptake throughout the contract period. There may be a need for a review, and flexibility may need to be built into the process to reflect actual uptake, but uncertainty about take-up should not be used to justify awarding short-term contracts, which can obstruct diversification to smaller and voluntary sector providers.

### Conclusions

The day services review has found that, while the commissioning guidance is being widely acted on, implementation is usually slow and difficult, resistance is common, and many feel isolated in undertaking the process. As a result, day service modernisation remains a work in progress, and there is an ongoing need for support for commissioners and providers engaged in this process, to help them manage the common issues and barriers. To help address this, NSIP is taking a national leadership role, and providing a range of resources and connecting people through a day services and community enterprise network for providers, and an innovation in commissioning network for commissioners.

Despite the challenges of the process, the review found that effective restructuring of day services is achievable, and

that redesigned services achieved increased accessibility and reduced segregation and, crucially, improved outcomes for people using the services. Aims must be achievable, and the modernization process must be thoughtful and collaborative if day services are to fulfill their substantial potential to facilitate greater social inclusion and self-determination for people with mental health needs.

### References

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**For further information on NSIP's day services modernisation work or any other area of the programme please visit [www.socialinclusion.org.uk](http://www.socialinclusion.org.uk). The review *From segregation to inclusion: where are we now?* Can be downloaded from this site.**

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