

Where are you at?

A benchmark for modernising mental health day services

What is benchmarking?

There are numerous definitions of benchmarking, but essentially it involves learning, sharing information and adopting best practices to bring about step changes in performance. So, at its simplest, benchmarking means: **improving ourselves by learning from others.**

Where are all these benchmark statements from?

All of the following statements are drawn from **Day Service Commissioning Guidance: From Segregation to Inclusion (2006)**. This guidance forms the basis for the decisions made concerning the refocusing and re-provisioning of day services.

Who should use this benchmark?

This benchmark can be used by anyone involved in the funding, provision or use of mental health day services, from commissioners to front-line paid staff and those who use the service(s).

How do you use it?

To help you see where you are it may be useful to adopt the following method. When you read a section try to think about if those benchmarks are regularly translated into action in your service. You can then begin to make responses using the following key:

YD – Yes Definitely

YAB – Yes A Bit

NP – Not Particularly

NAA – Not At All

N/A – Not Appropriate

*The key to benchmarking your service(s) is **honest reflection and discussion**. It is useful to ask 'how' you fulfil a certain benchmark and whether you have room for further improvement. Attaching an exact score to a standard is less important than thinking about the implications of the standard for your service(s)*

What do you mean by....?

The major problem in comparing bits of your service(s) to a statement is that there will be a range of interpretations about what the statement might mean or imply. Five people in a benchmarking team may interpret a statement in 3 different ways and will need to discuss and come to a consensus about what the benchmark is getting at. Good benchmarking should at times be difficult and reflective if genuine positive change is to be its end product.

Note about the language used in the benchmark statements: All of the statements have been taken directly from the Commissioning Guidance in order that there is a direct 'fit' and transparency between commissioners and providers. In places where the language may be unclear we have provided a clarification in *(brackets and in italic)*.

Where do we go from here?

At the end of this document is a list of resources that will help you to think further about your service improvement.

1. Recovery

	1.1 Our service increases access to confiding and hope-inspiring relationships for clients, tailored to individual needs and preferences.	
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	1.2a Our service assists clients to identify existing roles relationships and activities that they value	
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	1.2b Our service assists clients to maintain their confidence that they will be able to continue these despite their problems	
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	1.2c Our service assists clients to identify the support they will need to do this	
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	1.3 Our service assists clients to identify individual aspirations and interests	
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	1.4 Our service seeks to inspire hope and raise expectations	
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	1.5 Our service seeks to increase self belief and self worth	
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2. Community Participation

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| 2.1 | Much of our service is provided in community locations that are as non-stigmatising as possible. This provides opportunities for people, to meet in mainstream settings and to extend their social networks to include people outside the mental health system | |
| 2.2 | Our staff is aware of the importance of clients maintaining existing roles, relationships and activities in a period of ill-health: <ul style="list-style-type: none"> • friendships, • family relationships, • social and leisure activities, • accommodation, • work • education. | |
| 2.3 | We assist people to resume existing roles, relationships and activities after a period of hospitalisation/acute illness, and enable people to use mainstream support services wherever possible. | |
| 2.4 | Our service enables and supports people to use mainstream community activities and facilities in line with their interests and aspirations. | |
| 2.5 | Our service can provide flexible 1:1 support at times appropriate to the activity in which the person is engaged – including at weekends evenings. | |
| 2.6 | Our service identifies other people, without mental health problems engaged in the activity, as 'mentors' to support our clients. | |
| 2.7 | Our service pays attention to enabling people to integrate into, and form relationships with others, in mainstream settings. | |
| 2.8 | Most of our group activities are located in mainstream settings (colleges, sports centres etc.) | |
| 2.9 | Our service encourages and enables Users/ex-users to run groups within mainstream facilities for people with mental health problems | |
| 2.10 | Our service encourages and enables Users/ex-users run services to support people to access mainstream activities and facilities. | |
| 2.11 | Our service encourages and enables Users/ex-users provide practical support to help people maintain their community tenure (shopping, cooking, cleaning, management of finances etc.) | |

3. Social Isolation

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| 3.1 | Our Service is available during evenings and weekends and provide opportunities for clients to meet and form relationships with other clients and increase size of their social network. | |
| 3.2 | Our Service provides in-reach into inpatient wards and sheltered accommodation. | |
| 3.3 | Our Service offers support to the individual to resume contact with relatives and friends. | |
| 3.4 | Our Service helps family and friends to understand what has happened and how to accommodate any on-going problems the person might have. | |

4. Choice and Self Determination

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| 4.1 | Our service provides open access | |
| 4.2 | Our service provides drop-in | |
| 4.3 | Our service provides self-referral opportunities | |
| 4.4 | Our service provides opportunities for clients to access relationships with people and communities of their own choosing in a range of settings | |
| 4.5 | Our service provides a choice of different forms of support and help | |
| 4.6 | Our service enables and supports people to determine for themselves which existing roles, relationships and activities they value and wish to retain/resume | |

	4.7 Our service enables and supports people to decide what sort of help/support they need and would find most acceptable	
	4.8 Our service enables and supports people to access Direct Payments where appropriate	
	4.9 Our service enables and supports people to self-manage continuing cognitive and emotional problems and treatment to minimize the negative impact that these have on valued activities (<i>supports self management of mental health problems to allow involvement in valued activities</i>)	

5. Diverse People

	5.1 Our Service is located and provided in ways that make them accessible and sensitive to; <ul style="list-style-type: none"> • age, • gender, • ethnicity (including BME communities), • religion, • sexuality • disability. 	
	5.2 Our Service Provide opportunities tailored to the specific needs of; <ul style="list-style-type: none"> • BME communities, • women, • younger people, • older people, • disabled people, • religious groups • sexuality. 	
	5.3 Our Service ensures that the voice of service users who experience multiple-discrimination on the basis of; <ul style="list-style-type: none"> • ethnicity, • age, • religion, • sexuality, • gender or • disability is heard and heeded in the planning and delivery of services.	

6. Meeting A Range of Needs

	6.1 Our Service targets those who are most socially isolated in the context of promoting independence, and provides opportunities for social contact within client's own homes (someone to visit people who find it difficult to go out)	
	6.2 Our Service provides support to travel to and engage in social settings	
	6.3 Our Service provides an environment that is tolerant of people who may behave in unusual ways	
	6.4 Our Service provides meals/help with day to day activities	
	6.5 Our Service provides help to develop the skills and competencies necessary to form relationships with others	
	6.6 Our Service provides support available without limit of time	
	6.7 Our Service is targeted to the needs of all groups of people. For example, people with first episode psychosis so that they receive help to maintain/resume existing roles, relationships and activities, or people on enhanced care plans to ensure that care plans include assessment of social and leisure needs and actions to maintain these.	
	6.8 Our Service is concerned that all care plans include assessment of existing roles, relationships and mainstream activities and actions to maintain these.	
	6.9 Our Service provides in-reach into inpatient wards, rehabilitation units, and sheltered/supported accommodation	

	6.10 Our Service supports the client and community providers of mainstream occupational activity and community organisations for as long as necessary (no time limit)	
	6.11 Our Service provides support for community providers to enable them to understand and make any adjustments to accommodate people with more serious problems	
7. Users Leading and Providing Services		
	7.1 Our Service enables users help to define and determine what social opportunities are provided: what, where, when and how	
	7.2 Our Service facilitates people with common interests/aspirations and enabling them to come together and support each other in their chosen activities	
	7.3 Our Service facilitates 'buddy' systems within which one service user helps another to access activities and facilities of their choice	
	7.4 Our Service promotes contact with, and support from, people with mental health problems who have successfully resumed their previous roles relationships and activities e.g. via mentorship systems, self-help groups or peer support	
	7.5 We empower those service users/ex-users who would like to take control of their own services or aspects of a service run by another provider	
	7.6 We provide training and support to users/user organisations to develop the skills to run their own services	
	7.7 We work with existing providers to increase their confidence that people with mental health problems are capable of running services	
	7.8 We commission Users/ex-users to provide training to mental health professionals working in these services.	
	7.9 We promote users/ex-users to receive support and practical help in management of the service (support may come from outside mental health services)	
	7.10 We promote users/ex-users to provide practical support to help people maintain their community tenure (shopping, cooking, cleaning, management of finances etc.)	
	7.11 We support users/ex-users to provide services where people with mental health problems can meet for company and mutual support	
	7.12 We support users/ex-users responsibility for management of the service and its financial resources	
	7.13 We support users/ex-users of the service to make the transition to become providers of the service	
	7.14 We support users/ex-users to run advocacy services	
	7.15 We support people who are more disabled by their mental health problems to take a greater role in running their own services (similar to the personal assistants who can assist people with physical impairments)	
	7.16 We have arrangements in place to accommodate periods when a person may not be able to contribute to the running of services (e.g. job share/cover arrangements)	
	7.17 We support User/ex-user run services that are run on a co-operative basis by those who use them	
8. Meeting the Needs of Carers		
	8.1 We support relatives and friends in maintaining contact with clients.	
	8.2 We support relationships between the clients and their family.	

8.3 We support relatives and friends involved in supporting the person to maintain mainstream activities and provided the support they need to do this.

Resources

- **Redesigning Mental Health Day Services - A Modernisation Toolkit for London.** You can download a PDF version of this document from the Mental Health Foundation website www.mentalheath.org.uk or to order a (free) hard copy, contact Dawn Fleming at the London Development Centre on 020 7307 2450 or email dawn.fleming@londondevelopmentcentre.org
- **Working for Inclusion** (SCMH 2002). A publication (£25) providing a range of examples of good practice in mental health and social inclusion. Can be ordered from the Sainsbury Centre for Mental Health website www.scmh.org.uk
- **NIMHE: NIMHE's online Knowledge Community** is a shared space where people can exchange knowledge, information and experiences. Go to www.kc.nimhe.org.uk and search under 'day services'. NIMHE's 8 Development Centres around England are there to assist you with your plans. www.nimhe.csip.org.uk
- **Modernising Day Services-A Checklist For Providers Wanting To Bring About Change** is a companion document to this benchmarking list that provides some further themes and questions to assist with your change processes. Available in two versions, for commissioners and providers, from Mike.Murkin@nimhe.wmids.nhs.uk
- **Kaizen: A Service Improvement Tool** provides a methodology to address the gaps identified following the use of the benchmarking tool. Available from the NIMHE KC group Day Services / Community Opportunities
- **Core Values Document** developed by the Day service/community opportunities network. Available from the NIMHE KC group Day Services / Community Opportunities
- **The Web** is a Life Domain base device that can help people to map their lives in relation to the things they do and those they know. This web log links those interested in using this visual tool. <http://uk.groups.yahoo.com/group/TheSocialInclusionWebGroup/>
- **Improvement Leaders' Guides:** One of the huge successes of the Modernisation Agency over the last four years has been The Improvement Leaders' Guides. These have proved extremely popular, representing the best in NHS improvement practice as we understand it today, they have been distributed in their thousands throughout the NHS and are in demand more now than ever. As part of a legacy to the Agency, The Improvement Leaders' Guides have been fully updated. Regrouped and repackaged with 4 new titles, these 13 guides are available as a boxed set by calling Prolog on 08701 555 455 and quoting ref: MAILG052 / Improvement Leaders' Guides <http://www.wise.nhs.uk/cmswise/tools+and+techniques/ILG/ILG.htm>
- **Strategic Direction for Adult Mental Health Day Services – Leicester City, Leicestershire and Rutland Adult Mental Health services:** This paper sets out the proposed guiding principles for the development of adult day services in Leicester City, Leicestershire and Rutland. These principles are intended to serve as the framework for more detailed proposals, which will be developed with the intention to begin implementation early in 2006. <http://www.lampdirect.org.uk/publications/DSreviewstrategicdirection.pdf>
- **Learning from Experience: Innovation mapping can ensure good practice is shared so that projects can learn from each other:** Innovation mapping is a way of producing a kind of Which guide to who is doing what in particular fields of mental health practice. <http://www.ndt.org.uk/docsN/innovation.pdf>