

**MODERNISING DAY SERVICES-A CHECKLIST FOR COMMISSIONERS**  
**WANTING TO BRING ABOUT CHANGE**

**Government and good practice guidance**

**Key principals for refocusing day services:**

1. Promotion of recovery
2. Focus on community participation
3. Reduction in social isolation
4. Provision of opportunities for peer support and user run services
5. Maximise choice and self determination
6. More appropriately meet the needs of diverse groups
7. Improve accessibility to people needing higher levels of support on an ongoing basis
8. Involvement of users and carers in designing and developing services (including those who don't use them!)
9. Increase the diversity of providers (voluntary and independent sector)
10. Improve cross sector working (e.g. faith communities, ethnic minority groups, libraries, employers, colleges, sport and leisure).

**Key functions of day services:**

1. Provide opportunities for social contact and support
2. Support people to retain existing roles-retaining roles is much easier than regaining
3. Support people to access new roles, relationships and mainstream social/leisure opportunities of their choosing
4. Provide opportunities for people with mental health problems to run their own services.

**Transforming services requires fundamental changes in:**

1. Structure
2. Location
3. Providers
4. Skill mix
5. Range of services

**Anticipated outcomes for services:**

1. An increasing range of providers
2. An increasing number of user/ex user run services
3. Wider use of additional funding sources
4. A change in the balance from social and leisure to vocational
5. Disinvestment in potentially costly buildings with more outreach support and support in mainstream settings
6. A move from group based to individualised support.

**How do you know if you are commissioning to meet the above aspirations?**

**Key questions**

**Key principals for refocusing day services:**

**1. Promotion of recovery**

- Do you ensure day services have individual care plans?
- If so do they contain clear outcomes with regards to recovery?
- Have they defined care pathways?
- Do you build in requirements for individual goals/outcomes to be regularly reviewed?
- Does the service have a realistic but flexible risk management policy?

**2. Focus on community participation**

- Does the service promote inclusion or exclusion?
- Do you specify the need for people to access community based activities?
- Are you seeking an emphasis on community-based activities?

**3. Reduction in social isolation**

- Do you require measurement of the improvement in people's social networks outside of the mental health system? Do you specify the use of particular tools to measure this?

**4. Provision of opportunities for peer support and user run services**

- Have you specified the need for user led activities/provision?
- What kind of provision are you seeking?
- How will you encourage/pay for such development?

**5. Maximise choice and self determination**

- Have you promoted the use of direct payments to enable service users to purchase the services they need?
- Have your plans expanded the choices available to people?

**6. More appropriately meet the needs of diverse groups**

- Do you have services that appropriately meet specific needs related to age, gender, ethnicity, religion, sexuality and disability?
- Are these services being provided by the most appropriate people in the most appropriate place?
- Is separate focussed provision required?
- Have you followed specific commissioning guidance?

**7. Improve accessibility to people needing higher levels of support on an ongoing basis**

- Are you providing for the needs of identified people who require more intensive levels of support? How? Are the right people providing it in the right place?

Do the services you provide to this group of people still promote a recovery model?

Are services accessible to people with physical disabilities?

How do your services engage people who find it difficult to take the first step?

**8. Involvement of users and carers in designing and developing services (including those who don't use them!)**

How are you ensuring user involvement in decision-making and the design and development of services?

How are you ensuring carer involvement in decision-making and the design and development of services?

When you commission services how are you getting feedback and influence from those who have considered what has previously been provided and don't make use of it? How are services capturing this information on an ongoing basis?

**9. Increase the diversity of providers (voluntary and independent sector)**

Do you know who else provides services in your area? (Including services that aren't commissioned).

How do you encourage a wider range of providers?

How do you find the money to promote a wider range of provision?

How do you challenge others who are failing in their responsibility to be providing access to alternative opportunities?

**10. Improve cross sector working (e.g. faith communities, ethnic minority groups, libraries, employers, colleges, sport and leisure).**

Who are your local stakeholders? Who are the key individuals?

How are you engaging with others who may provide services both in and outside of the traditional mental health system?

Have you a local commissioning or strategic forum? Is the membership sufficiently wide enough?

How do you influence the practice of others?

**Key functions of day services:**

**1. Provide opportunities for social contact and support**

Do your services provide opportunities for social contact and support?

Do these opportunities encourage peer support?

Can people access this support easily by 'dropping in' when needed?

Is support available outside of Monday to Friday 9 to 5?

Do you know when people want such support?

**2. Support people to retain existing roles-retaining roles is much easier than regaining**

Do day services get involved at too late a stage to effectively help people?

How might you influence them to get involved at an earlier point of contact?

What support do people need?

Do your day services inadvertently 'take people away from potential sources of support' and then spend time trying to re-engage them?

**3. Support people to access new roles, relationships and mainstream social/leisure opportunities of their choosing**

Are services doing this?

Are the right people providing this support?

Is there sufficient emphasis given to this? How might you ensure this happens? Do your commissioning outcomes reflect this aim?

Are there restrictions to working offsite?

**4. Provide opportunities for people with mental health problems to run their own services.**

What services are currently user run?

How might you encourage this further?

**Transforming services requires fundamental changes in:**

**1. Structure**

Have you got a 'day services plan/model' for your particular area?

If not how might you develop one? Who needs to be involved?

How do you map what currently exists? What other scoping exercises do you need to do?

How does the interface work with other aspects of service provision i.e. day hospitals, in patient services, community teams?

Are you clear as to what you should be commissioning? If not how do you find out?

Are you requiring information on the right outcomes?

Are users and their needs at the centre of the service model you have established or does it revolve around services provided?

Can people easily access help or do they need to 'become ill' to get to benefit from what is available?

Are there ways in which service users can self refer into services?

If embarking on significant change are you clear where you want to get to and the process of change?

**2. Location**

Are your building costs or staffing requirements holding you back?

Is the building suitable? Does it promote a sense of recovery?

Is your location stigmatising?

Are your services provided in the most appropriate and accessible local setting?

What you do better in providing the majority of your services in a non-building based service?

Are there appropriate or logistical reasons that suggest providers should stay where they are? How might you ensure they encourage other non-mental health providers to 'move in with them' and break down the segregation of services? Could the building be shared or used at other times during the week?

### **3. Providers**

Are the right people providing the services you want?

Who might better provide it?

If you want to change who provides services how do you do this?

How do you encourage others to provide services?

### **4. Skill mix**

Have you got the right people to do what is needed?

Are the staff you are purchasing cost effective and able to be flexible in the roles they do and the hours they work? Could others at a lower cost or in a better way provide services?

What experience and competencies do you need for workers?

Are employment opportunities in your service open to service users?

Do workers need additional training?

Do you need to specify training or qualifications required?

Is training needed for staff to work more on their own in community settings?

Have you considered the need for community bridge builders, employment support workers, community development workers, and support time and recovery workers?

### **5. Range of services**

How did you decide what services to provide?

How do you know if its what people need or want?

## **Anticipated outcomes for services:**

### **1. An increasing range of providers**

Is there sufficient variety in providers?

Are you meeting the needs of diverse groups?

### **2. An increasing number of user/ex user run services**

Have you seen an increase in such provision?

If not are there obstacles stopping it happening?

### **3. Wider use of additional funding sources**

Have you got the financial resources you need?

What might you do to get more money or use existing resources in more innovative and creative ways?

How will you ensure you don't 'lose' any savings you make in the process of changing your services?

Are there other sources of finance?

Have you explored the impact of direct payments?

Have you ensured that those who use services have the assistance they need to maximise their benefits or income?

### **4. A change in the balance from social and leisure to vocational**

Have you got the balance right?

Have you established appropriate pathways into work opportunities?

Do you have the right people in post to enable this to happen?

Are there links into educational and voluntary work opportunities as an alternative to paid work?

**5. Disinvestment in potentially costly buildings with more outreach support and support in mainstream settings**

Have you established that the balance between building based provision and non-buildings based support is right?

Have you ensured money saved from buildings is 'ring fenced' for day service provision?

How do you move from a buildings based service to more flexible provision?

**6. A move from group based to individualised support**

Where groups are run have you reviewed the purpose of these groups and whether they are best provided by you?

Do those attending groups have individual care plans indicating the need for such provision?

Mike Murkin  
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