

From segregation to inclusion: where are we now?

A review of progress towards the
implementation of the mental health day
services commissioning guidance

January 2008



DH INFORMATION READER BOX

Policy	Estates HR / Workforce Management Planning / Clinical	Commissioning IM & T Finance Social Care / Partnership Working
Document Purpose	For Information	
ROCR Ref:	Gateway Ref:	9179
Title	From Segregation to Inclusion: Where are we now? A Review of Progress towards the Implementation of the Mental Health Day Services Commissioning Guidance	
Author	National Social Inclusion Programme	
Publication Date	24th January, 2008	
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Local Authority CEs, Directors of Adult SSs, Commissioners	
Circulation List	Voluntary Organisations/NDPBs	
Description	Review of progress made on the modernisation of Day Services for people with mental health problems	
Cross Ref	'From Segregation to Inclusion: Commissioning guidance on day services for people with mental health problems' 'Supporting Women into the Mainstream'	
Superseded Docs	n/a	
Action Required	n/a	
Timing	n/a	
Contact Details	Ben Taylor National Social Inclusion Programme 11-13 Cavendish Square London W1G 0AN 0207 307 2448 www.socialinclusion.org.uk	
For Recipient's Use		

Foreword



Much activity has occurred in day services since the publication of 'From segregation to inclusion: Commissioning guidance on day services for people with mental health problems' over eighteen months ago. Across the country services are being reviewed, providers and commissioners are working to develop modernised services and more people who use services are getting involved in the way they are delivered.

However, the modernisation process is not a simple or a rapid one. This review examines how far implementation of the guidance has progressed, discusses some of the common issues in restructuring services and shows how a range of services have approached the challenges. In doing so it offers a valuable resource to commissioners and providers.

Day services remain an essential part of the social inclusion agenda with an important role in breaking down the barriers experienced by people with mental health problems. They can provide individualised support to enable people to fulfil their aspirations, help create links to the wider community and facilitate valuable peer support. They can enable people to take steps towards mainstream opportunities and away from a reliance on mental health services.

If day services are to fulfil their potential in effectively meeting the diverse needs of people with mental health problems, then the process of modernisation needs to continue. The process is a challenging one, but one which is essential to the social inclusion of people with mental health problems.

A handwritten signature in teal ink that reads "Ivan Lewis". The signature is fluid and cursive, with a large loop at the end of the name.

Ivan Lewis

Parliamentary Under Secretary of State for Care Services

Contents

Foreword	1
Executive summary	3
Introduction	6
Review process and methodology	7
Service mapping: an overview of where we are now	9
The restructuring process	15
Modernised services	28
Discussion of terminology and service models	43
Conclusions	45
References	46
Acknowledgements	48
Appendices	49

Executive summary

In February 2006 'From segregation to inclusion: Commissioning guidance on day services for people with mental health problems'¹ was published to assist commissioners undertaking day services modernisation. Eighteen months after its publication this review used a questionnaire, service visits and interviews with commissioners to chart progress towards modernised inclusive day services through implementation of the commissioning guidance. It also identifies common issues, examples of good practice and lessons that can be learned, both in the process of restructuring and in the delivery of modernised services.

Main findings – where are we now?

- There is a widespread acceptance of the need for change in mental health day services with progress, including service reviews, modernisation of existing services and the development of new service specifications, having taken place in the majority of localities.
- In the majority of localities the commissioning guidance to transform day services has been 'partly implemented'. This suggests that modernisation is neither a quick nor an easy process.

Restructuring process

The review highlighted a number of common issues in transforming mental health day services and possible approaches to addressing them:

- **Resistance to change** – Anxiety about change is common amongst people who use services but resistance can also come from day services staff and provider organisations. However there are ways to manage and overcome this. **Involving a wide range of people** using a range of approaches, strong leadership, providing clarity and hearing from others are all valuable.
- When **identifying a model** for day services, it is crucial that the local need profile, history of services and context of current provision are considered. This analysis and the model chosen will be key factors in deciding whether to **put services out to tender**, as will a judgment as to whether tendering will be justified by improvements in service delivery and outcomes for people using services.

¹ Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems*

- **Funding issues** frequently arose during the review. In some instances they were cited as a reason for the implementation of changes having stalled, in others they were a driver for change. Reviewing the use of *all* day services investment in the locality helps ensure adequate resources are available to provide effective restructured services.
- **Direct Payments and individual budgets** have a potentially substantial role to play in supplementing day services provision. 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.
- Due to the isolation that many involved in modernising day services feel, there is a need to **support the process**. The National Social Inclusion Programme is addressing this by providing leadership and a range of day services resources, but support will be needed for the foreseeable future.

Modernised services

- The **location of services** was a common issue, with many services which remain building based considering how they can adjust their usage and become more socially inclusive within that context.
- There is a responsibility on day services to **meet the needs of the most vulnerable people** who may require a relatively high level of support on an ongoing basis and who may have had their vulnerability exacerbated by their past experiences of services. The provision of 'safe space', outreach, intensive or time unlimited support and social inclusion preparation could all be important in meeting that responsibility.
- Whilst many day services are now facilitating **community participation** through the provision of bridge building support, this work is not always well resourced or well executed.
- **User-run services** appear to remain relatively uncommon, despite the prominence they are given in the commissioning guidance. Therefore all day services restructuring processes should consider the development of peer support and user-run services as a key aspect of day service provision.
- **Diversity and addressing the needs of under-represented groups:** the review found this to be the element of day services provision that was least commonly in place in February 2006. However, plans to introduce or develop targeted services in the near future suggest that this gap in provision is being acknowledged.
- Day services have a different function to employment services, which means that the role of day services as a key element of the pathway to employment should be considered, as part of what **increasing the vocational focus** of day services should mean in practice.

- It has been a common criticism of day services that they often offer people the opportunity to select activities from a predetermined 'menu', rather than **providing individualised support**. How individualised support is provided is critical to the success of modernised services, given the way it underpins other aspects of day service provision. Person-centred approaches with a focus on **recovery** demand a high level of flexibility from staff and services, and for many services this requires a cultural as well as a procedural change.
- The restructuring of day services often leads to quite different expectations of **staff** in terms of skills and approach. Such changes can be challenging but organisations can help to enable staff to adjust. For example, by giving clarity as to what expectations are, providing space to reflect on changing roles and offering training in values and approach.

Terminology of modernised day services

The restructuring and modernisation of mental health day services has brought with it a range of terminology and ways of describing the support on offer. The concepts of 'recovery', 'social inclusion', 'community participation', 'bridge building' and 'peer support' feature widely. Day centres may be replaced by 'wellbeing centres' or 'recovery services' and staff roles include 'social inclusion workers' and 'recovery support workers'. Whilst terminology is important it is crucial that a change in language is matched by a change in approach.

Conclusions

This review has established that the commissioning guidance is being acted upon but the process of implementing it is usually slow and difficult, with resistance being a common feature. As a result, modernisation remains a work in progress, and with over £123 million being spent on day services² there is an ongoing need for both national leadership and practical support for commissioners and providers engaged in this process.

The role of people with mental health problems in both modernisation and service delivery frequently needs to be strengthened, as does collaboration with other mental health and mainstream service provision locally, in order to achieve a model that responds to the local needs.

Although difficult, the review demonstrates that day service modernisation is achievable and worthwhile. There is significant evidence of redesigned services achieving their aims in terms of increased accessibility, reduced segregation and, crucially, improved outcomes for people using the services. However, further research to demonstrate outcomes based effectiveness is needed.

² Total reported investment in working age adults day services (not including employment schemes) in 2006/07 (*Mental Health Strategies, 2007, The 2006/07 National Survey of Investment in Mental Health Services*)

Introduction

“Having ideas about where you want to go is one thing, doing it is another. It’s the transition, the work in progress; that is where the hard work lies.” (Provider)

The National Social Inclusion Programme (NSIP) coordinates the implementation of the action points set out in the report of the Social Exclusion Unit (SEU), *Mental Health and Social Exclusion*, launched in June 2004.³ The report provided a plan of action to reduce and remove the barriers to mainstream services, employment and community participation for those with mental health problems.

As part of the implementation the Department of Health published ‘From segregation to inclusion: Commissioning guidance on day services for people with mental health problems’⁴ designed to assist commissioners seeking to “transform day services into community resources that promote social inclusion”.⁵ The Department of Health also published ‘Supporting Women into the Mainstream’⁶ and both set out a vision for the future of day services which constituted a major departure from most existing provision.

This review considers progress towards modernised inclusive day services through implementation of the commissioning guidance eighteen months after publication. It also identifies common issues, examples of good practice and lessons that can be learned, both in the process of restructuring and in the delivery of modernised services.

³ Office of the Deputy Prime Minister, 2004, *Mental Health and Social Exclusion*

⁴ Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems*

⁵ Office of the Deputy Prime Minister, 2004, *Mental Health and Social Exclusion*

⁶ Department of Health, 2006b, *Supporting Women into the Mainstream: Commissioning Women-only Community Day Services*

Review process and methodology

In order to fulfil the aims of the review and provide a balanced picture, a range of approaches were used:

- A questionnaire to provide an overview of services and service change across the country.
- Visits to services identified at a local level as examples of good practice.
- Interviews with commissioners with experience of restructuring day services.

Questionnaire

The Mental Health Day Services Review Questionnaire⁷ was designed to be quick and easy to complete by commissioners and providers at a local level. It provides comparable data relating to both service change and service provision based on the subjective assessment of the respondent. However, whilst the assessments are not objective and depend on interpretation of the terminology used and how critical the respondent is, they are delivered by people involved in or close to delivery on the ground. This gives the assessments credibility and means they represent an important perspective on the modernisation process. An analysis of areas for which there was more than one return (for example one from a commissioner and one from a provider) found that although there were differences between the subjective views these were rarely substantial.

The questionnaire was sent out through a range of networks:

- The NSIP's Day Services and Bridge Building databases.
- Commissioning and Provider contacts of the Care Services Improvement Partnership (CSIP) Regional Development Centres.
- Voluntary sector provider networks.
- The National Mental Health Partnership Network.

In total 135 responses were received, some covering areas as large as Norfolk or Lincolnshire and others commenting on only one or two services in a small geographical area. In total these returns commented on 943 day services, although some services may have been included in more than one return.

⁷ See Appendix 1: *Mental Health Day Services Review Questionnaire Master*

Service visits

Through the questionnaire over 100 potential examples of good practice were identified by respondents. Telephone interviews and service visits took place with approximately 20 of these, ensuring a geographical spread. Priority was given to those that appeared to represent particularly interesting or innovative delivery, or where the service identified appeared to be undertaking an aspect of operating a modernised day service particularly well. Above all, they were services whose experiences other providers and commissioners could learn from.

Commissioner interviews

It became clear early on in the review that in many instances undertaking the modernisation process poses greater challenges than devising a new model for service delivery. In light of this, commissioners who were well progressed with restructuring day services, and therefore had successfully negotiated the process, or who identified aspects of their process as good practice were interviewed. This highlighted lessons that could be learned and indicators for effectiveness in day service restructuring.

Service mapping: an overview of where we are now

Whilst this review is not comprehensive, the questionnaire returns do cover 66% or 100 of England's 152 Primary Care Trust (PCT) areas and comment on between 50 and 185 day services in each of the nine regions. It therefore provides a valuable snapshot of day service provision in May–July 2007. Whilst it could be assumed that the returns are representative of the country as a whole, it is possible that localities which have not yet started to modernise services are less likely to be in contact with national networks and less likely to have completed a questionnaire.

The responses were all treated equally in the data analysis regardless of the number of services they were commenting on. As a result, some responses represent progress in a whole county and others in a town or borough. In addition, where a response indicated that an aspect of service delivery was present, this may mean that it is present in all the services in the locality, or just in one. On average the questionnaires covered seven services and where more than one response was given to a question they were all included within the analysis.

Figure 1: Number of questionnaire responses, by region

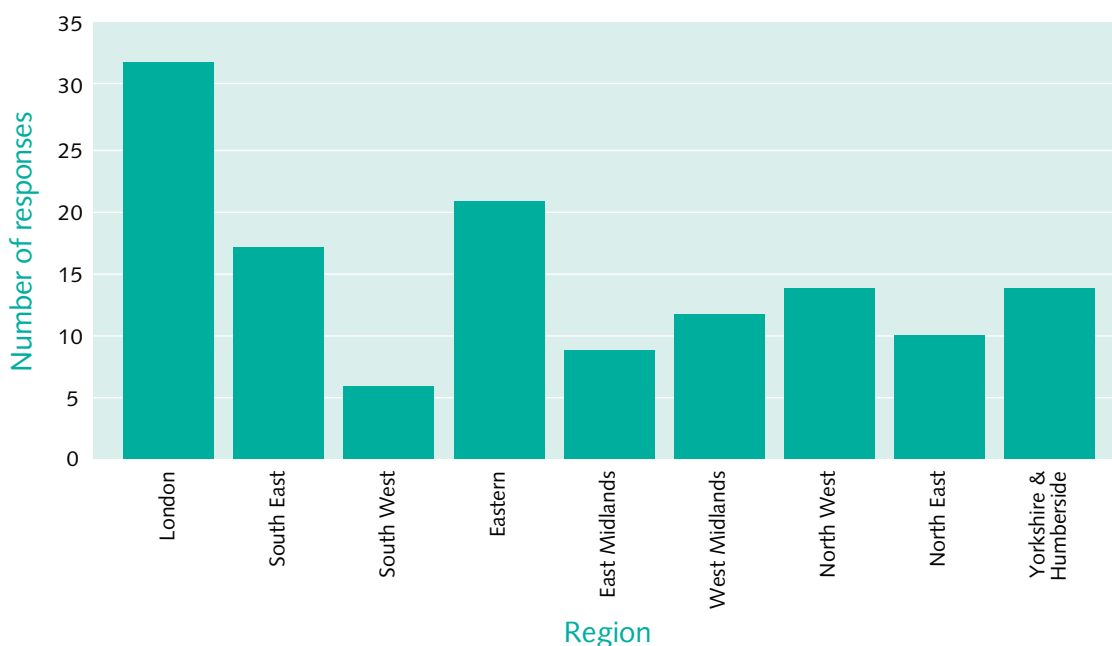
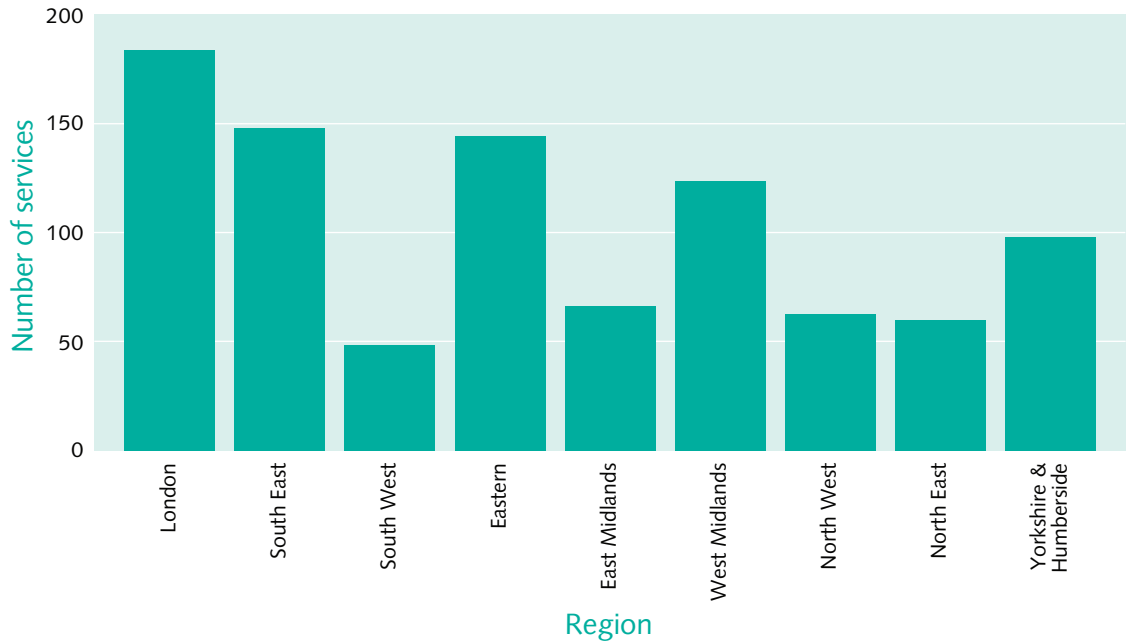
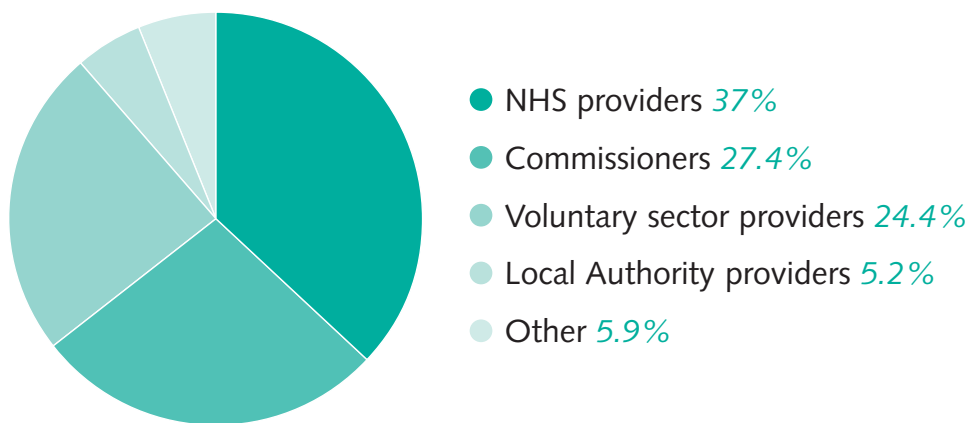


Figure 2: Number of services commented on, by region



The 135 questionnaire returns were received from a range of sources, predominantly commissioners and voluntary and statutory sector providers.

Figure 3: Percentage of questionnaire responses, by source



Service locations and providers

'From segregation to inclusion' commented that "day services often remain largely building based", and identified this as an obstacle to them focusing on supporting people to access opportunities within their communities. The guidance states that "a day service does not necessarily require a dedicated building or centre" and suggests that commissioners consider the possibility of "disinvesting in potentially costly buildings".⁸

This review found that, 18 months on from the publication of the guidance, 78% of day services are building based. Although this remains a high proportion, it does suggest a shift in the location of services. The review identified several examples of services moving out of a building and many of those services based in a centre now also incorporate community based activity.

Figure 4: Percentage of services commented on, by base/location

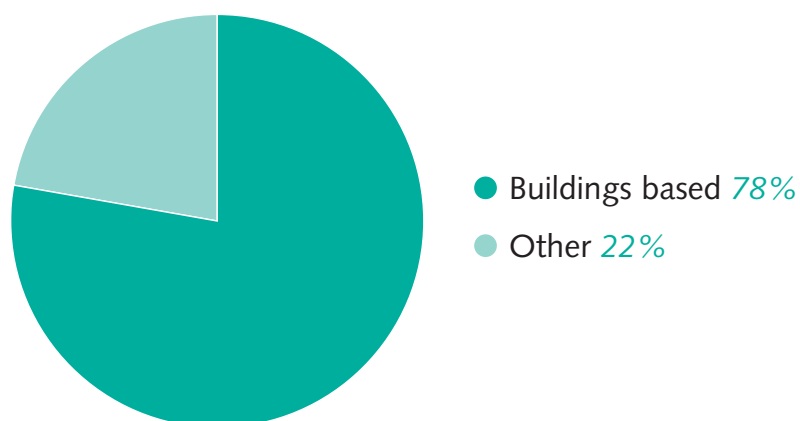
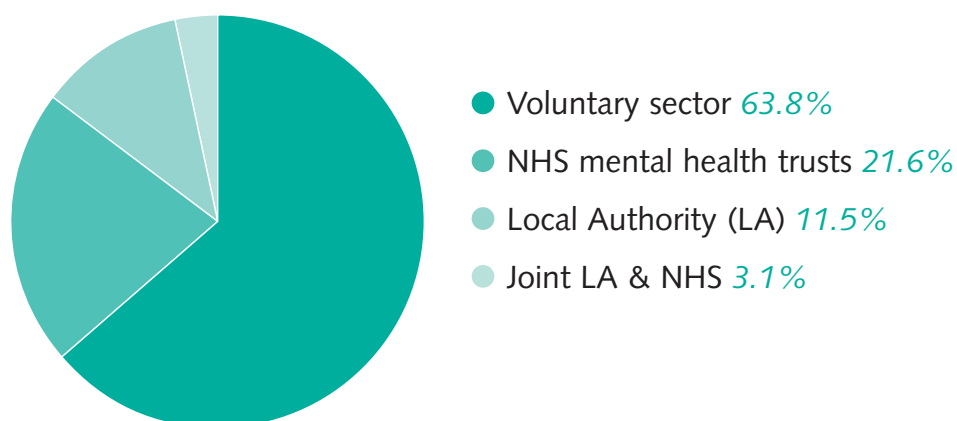


Figure 5: Percentage of services commented on, by provider



⁸ Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 16 & 17

As shown in figure 5, the majority of the services commented on were run by voluntary sector providers (64%), whilst the bulk of the statutory provision was run by mental health trusts. However, evidence from those services looked at in more detail suggests that the statutory sector day services tend to be larger and more well resourced in terms of staffing levels than those in the voluntary sector.

Change in day services February 2006 – July 2007

The commissioning guidance documents represent a call to action for commissioners of mental health day services to refocus and transform existing mental health day services. It is acknowledged that such fundamental changes “cannot be achieved immediately. They are likely to require a more gradual (although time limited) period of modernisation”.⁹ Eighteen months on from the publication of the guidance the review found the following progress has been made:

Table 1: Changes made since February 2006 in local areas

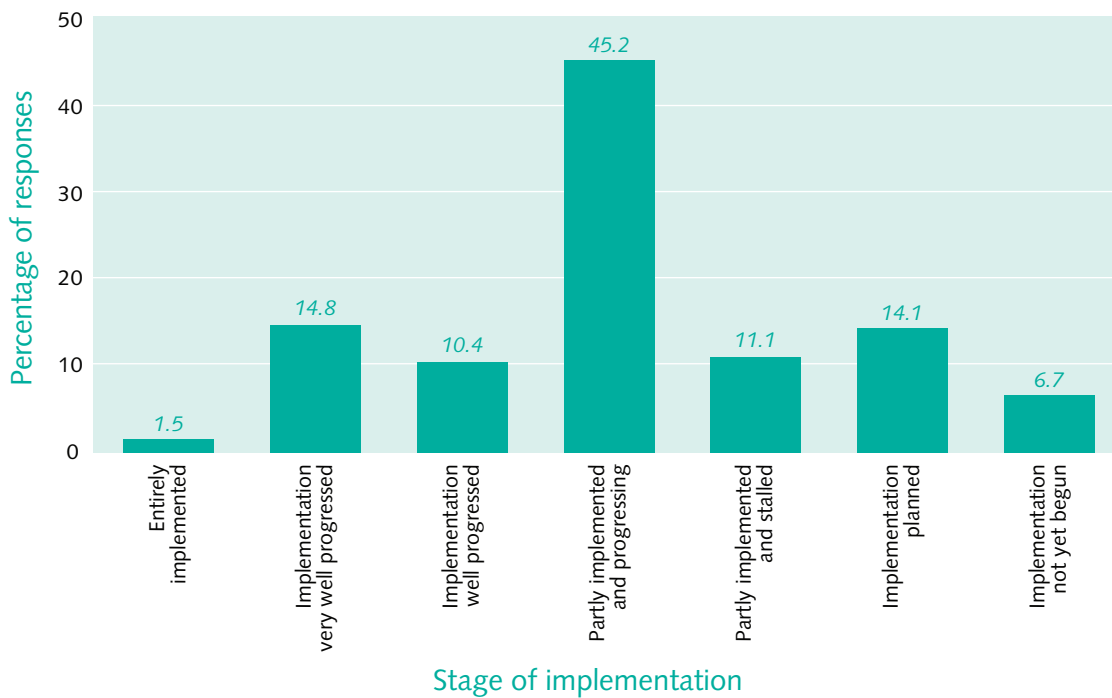
	Taken place	% of total	Due soon
Review of current service provision	114	84.4	3
Modernisation of services by existing providers	93	68.9	3
Development of revised service specification	69	51.1	9
Services put out to tender	22	16.3	15
New providers running services	23	17.0	7

These findings suggest that there is a widespread acceptance of the need for change in mental health day services. Elements of the change process such as a review of services, modernisation progress by existing providers and the revision of service specifications have each taken place in a majority of areas.

Also of significance is that over a quarter of responses indicated that day services had been, or shortly would be, put out to tender. In an area of service delivery which has commonly shown little change for many years, this represents significant movement. However, progress has not been uniform across the country with a third of the services which have already been put out to tender being in London, whilst in some regions only one response reported services being tendered.

Assessment of progress towards implementing the recommendations of the commissioning guidance to transform day services generated a wide range of responses with the largest proportion reporting that the guidance was 'partly implemented and progressing' in the local area. This could be a reflection that for many commissioners day services modernisation is one of a number of priorities and also an indication of the time that the modernisation process often takes. Only two responses recorded that the guidance was entirely implemented in their area and only nine that work had not yet begun. This shows that the guidance is being implemented, but it is not a quick or easy process. Indeed the significant proportion of areas which have seen progress in day services modernisation but still believe the guidance has only partly been implemented 18 months after publication is a telling indicator of the level of change needed and the difficulty of enacting it.

Figure 6: Assessment of progress towards implementing the commissioning guidance, by percentage of questionnaire responses



Elements of day services provision in place

The review questionnaire captured data regarding:

- (a) elements of day services provision that were in place in a locality before the publication of the commissioning guidance;
- (b) those which had been developed between publication (February 2006) and the time of the review (July 2007) and
- (c) those which were due to be developed in the future.¹⁰

Some of the key findings of this analysis were:

- The most common aspects of provision at the time of the review were 'vocational or skills development' (83%)¹¹ and 'open access drop-in' (80%), both features of many traditional day services.
- The least common aspects of provision at the time of the review were 'services open to the general public' and 'services targeted at under-represented groups' (each 44%).
- The most commonly developed elements since February 2006 were 'services in mainstream settings' (30%), 'person-centred planning' (30%) and 'individual bridge building support' (29%).
- The developments most commonly being planned for the future were 'services targeted at under-represented groups' (42%) and 'user-run services' (35%).
- Women-only day services were in place in 61% of areas at the time of the review, although their size and nature is not recorded.

This indicates that developments taking place since the publication of the commissioning guidance and being planned now are taking account of its proposals and responding to those aspects of provision that were previously under-developed in many services.

¹⁰ Full details of these findings can be found in Appendix 2: Questionnaire findings: Summary of elements of day services provision

¹¹ Percentages are of the total number of returns indicating this aspect of provision was in place or planned (as applicable)

The restructuring process

“We are probably not dissimilar from other areas in that day services are possibly our most controversial service locally.” (Commissioner)

Many mental health day services are well established and the process of transforming them can be a challenging one. The review highlighted a number of common issues and possible approaches to addressing them.

Overcoming resistance to change

A common theme emerging from the discussions about modernisation and restructuring of mental health day services was resistance to change. People who use services can be anxious and unhappy about proposed change to services which have offered them valuable support, sometimes over many years, but resistance can also come from day services 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. As a result of their significance to individuals 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 amongst people using the service and staff.

Several useful suggestions as to how to overcome resistance to change emerged from the review:

- **Gain support for change** – At the outset, get explicit support for change from provider organisations and people using the service by involving them in reviewing existing service provision to ensure it better meets people's needs. This includes ensuring all views and reservations are heard and acknowledged.
- **Ensure leadership from the top** – An understanding of and commitment to day services modernisation from those who hold financial responsibility, 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.

- **Keep people involved and informed** – People using the services, carers and providers should be involved throughout the process, giving an opportunity for them to understand the issues, influence the process and take ownership of the outcomes. This should include both face to face and written communication and recognition that consultation is a two way process.
- **Be clear as to what is being proposed** – Often the uncertainty and lack of clarity causes as much anxiety as the proposals. Address people's fears, but also be clear and transparent about what is not known.
- **Help people to visualise the modernised services** – There is often an acute sense of loss for staff and people using the service when changes are proposed. 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 the service and staff to meet with their peers in other services which have already been through a re-structuring process can be very beneficial, as can visiting modernised services to see how they operate.

Case study: restructuring day services in Brighton and Hove

Following the production of proposals regarding the restructuring of day services and the significant resistance from some people who used the services which greeted them, 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 using 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 potentially use the services.

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

Whilst 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.

For more information contact Simon Hubbard, Chair of the Brighton & Hove Day Services Service User Sub-Committee at: hubbard453@btinternet.com or Charlotte Clow at: charlotte.clow@sussexpartnership.nhs.uk

Involving provider organisations, staff and people who use services

In addition to being a key factor in overcoming resistance to change, the involvement of relevant stakeholders increases the chances of the resulting services effectively delivering on their aims. The review suggests a number of strategies and should be considered in conjunction with the wider literature on involving people who use services in service design, planning and review:¹²

- Use a range of approaches to involvement leading to a greater proportion and diversity of people being involved.
- Seek to engage and get the views of people with mental health needs who are *not* currently using day services, particularly those who have made a deliberate choice not to access them. 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 (this often includes women, young people and 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 people who would like to see traditional day services stay exactly as they are.
- See involvement and consultation as an ongoing process that must begin at an early stage, rather than a single or short-lived event.

¹² See for example: (a) Repper, J. & Perkins, R., 2003, "Involving service users in mental health services" in: *Social Inclusion and Recovery: A model for mental health practice*; (b) Tait, L. & Lester, H., 2005, "Encouraging user involvement in mental health services" in: *Advances in Psychiatric Treatment 11 (168-175)*, (c) www.hyphen-21.org/publicsite/index.php?page=consultation-with-the-users-of-care-services

- Offer training and payment¹³ to people to enable them to be fully involved in the process. This is particularly important if they are to be involved in a tendering process for new services.
- Provide support for people who become heavily involved in the process as it is a difficult role and they may experience a negative reaction to their role from other people using the services.
- Consider using a 'neutral' individual or organisation, such as an involvement or advocacy service, to aid involvement, lending increased independence and responsiveness to the involvement process.

Case study: Leeds i3 day services improvement collaborative

The i3 (inspire, include, improve) collaborative was established in 2006 to ensure that providers and people who use services were fully involved and engaged in the process of modernising all the mental health day services in Leeds.

The collaborative ran a series of solution-focused workshops over a period of 10 months which looked at the implications of and issues relating to developing a new model for day services in the city. The workshops provided an opportunity to discuss concerns and formulate possible solutions as well as helping providers develop the skills and opportunities to try out new ways of working and gather evidence on the best way to implement change.

In addition to the general discussions and task planning, half day workshops were run to develop more concrete proposals in the following areas:

- Workforce development
- Eligibility
- Employment
- Unified assessment
- Role of new components
- Women-only services

Although the process was not without difficulties, the collaborative was effective in facilitating: the development of meaningful partnerships between providers, involvement in plans for the future, the development of useful tools to help with service delivery and the sharing of effective practice.

Some of the lessons learned from the experiences of the i3 collaborative were:

- It is important to gain a commitment from all providers in the area to be positively engaged in the process.
- People who use services must be represented in all discussion groups.
- Workshops need a clear focus and effective chairing to stay on track and ensure everyone gets a chance to contribute.

¹³ Guidance on this is provided in: Department of Health, 2006c, *Reward and Recognition: The principles and practice of service user payment and reimbursement in health and social care*

- Bringing in expert speakers can contribute some useful perspectives and experience.
- It is important to be practical and move on from general discussion to formulate concrete recommendations.
- Smaller groups may be more effective in getting things done.
- Having Project Managers for the i3 process in a co-ordinating role helped ensure the collaborative fed directly into the modernisation process.

For more information contact i3 Project Manager Ursula Klingel at: ursula.klinge@leeds.gov.uk

Identifying a model

As the commissioning guidance identified, when it comes to modernising mental health day services “one approach will not fit all”.¹⁴ There is no one ‘right’ model for provision, rather the commissioning guidance offers a set of principles and elements to be incorporated. It is crucial that the local need profile, history of services and context of current provision are all considered in 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.

Case study: changing traditional day services in Cambridge

Following a review of adult day services in Cambridge in 2005 involving a range of stakeholders, the decision was taken that three existing day services should close and two new services be developed in their place. Whilst the buildings remained, their role and function were transformed to deliver a vision for supporting people to access opportunities within their local communities, to include provision for people who had become very dependant on mental health services over a period of years.

Prior to the restructuring one of the Centres had a lot of people regularly using the service who felt obliged to attend or were motivated by the promise of a free hot meal, a bath or to collect their money from staff. It felt like quite a controlled and uncomfortable environment for many visitors and most people did not engage much with the staff.

In this context it was important that the ongoing, significant needs of those using the service were identified and met by the restructuring. It was important that people who were quite institutionalised into the service were not abandoned but were supported to access their own communities at a pace that was manageable for them.

¹⁴ Department of Health, 2006, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 7

The model chosen for the restructuring reflected this, with one of the new Centres, known as The Pathways Centre, remaining a building based service with a group programme and most people attending on a planned basis. The physical environment has been greatly improved and people are given more choice and freedom, which has improved the emotional environment. The service also now offers holistic, individualised support to enable people to achieve their own goals. The overall aim is to work with people towards increased social inclusion.

The other service, known as the Cambridge Resource Centre, complements Pathways, acting as a community resource to people using the service, staff of mental health services and the wider community. The key focus is to work with local community providers in education, the arts, leisure and employment to provide socially inclusive opportunities. The centre itself houses many partner organisations as well as an internet café and an information resource and is open to the general public.

For more information on the Resource Centre go to www.camresource.org.uk or contact the Manager, Carol Morgan at: carol.morgan@cambsmh.nhs.uk

For more information on the Pathways Centre contact the Team Leader, Lesley Nairn at: lesley.nairn@cambsmh.nhs.uk

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,¹⁵ 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, which is not inappropriate given the lack of a clear evidence base regarding models for mental health day services. The Day Services Outcome Indicators Framework developed by the NSIP¹⁶ may prove a useful tool in an outcomes based commissioning process.

However, commissioners will often have undertaken a day service review at the start of the modernisation process, including extensive analysis of local need. This evidence of need may point clearly to a particular approach to service delivery, in which case commissioners may wish to incorporate this into the service specifications.

¹⁵ See, for example: Kerslake, 2006, "An approach to outcome based commissioning and contracting" in the CSIP Commissioning e-book at: <http://www.cat.csip.org.uk/index.cfm?pid=404>; Commissioning News, 2006, *Technical Briefing No.1: Outcomes-based commissioning and contracting*

¹⁶ NSIP, 2007, *Outcome Indicators Framework for Mental Health Day Services*. Can be downloaded from http://www.socialinclusion.org.uk/work_areas/index.php?subid=96

To tender or not to tender?

The local situation and the model or approach 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 of doing this 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? The commissioning guidance encourages commissioners to “maximise the contribution of the voluntary and independent sector” to “increase diversity of provision”.¹⁷
- Are the right type of organisations delivering day services? Are they likely to be able to deliver services according to the principles and working models which have been proposed?
- Are the existing day service providers willing and able to modernise their services?
- Will putting the services out to tender result in a service which more effectively meets the needs of and delivers outcomes for people using the service, including those from under represented groups?
- Will putting the services out to tender lead to other necessary improvements in service delivery, such as greater diversity in the groups of people accessing the service?

Case study: restructuring day and employment services in 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 community connections and employment 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 of the work projects in the area (Travel Matters Ltd and Netherne Print Ltd) have now become independent companies and social firms. The change process is increasing the accessibility to all the services for a wider range of people with mental health needs.

¹⁷ Department of Health, 2006, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 6

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 PCT.
- 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 service. Although greater representation would have improved the process further, the involvement of people using the service from the outset and throughout the process, including designing the written documents for consultation, was invaluable.
- Clearly distinguishing the roles and expectations of services by using three service specifications: supported employment, community connections and vocational training and development.
- Having all the key decision makers meeting together regularly and people being prepared to take difficult decisions at critical times.
- Investment of 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 in 2008 from the Sainsbury Centre for Mental Health (www.scmh.org.uk).

For more information contact the Policy and Commissioning Manager at Surrey County Council, Donal Hegarty at: donal.hegarty@surreycc.gov.uk

If it is decided that day services should be put out to tender, an assessment will need to be made as to whether existing staff are to be transferred to the successful bidder under the Transfer of Undertakings (Protection of Employment) (TUPE) regulations.¹⁸ This judgment rests on whether what is being tendered is an entirely new service or the re-provision of an existing service and whether the job roles require similar skills and experience. The assessment as to whether TUPE regulations apply would ideally be made prior to the tendering process so that it can be incorporated into bids on an equitable basis.

The application or otherwise of TUPE regulations is important because the skills and approach demanded of staff in modernised day services may be quite different from those expected in more traditional settings. Therefore, if staff are to be transferred the provision of training¹⁹ and setting of clear expectations should be considered at the outset.

If services are tendered, it is also important that careful planning is undertaken to provide continuity of support and minimise disruption for people using services during the transition in service provision arrangements.

When new service specifications are agreed with providers, whether there has been a tendering process or not, it is important that they are accompanied by robust performance monitoring systems, including the monitoring of outcomes, which has often been lacking in the management of day services contracts. This means that providers can be held to account, that the modernisation process is more likely to succeed and that the outcomes achieved can be demonstrated.

Funding issues

Funding issues frequently arose during the review. In some instances they were cited as a reason for the implementation of changes having stalled, in others they were a driver for change. In areas where reductions in funding to day services were part of the modernisation package, this often increased resentment and suspicion amongst people using the services and providers regarding the underlying motivation for the changes. To manage this, commissioners adopted a range of approaches when some disinvestment in day services was deemed necessary:

- Reviewing and developing a strategy for day and employment services together, particularly where the current balance between the two is not what is desired. This enables funding to be reallocated between these services where appropriate without reducing the overall funds available.
- Giving people using the service and providers regular updates which clearly evidence where, specifically, resources from any disinvestment from day services is being spent.
- Ensuring the money is ring-fenced for use in mental health services if it is coming out of 'day services' provision.

However it should be borne in mind that the provision of modernised day services, with a focus on social inclusion and individually tailored support, is unlikely to be cheaper than running more traditional services, even if there are fewer day services buildings. Reflecting this, the commissioning guidance

¹⁹ See suggestions in: Department of Health, 2006, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 18–19

emphasises that it is “concerned not with reducing resources but with using existing resources in more innovative and creative ways”.²⁰

Therefore real value can be added to a restructuring process by taking a whole systems approach. This means reviewing the use of all day services investment in the locality, both statutory and voluntary sector, from intensive day treatment services to informal drop-in's, and, where appropriate, incorporating other related services. This approach not only helps to ensure that adequate resources are available to provide effective restructured services, but limits inequity and the chances of services being funded for 'historical' reasons.

Commissioners should also consider whether there is a need for short term investment as part of the restructuring process. This could include investing in support for the process or providing additional funding for a transitional period as existing services wind down and new ones are established.

A more positive funding issue highlighted by the review is the potential for organisations, particularly in the voluntary sector, to provide added value by applying for grants from other sources. Where organisations can identify unmet needs and innovative solutions to them, grants are available to fund specific and time-limited projects and thereby to extend the provision on offer.

Direct Payments and individual budgets

An issue briefly touched upon in the commissioning guidance is the potentially substantial role that Direct Payments and individual budgets could have 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.²¹

Case study: Re-energize, Oxford

Re-energize is a user-led fitness and social group which meets three times a week at a sports centre in Oxford, where participants swim, play squash, use the gym and socialise before and after the activities. Re-energize grew from a sports group operating out of a day centre, but is now independent of services, giving flexibility and meaning participants have the power to choose how the group will work for them.

An important feature in the development of Re-energize has been group members receiving Direct Payments to enable their participation and the group's further development. Most participants use their Direct Payments both to fund the activities and to contribute to the management and development of Re-energize.

²⁰ Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 16

²¹ A range of examples are included in: *Direct Payments in Mental Health: What are they being used for?* (updated regularly) Available from robin.murray-neill@csip.org.uk

A planned area of development is to work with a dietician to further the health and well being focus of the project.

Links with other day services have been important to Re-energize as a source of support and referrals. In some instances day services staff have accompanied people, enabling them to access the project when they otherwise may have felt unable to.

Key lessons learned from the growth of Re-energize through the use of Direct Payments:

- Support and advice from the local Direct Payments Officer was an invaluable element in facilitating this development.
- Some people required quite a lot of support from other members of the group to understand and undertake the process of receiving a Direct Payment.
- Having a group assessment for Direct Payments helped people feel comfortable and supported.
- Once the systems are in place, new members joining the group can access Direct Payments much more easily.
- The use of Direct Payments has given the group more security, motivation and the promise of growth and development in the future.

For more information contact Re-energize Group Manager, Koula Serle at: kserle@hotmail.co.uk

Direct Payments must be made available as an option for meeting social care needs to all those eligible to receive them²² and 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 both commissioners and providers, who will both be keen to ensure that this is done in a way which does not place an unreasonable level of financial risk on either party.

Therefore, all day service restructuring needs to take into account the probable future take up of Direct Payments being used to fund community based opportunities. This is likely to include making an informed estimate of uptake which can then inform the level of funding required throughout the contract period. There may be a need for a review and flexibility to be built into the process, to reflect actual uptake, but a lack of certainty regarding take up should not be used to justify awarding short term contracts to day service providers, which may pose particular challenges for smaller and voluntary sector providers.

²² For more information on Direct Payments see: Department of Health, 2006d, *Direct Payments for people with mental health problems: A guide to action*

In light of the government's commitment to rolling out individual budgets for meeting social care needs, outlined in the 2007 Comprehensive Spending Review, it is important to begin to prepare for a shift towards social care funding being provided on an individual or 'spot' rather than block basis. People will be given the same degree of choice in how the funding allocated to them is spent whether or not they have Direct Payments. This will provide an additional incentive for service providers to ensure that they effectively meet the needs of those who might use their services. Implementing individual budgets in jointly commissioned services looks set to be a challenge, but is one that mental health commissioners and providers should be engaged in.

Supporting the process

A common theme in the review was the isolation felt by many commissioners and providers who are working on the modernisation of day services. Providers often come from a range of sectors (health, local authorities and voluntary sector) and may be in competition with each other during a restructuring, whilst in commissioning teams there may be only one mental health specialist in an area and there tends to be a lack of inter-locality support. Despite this, and the difficulty and complexity of the process, until recently there has been no coherent national support or leadership for day services modernisation. The NSIP has fulfilled some aspects of this role, providing a range of day services resources and establishing a Day Services and Community Enterprise network for providers and an Innovation in Commissioning network for commissioners.²³ However, capacity for this work and resources for more practical support of the modernisation process at a local level are limited. Given the substantial resources invested in day services (over £123 million was spent on day services in 2006/07)²⁴ and the importance of effective restructuring this remains a significant gap.

The review found a great deal of common ground in the experience of modernising mental health day services across the country. It also found that it was almost universally perceived to be a difficult and challenging process, with one commissioner describing the experience as "an absolute nightmare". There is clearly, therefore, a need for support and inter-locality sharing of experiences, learning and good practice. Possible approaches to this include:

- Existing networks providing support and information sharing. For example the NHS Confederation Mental Health Network, the Mental Health Providers Forum, the National Programme for Third Sector Commissioning Improvement and the Local Mind Association network.

²³ See www.socialinclusion.org.uk for more details

²⁴ Total reported investment in working age adults day services (not including employment schemes) in 2006/07 (*Mental Health Strategies, 2007, The 2006/07 National Survey of Investment in Mental Health Services*)

- Utilising national and regional networks for information sharing, providing resources and facilitating contact between organisations and commissioners. The key organisations currently undertaking this work are the NSIP at a national level working in partnership with the CSIP's Regional Development Centres regionally.
- Drawing on resources such as the Capabilities for Inclusive Practice²⁵ and the Outcomes Framework for Day Services.²⁶
- Identifying and sharing best practice, for example through the work of the NSIP's Evidence and Innovation workstream, which is working in partnership with academic institutions to develop a strong evidence base regarding socially inclusive mental health provision.
- Paying to bring in expertise to assist with the modernisation process. This might be in the form of project management, consultancy or training.

It is also important that support, in particular to provider organisations, is offered on an ongoing basis, as the process of transforming day services is rarely a one off event but a series of changes and developments as services seek to more effectively meet the needs of people using the service.

²⁵ Department of Health, 2007, *Capabilities for Inclusive Practice*

²⁶ NSIP, 2007, *Outcome Indicators Framework for Mental Health Day Services*

Modernised services

“We are expecting people to dream, to take risks and flourish – isn’t it right that our services do the same?” (Provider)

Location of services

One of the most keenly debated issues in day service modernisation is whether the process should mean the closure of centres which are often strongly associated with traditional models of service delivery that foster dependence and social exclusion.

Certainly one response to the commissioning guidance has been to reduce the number of centres, and the review found that 22% of day services are now not building based. Some advantages to non-centre based day services were also identified. They are generally less stigmatising, the staff have greater flexibility, people are encouraged more to access mainstream opportunities and institutionalisation is less likely to result. As Bates points out, “from time to time we all, whether using mental health services or not, have benefited from a kindly push when we have been reluctant to jump into change”.²⁷ Moving out of buildings also represents a very clear break with previous service provision, which can help to cement the changes in place.

However many people, often including those who are particularly in need of support, greatly value being able to access day services in a safe and familiar environment. As a result, many services have taken a different approach when considering what to do with their day service buildings, choosing to keep the buildings but adjust their usage so that they are no longer segregated, mental health only settings. By doing so, the advantages of non-centre based day services can be largely achieved without losing the buildings. This approach is based on the suggestion in the commissioning guidance that “integration can be fostered by non-disabled citizens using mental health facilities as well as disabled citizens using mainstream facilities”.²⁸ The success of this approach is aided by investment in the building to ensure the facilities are of a high quality and by providing a service which is of value to and in demand amongst the local community. The building should incorporate the needs of under represented groups by paying particular attention to being accessible, in all senses, and by

²⁷ Bates, P., 2007, “Safe and Sound” in *Mental Health Today*

²⁸ Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 17

providing appropriate services. Careful consideration should be given to how this can be achieved through the use of an Equality Impact Assessment.²⁹

Bringing the wider public into the building in this way has the effect of de-stigmatising the service, both for people currently using it and for those who may potentially do so, as well as assisting with integration and inclusion.

Case study: blueSCI, Trafford

blueSCI describes itself as an Arts and Cultural Centre and it is addressing the issue of segregation by opening its doors to a range of other organisations and the general public.

Alongside blueSCI's reception sits a well equipped internet café offering free internet access and affordable food and drinks. This aspect of the service is open to all members of the local community to use. By arrangement anyone can also use the professionally equipped music studio downstairs.

The inclusive approach at blueSCI extends to mainstream local organisations as well, with several partners including Job Centre Plus, Trafford College and a housing association. In addition to this a wide range of community organisations regularly use the building on a rent free basis.

Key factors in making blueSCI a community venue include:

- Providing services that local people are interested in accessing.
- Accessing funding and investing time to create a welcoming and appealing environment.
- The flexibility of commissioners in not enforcing Social Services eligibility criteria on the service.
- Playing to the strengths and expertise of the organisation and its staff, volunteers and people using the service.
- Forming partnerships with other organisations and using their expertise.
- Working with community champions and leaders to identify the often subtle requirements of groups and individuals.
- Entrepreneurship in identifying and accessing opportunities for new developments and additional funding.

For more information go to: www.bluesci.org.uk or contact Stuart Webster, Director at: stuart@bluesci.org.uk

²⁹ All public bodies have a duty to carry out Equality Impact Assessments on functions, policies, plans and strategies under the *Race Relations (Amendment) Act (2000)* reinforced by the *Equality Standard for Local Government, 2007*

Meeting the needs of the most vulnerable people

One of the key principles for re-focusing day services is to ensure that services meet the needs of “people who are more seriously disabled by their mental health problems... who may require a relatively high level of support on an ongoing basis”.³⁰ This often includes people who have been quite dependent on traditional day centres, partly as a result of the way those centres operated. Whilst it is important that modernised day services cater for a much wider population of people with mental health problems, there is also a responsibility on them to meet the needs of those who are most vulnerable and may have had their vulnerability exacerbated by their past experiences of services.

The review identified key issues which need to be considered if modernised day services are to meet the needs of those individuals who are most vulnerable and excluded:

- **The importance of ‘safe space’³¹** – Many people report that one of the things they value most about day services is being able to go somewhere familiar and comfortable where people will understand, and perhaps have shared some of, their experiences and distress and where they will not experience discrimination. This ‘safe space’ is particularly important when people are more acutely unwell and to ensure that people have the resources for the sometimes challenging task of entering new environments and opportunities. What constitutes ‘safe space’ will be different for different people – for some it may be a building base with peer support, for others a familiar community setting, whilst women may value women-only safe spaces – and these variations should be considered. However, it is clear that the emotional environment is often at least as important as the physical venue in determining what makes for a ‘safe space’.
- **The role of outreach** – Some individuals report finding it difficult, particularly initially, to get to a centre or meet in a community setting. In these instances day services staff or volunteers might meet with people in their own homes or in the community to support them in developing independent living skills or as a first step towards community participation.
- **The provision of intensive or time-unlimited support** – If a day service is to be flexible and person-centred in its approach, then the intensity and duration of the support offered should be able to adapt to meet the needs of the individual. In some instances this might mean substantial input over a relatively short period of time, in others less frequent support on a time-unlimited basis. The review identified concerns that services which impose

³⁰ Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 5

³¹ For a further discussion of some of the issues relating to the provision of safe space see: Bates, P., February 2007, ‘Safe and Sound’ in: *Mental Health Today*

strict time limitations to their support risk leaving some vulnerable people feeling unsupported. Some people may also benefit from the flexibility of being able to re-access a service rapidly if their needs increase.

- **Social inclusion preparation** – People who are most socially excluded may benefit from support with what might be termed ‘social inclusion preparation’ to develop their skills and confidence to engage with the local community before they do so. This needs to be acknowledged for inclusion-focused day services to be responsive to a wide cross-section of people who may potentially use the service.

Case study: Alnwick day service, Northumberland

This service is commissioned and provided by Northumberland NHS Care Trust and serves a large, sparsely populated rural area with poor transport infrastructure and limited employment, volunteering or social opportunities. Many of the people using the service, which is accessed through the care co-ordination process, have severe and enduring mental health needs and have been using mental health services for some time. The service has been running for thirteen years and over the last year has moved from a traditional model of offering drop-in sessions and group outings to an approach that encourages community involvement.

The building base for the service provides a familiar safe space and a meeting point at the start and end of the off site activities, both peer and staff facilitated. A pick up and drop off is offered to enable people who are geographically isolated to access the service.

The service has developed a number of community engagement projects, including the restoration of a fishing boat at a local boatyard and a conservation project with Northumberland Wildlife Trust. Currently the establishment of a time bank for the area is being led by the Alnwick service to increase opportunities for engaging with others from the local community. The service is also home to ‘Lionhearts’, a workshop based user-run charitable association where practical and life skills are shared with the community and other people using the service, leading to employment opportunities for some.

The safe space aspect of the service provides a relaxed social group, where interpersonal relationships are encouraged and the role modelling of conflict resolution takes place. Through this, a community has developed that encourages peer support and allows the safe expression of difficult feelings and the trying out of coping strategies. Individuals draw on their knowledge and experience to support new members and enable them to experiment in finding ways of coping with the transition from hospital to independent living.

Key elements in enabling the Alnwick day service to meet the needs of those who are most vulnerable are:

- The protection of safe space and time unlimited support.
- Provision of outreach support for individuals who struggle to use the base either at all or intermittently. This includes individual support to access social opportunities and may incorporate practical support, such as with cleaning and DIY, to help motivate and develop independent living skills.
- A progression from supported activities happening in community settings to engagement with mainstream activities.
- Personal development planning is being introduced to the service to facilitate people setting and achieving their own goals at their own pace.
- Providing opportunities for skills training as an important first step back towards employment.

For more information contact Trevor Cooke at: trevor.cooke@nmht.nhs.uk or Marion Rice at: marion.rice@nmht.nhs.uk

Community participation

Support to enable people to access existing opportunities in their local communities lies at the heart of the commissioning guidance. It is an aspect of the guidance which has been widely embraced, with the vast majority of day services now supporting people to access mainstream organisations and resources and with 'community bridge building' now an established term within mental health services.

This is not to say that bridge building support is carried out with equal skill or is afforded equal priority across day services. Whilst some services have been redesigned so that it is the essence of their work, in others bridge building is little more than an under-resourced addition to a traditional service. Whilst it does not necessarily need to be a separate service, as long as people with mental health problems are "amongst the most excluded in society"³² there remains a need for significant investment of time and resources in the provision of bridge building support, and for the accompanying cultural shift in day services detailed in the commissioning guidance.

Case studies: Mainstream, Liverpool (run by Imagine Mental Health) Community Support Service (CSS), Bristol (run by Rethink)

These two bridge building services, Mainstream (operating successfully since 2001) and Rethink's CSS (the product of a more recent service redesign), represent similar but distinct approaches to providing community participation support.

The Mainstream team use a model of specialist bridge builders in each of six life domains (faith & cultural communities, education & training, employment, arts & culture, sports & leisure, volunteering). Bridge builder staff have a background relating to the relevant domain rather than experience working in mental health services. This approach means that bridge builders have a depth of knowledge and enthusiasm for certain community areas, which enables them to inform and stimulate enthusiasm in people and offer relevant support.

The staff in Rethink's CSS work across the life domains, depending on the priorities identified by the individual, although they may have a particular interest in a certain domain. This approach means that the person can work with one member of staff for the duration of their involvement with the project and also works where there is a small team or bridge builders working individually.

Some key learning points from these services regarding the provision of effective bridge building support are:

- It should be provided within a framework underpinned by person-centred, individualised planning.
- Individuals accessing the service should be involved in all aspects of researching and planning the activity.
- Mapping of community provision provides a sound base of knowledge about organisations, resources and contacts.
- Effectiveness is maximised by offering support to mainstream organisations as well as to individuals using the service.
- Regular reviews and flexibility help to ensure that the support continues to meet the needs of the individual in terms of pace and direction.
- It is important not to have fixed time limits for involvement with the service to enable it to meet the needs of the individual.
- For some people, support to *retain* opportunities is an important aspect of the service.
- Staff need to be trained in how to provide bridge building support.
- Achieving meaningful involvement of people using the service in the organisational planning, development and review of bridge building services is a challenge which requires creative solutions.

For more information about mainstream contact Antony Dowell, Development Manager at: adowell@imaginementalhealth.org.uk

For more information about Rethink's CSS in Bristol contact Sophie Reed, Service Manager at: sophie.reed@rethink.org

User-run and user-led services

Although 54% of responses to the review questionnaire identified that there were user-run services in the locality, a more detailed examination suggests that this figure hides the relative lack of user-run day services. One reason for this is the problem of definitions. The commissioning guidance makes a clear distinction between 'user-run' services "in which service users provide the service" and 'user-led' services "in which service users make decisions about what should be provided and how, but the service may actually be provided by non-users".³³ However it was clear from the responses that not everyone made this distinction. There is also an issue of degree, for example some respondents may have felt that having a group run by someone with mental health problems within a day service constitutes a user-run service.

The review identified relatively few day services which are either entirely or substantially user-run, despite providing "opportunities for people with mental health problems to run their own services"³⁴ being one of the four 'key functions' of day services laid out in the commissioning guidance. Many people "particularly value help from others who are, or have been, in a similar situation"³⁵ and the existing research evidence shows that peer support services are "as effective, or more effective, than non-peer provided services"³⁶. As a result, it is important that all day services review and restructuring processes consider the development of peer support and user-run services as a key aspect of day service provision and fund this provision appropriately.

Case study: BowHaven, East London

BowHaven is a user-run day service and local charity, which has been running since 2003 from the Bow Community Hall in East London. The manager has used mental health services, as have most of the service's volunteers and six of the seven trustees.

BowHaven houses two types of user-run groups: pre-existing groups who come in to use the centre and 'home grown' groups developed with the support of the Manager and Development Worker. The pre-existing groups include support groups for people who self-harm and for members of the Afro-Caribbean community. The 'home grown' groups include drop-in's, incorporating a range of activities such as IT training, cooking, art, keep fit and massage, and groups with a more specific remit, such as a support group for Asian Women. In addition to the centre-based activity people support each other to engage with the wider

³³ Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 21

³⁴ *Ibid*, p. 7

³⁵ *Ibid*, p. 7

³⁶ Scottish Recovery Network, 2005, *The role and potential development of peer support services*

community, for example through the Monday night cinema club or going out together for a meal.

Key factors in the success of BowHaven as a user-run service are:

- Premises – these are provided at no cost by Tower Hamlets Borough Council and provide not only a venue, but a base for the outward facing work of BowHaven.
- Responding to service gaps – BowHaven’s manager has an excellent knowledge of what is available and what is needed in the local community from which to identify and respond to gaps in provision.
- Getting groups started – BowHaven has given some new groups ‘start up’ funding to enable them to get set up and off the ground before they look for other sources of funding.
- Funding for groups – Tower Hamlets Adult Services department has a funding stream dedicated to the funding of user-run groups and activities. Several of the groups at BowHaven have set up bank accounts and benefited from this funding.
- Training and supporting facilitators – It is vital that group facilitators are supported and equipped for the role. Volunteer facilitators of the ‘home grown’ groups at BowHaven receive on the job training, support and encouragement from the Manager. Several have also been on external group facilitation training.
- Facilitators having clear roles – One person is responsible for the running of each group and others have specific roles such as completing monitoring forms or cooking meals.

For more information go to: www.bowhaven.org.uk or contact Rita Dove, Centre Manager at: rita@bowhaven.org.uk

While services with a user-led orientation appear to be more common than user-run services, there is frequently a need for more work to address traditional power imbalances between staff and people using the service in order to achieve a genuinely collaborative service delivery process.

Diversity and addressing the needs of under-represented groups

The commissioning guidance highlighted a failure to meet the needs of diverse populations as a key omission in most existing day services. This view is reinforced by the review finding that of all the elements of day services identified, services targeted at under-represented groups was the one least commonly in place in February 2006 (27% of respondents reported this element in their locality). However it was also the element that the highest proportion of respondents reported as being planned for introduction or development in the near future (42%), which suggests the gap in provision is being acknowledged.

Groups who tend to be under-represented in day services include women, people from BME communities and younger people, but it seems likely that many respondents were thinking only of BME communities when addressing this issue as 61% identified that there were women-only services in the area.

Meeting the needs of these groups may involve the provision of specific, targeted services, the provision of individualised services which are more accessible to all or adjusting the service to make it more welcoming and accessible to under-represented groups.³⁷ Diverse groups, including women and people from BME communities, may have particular requirements and expectations of day services which should be identified and addressed. Support for doing this may come from the 'Women into the Mainstream' guidance and from the CSIP programmes on 'Gender Equality and Women's Mental Health' and 'Delivering Race Equality'.³⁸

Case study: Sahelia House, Birmingham

Sahelia House (Friendship House) is a day service run by women for women as part of the mental health provision of Birmingham Social Care and Health Services. Whilst continuing to provide a safe and supportive environment, it has also developed an increased focus on supporting people to engage with community activities.

Through informal, but individualised and holistic, one to one and bridge building support, over 90% of the women who come to Sahelia are now engaged in mainstream community activities including training opportunities, adult education, volunteering and leisure groups. The knowledge there is a safe place and warm welcome for them at Sahelia House on an ongoing basis helps facilitate women to engage in positive risk taking and taking steps away from mental health services.

Many of the women who attend Sahelia House, over 50% of whom are from BME backgrounds, report feeling more comfortable there than in other mental

³⁷ An example of this was a service in an area with a significant Asian population which moved the timing of its women-only session from Friday when they discovered that this coincided with the Islamic "gathering day" when Muslim women were at Mosque

³⁸ Go to www.nimhe.csip.org.uk or contact the CSIP Regional Development Centre in your region for more details of these programmes

health settings. The service has developed a high level of co-operation between staff and those using the service, displaying many characteristics of a co-productive approach³⁹ based on the strengths of individuals. This has led to the development of several user-run groups and activities, further building the skills and confidence of women using the service.

For more information contact Kalwinder Mahli, Manager at: Kalwinder_malhi@birmingham.gov.uk

Increasing the number of younger people (aged under 30) accessing day services remains a significant challenge, but it is one which must be met for day services to respond to the diverse population of people with mental health needs.

Providing services relevant to younger people is also important for day services to play the substantial role they could and should in preventative work, helping people sustain their existing roles and relationships. The provision of individualised support and the destigmatisation of services are key to facilitating this change in the demographics of people accessing day services. Providing activities that appeal to the age group may also be appropriate but should not be a replacement for facilitating people to access activities in mainstream settings.

To ensure that the needs of diverse groups are effectively met by day services modernisation, plans for service change should be subject to a thorough Equalities Impact Assessment, which covers race, gender, disability, age, religion and belief and sexual orientation.

Accessibility

Historically, day services across the country were accessed by only a relatively small proportion of people with severe and enduring mental health problems. This is an issue that many day service redesign processes seek to address.

The key to change here lies in developing a service model with broader appeal. However, the eligibility criteria for day services also play a significant role. Whilst it is appropriate that commissioners want to focus resources on those who are most socially excluded and most in need of support, rigid eligibility criteria for accessing day services can reinforce social exclusion and limit the amount of preventative work that can take place. More inclusive approaches to access, including self-referral, can empower people by facilitating self-definition and giving them control over what support they access and when.

³⁹ Joseph Rowntree Foundation, 2006, *Co-production by people outside paid employment* (www.jrf.org.uk/knowledge/findings/socialpolicy/0356.asp)

Increasing vocational focus

The commissioning guidance suggests that resources are re-allocated to shift the balance from services directed at enabling social/leisure pursuits and towards those directed at vocational pursuits.⁴⁰ This change of emphasis reflects findings that worklessness amongst those with severe mental health problems stands at 89%⁴¹ and that “employment is a key factor in bringing socially excluded people into the mainstream”.⁴² The need has been highlighted in the recent Public Service Agreement (PSA) announcement with PSA 16 on social exclusion⁴³ including a focus on the proportion of people in contact with secondary mental health services in employment. However, day services have a different function to employment services. The guidance is proposing that the balance of activities and the use of resources is considered, along with the role of day services as a key part of the pathway to employment, rather than proposing discontinuation of the non vocationally-focused elements of the service.

A majority (83%) of respondents to the review questionnaire reported that day services were delivering ‘vocational and skills development’ in their area – the highest proportion of any aspect of day service delivery. What this figure means is ambiguous as the category is very broad and open to interpretation. For example, skills development could be said to be occurring in many services without their having a vocational focus.

Therefore day services modernisation includes considering what increasing the vocational focus of the services should mean in practice. This will be influenced by the local context, but some general guidelines emerging from the review are:

- Day services can promote a change in attitudes and raised expectations amongst people using services, carers and staff in relation to employment. The research evidence shows that individual factors, such as diagnosis, severity of illness and age do not predict success in employment. The key predictor is that the individual expresses the desire to work and the belief in themselves,⁴⁴ factors which can be supported and promoted by day services.

⁴⁰ Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 16

⁴¹ Office for National Statistics, 2005, *Labour Force Survey*

⁴² Cabinet Office, 2006, *Reaching Out: An Action Plan on Social Exclusion*

⁴³ HM Treasury, 2007, *PSA Delivery Agreement 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education and training*, available from: http://www.hm-treasury.gov.uk/media/3/9/pbr_csr07_psa16.pdf

⁴⁴ Grove, B. & Membrey, H., 2005, “Sheep and goats: new thinking on employability” In: Grove B, Secker J, Seebohm P. *New thinking about mental health and employment*

- Day services can provide and promote access to skills development opportunities through time-limited structured learning and training. Wherever possible this should take place in a non-segregated environment.
- Vocational preparation through support to increase confidence, assertiveness and mental health self-management skills, on both an individual and group basis, can often be provided by day services.
- Training through paid and voluntary work experience within a day service can raise confidence, skills and employability. Depending on how central this is to the operation of the service may determine whether it is defined as a supported employment rather than a day service.
- Job brokering and on-going support to people in mainstream employment roles is best provided by an evidence-based employment support service rather than a day service. As a result day services should have strong links and clear referral pathways to employment support services.

Providing individualised support

It has been a common criticism of day services that they often offer people the opportunity to select activities from a predetermined 'menu', rather than identifying the specific support appropriate to each individual. This is almost certainly a contributory factor to the problems day services have in appealing to the diverse population of people with mental health problems.

A key element of addressing this problem, as highlighted by the commissioning guidance, is the "need to move from group-based to individualised support".⁴⁵ The review suggests that this is a change which is being responded to, with 30% of respondents reporting new Person Centred Planning support in day services in their locality since February 2006, and 29% identifying that new or extended provision of this sort was planned.

However, it is not enough to provide support on an individual basis. How individualised person-centred support is provided is critical both to its success and to delivering an effective service, given the way it underpins other aspects of day service provision. This means the individual setting their own goals and having control over the nature of the support they receive, the pace at which it progresses and who is involved in it. Person-centred approaches demand a high level of flexibility from staff and services, and for many services this requires a cultural as well as a procedural change.

⁴⁵ Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* p. 17

Case study: The Momentum Model, Peterborough and Fenland Mind

The momentum model is a person centred approach to providing individualised support developed by Peterborough and Fenland Mind for use in its day services. The foundations of the model are the principles of acknowledging people as the experts on themselves, working with where they are, focusing on strengths and encouraging positive change.

The key processes of momentum are:

- Self assessment and identifying priorities.
- Establishing a personal goal (based on priorities) and allies in working towards it.
- Breaking the goal down to smaller steps.
- Reviewing progress, correcting the course set and identifying next steps.
- Measuring and celebrating successes.

It is still early days in the implementation of the momentum model, but there are lessons that can be learned from the first months of its use which have applicability for other services looking to introduce person centred planning:

- Promoting momentum to potential referrers and showing how it fits with other services led to people being referred who may not otherwise access a day service.
- People benefited from being introduced to momentum when they first began to access the service.
- People valued there being no time limit on engagement with momentum and being able to re-access the support as needed.
- Staff ownership of the model and training to deliver it effectively is important.
- The route set should always be open to review, amendment and change by the individual.
- To be genuinely person centred, the measurement of effectiveness through outcomes monitoring should be principally from the perspective of the individual receiving support.

For more information contact Annie Hersey, Project Manager at: annie.hersey@pfmind.org.uk or Chris Smith, Deputy Project Manager at: chris.smith@pfmind.org.uk

Promoting and facilitating recovery

A guiding principle for many modern day services is a commitment to the recovery approach.⁴⁶ In practice, this often involves incorporating the facilitation of peer support and support for self-management skills into the work of day services.

Programmes which aim to give people the skills to manage their own mental health needs, often based on cognitive behavioural approaches, are an increasingly common feature of day services. Such support fits very well with those aspects of provision focused on increasing access to mainstream opportunities. Day services offering self-management support should consider:

- Ensuring that those providing the support are trained, equipped and supported for the role, including having a sound understanding of the underpinning principles and limitations of what they are offering.
- Using recognised materials or developing bespoke materials with appropriate professional input. This can be a good opportunity for joint working with other mental health service staff.
- Having sufficient flexibility to enable each individual to derive maximum benefit from the support.

However, it is the embedding of the recovery approach into the formal and informal culture of the service, including encouraging recovery-orientated conversations, which is likely to be the key factor in developing a recovery focused day service.

Staffing issues and transformation

This review found that the restructuring of day services often leads to quite different expectations of staff in terms of skills and approach. There may be an increased focus on the underpinning principles of recovery and social inclusion, and staff roles may move away from providing activities and informal support to incorporate individualised person-centred planning, bridge building support, developing local partnerships and course facilitation.

Such changes can be challenging for day services staff who may not want to work in a different way and may not feel confident in doing so. It is likely that some will not make the transition and will decide to work in a different environment. However, there are ways that organisations can help enable staff to adjust to changed expectations:

⁴⁶ For definitions and descriptions see for example: (a) CSIP/RCPsych/SCIE, 2007, *A common purpose: Recovery in future mental health services*; (b) Repper, J. & Perkins, R., 2003, *Social Inclusion and Recovery: A model for mental health practice*; (c) Rethink, 2005, *A Report on the Work of the Recovery Learning Sites and other Recovery-orientated activities and its incorporation into The Rethink Plan 2004–8*

- Giving clarity as to what expectations are, including setting targets which relate to the aims of the restructured service.
- Providing training in values and approach as well as skills based training to increase understanding, motivation and confidence.
- Providing supportive supervision in which staff can reflect on their changing roles.
- Modelling good practice to staff in the new ways of working.
- Ensuring that the organisation, service and staff all demonstrate the capabilities of inclusive practice.⁴⁷

Another staffing issue that emerged from the review was the need to prioritise staff functions. With limited resources and a potentially widening remit for day services, it is important that organisations ensure that their staffing resources are being used in the ways most likely to achieve their aims. This may, on occasion, mean reassigning capacity from less effective aspects of a service to those which are likely to be more effective.

Outcomes and outcome measurement

Ultimately, the success of a mental health day service should be judged according to the difference it makes in the lives of the people who use it. In order to assess this, the intended outcomes for the service should be identified and the reality measured against these. The Outcome Indicators Framework for Mental Health Day Services proposes outcomes and indicators which are appropriate for day services and identifies tools which could be adopted to assist with outcome measurement.⁴⁸ This framework can be adapted for use locally and the indicators prioritised in conjunction with people who are using or may use the service.

Many modernised services have reported improved outcomes in a number of areas such as: increased community participation, greater diversity of people using the services, increased access to education, training, volunteering and employment and improved health outcomes. However there is a need for further outcomes-based research to evidence the effectiveness of mental health day services and the new approaches to providing them.

⁴⁷ See: Department of Health, 2007, *Capabilities for inclusive practice*

⁴⁸ NSIP, 2007, *Outcome Indicators Framework for Mental Health Day Services*. Can be downloaded from http://www.socialinclusion.org.uk/work_areas/index.php?subid=96

Discussion of terminology and service models

What is a day service?

One question left unanswered by the review process is that which highlights what could be described as a crisis of identity: what is a day service? It used to be quite clear: a day service was somewhere people went to for support and activity during the day, but now what fits the categorisation is less clear and many would argue that the terminology itself is no longer helpful.

For many people the term 'day service' suggests a model of service delivery which is far from the modernised service they use or work in. This service may operate largely in the evenings and at weekends, it may use a model of co-production similar to that adopted by time banks⁴⁹ or it may have evolved into a social enterprise.⁵⁰

In addition, the activities of modernised day services overlap with those of other parts of the mental health service delivery system. The increased vocational focus of some day services means they are not always distinct from employment services, the bridge building role associated with day services is sometimes incorporated into the work of Community Mental Health Teams (CMHTs) and the provision of outreach support is no longer confined to outreach services.

However, whilst the term 'day services' may not be helpful, there is a need to continue being able to describe those mental health services which support people, individually and in groups, to develop their skills, manage their mental health and become more engaged in their local community. Whether a commonly accepted descriptor will emerge to replace 'day services' remains to be seen.

The terminology of modernised day services

The restructuring and modernisation of mental health day services has brought with it a range of terminology and ways of describing the support on offer. The concepts of 'recovery', 'social inclusion', 'community participation', 'bridge building' and 'peer support' feature widely. Day centres may be replaced by 'wellbeing centres' or 'recovery services' and staff roles include 'social inclusion workers' and 'recovery support workers'.

⁴⁹ For more information on time banks go to www.timebanks.co.uk

⁵⁰ For more information on social enterprises go to www.socialenterprise.org.uk

This terminology has a useful role to play, often helping to communicate a change in approach, aiding understanding of redesigned services and replacing language which people may find disempowering. However there are potential pitfalls to be avoided. Firstly, it is important that the modernisation of day services is more than a re-branding exercise in which the name changes but the service being provided remains much the same. A change in language needs to be matched by a change in approach if it is to be more than a misleading and meaningless gesture. Secondly, incorporating the principles of a recovery approach and of social inclusion into their practice should be the responsibility of all mental health services and staff. There is a danger that by associating these terms with particular individuals or services, other staff and services will not see this as their responsibility.

Conclusions

This review has established that 18 months on from the publication of commissioning guidance for mental health day services there is a widespread acceptance of the need for change and the guidance is being acted upon by commissioners and providers across the country. The review found much common ground in experiences of implementing the guidance. The process is usually slow and difficult, with competing commissioning priorities and resistance being common features. As a result, day services modernisation remains a work in progress, and there is an ongoing need for both national leadership and practical support for commissioners and providers engaged in this process.

Although difficult, the review demonstrates that day service modernisation is achievable and worthwhile. There is significant evidence of redesigned services achieving their aims in terms of increased accessibility, reduced segregation and, crucially, improved outcomes for people using the services. There is, though, a need for robust outcomes based research to be undertaken into the effectiveness of the service models being used, to inform future developments.

A key theme running through the review is the role of people who have mental health problems in day services and day service modernisation. This includes the importance of people who use services taking a central role in the restructuring process, the need for further development of user-run services and the increased choice and control inherent in person-centred planning and Direct Payments. There is good work happening in each of these areas, but effectively implementing changes in the roles of people using day services requires a shift in attitude, approach and the locus of control which is unlikely to happen overnight.

It is clear from the review that there remains a significant and valuable role for provision that might fall into a broad definition of mental health 'day services'. To maximise their effectiveness, such services need to be sufficiently flexible to respond to the needs of individuals and to opportunities that arise. They should also operate not in isolation but in collaboration with a range of community organisations and other aspects of mental health service provision to which they can be complementary. This means that there is no 'one size fits all' model for day services and that commissioners and providers need to engage in a thoughtful, collaborative process of modernisation to better meet needs and achieve outcomes in their area.

References

- Bates, P., February 2007, 'Safe and Sound' in: *Mental Health Today*
- Cabinet Office, 2006, *Reaching Out: An Action Plan on Social Exclusion*
- Commissioning News, 2006, *Technical Briefing No.1: Outcomes-based commissioning and contracting*
- CSIP/RCPsych/SCIE, 2007, *A common purpose: Recovery in future mental health services*
- Department of Health, 2007, *Capabilities for inclusive practice*
- Department of Health, 2006a, *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems*
- Department of Health, 2006b, *Supporting Women into the Mainstream: Commissioning Women-only Community Day Services*
- Department of Health, 2006c, *Reward and Recognition: The principles and practice of service user payment and reimbursement in health and social care*
- Department of Health, 2006d, *Direct Payments for people with mental health problems: A guide to action*
- Grove, B. & Membrey, H., 2005, "Sheep and goats: new thinking on employability" In: Grove B, Secker J, Seebohm P. *New thinking about mental health and employment*
- HM Treasury, 2007, *PSA Delivery Agreement 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education and training*
- Improvement and Development Agency, 2007, *Equality Standard for Local Government*
- Joseph Rowntree Foundation, 2006, *Co-production by people outside paid employment*
- Kerslake, 2006, "An approach to outcome based commissioning and contracting" in the *CSIP Commissioning e-book*

Mental Health Strategies, 2007, *The 2006/07 National Survey of Investment in Mental Health Services*

NSIP, 2007, *Outcome Indicators Framework for Mental Health Day Services*

Office of the Deputy Prime Minister, 2004, *Mental Health and Social Exclusion*

Office for National Statistics, 2005, *Labour Force Survey*

Race Relations (Amendment) Act (2000)

Repper, J. & Perkins, R., 2003, *Social Inclusion and Recovery: A model for mental health practice*

Rethink, 2005, *A Report on the Work of the Recovery Learning Sites and other Recovery-orientated activities and its incorporation into The Rethink Plan 2004–8*

Scottish Recovery Network, 2005, *The role and potential development of peer support services*

Tait, L. & Lester, H., 2005, "Encouraging user involvement in mental health services" in: *Advances in Psychiatric Treatment* 11 (168–175)

Transfer of Undertakings (Protection of Employment) Regulations (2006)

Acknowledgments

The review was led by **Ben Taylor**, National Day Services Lead at the National Social Inclusion Programme (NSIP), supported in undertaking service visits by:

Diane Hackney NSIP Expert Advisor

Lynne Hall Social Inclusion Lead, North East, Yorkshire and Humber Regional Development Centre, Care Services Improvement Partnership (CSIP)

Fran Singer NSIP Expert Advisor

Rosemary Wilson NSIP Expert Advisor

Thanks to all the people using services, staff in provider organisations, and commissioners who contributed to the review by sharing their experiences and welcoming members of the review team into their services.

Thanks also to all those who contributed their valuable analysis to the report, including:

Peter Bates National Development Team

Antony Dowell Development Manager, Imagine Mental Health

Dave Gardner Commissioning Lead, NSIP

Naomi Hankinson Workforce Lead, NSIP

Helen Lockett Research and Development Manager, Employment Programme, Sainsbury Centre for Mental Health

Robin Murray-Neill Direct Payments Lead, NSIP & CSIP

Jenifer Paul National Gender Equality & Women's Mental Health Lead, CSIP

Zoe Robinson Business and Communications Director, NSIP

Chris Rowland Social Inclusion Lead, Eastern Regional Development Centre, CSIP

For further information please visit www.socialinclusion.org.uk

Appendices

Appendix 1

Mental health day services review questionnaire

Area (e.g. Sheffield PCT, Hampshire County Council):

1. Within the area, how many mental health day services are operating, and who are they run by? (Please enter numbers.)

Local Authority (Social Services)	
Statutory Mental Health Services	
Voluntary Sector Providers	
Total	

2. Of these, how many are "buildings based" (people come to a Centre to access the service)?

Buildings based	
Other	

3. Since the publication of the Commissioning Guidance for Mental Health Day Services in February 2006, what changes have been made to Day Services in your area? (Please put a cross by all that are appropriate.)

Review of current service provision	
Modernisation of services by existing providers	
Development of revised service specification	
Services put out to tender	
New providers running services	
Other (please state):	

4. How would you assess progress in your area towards implementing the recommendations of the Commissioning Guidance for Mental Health Day Services?

Entirely implemented	
Implementation very well progressed	
Implementation well progressed	
Partly implemented and progressing	
Partly implemented and stalled	
(if stalled please state why)	
Implementation planned	
Implementation not yet begun	

Appendix 2

Questionnaire findings: summary of elements of day services provision (number of responses)

Element of service provision	In place Feb '06	New since Feb '06	New provision planned	Extended provision planned	No response or no provision
Individual Community Bridge Building Support	56	39	22	20	17
Group Community Bridge Building Support	48	33	17	16	24
Person Centred Planning	64	40	15	24	10
Open Access Drop In sessions	78	30	4	27	17
Aspects of services open to general public	39	20	24	11	45
Services take place in mainstream venues	59	41	14	27	15
Outreach to people's own homes	57	29	14	18	28
User-run Services	51	27	25	22	20
Women-only Services	61	22	18	21	28
Services targeted at under-represented groups	37	22	41	16	29
Mental Health self-management support	47	34	26	24	26
Vocational or skills development support	78	34	7	29	9



© Crown Copyright 2008

From segregation to inclusion: where are we now? can also be made available on request in Braille, on audio cassette tape, on disk and in large print from info@socialinclusion.org

This publication is available on the websites:
www.dh.gsi.gov.uk
www.socialinclusion.org.uk