Southwark Council

Dear Innovation Fund applicant,

To follow is the outcome report from the National Development Team for Inclusion (NDTi) following its review of the current funded day services in Southwark.

Southwark Council has accepted the principles, objectives and elements of the new service model proposed in the report.

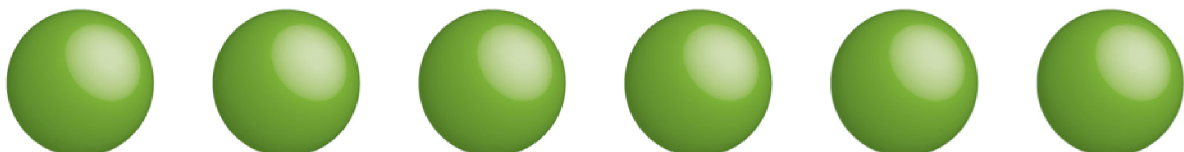
We will be carrying out planning events with our existing contractors and other organisations in Southwark as well as the existing service users to determine the exact configuration of the new model to be implemented in Southwark.

The Future of Mental Health Day Services in the London Borough of Southwark

Peter Bates and Anita Cameron

NDTi

July 2011



National Development Team for Inclusion

Montreux House
18A James Street West
Bath BA1 2BT

T: 01225 789135
F: 01225 338017

www.ndti.org.uk

Page

Contents

About the authors 4
Acknowledgements....4
Introduction....5
How this report is organised 6
The proposal in summary 6
For all current service users and all new referrals 8
Wellbeing and Information Hub....11
Re-ablement 14
Self-run peer support groups 15
Social Inclusion....17
Staff development and deployment 19
Budget 21
Appendix One: No Health without Mental Health....23
Appendix Two: The broader policy context for day services....25
Appendix Three: Southwark's vision for Social Service 31
Appendix Four: Summary of current provision....33
Appendix Five: NDTi Principles for Service Change....34

About the authors

The National Development Team for Inclusion (NDTi) is a social change organisation that works to achieve a society that is inclusive of all people, where factors like mental health issues, disability and age are not an obstacle to people achieving good life outcomes. For more information please visit our website: www.ndti.org.uk

Peter Bates has led on social inclusion work for NDTi since 1999. In his work with over 130 local service providers, Peter has combined a detailed knowledge of what needs to be done to make a difference, with an understanding of the realities of frontline work in hard-pressed services. He has published over 80 items in the areas of employment, disability, empowerment and inclusion, including a number of landmark policy, commissioning and practice publications and is a Visiting Research Fellow at the Faculty of Health of Staffordshire University.

Anita Cameron has a background in health and social care in a wide variety of roles, including social work, commissioning and senior management.

Throughout her career she has been involved in partnership work with people who use services, families and organisations. She has led on many innovative joint projects, crossing boundaries and bringing different perspectives together to develop opportunities for people within and beyond mainstream public services. She has had regional and national roles and a long and varied experience in consultancy work.

Anita has a broad range of experience and expertise and contributes to the work of the NDTi, particularly in areas of commissioning, partnership and leadership, organisation development and mental health. Her recent work includes developing and authoring work on personalisation and mental health for the Department of Health and on commissioning for the National Skills Academy for Social Care.

Acknowledgements

We acknowledge with thanks everyone who generously gave their time to help with the review.

Introduction

Over the last decade, there have been a number of challenges to traditional ways of providing day services for people with mental health issues. These challenges are reflected in changes in government policy and evidence-based practice.[1]

The current service in the London Borough of Southwark is valued by many of the people who use it and is delivered by committed staff. However, there is also a widely held view that the present services are not meeting a broad range of needs, are un-coordinated, and need to change to meet new and changing demands, to support innovation and to make better use of resources. The key change issues are:

- The service should promote individual recovery, so that people find their personal sources of wellbeing and identity beyond their mental health difficulties – but the current service design tends to work against this approach and makes it difficult in practice
- The service should promote independence and self-directed support - but many people attend current services for a very long time and almost nobody receives a personal budget or direct payment
- The service should promote social inclusion – but for many people, buildings and activities operate separately and differently from other local activities and do not provide opportunities for inclusion
- The service should promote employment – but there is little evidence that people using day services are moving to work that pays the National Minimum Wage for 16 hours a week or more.

In the light of these challenges, and faced with significant financial pressures, the London Borough of Southwark, supported by the South London and Maudsley NHS Foundation Trust, commissioned the National Development Team for Inclusion to make proposals for how the service could be re-designed to address these change issues and make more effective use of resources.

[1] See Appendix 1 and Appendix 2 for a summary of current policy.

How this report is organised

The main purpose of this report is to set out a proposal for a new service design, and show how it could meet changing needs and make better use of resources. This is just one step in a journey that includes a number of further actions, including:

- More detailed costings to examine more accurately the financial implications of the service design
- Public consultation about the proposed new service from August to October 2010 followed by a decision by the elected members of the Council.
- Detailed work to assess the level of need of both current and potential service users, as this report is based on the *kind* of need rather than an exact count of the *number of people* who would be entitled and benefit from each element of the new service. The development plan needs to address the impact and management of change for individuals using the service and potential new participants.
- A decision about the volume of each aspect of the proposed model that can be funded within available resources, bearing in mind obligations to people who rely on the current services and the potential for further changes in the future.
- This will lead to the need for careful examination of existing buildings and potential accommodation, along with the implications of changing current arrangements.
- A plan and timetable for implementing the changes that allows the additional work involved in a major service modernisation to be handled well and keeps everyone informed. This may include, for example, estates, organisation and workforce development. New contract arrangements are expected to start in April 2012.

After introducing the vision of the new service design in a summary diagram, the body of the report explains each component in turn and sets out why it is needed, what it will achieve, and how it builds on the innovation that has already begun in existing provision.

Supporting information is presented in a number of appendices, which will be drawn on, but not extensively recapitulated in the main body of the report. Appendix One summarises the themes of the newest mental health guidance from government, and Appendix Two adds the broader policy context. Appendix Three shows how the London Borough of Southwark is balancing its financial obligations with its commitment to go on improving services. The current day services are described in a series of information tables in Appendix Four, and finally Appendix Five reveals the values that NDTi bring to the process of supporting change.

The proposal in summary

There are currently about 500 people attending the six mental health day services funded by Southwark Council and the PCT at a combined cost of just under £1.5 million, supported by a total of 29 staff spread amongst the six different services.

Before forming this proposal, we visited and examined the activities of the current service (see Appendix Four), reviewed best practice and national and local policies (see Appendices One to Three) and ran a Development Workshop with stakeholders to co-produce some ideas for service re-design. Our proposal is firmly based on this foundation.

The proposed design is based on the idea of a single service with different elements working together in a coordinated way to provide support for re-ablement, peer support, inclusion, life opportunities and personal development. The aim is to remove duplication and increase flexibility, enable each component to develop expertise, and ensure that the service can be consistently maintained.[2] The design also allows strategic flexibility for different elements to be purchased according to changing need and available resources.

The different elements of the design are: a Wellbeing and Information Hub and satellites, a Re-ablement Team, a Peer Support Team, and an Inclusion Team.

[2] Appendix Four shows that in the current services staff teams are too small and isolated to generate diversity and a co-ordinated approach.

Having a single service does not mean necessarily having a sole provider, but it does mean that the service components are commissioned in the context of a clear overall design, with agreed outcomes for each component, overseen and monitored in a co-ordinated way.

The service design is based on partnership working and good links to complement services funded from other sources and provided by, for example, the voluntary sector, the local authority, health services and other agencies and community services and activities.

People with personal budgets will be able to purchase from different parts of the service to suit their preferences, from outside the service, or a mixture of both.

There are a number of options for delivery, for example: a local authority trading company, a social enterprise, a service user-led organisation or a consortium of providers. Whatever the choice for service delivery, consideration would need to be given to accountability for delivering and monitoring the contracted outcomes in an effective co-ordinated way (including resolution arrangements where co-ordination or delivery is not being effective).

Ideally, a single team model for the whole re-designed service in Southwark would be overseen by a Board with strong member (service user) representation and have a small management team to co-ordinate activities and develop good links with other services.

A well designed development programme will be needed to achieve this single service model.

The following sections describe the different elements of the single service design in more detail.

For all current service users and all new referrals

At present, eligibility for social care is generally assumed on the basis that the person is managed through the Care Programme Approach[3], but this means that the person does not benefit from a thorough and up to date assessment of their needs and eligibility for social care or a personal budget. As such, we cannot be sure that places in the day service are allocated to the people who need them most.

This is unsatisfactory, and so we propose that all current attenders and future referrals should be formally assessed by a Care Coordinator or the Staying Well team, leading to either a support plan (if the person is found to be eligible for social care or S117 aftercare under the Mental Health Act) or a Staying Well plan. Such assessments should begin as soon as is practicable, irrespective of the wider changes to the day service.

While there are no current plans to apply the Fairer Charging guidance to mental health day services, this places people in a different position in comparison to other recipients of social care, and Councillors may review this decision in the future. Consistent social care assessment of eligibility will form a sound foundation for personalising Southwark Day Services.

The Staying Well plan is an established way of working in other parts of Southwark's mental health service and offers guidance and support to people who are ineligible for social care or who are being discharged from specialist services, to point them to support systems that everyone uses, and to offer guidance about healthy lifestyles.

Secondly, the modernised day service will offer a 13 week Re-ablement programme designed to achieve a step-change in people's self-management of their mental health issues, independent living skills and social inclusion, whilst negotiating self-directed support arrangements as required. Offering people a focused opportunity to develop skills over a three month period can make a real difference by promoting self-reliance, confidence and engagement in positive activities.

Everyone who currently attends the day service will be offered the Re-ablement programme, whether they have been assessed as eligible for social care or not. New referrals will be offered Re-ablement if they are assessed as eligible for social care.

The Re-ablement programme will include consideration of the need for ongoing support through a personal budget, and so people who have long-term needs will be supported to

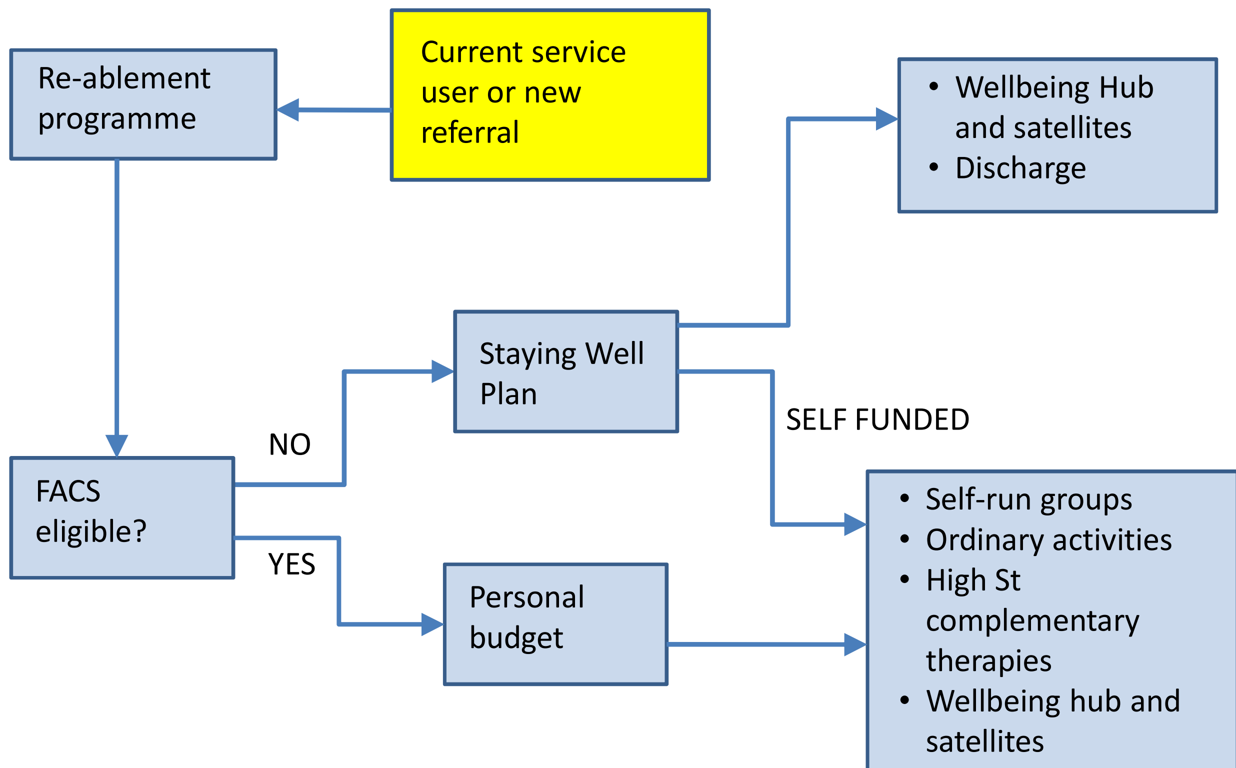
[3] See Appendix Four, Table 7.

work through the self-assessment process, decide what they need and create the arrangements for self-directed support.

Existing service users and people referred in the future will also have the opportunity to visit the Wellbeing Hub or Satellite sessions as needed, and to seek, join or form one or more self-run peer support groups, supported by the Self-Run groups specialists .

A final, essential element of the Re-ablement programme will be access to support from the Inclusion Team, who will help participants to obtain information and support so that they can engage in positive social roles and relationships beyond the mental health service. This advice will be available to everyone using the Wellbeing Hub or Satellite sessions as well.

The following diagram shows the care pathway for current service users and new referrals.



Wellbeing and Information Hub

At present, all six day services offer opportunities for drop-in attendance, and most offer the opportunity for people to spend several days a week at the centre, attend at the weekend or during a weeknight evening, and over 50 people use more than one centre. This high level of drop-in and out of hours provision increases the risk of role engulfment, where people see their mental health issue as defining their whole identity and all their relationships and roles, rather than as just one aspect of their life. It also lowers expectations, harms the person's ability to structure their day and build a healthy routine for themselves - and so slows recovery.

This report proposes that the day service is redesigned to reduce the amount of this kind of opportunity in favour of individual support and socially inclusive practice so that people work on their issues and are supported to engage in mainstream community activities alongside the general public. This is achieved by reducing the number of buildings used and so freeing staff to work individually in the community.

At present, services funded by the Borough and the PCT operate from six buildings. Most of these open five or six days a week. In order to achieve the proposed service design funding would need to be re-directed from current services to support Re-ablement, Self-Run Groups and Social Inclusion work. Where the Wellbeing Hub is to be based will need to be explored. One of the Borough or PCT owned buildings could be retained. Alternatively a partnership arrangement could be sought with a provider, with revenue costs of running the Hub offered by the commissioners and the building and building running costs offered by the provider.

The changes would lead to Southwark having a single Wellbeing Hub, complemented by five 'Satellite' sessions in different parts of the borough, each running for one day a week. The Hub will form the team base for the whole service, and the Hub Team (six staff proposed) would run both the Wellbeing Hub and the Satellite sessions.

The Wellbeing Hub would be open during office hours, five days a week to anyone with mental health needs on a self-referral basis, including people who do not use secondary mental health services and those who are not eligible for social care. This recognises that many of the people who use the current service have come to rely heavily on this provision, but may not be eligible for the new service, and so provides transitional support as they adapt to new arrangements. Secondly, investing in low-level support of this nature

is anticipated to reduce crisis, lower whole-system costs and promote community wellbeing.

At first, the Satellite sessions will be sited near to current services to accommodate those people who need local provision, but room hire arrangements will allow for some flexibility, and open the possibility of distributing the Satellites appropriately around the borough[4] or changing the pattern of provision in response to need.

One or more of the Satellite sessions would provide an opportunity for people who share a common identity or experience to meet and support one another. Hiring room space within a mainstream community agency, such as a neighbourhood or cultural community centre, will provide opportunities to combat stigma and build alliances.

The Wellbeing Hub and Satellite sessions will be designed to meet the expressed need for a drop-in safe space where people who have relied on this kind of support for a number of years will be able to obtain informal support and advice from peers and staff. The Hub will be jointly run by staff and people using the service. This means that people who have relied on the service in the past will find that they are doing more for themselves and there is an increased expectation that participants develop independence and informal peer support rather than relying too heavily on staff. Becoming a volunteer in the Hub will assist people to build the confidence they need to take up more socially inclusive volunteering and take up roles in the wider community.

Where appropriate, the Wellbeing Hub may also be a base for people who are subject to legal restrictions to their movements. From time to time, people who need additional support will visit the Hub, and some of these will not have access to a care coordinator, so referral routes will need to be agreed.

The Hub will contain a well developed and maintained information resource that can offer details about, and effective links with, other services and community opportunities. There will be a programme of activities that members can sign up to, that may be delivered by in-house or visiting experts (including experts by experience) from the mental health service or wider community.

Activities at the Wellbeing Hub and in the Satellite sessions will be designed to develop skills in:

- Managing mental health difficulties - in partnership with the Re-ablement Team

[4] Appendix Four shows the sites of current services on a map of the borough, indicating that most are in the north west at present.

- Independent living[5], wellbeing and healthy lifestyles
- An included life in the community beyond the service - in partnership with the Inclusion Team
- Shared decision making and peer support – there will be opportunities for peer support pairs and groups to form, supported by the Self-run peer support team.

In the boldest version of our proposal, in which building based provision has been pared down to the minimum, we make the following observations:

- The maximum amount of money is released for investment in the other components of the proposal
- The Hub will be open every weekday, providing somewhere for everyone to go who has previously used the service. Attendance numbers may be high at the beginning, but the wider staff team will have the flexibility to assist until other parts of the service expand, such as the self-run groups.
- Everyone who has become used to attending any of the six centres and may be reluctant to travel across the borough will be able to attend a Satellite session one day a week near their current service, where they will be able to meet the group that they know well.
- Where established friendships and supportive relationships have already formed in the current day service, people will be supported to form self-run peer support groups, and thus provide another way to maintain these connections.

A more staged approach could be achieved by temporarily retaining more buildings and offering more than one day a week of Satellite sessions near one or more of the current venues, perhaps by gradually working down from the six day a week offer of current services. The exact number of Satellite sessions that are needed will depend upon the level of assessed need arising from each of the current services, as affected by Re-ablement work, turnover over time, Staying Well and Social Inclusion planning, and the availability of Self-Run groups. It may be possible to reduce the number of Satellite sessions needed over a two-year period.

A longer, more staged approach obviously has financial consequences, and would have to be carefully planned in order not to use up the budget needed for other parts of the proposal, thus risking its overall integrity and effectiveness.

[5] Careful planning will be needed to avoid increasing dependency and instead to promote self-care skills, in such practical areas as use of a kitchen. In some current services, staff spend a lot of time working in the kitchen and meals are subsidised.

Re-ablement

The current services offer a lot of occupational, leisure and activity-based groupwork, such as gardening and art groups, cooking and computing, discussion groups and outings. In contrast, there is almost no structured, group-based mental health therapeutic work, such as Cognitive Behavioural Therapy, anxiety management, hearing voices groups and the like. More broadly, personal goal-setting and solution-focused approaches are not systematically used across the day service. Care reviews tend to continue with 'more of the same' rather than stimulating significant change, and discharge from the service is a rare outcome of these reviews.

There is potential for people to achieve a step-change in their recovery through engaging with a planned programme of person-centred work to address issues and difficulties that inhibit wellbeing, recovery, independence and inclusion. Some of these approaches are on offer from elsewhere in the service, and all provision of this kind should be coordinated within and beyond the day service to reach the maximum number of people.

The proposed new day service will offer every current attender and eligible new referral a 13 week Re-ablement programme at the beginning of their involvement with the modernised day service. The Re-ablement Team will develop and manage the programme in partnership with colleagues in the Day Service, Community Teams and the IAPT[6] Service.

They will coordinate individual assessments and evidence-based, short-term groupwork programmes that help people progress on their recovery journey; reduce, remove or manage mental health difficulties; build resilience and confidence, and negotiate community inclusion.

This may include teaching people to use and access community-based complementary therapies that they manage and pay for themselves. Sessions will be offered both in mental health and non-mental health venues.

The goal is to strengthen the discharge process, so that people expect to leave and find their lifelong personal support networks in informal locations rather than through services. A time limit on the Re-ablement programme will help people focus on how they will find solutions and establish self-directed support, and join or build a self-run community.

[6] The *Increasing Access to Psychological Therapies* service is based in primary care.

Self-run peer support groups

Many people who attend the current day service form supportive relationships with other people using the service, but these relationships are largely played out within the building. Not many people meet for coffee or go shopping together, visit one another at home or plan a holiday, but some do[7], and a few self-run peer support groups have begun to form.

Such groups offer the opportunity for people to maintain friendships that have formed over a number of years through taking charge of their own lives and building informal support arrangements. Activities can be planned to match participant's interests, budget and timetable. They are informal and ordinary, secure from changes in services or cuts in budgets and may last for years, eclipsing staff turnover rates.

But for people who have relied upon the ready availability of meeting space, the presence of staff, cheap tea and an activities programme, finding interested people and launching an independent group can be daunting. So the proposal is for Southwark Day Service to include a small team of staff to encourage and support the formation of these self-run peer support groups[8]. There will be much to do, as informal groups still need to work out what to do if someone becomes distressed, tries to make all the decisions or loses the group's funds.

In general, the expectation is that self-run peer support groups will provide informal social activities, friendship and a chance to share skills, rather than becoming a formal service provider. They will grow out of the Wellbeing Hub and Satellite sessions, and be offered up to twelve months transitional support before becoming almost entirely independent of the service.

This transitional support may include the provision of free accommodation for longstanding groups within existing premises (i.e. groups will not incur additional expense to the service), and then each group finds and funds its own meeting place. New groups will form on the basis that they find or fund their own meeting space in the community.

The staff team will work with people using the service to identify groups that may become self-run, support the formation and meeting arrangements, coach peer leadership and

[7] There are currently some regular activities already running that could easily grow into self-run groups, such as the cafe groups run from Crossways and the developing work under this theme at Castle.

[8] This has links with the work on peer support in crisis that is being led by Simon Rayner, Service User Involvement Development Worker at SLAM. The low key social support that leads into informal support networks outside the remit of the mental health system makes it distinctive.

offer long-arm support. The aim will be to see the formation of a variety of groups that offer different locations, activities and styles to meet a range of needs across the borough.

The staff team will also work with the local authority and the mental health trust to support the groups to make a managed transition from formal to informal arrangements regarding health and safety, finance and governance. They will quickly develop expertise in supporting fledgling groups and encouraging the complex web of networks and roles that form community life.

Some people with mental health issues from black and minority ethnic communities or other 'identity' groups may wish to form closed self-run groups, while some groups may wish to open up membership to friends or the general public. Some groups will pool their personal funds or personal budget to finance activities.

People who get involved in the Wellbeing Hub or Satellite groups will be drawn into shared decision making in those settings. This will help people rebuild or develop these skills that will be harnessed and further enhanced through the co-production approach used in the self-run peer support groups. Such skills will be invaluable in wider community participation, as people move beyond the mental health service into wider community engagement and active citizenship.

People who wish to take this process further may get involved in local User-Led Organisations or community projects, such as Timebanks or Social Enterprises[9]. The latter adds considerable business acumen to the core skills of cooperation and shared decision-making in order to blend trading for profit with the social purpose of the Social Enterprise. Such projects have real potential to enrich the life of Southwark and enhance opportunities for people with mental health issues.

As the technical challenges of forming a Social Enterprise can require considerable time and skill, commissioners will need to decide whether to enhance the Self-Run Peer Support staff team with a dedicated role of Social Enterprise Development Worker. This would, of course, need to be done in collaboration with the Council's Economic Development department and its partners.

[9] Blackfriars has a timebank and has had some success in forming a social enterprise.

Social Inclusion

Building a web of friendships and positive social roles beyond the mental health service is a significant challenge for people who have become isolated or who have become immersed in the mental health world. It is, however, crucial for mental health recovery, as it builds resilience, lowers dependence upon specialist services, reduces misunderstanding and discrimination in the community and matches most people's whole-life ambitions.

Engagement in particular aspects of the wider community has specific benefits, as employment provides the best route out of poverty, exercise enhances physical health, volunteering improves wellbeing, connecting with neighbours makes communities safer, and participation in interest groups and arts enhances self-confidence, identity and purpose.

The current day services in Southwark have embraced this agenda, but some activities remain group-based. There is some utilisation of amenities such as cafes and cinemas where people who know one another may deepen their existing friendship, but new alliances beyond the mental health world are unlikely to form. The proposed new service offers a significant opportunity to support people with mental health issues to build positive and meaningful roles and relationships in the wider community.

The Inclusion Team will work with people attending the Wellbeing Hub, Satellite sessions and those engaged in the Re-ablement programme to support them to access the roles and relationships of their choice outside the mental health service.

We are optimistic that people using the day service have both the right and the potential to benefit from social inclusion work and that community organisations have the ability to make reasonable adjustments to the way they run so that everyone can participate. The Inclusion Team will focus both on helping people retain existing roles, responsibilities and relationships in the wider community, and in supporting the formation of new ones for those people who have lost them.

In addition, they will identify mainstream community organisations and help them to offer relevant and accessible opportunities to people with mental health issues. Specialists in the team will focus on the following areas:

- Paid employment – in collaboration with vocational workers in Community Mental Health Teams, IAPT and elsewhere, such as mental health leads in Jobcentre Plus offices
- Volunteering – by building alliances with volunteer-engaging organisations, local volunteer centres and the National Centre for Volunteering
- Lifelong learning – through schools, colleges, universities and adult learning providers, to ensure that learners who experience mental health issues are supported to remain in education or return promptly
- Arts – by engaging with music, the visual and performing arts sector, galleries and studios to enable people to link with others who also make and appreciate any art form
- Faith, meaning and identity – to link with community groups that share a belief, a specific identity or purpose, so that people with mental health issues have the widest possible choice to explore their sense of purpose and meaning in life in community with others.
- Sport and physical exercise to connect with leisure services in the public and private sector so that gyms and sports groups make reasonable adjustments to become accessible to all
- Neighbourhoods – to work with neighbourhood clubs, associations and interest groups so that neighbours get to know one another, share common interests and keep an eye on those who need additional support.
- Financial and other services, such as welfare benefits and banks, housing and trading standards, so that people with mental health issues are supported to access universal advice and support agencies alongside everyone else.

In all of these areas of community life, staff in the modernised day service will spend less time providing these activities and services themselves and instead they will assist universal support and advice services to respond appropriately to people with mental health issues. Secondly, they will support individual day service users to access these universal support and advice services. Thirdly, they will encourage the development of peer support as a way of pooling expertise in these matters amongst the group of people using the mental health service. Finally, in exceptional situations, they will refer people to their care coordinator or other specialists for specific assistance.

We note that vocational specialists in primary and secondary mental health services already provide some support for people with mental health issues in relation to employment, volunteering and education. It is our view that this is insufficient to address the inclusion needs of people using the day service and so these specialists are required within the modernised Southwark Day Service.

Staff development and deployment

We know that staff and people involved in day services across Southwark will recognise each of the features of the new model and be able to point to examples of these things happening in a small way in the current service. So the change is less about starting from a blank sheet, and more about creating an organisation where existing innovative practices can move from the margin to the mainstream, expand and thrive.

New job descriptions and person specifications will be needed, along with a positive process through which existing employees can make an informed choice, have development opportunities and have the chance of taking up identified new roles.

As the work of the Peer Support Team, Re-ablement Team and Inclusion Team is significantly different to existing roles, there will be a clear process of interview and selection for these posts. Staff at the Wellbeing Hub will have posts that are more like existing roles, although there are important differences too, so a decision about interview and selection or commissioning the new provision from an existing or new provider will need to be taken.

Wherever staff can demonstrate competence to learn and deliver the new role, existing staff should be retained if at all possible, in order to offer continuity of the established helping relationships with people using the service.

Further work will be needed to clearly define each role in the four new teams, along with additional work to clarify safe working practices that achieve the goals that have been identified. This means that a common programme of staff development and learning will be needed so that all staff across the Southwark Day Service understand their own and each other's role. Suggestions are given in the following paragraphs about the staff development needs of each of the four teams within the unified service.

- The **Wellbeing Hub team** will need new ways of working that enable them to run both a central hub and Satellite sessions. At present, there is not a consistent approach across the day service to developing independent living skills and positively managing the risks that attach to this. There is room for development in staff co-production skills in supporting community meetings and how to share responsibility for running the Hub and the Satellite sessions. One staff member will take responsibility for maintaining the information resource.

- The **Re-ablement Team** will take responsibility for a Re-ablement programme that will be delivered by all four teams working together. They will need to clarify their role in individual assessment and consider how to support individuals to set their own goals, build a person-centred plan and design self-directed support. Team members will need to be able to map need and review evidence on interventions, and design, adapt, deliver and evaluate short term therapeutic interventions. This is likely to demand education to degree level and a recognised mental health qualification as well as prior experience of delivering these group-based interventions. Clinical supervision will need to be arranged. Some interventions may be delivered in partnership with colleagues from Community Mental Health Teams or elsewhere.
- The **Self-Run Peer Support Team** will need to glean learning from pioneering projects[10] and local experience in order to develop an approach that effectively supports groups to make the transition from staff-run to self-run arrangements, and to support the development of new groups. While much learning will be drawn from the self-help and community development traditions, the specific challenges facing groups that have become reliant on staff but now need to be more self-reliant makes this an exciting aspect of our proposal. If this team includes a Social Enterprise Development Worker, then the blend between formal and informal organisational structures, and between the commercial and social impact, will demand staff who are skilled at synthesising diverse ideas to form a clear action plan.
- The **Inclusion Team** will have to develop the skills needed to assess individuals, map community opportunities, build capacity and support individuals to achieve sustainable and meaningful participation in community roles and relationships. The skills that are needed here have been defined by the Department of Health and many mental health services are already deploying them, but they are quite different from those needed to operate a traditional day service.

[10] Such as *Friends in Action* and *Accept* – projects where NDTi have been involved.

Budget

The new service design would be at a lower cost and use resources more effectively due to the following improvements:

- By using fewer buildings, a greater proportion of the available funding will be devoted to staff support rather than utilities such as rental and heating costs
- By carrying out social care assessments for everyone currently using the service, resources will be targeted on those who need them most, and some people will be discharged with a Staying Well plan.
- By offering a Re-ablement programme, people will have the opportunity to develop skills and confidence for living independently, and so make short-term, rather than long term use of the service.
- By addressing long term needs by promoting take-up of personal budgets and self-directed support, people will have a more personalised service, leading to better outcomes and reducing the overall cost of provision
- By increasing people's involvement in running the service, gifts and talents will be harnessed and staff will be set free to work with people who need them most
- By supporting self-run groups, people will move from staffed to unstaffed activities
- By offering a dedicated Inclusion team, people will be able to move from activities that are organised and delivered within mental health services, to mainstream community activities and relationships, and so need to spend less time in the service
- By operating a single day service across the whole borough, duplication will be eliminated.

An example of how the proposed Southwark Day Service can be staffed is given on the following table. This is at a minimum – and could be built on and changed to meet changing demands. Other costs would include:

- funding for the development of the information service

- small development budgets for the use of the Re-ablement, Peer Support and Inclusion teams
- funding for Personal Budgets

Component	Description
Wellbeing Hub Team	Six staff to run the Hub and Satellites One of these staff will lead on maintaining the Information resource at the Wellbeing Hub The small management team for the whole service could be based here (depending on the delivery choice for the service)
Re-ablement Team	Two professionally qualified and experienced staff to coordinate the Re-ablement programme
Self-run peer support Team	Two staff to support the formation and operation of self-run groups A Social Enterprise Development Worker (as agreed with Economic Development)
Inclusion Team	Six staff Workers will focus on one or more of the following specialist areas in response to demand: employment (as agreed with vocational staff elsewhere in the mental health service), volunteering, education, arts, physical activity; BME, faith and identity; finance, housing and consumer rights.
Buildings	The Southwark Day Service will need whole time use of one building to serve as the Wellbeing and Information Hub In addition, funds will be needed run five Satellite sessions in or close by existing provision that each operate one day a week.
Staff development and training	In each of the teams, staff will need development support and training in order to deliver this innovative service
Training for people using the service	Training will be needed to support people using the service to learn self-run and peer support activities, skills for participation in helping to run the new organisation and skills in self directed support.

Appendix One: No Health without Mental Health

Summary of current mental health policy

No health without mental health sets out the current government policy on mental health. It was published in February 2011 and replaced the previous policy New Horizons. The strategy covers all ages and sets out how the Government intends to improve the population's mental health and wellbeing and improve outcomes for people. It promotes the idea that mental health can be improved by 'being in control of our own lives, good relationships, purposeful activities and participation in our communities'.

The strategy is underpinned by three guiding principles:

1. Freedom, reaching our potential; personalisation and control. This includes prevention and early intervention, supporting people to plan their own recovery, and putting people and their families at the centre of their care and decision making

2. Fairness – equality, justice and human rights. This includes equity of access to treatment and equality of experience and outcomes

3. Responsibility – everyone playing their part and valuing relationships. This includes participation in meaningful activity, good social relationships, and supporting communities to provide an environment that fosters improved wellbeing and resilience.

One of the main objectives set out in the strategy of particular relevance to this review is:

More people with mental health problems will recover *– More people who develop mental health problems will have a good quality of life, a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live*

The strategy describes what needs to be in place to improve outcomes in a number of key areas, for example:

Information – the right information at the right time, support and advocacy, improving information and communication, including through the use of technology

Greater choice, control and personalisation – personalised support and services (including personal budgets) designed for the purposes of independence, wellbeing and dignity. Greater choice and control over care and treatment.

Families and carers – recognising the value of their contribution, involving them and ensuring that a range of carer support services is available

Citizens, neighbourhood and community groups – this includes developing and supporting community empowerment, public service reform to give people more control locally and fostering and supporting social inclusion and social action

Employment and employers – supporting people to enter, stay in and return to employment, encouraging employers to support the health and wellbeing of their staff

Staff – Ensuring staff are knowledgeable, motivated and supported, and supporting innovation

Appendix Two: The broader policy context for day services

This summary brings together a large number of policy statements published by government over the last decade. It is heavily referenced, and the references are listed at the end of the Appendix. It shows that the major themes that are highlighted have been reinforced on numerous times and so form a set of consistent messages about how day services should be delivered.

Back in 2002-03, some £140 million was spent on day and employment services for working-age adults with severe mental health problems and this spending was reviewed in the Social Exclusion Unit report in 2004 (ODPM 2004a). The judgement was that the money was not being used well and so those services needed to be redesigned to bring them in line with the clear objectives that were set out in the subsequent guidance. Four clear objectives are explained in the following paragraphs, followed by five principles of service delivery. By July 2007, 85% of a sample of 943 day services had completed a review (CSIP 2008).

#1: Recovery is a dominant goal for all mental health services (DH 2004, MHWC 2004, DH 2005a) and should be a key function of day services (DH 2006a). Recovery encompasses:

1. A return to a state of wellness (e.g., following an episode of depression);
2. Achievement of a personally acceptable quality of life (e.g., following trauma);
3. A process or period of recovering (e.g. following trauma);
4. A process of gaining or restoring something (e.g. one's sobriety);
5. An act of obtaining usable resources from apparently unusable sources (e.g. in prolonged psychosis where the experience itself has intrinsic personal value)
6. To recover optimum quality of life and have satisfaction with life in disconnected circumstances (e.g. severe dementia).

#2: Independence and Self-Directed Support is a strong theme across adult social care (DH 2005b, DWP 2005, HMG 2007a) and is enshrined in the statement of core skills for the whole mental health workforce (MHWC 2004).

- People who need care should have the least invasive form in the least intensive settings in order to promote choice and dignity, self management and self care, enable independence and minimise the burden of disease (NHS 2005, DH 2006a).
- Direct Payments have been available since 1997 and this has been expanded to Individual Budgets but take-up has been low and increasing take-up will assist the modernisation of day services (DH 2006a, DH 2006d). Direct Payments must now be discussed as a first option with everyone (DH 2006e) and personal budgets form the basis of all non-emergency publicly funded adult social care (HMG 2007a). Day service staff should support people to access and use direct payments. (ODPM 2004b).
- The refocused Care Programme Approach explicitly anticipates people moving from reliance on the specialist service towards self-directed assessment and support (HMG 2007a, DH 2008).
- People need to be involved in the design and running of their own services (ODPM 2004a) and this will involve seeking the views of people who have not used traditional services, but may benefit from redesigned provision (DH 2006a).
- This includes addressing the need for advocacy and befriending (ODPM 2004a), social contact and peer support which should be on an open access, drop-in and self-referral basis (DH 2006a).

#3: Social inclusion and participation in community life beyond health and social care services and in the most non-stigmatising settings possible is central to all work with disabled people (DWP 2005), all mental health work (DH 2001, MHWC 2004, NSIP 2007), is the driving force for mental health day services (DH 2006a) and has become the principle around which all investment for disabled people is designed (DWP 2005).

Combating isolation is central to reducing death by suicide (DH 2004), addressing need (DH 2008) and keeping people safe (No Secrets review). People may need support to retain their inclusive roles and relationships through times of crisis, as this is a high risk time for such connections to be lost (DH 2006a).

- Services should have a greater focus on providing access to mainstream services in the community rather than being 'building based' (ODPM 2004a, ODPM 2004b, DH 2006a). Where buildings remain, opportunities should be increased for the wider community to access them, eg use facilities for evening courses or concerts (ODPM 2004b, DH 2006a).

- Project workers should be assigned to accompany people to mainstream community services if needed so that they can participate alongside people from across the community (ODPM 2004b).
- Ensure that there are clear opportunities for progression from day services to mainstream services offering a variety of opportunities (ODPM 2004b).
- Remove barriers to participation and so tackle inequalities (DH 2007)
- Staff will need good knowledge of and relationships with community organisations and to join with people using services and others in combating stigma (HMG 2007a).

#4: Employment opportunities need to be increased (ODPM 2004a, ODPM 2004b, DWP 2005, DH 2006b, DH 2006e) for people with mental health difficulties. Indeed, separate guidance has been issued on vocational services that need to run alongside day services (DH 2006b). For a time, there were national targets (HMG 2007b).

- Individual Placement and Support services should be available, since the evidence shows it to be the most effective means of securing and sustaining employment (HMG 2006).
- Public sector employers need to lead the way (DH 2002)
- Care Coordinators need to address employment and learning needs, partly by linking with Jobcentre Plus (DH 2008) and this will be supported by targeted anti-stigma employer-based campaigns (HMG 2006).

In order to deliver these objectives, services need to meet five principles of service delivery, as follows:

Person-Centred. This is underlined in the SEU report (ODPM 2004a).

- Ask individuals what they wish to do with their time (ODPM 2004b).
- Introduce flexible opening hours to enable people to access services who are in employment or who have other commitments during the day (ODPM 2004b).
- Everyone should have a personalised care plan based on their needs, preferences and choices (NHS 2005).
- Personalisation and inclusion are key themes of the refocused Care Programme Approach (DH 2008).

Proactive and Responsive to groups of people with specific needs. This includes

- Preventative work. The Minister of Health's vision for all adult social care clearly

indicates that services should intervene in time to prevent problems (SCIE 2004, HMG 2006) and to keep people healthy and independent (DH 2007). Introduction of the stepped care model (DH 2006e), primary care mental health teams, improved access to psychological therapies in primary care and services that offer early intervention in psychosis all help to identify and treat mental ill health at the earliest possible moment. Women's day services and user-run social support should offer open access as well as referral from primary as well as specialist health services (DH 2006c).

- People with the most severe mental health problems who may need support on an ongoing, time-unlimited basis (ODPM 2004a, DH 2006a). Day services should in-reach into inpatient wards and sheltered accommodation (DH 2006a). People who find it difficult to leave their own homes should be offered to opportunity to be visited at home and to receive transport assistance and support to engage in social activities (DH 2006a).
- Women with mental health issues (DH 2006c). The National Service Framework (DH 1999) first drew attention to the importance of developing gender sensitive services. In 2000, the NHS Plan (DH 2000) made a commitment to the provision of a women-only day centre in every health authority by 2004. Subsequently (DH 2003), a more flexible target was set that sought to meet women's needs within the context of mainstream services. Indeed, all forms of daytime support should be seen as a route into social inclusion and mainstream opportunities (DH 2006c).
- People from diverse ethnic and cultural groups. This may require commissioning of specialist support from local voluntary and community groups. (ODPM 2004b)

Diverse. Commissioners need to consider how they can maximise the contribution of the voluntary and independent sector in service provision, supported by statutory services (DH 2004, DH 2006a, DH 2006e).

Well-connected to other health and social care services and community organisations (ODPM 2004a). This is demonstrated within health and social care settings by a single shared assessment and care plan (DH 2008) and through links beyond the mental health system (DH 2006a). Information about social inclusion needs should be drawn together from individual care plans to assist the commissioning process (DH 2008).

Accountable. It was anticipated (ODPM 2004a) that progress in service redesign would be monitored through the annual review of mental health services (the 'autumn assessment') by Local Implementation Teams. An outcomes framework is available (CSIP 2007). Local councils also have a duty to promote gender equality and disability equality (HMG 2005, HMG 2005) as part of the Disability Discrimination Act (1995, amended 2005). The *Public Sector Duty to promote gender equality (Gender Public Sector Duty)*,

introduced as part of the Equality Bill (March 2005), placed a legal obligation upon all public sector bodies to ensure gender equality from April 2007.

References – listed in publication order to show the evolution of policy

Department of Health (1999) *National Service Framework for Mental Health.* London: Department of Health.

Department of Health. (2000). *NHS Plan.* London: Department of Health.

Department of Health (2001) *The Mental Health Policy Implementation Guide*

DH (2002) *Mental Health and Employment in the NHS*

Department of Health. (2003) *Mainstreaming Gender and Women's Mental Health*. London: Department of Health.

SCIE (2004) *A New Vision for Adult Social Care: Responses to a survey conducted by the Social Care Institute for Excellence*

ODPM (2004a) *Mental Health and Social Exclusion* SEU.

ODPM (2004b) *Action on mental health: A guide to promoting social inclusion. Factsheet 3: Mental Health, Day Services and Community Participation.*

DH (2004) *National Standards: Local Action*.

Mental Health Workforce Commission, NIMHE, 2004). *Ten Essential Shared Capabilities*

NHS (2005) *Case management competences framework for the care of people with long term conditions*

DH (2005a) *NIMHE Guiding statement on recovery*

DH (2005b) *Independence, well-being and choice: our vision for the future of social care for adults in England.*

Department of Work and Pensions, Department of Health, Department for Education and Skills and Office of the Deputy Prime Minister (2005) *Improving the life chances of disabled people* London: Strategy Unit

HMG 2005 *Disability Discrimination Act* 1995, amended 2005

HMG (2005) *Equality Bill*

DH (2006a) *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems*

DH (2006b) *Vocational services for people with severe mental health problems: Commissioning guidance*

DH/NIMHE (2006c) *Supporting Women into the Mainstream*

DH (2006d) *Direct Payments for People with Mental Health Problems: A Guide to Action*

DH (2006e) Our health, our care, our say: a new direction for community services.

HM Government (2006) *Reaching Out: An Action Plan on Social Exclusion*

DH (2007) *Commissioning framework for health and wellbeing*

HM Government (2007a) *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*

HM Government (2007b) *PSA Delivery Agreement 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.*

National Social Inclusion Programme, CSIP (2007) *Capabilities for Inclusive Practice* Department of Health.

CSIP (2007) *Outcome Indicators Framework for Mental Health Day Services*

DH (2008) *Refocusing the Care Programme Approach. Policy and positive practice guidance.*

CSIP (2008) *From segregation to inclusion: where are we now? A review of progress towards the implementation of the mental health day services commissioning guidance.*

HM Government (2009) *New Horizons: A shared vision for mental health* Cross government strategy: Mental Health Division.

Appendix Three: Southwark's vision for Social Service

This public statement by Southwark Council[11] includes the following aspects that are of particular relevance to the development of mental health day services:

1. There will be large cuts to the council's budget over the next 3 years. Almost £34m will be removed in 2011/12. This could be followed by £17m in 2012/13 and further cuts, not yet quantified, in 2013/14.

2. We need to minimise what we spend on administrative costs and find more innovative ways of helping our residents to support themselves with fewer formal council services. A key part of this is shifting the balance of care away from costly residential homes and towards more personalised services in community settings.

3. Several measures have been taken over recent years to manage rising demand, including raising the Fairer Access to Care Services (FACS) eligibility criteria to substantial and critical needs only.

4. We need to move from a model of dependency to one where older and disabled people are seen as people who can contribute and exercise control over their own lives, improving their own health and well-being.

5. More people across the whole spectrum of support needs will be helped to live as independently as possible, through prevention, signposting and 're-ablement' – short term interventions to help people recover skills and confidence following a period of poor health or admission to hospital. Overall, fewer people will be dependent on long-term council support and more interventions will be time-limited. This support will be aimed at enabling people to access mainstream services rather than relying on specialist services.

6. We will continue to develop the offer of personal budgets for those people who do require ongoing care and support, including direct payments in cash. People will need information on the amount of money to be spent on their care and support needs so they can make choices on how it is spent. We recognise there is a role for the council

[11] http://www.southwark.gov.uk/download/5871/vision_for_adult_social_care_services_paper

in supporting the development of a care and support market that provides the sort of services that people want to access.

7. We are looking to re-shape our universal offer (open access discretionary services) that cover areas such as lunch clubs and day care services as well as befriending, information and advice. These are available to people who may not have eligible social care needs.

8. We will create a single point of informed contact so that people can access high quality information and advice about social care services and be signposted to resources outside the council. This will be for everyone regardless of whether or not they receive support from the council for their care.

9. Prevention work needs to consider ways of stopping people's care and support needs from getting worse and of helping people minimise the risk of them entering the adult social care system as far as possible. It is important that we target this work based on available evidence, particularly around how investment early on can support a reduced demand for longer-term social care support.

10. We want to focus on opportunities that support people to retain their independence for as long as possible. This may include short-term home care or re-ablement to help people get back on their feet, making use of technology and providing effective equipment for the home. Over time, our ambition is for this to be expanded to become the initial offer to everyone with eligible needs,

11. Once a person has been through re-ablement and a longer term need is established, a personal budget will be the offer.

12. We are looking to re-shape day services for people with eligible needs in support of the vision and for people who continue to choose this model. Services will be focused on offering respite and support for a smaller number of people with the most complex needs but also providing opportunities for people to gain the skills they need to live independent lives, including access to employment.

13. A set of triggers and alerts will be embedded in the system with the aim of ensuring that people who are at risk are safeguarded. The culture will support positive risk-taking and the whole community will be responsible for picking up warning signals and will need to be part of an effective response.

14. The resources we have for helping people arrange care and support will be increasingly focused on those who are less able to help themselves, including people without family or networks, people with cognitive impairment or a lack of mental capacity.

Appendix Four: Summary of current provision

This section has been removed as it contains commercially sensitive information

Appendix Five: NDTi Principles for Service Change

1. Short term contracts are profoundly unsettling for both staff and service users, reducing therapeutic benefit and increasing morale problems and turnover. Contracts should be let on a three year rolling basis, with tight performance management that enables poor performers to be removed at any time as necessary.

2. Staff teams need to be large enough to meet safety obligations, achieve resilience against turnover and absences, and to achieve the flexibility to respond to crises whilst retaining both core and developmental activities.

3. Plans for change need adequate time for stakeholders to properly plan and consult, but then changes should be implemented briskly, in order to avoid the debilitating effects of chronic uncertainty.

4. Communication with all stakeholders should be prompt and transparent, open about areas that are non-negotiable, with a clear timeframe wherever possible so that people understand how the change will progress.

5. The Council has a responsibility to people who have used services prior to the change, to help them navigate their way to new arrangements rather than to summarily withdraw support.

6. The bulk of investment should be targeted on the greatest need, with a smaller proportion of investment being made in preventative work, wellbeing support for vulnerable people and strengthening communities. Current mechanisms for assessing the severity of need are the FACS eligibility requirements in social care and take up of specialist mental health services in healthcare or use of the Care Programme Approach. Healthcare is free at the point of use, while social care is chargeable under the Fairer Charging system, enabling public funds to be targeted where there is least ability to pay. Short term re-ablement work is generally not chargeable, to assist individuals to become as independent as possible.

7. The scale of current restructuring means that previous efforts by individual providers to increase efficiency will be unlikely to be 'rewarded' by extra consideration or preferential treatment. While this may seem harsh to some, the shape of the new provision needs to be designed with Southwark's future needs in mind, and provided by

the organisations best suited to deliver it. Efficient and effective use of resources in the past will, of course, be a factor in the selection of providers.

8. The uncertain financial situation for Southwark over the next 5-10 years demands that the historical ‘rigid’ service with buildings and other fixed overheads is replaced by an ‘elastic’ service that can quickly respond to opportunities to expand or the necessity of shrinkage. We acknowledge that some people prefer rigid provision as the complexity of changing it can add a feeling of stability to the service, but in a time of rapid and large-scale changes, elasticity combined with commitment to the community is the best option for service continuity.