



Leeds
CITY COUNCIL

Agenda Item:

Originator: Dennis
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Report of the: Director of Adult Services

Executive Board

Date: 16th August 2006

Subject: **Commissioning Plan for Mental Health Day Services**

Electoral Wards Affected: All

Specific Implications For:

Ethnic minorities

Women

Disabled people

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

Executive Summary

In December 2005, Executive Board agreed the principles on which the Department's Commissioning Strategy for Adult Day Services would be based. It also agreed to the preparation of a commissioning plan for day services for each of the four main adult service user groups (older people, people with learning disability, disabled people and people experiencing mental illness) for approval by Executive Board.

This report presents the plan for mental health day services. This has been developed by the mental health day services modernisation project, in line with the agreed principles contained in the Commissioning Strategy for Adult Day Services. The project is called 'i3' ('Inspire, improve, include') and is closely linked with the city-wide Mental Health Modernisation Team in order to ensure effective engagement of all stakeholders.

The vision for day services as set out in this report will enable people with mental health problems in Leeds to be less isolated and marginalised. They will have greater access to the same non-segregated, mainstream community, social, leisure and educational opportunities enjoyed by non disabled residents in Leeds.

The report indicates the current position with regard to mental health day services in Leeds and sets out the proposed new service model. It recommends that members adopt the new service model outlined and agree its implementation based on a phased approach and the timescales given.

1.0 Purpose of the Report

1.1 The purpose of this report is to set out proposals for the modernisation of mental health day services. It describes a more person centred service model based on meeting an individual's assessed needs flexibly, in their local communities and, wherever possible, within mainstream services rather than in settings catering only for people with mental health problems. This is what potential users of such services and their carers say they want.

2.0 Background

2.1 At any time one in four adults may experience some form of mental illness, people experiencing such difficulties typically have mental health care needs which can be treated but also have significant social care needs associated with the impact of the illness. Although there are similarities in the needs of people experiencing episodes of illness which affect their health and wellbeing with those people with learning disabilities, both the causation and experience of the two groups are quite distinct.

2.2 The recent White Paper "Our Health, Our Care, Our Say" calls for a radical and sustained shift in the way health and social care services are delivered to do more to tackle inequalities and improve access to community services through a greater emphasis on individualised provision. This also recognises the continuing move away from former models of institutional care.

2.3 "From segregation to inclusion: commissioning guidance on day services for people with mental health problems" (Department of Health, Feb 2006) requires that there should be a comprehensive range of day service provision for people with mental health problems designed to promote recovery, social inclusion and self determination.

2.4 In Leeds the necessary work to plan the modernisation of mental health day services in line with the strategic direction set by Government policy and guidance and the Commissioning Strategy for Adult Day Services has been taken forward by the 'i3' project. In close consultation with all stakeholders, including the 5 Leeds Primary Care Trusts and the Leeds Mental Health Teaching Trust, it was decided to redesign day services across all provider sectors in line with the overarching principles.

2.5 Currently, mental health day services in Leeds are provided by four agencies: Social Services, Leeds Mind, Touchstone and Leeds Housing Concern, representatives of all of these agencies have recently met with the Lead Member for Social Care with regard to the development of the service models set out in this report.. Over 85% of the current service is directly provided or commissioned by Social Services and the rest of the service is commissioned by the PCTs. Approximately 1400 people use the current service and there are about 80 whole time equivalent staff employed by the various agencies. The overall cost of these combined services is in the region of £2.5 million.

2.6 Over the past year the 'i3' project has completed a substantial amount of planning work and has undertaken a number of major audits of current services and their users. Consultation has continued in many different forums in the past year with a series of day service consultations, information events and open forums with service users, carers and staff. (see Addendum 2) These have told us that although people value the chance to meet with other service users and with staff in the building based settings, they would also like more access to mainstream community facilities and services, employment and education.

3.0 Main Issues with the current service

3.1 The majority of day service resources in Leeds are building based with the majority of staff time devoted to providing support within the building in group settings. The size and location of these centres creates barriers to independence and social inclusion for the majority of service users. It is difficult for staff to go out from the building to help individual service users pursue goals in their local communities or in mainstream services.

3.2 Geographical distribution of services is very uneven, with the East of the city and the outer areas being particularly badly catered for. Some sections of the population are also poorly catered for, particularly young people.

3.3 In addition, there are a substantial number of people who are unwilling to use the current services because they consider them too stigmatising and limited in terms of choice and range of opportunities. About half of the people who start attending a centre give up their place within a month. Of the people on the Care Programme Approach in Leeds, which effectively includes the majority of people with serious mental health problems, only about one in ten attend a centre, the proposals contained in this report set out different service models designed to address this trend.

4.0 Key Components of the New Service

4.1 In line with the commissioning guidance "From segregation to inclusion" (2006) The service will aim to provide opportunities for social contact and support, support to retain existing roles and relationships support to access new roles and relationships, opportunities for service users to run their own services and to support one another. (The 'user led crisis centre' is a good current example of this approach).

4.2 A new proposed service model was developed by the project managers with advice from a consultant from the National Development Team. This is a national organisation with a track-record in similar service redesign projects across local authorities and PCT's. The main components of the model are:

- A person centred, individualised service (run by a set of locality based community teams). These teams will gate keep the service. They will help service users access mainstream services and the other components of the model as appropriate.
- A network of drop ins / user run groups. Existing service users tell us that they value the opportunity to meet with other service users and this will enable them to continue doing this in a community setting.
- An employment service. In line with the vocational service guidance (Vocational Services for People with Severe Mental Health Problems, Commissioning Guidance (2006) DOH) mental health day services will work towards developing a "place and train" employment service. This evidence based way of working is currently not available in Leeds and its remit implies the engagement of other agencies with a responsibility for employment (e.g. DWP, Job Centre +).
- A smaller building based service component. Some people will still need a building based service, either short term to meet their therapeutic needs or longer term because their mental health needs will be such that they will not be able to access mainstream provision. This may be provided from several localities in the city to ensure equitable access and we hope this will increasingly involve a service-user run element.

- Access to direct payments. Individuals will be offered the opportunity to receive a Direct Payment from the Local Authority as an alternative to direct service provision.
- An outcome focused approach. Both service users and staff will know why someone is using the service and know when they have achieved their goal.
- An integrated approach to access and assessment. The service as a whole will contain both a preventative element which users will be able to access directly and an eligible needs element which will be accessed on the basis of an assessment. All services will operate together as a whole system with shared assessment protocols and policies.

5.0 Consultation.

5.1 Consultation to date has been extensive (see Addendum 2). It has raised a number of issues, particularly from existing service users. It has already been indicated how the concerns of individual service users will be addressed in the implementation process. Future consultation and planning will take these views into account within the context of the overall approach being taken to the design of the new service .

5.2 Meetings and briefings for all elected members will be arranged to inform them of the city-wide process.

5.3 Local day service development will take place in each area of Leeds in consultation with all stakeholders. in the service and with local Ward Members. Modernisation plans will be developed and implemented on a local level to best respond to the individual needs of service users and their carers.

5.4 A collaborative approach to the day services improvement programme in Leeds is being developed with NIMHE (National Institute for Mental Health in England) to assist service users, other individuals and relevant organisations in taking an active part in the development of local solutions to the implementation of the proposals.

6.0 Proposal for implementation

6.1 We recognise that ambitious changes cannot be implemented with undue haste , a three year timescale for implementation of the project is therefore proposed, which would involve a phased shift of resources from buildings-based towards individualised, community based working as outlined in the table below:

Deployment of staff in service areas	Year 1 2007- 08	Year 2 2008 – 09	Year 3 2009 – 10
Individual Person centred work	20%	40%	60%
Group work in community settings	20%	30%	20%

Building based setting	60%	30%	20%
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6.2 There will be two strands to the implementation process: new users who will access the individual service as soon as it is available and existing service users. Existing service users will be offered extra support as some of them have been using the service for many years and may find it hard to adjust to a new approach. They will receive a review of their needs and those requiring ongoing support will receive this in the new service model.

6.3 Another feature of the plan is that the East / North-East sector of the city will be an early implementer site. The fact that the Roundhay Road Day Centre has to leave its existing premises because of the disposal of the Roundhay Road site creates an opportunity to introduce the new model in that part of the city.

7.0 Resource Implications

7.1 A business case will identify how current resources (both revenue and capital) can be re-invested in order to deliver the new service model on a cost neutral basis.

7.2 An options appraisal will be carried out as part of the business plan to ensure that the proposals for the new service design will offer “Best Value” for the people of Leeds

8.0 Specific Implications for Ethnic Minorities & Disability Groups

8.1 This plan places significant emphasis on person centred planning for individuals and on the development of services and support networks within a person’s local community. Those from ethnic minorities should be able to access services that reflect their cultural and religious backgrounds as well as their care needs.

8.2 At present there is a substantial group of people who have multiple needs, (for example people with both mental health and learning difficulties, or mental health and physical disabilities and so on). A more individualised service will be able to support these people to meet their needs in the community. Parallel processes in other service areas should also help with this.

9.0 Conclusion

9.1 We have to modernise our day services for adults with mental health problems in order to achieve better outcomes for the users of the service. We need a new service model which promotes independence and which will better reflect the expectations of a new generation of services users. This service redesign will ensure opportunities for users to access locally based universal and specialist day services as a replacement for large outdated centres. This increase in choice and control will support greater social inclusion and increasing participation in people’s local communities.

9.2 In addition it is necessary to respond to a number of other drivers:

- to comply with statutory guidelines,
- to ensure that the service contributes to the corporate health, well being and social inclusion agenda,
- to achieve consistency in all adult day services through the application of the agreed commissioning strategy ,

- to contribute to the inter-agency Leeds Mental Health Strategy.

10.0 Recommendations

Members are asked to agree the plan for day services as outlined in this report.

Members are asked to agree the implementation of the agreed service model within the time scales contained in this report.

Members are invited to receive further reports as the new service model is implemented.

Members are invited to request further briefings through the proposed course of the project.

Addendum 1.

Case studies used in consultation

The following two scenarios illustrate what a modernised day service could mean for a person with a mental health problem:

1) Kevin is 47 years old, is married and has two children. He has been on the sick for six months following a breakdown and has been diagnosed as depressed. He has worked as a warehouseman for most of his life and is keen to return to work but finds that for some reason he is quite anxious about returning. His employers are reasonably sympathetic to him but are finding it hard to understand why he is not back yet as he is clearly a lot better than he was six months ago. His wife is finding she is getting used to having him at home; it makes it easier for her at work knowing that he is at home when the children get back from school.

The imminent end of Kevin's sick pay prompts the family to seek help from secondary mental health services. The GP refers to the mental health day service community team who after meeting with Kevin realise that his primary wish is to get back to work so they refer him to the employment team. In addition they tell him about depression support group that meets in the evening and so is particularly useful for people who are working. The employment team meets with his employer and provides them with information and support around mental health issues. They negotiate a phased return for Kevin, six months later Kevin is on a 30 hour a week contract although he sometimes works overtime when his employers are particularly busy. Kevin's support worker has helped him to be aware of the signs of feeling over stressed and he knows that he can always ask for support in the future if he needs it, with this back up he is happy to continue at work and plans to go to the support group for another couple of months and then probably stop going there too. Kevin is assured by this availability of supportive services.

2) Gemma is 26; she had been supported by Aspire, the early intervention team, for 5 years but is now too old for their service. She had learnt some strategies for dealing with her intrusive voices and had a range of activities in place but over the past year she had found it increasingly difficult to get out of bed and was tending to be less engaged. Her Community Psychiatric Nurse referred her to the community team.

Her community team worker discovered that she was finding it harder to manage her voices than in the past, and helped Gemma to discuss this at the Care Programme Approach meeting; she was then able to get some specific support around this which slowly began to help. The thing that Gemma missed most was her art class but as this been in the morning, her worker helped her to find another mainstream group in the evening and did some work with her to reduce her anxieties about public transport so that if the weather was bad she could go on the bus. Gemma liked this group. In addition the worker introduced her to a culturally specific service (Gemma was of afro Caribbean background) which would visit her at home and was looking for a befriender for her. At present this was all Gemma wanted so the worker withdrew making sure that Gemma and her other workers knew that they could access the service at any time they needed it.

Addendum 2

In January 2004 a multi-agency group produced a report `Leeds Mental Health Day Services Review` reviewing the current provision of mental health day services in Leeds and making some recommendations for the way forward. This resulted in the establishment of a 2-year project to modernise mental health day services which started in March 2005.

This project has worked with stakeholders to produce an agreed vision of day services based on 3 key principles of recovery, social inclusion and service user involvement. A model was produced on how to achieve these outcomes through a process of a whole-systems redesign of day services.

There was clearly a need and desire on behalf of the Authority to consult with current and potential service users, and staff about the future of day services. A communications and consultation strategy for this project has been produced which details the different ways in which stakeholders' views are contributing to the modernisation process. All formal consultation events have been written up and disseminated, these documents are available separately.

A summary of the consultation undertaken so far is as follows:

Date	Type of Event	Who For?	Numbers attending
May – Dec. 2004	Several (20) consultation events at 13 day centres and services Questionnaire	Service users of existing services People not using day services	200+ ~20
15th June, 2005	Launch Stakeholder Event to explain the purpose & aims of the project	All stakeholders	~ 60
November 2005	Stakeholder event to present proposed model	All	~ 50
Jan 2006	2 half-day stakeholder events	Staff working in day services	~ 60
Feb 2006	Stakeholder event	Service Users	~ 60
May 2006	Stakeholder event for E/NE early implementation site	Potential & existing providers, service users, carers & agencies in E/NE Leeds	~ 50

In addition to the formal consultation events, we have been engaged in a rolling programme of public information sharing events which are held either in response to requests or on a bi-monthly basis at various venues throughout the city:

July 2005	Mental Health Lunchtime Forum	All – public event	~ 30
September 2005	Open Forum at Vale Day Centre	All	~ 20
December 2005	Open Forum at Touchstone Support Centre	All – mainly attended by BME service users & carers	~ 20

March 2006	Open Forum at Stocks Hill Day Centre –	All	~ 60
“	East Leeds Mental Health Forum	All	~ 20
“	Invited speakers at DOSTI AGM	All – mainly BME service users	~ 40
May 2006	Open Forum at Wetherby Drop-in centre	All	~ 20
June 2006	Meeting with provider agencies and elected members and commissioners	Voluntary sector providers Social Services Elected members Commissioners	
July 2006	Race Equality Forum	BME Community Groups	

Outcomes

i) The outcomes from the initial May – Dec. 2004 events demonstrated a variety of needs and wishes of existing service users and non day centre users. There was support for change in a number of directions particularly around improving links and pathways between services and in the direction of social inclusion. Other suggestions were more user run services and services that meet the diverse needs of our varied population. The diversity of need suggested that a wider range of services than we had, including more socially inclusive services, would be better able to meet people’s needs.

ii) Outcomes from the Stakeholder Events in June and November 2005 indicated that most people were in favour of more staff time being committed to social inclusion (i.e improving access for people with mental health difficulties to “universal” services), and that planning should be based on the needs of the whole service rather than the needs or wishes of individual agencies. There was widespread agreement that although the current service has many strengths it needs to change. There was broad support for the principles of change although the details of how this would impact on individual services will still need to be worked out.

iii) Outcomes of the service user and staff events have been written up separately. They generated an anticipated degree of concern regarding the fear of losing services (mainly in the form of closure of buildings) and this has made the project team realise that more effort needs to now be directed at producing details of possible implementation proposals. Service users and staff will be involved at all stages of this.