



## Report of the Director of Adult Social Services

### Executive Board

Date: 15 December 2010

Subject: The future of mental health counselling, day and supported living services

**Electoral Wards Affected:**

  
  
  
  
  
  
  
  
  
  
 Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In  
(Details contained in the report)

### EXECUTIVE SUMMARY

The Council-provided mental health service currently comprises a counselling and support service known as the Crisis Centre; three day centres; a community-focussed peripatetic team encouraging recovery and integration through the use of mainstream community and leisure facilities (the Community Alternatives Team); social enterprise-type services based around gardening and food; and three supported living units.

This report examines the current usage and provision of these services in the light of

- Unnecessary duplication of services within the city
- A recent, wide-ranging consultation on mental health day services among service users and stakeholders
- Emphasis on recovery and social inclusion of mental health service users together with the personalisation agenda
- The availability of other mental health services and providers in the city

Executive Board is asked to agree recommendations to:

- approve the decommissioning of the Crisis Centre, endorsing the joint approach with NHS Leeds to managing customer, referrer and GP expectations and ensuring appropriate signposting/redirection to existing services which can meet the needs of the population. This also includes the potential relocation of staff, with a planned closure date of April 2011 (paras 3.3 to 3.13).
- approve the disposal of the Crisis Centre premises at Spring Road in the most economically viable manner (para 3.9).
- approve the reconfiguration of the directly-provided mental health day services to consolidate resources and enable cost efficiencies while delivering a modernised, community focused

service, involving personalised consultation with service users, and appropriate levels of staff and Union consultation. To be completed by July 2011 (paras 3.14 to 3.24).

- approve the decommissioning of existing mental health day services across the internal and third sectors, and the tendering of new, modernised services across the care pathway detailed in the 'i3 Project report' which are fit for purpose. To commence process February 2011 (paras 3.25 to 3.30).
- approve consideration of options for the future provision of the supported accommodation services in line with Best Value, with a further report and recommendations to be submitted to Executive Board in July 2011 (paras 3.31 to 3.33).

It should be noted that the recommendations do not involve arrangements in relation to social workers based within inter-disciplinary teams in the Leeds partnership Foundation Trust, for whom other considerations apply.

## **PURPOSE OF THIS REPORT**

- 1.1 This report is to provide members with information about the Council's directly provided mental health services and plans to reshape these, in line with the statutory functions of the local authority and intended future developments. This will enable the Council to ensure the provision of high quality mental health services for the people of Leeds.
- 1.2 The report seeks Executive Board agreement for four phases of service reconfiguration:
  - Phase 1: decommissioning the Crisis Centre and instead directing clients to existing NHS services
  - Phase 2: reconfiguring the Council-provided mental health day centres
  - Phase 3: commissioning new mental health day services
  - Phase 4: review of supported accommodation
- 1.3 The proposals mark a shift away from buildings-based services to those which are community focussed and promote recovery and social inclusion for this service user group.

## **2 BACKGROUND INFORMATION**

- 2.1 The Council-provided mental health service currently comprises a counselling and support service known as the Crisis Centre; three day centres; a community-focussed peripatetic team encouraging recovery and integration through the use of mainstream community and leisure facilities (the Community Alternatives Team); social enterprise-type services based around gardening and food; and three supported living units.
- 2.2 **The Crisis Centre**  
The Crisis Centre was opened by Adult Social Care in 1989 as a short-term (1-16 week) counselling service. It is based in Headingley.
- 2.3 In recent years the NHS has made considerable investment in 'talking therapies', mainly through health service workers and 'Increasing Access to Psychological Therapies' (IAPT), which in the main have not involved the Crisis Centre. There is an element of duplication in the functions of all of these services and, given the degree of NHS investment in its own counselling services, discussions have taken place with NHS Leeds into the future of the Crisis Centre. The outcome of these discussions is outlined below.

2.4 It is important to note that the delivery of a counselling service is not a statutory function of a local authority.

## 2.5 **Day services**

The Council-provided mental health day services are essentially building-based in three day centres across the city: The Vale, Stocks Hill and Lovell Park Day Centres. There is also a city-wide team supporting service users to access mainstream and community facilities.

2.6 An extensive service user, council, NHS, independent and voluntary sector consultation was conducted between 2005 and 2009. Known as the 'i3 Project', this involved the development of a vision to transform mental health day services based on the twin principles of recovery and social inclusion and, more recently the independence, wellbeing and choice and personalisation agendas.

2.7 The results of this widespread and detailed consultation can be seen in the 'i3 Project Final Report' which described a preference for a tiered model of service provision, with the primary focus being on community based teams and a greatly reduced reliance on dedicated buildings. The vision was to develop a range of options based on person-centred planning to ensure maximum use of community resources rather than the kind of segregated provision represented by traditional, specialist day services. This model would offer a more cost-effective and inclusive model of service, based around mainstream facilities.

2.8 Despite comprehensive stakeholder sign-up to the need for change, progress towards achieving the goal has been patchy and uneven. The routines at the day centres were not sufficiently adjusted to enable outreach and individualised working and limited opportunities for social inclusion. Equally, until recently there has not been an agreed commissioning vision and strategy to enable the changes to be driven forward.

2.9 The Lovell Park Centre opened in newly-refurbished premises in early 2010 and, as well as the traditional day centre, also serves as one of the bases for the Community Alternatives Team which works with individuals to encourage integration and social inclusion.

## 2.10 **Supported accommodation**

At present there are three hostels for people experiencing mental illness, which are currently being replaced by the Independent Living Project. This will provide 30 short-term, focused placements to help people with mental health problems back into mainstream accommodation, supported by 'floating', housing-related support where required, on a short- to medium-term basis. In addition, there will be 54 new-build flats, of which 18 spaces have 24/7 support. One hostel has already been replaced; the other two are due for completion in May and June 2011.

## **3 MAIN ISSUES**

3.1 The time has come to reconsider the separate elements of the Council's mental health service in the light of

- fitness for purpose;
- modern expectations of the service in the light of the 'i3Project' consultation and the growing personalisation agenda; and
- the availability of commissioned mental health services in the city's independent and voluntary sectors

It should be noted that the recommendations do not involve arrangements in relation to social workers based within inter-disciplinary teams in the Leeds partnership Foundation Trust, for whom other considerations apply.

3.2 This report proposes four phases during which the separate elements of the Council's mental health service will be brought up to date.

### 3.3 **Phase 1: The Crisis Centre**

#### Patterns of referral

During 2009, the Crisis Centre received 1,177 referrals, the majority (45.9%) of which came from NHS (33.6% were from GPs). Only 2.4% of referrals came from the Council and of these, only 0.7% came from Adult Social Care. The remainder of referrals were a combination of voluntary agencies, word of mouth recommendations and from members of the public.

3.4 Of the referrals received in 2009 (see Appendix 1), only 30% were offered an assessment to see if they required a care service, with 58% being referred elsewhere, as they were deemed not to be in need of the counselling service offered at the Centre. Of those referred elsewhere, 35% were referred to a NHS Crisis Resolution or Home Treatment Team (as they were in a major mental health crisis); and 21% were referred to a NHS community psychiatrist or mental health team as they needed a higher level of input than a counselling service could offer. Some 43% were referred to other counselling services.

#### 3.5 Alternative services

In the current financial climate it is difficult to justify Adult Social Services continuing to operate a service outside of its statutory responsibilities, particularly where significant duplication of service provision exists and some specific interventions are already provided by the NHS.

3.6 For people with major mental health issues, the NHS Crisis Resolution or Home Treatment Teams provide significant interventions and are available out of hours.

3.7 For people with less acute mental health issues, a referral to the mental health services would be appropriate and GPs can directly refer to these services.

3.8 In addition, there are the NHS Improving Access to Psychological Services, which are appropriate for those needing solution-focused therapies, group therapy and self-help, to which GPs already have access. Across the city, numerous counselling services offer a range of interventions, both in the voluntary and private sectors.

#### 3.9 Proposal

It is therefore proposed that agreement is given to decommission the Crisis Centre by April 2011. This will allow current service users to come to the end of their existing, time-limited involvement with the Centre and potential new customers to be referred to alternative services described in paras 3.5 to 3.8 above. It is proposed that the premises at Spring Bank, Headingley are then disposed of in the most economically viable manner.

#### 3.10 Staffing and finance issues

The total number of staff within the service is 13.3 FTEs, including a clerk and a co-ordinator. All staff, with the exception of the clerk, are trained counsellors who see

service users for therapeutic interventions. The annual staffing budget for the service stands at £558,000 with running costs of £138,000 (total £696,000 per year). There is no income from the NHS for this service.

3.11 Adult Social Care and NHS Leeds are exploring the option of being able to transfer or facilitate staff to move to the existing NHS Improving Access to Psychological Services, although this will not offer employment opportunities for all current employees. Remaining staff would be offered employment through the Council's Managing Workforce Change programme.

3.12 There will be a need to work with staff and Unions to discuss with them their options for the future, including the potential for changes to their contracts, whether this is to be a new employer (ie NHS) or redeployment through the Council.

3.13 Implications for the NHS

Work will be undertaken to ensure service users and referrers are redirected to appropriate alternative resources. Part of this process will be to ensure the Council, with the assistance of colleagues in NHS Leeds communicates effectively with GP practices and practice-based commissioning consortia about the changes, directing new referrals to more appropriate services. Information leaflets, and information websites will need to be updated to indicate the correct pathways for referrals and this will be done with the co-operation of colleagues from the NHS and the third sector.

3.14 **Phase 2: Reconfiguring the Council-provided mental health day services**

The current provision is based largely on traditional, buildings-based services. There have been issues with recruitment to the establishments over a number of years, which have impacted on the ability of the service to deliver a full programme. Information on attendees and staff are included in Appendix 2.

3.15 An opportunity arises to re-commission the entire care pathway for mental health day services, which could put into operation the vision of the 'i3 Project' consultation, by re-configuring and extending the range of services offered.

3.16 A range of options have been considered, with that described in paras 3.17 to 3.24 offering the closest match with the recommendations of the 'i3 Project' consultation, outlined in Para 2.7. Whilst there will be some cost savings, this has not been a cost-driven exercise, but focused on the real need to reduce the amount of duplication across day services and realign them in a way that maximises potential for recovery and social inclusion. As the proposal is grounded within the ethos of the 'i3 Project', it is anticipated that there will be full backing for the changes from the whole mental health system within Leeds.

3.17 Proposal: One day centre, one community team and a social enterprise programme

The day centre service and the community team would operate from the new Lovell Park centre and the social enterprises currently operating from the Vale and Stocks Hill would be found alternative bases, possibly by arrangement with a voluntary sector organisation.

3.18 The day centre service would be a structured service with a clear attendance protocol. Additional features including employment and volunteering projects would be supported separately through the re-commissioning process and potentially through social enterprise.

- 3.19 By combining staffing resources from the three centres, a sizeable team in the centre and the community team services would be ensured.
- 3.20 Executive Board is asked to endorse the reconfiguration of the mental health day service to one day centre and a community based team, to enable the service to be a viable part of the proposed whole system modernisation of day services, with an anticipated completion date of July 2011. The Board is asked to note that this is likely to be an emotive issue both for service users and staff, which will need to be managed sensitively. Dedicated management time will be allocated to this process to ensure the changes are managed effectively.
- 3.21 Consultation  
Given the extensive consultation already undertaken as part of the 'i3 Project', including a number of ways of involving service users – stakeholder events, questionnaires and service user specific events, it is envisaged that further consultation will take the form of individual discussions with each service user. Service users have expressed frustration at the lack of implementation of the i3 recommendations, and to revisit a full consultation would be counter-productive.. Individual consultations will examine options and identify the most appropriate choice within the model to meet his / her current and future needs, and will link to personalisation and self-directed support where appropriate and desirable.
- 3.22 This will put considerable onus on the staff within the services to manage service user expectation and to take a whole-system view, preparing people for the forthcoming re-commissioning process. It is anticipated that this consultation phase will need to begin in January 2011.
- 3.23 Staffing issues  
There will be a requirement for formal consultation with staff and Unions, as there are implications in terms of staffing required to deliver the proposed model. This would take place in January 2011.
- 3.24 The reduction in staffing required to deliver the new service model is 1.55 FTEs. It is important to stress that there have been vacancies within the mental health day services for a considerable time, which simplifies this issue, as does the current Early Leavers Initiative (ELI). Currently, six members of staff have expressed an interest in ELI, representing 5.2 FTEs. An additional member of staff has requested a reduction in hours. Clearly, work would need to be done in relation to the required skills mix, but it is likely that the staffing changes would be relatively straightforward.
- 3.25 Phase 3: Mental health day services commissioning proposals**  
Proposal: to commission a new system of mental health day services  
It is proposed to commission a whole new system of mental health day services, in partnership with NHS Leeds, by means of a competitive tendering exercise.
- 3.26 Adult Social Care makes a total investment of £2.823 million in current mental health service provision. Of this, £1.764 million is in the voluntary sector and £1.059 million in directly-provided services. It is anticipated that the efficiencies delivered by a re-commissioned whole-system approach will produce better quality services and a 25% saving on the current budget. Details of the current investment appear at Appendix 4.

- 3.27 Should Executive Board approve this proposal, a procurement process of this nature would take up to 18 months to complete.
- 3.28 The new day opportunities system would be based on the principles of recovery, social inclusion and personalisation and will be shaped by a number of key characteristics:
- Service users will need to meet eligibility criteria, so that those most in need are targeted
  - All interventions will aim to promote independence, rather than dependency and ensure the fair distribution of resources
  - Interventions will focus on the attributes and aspirations of service users, rather than their difficulties and deficits
  - Activity will be focused on delivering outcomes which have a sound evidence base of effectiveness
  - Service user involvement will be central to the organisation and delivery of services
  - The whole system will be reflective of, and make a joined up contribution to, the journey of the service user from the experience of an episode of acute mental distress, through recovery, to regaining optimal health and social functioning.
- 3.29 In order to reflect these principles, the new system will comprise five new services, which will draw from and build on existing models of provision from within Adult Social Care and the third sector.
- *The Recovery service* will draw upon the foundations of good practice in the Adult Social Care Community Alternatives Team and the MIND Recovery service, amongst others. It will operate at the interface with acute and specialist services, such as in-patient facilities and CMHT, facilitating ongoing recovery in the community rather than in institutional settings. It will also assist with hospital and day treatment discharges.
  - *The Information and Access service* will assist service users in engaging with mainstream opportunities, and provide advice and information about staying well and healthy. Community Links and Adult Social Care services currently provide some of this assistance.
  - *The Employment service* will help service users access and sustain economic independence through training, education and employment. It will forge strong links with local employers and education establishments and facilitate the development of social firms run by service users. It will act collaboratively with the developments planned by NHS Leeds, as well as the Department of Work & Pensions and other local initiatives. It will build upon the work done by MIND's DOVE project and others.
  - *A Creative Solutions service* will be developed to offer fulfilling opportunities to aid the recovery process. These skills-based, time-limited group and individual activities, such as gardening and cookery, will aim to equip service users with the resources to improve their daily living skills and prevent relapse. There will be a sharper focus on outcomes rather than process, which will distinguish it from traditional day services.
  - *A Black and Minority Ethnic day service.* There continues to be a need to dedicate resources to Black and Minority Ethnic (BME) service users who

remain over-represented in the most restrictive parts of the mental health system whilst, at the same time being least likely to benefit from supportive and enabling services. Thus a BME day service will continue to address issues associated with stigma and exclusion and build upon the good work done in the city by Touchstone and other agencies.

3.30 Finally, in recognition of the need to offer continuity to a small but significant cohort of service users who wish to preserve existing models of service delivery, a Grant Funding opportunity will be offered to facilitate this continuity. Open access will be preserved, and service users will be supported to lead this initiative. It is anticipated that this investment will taper over time, as the need for it diminishes.

### **3.31 Phase 4: Supported accommodation**

Within the directly-provided service are three residential units (hostels), plus floating teams providing housing-related support services. At the present time the hostels are undergoing re-provision under the Independent Living Project, a move from hostels to Transitional Housing Units, which provide shorter-term, focused placements to help people with mental health problems back into mainstream accommodation, supported by the floating support where required, on either a short- or medium-term basis.

3.32 There will be 30 transitional housing places when completed, plus 3 respite/crisis beds on each site. The re-provision also includes 54 new build flats, of which 18 places have 24/7 support. One hostel has already been replaced with a transitional housing unit, and the other two are due for completion May 2011 and June 2011.

### **3.33 Proposal: to review the current provision of supported accommodation**

It is proposed to review the current provision of directly-provided housing related support services under the principles of Best Value. There are many specialist providers of supported accommodation for people with mental health issues, both nationally and locally, which would be able to provide these services at a saving to the Council. Executive Board is asked to support the exploration of an options appraisal with a view to a further report, with recommendations, to be brought to Executive Board in July 2011.

## **4 IMPLICATIONS FOR COUNCIL POLICY AND GOVERNANCE**

4.1 The proposals set out above are in line with key national policy documents, such as the green papers 'New Horizons', 'Independence, Wellbeing and Choice' and 'Putting People First'.

4.2 The proposals contained within this report have no implications for Council governance, and can be managed within the existing constitution. There will be a duty to consult due to the significant changes being proposed, but the existing procedures will be sufficient.

## **5 LEGAL AND RESOURCE IMPLICATIONS**

5.1 Equality impact screening assessments are being undertaken for the proposals around the Crisis Centre and the reconfiguration of the day services. These will indicate whether a full assessment is required in these cases.

5.2 There are no legal implications for the Council in these proposals. If the Crisis Centre is decommissioned, staff will either be assisted into employment within NHS services, be enabled to take advantage of the Early Leavers Initiative (if they have expressed an interest) or redeployed using the established Managing Workforce Change programme. In relation to the day services, the latter two options will also

apply, although there are few people in need of redeployment due to extensive vacancies in the service.

## **6 CONCLUSIONS AND RECOMMENDATIONS**

- 6.1 Members of Executive Board are asked to note the content of this report and agree the following recommendations.
- 6.2 That Executive Board approves the decommissioning of the Crisis Centre, endorsing the joint approach with NHS Leeds to managing customer, referrer and GP expectations and ensuring appropriate signposting/redirection to existing services which can meet the needs of the population. This also includes the potential relocation of staff, with a planned closure date of April 2011 (paras 3.3 to 3.13 above).
- 6.3 That Executive Board approves the disposal of the Crisis Centre premises at Spring Road in the most economically viable manner (para 3.9 above)
- 6.4 That Executive Board approves the reconfiguration of the directly-provided mental health day services to consolidate resources and enable cost efficiencies while delivering a modernised, community focused service, involving personalised consultation with service users, and appropriate levels of staff and Union consultation. To be completed by July 2011 (paras 3.14 to 3.24 above).
- 6.5 That Executive Board approves the decommissioning of existing mental health day services across the internal and third sectors, and the tendering of new, modernised services across the care pathway detailed in the 'i3 Project Final Report' which are fit for purpose. To commence process February 2011 (paras 3.25 to 3.30 above).
- 6.6 That Executive Board approves consideration of options for the future provision of the supported accommodation services in line with Best Value, with a further report and recommendations to be submitted to Executive Board in July 2011 (paras 3.31 to 3.33 above).

## **BACKGROUND PAPERS REFERRED TO IN THIS REPORT**

Department of Health's Green Paper - Independence, Wellbeing and Choice (2005).

Putting People First – The Vision and Commitment to the transformation of Adult Social Care (2007).

New Horizons: a shared vision for mental health, Department of Health (2009).

NIMHE/CSIP: (2006). From segregation to inclusion: Commissioning guidance on day services for people with mental health problems.

Future Vision Coalition (Sept 2010): A future Vision for Mental Health.

I3: Mental Health Day Services in Leeds – the Model (Final Report).



## Appendix 1

### Crisis Centre Referral Information 2009

#### Dispersal of referrals (2009)

Total referrals received by phone = 1,777  
Considered for face-to-face assessment = 777  
Offered face-to-face assessment = 539 (30%)  
Referred elsewhere = 1,028 (58%)  
Information calls = 155 (9%)  
Other = 55 (3%)

#### Referred elsewhere" (2009)

CRHT = 360 (35%)  
Counselling agencies = 442 (43%)  
Psychiatric services = 216 (21%)  
Other = 10 (1%)

#### Crisis area (2009)

Relationship issues	35%
Mental health issues	11.2%
Violence/crime	10%
Social	8.7%
Bereavement	8%
Illness/disability	4.3%
Pregnancy etc	2.9%
Child Welfare	1.9%
Childhood abuse	0.7%
Cultural	0.2%
Unrecorded	17.1%

#### Ethnicity (2009)

White British	78%
Black African	2%
Black Caribbean	1%
Indian	3%
Pakistani	3%
Irish	1%
Mixed Race	3%
European	2%

## Appendix 2

### Day Services Staffing

	The Vale	Stocks Hill	Lovell Park	Community Alternatives Team	Overall
<b>Budgeted Structure</b>	8 FTE	9 FTE	8.5 FTE	9.8 FTE	<b>35.3 FTE</b>
<b>Actual</b>	6 FTE	8 FTE	5.5 FTE	8.4 FTE	<b>27.9 FTE</b>
<b>Required</b>	6 FTE	6.75 FTE	6.25 FTE	7.35	<b>26.35FTE</b>

### Attendance Figures

#### Community Alternatives Team (CAT)

As of 19<sup>th</sup> November 2010 there are 295 people attending/using the CAT service with a further 49 who have been assessed but are not yet attending and 63 referrals that are to be assessed. This is a total of 407 clients.

#### Lovell Park Day Centre

As of 23<sup>rd</sup> November 2010 there are therefore 139 clients and a further 20 who use the centre for self help groups who could register with the service if they wished.

#### The Vale Day Centre

As of 23<sup>rd</sup> November 2010 there are 170 people attending/using the Vale with a further 15 who have been assessed but are not yet attending and 4 referrals that are to be assessed. This is a total of 189 clients.

#### Stocks Hill Day Centre

As of 23<sup>rd</sup> November 2010 there are 204 people potentially accessing the service, 154 people attending/using Stocks Hill regularly with a further 34 who have been assessed, referred or deciding whether to engage with the service.

**Of the 3 day centres there are therefore 463 regular attendees.**

A survey was carried out for 1 week in October included figures on regularity of attendance:

Attendees were asked how often they attended  
42% of users accessed services once per week  
35% accessed services twice a week  
16% accessed services three times a week  
2% accessed services four times a week  
2% accessed services five times a week  
2% accessed services once a fortnight and

1% accessed services once a month

When these figures were analysed by service it was found:

	<b>The Vale</b>	<b>CAT</b>	<b>Stocks Hill</b>	<b>Lovell Park</b>	<b>Total</b>
Number attending this service	48	62	109	82	301
Attending 1 time a week	9	34	23	38	104
Attending 2 times a week	11	13	59	21	1104
Attending 3 times a week	16	4	19	16	55
Attending 4 times a week	2	1	0	3	6
Attending 5 times a week	2	1	0	1	4

## Appendix 3

### 13 Recommendations (extract from Final Model Report)

The central principles of the model are to ensure that it can deliver better outcomes for service users in the areas of social inclusion, recovery and service user involvement. This requires a basic shift in resources from essentially mainly segregated, building based provision towards more individualised community-based support for people.

The model consists of 4 core elements which work together to offer people a range of appropriate choices of support which is coordinated through a personalised care planning approach. These incorporate the aspects of best practice of the current service that people felt strongly that they wanted to preserve with the need to free up capacity to develop better links with local communities and to offer a more individualised service.

1. The main element of the model consists of a number of locality based community teams to work with people on an individual basis to meet their goals in the wider community. This element would essentially provide a “gatekeeping” function into the other elements of the service and ensure that, wherever possible, people are supported to maintain their networks in a mainstream setting rather than automatically being offered segregated mental health provision. Their purpose is to develop individualised and goal orientated support plans for people which includes options like direct payments to meet individuals’ needs.

The team(s) would be staffed with people who can develop expertise in life domain areas such as education, volunteering, leisure, art, faith etc and some will also specialise in knowledge of community involvement options in particular areas of the district. Ideally this part of the service would be based in mainstream buildings in suitable localities, dispersed throughout the city.

2. The second element is a network of drop-in’s or groups which the community teams will be responsible for setting up and supporting in their localities. Their purpose is to meet the often expressed need for informal and open-ended social contact and for peer support. Although the drop-in’s could become a long-term resource, it is not assumed that unstructured social time is the sole solution to people’s needs. The intention is for them to be used alongside the other elements of the service and that they have the flexibility to be appropriately geographically distributed and to meet the needs of particular sections of the population, e.g. young people, women/men/ people from particular ethnic groups.

3. The model recognises the need to retain a building based service. However this would have a stronger focus on therapeutic work such as symptom-management and structured activities for people who are unable to access mainstream provision. This component would be expected to contribute to a care plan by helping people to develop the skills and competencies to form relationships with others & to prepare them for the other elements of the service. The expectation of this service being open-ended would need to be removed and eligibility and access would be managed through the community team as described above.

4. The final component is an employment team which would be a city wide resource that brings together both mental health and mainstream employment services to deliver an individual placement and support model. This model focuses on immediate work placements with support & training provided as required once someone has started work. The team would also work with people already in work who experience mental health difficulties & with employers. It is recognised that a specialist service is needed to meet the demands for mental health employment support to ensure appropriate positive outcomes for service users. At the time of writing, however, this element of the day services model has not been progressed due to lack of project management time.

## Appendix 4

### Current ASC Investment in Mental Health Day and Support Services

#### In House Provision

The Vale	-	£318k
Lovell Park	-	£257k
Stocks Hill	-	£192k
Community Alternatives Team	-	£292k
Sub Total	-	£1.059m

#### Voluntary Sector Services

Community Links	-	£503k
Touchstone	-	£430k
Mind	-	£592k
Together	-	£204k
Dosti	-	£35k
Sub Total	-	£1.764m
Grand Total	-	£2.823m