Leeds
CITY COUNCIL

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Report of the Director of Adult Social Services

Executive Board

Date: 11ᵗʰ February 2011

Subject: The Future of Mental Health Day and Accommodation Services

Electoral Wards Affected:	Specific Implications For:
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

Eligible for Call In ☐ √

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

EXECUTIVE SUMMARY

This report was deferred from the December meeting of Executive Board to allow more time to capture and include in a revised report service users' and stakeholders' views on the recommendations. It contains proposals to modernise mental health day services in Leeds by building on the earlier consultation work and in line with national strategy.

This work, referred to as 'i3' was an extensive service user, council, NHS, independent and voluntary sector consultative project, which was conducted between 2005 and 2009. The outcome of this project was strongly influenced by recent national policy drivers, including Department of Health guidance, encapsulated in *New Horizons* and *Putting People First* which has been reaffirmed by the publication of an updated strategy launched on 2 February 2011 *No Health without Mental Health.*

The first part of implementing the changes proposed in this report would be to reconfigure in-house mental health day services, in order to maximise the staffing resource and deliver increased support within a more diverse and tiered model of services. The new services would be based around a recovery and social inclusion model and reduce our reliance on building-based services. This will benefit current users and those who are eligible but do not choose to access these services currently to facilitate greater independence and increase say and control in their lives. The second part of the proposed change would be a whole system recommissioning exercise for all day services provided in Leeds, both by the Council and the voluntary sector, to procure a new model of day support which

- aims to promote independence, rather than dependency and ensure the fair distribution of resources

- will focus on the attributes and aspirations of service users, rather than their difficulties and deficits

- will be focused on delivering outcomes whose effectiveness can be demonstrated

- has service user involvement central to the organisation and delivery of services

- as a whole system, will follow and contribute to the journey of the service user, from experiencing an episode of acute mental distress through to recovery and regaining optimal health and social functioning.

The conversations both with service users and staff have confirmed that they are both pivotal in the successful reconfiguration of in house day services. They will both inform the service model for both buildings based and community facing services. Through discussion and negotiation staff and existing service users will determine where each individual service user's needs are best met within the reconfigured services. Staff will have similar discussions with new service users.

This report also proposes that officers review 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.

1.0   Purpose of This Report

The purpose of this report is to ask Executive Board to agree recommendations to:

1.1   reconfigure the directly-provided mental health day services in order to consolidate resources, resulting in cost efficiencies while delivering a modernised, community focused service. This will involve personalised consultation with service users and appropriate levels of staff and Union consultation. It is proposed that this will be completed by September 2011, in preparation for the second stage, which is to:

1.2   decommission all existing mental health day services funded by the Council across the internal and third sectors and to tender for new, modernised, fit-for-purpose services across the care pathway, as detailed in the 'i3 Project report' (see Appendix 1). It is proposed that this process will begin in February 2011.

1.3   review 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.

2.0   Background Information

2.1   The Council-run mental health provider service comprises a counselling and support service known as the Crisis Centre; three day centres; a community-focused 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, with two floating support services, namely the Housing Support Team and the Sustainment Team.

2.2   Officers have reviewed these Council-provided services in the light of the financial challenges faced by Leeds City Council and other factors including:

- The statutory responsibilities of the Council
- The availability of other providers and services in the city
- The strategic direction of mental health service development
- Recent developments both nationally and locally[1]
- Adult Social Care's desire to ensure the people of Leeds can continue to access mental health services that are of high quality and value for money.

2.3   The recommendations from that review are contained within this report and within a separate report covering the Crisis Centre.

2.4   <u>Day services</u>

2.4.1   Day service provision in Leeds is made up of a mixture of council-run and voluntary sector provision. The Council operates three buildings-based day services: the Vale, Stocks Hill and the Lovell Park Centre; and one city-wide community alternatives team (CAT). The voluntary sector operates a mix of buildings-based and community services. Services have evolved organically over time in response to service user need, but this has led to duplication of some provision by the Council and voluntary sector.

2.4.2   An audit of service usage across all day services has revealed that some demographic groups, particularly younger people, do not make significant or proportionate use of the support services currently on offer. This trend was particularly pronounced within the in-house service.

2.4.3   An extensive consultation with service users, Council, NHS, independent and voluntary sector was conducted between 2005 and 2009. Known as the 'i3 Project', it was aimed at developing a vision to transform mental health day services, taking a whole system view and removing duplication. The vision for day services described in the 'i3 project' is one that continues to be strongly supported by our partner organisations who participated in the original consultation. The voluntary sector, a major provider of day services in Leeds, played a very significant part in the development of the vision. They have lent their support to the current discussions with service users about the implementation of 'i3 project'. In particular where they led the engagement processes and in running an early implementer project to develop the vision. The NHS was fully engaged in the 'i3 project' and subsequent conversations about day services and how this interfaces with day hospital services. Again they have been supportive of the direction of travel Adult Social Care are taking both with our direction of travel and particularly with the recommendation in this report to commission a new system of mental health day services, in partnership with NHS Leeds, by means of a competitive tendering exercise.

2.4.4   This vision was based on the twin principles of recovery and social inclusion and, more recently the *Independence, Wellbeing and Choice* and personalisation agendas which described a preference for a tiered model of service provision, with the primary focus being on more community based teams and a greatly reduced reliance on dedicated buildings. The vision was to develop a range of options as described in paragraph 2.4.8 based on person-centred planning to ensure maximum

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[1] this includes the i3 day service modernisation project and the NHS roll out of IAPT (Increasing Access to Psychological Therapies)

use of community resources rather than the kind of segregated provision represented by traditional, specialist day services. The new model would offer a more cost-effective and inclusive model of service, based around mainstream facilities.

2.4.5 Despite comprehensive stakeholder sign-up to the need for change, progress towards achieving the goal has been patchy and uneven. Whilst staff at council-run centres have worked hard to increase outreach, individualised working and community activity, they have been limited in their ability to achieve this whilst continuing with the same number of buildings bases. Opportunities for social inclusion have therefore been limited.

2.4.6 Equally, until recently there has not been an agreed commissioning vision and strategy to enable the changes to be driven forward.

2.4.7 Commissioners from Adult Social Care and NHS Leeds have recently conducted a review of directly commissioned voluntary sector mental health provision. One of the main issues identified within community (including day) services was managing capacity. Many centres had significantly more service users being referred in, than being discharged from them. A lack of movement through services was a key issue for a number of the community services, with many examples of service users accessing the same service for more than five, ten or fifteen years. This same pattern, of people remaining in the service, has been a characteristic of in-house provision.

2.4.8 Much work has been done over recent years to move away from informal, open-ended type of support, which had created an over-dependence on services. Further work now needs to be carried out to ensure that there is a consistent service culture that is socially inclusive and recovery orientated. This will mean a service offering more choice with:
- specialist building bases providing intensive support for those who need it including safe space and sanctuary, therapeutic groups and links with other parts of the mental health services including primary and secondary care
- larger community teams providing person centred planning, one to one support work, more community orientated activity developing community capacity and opportunities for volunteering
- drop ins providing immediate and direct access, social support, varied opening times with an option to have a mix of user led/user run and other specialist support
- an employment team providing a city wide service with individual work comprising a placement model with supported programmes and links with vocational services

2.4.9 Community based support services like the Community Alternatives Team (CAT) help people with mental health difficulties explore and benefit from activities within the community (see Appendix 1). The difference between CAT and more traditional models of provision is described by CAT service users in Appendix 2 and below.

2.5 Supported accommodation

2.5.1 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. This represents a significant service improvement for people in Leeds who may require such a service now and in the future.

3.0   Main Issues

3.1   <u>Reconfiguring the Council-provided mental health day services</u>

3.1.1   The current provision is based around three traditional, buildings-based services. In recent years services have moved towards the vision of i3, in providing more community-based activity but this has happened in isolation from other services in Leeds. As a result, elements of service continue to be duplicated throughout the system.

3.1.2   Services have continued to offer a traditional day service and, whilst progress has been made to offer more diverse services, these attempts within a traditional building setting have stretched resources to the limit. There have been issues with staff recruitment to the establishments over a number of years and this has impacted on the ability of the service to deliver a full programme. Information on attendees and staff are included in Appendix 3.

3.1.3   An opportunity has now presented itself to re-commission the entire care pathway for mental health day services in the city. This could put into operation the vision of the 'i3 Project' consultation, re-configuring, extending and improving the range of services offered to Leeds residents

3.1.4   A range of options have been developed, described in paras 3.4.1 to 3.4.6 in this report, offering the closest match to the recommendations of the 'i3 Project' consultation, as outlined in para 2.4.4. Whilst there will be some cost savings, this has not been a cost-driven exercise, but does focus on the real need to
- reduce the amount of duplication across day services
- realign them in a way that maximises potential for recovery and social inclusion and
- allow the services to respond to the future demands and capacity challenges in an environment that accepts there will be no additional funding available to manage this in the future.

3.1.5   As the proposal is grounded within the ethos of the 'i3 Project', there is full backing for the changes from stakeholders and providers of the whole mental health system within Leeds. However, there are understandable concerns from service users within the current system. The way in which services users will be assisted and supported is described in more detail in 3.2.3. There is no intention to withdraw support from anyone currently in the service. The plan is to have individual conversations with each service user to plan how support can be provided within the new system.

3.1.6   To implement changes across the whole of the mental health system, as described in paras 3.4.1 to 3.4.5, will take approximately 18 months. In the interim we are proposing the reconfiguration of in-house provision to maximise use of resource. The proposal is to concentrate buildings-based resource on a single site and reinvest in an enhanced community team.   Admission and discharge protocols

would be established with flexibility built into the model so that people can move between buildings and community-focused support, depending on their need.

3.1.7   Adult Social Care recommends that the Lovell Park Centre be used as the buildings base as it is the most centrally located of the three sites, is on major bus routes and has recently been refurbished. Stocks Hill and The Vale will no longer be required to operate as mental health day centres and opportunities arise for consideration as a social enterprise hub.

3.1.8   The day centre service would then be a structured service with a clear attendance protocol. This means that people will spend the appropriate time in intensive recovery services with a planned choice of step down and community based services when they are able. Additional and enhanced features of the new service model would include employment and volunteering projects, which would be supported separately through the re-commissioning process and potentially through the development of social enterprises.

3.1.9   By combining staffing resources from the three centres, the current staff team would all be redeployed, with no redundancy, into a sizeable team in the one centre, with an enlarged community team service. The potential for increased access and a more intensive use of the building could then be developed in ways that cannot safely be delivered from three bases and the current staff resource.

3.1.10 Executive Board is asked to endorse the reconfiguration of the mental health day service and concentrate resource on one building base and a community based team. This will enable the service to complete the necessary actions to prepare itself as a viable part of the proposed whole system modernisation of day services, with an anticipated completion date of September 2011.

3.1.11 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.

3.2   Consultation

3.2.1   Following the proposals first entering the public domain in December Adult Social Care received a number of representations from service users regarding the proposed changes. Many of these focused on the 'proposed closure' of the Vale and Stocks Hill. As requested by Executive Board, officers have met with staff and service users to discuss the report and the rationale behind the proposals in more detail and to collate their views and respond to their questions. Service users have expressed anxiety about how their future service and support arrangements will look and how they would personally be supported by the new service components (see Appendix 1). It will be very difficult for people who feel vulnerable to make this change but our commitment is to ensure each and every service user has a personal plan which will describe a full range of services they can access and how they can be supported in the future. The views expressed by service users are contained within Appendix 4 and those of staff in Appendix 5. This is part of an ongoing process that will be developed into an involvement strategy should Executive Board approve the recommendations contained within this report.

3.2.2   Adult Social Care is proposing to increase the range of day service opportunities at the same time as encouraging less dependence on day centres. It is proposing to focus resources in a targeted way which allows the Council to align its services with

those of the voluntary sector and offer a tiered model of service which has a focus on recovery and social inclusion. Service users are understandably concerned about change. Because the proposed ways of working are outcomes-based rather than service-based, different elements of service will be appropriate for different people. It is not possible to address individual concerns in large public meetings or by service wide communications.

3.2.3   If Executive Board approves the proposal to reconfigure in-house day services, we will work with service users and staff to consider the most appropriate way to move forward in implementing these changes. This will include key workers spending time with service users both on a one to one basis and in friendship and interest groups to identify how their needs are best met within the new model. Individual consultations will examine options and identify the most appropriate choice within the model to meet the individual's current and future needs. These options will link to personalisation and self-directed support where appropriate and desirable.

3.2.4   Extensive consultation has already been 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 therefore envisaged that further consultation will take the form of individual discussions with service users who, with other stakeholders, have expressed frustration at the lack of progress with the implementation of the i3 recommendations.

3.2.5   This will put considerable onus on the staff within the services to manage service user expectation at the same time as taking a whole-system view and preparing people for the forthcoming re-commissioning process. It is anticipated that this consultation phase will need to begin in February 2011.

3.3   Staffing issues

3.3.1   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 will be scheduled to take place in March 2011.

3.3.2   Currently there are vacancies within the mental health day services and six members of staff have expressed an interest in the Council's Early Leavers Initiative, representing a potential reduction of 5.2 FTEs with an additional member of staff requesting a reduction in hours. Continuing to operate the existing service model with three buildings bases is not sustainable without recruiting to these posts.

3.3.3   Work would need to be done in relation to the required skills mix, but it is anticipated that the staffing changes would be relatively straightforward and will be managed within the framework of the Council's Managing Workforce Change Policy. Staff will be required to work in different ways but encouragingly in ways which they say they have already embraced within the limitations of a building based service.

3.4   Mental health day services commissioning proposals

3.4.1   The proposal is to commission a new system of mental health day services in partnership with NHS Leeds, by means of a competitive tendering exercise.

3.4.2   Should Executive Board approve this proposal, a procurement process of this nature would take up to 18 months to complete.

3.4.3   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 reflect 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.

3.4.4   In order to reflect these principles, the new service model will comprise five new elements of service, 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 educational 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 for 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.

3.4.5   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.

3.5   <u>Supported accommodation</u>

3.5.1   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.

3.5.2   There will be 30 transitional housing places when completed, plus three 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.

3.5.3   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. These would be likely to provide 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.

4.0   Implications For Council Policy And Governance

4.1   In Leeds, our approach to equality and diversity, as expressed within our Equality and Diversity Scheme, is to carry out equality impact assessments where there are proposed changes to services so that the implications of decisions are fully understood as they affect specific groups and communities. In respect of this proposal for people with mental health problems a full equality impact assessment has been undertaken.

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.

4.3   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*.

5.0   Legal And Resource Implications

5.1   There are no legal implications for the Council in these proposals.

5.2   The proposals set out in paras 3.1.1 to 3.1.11 are budgeted to deliver savings in 2011/12 of £200k.

5.3   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 5.

6.0   Conclusions

6.1   There has been extensive work done through the i3 project around the need to modernise day services taking a whole system approach, removing duplication and taking as central themes recovery and social inclusion.

6.2   In -house mental health day services have experienced issues in recruiting to establishment in recent years and this has impacted on their ability to deliver the current service model.

6.3   Having reviewed the potential options for delivering the in house service a proposal is put forward to reconfigure services maximising use of resources and moving towards a whole system approach to delivering support.

6.4   This whole-system vision is laid out in the proposal to recommission all day services.

7.0   Recommendations

7.1   Members of Executive Board are asked to note the content of this report and agree the following recommendations:

7.2   That Executive Board approves the reconfiguration of the directly-provided mental health day services along the lines envisaged in the i3 service model. This will consolidate buildings based services on one site, enabling cost efficiencies while delivering a modernised and enlarged, community focused service (paras 3.1.1 to 3.1.11 above).

7.3   To assist this process that Executive Board gives approval to begin a personalised consultation with service users on how their needs are best met within the new service model. Appropriate levels of consultation with staff and Unions will follow with service changes to be completed by September 2011 (paras 3.2.1 to 3.2.5 above).

7.4   That Executive Board request a report in relation to how the service model has been implemented and service users moved into their new support arrangements in November 2011.

7.5   That Executive Board approves the decommissioning of existing mental health day services across the internal and third sectors and approves the tendering of new, modernised services across the care pathway detailed in the 'i3 Project Final Report' which are fit for purpose. This is to begin in February 2011 (paras 3.4.1 to 3.4.5 above).

7.6   That Executive Board approves consideration of options for the future provision of

supported accommodation services in line with Best Value, with a further report and recommendations to be submitted to Executive Board in July 2011 (paras 3.5.1 to 3.5.3).

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Background documents 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).

Equality Impact Assessment re the Future of Mental Health Day and Accommodation Services

No Health without Mental Health, Department of Health (launched 2 February 2011)

Appendix 1

Outline of the i3 project

The i3 project (short for "Inspire Include Improve") was about mental health day services in Leeds. It was set up in 2005 and ran through to late 2009. After consultation with many people throughout the city, service users and carers as well as professionals the project develop a proposed model of how day services could be improved in Leeds The model was tested with agencies and service users.

Both in house and voluntary sector organisations from across the City participated in i3

At the time of the project an audit of the city identified
- around 50 different day services provided by 4 different types of agencies.
- 2000 people registered with 14 day services, 90% attending fairly regularly
- 200 of these individuals used more than one service
- 110 staff working on average 26 hours a week (77 whole time equivalents) equating to 18 service users per full time worker.
- The total cost of the service was £2.5million with Adult social Care paying £2.25millinon and the PCT the remaining £0.25million

It was found that many people choose to use the existing services and were happy with them. However the services have developed separately rather than as a whole system which lead to a lack of consistency. There were a range of differences and similarities in the approaches adopted. This often meant it was neither easy or clear for people if they wished to move between or out of services. The project aimed to help services evolve to consistently be:
- Services that help people be included in the model
- Services that work as one system
- Needs-led rather than service-led support

Across the whole model there would be services suitable for all different groups of people and that the people using services help design them.

The stakeholders and partners agreed that the key principles would be
1. Adopting a "recovery" model of support;
2. Promoting social inclusion
3. Service user and carer empowerment.
4. Accountability

Providing a safe place, a fresh start and bridge building into the community were key to these.

The four components of the model were

Type of service	Specialising in
Community teams	Detailed assessments with person centred planning. These provide support to drop-ins and community capacity building
Drop-in's	Direct access and social support. These have varied opening times and can be generic, specialist or user-run as appropriate
Building based services	Providing a safe space. They hold therapeutic groups and prepare individuals for other parts of the service. They link with other MH services such as primary care and CMHT.
Employment team	A city wide service, undertaking individual work following a placement model and linking with vocational services

The Achievements of the project were wide spread including:
- Service improvement and collaborative-interagency workshops which included service user and staff representatives from each service.
- Undertaking significant service user involvement.
- Monitoring and Evaluation of the elements of the project were undertaken and good practice shared widely.

- Funding was included in the project for day services development and support and supervision provided for staff.
- The Realise pilot in East and North East Leeds tested ways to develop a single referral process for the area.

The outcomes for exiting service users were significant. It increased opportunities for service users say what other support was desired. For some it lead to doing things differently and across the board resulted in fewer new day centre users. There was more choice about other resources available and an increase in the number of local support groups and drop ins. Support to accessing colleges and other learning opportunities improved and more one-to-one work was undertaken in the community.

Appendix 2

Experience of Community Based Support

"I attended a day centre initially, and it was there I found out about the Community Alternatives Team [which provides community-based support]. To anybody who is going to a day centre, I'd say you must definitely try the community-based approach, because it's just so different. It's in a public environment, it's social, and there are so many activities ...

"Getting back to work was my main goal. Now I just want to take all these positives I've learned, and move on and enjoy my life." **– Philip, 61, Morley**

"When I was first diagnosed I couldn't even leave the house. Now I'm vice-chairman of a user-led group called 'Get Set Go!'. We organise lots of things – parties, walks, holidays. It's given me the confidence to say yes, I can do this, I can get well.

My day centre was fine, but they can be quite regimented. Getting back to normal day-to-day life is so important. You want to get to the point where you're able to set goals for yourself rather than someone doing it for you. " **– Mark, 50, Armley**

Appendix 3

Day Services Staffing

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

Attendance Figures

Community Alternatives Team (CAT)

As of 19th 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 23rd 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 23rd 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 23rd 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 which 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:

	The Vale	CAT	Stocks Hill	Lovell Park	Total
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	104
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 4

Feedback and questions raised at the Service user meeting held on 13th January 2011 and through representations made directly to Officers or Members of Leeds City Council by letter or Email.

The table below captures the main concerns and issues expressed by day service users since details of the proposals around mental health day services entered the public domain.

This includes feedback at a service user meeting attended by approximately 150 people. A message wall was available at the event, people had the opportunity to raise questions and if they preferred could leave written versions with staff. The aim was to gather as many views as possible in a variety of formats.

		Concern	Response
1		**Service User Consultation** The i3 consultation was sometime ago and has been dormant for some time. Not all service users felt it included them in the consultation. People who have accessed the services in the last 18 months were not involved. If it's the best way to change things why was it not followed up before? • An example of the concern expressed: i3 was intended to be an intelligence gathering exercise. It was always based in large groups in busy places thus excluding many service users who are unable to cope with such public places. Also as far as I can remember only 4 or 5 people from each centre could attend these meetings so not many users had a say at all so how can i3 say they had consultations and feedback from service users?	The i3 project ran for over four years across the whole of day services - both council and voluntary sector. A range of methods were used to gather service user views including work in groups, a service user involvement forum and suggestion boxes in all centres. There was also work done with mental health service users who chose not to use day services to establish the types of support that they wanted. Commissioners have involved service users and staff in the work they have done since i3 on developing an outcomes framework. All of these views have been taken into consideration in arriving at the model that is being proposed.
2		**Concerns at Proposals to Concentrate Buildings Based Support on one site** Each day centre building is a focal point for the vast majority of people here why should this change? Don't close our centre Closure will result in isolation	The proposed changes to day services will mean reducing the number of building bases that are used exclusively for provision of mental health day services. However, in all of the consultation with service users people told us that providing places where people feel safe to go is an important part of what day services do, and this will continue to be part of the redesigned service. Adult Social Care is proposing keeping a buildings base for mental health service but the expansion of the community team will allow people to go to meet in other places in their local community. Staff will work with current service users to

		Concern	Response
			identify how their needs can best be met.
3		The buildings are seen as safe havens, life lines and a cornerstone for mental health management for many attendees. Removing this will lead to great distress and deterioration in health	When people spoke to individual Officers about what is important to them about the day centre they talked about the type of support they received, the helpfulness and understanding of the staff and having someone that they knew they could turn to for support when they need it.

Adult Social Care believe that the staff can continue to provide this support but in different settings and in different ways.

People also expressed a lot of worries about the idea of social inclusion when talking to officers.

Some people may feel further away from being included in wider society than others, and may need more support to get to the point of taking part in activities that happen in the community, but social inclusion is for everyone.

Adult Social Care is talking about a range of support being available in the community. For some people this may be a mental health support group for other is may be accessing local community facilities like the sports centre or college. |
| 4 | | Activities in the centres have been cancelled, why not just re-implement these. | Activities in Centres have been cancelled because the staff team are trying to offer a full range of services to meet service user needs across the three buildings at the same time as providing a range of community based support and there are not enough staff to fully implement this.
There is no additional funding to take on more staff. |
5		What is the criteria for reassessment? Who will undertake the assessments of everyone currently using the service?	Centre staff will undertake this as part of the regular review of service users needs
6		What will happen to people who are currently using day services but are not eligible for day services in the future?	People currently using day services can continue to access day services under the proposals but the type of support that they receive to meet their needs may change.
7		We don't understand why you are closing the day centre then taking 18 months to consult on services. What will happen in the gap?	The Executive Board report is seeking two separate things, one regarding the in house service changes and the second in relation to the re-commissioning of all ASC funded Day services in Leeds. This does not result in a gap.

	Concern	Response
8	**About Dosti:** • What will happen to Dosti at Stocks hill? • Dosti also asked would ASC pay for the running cost of these premises? • Would they provide funds for transport? • Would Dosti be closed down?	Currently Dosti is hosted by Adult Social Care at Stocks Hill . If the proposals are approved then Adult Social Care will work with Dosti to support them in finding an alternative host option.
9	The Vale has money raising projects, what will happen to these? What will happen to the vale Garden and who will pay for storage for the equipment?. What will happen to the activities at the centres that close?	If the proposals impact on social enterprises – for example if the proposals mean that the social enterprise would need accommodation - adult social care will work with the social enterprise to help identify this.
10	Why close the Vale and Stocks Hill and not Lovell Park?	Adult Social Care have suggested that Lovell Park be used as the buildings base as it is the most central of the buildings, is on main bus routes and has recently been refurbished.
11	What will happen to the buildings? Weren't they all purpose built therefore what use are they to anyone else? Would it be possible for a user led group to take charge of one centre?	This proposal is not making any recommendations around buildings that are no longer used as mental health day centres.
12	How can community based groups offer what the buildings bases can in terms of one to one provision, daily support, self help groups and peer support? Where is the back up if things go wrong when getting support in the community?	Community based support can develop a range of different things including one to one support, peer support and self help groups and staff led support groups. The model that is being proposed is a tiered model of support with more intensive support when people need it and preventative services.
13	There is nothing suitable out in some communities to help people with mental health issues to access. In some communities there are no activities at all.	The day services already operate outreach groups in local communities where people have little or no access to other activities. Adult social care would like to develop more of this type of support.
14	Will people on CPA be able to use the CAT groups and will they use other council venues (eg leisure centres)?	People on CPA already use CAT groups. This will stay as an option.
15	Community Support visiting people in their home for ½ hr a fortnight is not the same as going out to a centre for a whole day, how can this be comparable?	The model is proposing a range of services and groups. It is a flexible model to be able to respond to different needs. For some people one to one support may be most appropriate but for others it may be accessing peer support, volunteering, group support, training or something else entirely.
16	Hasn't the decision already been made?	At this stage it is a proposal to make changes to day services. The Council's Executive board will make a decision on the proposals in February. If Executive Board approve the proposals officers will work with all stakeholders – but especially service users and staff – to discuss in more detail what the new service model would look like and the types of support people need.

	Concern	Response
17	Isn't this just about saving money, not making services better for people?	It is about offering a range of services that promote recovery and social inclusion.
18	How can people who don't have a car or can't drive or catch the bus travel round the city to one centre or to community venues?	We want to offer people a range of opportunities local to them rather than expecting people to travel to a particular part of the City because this is where services are based.
19	When will our concerns be answered?	Staff will pull together the concerns as a question and answer sheet and this will be available through centres and by email for those individuals who have opted to be contacted in this way. If the proposal is approved we will put together an involvement strategy which will include various mechanisms for keeping people informed and engaged in changes.
20	What about people who are too old or ill to be able to consider work in the future. Where is the support for them?	The model is about providing a range of options to meet a range of needs. Support into employment is only one aspect of the support we would expect services to offer.
21	The voluntary sector provision is switching to a time limited service and doesn't suit everyone. This is why some people are using the in house services. What will they do if the in house services go?	We want to move to an approach where we can offer support to those most in need whilst having preventative services and peer support for people when they feel their mental health is improving. It is important that we do not create dependency on services but we also want services to be flexible so that people know they can access them when they need them. Some service users tell us that they just need to know the support is there as a safety net when they need it. We think this is a very important point.
22	How will these changes affect my incapacity benefit and disability living allowance	Using a day service does not currently have an impact on these benefits. This situation will not change.
23	How can you prevent people feeling isolated if there are no centres for them to access to meet other people and get out of their homes?	A day centre is just one way in which people can meet one another. A community based service is also able to arrange opportunities for people to meet as a group.
24	The statements and letters issued by the council and Social Services do not take into account the importance of peer support which is received by all members at the different Day centres	Adult Social Care believes peer support is incredibly important but we also believe that this can happen in a number of different ways. Service users can be supported to develop peer led groups and activities in community settings too. There are many positive examples of this happening.

Appendix 5
Discussion with Day Service Staff about the MH day service proposals
Officers met with day service staff to discuss the proposals being put to Executive Board regarding changes to day services. The main issues raised by staff are captured below.

	Concern	Response
1	We were told that i3 was not going ahead. Many of the suggestions within i3 have been implemented and others were rejected as unsuccessful. The momentum was lost, why has it now been found again?	The i3 model was far wider than the in house service and was put on hold for a variety of reasons. It is recognised that many of the approaches suggested have been adopted by the in house service but this is a model for the whole day service and it would be wasteful and unnecessary to repeat the investment in time and effort that has already been undertaken if the benefits of that work are still evident. The recommissioning of the whole of Mental Health day services in Leeds is sought in this context.
2	Why are you proposing to close centres when it seems apparent that there is a clear need for these as a focus for activity?	The buildings based services work extremely well for the service users that choose to use them but there are groups of individuals who do not access these who also need of the support of Mental Health day services. To continue to improve the service we must reduce our dependency on buildings and reinvest that resource in support.-the majority of investment is in staff and buildings. The support that is available to people is essential, and it is the staff that provide this. Whilst progress has been made to enlarge the community resource it is very difficult to continue to do this whilst staffing three buildings. It is very encouraging to hear the staff group understand the financial position of the Council and accept there are no additional funds available to do this and we have to use what we have more wisely
3	In i3 several day centres were recommended, why are we going down to one?	The final report recommended 2 day centres across the whole service – this includes both in-house and externally commissioned services.
4	The people who have been in the service for a long time are those who were promised a service for life when they left the old MH hospitals, what will happen to them - some retain this expectation.	Within the proposal being put to the Executive Board is a suggestion that within the re-commissioning process there may be grants available to provide services for people who fall into this category and we want to encourage this as a means of self help and user control
5	The Day services provide a stabilising support. They are not for people in crisis but there has been a lot of discussion focusing on this. It is also not all about services in the centres – a lot of outreach is already undertaken, as well as inviting others in to use the buildings.	Service users told us that when they have a crisis then it is their day service they turn to for support and the day service responds. This may not be a medical definition of Crisis (staff pointed out that if service users do present in Crisis they immediately refer on to appropriate

| | | services) but it is a compliment paid to staff about the responsiveness of their support.

Ensuring that outreach, services that occur out of hours etc can continue and grow further is one of the aims of this change. The intent is to develop a service which builds on the personalised approach to supporting individuals to meet their needs and supports recovery and inclusion. Ideally each individual will have a clear needs based pathway through the whole of Mental Health services. Clarifying this for day services is the area this work can influence. |
|---|---|---|
| 6 | Will our eligibility criteria change? What will happen to existing users who do not meet the new criteria? | Yes for new users in future there will be a need to assess FACS eligibility for some elements of service and people will be provided with support appropriate to their level of need. Preventative services will continue to be important within a tiered model of service. Existing service users will continue to be able to access our services but the way in which their support needs are met may be delivered differently. Finding the most effective way to meet individual needs, rather than fitting people to existing services is one of the principles of the model. |
| 7 | It is not physically practical to run all activities and have all staff based at the Lovell park site. | This is true. But the expectation is that the majority of the staff would not be in the building but in the community. There is also the option for the building to open for extended hours to offer a more flexible service.

Where the bulk of time is spent elsewhere in the city this would not be practical either. However there are several bases for ASC provision that have capacity for more staff to use office space. Where staff do this and as resources are freed up mobile working facilities can be provided – laptops with remote log ins will be essential for staff including facilities for those who would chose to work from home. These are within the scope of the service to provide currently. We are being challenged to think more creatively about how we deliver support in the future and that will mean more flexible, mobile patterns of working fully utilising all the resources of the council and its assets as well as those of our partners. |
| 8 | Concerns were raised about specific aspects of the change. How much 1-1 working, change to working times, what | The detail of the delivery cannot be developed without the involvement of the staff delivering the change – you are the |

| | | experts in this. However we are talking about proposals at present. If the proposals are agreed at Executive Board then we will work with you and current and potential service users to look at the detail of the service and the needs of the service user population.

We are talking about reconfiguring to provide part of a tiered service not all of it. Where other providers are already covering areas of service we may not wish to provide those elements but to concentrate our resource elsewhere. We need further discussion with service users on their requirements. Once we have a service specification then we can look at the requirements to deliver that model. |
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| 9 | What happened to the suggestion of a social enterprise centre at the Vale. New Leaf is independent of ASC, owned by staff and service users, there is an implication that this will be handed to the voluntary sector but how can this be when they have not been consulted? | As an independent organisation New Leaf cannot be handed over to any other organisation and no proposal to do so is contained within the Executive Board report
When discussing the Social Enterprises in the original Executive Board report the proposal was around supporting them to find suitable alternative accommodation should this support be required. |
| 10 | What assurances can be made to staff, including management and temporary staff, regarding their security? | This is conversation is about gaining an understanding of where the future lies. The details of how to achieve this will follow and staff and trades unions will be fully involved in this The authority is not in a position to give cast iron guarantees regarding future jobs and terms and conditions but at this stage it is very difficult to visualise a means of continuing to develop this service to meet the projected needs without the current skills set and staff resource in place however we will be asking staff to work in different ways in the future and there is a formal process to follow to gain agreement with union representatives should changes in working patterns and conditions of service be required. |
| 11 | But without this work how can cost effectiveness be shown? What saving is expected to be made? What budget do we have? | Identifying the priorities will be the next step as well as what funding is available. The budget for next year has not yet been set. and whilst there are indications of what it may be, it's not finalised .When it is this can be shared with staff .

Adult Social Care will have a cost envelope in which to deliver mental health day services . Officers believe that this resource can be used more efficiently by concentrating on one buildings base |

		and an enhanced community support team rather than in trying to deliver the existing model. Adult Social Care also believe that in line with the vision of i3 and work that has been done nationally the shift in emphasis to a tiered model with services built around recovery, community support and social inclusion can support people more effectively without creating dependence.
12	Communications regarding this proposal have been very poor to date. This has created a great deal of uncertainty and worry for staff and service users. Please can we have an assurance that this will be rectified? Will better information be provided in the future? For both staff and service users. Who will be involved? What is the date for implementation?	An apology was extended at the beginning of the meeting regarding communication to date. We will take on board your comments regarding communication and ensure clear information is provided. The model of change will also facilitate this – be this a joint management and trade union approach, a project management approach or otherwise. What ever way we choose to do it will involve you. We want to work together with service users and staff. If Executive Board approves the proposal we will all need to work together. Formal consultation involving staff, HR and trade union representatives will take place regarding any proposals to change job roles and specifications to meet the needs of the new service.
13	What provision for independent monitoring and evaluation of the new service is planned?	In the past this has been a weakness, more recently the in-house service has not had the same requirements placed on it as the commissioned services. The work that has been started around outcomes specification and performance monitoring will be developed to do this.
14	Does this activity at this time suggest a wider population view that MH services are not a priority?	This is about service modernisation and developing a whole system model of support for service users. In the wider context of ASC there is not a service that is not facing major changes – be it older peoples residential and day care, learning disabilities or home care.

Appendix 6

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		£1.764m
Grand Total	-	£2.823m