

**Adults, Wellbeing and Health Overview
& Scrutiny Committee**

**Progress by In-House Provider of Day
Services (Mental Health) - County
Durham Care & Support**



26th April 2010

**Report of Karen Vasey, Day Services Manager, Adults Well-being and
Health & David Shipman, Strategic Commissioning Manager Lead, Adults
Well-being and Health**

Purpose of the Report

- 1 To provide feedback to Overview & Scrutiny of the progress made by the In-House Provider Service, County Durham Care & Support in respect of the consultation process that took place in the summer of 2009 and the report by the Overview & Scrutiny Working Group.

Background

- 2 A twelve week consultation process took place, led by Durham County Council's Commissioning Team, to ascertain from service users and carers what their aspirations were for the service as it moved from a traditional service to an improved service that was more responsive to the needs of the individual. Alongside this consultation process a Light Touch Review Working Group from the Overview & Scrutiny Committee also took place.

Direction of Service

- 3 The Steering Group for Mental Health asked County Durham Care & Support to ensure that the concerns and issues put forward by the service users and the Overview & Scrutiny Working Group were considered as they deliberated on how to improve the service. (Please see Appendix 2 for main themes from the consultation.)

Summary of Improvements to the Service

- 4 Reports were taken to various management teams within Durham County Council and the following improvements to, what was Day Services (Mental Health), were agreed:

Improvement to the Service	Aims of the Improvement
Change of name to "Support & Recovery"	To remove stigma To better describe the service
Recovery to be the main principle of the service	Help people tackle difficult areas of their life; such as anxiety / fear To promote independence / choice / wellbeing / recovery / achievement /

	hope
Safety Net for people “moved on” by the service after discharge from the Care Co-ordinator (Safety Net includes completion of an Individual Recovery Plan, telephone calls / texts / a booklet on how to remain well / opportunity to remain in a service user led / run group / visit to a Safe Space if starting to feel unwell)	To provide a multi-tiered safety net to support people who no longer require a service from Care Co-ordination To support people who are anxious about moving on / feeling unwell To help people feel safe, even if they no longer qualify for the service provision
Improved communication through: Newsletters / leaflets / involvement days / website development / Portfolio Holder initiated a programme of visits to all Resource Centres	Listening to service users and acting on their views whenever possible Service users engaging with the service e.g. service users wrote and designed Service User Guide / Principles of a Safe Space etc.
Promoting service user led / run groups	Service users taking control Improving confidence Promoting recovery Take part in activities near to where the service users live Developing activities in the community Social inclusion
Partnership working	Helping to set up a service user led service in the dales in conjunction with third sector and health services Developing ways of working closer with a range of partners
Personalisation Agenda	All staff members in Support & Recovery are being trained to support service users access this service - if wanted
Reconfiguration of staff structure	New job descriptions for the staff team to support the changes to their roles Development and training for staff Recognition of the skills of the staff team Appointment of five new staff members to support transition to the new service – temporary until 31 st March 2011

Examples of Improvements

5 As a result of the above, significant improvements have been made, including the following:

- All service users now have an Individual Recovery Plan
- Service User Involvements Days – four have taken place to-date
- 2nd Newsletter about to be printed
- Safe Space set up in every area
- Leaflet, Newsletter, Service User Guide etc. all at print and will be circulated during May 2010

- Date of 1st June set for a new type of service in Barnard Castle, featuring a partnership of mental health providers operating from the YMCA premises
- Service User Led Groups set up in:
 - Spennymoor
 - Newton Aycliffe
 - Willington
 - 2 in Peterlee (with 3 more planned)
 - Murton
 - Chester-le-Street
 - 1 planned in Stanley

Activities in these groups include photography, health lifestyles, jewellery, card making and cookery.

Conclusion

- 6 By valuing the contributions and guidance from the consultation and the Overview & Scrutiny Working Group, County Durham Care & Support have successfully translated that direction into service improvements which will have a beneficial impact on both existing and new service users.

Recommendations

- 7 For County Durham Care & Support to continue to improve the service in line with the recommendations from the consultation and the Overview & Scrutiny Working Group

For the commissioning team, with support from County Durham Care & Support, to feedback to service users and carers on the final outcomes of the consultation and the recommendations from the Overview & Scrutiny Working Group

Contact: Karen Vasey & David Shipman

Appendix 1: Implications

LGR -	N / A
Finance –	Temporary funding for new staff members has been sought and approved to facilitate a successful transition to the improved Support & Recovery service
Staffing -	Staffing levels have increased until 31 st March 2011
Equality and Diversity -	Relevant impact assessments have been undertaken
Accommodation –	N / A
Crime and disorder-	N / A
Sustainability –	N / A
Human Rights –	The Support & Recovery service will be much better placed to support human rights as the improved service supports people to lead fulfilled lives whilst taking control and making their own, informed choices
Localities and Rurality–	Rather than providing a service only suitable to people who live in the more urban areas, Support & Recovery is also able to offer a service to people who live in more rural locations
Young people –	Work is taking place to make the service more attractive to this traditionally “hard to reach” group. For example, revitalising the website, the new name, appropriate leaflets, work with the Early Intervention teams etc.
Consultation –	Service user involvement is built into the structure of the improved service
Health –	The improved service is already having a beneficial impact on the physical and mental health of service users
Personalisation -	Offering appropriate support to service users in respect of individual budgets has been built into the new job descriptions for the staff teams

Main Themes from analysis of Consultation feedback regarding the Mental Health in-house Provider Day Service

The following were identified by a group of staff and service users who analysed all of the written feedback from the consultation exercise. They are not outlined in any order of priority but reflect the main issues/views expressed during the twelve week period of the formal consultation.

- **Stigma and Discrimination**
 - Fear of Community
 - Fear of being forced into the community
 - Fear of social inclusion
 - Training for community partners to offset discriminatory behaviours
 - Recording and monitoring of any incidents
 - Follow up to challenge/address incidents

- **Ensuring a service for vulnerable people**
 - Safe Spaces
 - Near to where people live
 - Long term support
 - Support before a crisis
 - Identification of deterioration of mental health

- **User led/user run groups**
 - Consideration of Clubhouse model
 - Support and training
 - Funding

- **Prevent Isolation**
 - Maintain Friendships
 - Develop New Relationships
 - Maintain peer support
 - The importance of peer support
 - Fear of Social Isolation
 - Fear of staying at home
 - Sustainable community groups
 - Need for a supportive environment

- **Still a need for a building base**
 - Want focal point/meeting space
 - Place to meet friends

- To provide a range of services
- A safety net
- Meaningful activities
- Fear of being forced into the community
- Fear that some Service Users become institutionalised in centres
- The centres can be a stepping stone from hospital admission
- The centres can help prevent people from needing a hospital admission

- **Consultation**

- Dissatisfaction with the process and individual events
- Distress caused by process
- Understanding
- Lack of trust in process
- Bad organisation

- **Recovery**

- Should relate to the individual
- Means different things to different people
- Issues with IRP process
- Pace of individual
- Positive about IRPs
- Employment is not linked to recovery for everyone
- More support required to motivate people

- **Referrals**

- Quick referral back into system
- Self referrals
- Poor/low number of referrals

- **Carers**

- Respite for carers
- Peace of mind for carers
- More support for carers

- **Quality**

- Improvements to current services
- Monitoring of service / Individual Recovery Plans
- Quality assurance – Key Performance Indicators (KPI's)
- Audit
- Continuity of care from valued staff
- Equitable access no matter where you live
- Equitable quality of service throughout the county
- Service needs to be rural proofed

- **Change**

- People need individual support
- Impact of proposed changes
- Dissatisfaction of process
- Timescales of change
- Agree need for change

- **Partnership Working**

- Issues relating to CHTT (CIT) to be followed up
- Building partnerships in the community
- Inter-linked paperwork
- Access to Care Co-ordinators – needs to improve
- Need to improve networks between services including 3rd sector
- Choice – whole spectrum of services required
- Prevent duplication of services – need a better fit
- Base Social Workers in day centres
- Develop pathways
- Lack confidence in crisis team

- **Personalisation**

- Direct payments – availability and access to information
- Individual budgets access to information
- Practical support to achieve

- **Communication**

- Range of activities available
- Information about the next steps
- Accessibility to proposed service – including out of hours
- Raising profile of service providers
- Listen to people re-consultation

- **Resources**

- Staffing levels 1:1
- Capacity to deliver services
- Cost of service
- Staff training – community facilities
- Personalisation may remove £'s from day services
- Improve/develop services in the Dales
- Travel and transport issues
 - Problems for service users accessing community based activities
 - The time spent by staff visiting clients in the community
- Funding of developments
- Impact of recession may lead to need for more resources
- Day centre is primary service and prevents need for other professional services
- Saves NHS £s, due to preventative work by day service staff

- **Employment/Training**

- Pathways to employment are not working
- Credit crunch is having an impact
- Cost of courses
- Accessibility of training
- Support over longer period, not just pre-employment

Record of responses to Consultation form question – “Do you agree that the current mental health day services should be developed into the proposed Community Recovery Service, as described in item 5 of the consultation document?”				
Number of returns/records of events	Consult forms with question, returned	Yes	No (but would consider with safeguards)	Abstain
104	70	12 (17%)	50 (71.5%)	8 (11.5%)

Feedback from meetings with Community Intervention Team Staff

- The referral arrangements for the service need reviewing as does the need for people to retain a Care Co-ordinator once they are accessing the Day Services
- General support for the recovery approach
- My team are more likely to refer if they know there is an agreed purpose to that referral

Consequence of Consultation on referrals

The process of attending team meetings and explaining the Community Recovery Service proposals to Care Co-ordinators appears to have prompted referrals for specific community based work with individuals. This has been particularly significant in the Sedgefield/Wear Valley service (14) and the Derwentside service (17). Over this same period the level of new referrals for drop-in (social access) in these areas has not increased. Lack of referrals to these centres was one of the problems that prompted the development of the proposal.

Comments Made by County Councillors at Members Seminar on 22nd June 09

- I can not believe we do not do this already
- Surely if you help people earlier on in their mental illness the better the chance of recovery and the quicker they can get back on with their lives

- We must ensure that we provide sufficient safeguards for the most vulnerable Service Users
- Are the buildings we are currently using fit for purpose, either for the existing service or the proposed one?
- The use of Individual Plans seems sensible and logical and should have been happening already
- The voluntary and third sector are already providing services many of which are mainstream that people could access, We need to strengthen this sector and make it more available

Feedback received from Kevan Jones, MP following his visit to the Cuthbert Resource.

- He expressed concern that the service had done some individuals a disservice by undermining their ability to make friends and over dependence on the service to meet this need
- He also thought that services were guilty of causing Service Users to become institutionalised
- The pace of change needs to be very gradual and the needs of those that are vulnerable, isolated and dependent on the service must be acknowledge
- It appears that there will be no day service closures as an immediate consequence of this proposal
- He supports the proposed move to Individual Recovery Plans and a more socially inclusive approach that accesses more mainstream, community based services
- He supports the efforts to develop provision in the voluntary and third sector as well as improving the in-house services
- He was very keen that the authority take more direct action against issues of stigma and discrimination, experienced by Service Users

