

<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>14 September 2016</b>
<b>AGENDA ITEM:</b>	<b>8</b>
<b>SUBJECT:</b>	<b>People's experience of using mental health day care services</b>
<b>BOARD SPONSOR:</b>	<b>Paula Swann, Chief Officer, Croydon Clinical Commissioning Group</b> <b>Barbara Peacock, Executive Director; People</b>

**BOARD PRIORITY/POLICY CONTEXT:**

The subject of the board paper intersects with a number NHS Croydon CCG & Croydon Council strategies. The provision of good quality day care services in the borough, that meet the needs of the population, will help to promote a positive experience of care and achieve positive outcomes. This will increase the resilience and independence of service users, that in turn will increase healthy life expectancy. Accessibility to the services is key, particularly for vulnerable adults, both in location and capacity. Efficient use of Voluntary and Community providers and integrated ways of working can all positively help to reduce inpatient admissions.

The strategic context includes the following:

- **Joint Health & Wellbeing Strategy 2013-18**
  - Vision: Longer, healthier lives for everyone in Croydon.
  - High level outcome measures:
    - 1) Increased healthy life expectancy and reduced differences in life expectancy between communities.
    - 2) Increased resilience and independence
    - 3) a positive experience of care.
- **Mental Health Strategy 2014-2019**
  - 1) Section 1: Increasing access to mental health services
  - 2) Section 2: Strengthening partnership working, and integrating physical and mental health care.
  - 3) Section 3: Starting early to promote mental wellbeing and prevent mental health problems.
  - 4) Section 4: Improving the quality of life of people with mental health problems.
- **Community Strategy 2013-2018**
  - 1) Goal two: Protect vulnerable people. Priority one: Good quality, accessible and joined-up services and information.
  - 2) Goal two: Protect vulnerable people. Priority two: Better prevention and early intervention for people who are vulnerable.
  - 3) Goal Three: Take responsibility. Priority two: Trust and confidence in local agencies.

- Operating Plan 2014-2016
  - 1) Reduce inpatient admissions by providing better care in community and primary care.

**FINANCIAL IMPACT:**

This report is for information only. There is no financial impact at this stage.

**1. RECOMMENDATIONS**

This report recommends that the health and wellbeing board:

- 1.1 Note the findings of the report and the next steps in reviewing the provision of mental health day services.

**2. EXECUTIVE SUMMARY**

- 2.1 This report updates on the provision of Mental Health day care services that were previously re-commissioned in 2009. The report provides an overview of the Voluntary & Community Sector (VACS) Services, specifically those that are currently jointly commissioned by NHS Croydon CCG & Croydon Council, and have an impact on social isolation.
- 2.2 Funding streams for these services are historic and reflected in the finance section (section 6).
- 2.3 There is a clear need to engage more with service users to determine people's views on service provision. Where service users surveys have been undertaken these are reflected in the report but the report has identified that improved monitoring is required of the commissioned service activity including more systematic collection of user experience. Current report templates do not systematically capture service user experience and feedback from all providers. Commissioners will therefore engage with providers to collect user feedback in a more structured way, which will be available for future reports.
- 2.4 The future strategic direction for mental health day services needs to be reviewed. Personalisation and personal budgets will be a key driver for the strategic direction going forward along with ensuring value for money.
- 2.5 A further report will be provided later in the year, following further engagement and the development of options for the strategic direction of mental health day care services.

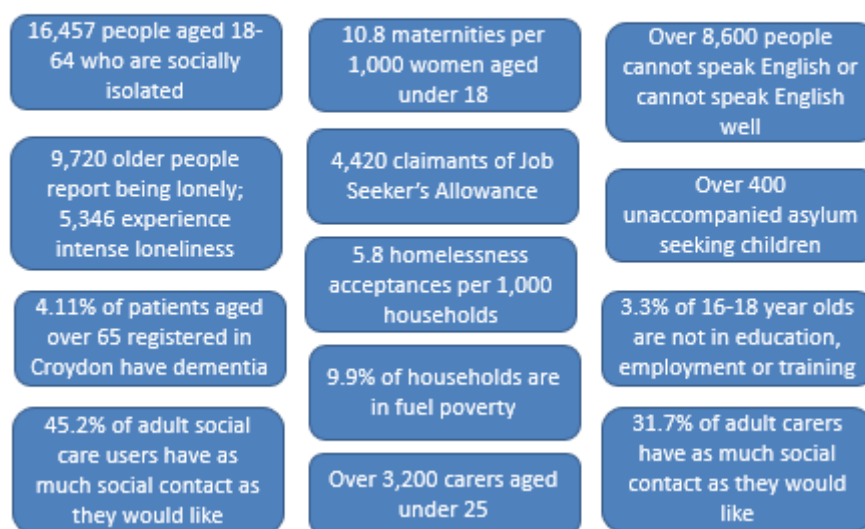
**3. DETAIL****Evidence of Need**

- 3.1 "One in four people will experience a mental illness in their lifetime. There are around 105,000 people in Croydon who suffer from depression and mood disorders and there are about 4,000 who have been diagnosed with severe mental illness. The World Health Organisation predicts that by the year 2030

there will be more people affected by depression than any other health problem. Those with a mental health problem are also more likely to have problems with their physical health, experience isolation, housing and financial problems. National data indicates that the life expectancy of someone with a severe mental illness is between 18 and 20 years less than average life expectancy.”<sup>1</sup>

- 3.2 Social isolation is more prevalent in older people, but it can occur at any age. Disability and long term illness are also strongly linked with social isolation – conditions like depression can make it much more difficult to build relationships. Social isolation can be very detrimental to health, and is recognised by Public Health as having a potential impact in areas such as sexual health, educational attainment and debt.

## The statistics in Croydon



Source: Director of Public Health presentation on social isolation at Croydon Congress, 2016

- 3.3 There are strong economic as well as social arguments for taking action to reduce and prevent social isolation and loneliness. A wide range of preventable health problems and wider social problems are known to arise out of loneliness:

- Increased visits to GPs and use of medication.
- Greater incidence of falls and need for long-term residential or nursing care.
- Use of accident and emergency services.
- Increased likelihood of youth offending, especially through membership of gangs and unemployment.
- Higher incidence of obesity, smoking, substance and alcohol abuse.
- More likely to develop mental health problems and depression and require hospital admissions; and
- Reduced social capital and cohesion, resulting in fragmentation of communities and reduced resilience.

<sup>1</sup> Croydon Health & Wellbeing Board – Joint health and wellbeing strategy 2013-2018 – page 29

## Social Inclusion Service Overview

- 3.4 The attached document (**Appendix one**) provides an overview of the Voluntary & Community Sector services that are jointly commissioned by NHS Croydon CCG & Croydon Council, including a brief description of those services. The providers receive financial contributions from either one or both of the commissioning organisations. The document only represents the jointly commissioned services and is not representative of all Voluntary and Community Sector services available in the borough but does cover the key services. The Joint Mental Health Commissioning lead holds responsibility for performance management of the listed services against the contracted investments on behalf of the Council and the CCG. The Appendix shows a range of interlinked services provided in the borough that have an impact on reducing social isolation.
- 3.5 There are more comprehensive lists of services available in the borough. One such resource has been compiled by 'Hear Us - Croydon's Mental Health Service User Group'. In 2015, 'Hear Us' were funded by the Maudsley Charity to develop a guide to Croydon Mental Health and Wellbeing Services. This guide provides a robust overview of the services available in Croydon.<sup>2</sup>
- 3.6 In 2007 Croydon's mental health service commissioners undertook a review of Day Services and in 2009 commissioned a new set of Day Services that aimed to: improve the range of services available; ensure that there would be adequate services in place that are socially inclusive, assist users with their recovery; ensure that services were as accessible as possible for as many users as possible; and ensure that there is a range of interlinked services available that users can access.<sup>3</sup>
- 3.7 The 2007 Day Care proposals informed much of the strategy in relation to the jointly commissioned social inclusion services. In 2009, services were commissioned, re-launched or redesigned. Of those commissioned social inclusion services, the below listed remain commissioned to date. For a description of the service types, please see (**Appendix one**)

Service	Service Type 1	Service Type 2
Association for Pastoral Care (APCMH)	Social Inclusion – Drop-In	Slow Stream
Imagine – Drop-In	Social Inclusion – Drop-In	Slow Stream
Mind Welfare Benefits Advice	Social Inclusion – Income Generation	Slow Stream
Mind Employment	Social Inclusion – Employment Support	Fast Stream
Status Employment	Social Inclusion – Employment Support	Fast Stream
Mind Social Networks	Social Inclusion – Social Support	Fast Stream
Imagine Volunteering	Social Inclusion – Social Support	Fast Stream
Imagine Befriending	Social Inclusion – Social Support	Fast Stream

<sup>2</sup> <http://www.hear-us.org/guide-2015>

<sup>3</sup> Somewhere to go, Something to do – Feb 2014 – MIND in Croydon report – page 4

- 3.8 Providers operate to one of two types of service specification, “Fast Stream” and “Slow Stream”. The services were organised in this way with the goal of having clearly defined services, for referral at the ‘right place, right time’.
- Fast stream services were commissioned to provide structured person centred support to clients, based on goals identified by the service user, and delivered within a time limited context, generally within 2 years. It was decided that fast stream services should be made available to those with the greatest need. Need was defined by those clients engaged by secondary mental health services, whose care was managed through the Care Programme Approach (CPA).
  - Slow stream services were commissioned to support service users to maintain or improve their recovery from mental illness, in a way that is not necessarily structured, goal oriented, or time limited. Services that fell into this sector were, for the most part, the drop-in services provided by the Association for Pastoral Care in Mental Health (APCMH) and Imagine. An exception to this is the Mind Welfare Benefits Advice service, which is open access and provides support to service users with complex welfare benefits claims.
- 3.9 Drop-in services are described as slow stream because it was recognised that some service users would benefit/need a slower pace of recovery, with gentle introductions to services, activities and opportunities beyond mental health services, to promote social inclusion. Drop-In services are open to anyone with a (self-identified) mental illness or need. These services are beneficial toward assisting clients to avoid the need for secondary mental health care. The drop-in services are universal social inclusion services, due to the open accessibility and range of services provided.

### **Review of Drop-in - Day care Providers**

- 3.10 APCMH is funded to provide three adult mental health drop-ins per week, 52 weeks of the year, on fixed days and hours. The sites are in South Croydon, Addiscombe and Norbury. Staff support is provided to clients by the agency’s co-ordinator, and a number of volunteers. Whilst some service users are referred, the main method of referral is self-referral. The support provided by APCMH has a social focus. The drop-ins are a hub where clients can socialise, enjoy peer support, and the support of volunteers who staff the drop-ins. Whilst the drop-ins are mostly building focussed, there are also day-trips organised and activities. Case studies shared by the service have shown that service users can receive a high level of individual support.
- 3.11 One such study from 2015 reflected on the positive experiences of service users accessing activities via the drop-in service. The study describes the range of activities available; such as the women’s group and creative writing group. By having a safe-place to go, with activities that support development, and people to talk to, these service users have become more confident and independent. The study reflected that a major factor to these positive experiences was the fact the services aren’t time restricted. Service users are free to access the service and to engage at their own pace.

- 3.12 Imagine user led drop-in groups began in Croydon in October 2009. Imagine is funded to provide four adult mental health drop-in services, offering frequent sessions per week, Monday-Friday. The sites are in New Addington, West Croydon, Purley and Thornton Heath. The delivery method for these services is outreach focussed. Each drop-in is open access; anybody with a (self-identified) mental health problem is eligible for the service. The service arranges talks by representatives of external agencies to be delivered to clients attending drop-ins, with a view to helping service users broaden their horizons beyond Mental Health services and clients are assisted to engage with mainstream activities.
- 3.13 'Hear Us' completed a review of the Imagine drop-in services in 2014. The report reflected that one of the key strengths of the services was the ability to develop relationships and trust, owing to the regular contact these services can offer people. Feedback collected from users in this report showed that the drop-in services were a good 'safe place to go', good for 'activities' and good for 'social contact'. The report reflected on the strength of the day-care services in giving service users the opportunity to tackle their problems, but that there might also be a risk of creating dependency on the services, if users are not encouraged to take on new challenges and productive goals. Individual user feedback showed a preference for this drop-in service due to the range of activities available within relaxed settings.
- 3.14 There are a large number of user led community activities available; such as day-trips, social groups, music group, pool group and other social sessions. Service users are empowered to not only engage and socialise, but given the option to do so in varied and interesting ways. With service users empowered to lead the groups, this reduces the need for staffing and further promotes engagement. 2015/16 data showed that the average number of individual users per month, to attend user led-groups, were between 16 and 33, across the 4 sites.

### **Additional Day Care Providers**

- 3.15 In addition to the jointly commissioned services, there are similar but also unique services in their own right, that positively impact social isolation. Two such services of note are:

<b>Service</b>	<b>Description</b>
Mind – Active Minds	Activities to stimulate new interest, promote a healthy lifestyle and improve confidence. Various courses, some of which do not require booking where service users can drop-in. <sup>4</sup>
Mind - Hub	The Hub at Fairfield is an extension to the aforementioned Social Networking Service, which offers support to people to understand and manage their mental and physical health issues. The Hub also provides a safe place for people who are lonely and isolated to meet and socialise with people and a place for them to receive practical help and advice. <sup>5</sup>

- 3.16 The Hub, run by MIND in Croydon, provides a friendly and supportive meeting place, with shared activities and help with problems. This can have a positive

<sup>4</sup> <http://www.mindincroydon.org.uk/active-minds.asp>

<sup>5</sup> <http://www.mindincroydon.org.uk/the-hub.asp>

impact on mental health, reduce social isolation, as well as the use of costly statutory services. The Hub was developed following the 'Somewhere to go, Something to do' report, Feb 2014, which collected the views from service users of what services they felt they needed to stay well. The Hub assists with:

- Form-filling
- Benefit issues
- Managing bills and debt
- Outreach support
- Community Issues (issues with neighbours e.t.c.)

The CCG funded a 1 year pilot of the HUB in 2014/15, from within the existing contract resource. MIND produced a pilot report in Nov 2015. 256 referrals were received during the pilot period. Most referrals (60%, 154 people) came from Secondary Mental Health Services. A fifth (20%, 49 people) were referred from GPs. 'Reducing isolation' was the most common reason for referral, with 85 of the 340 reasons being attributed to this. 'Socialising and meals' were a close second at 71. According to the 14/15 report, those users that engaged with the Hub make less of use of the statutory services. Of the 118 people reviewed, 80(67.8%) people visited their GP less. 68 (57.7%) used secondary services less.

MIND adopted the use of the Mental Health Recovery Star monitoring tool, which is a version of the "Outcomes Star", which both measures and supports progress for service users towards independence. The tool monitors a users knowledge or confidence in relation to 9 different categories, such as 'living skills' and 'Managing Mental health'. The hope is that the later assessments will reflect more positive results, to reflect the positive impact of the services. The tool was used with service users when joining the Hub and at 3, 6 and 12 month follow up. During the period of the review, 80 people completed their 4 reviews. MIND reported that there were 4 areas in particular where progress was made, which were 'Trust and hope in the future', 'Increase in Social Networks', 'Relationships' and 'Managing Mental Health'.

## **Strategic Direction & Commissioning Approach**

3.17 The strategic direction of the jointly commissioned services needs to be reviewed for a number of reasons:

- Personal health budgets and the Community Fund process will impact on these services and need to be considered in respect of the current joint commissioning model, toward building a coordinated commissioning approach.
- Previous service reviews have raised an issue of accessibility of the 'fast stream' services, which are reserved for those with the greatest level of need recovering from mental illness. Those facing an escalating mental illness cannot access these services until they reach the point they are accepted by secondary care, due to requiring a CPA. This can result in access to the services being made available at potentially too late a stage in the pathway.
- The relationship between SLaM, Primary care and the Social inclusion services needs to be reviewed, to promote coordinated working and knowledge of services between providers. Previously there have been some

concerns regarding a lack of trust expressed from both sides: either the secondary service lacking trust in the expertise of social inclusion services, or the social inclusion services lacking faith in the secondary service working collaboratively with them.

- In previous years, the drop-in services have met the expectation of commissioners in terms of expected client numbers. Commissioners are currently reviewing 15/16 data for all jointly commissioned services for a clearer view on performance. However, it is noted that performance monitoring needs to be further developed to better assess the benefits and outcomes of these services to inform commissioning decisions and development.
- Improved engagement from commissioners with the providers will aid in this respect. Voluntary sector providers are uniquely placed and the experts with linking with the community and hard to reach groups.
- Current commissioned services are for working age adults, but there is an overlap with younger adult and older adult provision, which should be considered with future commissioning intentions.

3.18 In 2016, commissioners have committed to improve engagement with voluntary and community sector providers. Commissioners have scheduled a workshop in September 2016 to continue discussions with providers in relation to current provision and the future strategic direction. Further steering group engagement with providers focussing on the voluntary sector will be beneficial, along with consideration of the useful reviews and reports provided by the voluntary sector providers in recent years, which will help assess the effectiveness and gaps in the current service provision. Improved coordination between CCG and Croydon Council commissioners in relation to the strategic direction for community services is important, along with clarity on statutory funding responsibilities going forward, as well as the direction of the Community Fund services and Personal Budgets. There would also be benefit in coordinating work with the Outcomes Based Commissioning/Older Adults Mental Health services work stream, as social isolation is most prevalent for older people. Furthermore, it is important for the commissioners to be able to evidence the consideration of service users views in the commissioning of services, weighted by the evidence of service models that work most effectively and efficiently for achieving key outcomes.

## **Conclusion**

3.19 This report provides an overview of the Voluntary & Community Sector services, jointly commissioned by NHS Croydon CCG & Croydon Council, with a focus on drop-in day care services that have an impact on social isolation and provides summaries of user experience surveys where these have been undertaken.

3.20 The strategic direction for the jointly commissioning social inclusion services has remained largely unchanged and has not been reviewed since the commissioning of the services in 2009. The range, frequency and varied locations of drop-in services provided show there are currently a number of options available in the borough. However, consideration needs to be given to future needs and the strategic direction for these services following more systematic user engagement.



3.21 Services should appear on a graded care pathway, to ensure service users access services at the right place and time, and to ensure the efficient use of scarce resource. There should be constructive cooperation between the various providers to ensure clients receive the right level of intervention in a timely fashion.

3.22 Improved reporting is needed with active management by commissioners toward achieving strategy goals. A reporting method to consider across all services is the recovery/monitoring star, utilised by MIND in Croydon for The Hub service. This tool is effective in monitoring service user experience, which can be invaluable toward developing more person centred care.

#### **4. CONSULTATION**

4.1 Public Health Croydon provided information in relation to Social Isolation, which is incorporated into this report.

4.2 The provider Mind has supplied monitoring information and reports in relation to The Hub. Information from these documents have been utilised in this report.

4.3 A voluntary sector workshop has been scheduled for September for further provider engagement and input regarding the strategic direction and to explore how service user feedback can be captured more systematically.

4.4 Further engagement with service users is needed in developing the strategic direction for day services going forward.

#### **5. SERVICE INTEGRATION**

5.1 Improved coordination between CCG and Croydon Council commissioners in relation to the strategic direction for community services is important, along with clarity on statutory funding responsibilities, as well as the interlinked work streams around the Community Fund and Personal Budgets. There would also be benefit in coordinating this work with the work around Outcomes Based Commissioning and services for Older Adults with Mental Health, as social isolation is most prevalent for older people.

#### **6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

6.1 Current spend for NHS Croydon CCG & Croydon Council, for the jointly commissioned social inclusion services is as follows.

Service	Service Type 1	Current Funding (annual value)		
		CCG	Council	Total
Association for Pastoral Care (APCMH)	Social Inclusion – Drop-In	£0.00	£26,315.48	£26,315.48
Imagine – Drop-In	Social Inclusion – Drop-In	£35,000.00	£126,000.00	£161,000.00
Mind Welfare Benefits Advice	Social Inclusion – Income Generation	£71,453.00	£52,373.78	£123,826.78
Mind	Social Inclusion –	£35,539.05	£79,834.58	£115,373.63

Employment	Employment Support			
Status Employment	Social Inclusion – Employment Support	£61,979.33	£0.00	£61,979.33
Mind Social Networks	Social Inclusion – Social Support	£253,947.20	£88,961.12	£342,908.32
Imagine Volunteering	Social Inclusion – Social Support	£0.00	£60,000.00	£60,000.00
Imagine Befriending	Social Inclusion – Social Support	£0.00	£60,000.00	£60,000.00
<b>Grand Total</b>				<b>£951,404</b>

## 7. LEGAL CONSIDERATIONS

7.1 None

## 8. EQUALITIES IMPACT

8.1 Any changes to services will need to be considered in relation to the impact on equalities. CCG Commissioners have met with the Equality & Diversity lead to begin this process. Future engagement needs to ensure that the needs of BME communities are adequately met.

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**CONTACT OFFICER:** Tom Cox, Mental Health Commissioners, NHS Croydon CCG. E-mail: [Tom.cox@croydonccg.nhs.uk](mailto:Tom.cox@croydonccg.nhs.uk) , Tel: 020 3668 1988

## BACKGROUND DOCUMENTS

See Appendix One