

WANDSWORTH LINK: ENTER AND VIEW TEAM

MENTAL HEALTH DAY/RESOURCE CENTRES: EXECUTIVE SUMMARY

Rationale for study:

We were asked to study mental health services in the community from the point of view of service users and carers. After some preliminary study and discussions with service users and carers we decided to focus on day/resource centres commissioned by Wandsworth Council.

What we did:

We had meetings with the Council's Department of Adult Social Services (DASS) and were given background information by them. In October and December we visited the two currently commissioned service providers: Wandsworth Family Action, covering east Wandsworth, and Wandsworth Your Way, covering central and west Wandsworth. We first had meetings with the providers; then we visited to observe the service in action and interview service users.

What we found:

Our description of the two services and the feedback from service users is set out in two separate Enter and View reports (to be found on the LINK website). We found that service users were generally positive about the services although there were some concerns about the recent changes and the risk of future cuts. We made a few specific recommendations, mainly for improving arrangements for involving users and taking their views into account. We felt that the new service model developed by Your Way deserved systematic evaluation.

We also produced a covering report (attached) setting out the history of the recent changes in provision, the budgetary savings made and some wider recommendations to the statutory mental health services. These include:

- need to look at the relationship between the Community Mental Health teams (CMHTs) and resource centre services, particularly those offering keyworking, and produce clearer public information on care pathways;
- need to track the effect of future policy and budget changes and safeguard the provision of ongoing and longer term support to mental health service users;
- need to ensure that paramount priority continues to be given to the needs of the individual person within necessary resource constraints;
- desirability of continuing to support user-led support groups;
- the statutory services' responsibility to maintain oversight of the range, quality and location of support services for people with mental health problems, whatever changes are made to funding arrangements;
- suggestion for an interagency forum, bringing together support service providers and the commissioning and referring agencies, as well as service users and carers, with a responsibility to report publicly.

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14 February 2012

WANDSWORTH LINK: ENTER AND VIEW TEAM

COVERING REPORT ON VISITS TO FAMILY ACTION AND TOGETHER YOUR WAY, OCTOBER AND DECEMBER 2011

Rationale for visits and report

The factors which led us, as members of Wandsworth LINK's Enter and View team, to carry out these visits include:

- in March 2010 the LINK Executive Committee held a discussion with a number of Wandsworth mental health groups, including Voicing Views, the Black and Minority Ethnic Mental Health Forum, Canerows and Plaits and users of the Heathside day centre which was then about to close;
- among the issues raised was service users' concern about Wandsworth Council's perceived attitude to the day centres for people with mental health problems. A number of users felt that the Council was pushing towards doing away with the day centres altogether;
- the LINK agreed to make mental health a priority and when specific work priorities were set for the year 2011/12 these included a project on monitoring patient experience of mental health services. This project was one of two delegated to the Enter and View team;
- in the light of the Care Quality Commission's plans for inspection visits to Springfield Hospital it was decided to avoid duplication by restricting the study to mental health services in the community;
- many of these services are carried out on a one-to-one basis and this makes them less suitable for the Enter and View approach. But our preliminary study and discussions with service users and carers led us to identify three possible areas to investigate: the provision of day/resource centres, the provision of supported housing and support for finding employment;
- we discussed these issues in August with Wandsworth Council's Department of Adult Services (DASS) and decided in the first instance to follow up the provision of day/resource centres which provide support to a significant number of people with severe and enduring mental health problems in Wandsworth, which had been subject to a process of change in recent years and where there seemed to be some divergence of view between the commissioners of the services and their users.

With the help of the information which DASS kindly gave us about the terms of the contracts with the two current service providers, Wandsworth Family Action and Wandsworth Your Way, we approached the service providers and conducted Enter and View visits in October and December. We have reported individually on these visits but we considered that the background and wider issues raised justified the production of this covering report.

Background: the position up to last year

To understand the changes that have taken place and the issues involved, it is necessary to start with some history, largely gleaned from the Committee papers submitted at the time to the Council's Adult Care Services Overview and Scrutiny Committee (which are publicly available).

DASS has been commissioning day resource centres for people suffering from mental illness from independent service providers at least since the 1990s. As for other commissioned services, contracts have been renewed or retendered periodically.

In April 2003 contracts were let for a two-year period to 3 providers for 5 different centres across the Borough at a total cost of about £1.37m (of which the bulk fell on the Council, with a contribution from Wandsworth Primary Care Trust). The contracts were extended for an extra year to allow consideration to be given to the impact of the separate decision in 2005 by South West London and St George's Mental Health Trust to close its two day hospitals for mentally ill people in Wandsworth as well to the fact that one of the providers had decided to close its centre in Battersea which had been particularly designed to serve people of African-Caribbean backgrounds.

A thorough review and retendering exercise was carried out in the course of 2006. A service specification was published and initial expressions of interest were received from 11 existing or potential new operators. After a two-stage tendering process contracts were again let from April 2007 to 3 providers for a total of 5 centres. Of these 4 were initially intended to be the previously commissioned centres (Family Action's Bedford Hill Cafe and Edward Wilson House, and Wandsworth MIND's Foresters and Heathside centres) with a transfer of responsibility for the latter two (the Foresters in Allfarthing Lane, Central Wandsworth, and Heathside in Roehampton) to a new operator (Together) who had submitted a tender considered preferable on cost and on other grounds. But at a late stage Wandsworth MIND decided to retain operating responsibility for the Foresters and to seek funding through the new system then emerging of Direct Payments on behalf of individual service users assessed as eligible for such support. Alternative premises for Together were accordingly found in Central Wandsworth (initially at Hilden House but in July 2008 Together moved its centre to Triangle House). The fifth commissioned centre, to be operated by a new provider (Sound Minds) was much smaller but was specifically aimed at meeting the needs of younger African-Caribbean people to replace in part the previously commissioned centre which had closed.

These new contracts were for a 3-year period, to the end of March 2010. The total budget for the initial year amounted to £1.31m which was said to represent a saving of about £100k on the updated cost of the previous contracts. But the introduction of the Direct Payments system under which some people could be funded to attend centres outside the commissioned provision (such as the ongoing MIND centre in Central Wandsworth) means that comparisons of contract expenditure year on year become more complex from this point on. The same applies to the overall numbers of people for which provision is made. This change of method of funding becomes of greater importance in relation to the present and possible future arrangements, as the system of Self-Directed Support (with the associated concept of Personal Budgets) becomes the general norm under the Government's so-called transformation agenda for social care.

It is worth also noting another area of change which began to emerge in the 2006/7 retendering exercise. This was the increasing emphasis by DASS on the need for change in the way support is provided through the day/resource centres with the aim of overcoming the social exclusion of people with severe and enduring mental illness, increasing their use of mainstream community services as opposed to specially-targeted provision, and fostering their greater independence.

This direction of change, which is ongoing, reflects a series of central government and NHS guidelines going back to the report of the Social Exclusion Unit in 2004. In the June 2006 Committee paper introducing the new service specification, attention is particularly drawn to 3 changes:

“ (a) an expectation of a key worker and outcome monitoring for each individual;

(b) a strong focus on linking individuals into mainstream community services; and

(c) an expectation that more able individuals will move on after a limited period and be able to use mainstream services in the community to meet their needs.”

Despite these words In the accompanying paper, the service specification at that stage did not seem directly to require any specific form of outcome monitoring. But there was a specific performance target of “30% of service users moving on from the centre within three years”. In addition it was stated that, while a proportion of all resource centre users would be long term, it was anticipated that a significant number (estimated at 30%) would be offered services on a short to medium term basis (1 to 3 years). Among the reasons given for preferring the bid by Together was that they recognised the need to move to a progressive model of support based on more proactive work to help people integrate into the community and so be less reliant on specialist provision.

The contracts let in 2006/7 were due to run out at the end of March 2010. In early 2009 DASS obtained Council approval for a one –year extension to maintain the existing arrangements up to the end of March 2011 and give time for a further review. This decision reflected a variety of factors, one of which was the fact that the Heathside centre in Roehampton occupied part of a building which the Council had already in 2008 earmarked for disposal and alternative premises were still being sought. This clearly raised a potential problem for people in the West of the Borough and the concerns of the existing users were made clear to the Council. The impending expiry of the lease (apparently held by South West London and St George’s Mental Health Trust) of the building part-occupied by another of the centres, Edward Wilson House in Battersea, does not, surprisingly, seem to have entered into consideration at this stage but emerged later. There were also concerns that a full retendering exercise, possibly leading to a further change of provider, would cause anxiety for service users and distract both staff and users from the more positive work being done to modernise services. The budget for 2010/11, apparently based on an uprating of the previous year’s, seems to have worked out at £1.386m.

Last year’s changes

At some point during the subsequent review (it is not clear from the papers we have seen exactly when this was) the attempt to find alternative premises was finally abandoned and the closure of Heathside and Edward Wilson House was regarded by DASS as inevitable. The proposal with which they eventually came forward at the end of 2010 seems to have been constructed to make the best of a difficult situation. The two existing main operators, Together and Family Action, had their contracts renewed for two more years to 31 March 2013 to continue operating services in their respective areas of the Borough from their bases in Central Wandsworth and Balham respectively. but with significant savings from reduced overheads following the closure of Heathside and Edward Wilson House on 31 March 2011.

The report to the Committees noted the progress that the providers had made over the previous 3 years in “modernising” their services by working with service users to offer more flexible, socially inclusive services, empowering service users by increasing volunteering and work opportunities within the services, making more use of mainstream services, and involving NHS workers in supporting service users to pursue healthier lifestyles. While noting the greater emphasis on getting out and about and less focus on traditional buildings-based activities, DASS maintained that there were certain aspects of the current resource centres which were slower to change and put this down to the size and layout of the original buildings. The closures were thus presented as an opportunity to rationalise the use of the remaining premises, and make more use of community resources to reflect a hub and spoke model of service. Less staff time would be required to operate the buildings, freeing up staff to work in a more person- centred way to promote recovery and social inclusion (the use of the word “recovery” here is significant as the “recovery approach” was by this stage becoming the increasingly dominant discourse in the mental health field).

The third, smaller provider (Sound Minds) apparently agreed not to have its contract renewed on the basis that it had established a membership and activity rate which could continue to operate successfully under the system of Self-Directed Support which was to be fully implemented in the course of the coming year

(but see under **(iv)** below for the current funding situation). The renewal of the other two contracts can accordingly be seen as an implicit acknowledgement that the changes necessary following the closure of the two centres would take time to work through and that the viability of the restructured services would therefore require continuing financial underpinning for a further period.

While the outline of the reconfigured services was sketched out at the time of the decision to renew the two contracts, no revised service specification or expenditure budget was presented at that stage. The detailed arrangements were seemingly left to be followed up in due course between DASS and the providers.

In the course of our study we have been shown the revised service specification now in force which contains a number of new features consolidating and taking further the previous direction of change. For example, the required frequency of review of service users' support plans has been increased. Specific reference is made to the use of an assessment tool introduced originally in the course of 2008, Recovery Star, to monitor outcomes and a target is set to achieve positive outcomes over the year in 80% of cases. The definition of long term, medium and short term users is tightened up and the proportions expected of long term to short and medium term users are apparently reversed: the new specification envisages only up to 30% of long term users as against the 70% provided for in the 2006/7 specification. The target for "moving on" is differentiated between 10% each year for long term users and 40% for short and medium term users (which works out at a little over 30% overall each year). These targets were apparently negotiated with the service providers and intended to be challenging but fair.

The numbers of users assumed for the purposes of the new contracts was also adjusted downwards. This was mainly, according to DASS, to reflect changes in the anticipated patterns of demand for the services and we understand that the figures allocated to the different providers were not intended to act as limits on their acceptance of referrals. Thus, according to the 2010/11 Committee paper, a total of 530 users regularly accessed the services commissioned up to 31 March 2011, of whom approximately 450 were served by the two larger providers and 80 by Sound Minds. According to the service specification the new contracts were designed to support a total of 420 people: the reduction apparently reflects the expectation that a number of users previously attending Heathside or Edward Wilson House would look outside the commissioned services for their future support needs. The overall figure was divided into specific "targets" for the two areas allocated to Together and Family Action respectively. DASS have told us that they consider that the earlier figures tended to overestimate actual usage and that the revised "targets" were more realistic.

Particular mention was made in the 2010/11 Committee paper of a group of former users of the Heathside centre who had apparently decided to establish a replacement "drop-in" facility using a community centre in Roehampton. This was seen as potentially offering an alternative and perfectly legitimate way for the people concerned to channel available funding to meet their social care needs, assuming that practical and management arrangements could be worked out.

The total budget for the commissioned services for 2011/12 was in due course set at £921k, representing a substantial reduction from the previous year. In terms of cost per head, using the indicative (lower) numbers of users mentioned above, this works out at a saving of 16.2% in money terms.

Issues arising

What to make of this rather complex historical narrative? We would like to draw attention to a number of inter-related issues arising from our study of the background and from our actual visits to the currently commissioned services.

(i) budget reduction:

We cannot avoid underlining the scale of the budget reduction for the commissioning of day/resource centres for people with mental health problems from at least £1.386m in 2010/11 to £0.921m in 2011/12. Some of the expenditure saved may have been channelled back into support of people with mental health problems in other ways eg increased direct payments to service providers (such as MIND or Sound Minds) outside the block commission. Even so it seems clear that significant expenditure savings must have been made.

Whether these are regarded as efficiency savings or as cuts inevitably depends in part on one's point of view. Our study aims to reflect the point of view of service users and their carers. Those that we interviewed in our Enter and View visits were by definition continuing to receive support but some of them felt that services had been reduced. We also received limited and anecdotal evidence of people missing out on support following the closure of the two day centres. And there is clearly a legacy of grievance, particularly in the Roehampton area, despite the praiseworthy attempts of some of the service users affected to work together to maintain mutual support (see **(vi)** below).

We cannot turn back the clock but the commissioning agencies need in our view to keep service users' and carers' sensitivity to cuts in mind and to pursue policies designed to safeguard the future provision of support services. We also feel that there needs to be a greater or more transparent flow of information between the services to which people are referred for support and the agencies who refer them, mainly CMHTs and GPs, so that the effect of future service changes on individuals can be better tracked.

(ii) user numbers:

As described above the numbers of service users assumed for the commissioning of day/resource centres has been adjusted from 530 to 420 over the last couple of years reflecting actual usage and changes in the pattern of service availability.

Together's Wandsworth Your Way (in the Central and Western part of the borough) does seem to be on track to reach its "target" number of 195 for the current year. We were told that numbers registered at the end of October totalled 156 and new referrals were running at about 25 a quarter.

Wandsworth Family Action (in the Eastern part of the borough) does not (as pointed out in our Enter and View report) seem to have been receiving the numbers of referrals necessary to reach the "target" number of 225 users. We have been told that the total number registered just before Christmas (ie nearly three quarters of the way through the financial year) was 104. We were not able to identify clear reasons for this. Partly it may have reflected disruption resulting from the reconfiguration of the service following the closure of Edward Wilson House. Another factor almost certainly has been the implementation of the switch-over to Service-Directed Support (personal budgets) which has involved quite lengthy administrative processes (we comment further on this under **(iv)** below).

The fact that these assumed or actual numbers are down does not of course necessarily mean that fewer people with mental health problems are getting support: partly it reflects the fact that more people are getting support outside the directly commissioned services (eg at MIND or Sound Minds). Particularly given our limited resources, we have not set out to collect numbers of users of analogous services outside the direct commissioning arrangements. But we do consider that the mental health services collectively will need to continue both to monitor the diverse range of support services being used by people with mental health problems in Wandsworth (we have more to say on this under **(vii)** below) and to keep track of the numbers involved.

(iii) outcome measurement and targets

As described above, one clear direction of change in the arrangements for commissioning day/resource centre services for people with mental health problems over recent years has been the increasing emphasis on outcome measurement and the setting of outcome-based targets. From the point of view of service users it is clearly a good thing for services to be set and held to demanding requirements in respect of delivering effective services and maintaining a clear focus on people's progress towards recovery.

But when we were shown the service specification document governing the current commission we had some concern on service users' behalf, particularly regarding:

- frequency of assessment: the service specification includes the expectation that current users of the service will have their recovery plans reviewed at least bimonthly – this seemed to us an unnecessary and potentially intrusive requirement;
- “move-on” targets: the stated target is that annually at least 10% of long term users and 40% of short term users should move on (which we took to mean they should stop regular use of the service). This seemed to us to risk putting pressure on some service users to give up use of the service before they were ready to do so;
- proportions of short and long term users: as mentioned above, the service specification for the current year includes an alteration of the previous wording which has the effect of significantly shifting the “anticipated” balance between long term and short to medium term users and putting what appeared to be a limit of 30% on the proportion of long term users. This seemed to us to risk the withdrawal of support from some long term service users before they were ready for this. As we had occasion to point out in our report on our visit to Wandsworth Your Way, we believe that it is realistic to recognise that a proportion, perhaps a substantial proportion, of people who have experienced major mental health problems are going to continue to need support (or perhaps, more accurately, the right balance of challenge and support) for a significant period of time, in some cases for life.

We have to say that in our visits to the two services and our interviews with service users we did not see any signs that what we feared was actually happening or about to happen. The important thing, it seems to us and we would hope that the commissioning and referring agencies would confirm this, is that the needs of the individual person should continue to be given paramount priority in all decisions taken on the giving and withholding of support, within the necessary constraints of resources.

(iv) new funding arrangements: self-directed support

As mentioned at various points above, the implementation of the government's transformation agenda for social care and the consequent introduction of Self-Directed Support, which in its purest form involves the allocation of a personal budget for the service user to spend within the framework of an approved support plan, is in the process of radically changing the framework within which people with mental health problems are able to access support. This change can make it difficult to compare expenditures or other service statistics between one year and another. And the process of implementation of the change in Wandsworth has undoubtedly caused some disruption of the normal processes of referral to and intake by services of the kind we have been looking at.

Personalisation was not formally part of our remit and the LINK has commissioned a separate research project on its impact on different groups of service users which will be reporting in due course. But, inevitably, we heard in the course of our study a certain amount about the difficulties being caused by this change process as well as about the steps being taken to mitigate these difficulties. It is to be hoped that the specific adverse impacts of the change will prove in due course to have been temporary. But while personalisation should benefit many service users in the longer run, the immediate disruption has inevitably, as we witnessed in some of our interviews, caused increased anxiety about the future, particularly as emphasis has been laid on the fact that personal budgets will be allocated for limited periods

and thus subject to regular review. There is a fear that criteria of eligibility will be tightened up over time. We also encountered a number of service users who seemed unaware of the changes taking place and we fear that some of these may not be adequately prepared for what is to come.

A further problem for the longer term is that the levels of support available through personal budgets may not be enough to cover the full cost of services. We understand for example that Sound Minds, providing music- and arts- based activities, is currently only able to cover its full overheads with the help of significant grant aid from other sources. This suggests that some element of core funding may continue to be necessary outside the personal budget arrangements.

(v) diversity of services currently available

Whatever view one might take of Wandsworth Council's intentions, it is clear that so far at least day centres in Wandsworth for people with mental health problems have not been "done away with". Indeed there remains, at least for the time being, a variety and diversity of provision of services offering activity, social contact, support and problem solving, which is probably richer than some other parts of London. The list as known to us currently includes:

Wandsworth Family Action, SW11 and 12 – a hub and spoke service offering keyworking and group activities, including some which are user-led;

Wandsworth Your Way, SW15,17 and 18 – an innovative, mainly peripatetic key working service with links to a variety of mainly user-led groups;

Wandsworth Mind's Patricia Benians Centre (The Foresters) SW11 – a more traditional day centre with therapeutic and educational group activities;

Sound Minds, SW11 – an innovative, user-led service (but with qualified staff) focussing on music and arts activities;

South West London Recovery College, SW17 – courses and workshops on aspects of mental health and recovery;

Roehampton Activity Group, SW15 – user-led activity group – see **(vi)** below.

This list may well not be complete. We have heard mention of the Lane Community, SW18, and the Hope Project, SW 17 but we have no up-to-date information on these. We have not included services specifically related to the provision of work opportunities or vocational training, such as Seagull Print, SW18 as this would open up wider issues about employment. We are aware that there may be smaller, less formal activity or support groups organised by individual service users or carers in different parts of the borough. But our list is intended to cover the main services or groups available for new referrals. Whether and how long all these services will be able to continue clearly depends on a range of factors, including future decisions by the statutory mental health services.

(vi) Roehampton Activity Centre

We feel this user-led organisation deserves special mention. The information below reflects information kindly provided at an informal meeting with one of its organisers.

A group of former users of the Heathside centre, which as explained above was closed at the end of March 2011, have continued to meet on a regular basis to provide mutual support and social contact for people with mental health problems in the Roehampton area. The group, who are continuing to meet three days a week, have adopted the name of the Roehampton Activity Centre. The group were critical of the decision to close Heathside and believe that service users were not sufficiently consulted about it (this is something we are not in a position to judge). But they have maintained contact with DASS and with Together and have received some support from them in a variety of ways. In particular the group were, we understand,

awarded £10,000 out of DASS' grant to Together to cover transitional costs including rent of premises and some initial consultancy support.

The premises originally found became unsafe as a result of continued harassment and antisocial behaviour by people unconnected with the group and it was necessary to move in September 2011 to more secure accommodation in a Viridian sheltered housing project, consisting of a large furnished room, with kitchen and toilet facilities. The numbers attending have apparently stabilised: as many as 70 people are registered as members, although not all of them attend regularly. The daily attendance can reach 25 or 30 people. The organisers have undergone CRB checks and training to work with vulnerable adults. A number of activities and groups are held; a meal is offered at a reasonable cost once a week with the co-operation of the housing project; and outings and visits are organised. While the majority of the membership were former Heathside users, there have been a number of new referrals and the group are considering opening up to a proportion of people from other vulnerable groups such as the elderly or physically disabled.

The Roehampton Activity Centre believe they have demonstrated that they are filling a real need for social support and activity for people with mental health problems and other vulnerable groups on the Western edge of the Borough. To continue to do so on a stable basis will mean establishing an organisation which is less dependent on the goodwill and efforts of a small number of volunteers, themselves service users. The group have, understandably, wanted to retain their independent identity and are currently pursuing the possibility of recognition as a charity. This will involve agreeing an appropriate constitution and governance, which will in any case be needed to ensure the continued viability of the organisation. We understand that a grant application has been made to the Wandsworth Big Society Fund (administered by the Borough Council) and discussions are continuing on how such a grant might best be put to use to support the Centre and extend the range of its activities. There are also discussions with Viridian about putting the accommodation arrangements on a more secure and continuing basis.

Without being in a position to comment on the details of these discussions, we would like to express the hope that they can be brought to a positive and agreed conclusion. The group's determination, despite the difficulties they have faced, to go on providing much-needed support to each other and others in a similar position seems to us wholly admirable. Although self-help organisations of this kind may not be able, in the absence of qualified staff, to meet the needs of all potential users, continued financial and advisory support for such groups seems likely to be a worthwhile investment for the mental health and social care services.

(vii) concerns for the future: need for a continuing forum

Looking to the future, we understand that in order to reach decisions in good time before the expiry of the current commissions DASS will need shortly to start a process of public consultation and review. We hope that this report will make a useful contribution to that process.

The starting point as we see it must be the need to safeguard the future availability of much-needed services and to avoid the danger, feared by service users, that services will collapse through inadequate funding (see **(i)** above).

We understand Wandsworth Council's eventual aim to be to withdraw so far as possible from the role of directly commissioning support services and to allow the maximum scope for the operation of Self-Directed Support under which people with mental health problems will make their own choices and decisions (with the help of their care co-ordinators) on how to deploy the financial support available to them. This seems to be the direction in which government policies are clearly pointing. Such a system, if operated successfully, can arguably be seen as empowering for individuals as well as promoting efficient use of resources.

Whether or not the situation in Wandsworth will allow full transition to such a system by April 2013 or any other specific date seems currently uncertain (see **(iv)** above).

But in any case it seems to us that certain prerequisites and safeguards will need to be in place before further steps in this direction can safely be taken. In particular it seems to us that there needs to be:

(i) a clear recognition, whatever the precise allocation of responsibility for commissioning decisions, of a collective responsibility on the part of the statutory mental health services (in which we include Wandsworth Council and the relevant NHS commissioners, as well as the Mental Health Trust who are responsible for the majority of referrals) to work together to maintain a sufficient oversight of the range, quality and location of services to which people with severe and enduring mental health problems can be referred for support, activity and social contact in pursuit of recovery and /or the maintenance of a stable level of functioning ;

(ii) such oversight requires an adequate flow of information between service providers and those responsible for commissioning and/or referral;

(iii) there would also seem to be advantage in encouraging a systematic exchange of ideas and experience between those involved in the provision of such services.

These needs might best be met, it seems to us, by the establishment of a suitable inter-agency forum bringing together on a regular basis adequately authorised representatives of the relevant service providers and of the statutory mental health services as well as representatives of service users and carers. Such a forum might be charged to report publicly at regular intervals.

Summary of recommendations to the mental health services

Our specific reports on our Enter and View visits to Wandsworth Family Action and Wandsworth Your Way reflect the largely positive feedback we received from the service users whom we interviewed but contain a few recommendations mainly addressed to the service providers.

We summarise below the recommendations we wish to make to the statutory mental health services collectively on the basis of these visits and our wider study:

- as explained in our report in Together Your Way, it seems to us that the relationship between the CMHTs and resource centres, particularly those offering keyworking, such as Wandsworth Your Way and Wandsworth Family Action, deserves further consideration between the Mental Health Trust, DASS and the service providers; this should cover referral arrangements, reporting back and the allocation of responsibility for different aspects of support to service users);

- we would like to see this lead to the production of clearer information for service users, carers and the general public on care pathways for support to people with mental health problems in the community;

- again as explained in our report on Wandsworth Your Way but also in the light of the history of the recent changes set out above , a combination of factors leads us to voice a degree of concern in relation to the future provision of ongoing and longer term support to mental health service users in Wandsworth;

- in particular (see **(i)** above) the commissioning agencies need to keep service users' and carers' sensitivity to cuts in mind and to pursue policies designed to safeguard the future provision of support services. More effort should be made to track the effect of future service changes on individuals (which will require an improved flow of information between the services to which people are referred and the agencies who refer them);

- while welcoming the increased focus on outcomes in terms of individuals' progress towards recovery, we would hope (see **(iii)** above) that the commissioning and referring agencies would confirm that the needs

of the individual person should continue to be given paramount priority in all decisions taken on the giving and withholding of support, within the necessary constraints of resources;

- as explained at **(vi)** above, we believe that continuing support to developing user-led support groups would be a worthwhile investment for the mental health services;

- for the future, whatever steps are taken towards funding based mainly on Self-Directed Support, we believe (see **(vii)** above) there needs to be a clear recognition of collective responsibility on the part of the statutory mental health services to maintain a sufficient oversight of the range, quality and location of services to which people with mental health problems can be referred for support, activity and social contact;

- this requires an adequate flow of information between service providers and those responsible for referral as well the exchange of ideas and experience between those involved;

- this points to the establishment of an inter-agency forum (see **(vii)** above). bringing together service providers and the commissioning and referring agencies, as well as representatives of service users and carers, with a responsibility to report publicly at regular intervals.

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14 February 2012