

verve

REPORT

Post Engagement and Codesign
Report – Camden Mental Health
Day Support Services

Author: Angela Basoah

Date: July 2023

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EXECUTIVE SUMMARY

Background:

Camden and Islington NHS Foundation Trust (C&I Trust) and Camden Council are exploring the possibility of a new, integrated mental health day support service. Verve, a specialist communications and engagement agency, was commissioned to facilitate the engagement and codesign process with service users and carers in Camden to shape the new service. The aim is to create a flexible service that meets individual needs, connects with other local mental health services, and provides improved access to mental health day support for Camden residents. The closure of the Acute Day Unit (ADU) at Jules Thorn in 2020 due to the COVID-19 pandemic created a gap that the new service intends to address. Additionally, the contract of the Phoenix Recovery and Wellbeing Service (currently delivered by Mind in Camden) ends in March 2024, offering an opportunity to review existing offerings and ensure that the service meets the needs of service users and mental health providers and commissioners.

Statutory Obligations, Guidance, and Governance for engagement:

The C&I Trust is obliged to comply with statutory obligations, including Statutory Duty to Involve - NHS Act 2006 (amended), the Equality Act 2010, and NHSE statutory guidance on working in partnership with people and communities.

The engagement and co-design process was supported by colleagues from Camden and Islington NHS Foundation Trust and Camden Council, monitored by a fortnightly operational group meeting chaired by the Operations Director Camden and overseen by the Managing Director – Camden Division (C&I).

Methodology:

The engagement and codesign approach involved three phases, including pre-engagement, engagement, and codesign. A desk-based Equality Impact Assessment was also conducted. Sessions took a deliberative approach with service users, carers, and other stakeholders conducted through face-to-face and online engagement and codesign workshops and focus groups.

Feedback from Pre-Engagement and Engagement Activities:

Feedback was grouped into six themes including:

- accessing services and referrals
- how services work together
- interventions and activities
- duration of services and opening hours
- staff and communication, and,
- areas of feedback with limitations.

Potential Service Options and Service User Response at Codesign:

Service options were proposed based on the feedback gathered during pre-engagement and engagement phases. Service users supported the single point of access approach, but concerns were raised about potential loss of intensive support for those with acute mental health needs.

The criteria for accessing different levels of support also generated varied responses, with some supporting clear criteria while others worried about accommodating long-term support. The importance of making the service neuro-diversity friendly was welcomed. Service users supported a "pick and mix" approach for accessing services, but communication and consistency of key workers were considered essential. The majority of service users favoured a new service that retained elements of the previous ADU which (in their view) had resulted in better outcomes in terms of service user experience and satisfaction. They emphasised the need for the new service to provide an alternative to hospital-based care and treatment for acutely unwell service users who require a centrally located, place-based day programme.

Conclusion:

The engagement and codesign process collected valuable feedback from service users and carers, informing the development of the new integrated mental health day support service in Camden. The service options will undergo further internal governance processes within Camden and Islington NHS Foundation Trust (C & I Trust) and Camden Council before a final decision can be made.



1. BACKGROUND

Camden and Islington NHS Foundation Trust (C&I Trust) and Camden Council are exploring the opportunity to open a new, integrated mental health day support service.

Verve, a specialist communications and engagement agency, was commissioned to support the process with service users and carers in Camden to codesign a new mental health day service. The aspiration is that the new service will be flexible, based on individual needs, better linked with other local mental health services, and offer improved access to mental health day support for Camden residents.

The Acute Day Unit (ADU) at Jules Thorn closed in 2020 due to the COVID-19 pandemic and has not reopened, thereby leaving a gap that the new service intends to address. Furthermore, the contract of the Phoenix Recovery and Wellbeing Service (currently delivered by Mind in Camden) ends in March 2024, providing an opportunity to review what's currently on offer and make sure that a future service can meet the needs and aspirations of service users and mental health service commissioners. Finally, the Greenwood Mental Health Service provides a key role in mental health day support for Camden residents and is therefore also in scope of the new service codesign.

2. STATUTORY OBLIGATIONS, GUIDANCE, AND GOVERNANCE

In the planning and redesign of new services, the C&I Trust is obliged to comply with the following statutory obligations and guidance:

- Statutory Duty to Involve – NHS Act 2006 (amended)
 - s242 (Trusts) – The principle of Section 242 is that, by law, NHS Commissioners and Trusts must ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services.
- Equality Act 2010
 - s149 public sector equality duty – eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.
- NHSE statutory guidance
 - [B1762 Working in Partnership with People and Communities Statutory Guidance \(NHSE, July 2022\)](#) – affirms NHS commitment to public engagement and outlines best practice required of NHS organisations to ensure service users are involved in planning and service design.

The engagement and codesign process was supported by colleagues from Camden and Islington NHS Foundation Trust and Camden Council, monitored by a fortnightly operational group meeting chaired by the Operations Director Camden and overseen by the Managing Director – Camden Division (C&I).

3. METHODOLOGY

At the start of the process, a three-phased engagement and codesign approach (outlined below) was agreed with service users and carers.



This is outlined in the diagram below. A desk-based Equality Impact Assessment was conducted.

Pre-engagement phase: We held one online session with service users, carers, and stakeholders and two focus groups with service users at Greenwood and Phoenix, including one with service users with autism.

Engagement phase: This included four workshops and one focus group (including one session dedicated to capturing insights from ex-service users of the Adult Day Unit previously at Jules Thorn and one focus group with autistic adults who have mental health needs).

During both phases, service users and carers gave feedback regarding their ideas for a new mental health day service. This was collated into a report which enabled the team to develop possible options for elements of the new service.

Codesign phase: This consisted of two face-to-face workshops with service users and carers. We also held one online information sharing session with some service who were unable to join the face-to-face co-design sessions and a session with a senior manager responsible for mental health in-patient service provision and previously responsible for the ADU at Jules Thorn.

At the face-to-face codesign sessions, service users and carers worked in groups on the different areas proposed for the new service with the aim of enabling the team to refine the components of the new service. The final service options will be subject to the Trust's internal governance processes. As part of the codesign process, the team shared the limitations to the achievement of certain areas of the feedback and where appropriate, service users discussed possible mitigatory actions.

Event Dates
Thursday 13 th April (Pre-Engagement)
Tuesday 18 th April - Greenwood (Pre-Engagement)
Tuesday 18 th April - Phoenix (Pre-Engagement)
Thursday 18 th May – Engagement
Wednesday 24 th May – Engagement
Thursday 25 th May – Engagement
Friday 26 th May - Autism Focus Group
Thursday 15 th June - ADU Focus Group
Wednesday 28 th June - Codesign
Friday 30 th June – Codesign

Recruitment

Service users and carers were recruited by the C&I Trust and Camden Council by email invitation, and through recruitment led by staff at The Greenwood Centre and Phoenix. Registration to events was via Eventbrite and email. The engagement and codesign activities were complemented by information on the website and an online survey.

According to our records, 170 people registered to attend over the course of the various engagement and co-design sessions.

Equalities

A desk-based Equality Impact Assessment identified the following groups as pertinent to the previous ADU at Jules Thorn as well as the new integrated day service:

- adults of working age (18 – 64) (age)
- People with a diagnosis of serious mental illness (disability)
- Those who are unemployed (socio-economic status)
- Previously admitted to an inpatient ward (disability)

Most of the service users who took part in the engagement and codesign process fell into a minimum of two of the identified priority groups.

4. FEEDBACK FROM PRE-ENGAGEMENT AND ENGAGEMENT ACTIVITIES

Service user feedback has been grouped into six themes in line with the key areas of the new service. In response to the feedback, the team proposed possible service options (see Page 11). Service users and carers worked on these areas during the codesign phase, which (subject to the Trust's internal governance processes) will inform the specification for the new service.

The six proposed themes to inform the new service are:

- 4.1 Theme 1: Accessing services and referrals
- 4.2 Theme 2: How services work together
- 4.3 Theme 3: Interventions and activities
- 4.4 Theme 4: Duration of services and opening hours
- 4.5 Theme 5: Staff and communications
- 4.6 Theme 6: Areas of feedback with limitations.

4.1 THEME 1: ACCESSING SERVICES AND REFERRALS

How should people access mental health day services?

The recurring themes from service users and carers:

- We want to have one point of contact where we can go to, who knows the services well and can link us into the support we need
- Referrals should come from anywhere
- We don't want to wait for support. If there is a waiting list, we want to know how long it is and be updated regularly. We need help whilst we wait
- We want to be able to 'dip in and out' of services as and when we need them. We don't want to go through a lengthy referral process each time we return to services
- We want to be able to increase and decrease support as needed
- We want the same key worker as we move through different services.

Who can access services?

Service users and carers said:

- Criteria to access services needs to be simpler and clearly defined.

How can services be more neurodiverse-friendly?

Service users and carers said:

- We want services that consider neurodiverse needs
- Services should have a quiet space where people can go if they are over-stimulated

- We want different options for contacting services and key support workers
- We want the option of support from key workers to attend new services
- We want all staff to understand neurodiversity and how that may impact care and treatment. Everyone should have adequate training.

4.2 THEME 2: HOW SERVICES WORK TOGETHER

Service users and carers said:

- We want to be able to access all the services as and when we need
- We want services to be connected. There needs to be good communication
- We want front-line staff across the mental health network and GPs to be aware of these services
- We want services across different parts of Camden, so they are accessible for all.

4.3 THEME 3: INTERVENTIONS AND ACTIVITIES

Service users and carers said:

- We want the option of going somewhere for support or activities each day
- We want to be able to attend groups and activities without pressure to participate or talk if we don't feel like it
- We want services to have a kitchen where we can prepare meals for ourselves and eat with peers
- We want more outside spaces such as gardens
- We want services to be linked to other opportunities such as volunteering and employment
- We like lots of different groups such as yoga, gym, music, gardening, movement therapy, breath work as well as social activities. We also like practical support (e.g., help with letters and admin)
- We want 1-1 support from key worker
- We want spaces to talk to other people going through a similar thing as us. We want to be able to make friends.

4.4 THEME 4: DURATION OF SERVICES AND OPENING HOURS

Service users and carers said:

- A one-size-fits-all approach doesn't work, we need to be treated as individuals with different needs and support requirements
- We want to be able to access support for as long as we need to
- When we leave services, we don't want it to feel like we are 'dropping off a cliff'
- We don't want to talk about discharge as soon as we start services
- We want support outside of core hours too; sometimes we feel worse in the evenings or on the weekends.

4.5 THEME 5: STAFF AND COMMUNICATION

Service users and carers said:

Staff

- Well trained, quality staff are key to delivering effective services
- We want to feel safe and supported with access to the right type of staff and support
When we are in crisis, we want to see clinicians
- We want staff who are kind, empathetic and understand us. We want consistent staff and familiar faces. Staff should know us well enough to spot when our mental health is deteriorating
- We want staff to check up on us if we stop going to services
- We want peer support
- We want staff who are diverse and have an understanding of cultural perspectives
- We want more staff; the ratio of service user to staff is very high.

Communication: language

- We do not like the name Acute Day Unit – it sounds cold and judgmental
- We do not like terminology such as 'pathway' and 'recovery'
- We want services to use less jargon – use everyday, simple language.

Ongoing service user involvement

- We want to be involved in making things work on an ongoing basis.

4.6 THEME 6: AREAS OF FEEDBACK WITH LIMITATIONS

Service users and carers said:

4.6.1 We want to be able to self-refer to services

4.6.2 We want services to be free

4.6.3 Building/premises:

- We want a specific place we can go to when we are in crisis or acutely unwell and need clinical support
- We want services to be easy to get to: Location with good bus links is important
- We are willing to travel up to 45 minutes/ 1 hour to access good quality support.

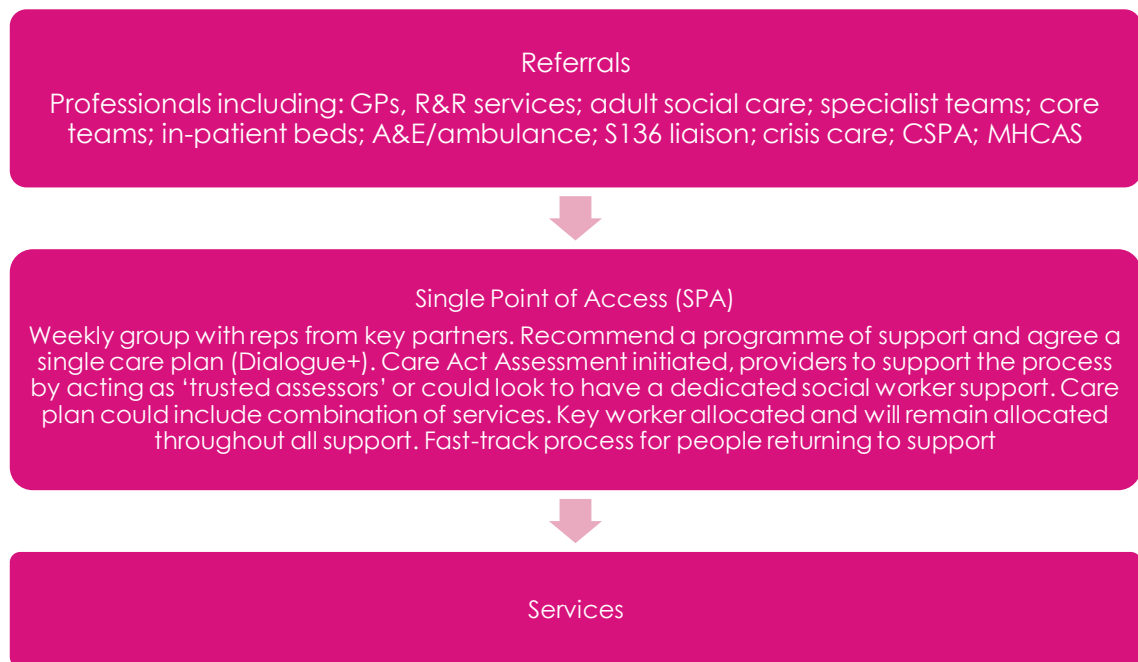
5. POTENTIAL SERVICE OPTIONS AND SERVICE USER RESPONSE AT CODESIGN

In response to feedback described in themes 4.1 – 4.6, the team developed service options for service users and carers work together in groups at the face-to-face codesign sessions.

5.1 THEME 1: ACCESSING SERVICES AND REFERRALS

The team proposed a single point of access for professionals and clinicians to refer people to the new integrated mental health day service. Following assessment, people will have a dedicated key worker to support them and access and navigate services agreed in their care plan.

The diagram below describes how the referral process could work.



Summary of responses by service users and carers:

- Service users generally supportive of the single point of access approach.
- Some (ex- service users of ADU at Jules Thorn) were concerned that specific intensive support required for people with acute mental health needs maybe lost within the proposed new model.
- “Is there a role within the SPA to routinely follow up on people discharged from hospital?”
- Referrals from other professionals: Professionals linked to person with mental health issues should be able to refer into single point of access, e.g., day centre manager, police, hospital, occupational therapists, care-co-ordinators.
- Delays in obtaining a GP's appointment could impact on the timeliness of securing a referral.

- The Single Point of Access (SPA) should have a dedicated phone number.
- SPA should be well advertised. Promotion channels include GP surgeries, Community centres, Voluntary Action Camden health advocates, job centres, schools, colleges, libraries, churches, carers, foodbanks, nurseries, services that help with domestic abuse, crisis houses, social media (Twitter, Facebook) and via a website with all the main MH charities in Camden, social workers and psychiatrists, the Recovery College, Camden New Journal, South Camden Rehab and Recovery Service, gyms, word of mouth.
- Could be included in a GP App where GPs find out what services are available.

Clinical Support	Medium term support (Greenwood)	Long-term support
<ul style="list-style-type: none"> • People who need immediate support or they will be at risk of hospital admission. • People who need step-down support after coming out of hospital or other crisis services. • People who need an oversight from a psychiatrist. 	<ul style="list-style-type: none"> • People with moderate to severe and enduring MH needs. • People who may be at risk of a crisis. • People who would benefit from shorter/medium-term support with a recovery focus. 	<ul style="list-style-type: none"> • People with moderate to severe enduring mental health needs. • People at high risk of social isolation. • People who would benefit from more long-term support.

Summary of responses by service users and carers:

- Some service users were supportive of "clear and defined criteria"
- Other service users were worried about how the new model would accommodate provision of long-term support for people with lifelong conditions such as neurodiversity and developmental delay
- Criteria may need some flexibility in its application: "When I was very ill, I went to the core service but that came to an end and I had to go to the club, I felt I was not ill enough for the core service, but not well enough to step down. That made me feel I didn't belong."

5.2 HOW SERVICES WORKED TOGETHER:

The team proposed that people could access a programme of support that could involve a combination of services in a given week as per diagram below:



Shared Activities

- Shared activities based at any of the venues of the different offers as other community spaces, led by workers of each service
- Clinically-led activities (e.g. art therapy, physical health checks, advice, Occupational Therapy)
- Community-based activities (e.g. going to community events, cinema, restaurants, mainstream services)
- Social care-led activities (e.g., music, art, crafts, gardening, living skills, social networks, skill development)
- Anyone who access any of the three services can attend any of these activities.

Summary of responses by service users and carers:

- Model needs to consider people who can't be moved around: When very unwell, e.g., psychotic, users would find it hard to move around (different venues) and cope with lower support needs
- There must be a variety of ways to communicate with the day service – texts, calls, online
- Case by case basis communication between services is important
- There must be the same key worker if someone can't come to the services or is not engaging
- Nurse/psychologist coming into a day centre is really good – service users felt this proposal was positive
- When acutely unwell, it's better if support is provided in one place. Service users supportive of "more pick and mix" approach but want to be involved in decisions about kind of support offered
- Jules Thorn had a canteen. Need for good nutrition when unwell and need to consider this when service user is moving around services.

5.3 THEME 3: INTERVENTIONS AND ACTIVITIES

The team proposed that people could access a varied range of services as described below depending on their preferences and assessed needs.

Clinical Support	Medium term support (Greenwood)	Long-term support
<ul style="list-style-type: none"> • Assessments. • Medication management/ reviews. • Therapeutic activities and groups. • Physical health groups by nurse. • Art therapy delivered by a psychotherapist. • Shared kitchen space. • 1-1 support. 	<ul style="list-style-type: none"> • Social care offer. • Support to manage stress, anxiety and low mood. • Sessions such as mindfulness, music, art, gardening, yoga, arts and crafts. • Support with living skills and skill development. • Shared kitchen space. • 1-1 support. • In reach from organisations providing existing support (e.g. Resilience Network). 	<ul style="list-style-type: none"> • Social care offer. • Peer support activities/ groups. • Community activities • Social activities (e.g. cinema club, walking groups, outings). • Practical support. • 1-1 support. • Shared kitchen space. • In reach from organisations providing existing support (e.g. Resilience Network).

Summary of responses by service users and carers:

- Service users welcomed clinical support and interventions being proposed. Agreed new provision needed a physical space.
- Some service users reiterated the need for new service to retain those elements of the previous ADU which (in their view) had resulted in better outcomes in terms of service user experience and satisfaction. They emphasised the need to provide an alternative to hospital-based care and treatment for acutely unwell service users who required a place-based day programme.
- Flexibility around the level of support: length of stay could be 7 weeks /3 weeks/3 months, all depending on the diagnosis/ conditions.
- Other services e.g., Peckwater Centre, Crisis Café etc need to know about new mental health day support services.
- Service model should consider people with disabilities with accessibility issues and those who have English as a second language.
- Service should also consider more lighter touch activities like playing cards, board games, game of pool, table tennis, room space for peace and quiet and thinking/reflections, a chill-out room with table and chair.
- Service should include providing access to the internet/facilities to use the internet, e.g., computer (some don't have a computer).

5.4 THEME 4: DURATION OF SERVICES AND OPENING HOURS

The team proposed some flexibility in the duration of support offered at different levels of mental health day support.

Clinical Support	Medium term support (Greenwood)	Long-term support
<ul style="list-style-type: none"> • Up to 8 weeks with the option of this being extended on a case by case basis. • Follow-up appointments via outreach sessions other services in the offer. • Some support to operate outside of core hours. 	<ul style="list-style-type: none"> • Typically 1 year with the option of this being extended on a case-by-case basis. 	<ul style="list-style-type: none"> • Typically, up to 2 years with the view of people being supported to lower-level provision (e.g. Resilience Network). However, option for people to stay longer on a case-by-case basis. • Some support to operate outside core hours.

Summary of responses by service users and carers:

Duration and opening hours

- “Eight weeks doesn’t feel long enough for a service. The basic should be for three months
- “There should be a case-by-case approach”
- “In the eight weeks you can identify what would be useful to plan onwards”
- Core hours could be 10am to 4pm
- Weekends and evenings “hardest when there is nowhere to go”. Need to communicate better about services outside of core hours
- Suggestions re: provision outside core hours: peer-led groups at the weekend; “a space to go to”; access to community groups; notice board with information about weekend activities and/or recovery workers sharing information; day trips.

5.5 THEME 5: STAFF AND COMMUNICATION

The team proposed to incorporate the attributes and values in in the new services where possible. Specifically:

- Ensure that all staff will be appropriately trained
- Recruitment should also focus on soft skills around empathy and compassion
- Ensure that the clinical aspect of the services will be clinician led and people will be assigned one key worker who will stay with them throughout their time in support services
The key worker will also check in on people if they do not attend services and will have a mechanism to follow up when a person leaves the service.

Summary of responses by service users and carers:

Service users welcomed proposals for staff training and for recruitment to focus on soft skills around empathy and compassion as well as competence.

Language and ongoing service user involvement

The team proposes to review language used in service information to ensure it is accessible and without jargon and to update relevant websites with information about services and any service changes.

It also proposes to consider the setting up of working groups where needed to work on specific areas of the new service and work with the Advocacy Project to embed service users in the monitoring of the new integrated service.

Summary of responses by service users and carers:

- The name of the new service is important. It can put someone off attending and/or encourage people to attend. There were several suggestions for the name including: Intensive Day Centre. Well-being hub: Tea and Cake Day Hospital.
- Some felt the words "mental health" should be included in the name – "Not hiding the mental health aspects of (the service)".
- It was suggested that there could be a competition to choose the name of the new service.
- Regarding service user involvement, service users suggested that there should be regular feedback, e.g., newsletter and different ways to provide feedback. Regular "You said, We did" updates.
- One "should be able to complain anonymously", e.g., via a suggestion box.
- Working groups with service users when needed.

5.6 THEME 6: AREAS OF FEEDBACK WITH LIMITATIONS

Self-referral: The team acknowledged service users' preference for self-referral but explained that to ensure prompt access to services by those in need of mental health support, only professionals and clinicians would be able to refer people to the single point of access. People who felt in need of mental health support are encouraged to speak to their GP or any other linked professional to make a referral on their behalf.

Summary of responses by service users and carers:

- GPs need to be kept informed about new mental health service so that they can refer people.
- Delays in getting a GP appointment may lead to delays in access to mental health services.
- There should be a register for vulnerable people so that they can access services promptly.

Charging for services: As local authorities are obliged to charge for social care services, it is outside their control to be able to offer free services. However, officers are committed to review the situation to consider what mitigating actions could be put in place, but it is unlikely any potential changes could be implemented in time for the start of the new service. People were reminded that where social care services are chargeable, people have the option to fund the

services themselves which will not require a Care Act Assessment, or they can pay a means-tested sum which is agreed via the Care Act financial assessment.

Summary of responses by service users and carers:

Care act eligibility

- Cost of living and everything is going up, and you don't cook because of mental health.
- It is important but it is stressful to go through and you feel like you are being judged.
- Service users were positive about the plan for the Council to review care act eligibility and try to mitigate the risks of cost being a barrier to accessing mental health services.

Building:

The team acknowledged service users' overwhelming desire to have a physical place where people experiencing acute mental illness can access clinical support and intensive therapy outside of hospital. However, the team shared that such a building had yet to be identified due to the limited options available.

Summary of responses by service users and carers:

- The majority of service users said that it was important for clinical provision and intensive mental health support to be delivered from an identifiable a physical space.
- Ex-service users from the ADU at Jules Thorn were particularly distressed during the codesign session at the possibility that a building may not be found to accommodate the acute mental health provision.
- Some service users suggested that the team consider looking for a building that is "centrally located in Camden – Hampstead Road, King's Cross, Euston, Somers town, Chalk Farm, Regents Park, Mornington Crescent", Others observed that "Gray's Inn Road has a lot of empty buildings".
- A minority considered the new service "is not about the physical building, it is about what is going on that is vital".

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