

Appendix C

Day Service Modernisation

Review of Progress and recommendations

Provided for the Community Care Modernisation Network on 07.04.06 by Gill Vasilevskis and Sue Thornton.

1. A set of service principles to underpin the modernisation process have been agreed (subject to review after the national guidance was published)
2. Key local issues were identified and smaller sub work streams were established to provide further advice.
3. Individual services have already begun the transformation process.
4. Pilot models are also emerging to support service re-configuration.
5. National guidance provides the steer to combine the Day Service Modernisation with the development of vocational services.
6. The emergence of the Social Inclusion and Wellbeing Plan will provide a wider re-focusing of day and vocational services to include the delivery of wellbeing services.

Checklist of improvements and transformed projects currently underway:

- Buildings – shared use, re-location, downsizing, re-naming (Beeston, Boundary, Broad St, Open Door).
- Shifting the emphasis of service from social/recreational towards vocational (Beeston, Boundary, Gedling Pilot).
- Re-focusing casework on most vulnerable service users (Beeston).
- Development of more community based activities (Beeston, Boundary, Open Door).
- Developing a Social Inclusion Service (Newark, Gedling Pilot).
- Promoting more choice and control of service delivered (All).
- Review of skills mix inc STR workers (All).
- Developing new partnerships with voluntary sector providers (Mansfield Day Hospital, Beeston, Open Door, Boundary, Newark, Gedling Pilot).
- Developing social enterprise models to deliver services (Boundary, Beeston, Gedling Pilot).
- Changing the provision of meals (Beeston and Boundary).
- Developing Direct Payment project to increase access (Gedling Pilot).
- Developing Wellbeing service model (Gedling).
- Developing more flexible workforce (All).
- Developing an integrated Volunteer network (Gedling).
- Developing and supporting anti-stigma strategies (All).

Impact of the above activities

1. Provided local modernisation process with opportunity to consider barriers to change and pace and focus of change.
2. The opportunity to develop these initiatives further locally and across the Trust.
3. To utilise the Change Checklist (attached) from CSIP to support the process alongside our own checklist.
4. To use a set of common goals to support the process which allow for variations locally as existing services focus on their strengths but recognising that all services will need to make fundamental changes in:
 - Structure

- Location
- Providers
- Skills Mix
- Range of services

What do we already know we need?

1. A more flexible workforce to provide a service across the whole geographical area.
2. To expand the training/information available for staff, service users and carers to support this process.
3. A detailed cross agency service user and carer involvement strategy and guidance.
4. To monitor the impact of this change process across all stakeholders.
5. To develop better partnership arrangements with external providers and other community service providers.
6. New service principles and service quality indicators to underpin the transformation process, guidance on skills mix, service delivery, monitoring and review.
7. To develop expertise across social inclusion agenda in all community teams and day services to support the development of a staff network which will adopt specific service areas as champions/leads. Key areas include direct payments, vocational training, housing and community based support, BME communities, women, well-being services and primary care links, provider partnerships and volunteer activities.
8. To re-name/badge the services to reflect the new service focus, tasks and workforce. For example Beeston intend to change their service name to reflect their activities to 'Community Access' service.
9. To make the current variety of job titles and job focus clearer and introduce consistency across the Trust (Community Networkers, STR Workers, Day Service Therapists, Bridge Builders, Community Access Workers are already in place).
10. To develop new strategic partners as part of the commissioning process.
11. To consider the re-focusing of all key resources, staff and all non staff and community care budgets to support the re-configuration process.
12. An Implementation Team is set up (Trust wide) to steer the process.
13. Local implementation groups are identified to steer local service change and are represented on the implementation team.