healthwatch Camden

Audio Diary Project

Recording Lived Experiences of Changes to Mental Health Services at the Highgate Day Centre

10 July 2017

Part 1: Introduction

The Highgate Centre Audio Diary Project is a collaboration between Healthwatch Camden and service users from the Highgate Day Centre.

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users are heard and help to bring about service improvements.

The Highgate Day Centre is a service for people with mental health needs in Camden.

During 2015-16, the service underwent significant changes, partly as a consequence of resource constraints and partly in response to changes in thinking around appropriate models for service delivery. Before the changes, service users described their service as a therapeutic mental health day care centre based on a recovery-oriented programme. The changes aimed to reorganise the service in line with what the service providers (the Trust and the Council) described as the "recovery model".[1]

The most significant change proposed was the abolishment of the Associate Membership, meaning those who had completed their programme as Core members would no longer be able to retain access to the Centre for support or peer contact. Other changes were also proposed. These included cuts to staffing levels, ending the provision of the daily hot lunch prepared by a staff cook in the Centre's kitchen and making changes to the programme of groups and classes.

Service users were distressed by the changes proposed and expressed their views throughout the consultation process and at the Adult Health and Social Care Scrutiny Committee. Camden Council (which commissions the Highgate Day Centre service on behalf of Camden residents) and the Camden and Islington NHS Foundation Trust (the body that provides mental health services in Camden

[1] Definitions of "recovery" for mental health services vary. For an explanation of the model of recovery by which Camden and Islington NHS Foundation Trust is guided see Camden and Islington NHS Foundation Trust, Clinical Strategy 2016-2021, page 27, available at: http://www.candi.nhs.uk/about-us/corporate-information/our-strategy-and-objectives/clinical-strategy. A briefing published by The Kings Fund summarises evidence around recent changes to models of provision in mental health services. See Mental Health Under Pressure, The Kings Fund, November 2015 available at: https://www.kingsfund.org.uk/publications/mental-health-under-pressure

including The Highgate Day Centre) provided responses to their concerns, but the service users said:

"*What you say is happening does not reflect the reality for those of us who have to live through these changes.*" (Highgate Centre service user, Health and Adult Social Care Scrutiny Committee Meeting, September 2015)

The aim of the project

Healthwatch Camden offered to work with the service users at the Highgate Centre to co-design a research project that would seek to capture, in real time, their lived experiences of the service changes at the Centre. Qualitative evidence from lived experience is often neglected in favour of quantitative evidence leaving an "evidence gap" around what service changes really mean for people in their daily lives. We wanted to challenge the tendency to write off individual experience as anecdotal by gathering and analysing personal testimony systematically.

We also wanted to understand how the lived experience of the service changes evolved over an extended period, starting at the time of imposition of the service changes and continuing beyond the time when the process was expected to have been concluded. All participants knew this study would not have any direct impact on plans for the Highgate Centre. Nor did the project seek to assess the relative merits of different models of service delivery: the aim was to learn from this experience to help inform approaches to service change elsewhere in the future.

BOX 1: Membership of the Highgate Day Centre

Prior to the changes, service users were either:

Core Members – service users who were entitled to access a full range of services for up to two years;

Associate Members – service users who had completed a 2 year programme of support but were entitled to continue indefinitely as Associates of the Centre, accessing a small number of services and retaining contact with peers through the Centre. There were over 80 Associate members at the time this project began;

Members in transition - service users who were progressing towards a situation where they would be expected to reduce their use of services provided by the Centre and convert to an Associate membership.

Method

Eleven service users volunteered to record regular weekly "audio diaries" over the course of the changes at the Highgate Centre. These eleven were broadly representative of the total body of service users, included men and women, older and younger people and were from a range of ethnic groups including black and minority groups. The group included Core members, Associate members and members in transition. (See Box 1 for explanation of membership of the Highgate Centre.) The project participants were not drawn just from among those who were actively lobbying against the changes at the Centre. The invitation to participate was addressed to all service users. Anyone interested was invited to attend a meeting to discuss the project.

Once a group of participants had been identified, a meeting was held at which ideas were sought about how best to design the project and agreement reached on objectives, methods and practical arrangements. In line with good practice, formal consent was sought and given by all participants and information packs provided.

Each participant was issued with a handheld digital recording device on which to record their diary on a weekly basis. The diary recordings were to answer three specific questions about the changes to the mental health services they were using at the Highgate Centre.

The questions were as follows:

As a result of the changes in services at the Highgate Centre……..

How has your week been different?

What external activities, or alternative support, if any, have you had this week?

How are you feeling this week about the changes to your services?

Before starting on their weekly reporting, each participant recorded an "entry interview" to provide a baseline.

The weekly diaries were then submitted on a weekly basis, transcribed into text, anonymised, coded and charted.

We chose Framework Analysis as the appropriate methodology for the collation and analysis of the audio diary data.[2]

Using Framework Analysis the gathered data were sifted, charted and sorted in accordance with key issues and themes.

Framework analysis was considered the appropriate methodology for the following reasons:

• It is grounded or generative: it is heavily based in, and driven by, the original accounts and observations of the people it is about.
• It is dynamic: it is open to change, addition and amendment throughout the analytical process.
• It is systematic: allowing methodological treatment of all similar units of analysis.
• It is comprehensive: allowing a full rather than partial or selective review of the material collected.
• It enables easy retrieval: allowing access to, and retrieval of, the original textual material
• It allows within-case and between-case analysis: it enables comparisons between, and associations within, cases to be made.

It is important to note that framework analysis counts numbers of comments, not the numbers of individual people making the comments. A large number of comments made by a single research participant will therefore be reflected in the data.

Of the eleven participants, one did not submit a diary, one submitted diaries for only the first two weeks. Nine continued to submit weekly diaries through the full 30 week period. These nine were comprised of four Associate members and five Core members of whom two were members in transition.

Over the 30 weeks of reporting we gathered a large data set.

[2] For an explanation of Framework Analysis see:

Ritchie, J. & Spencer, L. 1994. Qualitative data analysis for applied policy research" by Jane Ritchie and Liz Spencer in A.Bryman and R. G. Burgess [eds.] “Analyzing qualitative data”, 1994, pp.173-194.

Srivastava, A. & Thomson, S. B. (2009).Framework Analysis: A Qualitative Methodology for Applied Policy Research, *JOAAG*, Vol. 4. No. 2

Project progress was reviewed in meetings with the group of participants at regular intervals and participants were consulted over decisions around release of interim findings and other matters concerning the progress of the work.

In addition to co-designing the research with the mental health service users who were the research subjects, we also wanted to integrate lived experience expertise in our team of researchers. Healthwatch Camden therefore contracted two service user consultants with lived experience of mental health issues to help design and conduct the framework analysis and to provide guidance.

Proposed changes to the Highgate Centre were under discussion for an extended period through 2015. The changes were scheduled to come into effect at the end of November/December 2015. The timeframe for the study was designed to begin before the changes came into effect and to continue well beyond the expected transitional period. Entry interviews were conducted in early November. First diary entries were in the week of 30th November 2015. The final diary entries were in the week of 20th June 2016 — 30 weeks later.

Part 2: Findings and Discussion

A. BEFORE THE CHANGES

The Highgate Day Centre, situated on Highgate Road, London, NW5, is a community based day service for adult residents in Camden. The Centre offered a therapeutically informed programme of activities and structured access to a key worker for people with mental health needs, each of whom had an individual care plan.

Prior to the changes, service users were either Core members (who were entitled to access a full range of services for up to two years) or Associate members (who had completed a 2 year programme of support but were entitled to continue indefinitely as Associates of the Centre, accessing some core services and retaining contact with peers through the Centre should they need or wish to do so). At any one time there would also be members who were progressing towards a situation where they would be expected to reduce their use of services provided by the Centre and convert to an Associate membership. For the purposes of this study, we called this group Transitional members.

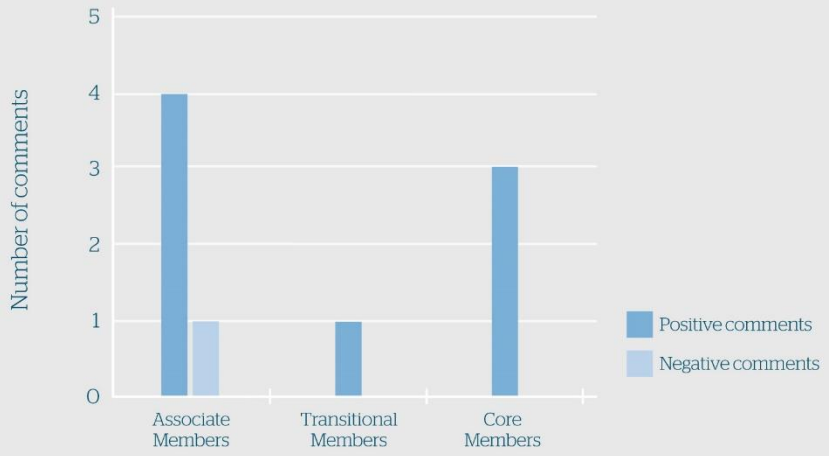
Specific changes announced were that the Associate Membership Scheme would end. In future, members who had completed their time-limited programme at the Centre would not be offered the opportunity of indefinite affiliation to the Centre. Current Associate members would see an end to any specialist support from the Centre in November/December 2015 and would be encouraged instead to access alternative support through networks and activities available in the community. For Core members, the Centre would remain open and would continue to provide a range of services with some changes to the programme and to staffing. In particular, the staff cook would not be retained meaning there would no longer be a cooked meal provided at lunchtime from the Centre's kitchen.

The changes proposed by the Camden and Islington NHS Foundation Trust (the Trust) and Camden Council (the Council) were described as a transition to a "recovery model" of service delivery which aims to reduce dependency on services. A second stated aim was to release resources from the Associate programme to make the service available to greater numbers of new members. The changes were also intended to save costs at a time of significant budget constraints.

We began by conducting in-depth one to one interviews with each project participant to establish some baseline information about their experience of the Centre and their expectations about the changes to come. This would enable us to track the changes for people over the seven months during which the reforms would be implemented and during which they would be completing audio diaries.

During these interviews the participants expressed an overwhelmingly positive response to questions about the value they placed on the service provided by the Centre. There was a very high degree of satisfaction with the service among all three groups: Core; Transitional; and Associate members. See **Chart 1** below.

1. Value of Highgate Centre to service users before changes



In particular, the diary comments show that participants valued the service because it provided a "*therapeutic community*" which offered peer support. They valued the programme that was therapeutically informed and oriented towards supporting users to live a meaningful life.

"*Here you might have 80 people all with mental health problems looking pretty normal.*"

"*It's the peer support here…. You know the other people here have been through similar things…*"

"*I used to be alone at home. I used to end up in A&E, emergency services, psychiatric wards and that hasn't happened since coming to The Highgate Centre.*"

Such a high level of satisfaction indicates that any changes to the service were likely to be resisted. All participants expressed concerns about the forthcoming changes — a point to which this report will return. Nevertheless, during the interviews some people expressed some positive views about some of the proposed changes. This demonstrates that the participants did not begin the process from an entrenched position that was implacably opposed to change.

B. THE CHANGES

i.) IMPACT OF SERVICE CHANGE ON OVERALL WELLBEING

Service users were told: The new model/change to the service will be better for your wellbeing

What did service users experience?

Service users at the Centre were told that the changes were not being driven only by the need to cut costs (although the financial challenges facing the Council due to central government funding cuts were openly acknowledged). The Trust explained that the changes were informed by new thinking around the beneficial outcomes that could be expected from a "recovery model" of service design for mental health service users. They were told that the "*intention was to promote recovery rather than to have a large number of people dependent on The Highgate Centre*" (Minutes, Scrutiny Committee, Health and Adult Social Care, September 2015) and that the objective was an overall and long term improvement in their mental health and wellbeing.

Overall our research finds evidence of negative impact of the changes at the Centre on the mental health and wellbeing of all the audio diary project participants.

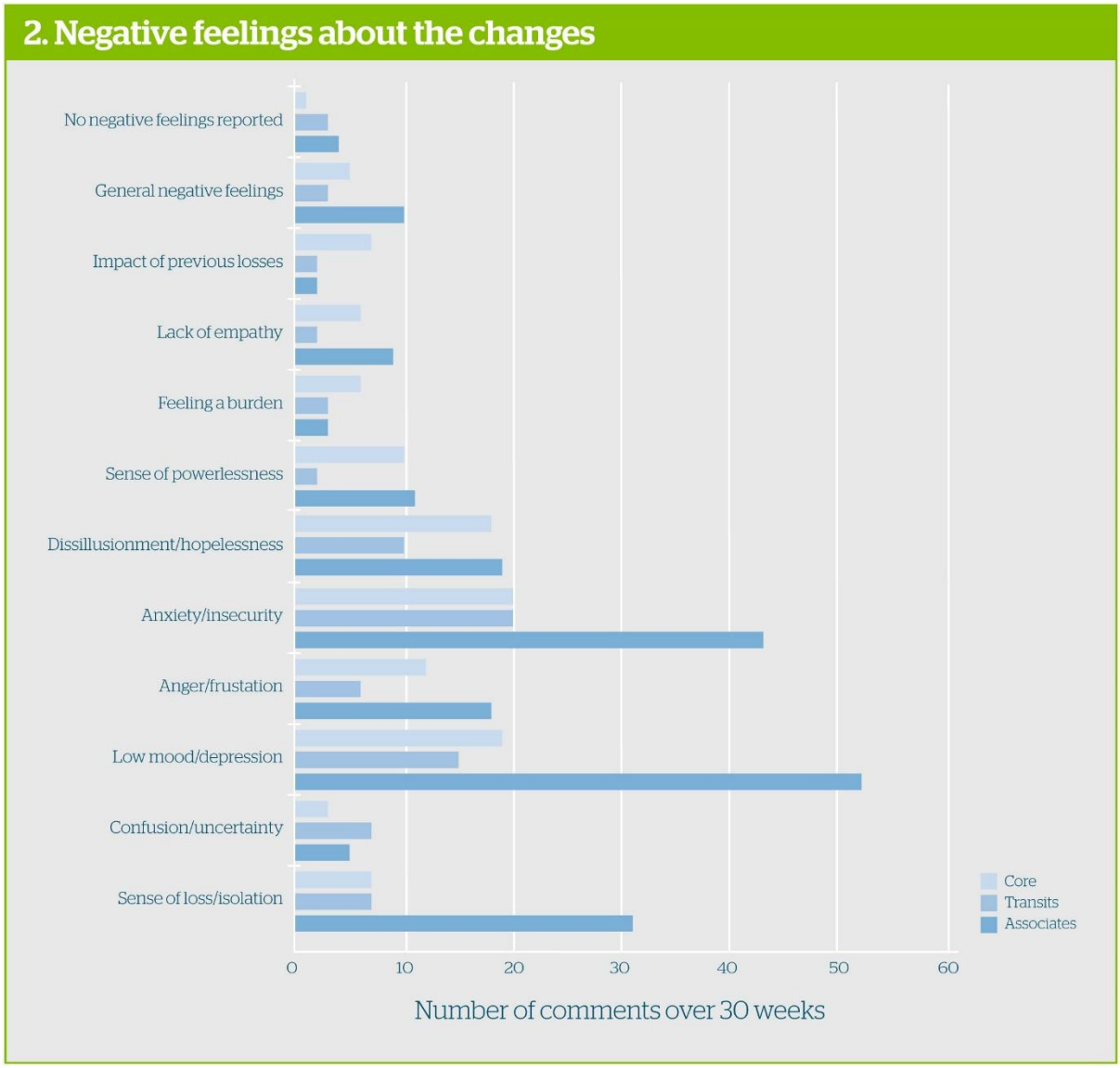


Chart 2 shows the range of negative feelings reported by participants over the total 30 weeks of the audio diary project. These data speak to the overall impact of the changes on the mental health and wellbeing of these members. Anxiety, uncertainty, depression, isolation and sense of loss all feature strongly. In some weeks, a small number of participants did not make any negative comments about the changes. Not surprisingly, the highest number of comments about negative feelings are recorded by associate members who were experiencing the total loss of their service. However, there are also high numbers of negative feelings recorded by transitional and core members. Given that these data relate to mental health service users, such high reporting of negative mental health is of serious concern.

"I think the importance of [loss of membership] will grow with time because it's amazing how much this means to me, even though I haven't had much to do with the Centre for many years."

"The language of recovery is being used to cover up the re-designing of something that is going to hurt us."

"I was looking at getting a job. I was doing well. I feel like a lot of that is being undone."

"I was looking at the prospect of building a life outside the Centre and a job but that's no longer a certainty. It's the security that I thought I had that's just gone."

"I got sent home early from work on Saturday because I was in panic…... I don't have any firm base to start from anymore."

"I've been drinking more……really missing friends at the Centre as it would have been great to somewhere to go and talk about things."

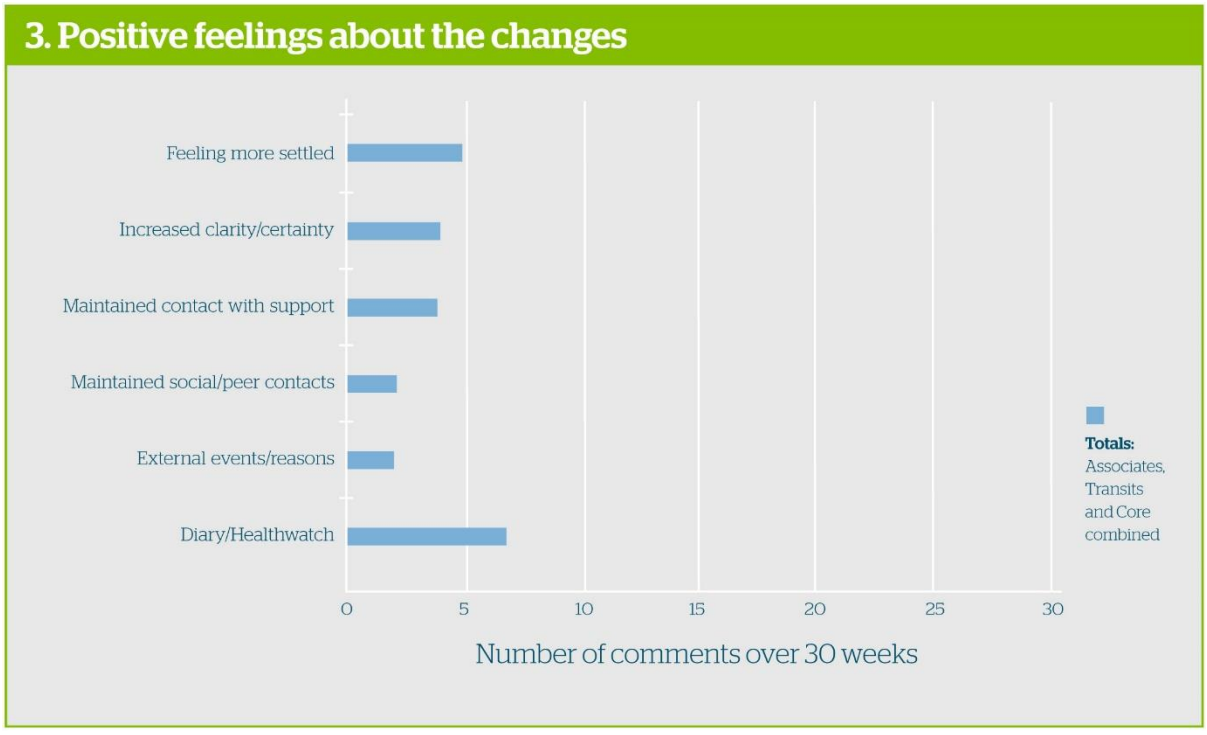


Chart 3 shows the range of positive feelings reported. Although it is clear that the total number of reports of positive feelings (22 in total over 30 weeks) are vastly outnumbered by the number of reports of negative feelings (393 in total over 30 weeks) we can nevertheless see that there was some adjustment to the changes. A few reports (which were later in the diary timeframe) show participants feeling more settled and less confused. A further data set (**Chart 4.3** see Appendix A, page 42) records a total of 10 reports of partial acceptance of the changes.

However, all these comments were made by a small minority of participants. This tells us that the belief of the Trust and Council that service users at the Highgate Centre would be able to reduce their dependency on the service may have been justified but we find this in only in a very small number of cases. Also of note here is that participation in the Healthwatch Camden Audio Diary Project accounts for the largest single cause for positive feelings — showing that this may have served as a support mechanism during the period of change.

"I've probably been beginning to miss Highgate more than I imagined but hopefully it will get better in the weeks ahead."

"I've managed to get on with doing things and that's good."

"It's been okay really. My mental health has been okay. But you get that feeling that if there were something you needed support with, that support is no longer there."

"Maybe I'll be able to fit things back together again - maybe I won't. Only time will tell."

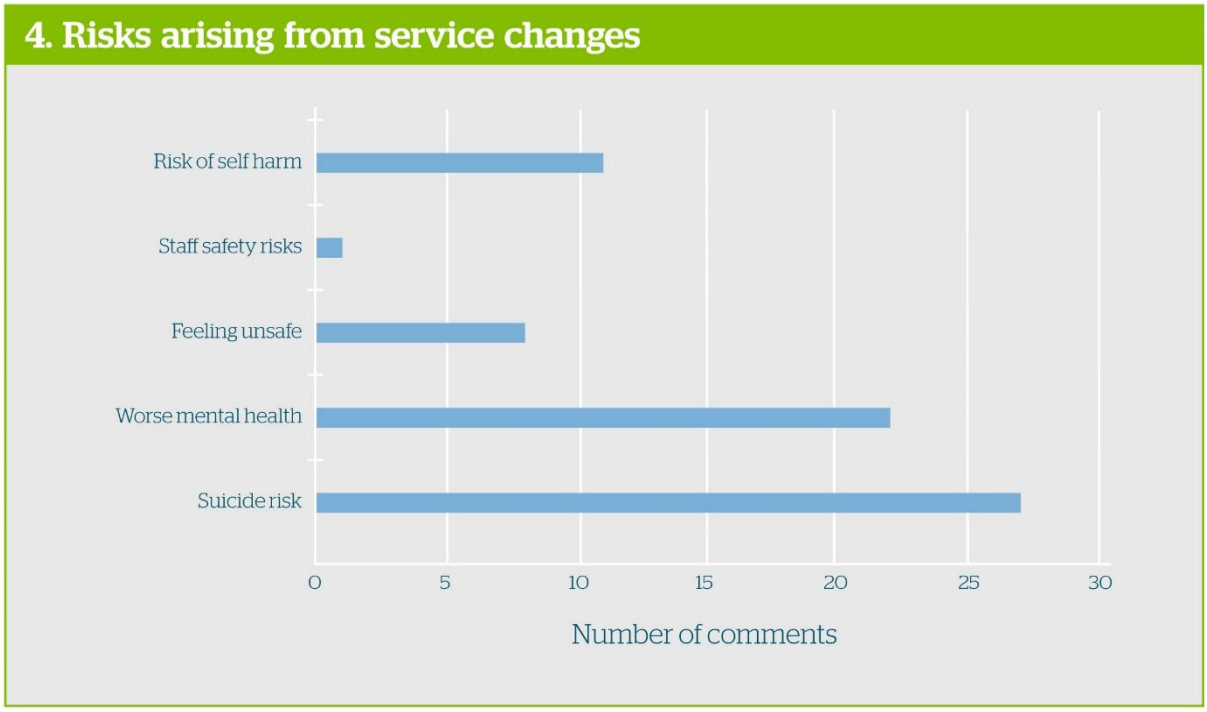


Chart 4 tells us what risks the participants reported as a result of the changes to the service. The very high number of comments about suicide (27 in total) give cause for very serious concern. We know from the diary entries that these risks were not only perceived but real. Over the 30 week period of reporting, the diaries indicate that there were suicide attempts by at least three of the nine audio diary project participants. We also know from the diaries that three participants were admitted to a Crisis Centre and one participant was admitted to a mental health

hospital ward. As well as these admissions, other participants also called on the Crisis Team over the period of 30 weeks. It is possible that there were critical incidents which were not reported in the diary entries, meaning that these could be underestimates.

Overall the majority of participants experienced a gradual decline in their mental health.

"I have urges to hurt myself and I just feel really unsafe."

"I felt a lot like self-harming this week. I feel quite desperate. I don't want to go back to self-harming and risking my life."

"I took an overdose on Thursday. I hadn't self-harmed since [before the changes at the Centre]."

"I phoned the crisis team… an ambulance and the police came and I went to hospital."

"I had a relapse in my self-harm and had to go to hospital to be stitched up."

"I'm actually in the crisis house."

"I'm not sleeping well. My physical health is taking a toll. I don't want to start hearing and seeing things again."

"It's re-traumatising."

Chart 5 explores how the reporting of negative feelings varied over the 30 weeks of the audio diary project. Of interest here is that the total numbers of negative comments, while remaining high throughout the process of change, did reduce

slightly by the final week of reporting. Examples of specific comments from these weeks shed some light on this and suggest that the decline in negativity represented a sense of resignation among participants. Some had begun to come to terms with the changes but others felt despondent.

"People are not getting used to but are acknowledging the new system."

"Thinking about how this whole process has left me feeling……tired."

"What I need is to be mindful and just do something pleasurable."

"I think a lot of service users have just given up."

"I try to get as much out of the service as I can."

Findings at a glance — impact of service change on overall wellbeing

- The changes at the Centre caused a gradual decline in the mental health and wellbeing of all the project participants.
- Both core and associate members experienced anxiety, uncertainty, depression, isolation and sense of loss caused by the changes.
- The assertion by the Trust and Council that people would be able to reduce their dependency on the service holds true in only in a small minority of cases.
- The very high number of reports of negative mental health including suicidal thoughts give cause for serious concern.

ii.) CONSULTATION and CHANGE MANAGEMENT

Service users were told: We will consult and listen to you about how to make the changes and the changes will be made in a planned way and communicated to you……

What did service users experience?

The Council and the Trust notified staff and service users at the Centre about their intention to change the service. Several meetings were held at which the proposed changes were explained and views sought. Meetings between the Council, the Trust and the service users continued throughout the period of change. The Adult Health and Social Care Scrutiny Committee received deputations of Highgate

Centre members on several occasions and called representatives of the Trust and the Council to respond at the meetings.

The project participants acknowledged that there was consultation about the future options. Analysis of the audio diaries shows a high number of comments that refer to meetings and discussions with either Centre staff, the Council or the Trust. There were 38 references to talk about future support options although many of these referred to being "told" rather than being "consulted". (See Chart 2.7.1 in Appendix A, page 43). A common theme is that participants felt they were consulted in theory but were not listened to and that communications from the Council and the Trust were characterised by dishonesty and conflicting messages. Comments recorded indicate that trust in the process and in the responsible managers was lost at an early stage in the process of change with the impact of contact with senior managers and commissioners being recorded as overwhelmingly negative. (See Chart 2.10 in Appendix A, page 43)

"The trust said it was the council and the council said it was the trust."

"An abusive relationship is when someone tells you they care for you while hurting you. This is how the Trust and Council dealt with us."

"There is a complete discord between our lived experience and the Trust's explanation of the cuts and reduction of the service"

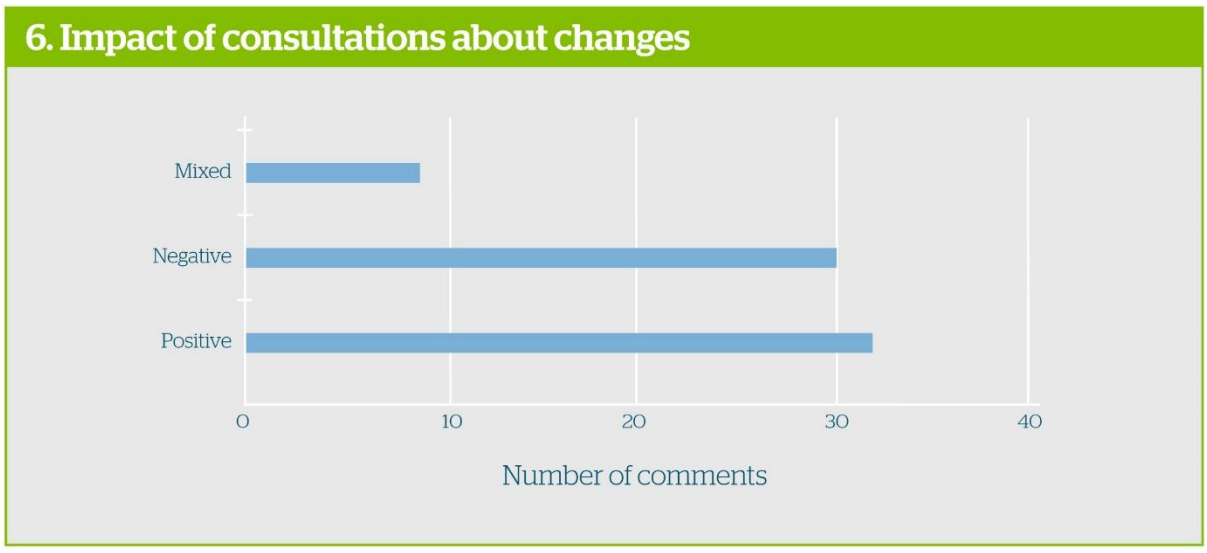


Chart 6 shows the impact of the discussions and consultations about the changes. It shows that participants were not all or always negative about the changes that were planned. It is therefore reasonable to believe that there was potential for a better outcome had the changes been better managed and service users properly supported through the changes.

7. Impact of consultations about changes: variation over time

Chart 7 shows how responses to the consultations varied over time. The peaks and troughs of positive and negative responses closely mirror **Chart 9**, presented below, which traces the variation in response to the actual service changes over time. This suggests that the expectations and disappointments emerging from the consultation process and the overall mood of the participants were closely interrelated. The peaks of positive comments in February and in March can be correlated with meetings of the Health and Adult Social Care Scrutiny Committee at which members were given reassuring responses to their concerns. These are each followed by dips in positive views as these reassurances appeared not to be borne out in reality. One notably negative trough in early March coincides with a consultation meeting held at the Centre at which confused messages were communicated by the Council and the Trust.

It is important to note that the audio diary participants did not all attend the consultation meetings or the meetings of the Adult Health and Social Care Scrutiny Committee (although some participants were among those who attended). Yet the data show that these meetings had an impact on all the participants — not just those directly involved in the consultations.

"[After making a deputation to the Health and Adult Social Care Scrutiny Committee] I just spent the week in bed."

"I heard about people presenting their case at scrutiny committee. That was very good because these people seemed to convey to the political people how things are."

The very significant impact that the dialogue with the Council and the Trust appears to have had on the mood of the participants demonstrates the power of

consultation to be negative or positive and the importance of taking it seriously, being transparent, avoiding confused messages and meaning what is said.

"There've been loads of emails coming through about service user participation…….. but I'm actually thinking none of our voices are ever heard and I think these meetings just cause so much frustration."

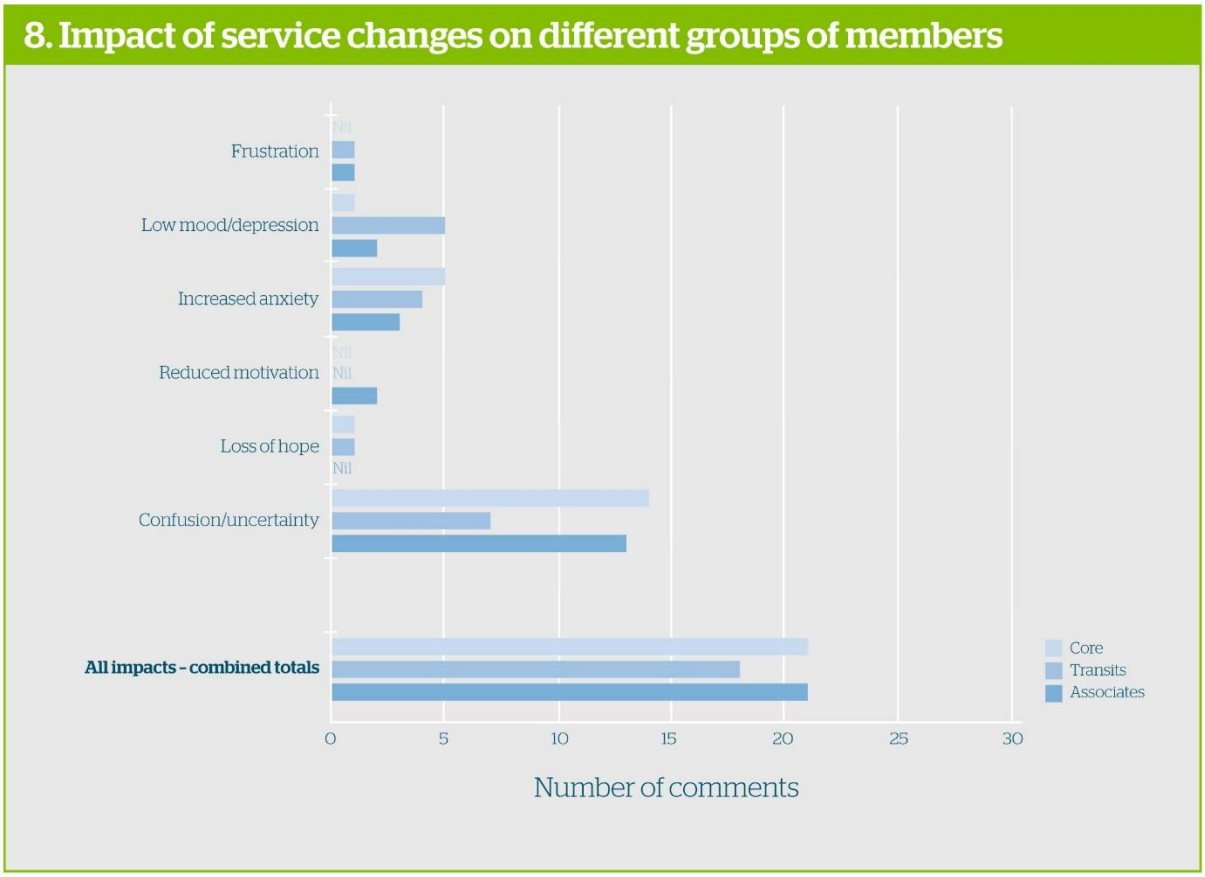


Chart 8 shows what different impacts participants reported as a result of the changes taking place at the Centre. These included confusion and uncertainty (by far the greatest impact), low mood and depression and increased anxiety. Importantly, the data show that these negative impacts were seen equally strongly among all three groups of members, including among the Core members for whom the service was not intended to change significantly. Considering that Transitional members are a minority among the study participants, the number of reports of negative impacts by this group is very high.

"Definitely the whole insecurity around Highgate is being felt now… you're much better if there is clarity."

9. Did views about the service changes vary over time?

* For explanation of how these values are calculated, see Appendix B.

What's going on?

Some key events which may help explain variation in mood over time

Week 1: Audio diary reporting begins

Week 2: At meeting of the HASC scrutiny committee on 9th December, the Deputy Chief Executive of the Trust announces that the understanding of the members that December 1st represents the date after which Associates can no longer use the Centre is "a misunderstanding". Instead he says there will be no cut-off date for Associate membership.

Weeks 3-10: This is followed by ups and downs but an overall decline in average positivity/negativity over the following weeks.

Week 7 (trough): Further announcements of staff cuts. The chef leaves the Centre.

Week 10 (trough): Service changes taking effect. Hot lunch is no longer provided. Media reports on inquest into suicide of Highgate Centre service user.

Week 11 (peak): A HASC scrutiny committee meeting on 9th Feb correlates with a peak of positivity. At this meeting the Deputy Chief Executive of the Trust announces that, contrary to what members have been told, the kitchen at the Centre can be used to prepare hot food. Other reassurances are also given. Local media give supportive coverage to service user concerns. There is a leaving party for a long term staff member. Service users have the opportunity to speak to the Care Quality Commission as part of an inspection of the Trust.

Weeks 12-13 (decline): Members learn that, contrary to what had been said by the Trust at HASC, the kitchen cannot be used to prepare hot food. A meeting at the Centre with the elected member for Adult Health and Social Care and others is reported to have given conflicting messages about the future plans for the Centre.

Week 16 (trough): The long term Director of the Centre leaves at short notice as a consequence of the changes.

Week 18 (peak): At a HASC scrutiny committee meeting on 15th March, the Deputy Chief Executive of the Trust announces that there will be a new drop-in service on Fridays for Associate members who will henceforth be called "graduates".

Weeks 20-22 (trough): Centre staff leave prompting a further drop in positivity.

Weeks 25-26 (trough): Participants receive a letter explaining that the new "graduate" drop-in service will be ending. Artwork belonging to members is thrown out as part of the reorganisation of the Centre.

Chart 9 charts the variation over time in the depth or strength of positive versus negative views recorded about the changes to services at the Centre or new services available through alternatives in the community. The text which accompanies the chart describes events taking place contemporaneously with peaks and troughs which might help account for them. The spikes of positivity and negativity appear to coincide with specific contextual events such as attendance at the Adult Health and Social Care Scrutiny Committee in Week 11 and departure of the Director from the Centre in Week 16. However, the trend line over the 30 weeks of audio diaries charts an overall shift from positive to negative views expressed by the participants about the things that were different compared to the services they had previously accessed through the Centre.

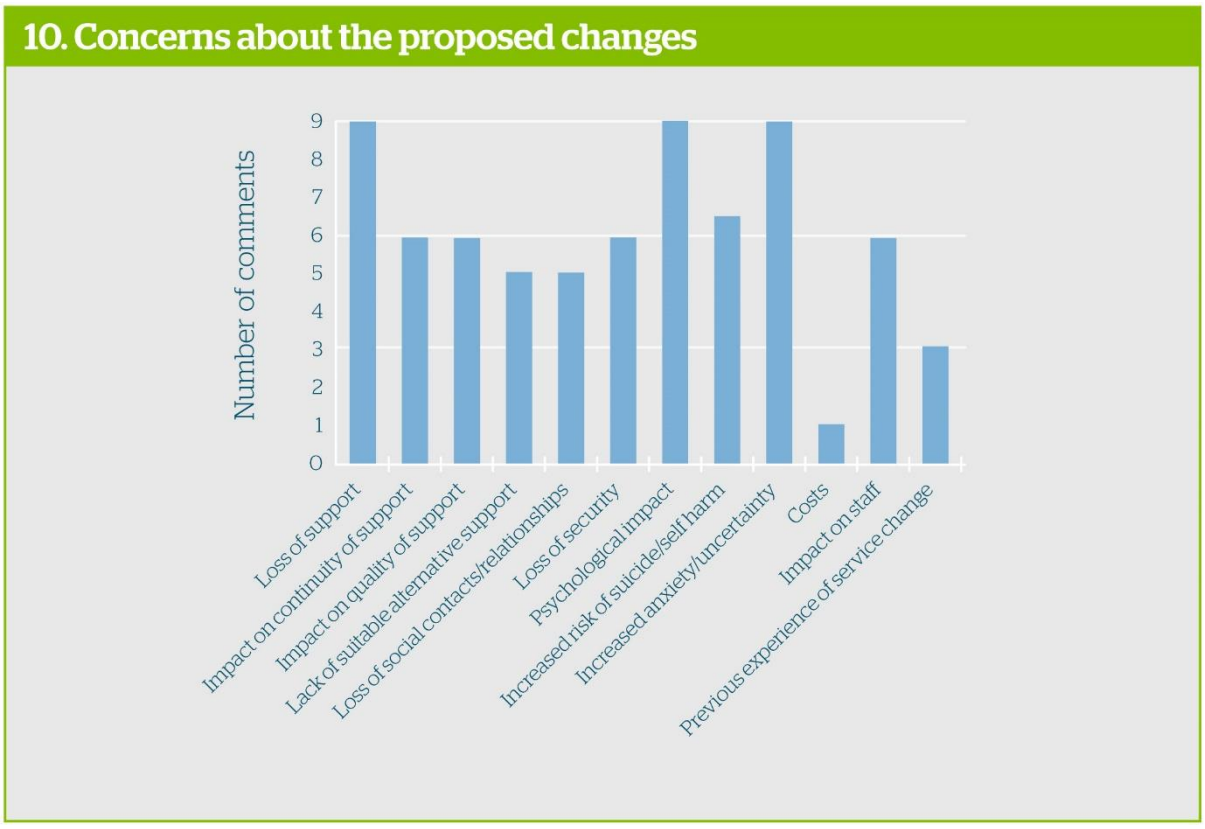


Chart 10 draws on data from the baseline interviews to show the concerns recorded by participants at the onset of the change process. The horizontal axis identifies all the concerns raised about the changes proposed while the vertical axis shows the number of comments recorded about each area of concern. We can see from this that participants were particularly worried that the changes at the Centre would mean a loss of support, would have a psychological impact on them and would involve a high degree of anxiety and uncertainty. Cross referencing this chart with findings from throughout the 30 week period of the audio diaries we see that the participants proved very accurate in their predictions of the challenges that would be involved over the period of change. If members concerns had been

taken seriously in the early consultation stages, these could have provided the Trust and the Council with helpful guidance on where to invest effort to mitigate the damage through good change management.

Findings at a glance — consultation and change management

- Service users felt they were consulted in theory but were not really listened to.
- Communications from the Council and the Trust felt dishonest and conflicting.
- Service users were not always negative about the changes that were planned meaning better change management could have produced a better outcome.
- Contact with Council and Trust about the changes had a significant impact on the mood of the service users, demonstrating the power of consultation to be either constructive or destructive.
- Events such as attendance at Adult Health and Social Care Scrutiny Committee and departure of staff from the Centre influenced the depth of positive or negative mood among all the service users (including those who had not been part of the delegations).
- Service users accurately predicted the risks and challenges that would be involved over the period of change. This insight could have been used to better mitigate the damage through good change management.

iii.) THE NEW OR ALTERNATIVE SERVICE OFFER

Service users were told: Your service will be replaced by other support services in the community (Associate members) or a different offer in The Highgate Centre (Core and Transitional members).

What did service users experience?

At the consultation meetings, and at meetings of the Adult Health and Social Care Scrutiny Committee, elected members of Camden Council and members of the senior management team at the Trust told service users that the support Associate members had been receiving from the Centre would be replaced by other support available to them in the community. Core members were told that the service

provided by the Centre would remain in place for them although provision of lunch, prepared by a staff cook at the Centre, would be replaced by other options for food such as cookery classes or peer-group food preparation using the Centre's kitchen.

At the Health and Adult Social Care Scrutiny Committee meeting in September 2015, the then Deputy Chief Executive of the Trust explained that "*part of the treatment involves developing a support network and these changes would provide an opportunity to explore that wider network*". (Minutes and recording of HASC Scrutiny Committee meeting, September 2015.) He added that the service had made a commitment to talk through the plan for ongoing support with every individual service user and that, where the Highgate Day Centre had been a crucial contact point for a service user, care co-ordinators would look at how to replicate that support in other ways.

Our research aimed to record whether service users experienced these changes in the way they had been described by the Trust.

The evidence from the audio diaries suggests that some new or different activities were introduced for Core members (and on a time limited basis for Associate members) at the Centre but that these were generally not considered satisfactory by the project participants. In particular, they noted a shift in focus from care and support to a focus on returning to work.

"It's been turned into some sort of job centre training."

"An 'overcome barriers to work' group."

"*The new groups are all called jargoning things like 'skills for recovery' or they're things that I don't really need like 'improving your literacy'."*

"The groups that are running are poorly attended."

"This Thursday is the first of these new proposed peer support meetings for Associates."

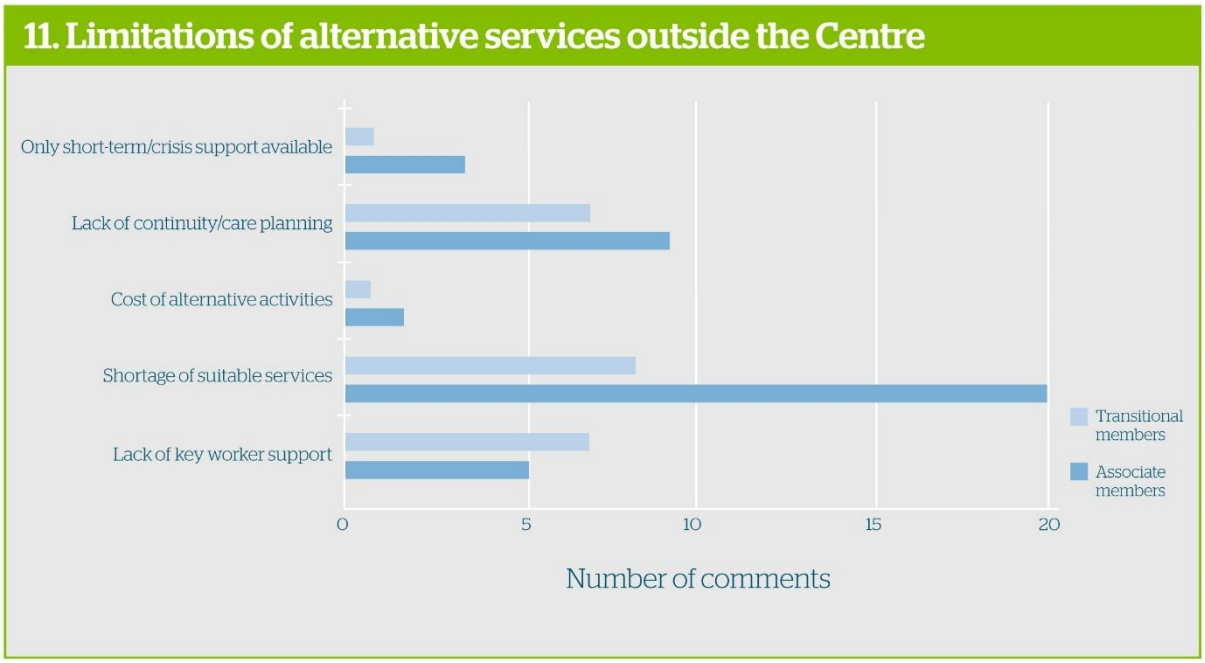
The diaries of the Associate and Transitional members show that they did access some new and alternative activities outside the Centre. There are reports of an alternative pottery class, a creative writing class, horticultural activities, screen printing and some social activities. However, despite the audio diary questions asking specifically what, if any, other activities people had undertaken during the week, there were only a total of 60 mentions of alternative activities over the 30 week period suggesting there was very little participation in activities in the community. (See Chart 3.4 in Appendix A, page 44)

"The new pottery class at the working men's college was very different to that at the Highgate Centre but I thought it was much better than I'd expected."

"I was going to try to do the YouTube group."

"My friend and I went out for tea."

"I went to the cinema with a friend."



Some explanation for this can be found in **Chart 11** which shows that suitable replacement activities and services were not easily available to Associate and Transitional members (largely because they were not designed within a therapeutic framework or were expensive or were only short term) and were therefore of limited use in replacing the service on which members had relied at the Centre.

"There might be a potential problem……you have to pay……unfortunately the next course is full."

"There is no support for mental health at the Working Men's College."

"You meet up with your friends….. although it is support because it's nice to see your friends it's not really support because ……all you want to do is talk about feeling bad….so you just end up not seeing friends anymore."

"I thought it would be good to spread the therapy sessions because I will only be allocated 16."

"I'm just less able to do stuff outside of mental health services when I'm all upset."

"….. but they're really expensive."

"I've started this new pottery class……but it's only five sessions."

"There isn't really any other worthwhile service to be engaged in."

"I left after a couple of session because there were people sort of picking on me and I just couldn't cope with it."

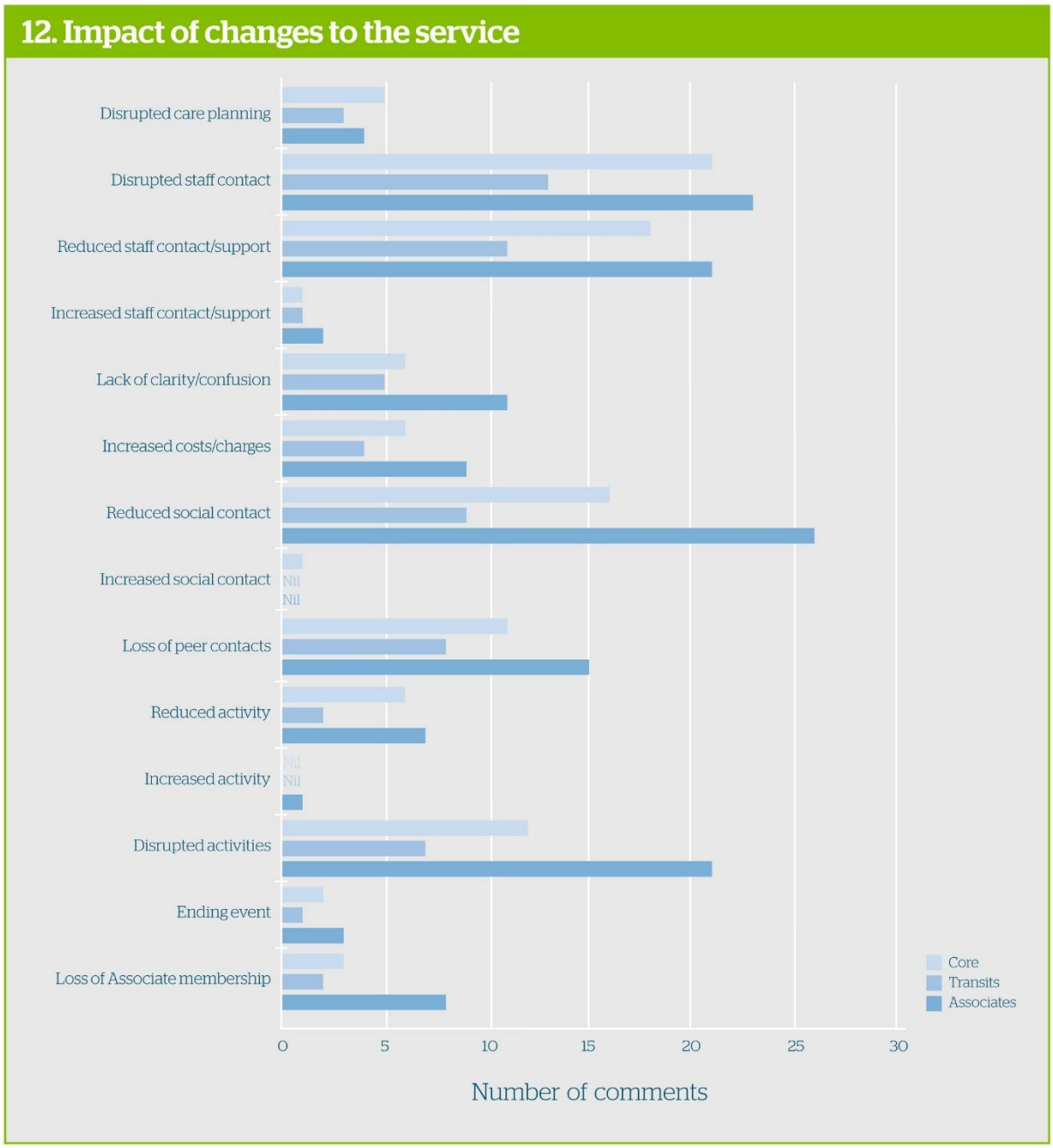


Chart 12 shows that participants experienced reductions in social contact and peer contact as a result of the changes. There was also a reduction in activities across all three groups. Of particular note is that the loss of activity and social or peer contact is reported by all members, not only by the associates who were no longer accessing the Centre. This reflects the role that the associate members played as peer supporters at the Centre, support that was lost as a result of the changes. In

turn, this indicates a failure on the part of the Trust and Council to recognise the interdependent nature of mental health services and service users. The data also show us that participants across the three groups experienced significant disruptions to care planning and staff support during the period of service change.

"I haven't spoken to a soul or seen anyone. I've just been here at home."

"I had no incentive to go out and stayed in all day."

The diaries do include some positive comments about the impact of the alternative activities. (See Chart 3.5 in Appendix A, page 45) Although these are outnumbered by negative comments, this does indicate that some of the alternatives had the potential to be acceptable to some members.

"That sounds good. We'll see."

"The work placement and gardening group. That sounds like it might be a viable option."

"I'd like to try and maybe do the peer mentoring thing."

We draw from this that neither those responsible for planning the changes at the Centre, or the staff responsible for implementation of the changes and supporting members, had properly researched whether the options being suggested in the community were viable. In sum, lack of planning and support were a contributing factor to why the strategy for transition to alternative forms of support through universal services available in the community largely failed.

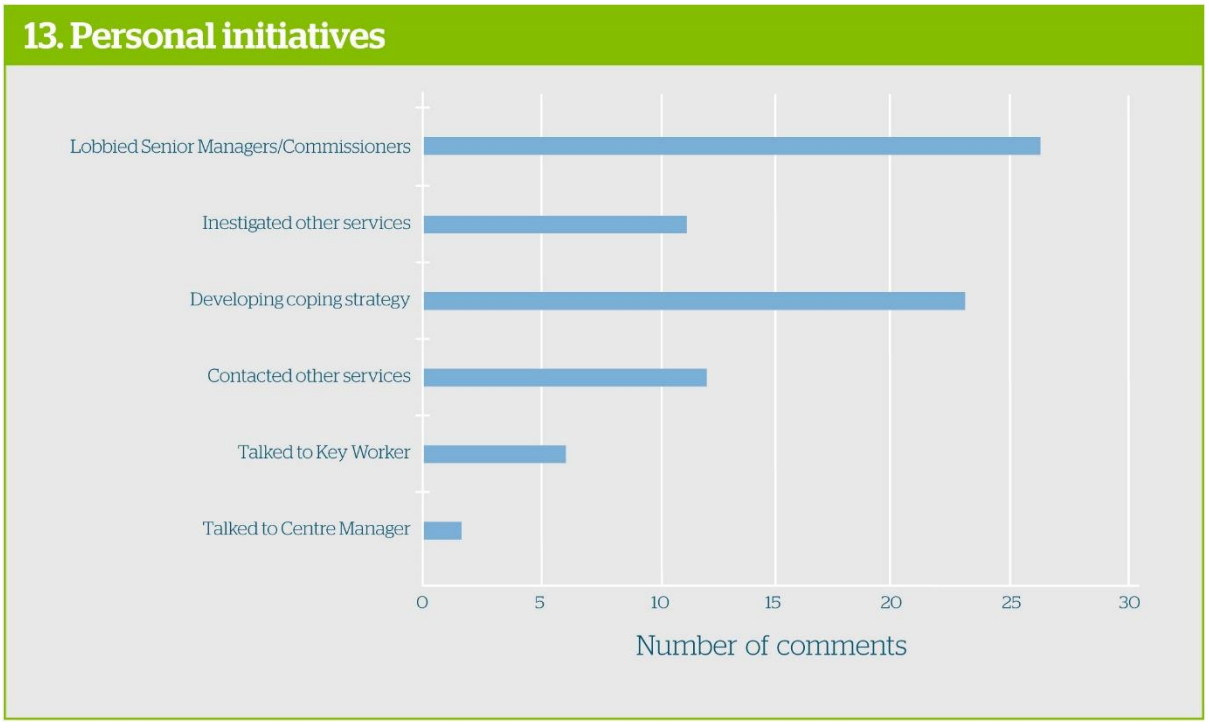


Chart 13 explores the extent to which project participants took action themselves to find alternative support. There is evidence of efforts to find out about alternative services and support. However, the data show that the initiatives most commonly reported were around coping strategies and efforts to halt the changes at the Centre by lobbying (a total of 49 reports about lobbying and coping versus total of 23 reports about alternative support).

14. Personal initiatives: variation over time

Chart 14 is a timeline which shows the variation in any personal initiatives and activities outside the Centre as the 30 weeks progressed. Contrary to the trend that should have been expected during "recovery", these data document a decline in alternative activity over time. We see that the participants made initial efforts to access alternative activity and support outside the Centre but it appears that their will to do things was eroded and reduced as time went on.

"I'm trying to sign up for a couple of courses."

"I tried to do a singing course to replace the choir."

"I decided to sign up for 10 classes at the Mary Ward Centre, creative writing, which begins in April on a Monday morning."

"It's hard. It's difficult without support, without guidance."

"I'll try again."

"Now there are things to do [at the Centre] but no emotional support."

"Suddenly there is more time on one's hands….in that one will be able to use the time one used to spend at Highgate… but that hasn't panned out yet."

"I don't have the reassurance that I'll be an associate and have Highgate to fall back on so I don't feel at all positive about the future."

"I'm getting support from the crisis team."

"I haven't found any other activities."

"Nowadays whenever I go to the Highgate centre I feel guilty afterwards. I feel disgusted with myself as if it's not a place I should be going to anymore. So I'm supposed to be different, I'm supposed to be doing something else and I'm not. In fact I have no idea what to do."

Findings at a glance — new or alternative service offer

- Some new or different activities were introduced for members (and on a time limited basis for Associate members) at the Centre.
- The new offer reduced the therapeutic orientation of the service and peer support was eroded.
- Alternative support in the community was generally not easily available or suitable for Associate members who were leaving the Centre.
- There was very little take up of alternative provision in the community by Associate members.
- Both Core and Associate members experienced reductions in social contact and peer contact as a result of the changes.
- Associate members made initial efforts to access alternative activity and support outside centre but it appears that their ability to do things was eroded and reduced as time went on.
- Lack of planning and support meant the strategy for transition to alternative forms of support through universal services available in the community largely failed.

iv.) SUPPORTING SERVICE USERS THROUGH THE SERVICE CHANGES

Service users were told: There will be support to help you make the changes (including personal plans and follow up)

What did service users experience?

Associate members were assured that each would have a personal plan, agreed with staff, which would identify the services available to them and any support they could expect in accessing new services in the community. These assurances

were repeated publicly by representatives of the Trust at Health and Adult Social Care Scrutiny Committee meetings. These assurances, and the process of transition, were complicated by the fact that the Trust made revisions to the plans for change throughout the period between December 2015 and March 2016. For example, in a change from the early announcements it was decided that Associate members would be permitted to attend the traditional Christmas lunch at the Centre. Then Associate members were offered the chance to access some limited services at the Centre for a further period of months after their Associate membership was originally planned to have ended.

The audio diaries show that this lack of consistency in the planning and implementation of the changes had a negative impact on the project participants.

"I felt quite angry. I felt as if no one had thought through the effect this extension would have on my mental state, We're going to have to go through the whole thing again."

"*Having geared myself up to leaving The Centre I now have to deal with a different scenario."*

"*I attended my pottery class thinking that this was my last ever…..and….. I was informed that I could continue for another 6 classes."*

"They have muddied the waters slightly……they have given everyone an extension for 6 weeks."

"A bit of a tease: will they extend it again?"

"We're still not any closer to knowing what's happening. I just want to know where we stand."

"Not knowing and not having any clarity….it's been very poorly done…..If you are going to make cuts there's a lot of learning to be done."

Other changes happened unexpectedly and suddenly during the period of change. In particular, the sudden departure of the long term director of the Centre and other staffing changes had not been communicated to the members as part of the planning and consultation process. Some revisions to the planned changes appeared to be made "off the cuff" by representatives of the Trust when they were publicly questioned by the Health and Adult Social Care Scrutiny Committee. For example, an announcement that the kitchen could continue to be used for preparation of hot food was made at a Scrutiny Committee meeting, contradicting what members had been told by Centre staff.

15. Psychological support provided: variation over time

Chart 15 shows that the incidence of psychological support interventions for participants was highly variable, which indicates poor continuity of and ineffective support. This is further underlined by the other findings on the impact of the psychological support offered through the change process which was found to be mostly negative.

"They'll deal when you're in acute crisis but then you're out and there's no real social support."

16. Practical support provided: variation over time

Chart 16 shows that the level of support for participants who were Associate members only increased very belatedly (around week 23) and the Transitional members appear to have received hardly any support at all.

Overall the evidence suggests that, although there was some support for Associate members to manage their transition, this was very patchy and does not seem to have been very effective. Audio diary comments relating to care planning provide little evidence that this was done in a planned or systematic way. There were some limited one to one discussions but these appear to be have been quite late on (from around week 22) and mostly only dealt with financial assessments (presumably because of the plans to charge for some services). Help to identify and access alternative support in the community appears, in some cases, to have been limited to the provision of a list of some voluntary sector and other services that was neither comprehensive nor accurate.

"She mentioned there was a place in Islington I could look at."

"Volunteering in the local shop or in the GP practice is one of the other offers apparently."

Evidence from the diaries suggests that there were tensions and complications in the management relationships between staff at the Centre and senior managers at the Trust and between the Trust and commissioners at the Council. These were played out to the detriment of the service users themselves.

"*They told us we'd have to leave at the end of November. Then they said we could hang on until Christmas lunch. Then the manager negotiated an extension until the end of January. Then yesterday [January 11th] the Trust Director of Operations said that definitely from next week onwards we won't be able to come in…. except on Tuesday."*

The lack of consistent and effective support for participants and high levels of confusion and distress appear to be, at least in part, an adverse consequence of the relationships between Commissioners, Trust managers and Centre staff.

For example, despite the implications for their own employment and emotional wellbeing, Centre staff were made responsible for much of the communication with service users and the practical implementation of the changes. One-to-one meetings for the preparation of personal plans for Associate members leaving the Centre were conducted by Centre staff, often in the final days of their own contracts. The inadequacy of many of these plans was a significant factor in the poor transition arrangements and outcomes for participants. Yet the ability of the participants to ensure that their own needs were met was undermined by their loyalty to the long term Centre staff.

"*They've not only cut staff but they've put the onerous task on those staff to have to dismantle the service brick by brick that they have built up ……..and they're the ones who have to bring in all the changes."*

"*They are all just passing the buck."*

Findings at a glance — supporting service users through the service changes

- There was a lack of consistency in the planning and implementation of the changes which had a negative impact on service users.
- The psychological support provide through the changes was inconsistent and in many cases ineffective.
- There was insufficient support for Associate members through the transition.
- Tensions and complications in the management relationships between staff at the Centre and senior managers at the Trust and between the Trust and commissioners at the Council interfered with the effective management of the service change.

Part 3: Conclusions

The audio diaries provide strong evidence that the changes to the service at The Highgate Centre were implemented in a way that had an overwhelmingly negative impact on the people using the service.

The justification behind the changes was that Associate members had regained sufficient resilience to use universal services and no longer needed the specialist services provided by the Highgate Centre. The evidence shows that this assumption was borne out over time in a small number of cases. However, it is clear that this was not the case for most of the Associate members involved in this study. Indeed, evidence presented in this report demonstrates that the process of service change eroded the resilience and recovery of some of the Associate members, potentially increasing their need for support.

A second justification for the changes was the need to cut costs due to resource constraints beyond the control of either the Council or the Trust. Evidence of increased use of emergency services, hospital, and crisis house admissions that appear to be a direct consequence of changes at the Centre suggest savings may have been absorbed by increased use of alternative more expensive provision elsewhere in the health and social care system.

Of further note is that the impact of the changes was negative across all groups of service users including Core members. The widespread negative impact appears, in part, to be linked to the loss of peer support previously provided by Associate members as part of the ethos of the Centre. The importance of peer relationships and support in mental health services is well documented yet this impact appears to have been underestimated by commissioners and providers.

Overall, the study findings expose a failure of those managing the service change to recognise and address the potential impact on all existing service users.

The evidence of the audio diaries shows that the negative impact could have been reduced by better management of the change process because we can see that members were not all or always negative about the changes that were planned. Mitigation could have been achieved through better initial consultation with service users, through clear, transparent and consistent communication and leadership throughout the process, and through the provision of adequate support for service users with attention to individualised personal plans (which should be properly researched and monitored).

Poor change management appears to have been driven or compounded by tensions and complications in the management relationships between staff at the Centre, commissioners at Camden Council, and senior managers at the Trust which were played out to the detriment of the service users themselves.

The high level of satisfaction with the existing service (evident from entry interviews) indicates a high likelihood that there would be concern about any proposed changes. This could and should have alerted Trust and Council to the fact that that investment in excellent change management would be essential to ensure a smooth transition and to sustain the wellbeing of those currently using the service.

Mental health services have a duty of care to service users and reduction of risk is of paramount importance. The level of risk suggested by these data must be considered unacceptable as a consequence of service changes in a mental health service and should have been better mitigated.

A key finding from this study is the accuracy of the predictions and concerns of the service users about the risks involved in the planned service change. This extent to which these predictions proved accurate tells us that full and meaningful service user consultation at the outset could have furnished the commissioners and service providers with valuable insight to help guide the planning, good management and successful implementation of a challenging service change.

Instead, the evidence shows that the consultation was poorly managed and communication around the changes was ineffective. Indeed, the communication with service users is revealed in this study to have actively contributed to increased confusion and uncertainty, in turn driving negative responses and declining mental wellbeing. This demonstrates the power of consultation to be negative or positive and the importance of taking it seriously, being transparent, avoiding confused messages and meaning what is said.

Service users recognise that change is sometimes unavoidable due to resource constraints or other factors. Service users at the Highgate Centre were not implacably opposed to changes of any kind. A different form of user engagement which focused on seeking the help of service users in identifying how the changes could be best managed could have mitigated the negative impact on individuals.

Despite the intention to promote recovery through the service changes, the evidence from the audio diary study identifies an overall decline in the wellbeing of service users over an extended period of 30 weeks. This does not reflect the outcomes intended in a "recovery model".

"It is with sadness and a certain relief that I approach the ending [of the audio diary submissions]. It was quite stressful getting it done every week but I'm glad I did and hope my input has helped with the research which is important."

Part 4: Recommendations

Recommendation 1

In the case of established services, the concerns of existing service users (identified at the outset through meaningful consultation methods) must be respected as valuable evidence for planning service change.

Evidence: The audio diaries revealed a clear match between the concerns of current service users identified before the service changes ensued and the risks that emerged as a consequence of the changes. Proper consideration of these early concerns could have informed better decision making by senior management around where to provide additional support and invest in expertise for effective change management.

Recommendation 2

Service user engagement around changes to existing services should be rigorous in methodology and serious in intent. It should not be restricted to open consultation meetings but must also include other proven options for meaningful engagement, for example, co-design or in-depth one to one interviews with systematic analysis of findings.

Evidence: The Council and the Trust did make efforts to consult service users about changes to the Highgate Centre. However, the evidence shows the consultation approach used was not systematic and the findings were not given sufficient consideration in strategic planning. One unintended consequence was that the efforts at consultation had a negative impact on the wellbeing of service users.

Recommendation 3

The support needs of existing service users should be a priority concern during changes to services. Support provided should begin early, remain consistent, and be designed to respond to the specific concerns identified by service users themselves.

Evidence: The support provided to Associate, Transitional and Core members through the changes at The Highgate Centre was inconsistent and inadequate. Better planned and early support could have reduced the risks associated with the changes. Poor management of the changes represented a failure in duty of care.

Recommendation 4

If consultation about service change cannot achieve sufficient consensus among key stakeholders (including existing service users) then appropriate accountability mechanisms should be used to insist on robust evidence to support the arguments for change.

Evidence: A source of distress evident in the audio diaries is the extent to which the proposed change to a "recovery model" of service design was presented by the Trust as an "evidence based" strategy for the achievement of improvements in service user wellbeing. Participants felt that their existing service was recovery oriented and that evidence to support a change of approach was inconclusive. Disagreements around the validity of the claims therefore hindered joint working for constructive change management.

Recommendation 5

The Health and Adult Social Care Scrutiny Committee should take a more forensic approach to challenging contradictions in accounts given under questioning and should seek to test assurances given to service users at committee meetings.

Evidence: HASC heard deputations from service users and called commissioners, elected members and providers to respond to questioning. However, the reassuring responses given by spokespeople for the Trust at committee meetings were not always followed through in practice. This compounded the distress of service users who experienced disillusionment following the public meetings.

Recommendation 6

Change management should ensure consistency and transparency in feedback loops for the communication of decision making to service users. Senior

management must do what they say, avoid making promises that can't be kept, and provide early and clear explanations for changes in plan.

Evidence: Several revisions to plans for changes at the Highgate Centre appeared to be made in a last minute in an "ad hoc" manner. While the intention may have been to ease service user concerns, the evidence shows that this contributed to service user confusion and distress and had a negative impact of overall wellbeing.

Recommendation 7

The Council and the Trust should issue a joint formal apology to service users at the Highgate Centre for the negative impact on their wellbeing that resulted from the changes and poor management of the change process.

Evidence: The distress of service users has been compounded by a sense that their opinions were sought but disregarded, that poor management of the changes increased the risks to individuals and that their wellbeing was not prioritised or protected. A formal apology will not change what has happened but will assist their capacity to move forward.

NOTE: for response to the recommendations see Annex 1 on page 36

Part 5: Acknowledgements

Healthwatch Camden would like to thank the service users from the Highgate Centre for their untiring commitment to this project.

Thanks also to those who offered their comments and corrections at various stages of the project and during the report drafting process.

Project lead for Healthwatch Camden was Anna Wright, Deputy Director and Policy Lead.

Statistical analysis was conducted by Gerry Zarb, Spectrum Centre for Independent Living.

Thanks to Eli Collis and Cristina Sarb for their contributions to this project.

Chart design and layout by Ian Pape.

About Healthwatch Camden

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users in Camden are heard, responded to, taken seriously, and help to bring about service improvements.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

Our remit extends across all publicly funded health and social care in the borough. It includes statutory powers to enter and view any publicly funded health and social care service and to call for a formal response from the relevant bodies to any of the recommendations we make. Healthwatch Camden has a seat on the Health and Wellbeing Board and contributes to strategic thinking about reducing health inequalities across the borough.

Annex 1: RESPONSES TO THE RECOMMENDATIONS

Healthwatch Camden has statutory powers to make recommendations to those bodies that are responsible for policy or for commissioning or providing health and social care services across Camden. In accordance with regulations, those bodies are required to respond formally and in public to any recommendations made by Healthwatch Camden.

The recommendations in this report are addressed to Camden Council, the body with responsibility for commissioning mental health services for Camden's residents and to the Camden and Islington NHS Foundation Trust, the provider of mental health services including the services at the Highgate Day Centre.

We shared our report and recommendations in final draft with these bodies and asked them to respond.

Response from Camden Council and Camden and Islington Foundation Trust to Healthwatch report on Highgate Day Centre

1. Introduction

1.1 London Borough of Camden (LBC) and Camden and Islington Foundation Trust (C&I) would like to thank Healthwatch Camden for the valuable piece of research which has been undertaken as part of the audio diary project and also for the opportunity to respond to the report and its findings.

1.2 The audio diaries represent an important learning opportunity that LBC and C&I are committed to taking as well as an important document of this change. We would like to thank the contributors for recording and sharing them.

1.3 All public sector organisations including LBC and C&I continue to face significant challenges relating to increasing demand and constrained funding. This inevitably means that services will on occasion need to be reconfigured so that we are able to live within our means, sometimes this may mean services that are valued will change.

1.4 Although we believe that the combination of financial challenge and focus on moving towards a recovery model remain valid, we apologise for and recognise that service users

felt that they were not listened to as part of the process, that their views weren't taken into account and that they weren't adequately supported through the transition process.

1.5 LBC & C&I will learn from this report and accept the need to be proactive and positive in response, using the report to improve practice and future service user experience.

2. Background and rationale for change

2.1 Changes were made to Highgate Day Centre for 2 main reasons:

- As a response to unprecedented funding cuts from central government
- Due to concerns with the service model

2.2 The Council savings programme for mental health was developed jointly by the Council and Camden and Islington NHS Foundation Trust and agreed by the full Council. LBC and C&I are committed to providing care and support tailored to an individual's needs, strengths and preferences. The aim for both organisations remains to ensure that the ongoing investment in services supports the best outcomes for service users and that any changes to services are well managed to minimise negative impacts.

2.3 We felt it was possible to make funding reductions to this service as compared to other similar services it had a significantly larger budget. There was also a genuine intention to improve quality by developing the service model to build on people's strengths and through making stronger links with employment, education, training and community opportunities.

2.4 We committed to keeping the centre open for people that need it with a new service model and this has been achieved. Both organisations are committed to continuing to develop Highgate Day Centre and it remains an important part of our mental health pathway.

3. Response to recommendations

3.1 The recommendations relate to a number of areas that can be summarised as:

- Ensuring people are supported and stay safe and well through the change
- Meaningfully engaging with people around the change, listening and responding to their ideas and concerns and communicating consistently

Ensuring people are supported to and stay safe and well:

3.2 This was our primary concern through the change process.

3.3 We recognise some members found the change extremely difficult and we want to learn from this in future. However, we would ask Healthwatch to recognise that there was a significant amount of effort placed in this area, including by local service management, and the Senior Service Manager who was based there during the period of change. We feel the approach we used with individuals was robust and kept people safe through the change process.

3.4 This support included:

- Reviewing every risk and crisis plan of associate and core members with their community mental health teams – these were kept updated as circumstances changed;
- Regular meetings and review with members who were assessed as higher risk with support adjusted as required;
- Every person moving on from the centre was offered an individual move on meeting to develop an individual plan; anyone that needed additional support was offered this;
- During the change process there was an audit of 40 individuals risk, crisis and move on plans to ensure that these were robust and to strengthen arrangements;
- Increasing staff at the centre during the transitional process
- The graduate group was developed based on associate member feedback to offer a place to “check in” and develop peer support.

3.5 There were initially concerns from associate members that they would not be able to access alternate forms of support. In recognising this, the Associate membership scheme was extended by six months to better facilitate transition, a Friday afternoon group was established for associate members with the objective of supporting transition away from the centre, reducing anxiety and encouraging development of healthy support networks. This ran until the end of the associate member scheme. The issue was also addressed within individual move on plans. These were based on individual need and people were supported to access services such as the Recovery College; Mental Health Working (employment

support); Peer Mentoring; the Wellbeing Hub, volunteering and adult education opportunities.

Meaningfully engaging with people around the change, listening and responding to their ideas and concerns and communicating consistently:

3.6 We recognise that people did not feel meaningfully engaged around the change process. This is challenging where resources are diminishing, but is something that we are committed to. We held a number of open and individual meetings with members of the centre, however, ultimately found it difficult to engage people in the change process.

3.7 Members of Highgate Day Centre were at times, especially early in the process, given inconsistent information about the rationale for the changes and future plans for the centre and this was a barrier to engaging people or building trust. This made it challenging to have a meaningful conversation around developing a new model for the centre. LBC and C&I are committed to learning from this process and recognise the need to improve the way we communicate changes consistently. This is something that we will focus on moving forwards.

3.8 In terms of democratic scrutiny the changes to Highgate Day Centre were part of the Council's medium term financial strategy that was agreed by full council. The Council's Health and Scrutiny Committee have also had multiple items around Highgate Day Centre before, during and since the changes. This has given people the opportunity to describe their feelings around the changes and has led to learning and adapting the change process.

3.9 The graduate group was established as associate members felt that this would support people through the change process and it became a group that had an ongoing conversation around what recovery means in the context of mental health services. A number of the graduates have since become peer facilitators and mentors at the centre and are helping to deliver the new programme of support. The conversation around recovery is an ongoing one that continues with members of the centre and in other services.

4. Learning from the challenges

4.1 The continued financial challenge that the Council and NHS faces mean that there will be more difficult decisions that we will need to take both this year and next and quite possibly beyond. We are committed to meaningful consultation, communication and improving people's experience of changes to services. We continue to prioritise support for vulnerable people, including those with mental health needs. Camden has high levels of need in respect of mental health. It remains a priority for the Council and NHS and funding of mental health services locally benchmarks highly when compared to other boroughs.

4.2 We will always seek to make decisions around changes with our residents, based on achieving the best outcomes possible from the resources that we have. We will always focus on supporting affected individuals through changes and our first priority is to ensure that people are safe and supported.

Meaningful engagement

4.3 LBC and C&I recognise that service users did not feel that they had been listened to or their views taken into account as part of this process. As we have outlined elsewhere, the change at Highgate was likely to be contentious and therefore encounter resistance form service users. As indicated in the report there is evidence that efforts were made to engage service users. The diary indicates though that in some cases the engagement process itself was counterproductive.

4.4 Since this period the Council and CCG has developed a new role for a co-production lead that looks at increasing involvement of people with mental health needs and carers in commissioning processes. We are one of the few Commissioning Teams in the country to have a specific role around this and in the last 6 months' it has helped us to

- co-design the new employment, peer mentoring and cultural advocacy services
- review and make recommendations to strengthen the Recovery College and increase involvement of residents in procurement processes

- ensure resident involvement in developing the Local Care Strategy.

4.5 The engagement plan is overseen by a Service User and Carer Group to ensure it focuses on priorities that matter to residents.

Consistent communication

4.6 The Council and C&I accept that through the process, messages were not consistent and this was a factor in service user discontent. Following the changes at Highgate Day Centre the Council and C&I held a meeting to address the lessons from the process. We have agreed in future processes to ensure

- that there is a clear project manager who is committed to and responsible for managing the change
- clear and consistent communication to people affected by changes
- opportunities for residents to be involved in shaping and responding to changes

5. Summary and actions

5.1 Given the financial pressures which the social care and health system faces it will be necessary to redesign services in order to make them more efficient but also to update service models. As organisations we are having to make some difficult and at times unpopular decisions, however, we are committed to doing this in the right way and ensuring residents are at the heart of what we do.

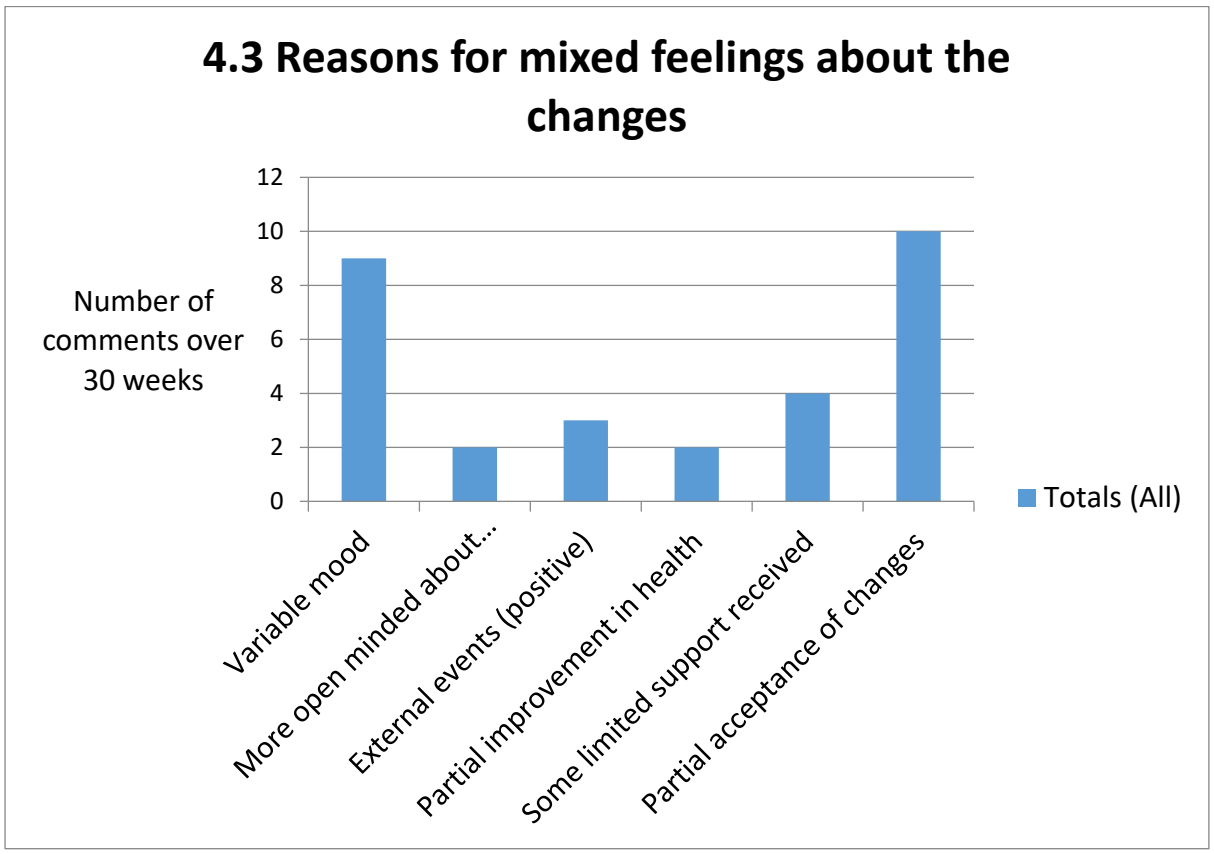
5.2 Where service change is necessary both organisations are committed to working proactively and in partnership with service users ensure that future service models remain fit for purpose and supportive or service users. We are also committed to supporting them through transition into new service models.

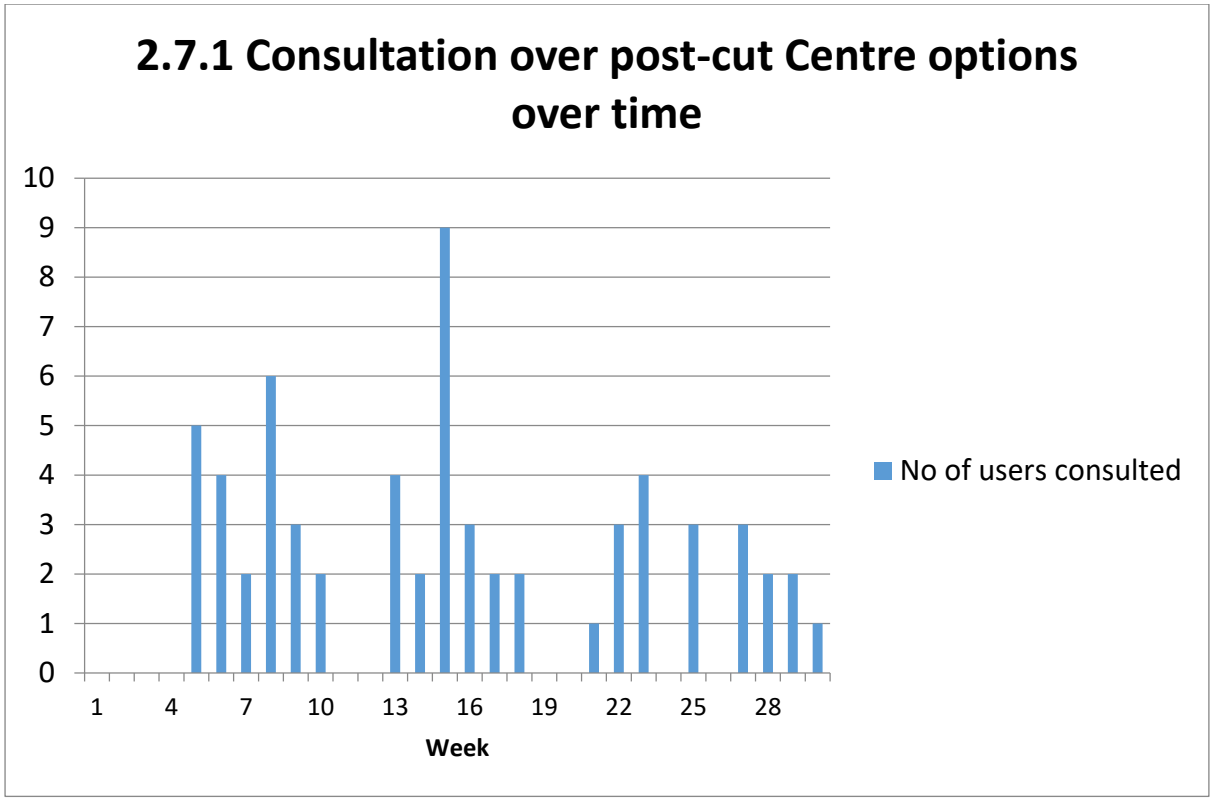
5.3 LBC & C&I are committed to working proactively with service users as we continue to face the combined pressures of rising demand and constrained funding. Despite our best intentions in this instance, it is clear that service users did not feel that they were either listened to or supported through the change process. It is right therefore that we apologise to service users for their experience through the process.

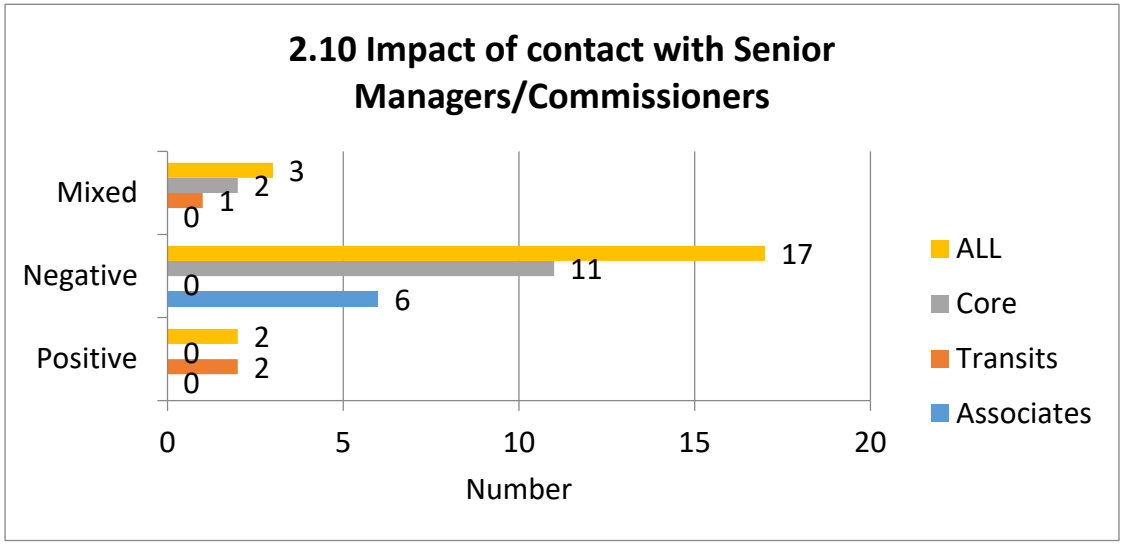
END.

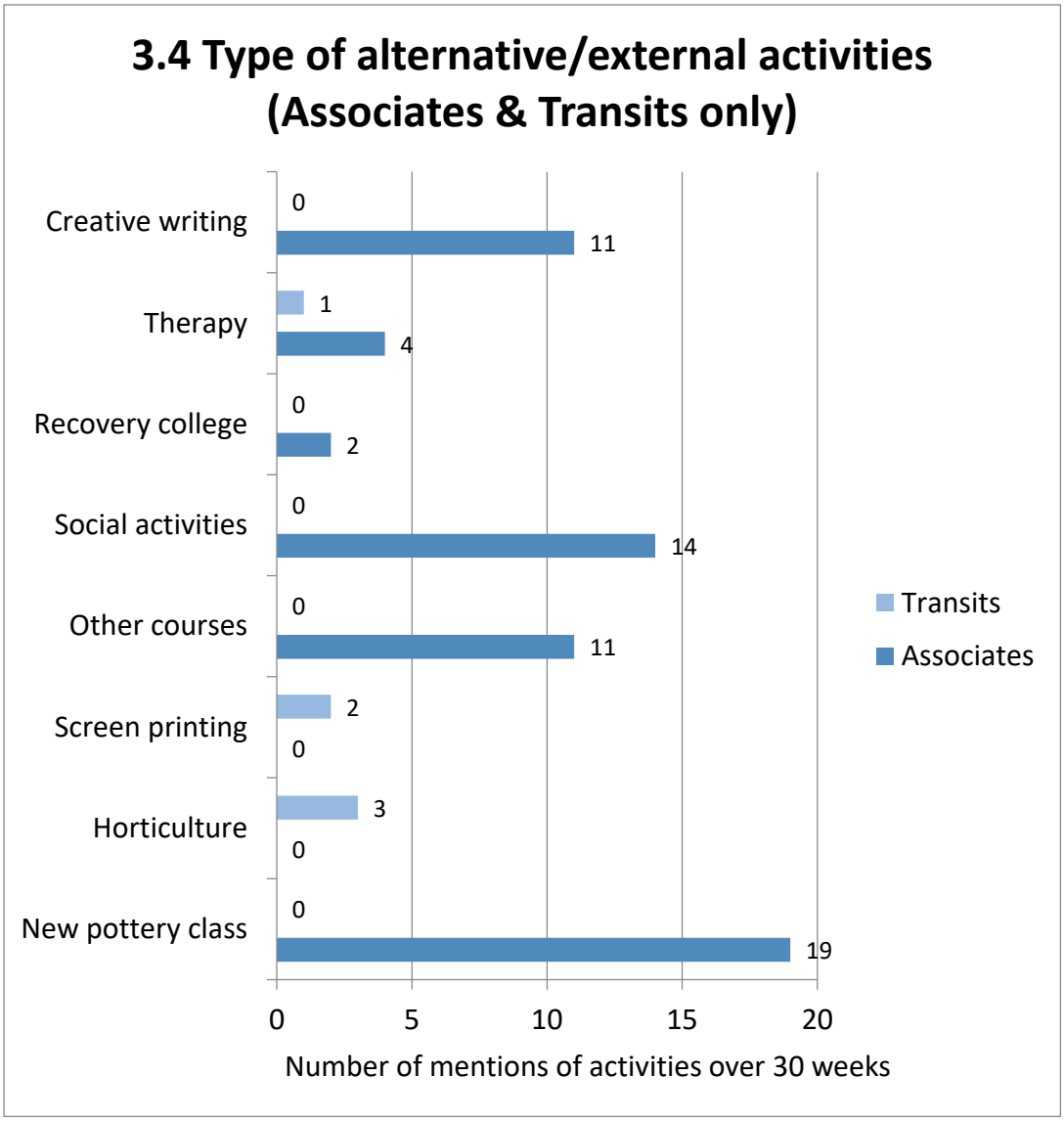
Appendix A: Additional Data Tables

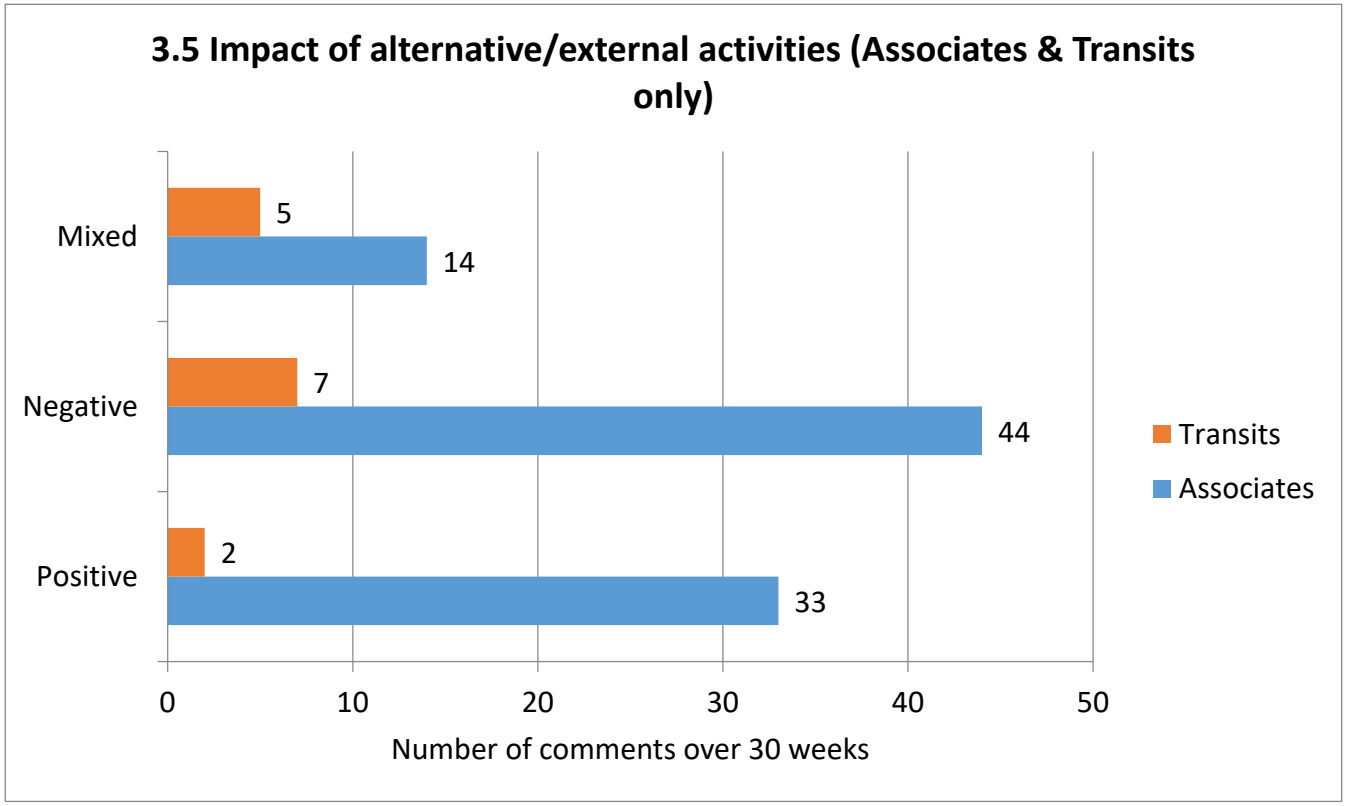
Charts cited but not included in main text.




2.7.1 Consultation over post-cut Centre options over time
10
9
8
7
6
5
4
3
2
1
0
1
4
7
10
13
16
19
22
25
28
Week
No of users consulted


2.10 Impact of contact with Senior Managers/Commissioners
Mixed
Negative
Positive
3
2
1
0
17
11
0
6
2
0
2
0
0
5
10
15
20
Number
ALL
Core
Transits
Associates


3.4 Type of alternative/external activities (Associates & Transits only)
Creative writing
Therapy
Recovery college
Social activities
Other courses
Screen printing
Horticulture
New pottery class
0
11
1
4
0
2
0
14
0
11
2
0
3
0
0
19
0
5
10
15
20
Number of mentions of activities over 30 weeks
Transits
Associates



Appendix B: Notes on Charts

Charts 7 and 9

The data presented in these two charts describes the strength of positive or negative feelings of project participants. In both cases, the vertical axis measures the strength (or depth) of feeling, with a minus figure representing a negative view and a plus figure representing a positive view. So, -2 represents a greater degree of negativity - or a stronger negative view - than -1 and so on.

The values were calculated as follows:

Each positive comment assigned a value of 1

Each negative comment assigned a value of -1

Each mixed comment assigned a value of 0

The weekly scores shown on the chart are an average score for all comments in each week.

For example:

Week 4

0 positive comments - 1 x 1 = 0

1 negative comment - 1 x -1 = -1

0 mixed comments - 0 x 0 = 0

Total = -1

Score -1/3 = -0.33

Week 9

0 positive comments - 1 x 1 = 0

2 negative comments - 2 x -1 = -2

1 mixed comment - 1 x 0 = 0

Total = -2

Score -2/3 = -0.67

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