
Report to Scrutiny Committee

Date of Meeting: 23 February 2012

Subject: Integrated Mental Health Service Annual Report

Report by: Head Of Joint Social Services Clackmannanshire and Stirling

1.0 Purpose

- 1.1. The Integrated Mental Health Service Annual Report (*Appendix 1*) outlines all quality improvement activity for the period 2010/11. The report offers an overview of service development, performance, evaluation and stakeholder engagement .
- 1.2. The Annual report offers transparency and illustrates how the service contributes to Social Policy and Corporate priorities.

2.0 Recommendations

- 2.1. It is recommended that the committee notes continued positive progress within the mental health service and priorities highlighted to future action.
- 2.2. It is also requested that the Committee notes the clear advantages and efficiencies achieved through a partnership approach.

3.0 Considerations

- 3.1. This report covers the period 2010/11. Subsequent reports will continue to be completed on an annual basis.

4.0 Sustainability Implications

- 4.1. The pooled budget offers flexible resource management assisting the service to cope with current financial restrictions.

5.0 Resource Implications

- 5.1. *Financial Details*

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes ✓

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ✓

5.4. *Staffing*

6.0 Exempt Reports

6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ✓

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities 2008 - 2011** (Please double click on the check box ☒)

The area has a positive image and attracts people and businesses	<input type="checkbox"/>
Our communities are more cohesive and inclusive	✓
People are better skilled, trained and ready for learning and employment	✓
Our communities are safer	<input type="checkbox"/>
Vulnerable people and families are supported	✓
Substance misuse and its effects are reduced	✓
Health is improving and health inequalities are reducing	✓
The environment is protected and enhanced for all	<input type="checkbox"/>
The Council is effective, efficient and recognised for excellence	✓

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?
Yes ☐ No N/A

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ✓

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

10.2 Appendix One: The Integrated Mental Health Service Annual Report

11.0 Background Papers


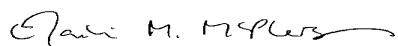
11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
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CLACKMANNANSHIRE

Integrated Mental Health

Service



Annual Report

2010/2011



**Clackmannanshire
Council**



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Service Manager's Foreword

Welcome again to the second of our annual reports. This gives us the opportunity to share with you our successes, challenges and new developments.

We have been concentrating over the last year on 2 key areas:

- Inclusive mental health care
- An increasing emphasis on prevention



Staff have continued to work exceptionally hard to improve our links with other services in an effort to support community engagement and inclusion. Much of this has been progressed through the mental health planning process and has given us the opportunity to build effective links.

We have also invested in early intervention and mental health awareness projects; reducing the need for formal referrals and supporting people to manage their difficulties independently. We have worked in schools, colleges and with the general public.

These developments have allowed us to increase service choice but also to reduce stigma at the same time.

We hope you enjoy reading this report.

A handwritten signature in blue ink that reads "Jane Menzies".

Jane Menzies
Service Manager Partnership

Service Overview & Objectives

The Integrated Mental Health Service is a joint working initiative commencing in 2003 between Clackmannanshire Community Health Partnership (CHP) and Clackmannanshire Council Social Work Department. We also have strong partnerships and links with other mental health professionals, voluntary organisations and the local service user network (Klacksun). The service was established to:

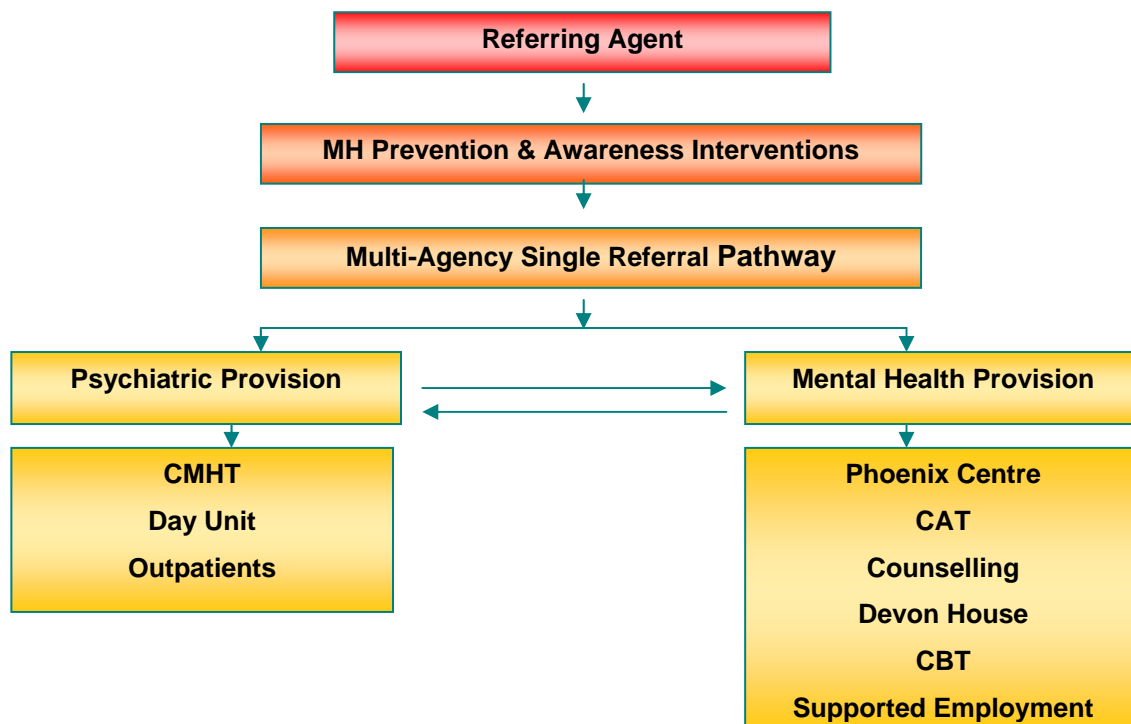
- **Formalise existing joint working**
- **Improve information sharing and communication**
- **Reduce barriers and improve continuity of care**

The service also aspired to greater efficiency through:

- **Improved coordination of resources**
- **Reducing duplication**
- **Pooling budgets**
- **Increased service user involvement**

By working in partnership we can share information and resources to provide co-ordinated mental health services to meet the needs of people in Clackmannanshire. We operate a Single Referral Pathway to ensure that all mental health referrals are directed to one point. This means that a decision can be made quickly to make sure the person being referred goes directly to the correct team. As a result of working together, we are able to reduce waiting times, provide a wider choice and see people quicker.

The diagram below shows how referrals are processed through the Single Referral Pathway:



The service strives for continuous improvement and excellence and has been recognised for its successes in many ways, including the achievement of Customer Service Excellence and a gold COSLA Award for Service Innovation and Improvement.

Our overall aim is to provide the best service we can, using our staff and resources in the best way possible to help people with mental health issues.

Our Services

The aims of the integrated service are progressed by a number of teams offering a range of community mental health supports. The teams provide interventions for individuals with long term and complex mental illness to preventative work and mental health improvement activities. All teams equally contribute to the successes we have achieved.

Our services are provided chiefly from two buildings; Carsebridge House and the Mental Health Resource Centre in Clackmannanshire's Community Health Care Centre.

Carsebridge House

Support for People with Mental Health Issues

Carsebridge House provides a base for the Phoenix Centre, Community Access Team and the Supported Employment Service.



The teams in Carsebridge House provide a range of services mainly for people who have mild to moderate mental health problems. This includes one-to-one support, guided self-help and a variety of groups. Support is also available to help people access a range of activities in the community as well as employment, education, training and voluntary work.

The Scottish Association for Mental Health also provide services from Carsebridge House (Devon House and Counselling Service).

Klacksun (Service Users Network) has it's own equipped office space within the premises allowing members to be actively involved in user involvement activities such as administration, research and meetings.

Mental Health Resource Centre

Support for People with Psychiatric Disorders

The Mental Health Resource Centre is a new, purpose-built building which accommodates our Day Unit service and Community Mental Health Team as well as Consultant Psychiatrists, Psychologists, Art Therapy and the Rehabilitation Team who we work jointly with to provide our services.



The teams within the Mental Health Resource centre offer assistance to people with severe and complex mental health issues. Support is based on individual needs and includes developing positive coping skills and promoting positive mental health and well-being. This may be provided through individual or group therapy, at home or in the resource centre.

Partnership Working & Links With Other Organisations

Partnership working is key to everything we do and ensures our services meet customer need. The integration however is not solely internal and we could not function without a wider range of agencies:

- **GPs and Primary Care**
- **Carers services**
- **NHS and Council colleagues (Housing, Education, Acute Services)**
- **Job Centre Plus and Clacksworks**
- **Clackmannanshire Healthier Lives Anticipatory Care Project**

We have a unique relationship with the **Scottish Association for Mental Health (SAMH)** who share our premises, performance monitoring processes and referral pathways. SAMH provide two core local services:

- **Devon House**
A partial Clubhouse model for individuals with severe and enduring mental illness.
- **Counselling Service for People with Mild to Moderate Difficulties**
Support for individuals who are experiencing adverse life events, life cycle transitions, sexuality issues or coping with illness.

Klacksun Service User Network

Klacksun is a key part of the integrated service, but it is also key that it works independently and challenges our work where appropriate. The integrated service funds this facility to ensure that the voice of users is heard and influences our practice. Klacksun is led by an Involvement Worker and has an office and meeting space within Carsebridge; a small budget is provided for expenses, activities and projects. Klacksun considers itself as the 'voice that counts'; it contributes to, develops and challenges services, with the shared aim of improving them. Examples of their work include:

- **Contributing to national consultations e.g. Direct Payments and Smoking in Mental Health Units**
- **Leading work across Forth Valley on User Involvement expenses**
- **Influencing the national processes for Mental Health Nurse recruitment**
- **Working alongside Stirling University regarding Nurse and Social Work student induction processes**
- **Producing regular newsletters offering mental health related news and information**
- **Delivering mental health awareness sessions to Clackmannanshire's secondary schools**
- **Establishing a website committed to user involvement - www.klacksun.org.uk**
- **Undertaking training and offering awareness sessions in Wellness Recovery Action Plans**

A **Liaison and Development Group** is in place to ensure managers and service users meet regularly and that user views are integral to all that we do. This allows us to jointly discuss service need, review or create service policies and develop new strategies. The New Developments section offers more information on achievements to date, many taken forward exclusively by service users themselves.

Stakeholder Engagement & Consultation

The service is built on consultation and developments are a consequence of both initial and continual review. It is this approach that has led to our success.

We are committed to involving all stakeholders in proposed developments and in how we can improve our services.

As well as using surveys and evaluations, the Mental Health Planning Group and the Liaison & Development Group also allow us to engage with our stakeholders and obtain feedback. In addition to this, we have carried out consultation exercises in 2 key areas this year:

Community Mental Health Review

A review of the community mental health provision in Forth Valley commenced in the summer of 2010 to ensure services are delivered efficiently, are fit for purpose and reflect the changing needs of the community.

The review covers Clackmannanshire, Stirling and Falkirk and aims to ensure services in each area are broadly the same but reflect the needs of each local area. It is recognised that Clackmannanshire's Integrated Mental Health Service model has proven to work well and, therefore, this will remain in place but the principles of the model will be extended.

The changes being proposed may not be noticed by service users apart from, hopefully, providing them with a seamless journey through services. One way this will be achieved is through the establishment of more formal ways of joint working rather than the good, but informal, links that, in some places, existed before. This will involve closer partnership between health services, social work and voluntary sector providers especially in supporting long term recovery. Care will remain the same but with a real focus on progress, recovery and assisting people to achieve their own goals.

Considerable consultation has taken place with staff, service users and partners since the review began. There is a timescale for completion involved and the changes need to be in place by March 2012.

The proposed model is in line with the requirements of Integrated Care Pathways (ICPS) and includes a strategy for the care and treatment of a small number of people who are more vulnerable and who find moving forward difficult. Following implementation, the service will continue to ask for all stakeholders views to ensure all is working well.

Supported Employment Model

The Scottish Government's policy Towards a Mentally Flourishing Scotland outlines one of its strategic priorities as focus on mentally healthy employment and working lives. There is a growing body of evidence that suggests that employment can contribute significantly to an individual's recovery and, that given the right support, this is a realistic aspiration for many people.

A focus group with service users was held in September 2010 to discuss the barriers to employment for people with severe and enduring mental health problems, and to gather views on what they felt would be important and helpful to enable people to return to work successfully.

Some of the key improvement areas identified by the group included:

- Education for employers and DWP staff about mental health
- A point of contact in mental health service for employer queries - ongoing support
- Greater understanding of benefits system for staff and for individuals
- A list of employers who were willing to take on individuals with mental health problems
- Volunteering opportunities and time-limited job-coaching
- More support from staff and a flexible approach in relation to employability issues and working towards employment
- A realistic and manageable plan for service users
- Opportunities to develop interview and work skills
- Information and support for people who are not in services

An employability model is currently being developed using this feedback and research from other areas (see New Developments and Improvements for more information).

New Developments & Improvements

We continuously strive to improve our services, in partnership with all our stakeholders. Some of this year's developments and improvements are included below.

SERVICE PROVISION

Art Psychotherapy Group

Our Art Therapist co-facilitated a group, which ran for a year, with a trainee Clinical Psychologist to help people who self-harm feel less isolated and use art materials to explore their feelings. The aim of this was to reduce the need to self-harm and help find alternative ways of coping.

Guided Self-Help

The Phoenix Centre has introduced a new way of providing support through guided self-help. This involves an initial meeting with a Community Mental Health Worker, who provides workbooks for individuals to work on at home. Further appointments are made with the Key Worker so that progress can be evaluated and monitored. This approach supports individuals to help themselves.

Self-Assessment Model

The Phoenix Centre is working towards a self-assessment model, which is a theme from the social work Personalisation Agenda. This offers people the opportunity to reflect on their needs and generally self-assess themselves, instead of being assessed. A cognitive behavioural therapy based tool is currently being developed. This is a considerable shift in culture, therefore, careful consideration is being given to the appropriate time to implement it.

Shared Electronic Information System

Information sharing plays an integral part in the success of the integrated service. Service users are asked initially for permission to share information before being referred through the Single Referral Pathway. To date, there have been no recorded concerns, which demonstrates recognition by our service users that this is a logical and efficient approach to managing referrals.

Council and NHS IT staff have been working towards a shared electronic information system, FACE, which will allow us to hold information electronically and eliminate the need for paper files. This means that staff will have quicker access to information which can be shared between teams, thus avoiding any delays in receiving information manually.

There has been a slight delay in this project being implemented due to changes in the NHS IT system, but it is hoped that it will be up and running later this year.

Supported Employment Model

Staff from the CMHT and Community Access Team visited the Clydesdale Vocational Rehabilitation Service in Lanarkshire and the IntoWork project in Livingston to research their supported employment models and gain advice and ideas into how we could redevelop our own service. A focus group was also held with service users to discuss their views and ideas, as well as discussions with other interested parties.

Recommendations have been made from this research and the model is currently being developed.

New Developments & Improvements

INVOLVING OUR CUSTOMERS

Social Worker Training - DVD Launch

Klacksun members have been involved in developing a DVD with the University of Stirling Social Work Department's User and Carer Group. The group members talk about their experiences, good and bad, of social work services and will be used in social worker training.

Advisory Roles and Policy Development

Klacksun members have been involved in the redesign of Forth Valley Acute Mental Health services. As well as influencing the redesign, members were involved in the facilitation of Users and Carers Focus Groups within the hospital. This group now has an ongoing monitoring role of the Patient's Experience.

Klacksun, as a network have developed agreed guidelines for effective and meaningful service user involvement within the Integrated Mental Health Service.

See Me Local Grant

Klacksun was successful in an application to the See Me local grants scheme and have received funding to support 2 projects designed to raise awareness and work towards breaking down the stigma of mental health:

- Music, Songs and Poetry

One project planned is an event where people recovering from mental health issues will perform songs, music, poetry and short stories. This event is about connecting with our local community.

- Media Training

The second project is about training service users as media volunteers, supporting the local media in reporting positive aspects of mental health and addressing the impact of stigmatised reporting of mental health issues.

STAFF TRAINING AND DEVELOPMENT

Stress Control Training

Staff from the Phoenix Centre took part in stress control training in January this year. The training will be used to provide Stress Control Classes to promote wellbeing and educate the community. Classes will start in autumn 2011 and will support a preventative approach to mental wellbeing.

Borderline Personality Disorder Training

Psychologists within the Mental Health Resource Centre have provided training in understanding and working with people with borderline personality disorder, to staff across the integrated service. Service users were also involved in the planning and delivery of this training.

Customer Service Training

Our admin support staff undertook customer service training in March 2011. The training has helped them to improve their existing communication skills and the way that they interact with our service users and visitors.

Staff Qualifications

Congratulations to Garry Jackson, Community Access Worker who achieved SVQ Level 3 in Social Care and Gill Johnston, Community Mental Health Worker who completed Post Graduate Training in CBT.

Self-Injury Training

Following staff requests for further knowledge and information on how to respond to people who self-injure, training was provided to staff across the service by Psychologists.

New Developments & Improvements

SUPPORT FOR STUDENTS AND TRAINEES

Non-clinical Student Placements

The Phoenix Centre has now been approved to provide non-clinical placements for mental health nursing students, following an audit early in 2011. Some staff within the Phoenix Centre are undertaking a mentoring course to ensure that appropriate support is provided.

This provides opportunities not only for students, but also for staff to develop supervisory skills and help us to reflect how we work as a team and deliver our services.

Work Experience Opportunities

Working together with Clackmannanshire Works we were able to identify work experience placements for 2 people through the Future Jobs Fund. The placements were for 6 months and both were administration posts; one within our admin team and the other within Klacksun. The placements allowed the trainees to gain working experience in various administration tasks thus helping them to prepare for future job opportunities.

QUALITY ASSURANCE

Evaluating the Service Users Experience

In February 2011 we introduced a new system so that service users could choose the methods through which they could give feedback.

This new development is the result of a research project, involving consultation with service users and staff, to help us identify the best ways to evaluate how people feel about our services.

All of our service users are now given our "Tell Us What You Think" leaflet which explains why their feedback is important and gives them options on how they can do this (e.g. one-to-one, online, group, phone, post).

A new evaluation form has been devised taking into account the type of questions service users feel we should ask, as well as questions to ensure we evaluate and monitor areas for excellence and continuous improvement.

It is too early to provide full results as yet, but we will publish feedback on our webpage, Klacksun's website and their newsletter later this year.

Focus Groups

This year we have introduced service user focus groups. The purpose of the groups is to obtain a more detailed picture of how service users feel about the services we provide, in addition to feedback we receive from our evaluations and annual survey. The first group was held in the Mental Health Resource Centre in March and the feedback received was very positive.

Surveys

In addition to our 3 annual surveys to obtain views from service users, carer/key person and our staff, this year we have also introduced a Stakeholder Survey so we can gain insight into how our main referrers and partners feel about our services.

All of our surveys were distributed between May and June this year and the main results are summarised on pages 13 & 14.

New Developments & Improvements

RAISING AWARENESS

Art Competition

An art competition for primary school pupils took place early this year, in partnership with Reachout and Klacksun.

The competition invited pupils to create some artwork on the theme 'What makes you feel good?' with the aim of raising awareness of the importance of good mental health amongst young people.

The artwork was displayed in local café D'nisis, to raise further awareness in the community.

Clackmannanshire View

We now have a regular slot in each addition of the Council's newspaper, which is distributed to households in Clackmannanshire every 3 months.

This helps us to raise awareness of mental health issues and provide advice on maintaining positive mental health, as well as making people in the community aware of the support and services available to help them.

Mental Health Awareness Training

We currently provide mental health awareness training to school pupils, and following a request by Forth Valley college, we plan to extend this to young students who have difficulty coping in school and are attending the college instead.

It is hoped this will commence when the new college is opened later this year.

Stress Control

Staff in the Phoenix Centre undertook training in January this year and are working towards providing community based Stress Control classes in September 2011.

This will help to promote wellbeing and educate members of the community. It is also hoped that this will help prevent the need for people to be referred to mild to moderate mental health services.

Joint Health and Homelessness Conference

One of our staff from the CMHT was heavily involved in the organisation of the joint health and homelessness conference which took place in November 2010.

This event brought the NHS and Council together with the aim to work in partnership to prevent homelessness, which is often linked to poor health. Our service had a stall and was represented by staff from the Phoenix Centre and Community Access Team and some Klacksun members.

Children and Mental Wellbeing Conference

A conference was held in February 2011 for teachers and people who work with children. Staff from the Phoenix Centre were involved in the development of the conference as well as developing a workshop on self-harm.

The aim of this event was to provide training and information on the various aspects of mental health and wellbeing. The conference was successful and excellent feedback was received.

Celebrating Success

COSLA Excellence Award

The COSLA Excellence Awards celebrate the very best in Scottish local government. Emphasis is on rewarding the most innovative and passionate developments, and on recognising projects that can demonstrate excellent service delivery to communities.

The Integrated Mental Health Service was invited as finalists to the COSLA Awards Ceremony in March 2011 and we were delighted to win the GOLD award for the category Service Improvement and Innovation.

This award recognised the success of joint working with the NHS, service users, carers, GPs and the Scottish Association for Mental Health to focus services around users.

By asking service users what needed to improve and working together to share information and simplify systems, waiting times have been reduced, communication has improved and there is reduced duplication.



Customer Service Excellence Award

In September 2009 we were successful in achieving the Customer Service Excellence Award.

This is a national customer service standard that offers organisations the opportunity to work through a customer focused improvement programme to be recognised for providing excellent customer service.

The standard is a quality improvement tool which focuses on outcomes - the service actually provided to the customer.

The assessment focuses on:

- * Customer Insight
- * The Culture of the Organisation
- * Information and Access
- * Delivery
- * Timeliness & Quality of Service

The assessment has helped us to identify our strengths and areas where we can improve and an action plan is now in place for us work towards continuously improving our services.

Growing In Excellence – Staff Awards

The Council held its first “Growing In Excellence” staff awards in February and our Service Manager, Jane Menzies won the Leadership Award. Jane was praised by staff for her approachability, ability to delegate and encouragement of strategic thinking. Jane has successfully led staff through changes which have resulted in the overall success of the service.

Performance & Monitoring

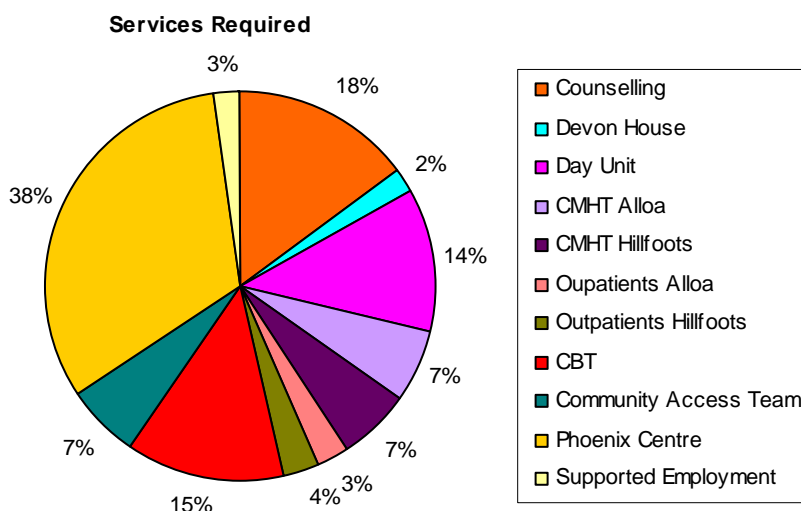
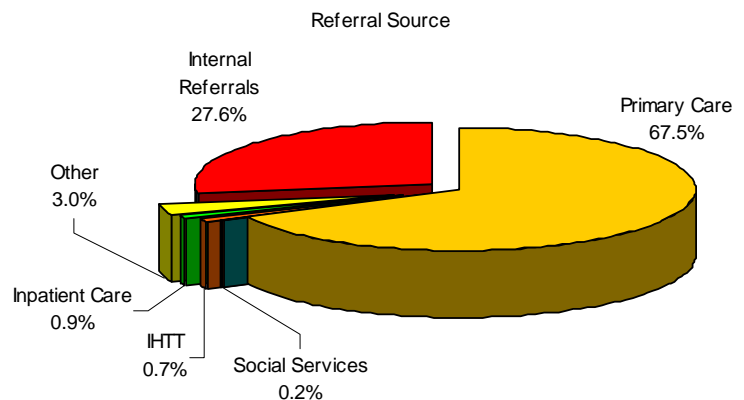
An extensive performance framework is in place monitoring all aspects of care, ensuring standards are maintained and improved where possible. Regular reports are considered at both management meetings and in the Quality Forum.

Performance reports and balanced scorecards are updated regularly and we use this information to tell us about our service user needs and the demand for specific provisions. This ensures resources are directed to where need is evidenced and issues can be addressed easily and in good time.

Who do we receive referrals from?

In the year 2010-2011 we received a total of 1784 appropriate referrals, 1291 were from external services and 493 were referred internally:

Primary Care	1205
Social Services	4
Intensive Home Treatment Team	13
Inpatient Care	16
Other	53
Internal referrals	493



What services do people need?

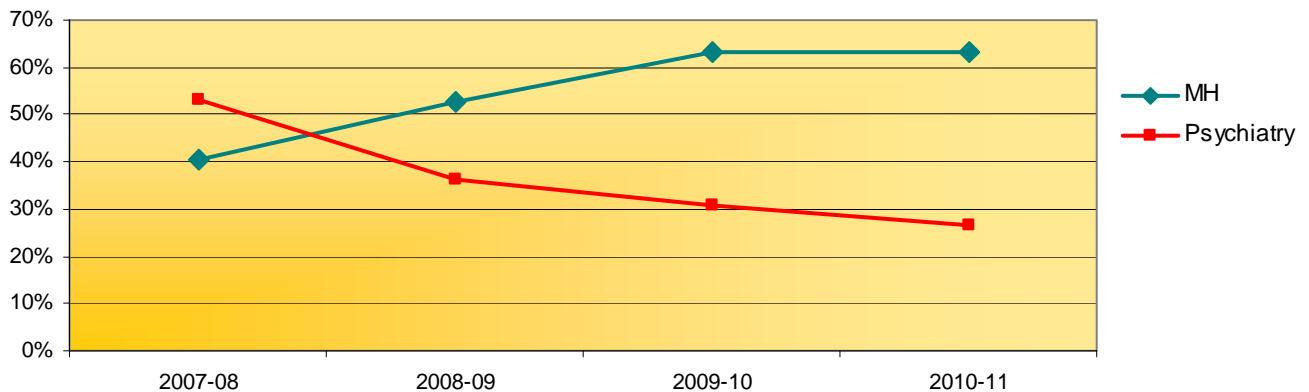
By collating data and producing regular reports, we are able to monitor which services people are being referred to. This allows us to determine where we need to place our resources and to identify if we need to make any changes.

The adjacent chart shows the percentage of referrals going to each service in the last year.

Performance & Monitoring

Prior to redevelopment, it was acknowledged that too many referrals were being directed to Psychiatric services. To address this, the referral process was reviewed, service directories outlining available teams were published and alternatives such as CBT and Counselling were provided. As a result we have now achieved and maintained significant reduction in the referral rate in line with our target and the national 'Shifting the Balance of Care' strategy. It is generally accepted that service users are better served accessing lower tier provisions where possible.

Percentage of referrals to psychiatry & community based mental health services

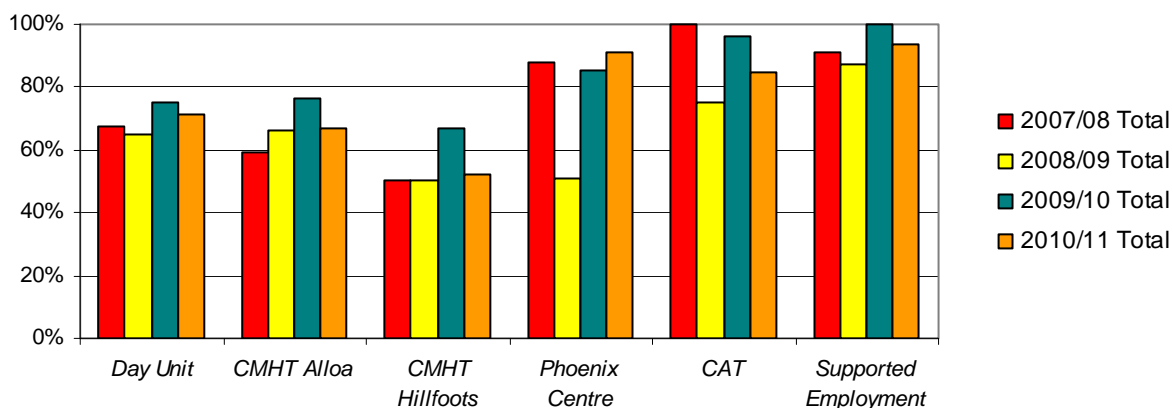


How well do we meet our timeframes?

The referral process offers clear timeframes for the referrer to decide when we should respond (within either one week or 6 weeks depending on whether the referral is urgent or routine).

The chart below shows how well services within the Integrated Mental Health Service have met those timeframes over the last 4 years.

IMHS Appointment Targets Met



Evaluation

The Integrated Mental Health Service uses formal and informal methods to obtain feedback on how service users, staff and stakeholders feel about our services. This includes surveys and various evaluation methods as well as informal ways such as comments made by service users, group members or people at meetings. We use this feedback to evaluate our services and identify areas where we can make improvements.

Some examples of the feedback we have received over the last year are as follows:

Service User Survey

We sent our annual service user survey out to 150 randomly selected people and received 43 (29%) responses:

- **81%** received **clear information**
- **95%** get a **good response** when they contact us
- **88%** feel they **don't have to wait too long** for the service
- **76%** have been **fully involved** in deciding the service they receive
- **85%** feel they **can rely on the service**
- **95%** feel the service is of a **good quality**
- **100%** feel they are **treated with dignity and respect** by the service
- **90%** feel they got **help when they needed it**
- **88%** say MH services have made them **feel safer**
- **85%** say MH services have helped them to lead a **more independent life**
- **77%** feel mental health services have helped them **feel part of the community**

The results were very similar to last year's survey and identified the same areas where improvement is required:

- **34%** feel they do not see a **written assessment of their needs**
- **66%** feel they have been offered a **clear plan** that describes the services I will receive

Over the last year we have been working with IT staff in the NHS and Council to develop a shared electronic information system. It is hoped that this will be implemented later this year and it will help staff to produce copies of assessments and care plans more easily.

Carers Survey

We sent our annual survey to all known carers/key persons and, although the feedback was satisfactory, there was a very low response which meant that the feedback was not representative of all carers/key persons views.

This continues to be an area where we are challenged and efforts to improve engagement with this group of people have been unsuccessful, with many carers telling us that they do not identify themselves in this manner. We will continue to look at ways to identify and support carers and this will remain as a key priority in our Service Development Plan.

Evaluation

Staff Survey

The response to this year's leadership survey was again very positive with the many of the responses being over 80%. Some examples include:

- **86%** of staff fully **understand the role and responsibility of their job**
- **96%** are **clear on the standards expected in all areas of their job**
- **86%** feel that **their manager is accessible, listens and responds promptly to their request**
- **91%** feel encouraged to **strive for excellence and improvement**
- **82%** feel encouraged to **contribute to service development and planning**

Stakeholders Survey

This year we introduced our first ever survey to obtain views on how our main stakeholders feel about our overall services. The survey was sent out to all GPs, partners and agencies that we have established close links with.

We asked our stakeholders how they well we communicated with them and how they rated our Single Referral Pathway:

- **84%** rated the **Single Referral Pathway as good - excellent**
- **88%** rated **client related communication as good - excellent**
- **74%** rated **general communication as good - excellent**

We asked our stakeholders how they felt about the information we provided, the range of services we provide and how easy they felt it was to access our services:

- **91%** feel the **service is easy to access**
- **91%** feel the **range of services is adequate to meet client needs**
- **79%** feel the **information provided about services is sufficient and easy to obtain**
- **89%** feel the **information provided is accurate and easy to understand**

And finally, we asked how satisfied they were with the overall service that we provide:

- **100%** feel **satisfied with the overall service**

Recovery Journeys

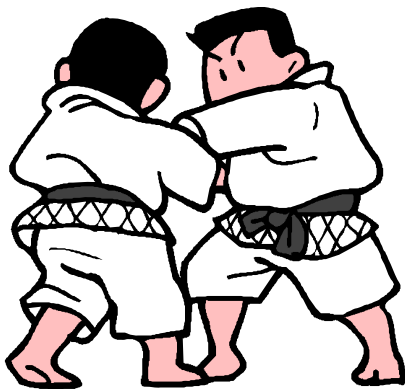
"Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process."

Scottish Recovery Network

John's Story

John was one of the first referrals to the Community Access Team and his keyworker was Ian. At first, John was unsure about what he wanted to do. At the time he had no other interests or hobbies apart from spending time with his friends and family.

Initially, John decided to develop his IT skills and it was through searching for a project that he came across judo. His interest in judo grew and the possibility of trying out judo as a sport arose. This needed to be local due to transport issues. Ian looked into this and found a local club and made contact with the club owner, Josh.



A visit to Falkirk was organised where John, Ian and Josh's wife met over coffee. The 3 of them had a long chat about judo, the club, how it worked and how John could join the club. It was agreed that John could simply come along for the first few times and see for himself how the club worked and what judo was all about. This was good as it meant John did not have to commit to joining right away and gave him the opportunity to make a more informed decision.

Following these observing sessions, John decided that he wanted to learn judo. This was a big decision, mainly due to the financial commitment. John initially felt intimidated about joining as quite a lot of the members were well-off and he felt that he was struggling to pay the £35 per month.

John took to judo really well, he trains 3 times per week and takes going for gradings in his stride! In John's words:

"Having an interest gets me out and about, keeps me fit and gives me goals to work towards. Over the last 4 years, I have achieved my red, yellow, orange, green and blue belts and I am now going for brown. The next step will be the black belt and this will be a huge task."

"I have a much healthier lifestyle, I eat better (chicken and fish), I do much more physical activity (walking) and I spend less money going out. Judo has opened a new life for me, I have made some new friends and have new opportunities for socialising."

"I feel that going into judo has been a good move. I would not have taken this forward on my own and it was a good to have Ian and the Community Access Team to provide information, make initial contact, provide support in joining and organising the direct debit with my bank. This was initially a hurdle as direct debit is the only way the club operates. It was a big financial commitment to make but it has certainly been one of the best decisions I have made."

Pooled Budget

The service is supported significantly by the establishment of Scotland's first Pooled Budget.

- A pooled budget offers opportunity for partners to amalgamate monies in a discrete fund
- A service specification outlines approved services covered by the agreement
- The Service Development Plan outlines service strategic and operational priorities for a 3 year period
- Expenditure is based on the needs of the service users and not directed by boundary or contribution
- A pooled budget is uniquely flexible
- Resources can move freely in response to client need and service demand

In 2010/11 the Pooled Budget experienced an underspend as illustrated in the accounts. This was due to a temporary vacancy in a management position and the need to, alongside all other services, contribute to corporate efficiency targets.

How did we spend our budget?

	Annual Budget	Expenditure	Variance
	£	£	£
Staffing Costs	505,570	455,275	(50,295)
Transport Costs	5,500	3,085	(2,415)
Supplies & Services	18,770	19,420	650
Third Party Payments	286610	824268	537658
Transfer Payments	1,520	1,620	100
Total Expenditure	817,970	1,303,669	485699
Income	(35,970)	(607,728)	(571,758)
Net Expenditure	781,820	695,940	(86,060)

Further Information

For further information about our services or any information in this report please contact:

Integrated Mental Health Service

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Integrated Mental Health Service
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