



Foreword

In 2014, we approached Mind in Croydon, as we were experiencing very high demand on psychiatric inpatient beds and we were hoping that there might be a community response that could help alleviate this problem. Fortunately, these discussions coincided with a report that Mind in Croydon had produced called “Somewhere to Go, Something to Do”. This report described the kind of help a large group of service users had identified, that they thought would help to keep them well. Based on this report, we asked Mind in Croydon to develop The Hub, a service co-produced with service users, based at their premises in central Croydon. The achievements of this initiative are very impressive. In its first year, hundreds of people have benefitted from this service. Mental health, as measured by recognised scales, has improved, as have a range of other outcomes. Even more impressive is the reduction in use of statutory services by people attending The Hub. This includes visits to GPs, secondary mental health services and hospital admissions. As a Clinical Commissioning Group, it is a key priority for us to listen to people who use services and to deliver services from which they will benefit. The Hub is an excellent example of true co-production and how community interventions can achieve clinical outcomes, keep people well and prevent people from needing the support of more expensive statutory services. We have asked Mind in Croydon to develop this service further and we will be using this example of co-production to inform other work that we do.

Stephen Warren

Director of Commissioning, Croydon Clinical Commissioning Group

I was pleased to receive the Mind in Croydon report, “Somewhere to Go, Something to Do” as part of the Health and Wellbeing Board agenda last year. That report showed that many people suffered stress as a result of Housing, debt or Benefit problems which exacerbated their mental health problems. This could lead to hospital admissions which could have been avoided. This report on a year of The Hub activity demonstrated clearly that mental health can be improved and maintained by the provision of a place to go for social interaction with advice and support. Social isolation is not good for people. We are social creatures. All too often mental illness can separate people from family and friends. The Hub can rebuild social skills and offer the support needed to manage financial pressures. Peer support is particularly important. There is growing evidence that this model works clinically and financially. We need to consider whether the service could be extended for longer hours or self-referrals, whether there is scope for employment skills training and if we need more of the same.

Cllr Maggie Mansell

Chair of the Croydon Health and Wellbeing Board

Executive Summary

The Hub is a service developed by Mind in Croydon in response to the “Somewhere to Go, Something to Do” survey of the views of people using mental health day services in Croydon. In that report, people described the services they felt they needed in order to stay well and reduce their reliance on statutory services. Local commissioners agreed that a contract held by Mind in Croydon for a Social Networking Service could be varied to allow a simpler referral process and a wider range of referrers to The Hub including General Practitioners.

The Hub drop-in service was open every Saturday. Being a member of The Hub meant that new referrals could also join the Social Networking Service which meant they had a key worker and could access a range of support from Monday to Friday.

In order to evaluate the effectiveness of the service, Mind in Croydon collected baseline data from attendees, including their attendance at GPs, secondary mental health services and hospital admissions, in the year prior to joining The Hub. The Mental Health Recovery Star was used on joining The Hub and at 3, 6 and 12 month follow up to measure the impact of the service on attendees.

During the year, we collected baseline data on **256** people. During the pilot period **118** people completed a year with The Hub and had 3 month, 6 month and 12 month reviews. We were therefore able to compare their service usage in the year prior to joining The Hub with usage during the year that they attended The Hub. This data was collected solely from client self-reporting.

- Between 5th April 2014 and 5th April 2015, **256** people were referred to the service from a range of health and social care professionals.
- Most referrals (**60%, 154 people**) came from secondary mental health services, who could have referred previously, but tended not to, as the referral process was too complicated, even though they had clients who would have benefited from the service.
- A fifth (**20%, 49 people**) of referrals came from GPs, who could not refer previously, even though they had clients who would have benefited from the service.
- Most people (**33%, 85 people**) were referred to relieve isolation and reduce loneliness.
- **71** people were referred to enable socialising and to facilitate eating of a nutritious meals in the company of others.
- **45** people were referred for Benefits help and **45** people needed help with ‘form-filling’
- No extra funding was made available for The Hub to operate. Existing staff ran the service alongside volunteers, many of whom were ex-service users and without whom, much of the invaluable work provided would not have been possible.
- In the year prior to attending The Hub people had made **1,117** visits to their GP. At one year follow up this figure had reduced to **486** visits. The number of people visiting their GP more than **24** times in a year decreased from **23** to **5**. The number of people making no visits increased from **7** to **23**. This equates to a financial saving of **£28,395**. (i.e. 631 visits @ £45)
- In the year prior to attending The Hub, there had been **42** hospital admissions. At one year follow up, this had reduced to **3**. Based on median length of stay in Croydon, this equates to a financial saving of **£418,509**.



- In the year prior to attending The Hub, people had accessed secondary mental health services **1,098** times. At one year follow up this had reduced to **636** visits. This equates to a financial saving of **£21,714**.
- The total cost savings (excluding reduction in hospital admissions) for **118** people was **£50,109**, giving an average annual cost saving of **£425** per person who attends The Hub.
- The total cost savings (including reduction in hospital admissions) for **118** people was **£468,618**, giving an average annual cost saving of **£3,971** per person who attends The Hub.



Background

The Hub is a service developed by Mind in Croydon in response to the “Somewhere to Go, Something to Do” survey of the views of people using mental health day services in Croydon. In that report, people described the services they felt they needed in order to stay well and reduce their reliance on statutory services. The kinds of help and support identified by services users were:

- Help with form-filling
- Help with bills, debts and benefits
- Outreach support
- Practical advice
- Help with community issues (e.g. problem neighbours)
- Help with understanding and managing mental health
- Help with understanding and managing physical health
- A place to have a meal in the company of other people
- Somewhere to go to prevent loneliness and isolation
- Somewhere to go during the evening and at weekends

Local commissioners agreed that a contract held by Mind in Croydon for a Social Networking Service could be varied to allow a simpler referral process and a wider range of referrers, including General Practitioners, to The Hub. Previously, the Social Networking Service had been an excellent service, but was now operating below capacity because the referral process created by commissioners was too complex and those able to refer too limited.

The Hub drop-in service opened on Saturday 5th April 2014. Being a member of The Hub meant that new referrals could also join the Social Networking Service which meant they had a key worker and could access a range of support from Monday to Friday.

The Hub, as part of the Social Networking Service, offered a wide range of activities for people to engage in. This included groups such as a men’s group, women’s group, gardening group, knitting group and walking group as well as one to one support with mathematics, English and computer skills.

In order to evaluate the effectiveness of the service, Mind in Croydon collected baseline data from attendees, including their attendance at GPs, secondary mental health services and hospital admissions in the year prior to joining The Hub. The Mental Health Recovery Star was used on joining The Hub and at 3, 6 and 12 month follow up to measure the impact of the service on attendees.

During the year, we collected baseline data on **256** people. During the pilot period **118** people completed a year with The Hub and had 3 month, 6 month and 12 month reviews. We were therefore able to compare their service usage in the year prior to joining The Hub with usage during the year that they attended The Hub. This data was collected solely from client self-reporting.

Within The Hub’s first year, the service was recognised and acknowledged to be a forerunner within its field by being shortlisted for a Mental Health Voluntary Sector Awards under the Prevention category. ¹

¹ <http://www.mindincroydon.org.uk/news-article.asp?ID=464>”

How Did The Hub Help?

The Hub was a truly “co-produced” service. The help and support provided was based entirely on what service users said they would find helpful. No attempt was made to re-interpret what service users asked for by over professionalising or medicalising the service.

The Hub was open on Saturdays from 10am till 5pm, with a reasonably-priced hot meal at lunchtime. The Hub provides a safe place for people who were lonely and isolated to meet and socialise. It was also a place for them to receive practical help and advice.

How Did We Do This?

The Hub assisted with:

- Form-filling
- Benefit issues
- Managing bills and debt
- Outreach support
- Community Issues (issues with neighbours etc.)

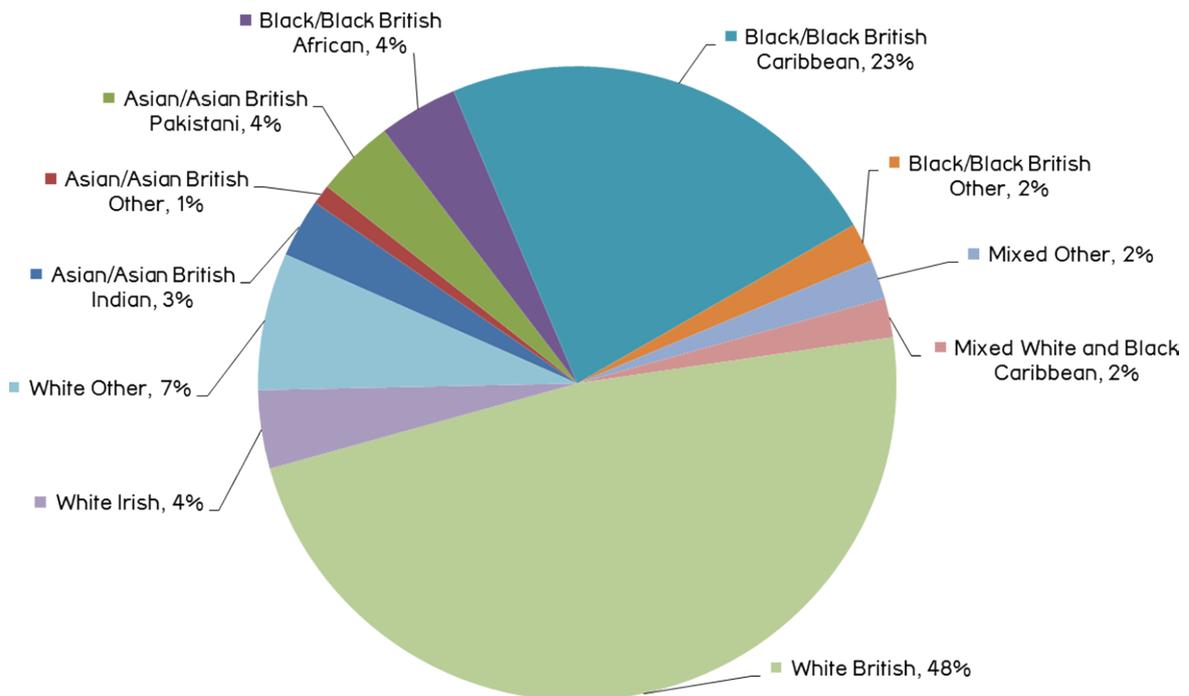
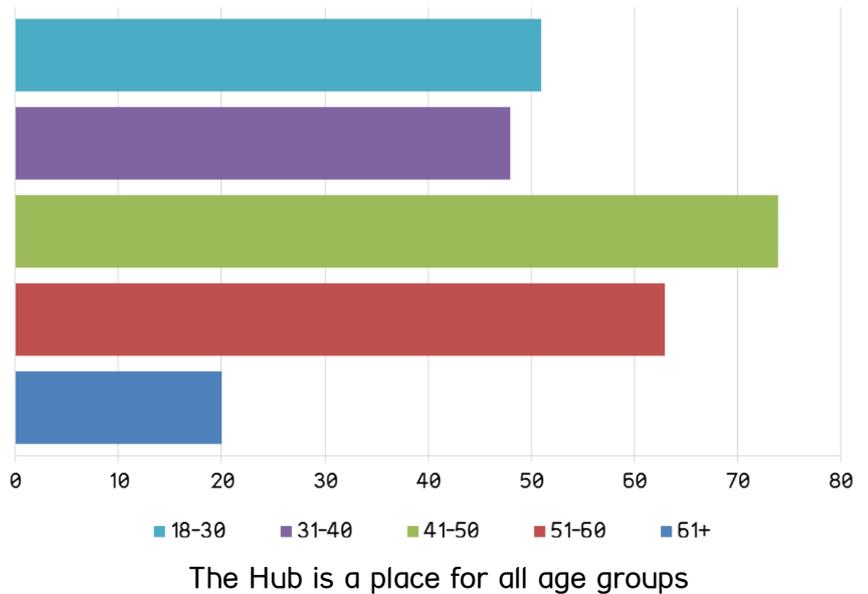
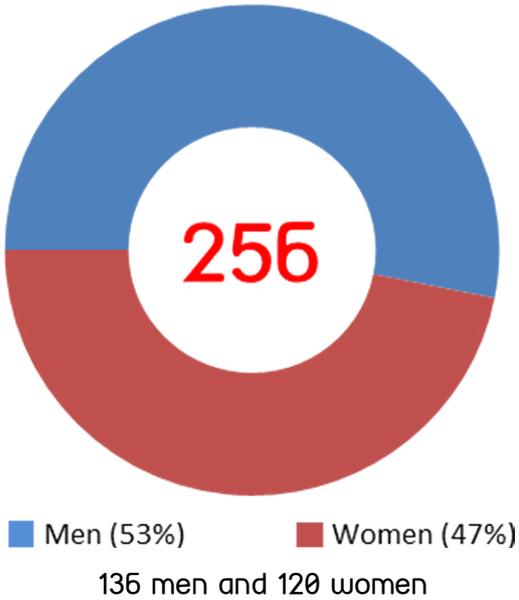
As well as paid staff, The Hub had a team of volunteers and peer supporters who were involved in the project and who helped clients with filling in forms, understanding their bills, managing their debts and sign posted them for benefits advice where appropriate. They also helped with outreach support and with members understanding and managing physical and mental health problems. External guests and speakers also attended and gave advice on issues such as dealing with diabetes and other health issues. During this time there was a general election and each of the main political parties’ prospective members of parliament attended a question and answer session with members of The Hub.



The Hub @ Fairfield House

Who was referred?

- Of the 256 referrals received, 136 were men and 120 were women
- A broad range of age ranges were referred. 74 people were aged between 41-50 years, making it the largest age group referred
- 122 people were White British followed by 57 being from Black/Black British Caribbean ethnic background



Who referred to The Hub?

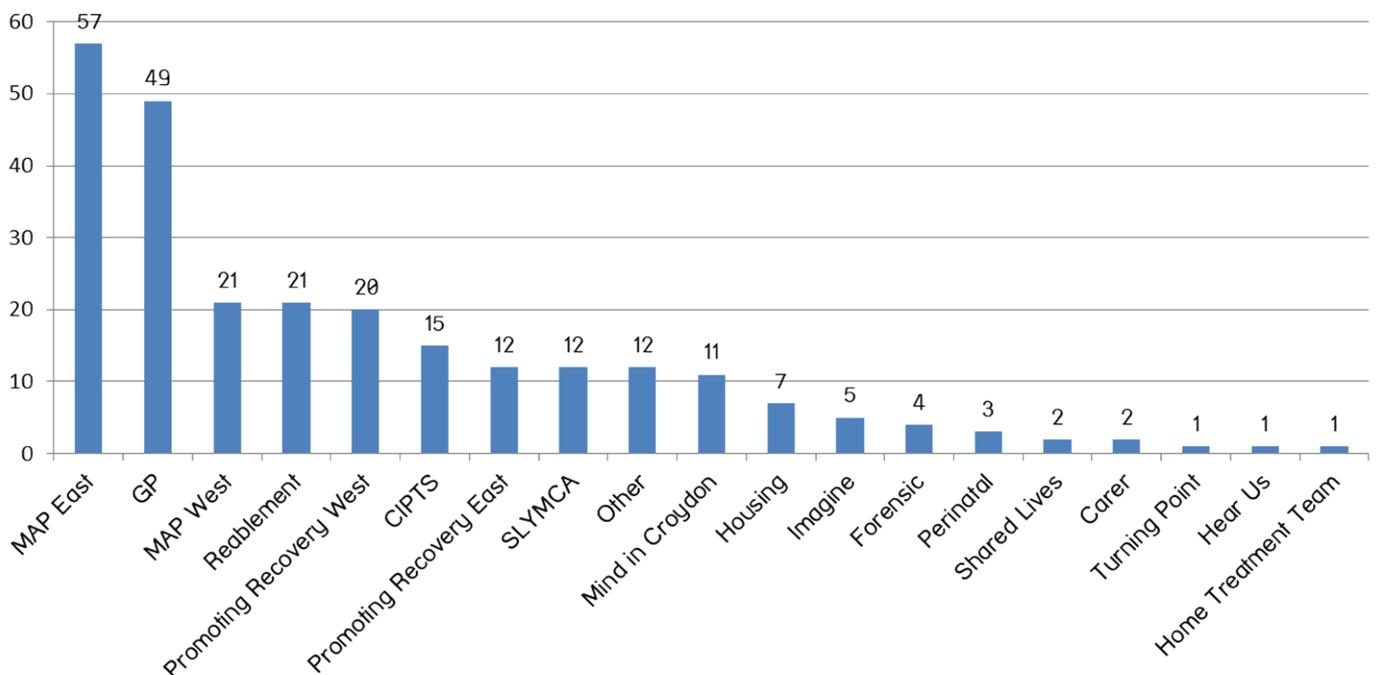
Referrals to The Hub came from a large number of organisations across the London Borough of Croydon. Most referrals (60%, 154 people) came from secondary mental health services who could have referred previously, but tended not to as the referral process was too complicated, even though they had clients who would have benefited from the service. A fifth (20%, 49 people) of referrals came from GPs who could not refer previously even though they had clients who would have benefited from the service.



Although we did not record the psychiatric diagnosis of those referred, the broad range of referral agencies shown in the graph below gives an idea of the broad range of people referred to The Hub. For example, The MAP Teams are part of secondary mental health services and work with people with a diagnosis of Mood, Anxiety and Personality Disorders. The Promoting Recovery Team works with people with a diagnosis of a psychotic disorder and GPs work with a wider range of mental health problems.

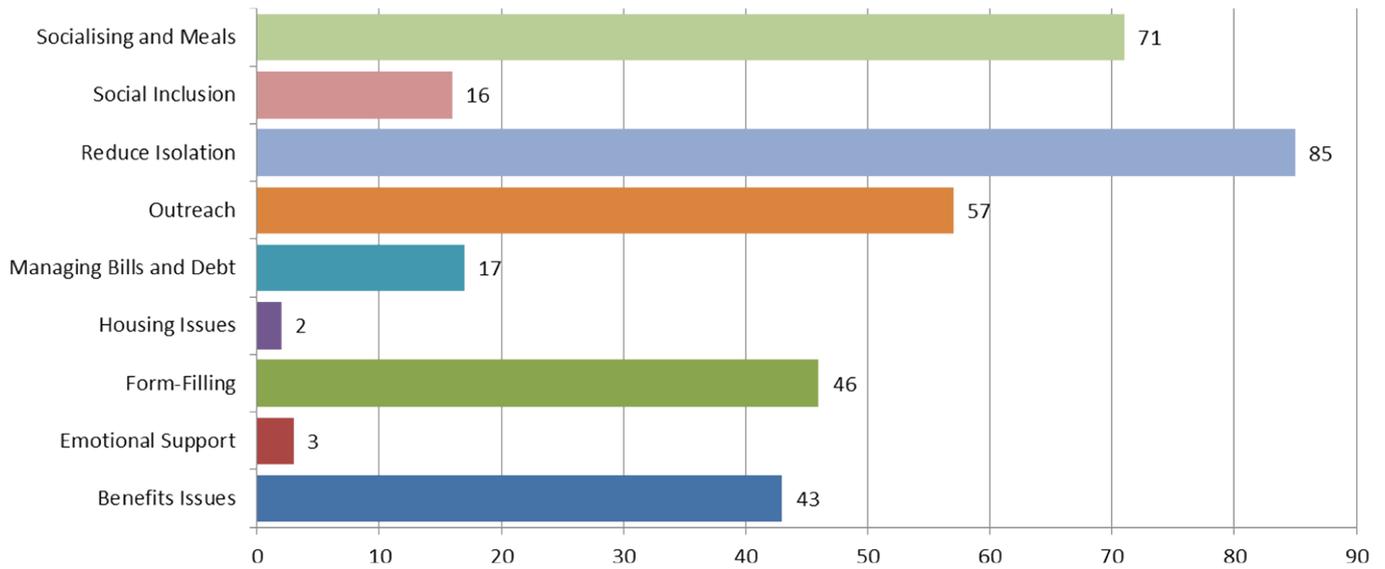
Referral Sources

April 1st 2014 - March 31st 2015



Reasons for Referrals

The graph below shows one or multiple reasons for referrals, which gives a total of **340** reasons for referrals to The Hub.



85 people were referred to The Hub to reduce isolation. **71** people were referred for socialising and meals, with **57** people needing outreach support. This was as predicted in the initial report “Somewhere to Go, Something to Do”. Lower referrals were being made for counselling and emotional support (3), housing issues (2), moral support (1) and volunteering (2).

Feedback from Referrers

In May 2015 a survey was conducted to gauge referrers' opinions of the referral system. Fifteen people from various professions such as Care Co-ordinators and Psychotherapists responded. The questions and the results are below:

How have you found the referral process to The Hub?

1 stated the referral process was 'excellent', 5 stated that it was 'very easy', 7 found it 'easy' and 2 stated that it was 'generally easy'.

Would you make a referral to The Hub again in the future?

All 15 respondents said 'yes, they would refer to The Hub again in the future'.

“The Hub at Mind in Croydon is an invaluable service. As an O.T. (Occupational Therapist) working with service users emerging from an acute phase of their illness, it has provided a safe place where service users can feel supported by others and progress to building skills. Service users have said following visiting that they feel hopeful for the future. Summarising their statements, there appears to be the feeling that they can gradually begin to work on their ability to be around others again – as many report feeling socially isolated - and progress toward their level of functioning before the crisis in their mental health occurred. The links the Hub has to other avenues for progression, such as the employability service, appear to play a role in this. As an O.T. I find that the strength of the service is the willingness to be flexible. Project workers arranging to meet the service user for an introductory cup of tea, prior to referral, supported by an O.T. at times and independently on others, has been successful in enabling service users to feel less daunted by the prospect of a 'referral', especially once they have met the project workers, who are noted to be warm and friendly. At times this results in long term engagement in group work, at others it hasn't. However, I note that successful participation in such an introductory meeting in itself has had a positive effect on the self-esteem of service users. Meeting someone unfamiliar and having a positive experience appears to improve feelings of capability overall. Constructively, I'd say that this aspect is so valuable that perhaps more drop-in social sessions with facilitators would be of benefit. However, as noted, the flexibility of project staff addresses this somewhat. In regard to the group work, I have supported service users to attend and while there I have again experienced that the groups appear to be non-threatening and flexible to meet the demands of different functional levels. Those with a particular interest in the activities offered have reported feeling comfortable in attending, while they have expressed feeling daunted by the idea of attending other resources, and have continued to attend without encouragement demonstrating the meaning of this to their lives.”

Occupational Therapist from South London & Maudsley NHS Foundation Trust



Service User Feedback

From The Hub's comments and suggestions box of 32 respondents, 11 stated that The Hub helped them with benefits issues and 11 stated that it helped them with reducing isolation. The Hub offered not only a place to get healthy nutritious meals, but also somewhere where people could meet other people to socialise and build friendships and networks.

"I feel isolated sometimes at home and have to get out"

"I really enjoy going there, it helped with depression due to low self-esteem I am more open to talk with people. I like helping out to keep my brain going"

"It helped me to meet new people, I like socialising. It gets me out of the house because I am normally stuck indoors. The Hub helped reduce isolation. The Hub is a safe environment, it made me feel safe. If I had any problems I can speak to staff. Everyone got involved in the activities. You learn new things from other service users"

"I think more days would be great especially for people who live alone"

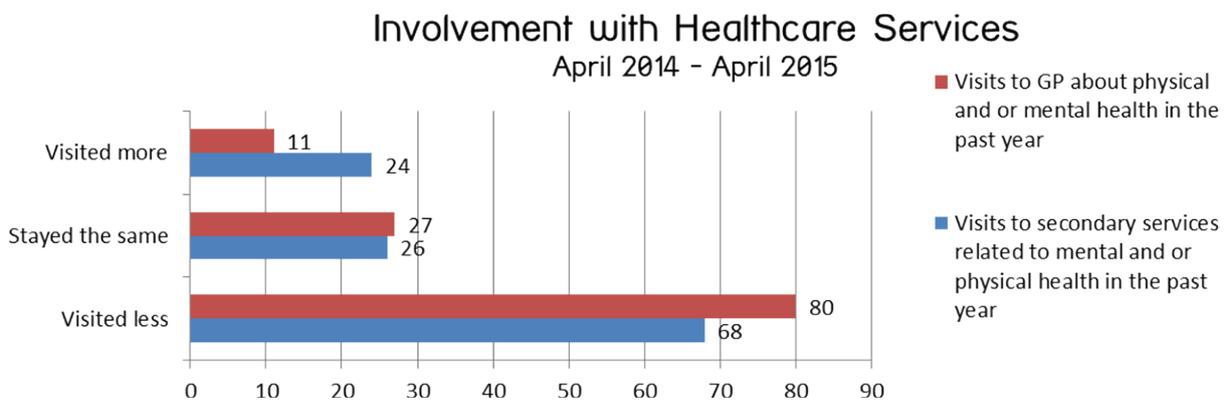
Findings

Of the 256 referrals, 236 people engaged in their initial assessments, with the remaining 20 receiving one off support such as filling in forms, housing related issues, and help with welfare benefits and/or were accompanied to medical appointments.

The quarterly assessment was designed to monitor peoples' progress and help people review their recoveries and reduce their reliance on statutory services where appropriate.

Use of Statutory Services

Use of General Practitioners (GPs) and Secondary Mental Health Services



- Of the 118 people, 80 (67.8%) people visited their GP less about their physical and or mental health issues in the year April 2014 - 2015 with 11 (9.3%) visiting their GP more and 27 (22.9%) remaining the same.
- 68 (57.7%) people used secondary services less in the year April 2014 - 2015 for issues related to their mental and or physical health and 24 (20.3%) used it more with 26 (22%) remaining the same.

Hospital Admissions

3 people were admitted to hospital due to their mental health issues in the year April 2014-April 2015. Prior to this, in the year 2013, 42 people stated that they had been admitted to hospital due to their mental health, with 149 having no admission. Admissions to hospital decreased significantly for clients attending The Hub.

“I felt safe at The Hub, not being isolated at my flat so much, meeting new people and it has reduced admission to hospital for me. Last year was a bad year for me, I was in hospital, but now I’ve been out of hospital for 7 months which is good for me. “

Service User at The Hub

Cost Savings

- In the year prior to attending The Hub people had made **1,117** visits to their GP. At one year follow up this figure had reduced to **486** visits. The number of people visiting their GP more than 24 times in a year decreased from **23** to **5**. The number of people making no visits increased from **7** to **23**. This equates to a financial saving of **£28,395**. (i.e. 631 visits @ £45)
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Psychiatric Admissions

Cohort of 118 clients	2013/2014	2014/2015	Savings & Reduction
Total number of admissions to psychiatric hospital	42	3	39
Median length of stay in psychiatric hospital in England (excluding leave)	20	Data unreturned	
Median length of stay in psychiatric hospital in Croydon (excluding leave)	24.5	Data unreturned	
Daily bed stay cost	£438		£418,509

39 people were NOT admitted to hospital between April 2014 - 2015



3 people were admitted to hospital between April 2014 - 2015

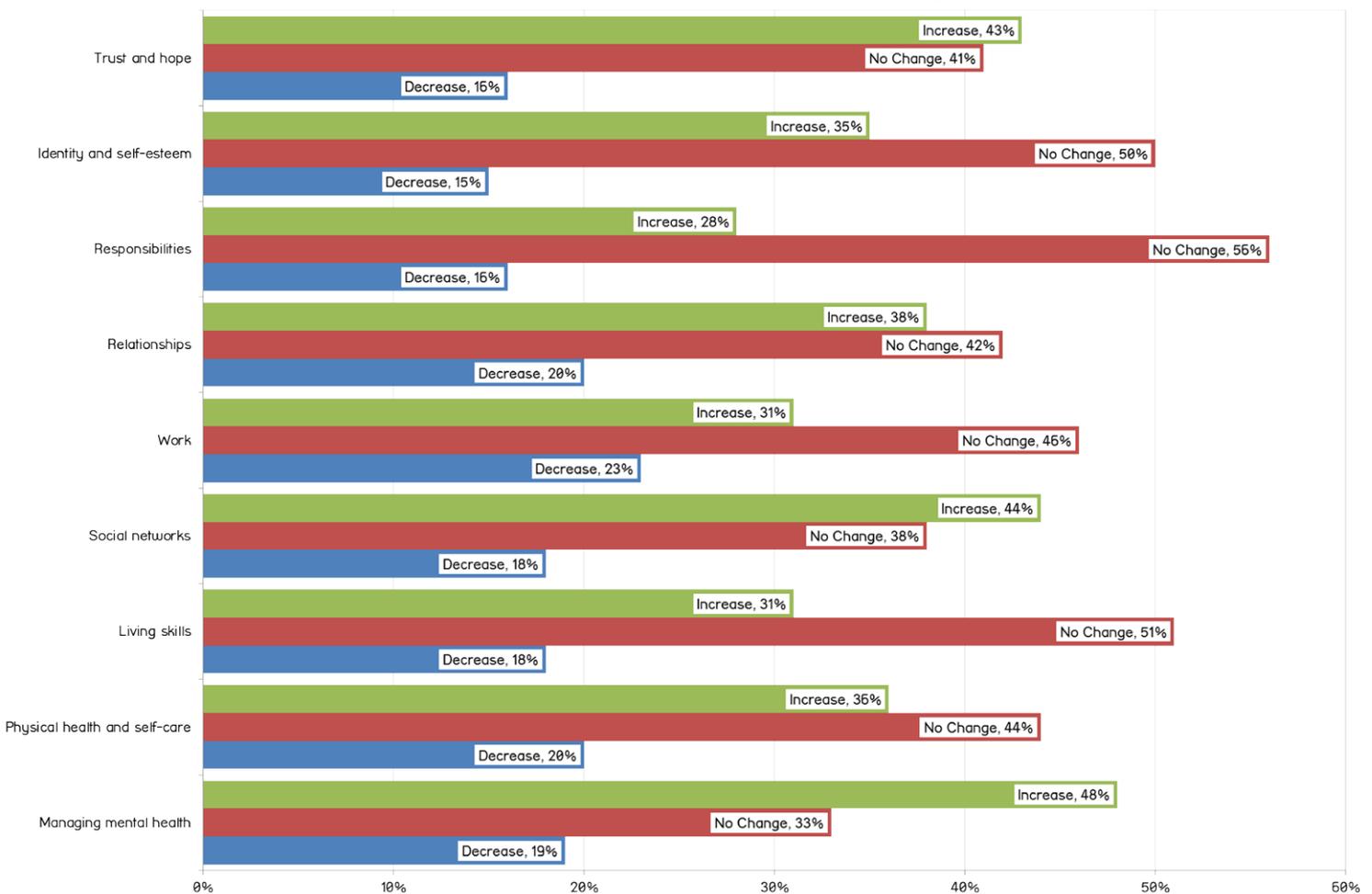
Use of Secondary Mental Health Services

Cohort of 118 clients	2013/2014	2014/2015	Savings & Reduction
Total number of visits to secondary mental health services	1,098	636	462
Cost of visits	£51,606	£29,892	£21,714

Calculations based on an average cost of a secondary mental health services @ £47 per visit, based on 2011 data.

Mental Health Recovery Star Scores

80 people completed their Recovery Star as part of their quarterly assessments. The Mental Health Recovery Star is designed for adults managing their mental health and recovering from mental illness. It is a version of the Outcomes Star™ which both measures and supports progress for service users towards self-reliance or other goals. The Stars are designed to be completed collaboratively as an integral part of keywork. The Stars consist of a number of scales and a Star Chart onto which the service user and worker plot where the service user is on their journey. An Outcomes Star™ reading is taken by the worker and service user at or near the beginning of their time with the project. Using the ladders or other scale descriptions, they identify together where on their ladder of change the service user is for each outcome area. Each step on the ladder is associated with a numerical score so at the end of the process the scores can be plotted onto the service user's Star. The process is then repeated at regular intervals (every 3, 6 or 12 months depending on the project) to track progress. The data can be used to track the progress of an individual service user, to measure the outcomes achieved by a whole project and to benchmark with a national average for similar projects and client groups.



The table above shows that progress was made in all areas of the Recovery Star. There were four areas in particular where people using The Hub made very significant progress. These were “Trust and hope in the future” (43%), “Increase in social networks” (44%), “Relationships” (38%), and “Managing mental health” (48%). It is noteworthy that The Hub, as a non-clinical service, achieved such impressive results in improving peoples’ ability to manage their mental health. This, in turn, is reflected in the reduction in the use of statutory services. This is further evidence that non-clinical services can be extremely effective at achieving clinical outcomes.

Conclusion

The Hub is a true example of co-production. We asked a group of service users what kind of services they felt they needed in order to stay well and then responded promptly by delivering that service to and with them. The results are impressive. Not only did people improve their mental health and well-being as measured on recognised scales, but their use of other, more expensive, NHS services decreased significantly. We would argue that this makes a very strong case for listening better to service users and then delivering the kind of services they want, promptly. The evidence seems to be that service users have a very good understanding of why they are not staying well and what kinds of service would work well for them. It is very important to note that the services that people asked for were those that tackled many of the root causes of becoming unwell such as loneliness and isolation, money problems and form filling. At a time when resources are limited, this pilot shows very clearly that very large sums of money could be easily saved by investing modestly in community organisations whose culture is based on listening to the people that use their services and then delivering person-centred support to and with those people.

Recommendations

1. The Hub continues.
2. The Hub and services like it should be available on more days.
3. Referral processes should be simplified and rely more on front line health and social care professionals having an understanding of their clients' needs.
4. The co-production model used to develop this service should be rolled out to other services.
5. The normal, everyday language used by service users should be listened to and used in order to design services. Reinterpreting what service users say to fit with preconceived, over professionalised and medicalised models of service delivery should be avoided.

Want to print more copies?

Copies of this report and 'Somewhere to Go, Something to Do' are available to download at <http://www.mindincroydon.org.uk/reports-and-policies.asp>



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