

Bath



**For better
mental health**

Bath Mind

Strategic Plan

2010-2013

INTRODUCTION

Bath Mind is a registered charity (Number 1069403) and limited company (Number 3531040). It is a Local Mind Association, affiliated to the national organisation of Mind and sharing the same overarching ethos.

The main aim of the organisation is to work towards improving the lives of people who are diagnosed, labelled or treated as living with poor mental health or mental distress within the Bath and North East Somerset area.

There are three main strands to the work of Bath Mind, which are funded from a range of sources including housing benefits, private donations, grants, commissioning by B&NES and also by the PCT. The work strands are:

Advocacy Services: This strand aims to counter the discrimination, stigmatisation and stereotyping that frequently accompany mental ill health and also to combat the loneliness and isolation so often experienced by those living with mental health problems. It includes general advocacy and advice, specialised advocacy for members of black and minority ethnic groups and advocacy for older people. It also operates statutory services for B&NES Council and PCT providing Independent Mental Health Advocates and Independent Mental Capacity Advocates. A befriending service is also included within the umbrella of advocacy services.

Housing Services: Bath Mind aims to provide comfortable and safe homes to enable individuals to stabilise their lives and develop in ways that maximise their potential for independent living. The organisation manages a registered residential care home for six individuals with enduring mental health problems. The Housing Service also manages two supported houses, providing seven limited term tenancies. The aim of these places is to enable tenants to develop the confidence and skills required for them to maintain independent tenancies after a two-year period.

Community Outreach Services: This department aims to combat isolation and discrimination by providing support to individuals that enables their social involvement in the community as well as empowering the development of new skills through training opportunities and purposeful activities. Community training in mental health is also provided within this service.

The context in which these services are being provided is one of change and uncertainty within local government and health service provision. Full cost recovery of commissioned services has historically been difficult to achieve and this situation is exacerbated by the economic recession which is putting increased pressure on local government budgets and resources. Grant provision is often short-term or available for new projects only. Maintaining the secure funding of long-term activities is a constant cause for concern that hinders confident and effective long-term planning.

The aim of this Strategic Plan is to build on progress made in 2009, enabling clarity of thought about the development issues for each Bath Mind work strand. It seeks to consider the actions and options available to enable the organisation to meet its objectives within the uncertain context in which we operate. This will allow a clear work-focus within an agreed framework for development and ensure shared understandings and commitment.

In order to maintain the organisational flexibility required to respond effectively to change, it is expected that this plan will be kept under continuous review and will be formally reviewed annually.

HOUSING SERVICES

Development Area HS1: 82 Lower Oldfield Park

Background:

Of all BM services, 82LOP makes the major financial contribution towards the core central costs of the organisation. It is able to do this by providing residential care with 24h support x 7 days per week, for six long-term residents. It is a successfully managed care home that is graded by the Care Quality Commission as “Good” in all areas, with elements of “Excellent”. Internal QA surveys indicate that residents, their families and other partner professionals are very satisfied with the home and the support provided. The six places are block purchased jointly by B&NES Social Services and the PCT.

In 2007, B&NES and the PCT informed BM that they did not wish to continue to purchase residential care from BM in the same way as they had for past 18 years for two main reasons -

- i. Their change of agenda to provide support based on a full recovery model for everyone
- ii. It was too expensive and did not provide value for money

Throughout 2008, BM was in discussions with B&NES/PCT about the type of provision that they wanted to purchase and the processes for managing change. Two main unresolved issues were identified:

- i. The lack of clear strategy from B&NES/PCT about the type of service that they actually wanted to purchase and how that might fit into their overall provision plans.
- ii. A lack of clarity over the needs of existing residents. Most of the residents of 82LOP had a history of previous placement within large mental health institutions. When these were closed, they were offered a “home for life” to support them with their illness and also to mitigate the effects of long-term institutionalisation.

BM was faced with the dilemma of ensuring that the long-term interests and care needs of residents continued to be appropriately met in a climate where the potential for selling the service provided was under threat.

In 2009, B&NES/PCT took steps to develop a coherent strategy for mental health housing support. This led to recognition of the local shortage of 24h supported housing provision for mental health in comparison with “similar” authorities. It was also recognised that the cost of providing out of area placements for people with high level needs was neither cost-effective nor sustainable.

B&NES/PCT have now agreed in principle with BM that:

- 82LOP should be increased in size from 6 units to 8 units by converting downstairs rooms to bedrooms and making the upstairs lounge an office/meeting /staff room.
- The status as a registered care home should be maintained – the potential cost savings of de-registration are outweighed by the benefits of maintaining a high quality service which is accountable to external accreditation from CQC.
- The places for existing residents will be maintained for as long as required.
- The length of placements will be dependent on the needs of the individual – some will be ready to move to supported housing after a period of time and some may not. Resident’s recovery ambitions will be nurtured and supported.
- In order to maintain the stable equilibrium of the home for all residents, new residents will be high need (in terms of support requirements) but low risk (in terms of behaviour - arson, violence etc).
- To maintain financial stability, a complete new contract will be drawn up for an extended period. It has been agreed that the current level of charges will be maintained (subject to annual review and inflationary uplift).

- Income from two additional places will exceed the additional costs. Surplus income may be used to support other Bath Mind services (this is seen as preferable to enriching a private entrepreneur).
- Both parties should try to progress the development as soon as practicably possible – an optimistic time scale sees the expanded provision in place by April 2010.

Provisional discussions with CQC and Places for People have received their approval to proceed.

Strategy and Actions:

1. Maintain a positive dialogue with B&NES/PCT over future developments for 82LOP seeking to formalise contractual arrangements that support the development that has been agreed in principle.
2. Support long-term sustainability by employing detailed financial analysis to ensure that agreed change is carefully planned and managed.
 - Following principles of best value, secure quotes from builders for modification of building to provide 8 units.
 - Consult with relevant authorities over any required consents.
 - Plan and cost the renovation/refurbishment of the parts of the building that require updating to meet expanded needs.
 - Draw up a budget forecast identifying increased income, increased costs and projected surplus.
3. Ensure that staff are treated fairly in relation to agreed service changes.
 - Review the staffing structure to ensure the continued provision of a high quality service to an increased number of residents
 - Review pay to ensure the continued motivation and retention of valued employees.
 - Ensure that new or existing employees that may be expected to operate in different ways are supported by appropriate training.
4. Ensure that existing and new residents are supported through changes by the continued provision of a high quality, needs based service.

Due Date:

Spring 2010

Spring 2010

Spring 2010

Ongoing

Desired Outcomes:

1. Residents are enabled to maintain their mental well-being and are supported to live their lives in an appropriate, stable long-term environment.
2. BM continues to build upon its good reputation as a high-quality housing service provider that seeks to maximise the independence and recovery potential of residents.
3. BM continues as a financially viable MH housing service provider in the medium and long-term future.
4. BM employees are treated fairly throughout any processes of change.

HOUSING SERVICES

Development Area HS2: Supported housing provision.

Background:

BM manages two supported houses providing a total of seven places for tenants. A Registered Social Landlord (Knightstone and Jephson) owns each house, with BM acting as managing agent on their behalf. Tenancies are funded through a combination of housing benefits and tenants' individual contributions. A Supporting People grant funds a total of 22h support worker time each week.

Each house operates with a financial surplus that allows them to contribute their proportionate share of BM's core central costs and also add to reserves or support other services.

BM enjoys positive relationships with the two RSLs.

A review of the support service provided conducted by Supporting People in Spring 2007 stated that, although the provision had historically been appropriate, BM had not moved with changing times and expectations relating to the SP agenda. The two main areas highlighted for development were those of promoting tenant move-on to more independent living in the community and of providing support within the framework of Individual Development Plans.

Following the implementation of an action plan, drawn up by BM to address the issues raised by the review report, SP have agreed that significant improvements have been made to the service, which now meets the requirements of SP agenda.

An Individual Development Plan is agreed with each tenant and provides the framework for the support that they receive. There is a clear progression for tenants to register with the B&NES Homesearch Team and the Assisted Move On Scheme (AMOS) to ensure that they are provided with the opportunity to move to an independent tenancy after a two year period. A number of tenants have successfully moved on. The culture of tenant resistance to change has modified to one that enthusiastically embraces the potential for developing independence.

As an outcome of these developments, the contract for BM to continue to operate as a provider of supported housing was renewed for a further three year period until 2011. SP have indicated a willingness to do more business with BM if and when circumstances allow.

Another SP service review is scheduled and it is expected that the outcome will be very much more positive than previously.

Feedback from various sections of the MH community indicates that there is a growing demand for supported living arrangements. Our information is that, as part of their new strategic plan, B&NES is hoping to provide a new 14 unit supported living facility in the Weston area, which will be put out to tender with bids invited from local providers.

Strategy and Actions:

1. Seek to expand the provision of supported housing and supported living arrangements managed by BM.
 - Maintain liaison with B&NES and bid under tendering arrangements for the management of any new supported living facility that they may open in the future.

Due date:

Ongoing

<ul style="list-style-type: none"> • Maintain contacts with all local RSL's to exploit the potential of further properties to be used to provide supported accommodation. • Explore the potential for BM to rent property from the private sector that could be used to provide supported housing. • Maintain liaison with B&NES to exploit the potential for BM to provide social & housing support for individuals living within their own homes. • Liaise with PCT Recovery Teams to explore the potential for BM to provide social & housing support for individuals living within their own homes. <p>2. Ensure that the service provided is of high quality and complies with the requirements of Supporting People's quality assurance framework.</p> <p>3. Maintain positive relationships with Knightstone & Jephson HAs to ensure the continued good upkeep and maintenance of the Wellsway & Lambridge supported houses.</p>	<p>Ongoing</p> <p>Ongoing</p>
<p>Desired Outcomes:</p> <ol style="list-style-type: none"> 1. Tenants are well supported in developing the confidence and skills to move towards greater independence of lifestyle. 2. BM fulfils its ethos by expanding to meet a clear need for supported housing within the MH community. 3. The financial future for BM is made more secure through a growing income provided by supported housing projects. 	

ADVOCACY & COMMUNITY SERVICES

Development Area ACS1: General Advocacy Service

Background:

This service is commissioned by B&NES to provide advocacy for people with mental health problems, or those suffering from emotional distress.

BM's advocacy service is held in very high regard, recognised by the award (recently renewed and expanded) of the Community Legal Services Quality Mark.

After a period of staffing instability, the overall Advocacy & Community Services wing has made a number of part-time appointments and has stabilised in this respect. The creation and appointment of a new post of office administrator has been very successful in supporting the effective operation of the service.

Although two new groups of volunteer advocates have been recruited and trained, with arrangements for training a third group in hand, high drop-out rates and turnover of those volunteers that actually take up casework has led to consistent workload pressure on the paid members of the advocate team.

Despite these pressures, data indicates that service level requirements are being exceeded.

Analysis of data indicates that there is a continuing high level of demand for advocacy support. This is unlikely to change in the future. Referrals come from a variety of sources including self-referral.

Rationalisation of budget planning across the entire advocacy services has resulted in a more accurate apportionment of costs to each project. However, due to low funding levels in the service commission from B&NES/PCT, the general advocacy service operates at a loss (equivalent to 27.8% of income in 2008-09). It is subsidised by operational surpluses from other projects.

B&NES/PCT is planning to reconfigure all of its commissioning & funding arrangements for advocacy services from April 2010. This exercise will be set within the context of pressure for budget savings. The re-organisation may present both risks and opportunities to BM.

Strategy and Actions:

1. Maintain positive liaison with B&NES/PCT to ensure that BM is well-placed to exploit opportunities and minimise risks in the reconfiguration of advocacy services.
2. Ensure the continuing financial viability of the service by rational and prudent budget planning to move towards full cost recovery.
 - Review expenditure of all aspects of the service to inform future budget planning
 - Plan the budget for 2009-10 to move towards full cost recovery.
3. If full service cost recovery proves to be impossible, maintain the service through continued subsidy from surpluses from other projects.
 - Prepare a detailed paper to demonstrate the true full costs of providing the service and link this to savings achieved for B&NES and the PCT through our provision.

Date due:

Ongoing

Spring 2010

<ul style="list-style-type: none"> • Use this paper as evidence and support for negotiating the price of future commissioned services. <p>4. Increase the income earned by the service by providing clear and ongoing opportunities for users to make voluntary donations to support the work of BM.</p> <p>5. Maintain the capability of the service to meet the demand within the MH community.</p> <ul style="list-style-type: none"> • Recruit additional new volunteer advocates and provide training to enable them to begin casework. • Allocate casework and provide professional supervision to newly trained volunteer advocates. • Keep the number of available volunteer advocates under constant review to ensure further recruitment as required to meet demand. • Act as required to ensure that all services are fully staffed by trained and appropriate employees <p>6. Maintain a flexible approach relating to opportunities that may arise to expand the service or develop in new directions.</p>	<p>Spring 2010</p> <p>Ongoing</p> <p>Spring 2010</p> <p>Ongoing</p>
<p>Desirable Outcomes:</p> <ol style="list-style-type: none"> 1. The general advocacy service continues to provide high quality support within the MH community in B&NES. 2. The service is free at the point of delivery. 3. The high quality of the general advocacy service is widely recognised by users and within the wider MH community. 4. The financial future for BM is made more secure through full service cost recovery. 5. New opportunities for service provision are developed. 	

ADVOCACY & COMMUNITY SERVICES

Development Area ACS2: Befriending Service

Background:

The befriending service is operated as a sub-section of the general advocacy service and does not receive any commissioning funding from B&NES or the PCT.

In October 2008, a grant to support this service was made by St John's Hospital for 18 months until the end of financial year 2009-10. The grant covers the cost of management, supervision and administrative support for the service. In 2008-09 it operated with a small surplus equivalent to 7% of income.

The service is provided free at the point of delivery.

Before the award of the St John's grant, the befriending service had suffered for several years from a lack of focus which was due to lack of available staff time to ensure a high quality of provision.

Befrienders and befriendees are now systematically and regularly contacted to seek feedback and provide support as required. Supervision for befrienders is now a routine. Some befriending relationships are no longer supported by BM, while other new relationships have been set up.

It is now a requirement placed on all new volunteer advocates that they must also be willing to support a befriending relationship if required. However, matching befrienders with befriendees in sustainable relationships has proved difficult.

Strategy and Actions:

1. Monitor the befriending service to ensure that it continues to develop and maintain a high quality of support for befrienders and befriendees.
 - Maintain regular contacts with befrienders and continue to provide supervision as an entitlement.
 - Maintain regular contacts with befriendees.
 - Recruit and train more volunteer befrienders as required, especially young men.

2. Maintain the financial support to enable a high quality service.
 - Explore other funding sources, including B&NES, to replace the St John's grant
 - Provide clear opportunities for befriendees to make voluntary donations to BM.
 - Ensure that the service remains free of charge to befriendees.

Date due:

Ongoing

Spring 2010

Desired Outcomes:

1. Loneliness and isolation for those living with MH problems is reduced.
2. The number of befriending relationships supported by BM is increased.
3. The costs of the service are kept within a low level agreed during the annual budget setting process.

ADVOCACY & COMMUNITY SERVICES

Development Area ACS3: Advocacy for Older People Service

Background:

This service began in 2005 with a three-year grant for full cost recovery from Comic Relief. However, the budget submitted with the original grant application did not fully include the service's entire proportionate share of core central costs for BM, resulting in an annual inability to meet this contribution. An emphasis on careful budget control since then resulted in an operational surplus equivalent to 6.2% of income in 2008-09.

Overall, the service has worked successfully, exceeding the planned caseload and facing steadily increasing demand (although this can be seasonal). This has grown further since the inception of the new IMCA Service, which passes on referrals that do not meet their strict criteria. Help the Aged also pass on referrals involving MH issues.

The service provides befriending as well as advocacy to older people.

A private donation of £15000 per year for a three-year period beginning in 2007 has supported the service.

An application to Comic Relief for a second three-year grant was successful and the service is now financially viable until December 2010. It is very unlikely that Comic Relief will be prepared to make a further award in 2011.

If the service is to continue at the current level, alternative sources of funding must be found. It is possible that B&NES/PCT may offer a commission to provide advocacy for older people to tender as part of their review of commissioning requirements in 2010.

Strategy and Actions:

1. Explore alternative funding sources to maintain the service after 2010.
 - Private donors
 - Grant makers
 - Commissioning arrangements with B&NES/PCT

2. If alternative funding cannot be secured to continue the service at current levels, analyse what can be provided within the available finances.
 - Review the level at which the service can operate from the end of the grant period onwards, depending on funding gained.
 - If no continuation funding is secured, make preparations to close the service when the funding runs out.
 - Ensure that BM employees are treated fairly throughout any processes of change or service reduction.

Date due:

Summer 2010

Winter 2010

Desired Outcomes:

1. The AOP service continues to operate successfully until at least the end of 2010, with sufficient capacity to meet demand.
2. Older people are supported and protected from potential abuse.
3. Full service cost recovery is achieved.
4. Alternative means of support to continue the service into 2011 and beyond are secured.
5. All staff are treated fairly, with due regard to employment legislation and policies of BM.

ADVOCACY & COMMUNITY SERVICES

Development Area ACS4: Independent Mental Capacity Act Advocacy Service

Background:

This is a statutory service that is required by the Mental Capacity Act. It was set up between January and March 2007 and BM has now been commissioned by B&NES to operate the service until March 2010.

After the first year of operation, it became clear that the service was seriously underfunded by B&NES, which has a statutory duty to provide the service. The commissioning fee was renegotiated and increased before the financial year 2008-09 but the service still operated at a loss equivalent to 14.9% of income and was subsidised by surpluses from other projects. It is unacceptable that Bath Mind is subsidising a statutory responsibility of B&NES/PCT

BM has employed a development officer to lead the service, spot-purchasing IMCA advocates as required. This has proved a successful way of managing a workflow that has been uneven.

The development officer has provided training input in a variety of health and care settings which has had a positive impact on raising awareness of the service leading to a level of demand that is higher than that achieved in other areas.

During 2009, a training grant of £5000 has been utilised to meet the requirement that all IMCA advocates are trained within the framework of the National Advocacy Qualification IMCA module.

A quality assessment by B&NES/PCT in 2009 assessed the service as "Excellent" in all aspects.

Strategy and Actions:

1. Ensure that BM continues to provide a high quality service and remains the leading contender within B&NES/PCT to provide the service in the longer term.
 - Maintain liaison with B&NES/PCT to ensure positive relationships with commissioners of the service.
 - Remain informed of potential changes to the national organisation of IMCA provision and adopt a position of flexible readiness to embrace change.
 - Ensure that all IMCA advocates are supported by effective training.

2. Ensure that future commissioning arrangements provide full cost recovery.

Date due:

Ongoing

Spring 2010

Desired Outcomes:

1. Commissioners continue to recognise the high quality of BM's service provision.
2. The service is re-commissioned for a further three-year period from 2010.
3. The needs of people within B&NES lacking independent mental capacity are well met.
4. Bath Mind does not subsidise a statutory service.

ADVOCACY & COMMUNITY SERVICES

Development Area ACS5: Advocacy Service for Black and Minority Ethnic Groups

Background:

Since April 2007, modified financial procedures have resulted in more accurate time and cost records for this service. This information has been used in budget planning and also to inform discussions with B&NES commissioners seeking to reconfigure the service level agreement. Following these discussions, the BME service from 2008-09 has been reconfigured and expanded. The commissioning payment has been doubled to reflect the nature and quantity of work done. This service operated with a surplus equivalent to 23.2% of income in 2008-09.

Data demonstrates that the service is exceeding the requirements of the service level agreement and is forging links with an increased number of diverse groups.

The BME service will be included in the B&NES/PCT review of commissioning requirements from 2010 onwards and will be subject to the same risks and opportunities that face the other advocacy projects.

Strategy and Actions:

1. Monitor the service to ensure high quality delivery that meets the requirements of the service level agreement.
 - Analyse data to inform operational methods ensuring the continuing high quality of the service.
 - Provide appropriate staff training.
 - Establish a wider set of contacts with different BME groups.

2. Ensure that the service is operating within full cost recovery.
 - Analyse expenditure to inform budget planning.

Date due:

Ongoing

Spring 2010

Desired Outcomes:

1. Commissioners continue to recognise the high quality of BM's service provision.
2. The service is re-commissioned.
3. The advocacy needs of people within the BME community are well met.
4. Current and future commissioning arrangements provide full service cost recovery.

ADVOCACY & COMMUNITY SERVICES

Development Area ACS6: Independent Mental Health Advocate Service

Background:

This is a new statutory service that B&NES/PCT must provide under the requirements of the Mental Health Act. It provides independent support for certain categories of detained patients as defined by the Mental Health Act.

Bath Mind was commissioned to provide this service from April 2009.

The advocate appointed to this role is the same person who provides advocacy for voluntary in-patients at Hillview Lodge (see ACS7). There is an obvious overlap of contacts and clients within these two roles. He also works in partnership with the BME advocate, again exploiting the benefits of overlapping roles.

Data for the first six months of the service demonstrates that service level requirements are being more than met.

Although full cost recovery was planned for this project, it remains to be seen after the first full year whether or not this will be achieved. BM maintains the view that a charity must not be used to subsidise statutory services.

Strategy and Actions:

1. Monitor the service to ensure high quality delivery that meets the requirements of the service level agreement.
 - Analyse data to inform operational methods ensuring the continuing high quality of the service.
2. Monitor expenditure against budget plan to quantify full service cost recovery and take action to renegotiate the commissioning fee if this is not achieved.
3. Maintain positive relationships with B&NES/PCT commissioners to strengthen the possibility for re-commissioning.

Date due:

Spring 2010

Ongoing

Desired Outcomes:

1. The advocacy needs of detained people as defined by the Mental Health Act are well met.
2. Commissioners recognise the high quality of BM's service provision, leading to re-commissioning
3. Current and future commissioning arrangements provide full service cost recovery.

ADVOCACY & COMMUNITY SERVICES

Development Area ACS7: Community Outreach Advocacy Service

Background:

The community outreach advocacy service provides advocacy and support for voluntary patients in Hillview Lodge. It also supports patients being discharged into the community, linking with other BM community services.

Staffing stability has been secured through the appointment of a part-time advocate dedicated to this role, who works with volunteers and the BME advocate to ensure a high quality service. (see also ACS6)

The funding for this post is linked to the commission for the Community Outreach Day Service (see COS1), which ended 2008-09 with an operational surplus equivalent to 7.9% of income.

Data demonstrates that the requirements of the service level agreement are being exceeded.

The Community Outreach Advocacy Service will be included in the B&NES/PCT review of their commissioning requirements from 2010 onwards and will be subject to the same risks and opportunities that face the other advocacy projects.

Strategy and Actions:

1. Ensure that BM provides a high quality service and remains a leading contender within B&NES to provide further advocacy services that may be commissioned.
 - Monitor and evaluate service activities to ensure that they meet the service level agreement requirements.
 - Liaise with B&NES/PCT to maintain positive relationships with commissioners.
 - Maintain a flexible and positive approach towards opportunities for development that may be presented.

Date due:

Spring 2010

Desired Outcomes:

1. Hillview Lodge in-patients are well supported by an advocacy service of high quality.
2. BM continues to be commissioned to provide advocacy services at Hillview Lodge at the same level or higher than is currently the case

COMMUNITY OUTREACH SERVICES

Development Area COS1: Day Services

Background:

The community outreach service grew out of the closure of the BM Day Centre in December 2006.

Following a review of MH day service provision throughout B&NES during 2007, a commission and service level agreement were drawn up. The commission links a Community Outreach Advocacy Service (see ACS7) with Day Services. The service operated with a surplus equivalent to 7.9% of income during 2008-09.

For Day Services, BM has partnership responsibility with the B&NES Community Options Team for providing a twice-weekly social drop-in, currently at Hayhill Baptist Church Hall. BM is also taking the lead role within Bath for the provision of volunteering activities and also for training and educational activities.

Following the resignation of the support worker responsible for providing this aspect of the service, stability has been maintained through the seamless appointment of a replacement. The new support & development worker is proving effective in developing existing relationships, extending contacts and setting up activities.

Groups in 2009 have involved art (with exhibitions in empty shops and at RUH); writing (Mindful Magazine, issued quarterly, is in great part dependent on written contributions that are provided by members of the writing group); fishing; gardening & horticulture and board games.

In response to the individualisation of services, a number of clients have been supported to identify their aspirations and then supported to achieve these in mainstream settings as well as within BM groups.

Systems for collecting client data and feedback have been reviewed and now operate in tandem with the systems employed by the Community Options team. This now supports effective service monitoring and review.

Data demonstrates that the service is operating successfully and is exceeding the requirements of the service level agreement.

The Community Outreach Day Service will be included in the B&NES/PCT review of their commissioning requirements from 2010 onwards and will be subject to the same risks and opportunities that face other projects.

Strategy and Actions:

1. Work to ensure the continued funding of BM day services
 - Maintain a profile on the day service providers' co-operative group.
 - Monitor and evaluate service activities to ensure that they meet the service level agreement requirements.
 - Develop approaches that support individualisation.
 - Maintain a flexible approach to exploiting opportunities to expand, or develop new services as they arise – eg: developing art therapy

Date due:

Spring 2010

Desired Outcomes:

1. Individuals are provided with a safe and supportive environment for socialising.
2. Users of services are well supported by BM in identifying and meeting their aspirations for an active lifestyle.

COMMUNITY OUTREACH SERVICES

Development Area COS2: Mental Health First Aid Training

Background:

B&NES has provided a commission (funded by a “held-over” staff post within the Community Options Team) for BM to provide free Mental Health First Aid training to individuals and community/voluntary groups.

This funding began in October 2008 and will be reviewed in Spring 2010. Participant feedback from the 7 courses provided to date has been extremely positive with 100% rating it within the good to excellent range. Demand for places on the MHFA course far exceeds capacity – there is a very long waiting list of people hoping that new courses will be commissioned 2010-11.

Positive links are being forged with Bath University, Bath Spa University and City of Bath College to introduce the training within higher education settings. King Edward’s School have selected BM as their charity of the year for fundraising and in return we are providing MH education to their students across the whole school as well as staff.

Further opportunities for expansion of this project may exist through links with Avon & Somerset Constabulary. Three officers from Bath have already attended and are very keen for the training to be provided to their colleagues. The imperative of providing mental health training to police officers and community support officers was recognised by a recent multi-agency conference on the effective policing of a diverse society at Police HQ in Portishead.

Other opportunities to provide MH training may exist within the corporate business market, including B&NES Council, to support effective staff welfare policies and reduce the number of days lost to absence through MH conditions.

A case is also being promoted that PCT should fund such excellent training as part of their ongoing community health education programme. By widely promoting the skill of recognising the early signs of developing MH problems and providing effective guidance on ways of supporting people at an early stage, later costs and resource consumption may be minimised.

Strategy and Actions:

1. Promote the value of Mental Health First Aid training within the community.
 - Use QA feedback to ensure that the free community MHFA training is of high quality, meeting participants’ needs.
 - Maintain links with national MHFA lead organisations to ensure that training materials and resources are updated.
 - Maintain IT training resources to ensure consistently effective course delivery.
 - Maintain liaison with B&NES/PCT, using QA feedback to demonstrate the effectiveness of the training and promote the continued commissioning of MHFA for individuals and community groups.

2. Develop links to exploit the potential for expanding Mental Health First Aid and other mental health training in educational settings.

Date due:

Ongoing

Spring 2010

<ul style="list-style-type: none"> • Continue to build on existing contact points and develop new contacts within educational establishments to promote the value of mental health training to students and staff. • Develop modified training materials and courses to meet the needs of different age groups. <p>3. Develop links to exploit the potential for expanding mental health training to Bath Police and support workers.</p> <ul style="list-style-type: none"> • Keep the recruitment and training of trainers under continuous review to ensure the capacity to meet expanding demands on the service. <p>4. Develop links to exploit the potential for expanding mental health training within the corporate sector.</p> <ul style="list-style-type: none"> • Prepare publicity materials. • Prepare courses to meet identified needs. • Keep the recruitment and training of trainers under continuous review to ensure the capacity to meet expanding demands on the service. 	<p>Autumn 2010</p> <p>Spring 2011</p> <p>Spring 2012</p>
<p>Desired Outcomes:</p> <ol style="list-style-type: none"> 1. Early intervention to support individuals developing MH problems is enhanced through improved community MH literacy in a range of different settings. 2. Training provides an income stream to support BM activities. 	

COMMUNITY OUTREACH SERVICES

Development Area COS3: Ecominds “Green Links”

Background:

In partnership with the Community Options Team, Bath City Farm, PCT and B&NES Parks & Gardens; the “Green Links” project was developed for utilising an area of Monksdale Road allotments to enhance mental health through leisure and pleasure gardening, including elements of therapeutic work and also promoting healthy eating.

After a very lengthy process, a bid to Ecominds (a partner group to the Big Lottery Fund) for funding this project has been successful, attracting £49 000 to support BM’s involvement in a three year project.

The project plan now has to be implemented.

Strategy and Actions:

1. Liaise with project partners to review the project plan and create a time line for implementation.
 - Recruit staff as required.
 - Purchase resources as required
 - Promote project within the client group
2. Work towards mutual involvement between project members and the community.
3. Monitor and evaluate the progress of the project and its outcomes.
4. Liaise with Ecominds to report on project progress and maintain the funding stream

Date due:

Spring 2010

2010-2013

2010-2013

2010-2013

Desired Outcomes:

1. The project promotes positive mental health through green exercise and healthy eating, enhancing the lifestyles of clients.
2. The project supports some of the therapeutic needs of clients.
3. Prejudices and stereotypes of mental health held within the community are challenged.
4. Clients are supported in community involvement.
5. The project continues beyond the three year funding provided by Ecominds.

CORE ADMINISTRATION

Development Area CA1: Office accommodation

Background:

The office accommodation at 13 Abbey Churchyard has several advantages:

- It is situated at the heart of central Bath.
- The 1st and 2nd floors are held on two secure periodic leases from B&NES. BM has a good relationship with the landlord and there is unlikely to be any difficulty in extending the leases as required in the future.
- As a charity, BM enjoys the benefit of a subsidised rent (paid by B&NES Social Services).
- The two floors combined provide a good amount of space for current needs with the potential to accommodate more personnel if required.

However, it also has disadvantages:

- Access for the physically disabled is not a possibility.
- Unknown visitors using the stairway to the 3rd floor flat potentially compromise the security of the offices outside of working hours.
- Noise from buskers and crowds can be intrusive.
- There is no separate storage space for archive materials.

In 2008, a plan by the Quartet Foundation to develop the Bellots Building in central Bath as a hub for several community groups and charities, including BM, foundered before coming to fruition. In 2009, a similar Quartet Foundation initiative to develop the Bluecoats Building for the same purpose also seems to be sinking, although BM is maintaining contact with Quartet over this potential development.

BM will need to be assured of considerable cost savings as well as an appropriate amount of suitable space before committing to any move out of the Abbey Church Yard accommodation.

Strategy and Actions:

1. Stay in current accommodation at Abbey Churchyard until such time as an alternative that combines considerable cost savings, suitable accommodation and easy access becomes available.
2. Subsidise office rental costs by occasional hiring out of space to other groups.
 - Advertise the hire of the 1st floor meeting room to others per hour, half-day or day.
 - Charge the MHFA training budget for the cost of the 1st floor meeting room as a training venue.

Date due:

Ongoing

Ongoing

Desired Outcomes:

1. BM has appropriate, centrally located office accommodation.
2. There is security of tenure.

CORE ADMINISTRATION

Development Area CA2: Financial management

Background:

Overall operational surplus was achieved in 2006-07, 2007-08 and again in 2008-09

Reserves stand at 5 months operating costs - comfortably within the range of 3–6 months operating costs required by policy. This level of reserves also provides a contingency fund to meet the potential cost of a claw back of EU funding distributed in 2004.

Budget planning processes and negotiations with B&NES and other funders have attempted to ensure that services are funded at a level that allows full service cost recovery (including proportionate contribution to central core costs). This has frequently but not always been successful.

General Advocacy & IMCA both operated with a loss 2008-09. BME Advocacy, Community Outreach Advocacy, the Befriending Service and Advocacy for Older People operated with a surplus during the same period.

Taking all Advocacy & Community Services together, the year closed with an operational loss of £4 278, amounting to 4.6% of income.

Taking all Community Outreach Services together, there was an operational surplus of £3268, amounting to 8.6% of income.

Taking all Housing Services together, there was an operational surplus of £14 066, amounting to 5.1% of income.

Overall, including investment income and unplanned donations, BM made an operational surplus of £19 621, amounting to 4.6% of income.

The budget Plan for 2009-10 predicts an overall operational loss of £1 100 before donation income is included.

If the expansion of the Registered Care Home is successfully completed (see HS1), it will generate an estimated £30 000 additional income 2010-2011 and, from 2011-2012 onwards, an additional £50 000 per year after increased costs have been accounted for. This should allow BM to consider the potential for reinvestment in existing or new services.

Strategy and Actions:

1. Seek to achieve annual budget surplus.
 - Closely monitor budget spending and inform all staff of the need to minimise unnecessary expenditure and to carry forward unspent budget allocations.
 - Review aspects of core spending to achieve cost savings where possible.

2. Ensure the appropriate allocation of resources through future budgets.
 - Review actual expenditure against historic cost centre allocations and modify as required.
 - Introduce new budget details as required.

Date due:

2010 -2013

2010-2013

CORE ADMINISTRATION

Development Area CA3: Strategic Planning

Background:

This Strategic Plan has been drawn up following review of the previous year of plan operation and consultation with BM stakeholder groups – staff, volunteers, tenants, users of services and trustees.

It is important that all stakeholders are given the opportunity to contribute to planning processes designed to improve services and the efficiency of the organisation.

Strategy and Actions:

1. Continue to provide systematic opportunities for service users to have their views taken into account and influence the strategic directions of Bath Mind.
 - Continue to use monthly house meetings and quarterly housing forum meetings as an opportunity for tenants and residents to feed back their views into strategic planning processes.
 - Continue to invite volunteers and users of services to an annual “Trustees Lunch” to provide an opportunity for informal contact and the exchange of ideas, with suggestions on ways to improve or extend BM services recorded on flip chart paper. These suggestions to inform future strategic planning.

2. Continue to provide employees with systematic opportunities to contribute to strategic planning processes.
 - Agenda item for staff meetings and team meetings

3. Ensure that Trustees are fully involved in debating and finalising the strategic directions of BM.
 - Draft plans presented for discussion at Committee of Management meetings.

Date due:

2010-2013

Summer
2010-2013

Autumn
2010-2013

Winter
2010-2013

Desired Outcomes:

- BM puts its ethos of being service user led into practice in strategic planning.
- Service users are empowered to influence the services they receive.
- The strategic plan is enhanced through the involvement of all stakeholders.

CORE ADMINISTRATION

Development Area CA4: Quality Management

Background:

In 2005, Bath Mind was graded at Level A in the first cycle of the accreditation of Quality Management in Mind. (Levels B & C were higher grades) At the first attempt this was a satisfactory grading, providing external assurance that our policies, practices, procedures and services met the standards required of an effective, quality organisation.

2008 saw the introduction of a revised manual and grading system for Quality Management in Mind (QMinM). The manual describes best practice for LMAs and is designed as a tool to facilitate development. It provides:

- A clear set of standards against which to judge performance
- Guidance on what service users and workers should expect from a LMA
- A toolkit to assist analysis of what a LMA is doing, how well they are doing it and how they can improve
- A system of quality assurance that will provide evidence for funders and others on the quality of the work of the LMA. The new grading system ranges from 1 (low) to 3 (high). LMAs that are assessed at Level 2 or Level 3 will be able to use the Charity Commission kite mark, which is linked to the Hallmarks of an Effective Charity.
 - ✓ Level 1: contains the minimum requirements that a LMA must meet to maintain federation to Mind.
 - ✓ Level 2: contains a number of requirements that provide a best practice framework for LMAs based on current guidance and policy
 - ✓ Level 3: contains a number of requirements that show an organisation meeting and exceeding the needs of service users

Bath Mind is committed to continuous organisational and service improvement, ensuring that the needs and experiences of people with mental distress inform all that we do.

Participation in the Mind Quality Management system is viewed as a method of guiding a key set of processes that will contribute to quality improvement.

A QMinM group has met regularly throughout 2009 and analysed organisational effectiveness and needs in the context of the QMinM framework. From this an action plan has been drawn up to ensure successful accreditation at Level 2. Many of the planned actions have already been completed, while others remain outstanding. These are scheduled for completion over an achievable time-scale.

Notification of the date for the QMinM Assessment is expected at any time. It will provide 6 months notice to complete preparations and evidence gathering.

Other external quality assessments of aspects of BM (Community Legal Services Quality Mark, CQC inspections of Care Home, Supporting People Quality Assurance of Supported Housing, B&NES/PCT assessments of commissioned services) contribute towards overall assurance of high quality operations supported by effective policies and procedures.

<p>Strategy and Actions:</p> <ol style="list-style-type: none"> 1. Use the QMinM manual to support quality improvement processes. <ul style="list-style-type: none"> • Complete the tasks specified in the QMinM action plan to address development needs in a realistically manageable manner • Keep the action plan under constant review • Maintain information to evidence self-assessed standards • Ensure the involvement of Trustees • Link the QMinM action plan to the Strategic Development Plan • Ensure good communication of organisational developments to staff, volunteers and users of services. 2. Work to maintain high quality assurance assessments by other external assessors 	<p>Date due:</p> <p>Summer 2010</p> <p>2010-2013</p> <p>2010-2013</p>
<p>Desired Outcomes:</p> <ol style="list-style-type: none"> 1. BM improves its QMinM grading to Level 2, while aspiring to Level 3. 2. The organisation and services of BM meet the needs of service users, employees and volunteers more effectively. 3. BM is entitled to use the Charity Commission kite mark of quality. 	