

Primary Research and Data Collection from Single Participant Interviews

Two senior directors from Plymouth's teaching Primary Care Trust agreed to participate in the research developed and designed to inform and direct the mental health accommodation strategy for Plymouth.

1.0 Consultation Process

The primary aim of the accommodation strategy is the enablement of partnership that draws together services from the Plymouth Primary Care Trust, Local Authority and voluntary and community housing sectors.

To achieve this aim primary and secondary data collection, its analysis and evaluation is used to inform both the direction of the strategy and its implementation.

The process of capturing need data for the purpose of analysis and planning was undertaken in conjunction with a number of partner agencies that has included service user and practitioner participation.

Consultation to determine the most appropriate research methodologies included participation from professionals working within mental health's acute inpatient and rehabilitation services, drug and alcohol services, community psychiatric services, criminal justice system, Adult Social Care, older person's supported housing services, general needs housing, young people and a representative from the University of Plymouth. Service user representation was provided by Plymouth's Service User's and Carer's Forum.

The methodologies employed in the collection of primary data have included focus group interviews, attitude questionnaires and single participant interviews, the former of these can be found in appendices one, two, four and six.

The differing methodologies have all employed the rules of inference (heuristic rules) in their construction and implementation. This methodology was used because service users, practitioners and service managers have a detailed knowledge and experience of the issues that relate to poor mental health and the process of recovery, see Sanderson (2007) and Chen and Chaiken (1999) and Chaiken et al (1989) for a full discussion of heuristic rules.

2.0 Single Participant Interviews

A standardised research interview was implemented with two senior directors from Plymouth's teaching Primary Care Trust. They are the Director of Operations and Mental Health services and Director of Nursing who is also the Deputy Director of Mental Health services.

The primary aim of implementing a third element of this research was determined by the need to capture a strategic overview of the proposed accommodation pathway.

2.1 Target Population & Sample

A small population of senior directors were identified as key to the development of the mental health accommodation strategy. Their positions of knowledge and organisational influence are considered essential to the development and recommendations that will result from this research.

Two directors were selected for the purpose of interview. The determining factor used in this process is their operational responsibilities and level of management.

The two directors interviewed oversee the operational management of all the inpatient and residential rehabilitation services and community psychiatric services. This represents two thirds of the research implemented with service users, clinicians and practitioners. The table below has been included to illustrate this:

1	Assertive Outreach Service & Community Forensic Team	Community Psychiatric services
2	Home Treatment Team	Community Psychiatric services
3	Glenbourne Unit	Inpatient and residential rehabilitation services
4	Lee Mill	Inpatient and residential rehabilitation services
5	Gables	Inpatient and residential rehabilitation services
6	Syrena	Inpatient and residential rehabilitation services
7	Edgcombe	Inpatient and residential rehabilitation services
8	Willows	Inpatient and residential rehabilitation services
9	Inner City PCLT	Community Psychiatric services
10	Ice Break & Insight	Community Psychiatric services
11	Colebrook Housing X3	Community Voluntary Sector
12	Devon & Cornwall Housing Association, Westcountry Housing and Plymouth and District MIND	Community Voluntary sector

2.2 Design

To achieve the primary and secondary aims of the research and ensure synergy between the research outcomes and those identified from the service user questionnaires and focus group interviews the same four theme areas were applied.

These theme areas were agreed with members of a project board, who themselves represent a number of related and relevant disciplines that includes service user and carer representation.

The themes agreed were training, the development of a mental health crisis house, support, barriers and training. Because the themes used in this element of the research are the same as those designed and implemented in other areas of the research strategy it was necessary that the design of the questions used correspond with those used in the other research elements.

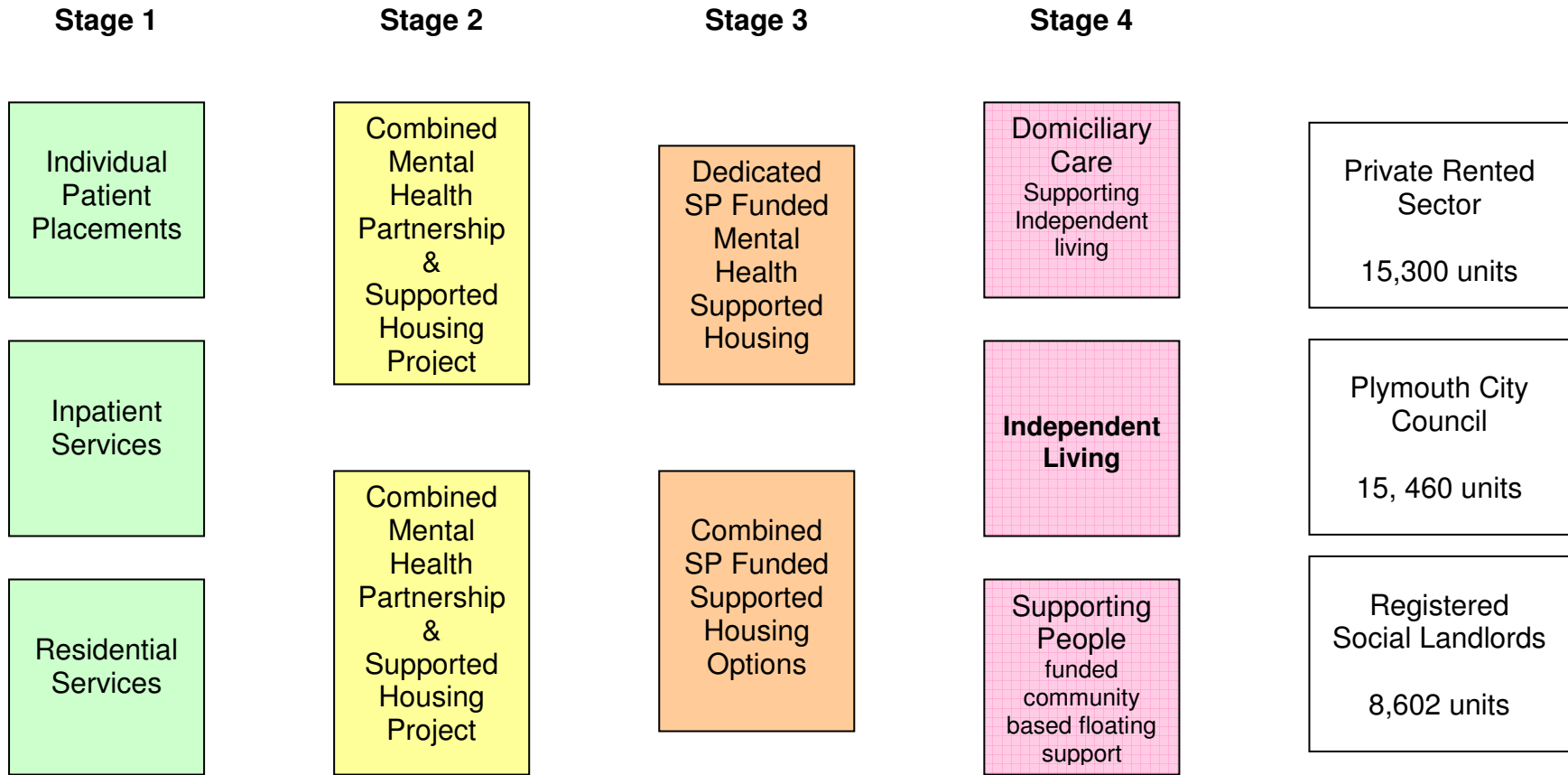
A series of prompts were also built into the design of the interview format, which were not made privy to the participants prior to the interview. However, providing participants with the research questions prior to the interview was considered important to the design of the research. Allowing participants to reflect on the questions prior to the interview maximises the research opportunity.

A time period of 20 minutes was allowed for each interview to ensure standardization. A script for facilitators was drafted prior to the implementation of the interviews. Two facilitators were present at each of the interviews.

As part of the interview design each participant was provided with a map or flow chart labelled 'Accommodation Pathway'. This like the questions was provided in advance of the interview.

The four questions were designed to relate to the accommodation pathway, please see page 4 for an example of the accommodation pathway.

Accommodation Pathway



Crisis House / A.O.S / HTT / Community Forensic Team / PCLT's / MHSOP and CAHMS

2.3 Interview Questions

A standardised set of 4 questions were used in the implementation of each of the interviews.

The prompts designed at the development stage were not used when the questions were implemented during the interview.

The questions were implemented in order and delivered by two facilitators.

All the questions used in the research interviews were circulated among some Project Board members.

The themes and questions used are replicated in the table below.

	Themes	Questions
1	Training	Do you think the workforce operating across the 4 stages shown in the Accommodation Pathway will need additional training to better enable service users to move on and sustain independent living and what value might additional training have to the teaching Primary Care Trust
2	Crisis House	What cashable and non cashable benefits will a Crisis House have for the mental health community and Plymouth's teaching Primary Care Trust
3	Barriers	What barriers might prevent the accommodation pathway from working efficiently and, or effectively
4	Support	How might the re-distribution of resources across the statutory and voluntary and community service sectors be used to support the implementation of the accommodation pathway

2.4 Interview themes

The themes used in this element of the research are the same as those detailed in appendix one and two. However, the themes informing the design of questions differ in their operationalisation. This is to reflect the different strategic level with which the participants operate.

1. Training

The purpose of this theme is establishing if operational directors hold the view that additional training will be required to facilitate an increase in service user move on. This theme area also relates to the value (financial or otherwise)

and benefits additional training might have for the teaching Primary Care Trust and their partners.

2. Crisis House

This theme determines the need for a Crisis House and what cashable and non cashable benefits might result for the mental health partnership, carers and service users.

3. Barriers

Identifying barriers at a range of strategic and organisational levels that relate to the redistribution of resources, capital and revenue expenditure, cost effectiveness and partnership are key themes in preventing the accommodation pathway from being successfully implemented.

4. Support

The focus of this theme area is the implicit identification and need to re-distribute resources to increase support networks as part of the implementation of the strategy.

3.0 Research

3.1 Implementing the Research

The data attained from each of the interviews was recorded in the form of a transcript. It was determined that unlike the focus groups interviews protecting the anonymity of the participants would defeat the purpose of the research. Research participants expressed the view that they were content that their anonymity would not be protected.

Each interview was undertaken by two facilitators who shared the responsibility of implementing each of the interviews. Interviews were recorded on a tape recording machine, from which an exact transcript was extracted, see appendix 5.

3.2 Evaluating the Research

Once the recorded interviews were processed into written transcripts the data was then subjected to a process of coding. This process requires the allocation of number and letters to be attributed to a set of statements and comments made during each of the interview processes (Robson, 1993:253).

However, unlike the process used when coding the focus group interviews the methodology used in the interview transcripts is varied and is far less prescribed or pre-determined in its method of coding. On the contrary the methodology employed here is described as open coding by Berg (1998: 236-238). The coding categories were determined by the data collected. This

means the original data was analysed objectively for patterns and themes that emerged from the data set themselves.

These patterns and themes are then summarised and ordered into categories labelled with numbers and letters in exactly the same way as the focus group interviews had been. This will enable clear comparisons to be drawn despite the methodology being different and will provide a series of conclusions and recommendations that can be used to direct the strategy.

4.0 Results & Findings

The results and findings are presented and evaluated as a set of complete outcomes. This has been undertaken because of the size of the sample and need to avoid unnecessary repetition.

The results and findings from the two interviews are merged and presented by section thereby avoiding a comparative analysis.

4.1 Section One (Training)

Question One: *Do you think the workforce operating across the 4 stages shown in the Accommodation Pathway will need additional training to better enable service users to move on and sustain independent living and what value might additional training have to the teaching Primary Care Trust?*

One of the interviewee's placed the need for training at a higher level than the workforce, citing Non Executive Director's, Commissioners and senior clinicians as those in most need of training, placing the emphasis firmly on awareness and understanding the need to change practice and work in partnership.

These opening comments were placed in a context of positive risk taking and need to support service users in the community as opposed the traditional practices of using the residential recovery and rehabilitation units as the first option.

Training was identified as not just being targeted at the PCT workforce to achieve this change in practice, but was identified as needing to be shared with other agencies who operate externally or alongside the PCT as an organisation. A multi-agency approach to training is recommended.

One interviewee recognised the need for interaction between the local authority and other external providers and partners as needing to develop interchangeable staff roles that could be secondments, merged posts or exchanges as part of a holistic package of training.

Accredited training that cuts across the PCT and voluntary community sector that provides a range of skills and expertise, raising standards in service

delivery and promoting confidence in other organizations enables the patient or service user to move on.

Another interviewee would like to see all the services from inpatients to the community services and community voluntary sector working towards the same set of principles of recovery and well being.

Training across other service sectors would mean service providers in the community can work with more patients, which would mean an increase in capacity for the PCT.

Secondary benefits from sharing training opportunities with external providers will be financial savings for the PCT, help in progressing the Individual Patient Placement Programme, providing service users with the level of support they really need and enabling gaps in provision and service delivery to be closed.

4.1 Section Two (Crisis House)

Question One: *what cashable and non cashable benefits will a Crisis House have for the mental health community and Plymouth's teaching Primary Care Trust?*

One participant stated that the cashable benefits of having access to a Crisis House include a reduction in patients being admitted to the Glenbourne Unit, resulting in a reduction in operating costs.

The same interviewee noted that non cashable benefits will provide a swifter return to the community for some patients who would have otherwise had to access inpatient services. Time away from employment, for those in employment will be reduced, the implications associated with secondary care and impact on families and carers will be reduced and the move away from institutionalising individuals to one that promotes independence is considered both desirable and necessary.

One interviewee felt the crisis house should be available to a much wider patient/service user clientele than had been talked about, so the cashable benefits could be fully realised and shared with partner agencies.

This point relates to the PCT's partners in the Local Authority and supported housing sector as both cashable and non cashable benefits which can be shared with a range of budget holders and service providers.

Another interviewee expressed the need to develop or build in an evaluation that measures the cashable and non cashable benefits to both the Mental Health Partnership and wider community.

4.1 Section Three (Barriers)

Question One: *What barriers might prevent the accommodation pathway from working efficiently and, or effectively.*

One interviewee argued that barriers that might prevent the implementation of the accommodation pathway include professional and organisational territories, but placed a stronger emphasis on the need to identify potential problems before identifying potential solutions as the means and way of overcoming barriers before they arise or prevent progress.

This it was argued could be achieved by agreeing operational policy's and methods of joint working that include sharing outcomes with a range of services and service providers.

It was identified by the same interviewee that joint commissioning and pooled budgets would provide organisations with the opportunity to overcome barriers as they are shared in terms of accountability, delivery and outcomes.

Communication between the Mental Health Partnership and providers within the community and voluntary sector are key elements to overcoming perceptions and many of the identifiable barriers that currently exist in preventing the different sectors from joint working.

Having a wider knowledge of what each part of each service does in the PCT, Local Authority and community voluntary sector as well as how each is funded, what policies each sector is tied to and how this knowledge can be shared in overcoming this barrier to a better delivery of services.

It was also stated that managing and overcoming risk, which is currently a barrier to a patient/service user moving on, 'should be and will have to be overcome'.

4.1 Section Four (Support)

Question One: *How might the re-distribution of resources across the statutory and voluntary and community service sectors be used to support the implementation of the accommodation pathway.*

One interviewee stated that the redistribution of resources and reallocation of funding and budgets will need to reflect a more equitable distribution across the Mental Health Partnership and voluntary organisations if the expectation is that the voluntary community sector are to provide a service to a group of more challenging patients.

The interviewee concluded that for this to become a realistic proposition, commissioners across the PCT will need to be involved with providers in a review of how resources are arranged and how they might be redistributed to ensure need is better met.

A second interviewee cited the financial savings to be made from the accommodation pathway as being realised from the benefits and impacts it will have on the Individual Patient Placement programme in the form of direct and indirect savings to the PCT. These savings, it was qualified, could be translated into budgets that could be used to support services in the community as part of the accommodation pathway.

This suggestion was rationalised in a context that views the financial savings the accommodation pathway will make as a means of promoting pooled budgets. Pooled budgets that include the PCT and Local Authority should be targeted where the money is needed most and where it best meets the needs of patients and service users in the community.

This far reaching view concludes by stating that this should be considered in a context of where services are most needed and delivered regardless of who provides the service (i.e. non PCT).

The same interviewee stated that health promotion and the prevention of poor health is a better way to spend identifiable savings that result from the implementation of the accommodation pathway.

Other forms of support identified in addition to an increase in financial resources are more support from PCT staff to the voluntary community sector and the need to increase the knowledge and skill base across the service sectors to improve service delivery and service user outcomes.

5.0 Recommendations

The recommendations listed here have been derived from the results and findings outlined within this document. Recommendations are simply drawn as a comparative response to the need identified from the results of this piece of research.

Individual and detailed recommendations resulting from this research are provided in the main strategy and can be found in chapter 8 under conclusions and recommendations and Chapter 9, the future (implementation strategy).

1. Training

1. Targeted and specialised training will need to be provided across the PCT workforce that focuses on raising awareness around housing and accommodation issues such as move on, information sharing, communication, mapping services across the community voluntary sector and joint working practices. Training packages must include representation from a range of partner agencies that include Adult Social Care and the community voluntary sector.

2. Awareness training should offer Non Executive Directors, Directors, Commissioners and senior practitioners from across the PCT's Mental Health and Adult Social Care services the opportunity to participate.
3. All suitable and relevant training packages delivered by the PCT that promote positive risk taking should be shared with and made available to the community voluntary sector.
4. Training developed and designed to meet the aims and objectives of the mental health accommodation strategy and delivered by the PCT or Local Authority must be integrated with partner agencies that work with and alongside the statutory services.
5. Accredited training provided by statutory services should be offered to service providers from the community voluntary sector.
6. Training should be provided by statutory services to the voluntary and community sector and reciprocated to ensure the principles of recover are applied consistently across the full range of service sectors.

2. Crisis House

1. Plymouth will need to develop a crisis service that is responsive to the needs of patients and service users living in the community.
2. Access to crisis accommodation should be made available to a wide range of patient and service users groups living in the community.
3. An evaluation should be developed and implemented prior to the opening of crisis accommodation which must measure the cashable and non cashable benefits it yields the PCT, Adult Social Care and Supporting People funded services.

3. Barriers

1. Joint commissioning opportunities should be prioritised as a means of facilitating joint working, sharing outcomes, accountability and improving service delivery.
2. To prevent and overcome barriers to partnership working and promote effective communication and workforce developments should include staff co-location that includes the voluntary and community sector.
3. A mapping exercise that identifies key strategies, policy and performance requirements will need to be undertaken and used to develop a set of shared outcomes that includes the Local Authority and community and voluntary sector.

4. Support

1. A review of resource commitments and resource allocation across the Mental Health Partnership should be undertaken and a more equitable redistribution made that includes the voluntary and community sector. This might be achieved by co-locating staff from the PCT to the community voluntary sector and for this practice to be reciprocated as part of the need to integrate support.
2. A percentage of all the direct and indirect financial savings generated from the implementation of the accommodation strategy for mental health should be prioritised as a reinvestment for the accommodation pathway.
3. A method that facilitates the sharing and reciprocation of knowledge and skill sharing will need to be developed and implemented as part of the drive to improve service delivery and make the accommodation pathway sustainable.

6.0 Implications Arising

Because two of the most senior officers working in the PCT participated in this research, from which a series of recommendations were drawn. These recommendations when merged with the recommendations derived from parallel investigative research will carry significantly greater weight in expectation that the mental health accommodation strategy will be implemented in its entirety.