



Social Inclusion, Rehabilitation and Recovery Strategy

2007- 2010

**“Social inclusion must come down to somewhere to live,
something to do and someone to love.
It’s as simple – and as complicated – as that”**

Charles Fraser,
in evidence to the
MIND Enquiry “Creating Accepting Communities”.

Acknowledgements:

This strategy has been developed with the involvement, input and support of a number of people within and outside the Trust.

A big **thank you** to all the people who participated in:

- the SIRR Event 9th November 2006,
- the Service User Focus group 24th January 2007,
- the carers consultation (conducted by Roger Oliver)
- staff focus group 26th January, particularly from Croydon Rehab and Recovery team and Westways
- the working groups.

A special thanks to the working group leads; Sarah Burleigh, Tony Coggins Patrick Gillespie, Zoe Reed, Gabrielle Richards, Mike Slade, Carol Waylett and the additional members of the SIRR Board; Jed Boardman, Tom Craig, Brian Fisher, Harriet Hall, Sandra Lawman and Joanna Murray.

1.0 Introduction

This paper sets out SLaM's proposed Social Inclusion, Rehabilitation and Recovery Strategy, outlining the need for a strategy, the process for developing it and the aims and objectives of the strategy.

The appendices include the implementation plan, overview of the SIRR Board and a development log.

2.0 Back ground

2.1. Nationally

The Social Exclusion and Mental Health report¹ published in June 2004 by The Social Exclusion Unit under the Office of the Deputy Prime Minister demonstrates the exclusion experienced by people with mental health problems:

- Only 24% of adults with long terms mental health problems are in work, (the lowest of employment rate for any of main groups of disabled people)²
- 84% of people with mental health problems have felt isolated compared to 29% of the general population³
- People with mental health problems are one-and-a-half times more likely than the general population to live in rented housing, with higher uncertainty of how long they can remain in their current home.⁴
- A person with schizophrenia can expect to live for ten years less than someone without a mental health problem and is twice more likely to die from a smoking related disease.
- 83% of respondents to the Social Exclusion consultation identified Stigma and Discrimination as a key issue.

The Social Exclusion and Mental Health report also sets out the responsibility of Local Authorities and Primary Care Trusts to develop Social Exclusion action plans to address the issues locally.

Social Inclusion and the focus on recovery also link with other policy initiatives:

- *Our Choices in Mental Health*, Care Service Improvement Partnership, 2006
- Department of Health; *Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England*, DH 2005
- Department of Health; *Our Health, Our Care, Our Say: Making it Happen*, DH 2006

And is furthermore supported by professional groups:

- Department of Health; *From Values to Action: The Chief Nursing Officer's Review of Mental Health Nursing*, DH 2006
- College of Occupational Therapists; *Recovering Ordinary Lives – the Strategy For Occupational Therapy in Mental Health Services 2007-2017*, COT 2006
- Royal College of Psychiatrists; *Rehabilitation and Recovery Now*, RCP London 2004

Following the SEU report commissioning guidance for Primary Care Trusts has been published by Care Service Improvement Partnership and Department of Health in relation to Employment and Vocational Services, Physical Health Care, Day Care Services and Direct Payment.

¹ Social Exclusion Unit; *Social Exclusion and Mental Health*, Office of the Deputy Prime Minister 2004

² Ibid p.11

³ Mind; *Not Alone? Isolation and mental distress*, London 2004

⁴ Social Exclusion Unit; *Action on Mental Health Fact sheet 6.*, Office of the Deputy Prime Minister 2004

2.2. Social Inclusion, Rehabilitation and Recovery in SLaM

The national figures presented in the SEU report reflect the situation in SLaM.

- 9% of SLaM respondents to the Annual Patient Survey are in work, compared to 17% in other trusts⁵, and only 3% are involved with voluntary work.
- 92% of people engaged with CMHTs in Lambeth are not in employment⁶
- 39% of respondents to the Patient Survey have not received information on support groups, though they would like to. That is compared to 29% in other trusts.
- According to the Patient Survey SLaM has more long term service users than other trusts and the number is growing.

These figures hide the fact that within SLaM services there is significant amount of good practice happening in terms of Social Inclusion, Rehabilitation and Recovery. However so far there has been no trust wide framework developed, in terms of priorities, implementation, monitoring nor training and education.

As a Foundation Trust SLaM has the opportunity to expand on its current position as a leading mental health service provider to set the standard in terms of social inclusion, rehabilitation and recovery in the mental health field.

This strategy will provide a framework that sets out the priorities for services in developing social inclusion, rehabilitation and recovery focussed services to ensure people using SLaM services experience the least possible social exclusion.

The implementation of the strategy will support SLaM in meeting the core and developmental standards under Standards for Better Health, but also enable SLaM to establish it self as the provider of choice in the context of Practice Based Commissioning and Choice in Mental Health.

3.0 Approach in SLaM

Following the Social Exclusion and Mental Health Report the Social Exclusion unit published a series of fact sheets to support local implementation. Based on these the main priorities for SLaM in developing this strategy were identified as:

- Recovery
- Employment and Vocational Opportunities
- Housing
- Access to Health Care
- Social Networks and Community Participation, with a focus on day care services
- Stigma and Discrimination
- Welfare and Direct Payment

3.1.Process for development and consultation

Recognising that a significant amount of work in relation to these areas already is happening across the trust leads were identified and where appropriate working groups were established. Working groups were asked to develop aims and objectives for how to take existing approaches forward and develop new ones where needed.

⁵ The Annual Patient Survey for SLaM 2006

⁶ Mark Bertram; *Occupational Therapy; Employment, Training and Education*. SLaM 2006

Staff from all professions, service users and carers have been involved in the development of the individual work stream strategies. Please see appendix 2 for breakdown of participants.

A Social Inclusion, Rehabilitation and Recovery Board was established, chaired by Gabrielle Richards, Professional lead for Occupational Therapy. The membership of the SIRR Board included the lead for each work stream and relevant internal and external stakeholders. Please appendix 3 for membership of SIRR Board.

An open event was held 9th November 2006 to inform and consult with service users, carers, external partners and staff on the direction and themes of the strategy. More than 100 people attended the event. The feedback from table discussion has informed the work of the working groups. A report from the event is available from the Social Inclusion, Rehabilitation and recovery intranet site; <http://sites.intranet.slam.nhs.uk/doc/sirrttest/default.aspx>

In addition the following groups have been consulted:

- Nursing Executive – for discussion
- Service User focus group
- Carers groups in Croydon - presentation and discussion
- Staff focus group in Croydon

Recovery was identified as the overarching theme for the strategy, and with that a need for a joint understanding of the recovery concept. The Recovery Working Group developed a Recovery Charter and principles that will form the cornerstone of the strategy. Objectives have been set within each of the other priority areas to address the recovery principles.

4.0 Aims and Objectives

4.1. Aim

The aim of the Social Inclusion, Rehabilitation and Recovery Strategy is to ensure SLaM has a coherent and systematic approach to

reduce illness and promote social inclusion – to keep people in their lives including supporting them when they choose to change their lives.

4.2. Broad Objectives

SLaM will work towards this aim by:

- Adopting the proposed Recovery Charter and Principles as the foundation for SLaM services and ensuring, that staff are trained and supported to work with a focus on recovery .
- Building the capacity of SLaM and local communities to challenge stigma and reduce discrimination of people with mental health problems

SLaM will also where appropriate support others agencies and organisations in the local health community by sharing our clinical knowledge and expertise to ensure people using mental health services:

- Are supported to access a range of socially inclusive employment and vocational opportunities i.e. employment, training, education or voluntary work.

- Have access to appropriate housing
- Have the opportunity and are given support to obtain good physical health and well being as part of their journey of recovery.
- Have access to community resources and opportunities for participation

For each broad objective priorities have been developed, outcomes and mechanisms for monitoring and evaluating the progress of these identified. These are set out in point 5 below.

Key Performance Indicators have been developed to measure progress on each objective. Please see point 6.2.1 for summary of key performance indicators and the mechanism for collecting these.

5. Broad Objectives

5.1. Recovery Charter and Principles

5.1.1 Definition of Recovery

Mental health problems are varied, so recovery means different things to different people. Recovery can mean⁷:

1. A return to a state of wellness (e.g. following an episode of depression)
2. Achievement of a personally acceptable quality of life (e.g. following an episode of psychosis)
3. A process or period of recovering (e.g. following trauma)
4. A process of gaining or restoring something (e.g. being alcohol-free or drug-free)
5. Gaining benefit from apparently negative experiences (e.g. in prolonged psychosis where the experience itself has intrinsic personal value)
6. Recovering an optimum quality and satisfaction with life in disconnected circumstances (e.g. dementia).

Taken together, these six meanings suggest a broad vision of recovery that involves:

a process of changing one's orientation and behaviour from a negative focus on a troubling event, condition or circumstance to the positive restoration, rebuilding, reclaiming or taking control of one's life⁸.

Within SLAM we have developed the simple definition that:

recovery involves living as well as possible⁹

A mental health service which promotes recovery will help service users feel that, with support, they can work out coping strategies to deal with their difficulties and to gain a sense of control over their lives. They do not have to be passive recipients of the mental health system. To achieve these aims and to meet our agreed Vision, SLAM adopts twelve Recovery Principles.

⁷ Amended from NIMHE (2004) *Emerging Best Practices in Mental Health Recovery*

⁸ Taken from NIMHE (2004) *Guiding Statement on Recovery*

⁹ Taken from Croydon Recovery and Rehabilitation Team Operational Policy, 2006

5.1.2. Principles to promote recovery

Vision: *To reduce illness and promote social inclusion – “to keep people in their lives” including supporting them when they choose to change their lives*

Recovery Principles

1. Recovery is something the individual defines and experiences. A mental health service cannot make someone recover, though it can support the process. **The primary aim of SLAM in its work with service users is to support them in their recovery.**
2. Care planning will be based on the goals and priorities of the service user. SLAM will support each service user in making choices about their own life, within the limits imposed by statutory requirements.
3. Hope (a desire accompanied by confident expectation) is a key element of recovery. Staff will promote hope in their work with service users and their carers, recognising that recovery takes time and can involve set-backs. SLAM recognise that staff need to have adequate resources and to feel hopeful about their own jobs if they are to promote hope in others.

Vision: *To offer the people we serve the best mental health services possible*

Recovery principles

4. Culture, ethnicity, sexuality, spirituality, relationships and lifestyle (e.g. exercise, diet) are important elements of many people’s recovery. SLAM will value and actively support these elements.
5. Medication is an element of many (though not all) people’s recovery. Other important elements are psychological and social interventions. SLAM will provide access to competent psychological and social interventions as comprehensively as to medication.

Vision: *To implement, rapidly and systematically, improvements in care based on evidence of the best that is possible*

Recovery principles

6. Support from peers, family, friends and mental health professionals can be essential for recovery. SLAM will recognise the essential role and expertise of family and friends, and will foster the development of peer support groups.
7. Stigma and discrimination inhibit recovery. SLAM will engage with external agencies and organisations to ensure that the rights and interests of service users are protected.

Vision: *To attain the highest standards in the management and professional leadership of mental health services*

Recovery principles

8. SLAM will develop risk management systems which recognise the tension between types of risk which are to be avoided (e.g. of harm to self or others) and types of risk which are essential for growth and recovery (e.g. of trying something new). These systems will foster defensible decision-making in relation to risk.
9. SLAM will ensure that its documentation and language encourage recovery-focussed and empowering practice, rather than dependency-inducing practice. This will include communication with other agencies, SLAM policies and procedures, and information given to people using our services.

Vision: *To go beyond the limits of health services to promote mental well-being in our local communities*

Recovery principles

10. People who use mental health services are members of local communities and should be viewed within this context
11. Having social roles beyond the 'illness' role and access to meaningful activities (whether paid, voluntary, educational or leisure) both contribute to the development of a positive identity. SLAM will promote social inclusion, access to community resources and activities, and develop supportive pathways to meaningful employment and financial stability.
12. SLAM is committed not only to addressing mental illness but also to promoting mental wellbeing for people who experience mental health issues.

5.1.3. Outcomes

- Increase in number of people who would choose to receive services from SLaM when experiencing severe mental health problems
- Increase in service users leading the writing of their care plan
- Increase in service users who (a) choose their own outcome measure, and (b) have at least two points of measurement using their chosen measure
- Increase in job satisfaction among staff
- Increase in percentage of staff employed in SLAM who talk openly about their own experience of mental health problems

5.1.4 Monitoring and evaluation

- Number of staff trained and supported to deliver recovery services
- Number of SLAM teams with social inclusion and recovery-focussed operational policies
- Increase in number of service users actively engaged in writing of their own care plans
- Percentage of care plans which contain items which are either the service user doing something for themselves or jointly doing with staff (rather than staff doing to the service user)
- Percentage of risk management plans including positive and managed risk-taking (rather than risk avoidance)
- Recruitment strategy actively values personal experience of mental health problems

5.2. Employment and Vocational Opportunities

5.2.1 Strategic aim

SLAM will support people who use mental health services to access a range of socially inclusive employment and vocational opportunities i.e. employment, training, education or voluntary work.

5.2.2 Objectives

1. SLaM will work to ensure that employment and vocational opportunities are individually tailored, responsive to people's aspirations and offer supportive pathways to employment, where appropriate

Programmes of work to support this should be developed to:

- Ensure vocational, occupational needs and aspirations are identified and documented as part of the CPA
 - Ensure interventions in the care plan relate to accessing or retaining employment where possible
 - Ensure opportunities are accessed in local mainstream resources wherever possible
 - Increase the number of service users accessing employment and vocational opportunities
2. SLaM will - as an exemplar employer - promote employment and vocational opportunities for all

Priorities include:

- Ensuring outcome measures are used to measure activity related to employment and vocational opportunities
 - Ensuring policies and procedures foster empowering practice rather than dependency inducing practice
 - Ensure that opportunities are offered as an employer through training, work placements, volunteering and paid employment
 - Support staff who have mental health difficulties to maintain their employment
3. Actively promote and seek partnership working opportunities in the wider community

Working with the community, developments would include:

- Develop local links liaising and working closely with existing employers and providers both in the voluntary, private and statutory sectors.
- Ensure employment and vocational opportunities are guided by relevant policy and legislation, the local economy and labour market
- Work with partners to increase the capacity to challenge and work with overcoming barriers of discrimination and stigma in relation to employment

5.2.3 Outcomes

- People with mental health issues gaining or retaining employment, accessing education and voluntary work
- Employment, vocational and social inclusion interventions will be integrated in to CPA care plans
- Facilitation of best evidence based clinical practice in CMHTs to include vocational leads and vocational specialists

- The Trust being an employer of choice for people who experience mental health difficulties leading to an increase in number of people employed by the Trust
- Active working partnerships providing a range of employment and vocational opportunities using a diversity of models
- Increased commissioning of vocationally focussed services

5.2.4 Monitoring and evaluation

- Monitor and collate information on vocational outcomes through EPJS
- Increase in numbers of people accessing mainstream employment
- Audit the number of people with mental health issues employed by SLAM
- Increase in numbers of staff with a vocational focus to their job role
- Audit service users' perceptions of vocational and employment opportunities featured in their care plan
- Evaluate the impact of working with partner organisations on employment and vocational opportunities

5.3. Social Networks and Community Participation

5.3.1. Strategic aim

To improve access to community resources and opportunities for participation for people using mental health services

5.3.2. Objectives

1. Create individualised pathways for service users using person centred care
2. Work with key community partners to increase information on community services available
3. Increase capacity of local communities to work with mental well being and recognise service users as a core resource in achieving this.
4. Identify and spread good practice across the trust
5. To support the development of service user led services

1.1.1 Outcomes

- Increase in people using mental health services accessing community resources
- Increase user led services available to SLaM service users
- Increase in awareness of community resources available

5.3.4 Monitoring and evaluation

- Number of people with CPA including assessment of community needs
- Availability and quality of community resource information in service areas
- Number of contacts made by link workers to local community groups

5.4. Housing

5.4.1 Strategic aim

To improve the access to and maintenance of appropriate housing for people with mental health problems.

5.4.2. Objectives

In order to address the varied needs of people with mental health problems, the objectives for the housing agenda are to:

- Increase the peripatetic support, particularly in relation to medication management, by working with STR workers
- Develop rent deposit schemes in partnership with external partners, based on the Lewisham model
- Strengthen the Placement Modernisation work – by working with service users and providers to ensure service users are able to develop skills to live as independently as possible, with regular reviews that ensure their current placement is appropriate to their assessed needs.
- Develop Adult Placement schemes, following the model in Croydon/Lewisham
- Strengthen the links with Housing and Supporting People Departments locally

In order to meet the objectives the SLaM will:

1. Establish Trust Wide Housing Forum in order to share best practice in relation to the objectives below.
2. Request each borough directorate to nominate a borough wide housing lead with the role of:
 - Taking the housing objectives forward locally by working with the Housing sub group of the Mental Health Partnership Board and develop an overview of the whole range of accommodation locally.
 - Participating in the SLaM wide Housing Forum

5.4.3. Outcomes

- Increase number of people moved from High Support Accommodation to lower levels of supported accommodation and/or self contained independent accommodation.

This could be measured through an annual census of people in placements, making projections of where they will be this time next year and setting care plan objectives around the areas for development. This will ensure they are in a position to move on as predicted

- More efficient use of placements budgets
- Reductions in delayed discharges from Hospital beds. Delayed discharges are already monitored, this could continue with information on trends.

- “Early discharge” from funded placements (Because of STR support with meds etc), again can be monitored through placements census
- Increased ability to predict future demands and plan appropriately with local Housing departments to meet them. Measured through census over time looking at whether the predictions made are achieved and if not why not. This work needs to include Supporting People projects as well as Health/Social Care funded placements to ensure ‘move through’ of whole system
- Number of new placements and number of people supported by STR workers keeping them in their own home rather than needing a funded placement again looking at trends with the hope that there is an increase in Home care packages and use of direct payments to prevent need for funded placement

5.5. Access to Health Care

5.5.1 Strategic aim

To ensure that people using SLaM services have the opportunity and are given support to obtain good physical health and well being as part of their journey of recovery.

5.5.2 Objectives

1. To ensure adults of working age, adolescents, children and older people have clear, understandable and realistic access arrangements in place to be registered with a GP.

This will be done by

- Ensuring Service Level Agreements with Primary Care Trusts include incentives in the GP contract for evidence based regular health checks for people with enduring mental health problems, and learning disabilities in line with evidence of need. Their outcomes should be audited in terms of quality and subsequent treatment.

2. Effectively targeted health screening/promotion activities for all service users related to diet and nutrition, smoking cessation, sexually transmitted infections, contraception advice, exercise regimes and medication management.

This will be done by:

- Ensuring CPA includes access to Primary care, and access to health promotion and health checks e.g. mammograms, cervical screening and testicular screening.

3. Evaluate and disseminate the existing health promotion activities within SLaM such as the Lilly project.

4. To ensure all of our service users will have access to appropriate and individually meaningful therapies. This will be done by:

- Working in partnership with primary care, the community, carers, friends and significant others to increase opportunities and access
- Using appropriate evidence, and views of service users and health professionals, to offer therapies which enhance opportunities for service users to improve their health outcomes.

5. Ensure that medical and nursing education and training explicitly tackles 'diagnostic overshadowing' and unequal treatment at undergraduate, postgraduate and continuing professional development levels. This should also be identified through the GP appraisal system.

5.5.3. Outcomes

- Improvement in access to physical health services for people using SLaM services

5.5.4 Evaluation and Monitoring

- Number of service users registered with GP, monitored through EPJS
- Number of service user offered and receiving annual physical health checks, monitored through EPJS
- Number of service users accessing health promotion activities, monitored through EPJS
- Number of Serious Untowards Incidences with a physical health component

5.6. Stigma and Discrimination

5.6.1 Strategic aim

To build the capacity of SLaM and local communities to challenge stigma and reduce discrimination of people with mental health problems

5.6.2 Objectives

- Working in partnership with people who have used services to address stigma and discrimination

It has long been known that direct personal contact with people with mental illness is one of the most potent ways to improve general attitudes towards people with mental illness (Thornicroft 2006)¹⁰.

Priority programmes of work to support this should be developed to:

- Increase the numbers of service user trainers involved in delivering mental health awareness, anti-stigma and inclusion training
- Increase roles of service users in addressing stigma and discrimination
- Addressing stigma and discrimination amongst mental health services staff

The attitudes of mental health service staff toward mental health will underpin the delivery of the Social Inclusion Rehabilitation and Recovery strategy. The following priorities link closely with the Recovery and Employment themes:

- Programme of training for SLaM staff, including leadership and management
- Inclusion in professional training programmes
- Recruitment of people who have used mental health services to work in SLaM.
- Addressing stigma and discrimination within the wider community

Inclusion is a central plank of the strategy and the attitude of local communities and community services to mental health are key to the recovery process. The following priority groups/settings have been identified:

- General public:
The development of a communication strategy that draws on the national SHIFT campaign to challenge stigmatising depiction of mental health in local media
- Schools
- Local employers (in partnership with employment theme)
- Faith communities
- Housing
- Police
- Primary Care

Many other groups were also highlighted as important such as Adult Education and leisure services. Other groups should not be excluded but initial priority should be given to the top ones identified above.

5.6.3. Monitoring and evaluation

¹⁰ Thornicroft, G *Actions speak louder*, 2006..

A monitoring and evaluation framework needs to be developed, which links to the whole of the SIRR strategy. The following are suggested as potential measures and indicators of tackling stigma and discrimination:

- Numbers of groups and individuals accessing social inclusion and anti-stigma training (including mental health professionals)
- Number of service users involved in delivering training
- Number of SLaM complaints in relation to attitude
- Level of mental health awareness in local community measured through attitudinal question in local authority residents survey

5.7 Other areas

5.7.1 Welfare

Welfare is integral to a number of the working streams and it has therefore been agreed to address issues of welfare within each of the working groups. A welfare issues paper has been developed highlighting areas for each work stream to address.

5.7.2. Black and Minority Ethnic

Although Social Inclusion and BME issues were outlined as a separate priority in the Social Exclusion fact sheet, it was proposed that this needed to be addressed within each work stream. Working with the Trustwide Equality and Diversity lead, Equality Impact Assessments will be carried out as part of the implementation of the SIRR Strategy and issues identified be integrated in to the action plans.

5.7.3 Direct Payment

As the use of Direct Payment is currently being reviewed this will be addressed through Housing Forum.

6.0 Implementation, monitoring and evaluation

6.1. Implementation

6.1.1 Governance

The SIRR Board will review its terms of reference and membership following the ratification of the strategy to focus on the implementation.

SIRR Board will oversee and monitor the implementation and set priorities for developments.

6.1.2. Key workstreams

The following key work streams have been identified as part of the implementation:

- **Governance**; to ensure structures are set in place locally and trust wide to carry out the implementation and monitor progress of the SIRR strategy
- **Policy development**; to identify and develop or review existing policies required for the implementation of the strategy
- **Information and data collection**; to develop the appropriate systems for collecting data to monitor the progress of the SIRR strategy
- **Performance management**; establish process for monitoring progress on Key performance indicators for the implementation of the strategy
- **Work force issues**; identifying implications for recruitment and selection, training and education
- **Partnership development**; identify key partnerships required to carry out the strategy

The SIRR strategy recommends that each clinical directorate nominate a person to lead on the development of local action plans and oversees the local implementation of these. This has already been initiated in some areas.

6.1.3 Training and Education

The SIRR Board will work closely with the Training and Education department to identify training needs within the SIRR implementation. Training needs are being identified in the Annual Training Plan currently being developed, but is still pending prioritisation by the SLaM Board. Where appropriate training requirements will be linked to the Leadership and Management Training Schedule, also in development.

6.2. Monitoring

6.2.1. Key Performance Indicators

The following are proposed as Key Performance Indicators for the SIRR Strategy implementation:

Indicator	Mechanism for measuring	Status
No. of staff/teams receiving training and support in recovery work	Training records	In place
No. of People supported in to meaningful vocation, including employment, education or volunteering	Care plans as part of EPJS	Need development

No. of people with mental health issues employed by SLAM	HR records	Need development
No. of people with CPA including assessment of community needs	Care plans as part of EPJS	Need development
No. of new placements in supported housing	Audits	To be included in Clinical Governance Audits
No. of people supported by STR workers enabling them to stay in their own home	EPJS	To be developed
No. of people registered with GP	EPJS	In place
No. of people accessing health promotion activities	Care plans as part of EPJS	Need development
Numbers of groups and individuals accessing inclusion and anti-stigma training (including mental health professionals)	Training and health promotion records	Can be but isn't captured
Number of service users involved in delivering training	Training records	In place

6.2.2. *Electronic Patient Journey System*

There is currently some capability within EPJS to monitor some of the proposed key performance indicators, (please point 6.2.1.). However further investment is needed in order to run regular reports as part of the Integrated Reporting System on the indicators identified, particularly:

- Employment and Vocational Opportunities
- Community needs
- Physical Health Screening/Examination
- Health promotion activities
- Housing needs

6.2.3 *Annual themed performance reviews*

A key recommendation is that the SIRR implementation will be monitored by Annual themed reviews as part of the performance management framework of the Trust. The themed review will be based on the Key Performance indicators for Social Inclusion, Rehabilitation and Recovery, please see above.

6.2.4 *Clinical Governance Work Plan*

Priorities from the SIRR strategy will be incorporated in to the annual Clinical Governance Work plan of audits.

6.3. Evaluation

6.3.1. *Institute of Psychiatry*

Institute of Psychiatry is in the process of applying for Social Inclusion and Recovery programme grant from Department of Health. If successful the SIRR Board will work closely with IoP to evaluate the implementation of the SIRR Strategy.

6.3.2. *Charitable Trustees*

It is anticipated that some projects will be established with support from Guy's and St. Thomas' Charity and SLaMs Charitable Trustees. Where this is the case evaluation

of these projects will follow the procedures set by the funders and will feed in to the SIRR Board.

6.3.3. SIRR Board

The SIRR Board will review the progress of the implementation and present annual reports to the SLaM Executive and Board.

7.0 Resources

7.1. Commissioning

A number of the recommendations in the strategy are based on the Commissioning Guidance published by CSIP and Department of Health. It is thus anticipated that some of the objectives outlined in the strategy will be part of local commissioning structures with Primary Care Trusts and be negotiated as part of the annual review of the model contract, particularly schedule 1, service specification.

7.2. Charitable Funds

The SIRR Board is working with Guy's and St. Thomas' Charity and SLaM Charitable Trustees who are currently developing a joint funding strategy focussing on Rehabilitation and Recovery. The SIRR Board will make recommendations to the charities on the priorities of funding within the joint funding strategy.

SLaM Charitable Trustees have already funded Recovery Training in Croydon and Guy's and St. Thomas' Charity has funded similar training in Lambeth and Southwark.

7.3 Efficiency Savings

As some of the outcomes suggests the implementation of the SIRR strategy will free up resources, particularly in relation to delayed discharge and reduction of bed days. The SIRR Board will work with the IoP evaluation to identify other areas where the implementation of the SIRR strategy will lead to more efficient use of resources and efficiency savings.

8.0 Summary of key recommendations

1. To agree for the SIRR Board to review its terms of reference to become the body responsible for leading and overseeing the implementation of the SIRR Strategy.
2. Adopt Recovery Charter and principles as a foundation for SLaM services
3. Each borough to nominate a person to lead the local implementation of the Social Inclusion, Rehabilitation and Recovery strategy
4. Agree to the development of an implementation plan based on the key work streams set out in point 6.1.2.

Appendix 1
Social Inclusion, Rehabilitation and Recovery Strategy

Development Log

Date	What
April 2006	First outline of SIRR strategy development presented to SLaM Exec and approved.
May - September 2006	Leads identified and working groups established (see SIRR intranet site for more information on each group)
July 2006	Gabrielle Richards nominated as chair of SIRR Board
October 2006	SIRR Board established to oversee strategy development
18 th October 2006	Update to SLaM Exec. on strategy development
9 th November 2006	SIRR Intranet site launched http://sites.intranet.slam.nhs.uk/doc/sirrtest/default.aspx
9 th November 2006	SIRR Public Event with more than 100 attendees (report available from SIRR Intranet site)
15 th December 2006	Recovery Charter and draft strategy presented to Nursing Executive for discussion
November 2006	Carers consultation on the Recovery Charter carried out by Rethink, Croydon
11 th January 2007	First draft circulated to working group participants
24 th January 2007	Service User Focus group
26 th January 2007	Staff focus group in Croydon
Late January 2007	Working groups dissolved
5 th February 2007	SIRR Board signs off final version of strategy
7 th February 2007	SIRR Strategy presented to SLaM Developmental Executive for endorsement

Appendix 2
Social Inclusion, Rehabilitation and Recovery Strategy

Social Inclusion, Rehabilitation and Recovery Board

Gabrielle Richards (chair)	Professional lead for Occupational Therapy, lead for Employment and Vocational Opportunities work stream
Tony Coggins	DOC Unit, lead for Stigma and Discrimination work stream
Mike Slade	Consultant Psychologist, Croydon lead for Recovery work stream
Sarah Burleigh	Deputy Director of Nursing, lead for Access to Health Care work stream
Patrick Gillespie	Director Adult services Lambeth, Lead for Housing Steering work stream
Zoe Reed	Executive Director of DOC, Lead for Social Networks and Community Participation work stream
Sandra Lawman	SLaM Charitable Trustees
Tom Craig	Professor Social Psychiatry, Institute of Psychiatry
Joanna Murray	Senior researcher, Institute of Psychiatry
Brian Fischer	GP Lewisham, PPI lead NHS Alliance
Jed Boardman,	Consultant Psychiatrist
Harriet Hall	Non Executive Director, SLaM
Karina Krogh	DOC Unit