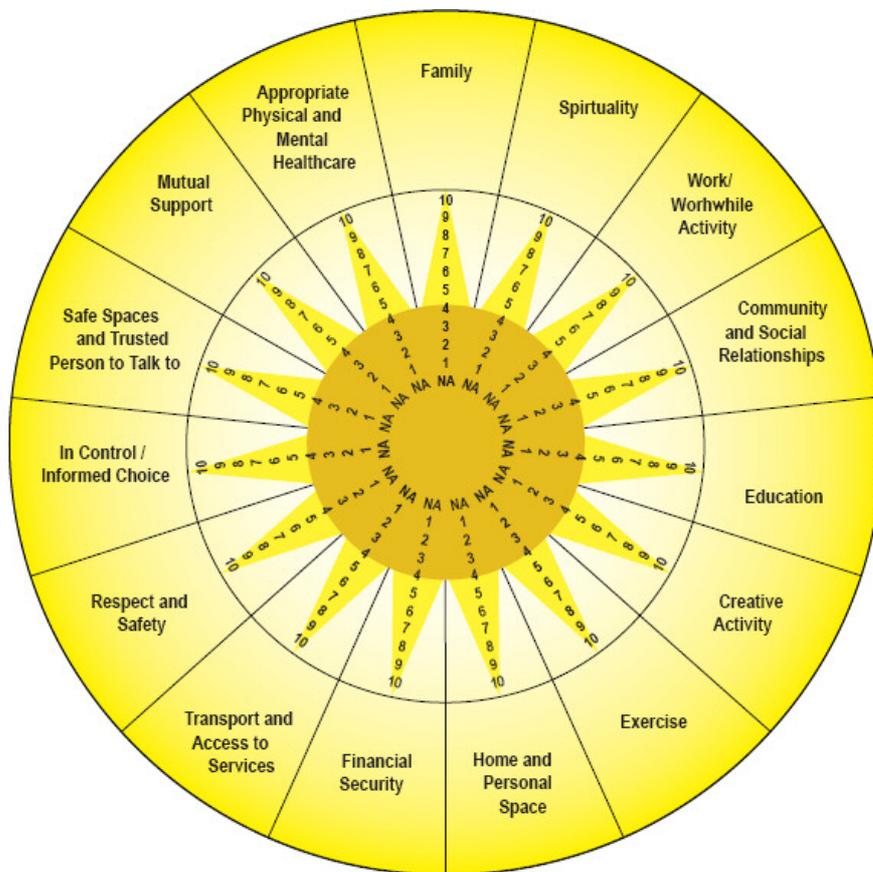


# SUNSHINE

## Service User Need

Spirituality, Health, Inclusion, Normalisation, Environment



An evaluation report on the SUNSHINE pilot.  
Bradford February to September 2010

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# SUNSHINE evaluation report

## SUNSHINE Evaluation report

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## SUNSHINE evaluation report

- Summary

The SUNSHINE tool has its origins in the 'Commissioning Outcomes Framework' for Bradford's Black and Minority Ethnic (BME) Communities work undertaken in 2007/08. The tool allows for service users to identify their needs, providers to ensure identified needs are met and to demonstrate outcomes, whilst providing commissioners with information on where gaps in services lie. It was piloted by three organisations providing day services for people with mental health problems from BME communities.

As a user led needs assessment tool SUNSHINE allows service users to rate how well there are doing across a number of domains. The domains cover a range of aspects of social needs and healthcare. It allows service users to identify their changing needs over time, and plan how to make positive changes in their lives.

Service providers demonstrate how they are contributing to making positive outcomes in the lives of service users. By recording 'before' and 'after' scores for service users it is a method (although not the only method) of demonstrating a range of outcomes. In addition the aim is to show service providers what their service users needs were in a holistic way, and to enable the providers to either broaden their range of activities, or to sign post / refer people to other appropriate services.

By receiving scores for a large number of service users it can highlight to commissioners where gaps in services exist.

### Outcome of the evaluation

Overall the SUNSHINE tool evaluated well. Individual service users felt that it was helpful in identifying needs and demonstrating positive changes in their lives. Providers felt it was a useful way of identifying need in a holistic way. So far only information on 53 individuals has been fed back, so it is difficult to know whether it will give useful commissioning information. However, early indications are that there is the potential for this to happen.

There were a number of changes which would need to be made for it to be made more usable for service users and providers. These include making the domain names clearer, including pictures to illustrate the domain headings and to re-write the user guide in plainer English.

### Recommendations

- SUNSHINE is rolled out as a common needs assessment framework for mental health day services within the context of the Day Services Review. Recording and submitting outcome data is written into contracts with providers of day services.
- The health domains is split between physical health and mental health.
- Some of the domain names need to be re-phrased to allow for easier translation.
- The action planning section needs to be revised.
- A mechanism needs to be developed to allow for 'mis-scoring'. This should include allowing workers to give an alternate score.
- The descriptions in the domains need to be re-written in more accessible language.
- A method for analysing outcome data is devised.
- Resource is found to produce a colour tool kit in a professional manner.
- A training package is developed to support the teams who will be implementing the tools.

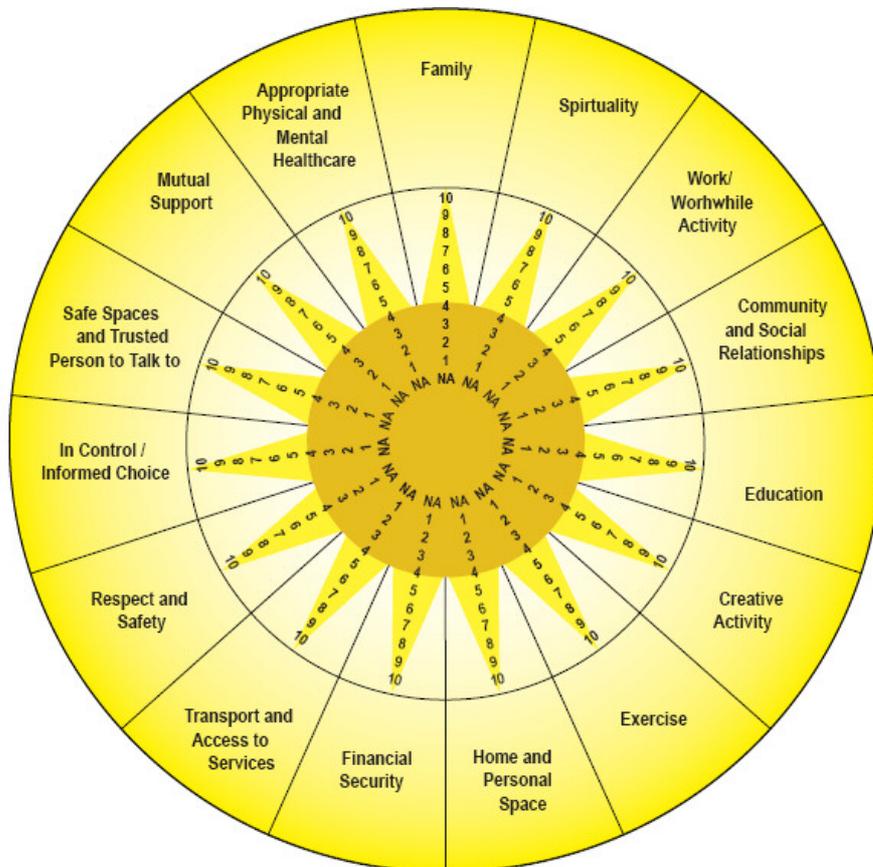
## SUNSHINE evaluation report

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- What is SUNSHINE?

SUNSHINE is a multi-functional tool developed for use in mental health day services. The tool operates on three levels: for individual service users; for service providers and for commissioners. It consists of a number of domains, covering a range of aspects of social needs and healthcare. Each domain is on a scale between 1 and 10.

Service users, working in partnership with a worker from a day service, assess how their lives are going in each of the domain areas. They score themselves between 1 (very poor) to 10 (excellent). After completing the 'SUN' people develop an action plan to make changes in areas of their lives which they identify as most important to them.



- Background

In 2005 the Bradford District Health and Social Care economy was selected as a Focused Implementation Site for Delivering Race Equality in Mental Health.

One of the projects was to develop a *Commissioning Outcomes Framework*. This project, facilitated by the University of Central Lancashire, recruited a team of community participants from a range of Black and Minority Ethnic (BME) communities. Throughout 2007/08 the community participants interviewed a large number of people from BME communities who had experienced mental health problems to find out what they needed to maintain positive mental health.

## SUNSHINE evaluation report

The results of this research was a list of fifteen domains, which were common issues across all groups. These domains are in the SUN on page 4 of the this report.

In autumn 2009 NHS Bradford and Airedale added the development of a tool based on the Commissioning Outcomes Framework as part of the Mental Health change programme.

### Development

SUNSHINE has been developed within a Managing Successful Programmes framework. This led to the establishment of a Project Board to oversee the development, a project plan along with risk register, and regular reporting to the project and programme boards.

Before SUNSHINE was developed a search was done for existing tools which would fulfil the three set objectives. Although the Outcomes Star™ had a number of similarities, it was decided that ten domains within the Outcomes Star™ did not correlate closely enough with the locally developed domains. As a decision had been made to use the local domains as they had been validated as appropriate to a range of BME communities through local research, it was agreed to develop a tool which would allow service users to identify their needs, allow service providers to demonstrate outcomes and to deliver whole-system information for commissioners.

In order to do this a numerical system was needed in order to show measurable, albeit subjective, outcomes and system wide issues. To demonstrate that the domains were not in a hierarchy it was decided to put them around a circle. The tool developed into a sun due to the lines coming of a circle and the acronym Service User Need, becoming SUN.

### Aims of SUNSHINE

The three parallel aims of SUNSHINE are:

To have a tool service users can use to identify their changing needs over time, and plan how to make positive changes in their lives.

Service users, with the assistance of a staff member where appropriate, judges where they are on each of the domains. They identify a small number of areas (a maximum of four is suggested) where they would like to make changes. They do a short action plan for these areas. After a number of weeks or months, depending on the type of service and the individual's needs, the scores are revisited, and changes are recorded.

Service providers to demonstrate how they are contributing to making positive outcomes in the lives of service users. By recording 'before' and 'after' scores for service users it is a method (although not the only method) of demonstrating a range of outcomes. In addition the aim was to show service providers what their service users needs were in a holistic way, and to enable the providers to either make a case to commissioners to broaden their range of activities, or to sign post / refer people to other appropriate services.

Commissioners to understand where services may need to be developed, either for particular communities, or across the district. This can add depth to the needs assessment part of the commissioning process, and inform the allocation of resources.

## SUNSHINE evaluation report

- The evaluation process

The aim of the evaluation process is to measure how successfully the SUNSHINE tool reaches these three parallel aims. A number of parallel processes took place. These were:

- A community engagement event;
- Ongoing discussion with pilot sites;
- A series of focus groups for service users who had used the SUNSHINE tool;
- A facilitated meeting with the three pilot providers.

### Community Engagement Event (5<sup>th</sup> August 2010)

An event was organised to bring together a number of the community participants (from the original research), community development workers and workers from a number of voluntary and community sector organisations.

The participants were split into three groups and were asked to comment on the principles of SUNSHINE, the definitions used in the user guide and suggested pictures.

- General comments

There was overall support for the model.

It was felt that translating the tool kit would not give sufficient benefit to the cost involved<sup>1</sup>. It was felt that having pictures to illustrate some of the concepts would be useful.

What we will do: It had already been decided to use pictures to complement the words.

- Definitions

It was felt that the definitions for each domain were unclear.

The sentences were too long.

Some of the definitions needed to be broken up with bullet points.

For many of the definitions extra words or phrases were given.

Having physical healthcare and mental healthcare in the same domain was not felt to be helpful.

What we will do: The definitions of the domains are being re-written with shorter sentences.

Some of the extra suggested words and phrases will be integrated into the definitions.

To help illustrate the domains other phrases are being put by the side of the main text.

The physical and mental healthcare domains will be split, and the definition re-written.

- Pictures

It was felt that many of the pictures failed to encapsulate the domain sufficiently well.

The variety of pictorial styles was not helpful.

What we will do: We will develop our own picture bank, taking note of the comments made.

### Comments from providers

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<sup>1</sup>. Service users and staff felt that translation of the tool would be an ineffective way of ensuring access for people who don't read English at a sufficient level. The use of pictures would allow concepts to be conveyed to a range of excluded groups.

## SUNSHINE evaluation report

The pilot sites have generally been positive about SUNSHINE. They have found the process helpful in providing a holistic service, either directly or by signposting/ referring service users to other organisations.

During the process, the three providers who are piloting SUNSHINE have made a number of comments, which need due consideration.

People may either under or over score themselves. This can be a particular issue for people with mental health problems. In order to understand how large an issue this is, a measure needs to be developed. A suggested measure is to monitor the number of people scoring either 1/ 2 or 9 / 10 on most or all domains. An initial review of the 53 scores returned from the pilot sites suggests that this may be an issue. There was one example of a person scoring twelve of their scores as a 1 or 2, with the other scores being 3 (twice) and 5 (once). Another person scored thirteen domains as 9 or 10, with the others an 8 (once) or not applicable (once). Within the pilot there have been limited cases of people scoring at nearly all 1 and 2's or 9 or 10's.

There were examples of staff members and the service user having very different perspectives as to how well a person is doing in a particular domain. The project board will discuss this introducing an area for staff members to make their own comments and score.

The issue of service users fearing that if they score *too high* they may have services withdrawn was raised. It was felt to be good practice for all services for there to be clarity as to what any time limits on the service are, as well as there is on-going discussions with service users about 'discharge' from the service. Service users should be made aware of the range of services available at time to move on.

### Outcome of meeting at Naye Subah

At the time of the evaluation 34 service users had gone through the whole process of completing the toolkit and reviewing, with a further nine people who had not undergone a review.

The focus group discussion with women using the Naye Subah project was quite informal, as it was at the end of an existing session. Overall it was felt that SUNSHINE was a useful tool, allowed for a discussion in areas which had not been previously focused upon, helped build positive relationships between the service users and staff and allowed appropriate support to be offered / found for service users.

The main difficulties were that a number of the domains were difficult to explain, particularly: The Worthwhile activity element of 'Work/ Worthwhile Activity', 'Home and Personal Space', 'Respect and Safety & 'Appropriate Physical and Mental Health Care'.

Many of the women found it hard to see the wider aspects of spirituality outside of religious observance.

A number of areas did not have particular significance to the service users at Naye Subah, and were often put as *not applicable*, particularly the Work element of Work/ Worthwhile activity.

## SUNSHINE evaluation report

A number of domains were highlighted as areas where many of their service users needed to make changes, but struggled to see how this could be done. These domains included 'Financial Security', 'Transport and Access to Services', 'In Control/ Informed Choice', 'Safe Spaces & Trusted Person to Talk To'.

The numbering system was also difficult for some of the women to understand, with some spending more time than perhaps was anticipated on deciding whether a score was eg, 3 or 4. As part of the pilot, Naye Subah did not have a description for each of the numbers. This demonstrates the need for this to be included.

A number of women chose where they felt they would like to be on the scale.

From the experience of the workers, some of the women gave what they felt to be unrealistic scores for domains.

Within the change planning element, Naye Subah felt it was more realistic to focus on two domains.

Overall, although using SUNSHINE is quite a time-consuming process, it was felt that it was a really useful tool for assessing needs.

### Outcome of meeting at Sharing Voices (Bradford) (SVB)

The meeting at SVB was attended by seven service users and two members of staff.

The overall experience of people who completed SUNSHINE was positive. People found it a useful tool to use. It allowed them to explore a range of areas in their lives. One service user said 'My opinion matters'.

There was some discussion about reducing the number of domains as there was overlap. Although there was some support for this it was not universal, with one service user expressing the view that the range of domains gave her the ability to look at her life in quite a lot of detail. Other participants felt there was a high degree of repetition and this made it a time consuming process. It emerged from the discussion that not everyone was scoring themselves for all domains.

It was felt that the words used for the domain headings often needed explanation. This was a particular issue if people did not speak English as a first language. However, it was recognised that the domains had come from the community and reflect the needs of people from a diverse range of backgrounds. Feedback from a worker who has been working with African communities, and has used SUNSHINE in French, Lingala and Swahili has not found the translation an issue.

Another area of discussion was whether the scales should be 1 to 5 instead of 1 to 10. Overall it was felt that a scale of 1 to 10 allowed for smaller steps to be recorded. This was felt to be important as people frequently make small steps of progress, but this can be recorded.

Service users said that the scores they give (for any given domain) may vary considerably over a short period of time, sometimes as short as within a day.

## SUNSHINE evaluation report

An emerging theme was the importance of the staff member using the tool to engage with the service user. It was felt that if the tool was simply left with the service user it would not be useful and was potentially damaging. When staff members have used this as a means of engaging with service users it has helped build a beneficial relationship. One service user said they felt that if the worker came across as unenthusiastic about it, then they would be enthusiastic, and the scores and any action plans would reflect this.

It was felt by both the service users and staff members present that SUNSHINE should not be started at the first session, but should wait until the second or third one. This allows a relationship between the service user and worker to build. The suggested method was for the worker to introduce SUNSHINE at a session, the service user to take it away to think about the issues, then for it to be completed at subsequent sessions.

Service users felt that the action planning session was felt to be the most important part of the process. They felt that up to four areas to look at was a manageable number. It gave people a sense of hope that things could change. One service user described it as 'my yellow brick road'. It had allowed for the people present to make changes in their lives which were positive in a very quick time frame.

### Outcomes of meeting at SAWHAA

Thirty three service users had completed both initial scores and reviewed them.

The visit to SAWHAA ended up being a discussion with the two workers, as no service users were present.

The tool was felt to be useful. For their client group, which generally has a lower level of need than some of the other services, it was not as a time-consuming process, taking about 20 minutes per person if it was done without translation.

Examples of where positive changes had been made include a service user who was supported to travel independently.

It was felt that the method for recording scores was cumbersome, and the ability to record NA was not permissible in the spreadsheet.

### Outcome of meeting with the pilot sites

A meeting was held with the three pilot sites. Although all three sites felt that it was useful as it gave an 'insight into individual needs' it was felt that it was time consuming, often taking between one and two hours to complete each form. One provider felt that it replicated a lot of information which was on their referral form.

It was felt that it would make the tool more useful if a number of domains where there was an element of overlap could be combined. It was felt that having a total of ten domains would be more manageable.

Suggested links include: Physical healthcare with exercise;  
Family with community and social relationships;  
Work/ worthwhile activity with education and/ or creative activity;  
Respect and safety with mutual support.

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The action planning part was, overall, felt to be useful, and the part of the process where people were going to make positive changes. However, people need to have a reasonably high level of capacity to complete this.

It was felt that the first question, regarding what in that domain is going well should be removed as people struggled with it, particularly when they had been asked to identify the areas in their life which needed the biggest change.

It was also felt that it would be useful to ask how people saw the links in the different domains. The example was given that if someone does something around education it will have a positive impact on the worthwhile activity section, and possibly the mutual support domain.

After reviewing the scores and their action plan one service user said: 'When I look at my life I am doing much better now.'

The user guide could be made more usable by giving 'real life' examples. It was also suggested that the user guide could include examples of organisation which people can be signposted to for support, for example, under financial security the numbers for the CABs.

The recording of the scores on the excel file was proving problematic for one provider. Currently there if 'na' is entered it comes with an error message and does not allow the user to continue. It was also felt that it will be useful to 'freeze panes' so the headings remained visible even when the screen was scrolled down.

The other issue which was raised by all three pilot sites was that scores recorded by clients do not necessarily reflect what the workers feel is a realistic view of a domain. This may have been for a number of reasons, including that a person is either in a depressed state and marks their scores lower than 'objectively' they might be, or are in a manic state and 'over score' themselves. It should be recognised that using any self scoring system will face this difficulty.

In addition, the pilots reported that, particularly with new clients, people wished to project an image of themselves which was more positive when it really was. At the time of the review, a number of people were reporting that they had scored their original areas higher than reality reflected. Where this occurred it was felt that this can be seen as the client have increased confidence in themselves and their relationship with services.

A suggestion was made that there is space for workers who are co-completing forms with service users can make a note of what they feel the scores might be. This should be done honestly and openly with the service user.

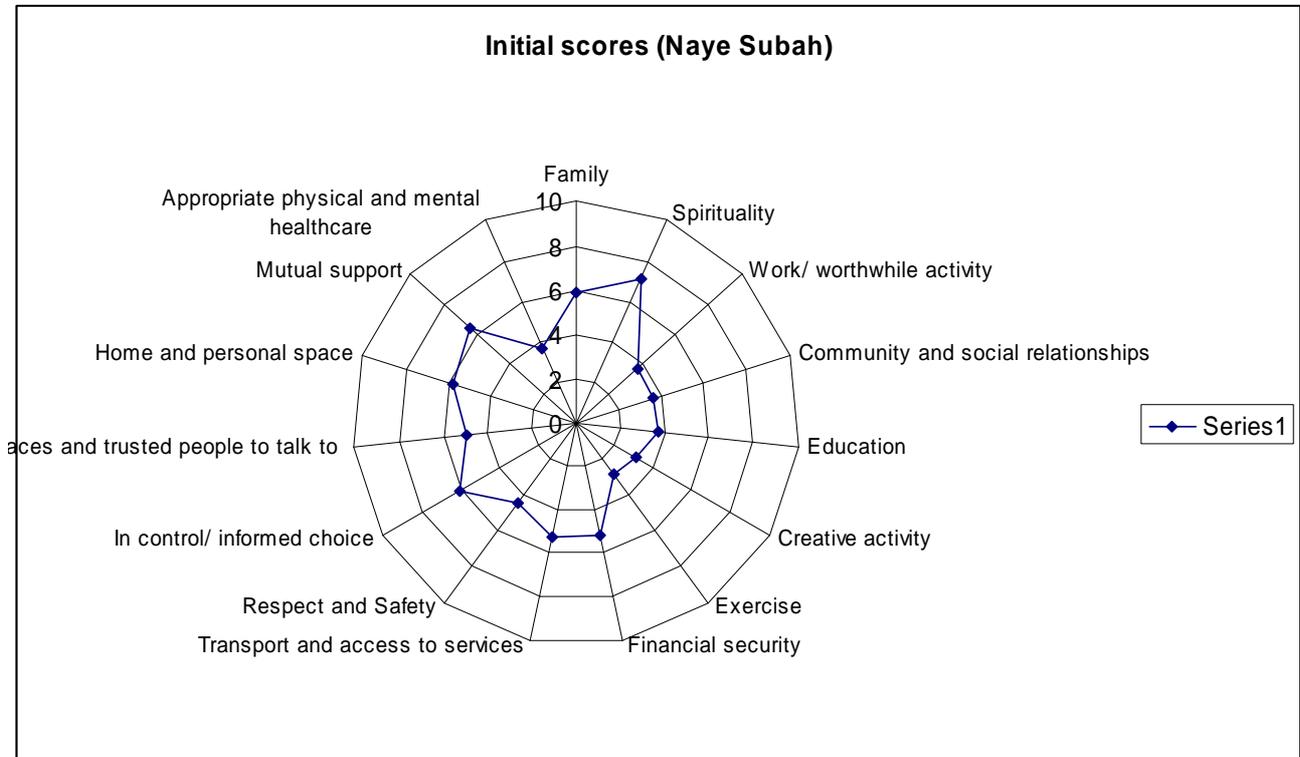
There was also a discussion about who should keep copies of SUNSHINE. Within the pilots, the providers have kept the copy. It was felt that particularly if there was something which might be sensitive this was appropriate. When a service user keeps the original a copy should be taken by the service provider.

### The use of SUNSHINE to inform commissioning

One of the aims of SUNSHINE is to inform commissioning. With only 53 scores returned to date this has not been possible. However, if it is used by all mental health day services within the district then it has the potential to provide useful commissioning information.

## SUNSHINE evaluation report

Discussions have been held with data analysis specialists around developing a tool to do this. A graphical representation of the scores the first 20 people demonstrates the where people were failing to access appropriate services. In the case below exercise scored an average of 2.84 and creative activity scored an average of 3.07.



From the early results it appears that SUNSHINE has the potential to use to inform the commissioning process.

### Conclusion

The pilots have shown that the SUNSHINE model provides a holistic and acceptable across a range of cultures method of needs assessment.

The case for a number of the domains to be combined was considered, it was decided that they came out of a piece of validated, community based research and should not be combined.

The domain 'Appropriate physical and mental healthcare' should be divided in to two separate domains.

Pictures should be used alongside each domain.

A process for allowing service providers to record their perceptions of the service users score should be developed.

The action planning area needs to be re-written. This will take out the first question on 'What is going well in this area'.

## SUNSHINE evaluation report

The descriptions for each domain need to be re-written in more accessible language. Real life examples should be given. Useful numbers for services should be incorporated into the guide.

A mechanism needs to be developed to allow for 'mis-scoring'.

Resource is found to produce a colour tool kit in a professional manner.

A training package is developed to support the teams who will be implementing the tools.  
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