

Southwark CCG Committee Report

ITEM FOR DISCUSSION / ASSURANCE

CCG Committee	Engagement & Patient Experience Committee		
Month	November	Year	2017

Item title:	Report: Engagement on the draft Southwark Joint Mental Health and Wellbeing Strategy 2018-2021
Enclosure number:	C

Any know conflict of interest	No
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The item is being presented to the committee for (select <u>only one</u>):			
Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
Report Author		Responsible Director	
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1. Purpose of the paper (why does the committee need to discuss / receive assurance?)	
<p>1.1. The report is a write-up of the engagement events that took place between August to September 2017 regarding the draft Southwark Mental Health and Wellbeing Strategy 2018-2021</p> <p>1.2. Previous engagement events took place in November 2016. The strategy was drafted in response to the comments and suggestions raised during these events</p> <p>1.3. It is intended to have follow-up discussions with Healthwatch to confirm they approve the final version of the strategy.</p>	
2. Describe the issue being presented to the committee for discussion or assurance	
<ul style="list-style-type: none"> The committee is asked to provide the Governing Body with assurance on the engagement that took place between August and September 2017 regarding the draft Southwark Mental Health and Wellbeing Strategy 2018-2021 The strategy document is currently going through CCG and Council governance processes to seek final sign-off and agreement to proceed to the delivery phase 	
3. What stakeholder engagement has taken place?	
The report details the engagement that has taken place.	
Supporting information / documents	
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.	
Appendix #	Name of document

i	Report of the Mental Health and Wellbeing Strategy engagement event, September 2017
ii	Consultation hub comments October 2017

Date paper completed	Friday, 10 November 2017
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Draft Joint Mental Health and Well-Being Strategy: engagement feedback

1. Introduction

This report is a record of the engagement exercises held by NHS Southwark CCG and Southwark Council to finalise the Joint Mental Health and Well-Being Strategy 2018-2021. The exercises included engagement events and a period of online engagement through the 'Consultation Hub' which was available on Southwark Council's website. The aim of these activities was to give an opportunity for local service users, carers, members of the public, GPs and stakeholders to assist with finalising the draft strategy document.

The strategy was written following extensive engagement in November 2016, and was revised following comments from senior staff from Southwark CCG, Council and members of the Strategy Steering Group. The strategy describes the key issues and actions which are needed to improve the mental health and wellbeing of Southwark residents.

Feedback from recent engagement has been collated and summarised, with key themes identified. These themes broadly highlight the areas which people felt were most important in relation to the strategy and how it should be delivered. This information has been used to inform the final version of the strategy document and action plan, and will also play a vital role in shaping the development of Southwark mental health and wellbeing services in future.

2. Summary of strategy engagement activities

2.1 Mental Health and Wellbeing Strategy engagement event: Blackfriars Settlement

This event was held on the evening of 11 September 2017, and 33 people attended as well as Southwark CCG staff members, the CCG's clinical lead Dr Nancy Küchemann, and Councillor Richard Livingstone representing Southwark Council.

The format of the event included short presentations to introduce the strategy and future plans, followed by a workshop session and feedback. Councillor Richard Livingstone gave the closing presentation and thanked everyone for attending. The workshop session invited 6 tables of between 4-7 people to discuss a case study in relation to 4 key strategy priority areas. The aim was to discuss how the strategy priority areas would help the people in the case studies and whether there were any gaps.

The engagement report includes case study scenarios and priority areas feedback, and is attached

2.2 Borough, Bankside and Walworth Community Council meeting, St Georges Cathedral

This Council meeting was held on 21 September 2017, and the Mental Health and Wellbeing Strategy was discussed in the second half of the event. At this event a number of local mental health and other support organisations had set up stalls in a 'market place', offering advice and information to the people attending the event.

The meeting was chaired by Councillor Eleanor Kerslake and attended by around 100 local residents, as well as most of the councillors for the Community Council area. After Council proceedings at the beginning of the meeting had been concluded the strategy was introduced by Southwark Council's mental health champion Councillor Helen Dennis and a commissioner from Southwark CCG. The coordinator of the Southwark Wellbeing Hub also gave an overview of the work of the Hub and some of the resources which are available to people seeking advice and support in the borough. The meeting then broke into groups to consider individual case studies and how the people in the case studies could be supported to deal with their support needs.

Councillor Kerslake's email letter summarising the key themes from this event is available in appendix 2.

2.3 Southwark Council's Consultation Hub

The Consultation Hub was open to comments from the public between 7 August and 15 September 2017. A total of 87 responses were received from people and comments have been used to finalise the final strategy document.

The summary report is attached.

The responses given by people responding to the Consultation Hub questions are available in appendix 2 to this report.

Appendix 1: Councillor Kerlake's event summary, email 6.10.17

Dear Rebecca, Maisie, Richard, David, Southwark CCG

On 21 September 2017 Borough, Bankside and Walworth Community Council held a themed meeting on mental health. The meeting was attended by around 100 local residents, around 12 local groups (including many specialising in disability and mental health such as the Southwark Wellbeing Hub) and nearly all councillors for our community council area.

I am writing to you to make you aware of what we discussed in the hope that this will provide useful feedback for your development and scrutiny of the Joint Mental Health Strategy.

Overview

We heard from our local MP, Neil Coyle about the experiences of a number of his constituents who themselves suffered or cared for people with mental ill health. He provided evidence as to how strains on public services and changes to welfare had put more of his vulnerable constituents at risk.

We also heard from Southwark council's mental health champion, Councillor Helen Dennis and Karen Clarke from the CCG who introduced the draft Joint Mental Health Strategy. Finally, we broke into groups to consider individual case studies and how we would recommend helping a fictional person with particular mental ill health issues.

Key Themes

Our discussion and resulting recommendations fell into to the following key themes:

1. Mental Health services should be tailored to who we are and not exacerbate existing prejudice

In particular:

- Services must be sensitive to issues particularly experienced by people of a certain race:

An audience member spoke passionately about the increased likelihood that black men with mental health issues will be incarcerated or overly medicated in contrast to their white male counterparts. We also discussed David Lammy MP's recent report into the criminal justice system which argues along similar lines.

We also discussed particular anxiety experienced by the Latin American community as a result of Brexit, as many Latin American residents have European passports.

Mental Health professionals must be aware of these issues that disproportionately affect one racial or ethnic group and react to them appropriately.

- Services must provide for the elderly and the young: we were particularly concerned about how the very old and very young accessed mental health services.

2. People need to be more aware of what is out there for Mental Ill Health sufferers:

We heard about looks of positive work being done by the voluntary sector and the Southwark Wellbeing HUB. However, too few people know how to access these services and some of the most vulnerable people (e.g. Elderly people on big estates) may have little contact with the outside world let alone these services.

Service providers need to be more creative about accessing people - getting into community centres, churches, highstreets and super markets. Key local champions and councillors might

benefit from training so they know where to refer people suffering with mental ill health. Local media and Southwark Life magazine can help promote the many options and services out there.

3. GPs are central to everything:

Many people said that GPs are often the first stop for people who feel mentally unwell. However, GPs often were pushed for time or unaware of local services. It would be great if GPs surgeries could be more like hubs referring people to the Wellbeing HUB and other groups and increasing crucial awareness of what people's options are.

Many GP's provided a great service but it was felt that they should also support non-medical prescriptions as explored below.

4. Lots of things can help - not just medication:

We discussed "social prescribing" at length - the idea that GPs and other professionals could refer individuals to non-medical services that might really help them: free swim and gym, gardening clubs, etc. Again, it was felt that everyone had a role to play but that health care professionals would normally be the "first point of call".

5. It is a difficult environment to improve prevention of mental ill health:

Many people noted that people might spiral into mental ill health if other parts of their life were not going well: if they needed help with housing, finances and benefits, relationship breakdowns or child care. These problems might go beyond the Joint Mental Health Strategy but it would be very helpful to monitor and understand the issues which were having the biggest negative contribution to preventing mental ill health. One example raised in our workshops was longer term support required for people who have just left supported housing and may be feeling very vulnerable and alone.

Places like the Wellbeing HUB, GP surgeries and other common resources should be good bases for referring people to the best place to get advice other important areas like housing and benefits.

I hope this feedback will prove helpful as you develop this strategy. We would very much welcome any comments you may have and look forward to seeing the final Joint Mental Health Strategy emerge.

As a community council we are committed to working with you to improve mental ill health in our area.

Yours sincerely

Eleanor Kerslake
Chair Borough Bankside Walworth Community Council

Appendix 2: Consultation Hub responses

Do you have any other comments about our draft mental health and wellbeing strategy - general comments:

"This is a great first step.

In developing the Mental Health and Wellbeing Strategy, there is need to ensure that every sector of the mental health economy in Southwark is sufficiently engaged-Council, voluntary sector, business, people living with mental health problems.

A balance should also be achieved between delaying the process and and rushing the development of the strategy which can result in an excellent document being produced but lacking stakeholder buy-in and support.

Good luck!

None. well done

Very encouraging. It will be great if every aspect the NHS and community works together.

There should be a cross party agreement to the strategy and all political parties having equal say.

"Individual counselling should be offered on a long term basis

Utilising charities to offer community support

Equipping people with skills to cope as early intervention rather than having to perform crisis work "

To work closely with CASC so that people don't slip through the net. To take ownership, rather than pass people backwards and forwards to CASC until the referrer gives up.

"All levels of government and all public funded organisations need to demonstrate good management

I suggest they use ISO 9001 to do this "

"I think it is brilliant that southwark are addressing and spending money on a consultation for something that is actually so important.

This is a huge issue to deal with and I pray you do it well.

Inviting people to contribute from many different personal experiences and angles may help southwark get some idea of how best to tackle this always present but often hidden problem. There will always be more that can be done but this is a good start.

Thank you. "

There are many barriers for patients who may feel judged or stigmatised regarding mental health issues. Communication needs to be sensitive.

Who was involved in the drafting of it please

Providing advocacy service will good for Southwark residents.

The strategy is very welcomed and generally reflects the 'wellbeing principle' as outlined in the Care Act 2014. We can see that the NHS has recognised the 'social value' of VCO's in achieving this aim. We therefore hope that this approach will genuinely be reflected in the commissioning of services and funding streams.

Lack of detail

We have had vast experience with Southwark CAMHS, King's A&E and the Michael Rutter Centre. Please feel free to contact me if you wish to talk further because the things I have to say are too many to list here.

A good start, but the proof of the pudding is in the eating

The service users with severe mental illness who are over 65 but without dementia needs to be identified and catered for

Would be nice to have some actual details of what might/will happen

We are happy for you to come and visit us and talk with my team about the advice they provide to people with MH and the impact this has.

"Yeah, it's a non document. Stating the obvious without any actual detail.

More Information about the steps we will take to deliver our priorities

Then this:

Actually, its pointless. I'll leave it there.

"Really positive strategy with great ambition. Our experience is that you can improve people's lives and recovery and save costs if focussed & collaborative.

Certitude are really keen to work with Southwark on improving mental health support and outcomes."

"There is clearly some good will and awareness of the scant funding landscape that we are in that sit behind this document, it does allow for movement but there is a concern this may become 'drift'.

The actions from the action plan do not contain specific measurable items and it is not clear how they will be evaluated. It is not clear how anybody would see that anything has been done to move towards these quite vague ideals. whilst obviously a strategy represents a journey, knowing what the landmarks are would be helpful.

The community focus which you outline a wish to improve does not really meaningfully address the needs of people across the lifespan and particularly not those in crisis who have not previously had any contact with mental health services. Engaging people at risk in

the community means those who are less likely to engage with statutory services or who are facing new and unpredictable challenges .

Not having much money available means that resources have to be used carefully and it is really important to be clear of the directions that are to be taken.

Implementation of this strategy could be complicated given the lack of specificity but it is reassuring that thinking about broader models of commissioning seems to be underway. The King's fund have some interesting ideas on this that may be of us (the 'alliance' approach).

What role is there for research to influence the delivery of services? And evaluate the success of these initiatives.

"As always, with any strategy, the ambitions read very well - and the devil is in the detail of 'HOW' it will be achieved.

So time will tell..."

Happy to link up more effectively on healthier ageing - with 50 years of social work behind me and my own research background, I met with Tara Quinn + colleagues yesterday , exploring using Southwark as a beacon for healthier ageing . The new Sports Strategy and current Sport England emphasis on wellbeing is leading to rapidly increasing media interest on healthier ageing and physical activity and socialising, which of course is so closely linked with mental health

"Have to say I found it all rather hand-wavy and lacking in convincing detail. Possibly that's just me not understanding it properly. However I would humbly suggest finding a clearer overall structure, operationalising the outcomes and then providing more detailed descriptions of the actions.

However, a few minor points in case of any use:

The definition of mental health on page 8 isn't exactly clear, and doesn't much aid understanding of the text which refers to 'mental health problems' and later to 'common mental health disorders'. Perhaps the table of definitions could be reviewed.

The prevalence figures for common mental health disorders on p. 17 don't seem to add up. It might be helpful to say whether these estimates are based on the national or London figures from the APMS. (I think the London figures suggest a smaller difference in prevalence rates between men and women.)

On page 21 it seems odd to have 'adults' as a separate category from 'SMI' as if people with SMI weren't adults (some are younger but most are adults).

Page 43 last line - 'increase patient choice' - which new choices are you hoping the services mentioned will introduce?

Page 44 top line - what is a self-management 'framework'?

Page 46 last line - is the planned enhanced primary mh care model only for SMI or if not, what sort of relationship would it have with IAPT?

Page 47 - consider a mention of the work in IAPT in relation to the last few items?

"The current configuration of separating Social Care into physical health and mental health is outdated and puts unnecessary barriers between patients/service users/ carers and resources. Southwark would best serve its vulnerable residents by instituting the completion of a 'Care Act eligibility criteria checklist' by Consultant physicians, as they are best placed to know the extent of conditions/comorbidities impact on patient's quality of life (QoL).

The mental health condition Hoarding is currently the remit of Southwark Housing. The draft mental health and wellbeing strategy Housing section regards the built environment and tenancy, but omits the clinical Hoarding spectrum.

Hoarding can be an illness in its own right, known as hoarding disorder, or can also be part of another health problem:

Physical illness – can lead to tiredness and disorganisation.

Dementia – memory problems can interfere with someone's ability to organise themselves and their belongings.

Depression – can make you lose interest in your normal activities, make it hard to concentrate and make it hard to make decisions.

Alcohol and drug misuse – can affect your ability to look after yourself.

Schizophrenia – unusual beliefs and a lack of organisation can lead to hoarding.

Bipolar disorder – can make you shop too much, and will interfere with your organisation.

Learning disability – can lead to problems with thinking and memory.

Autism and related disorders – collecting things can be a source of comfort.

Obsessive Compulsive Disorder (OCD) – you don't feel attached to your hoarded items, but you do fear what will happen if you throw them away. About 1 in 20 people with OCD have a problem with hoarding.

The evidence according to RCPSYCH suggests it is clinically inappropriate for Hoarding to be solely in the remit of Housing. Having a safe and warm shelter is fundamental to our mental health and wellbeing and is a 'foundation physiological need' on Maslow's hierarchy of needs. Housing should not only be somewhere safe and warm but also a secure and positive environment that supports people as their lives progress.

Chaotic cluttered home environments can have a detrimental impact on the emotional wellbeing and cognitive abilities of not only tenants but also the CYP in their care."

I feel that Southwark can learn from the Joint Alliance work that is done in Lambeth as working in alliance provided better outcomes for people. Also a single entry point for people should be considered so people with mental health issues do not need to tell their stories over and over again.

"As a Trustee of Mental Fight Club who runs The Dragon Cafe - which supports recovery and wellbeing in Southwark We have been very privileged to have been supported through grants from Southwark CCG and Council. We believe that we play an important role in supporting some of the most vulnerable in Southwark - however we are very concerned about funding for future years. We would like to continue to be an integral part of the strategy working with the health and other sectors to support recovery of mental ill health. We have effective and cost efficient services.

The strategy would indicate that the voluntary sector is important in delivery but it also needs commissioning with adequate finance. "

I am very excited about this strategy and hope that we can be a partner in helping residents access the wellbeing and physical activity aspects of the plan.
