Open Agenda

Healthy Communities Scrutiny Sub-Committee

Tuesday 17 October 2017
7.00 pm
Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Supplemental Agenda

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Date: 13 October 2017

conversations/ World Café format.

A SOUTHWARK COUNCIL – commissioners & practitioners

1. Presentation from senior social worker giving a practitioner & operational viewpoint

    - Jay Stickland, Director of Adult Social Care, Children's and Adults' Services
    - Kerry Rabey, Service Manager Learning Disabilities and Transitions, Children's and Adults' Services
    - Bill Wright, Social Worker, Children's and Adults' Services

2. Presentation from commissioners providing an overview of provision

    - Genette Laws, Director of Commissioning, Children's and Adults' Services
    - James Postgate, Commissioning Manager, Children's and Adults' Services

    With Layla Davidson , Senior Commissioning Officer, & Sarah Bullman, Contract Monitoring Support Officer, contributing to Q & A – as needed.

    Presentation in supplemental agenda

B SERVICE USER & FAMILIES VOICE

1. Alex, with key worker , discussing Alex's new day opportunities.

    Presentation tabled.

2. Santiago, a service user, will be share their journey with us,

by showing a video of his journey. The video can be accessed here : https://www.youtube.com/watch?v=jtm0KksoEyk Since the time of the video Santiago has moved into independent accommodation . He will also be speaking briefly for 5 minutes, supported by Aurora

3. Tony & Faye - brother & sister of Debbie Howard, service user.

Tony will briefly verbally present with Bill Wright, social work manager.

C PROVIDER

Optima Care Shine London, Lynsey Robertson, Director of Development. www.optimacare.co.uk

Presentation tabled.

D WORLD CAFÉ

With refreshments served, and facilitated by committee members:

- What is important to service users? (outcomes, support need)
- What do people like about the present services?
- What could be better? (what challenges are people facing in services and in peoples lives)

Agenda Item 4

Southwark Council
southwark.gov.uk

SUMMARY OF DECISIONS AND ACTION ARISING

NAME OF MEETING: HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE – OPEN

DATE OF MEETING: WEDNESDAY 13 SEPTEMBER 2017

The following is a summary of the decisions taken at the above meeting and identifies the action arising. The first named officer is the person responsible for initiating and co-ordinating the action required.

Clarification or queries on any points should be raised in the first instance with Julie Timbrell

Item No.	Title/Summary of the decisions	Action
1	**APOLOGIES**	
	1.1 There were apologies for absence from Cllr Williams and Pollak; both sent substitutes Cllr Lamb and Rhule.	
2	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**	
	2.1 There were no urgent items of business	
3	**DISCLOSURE OF INTERESTS AND DISPENSATIONS**	
	3.1 Cllr Sunny Lambe declared that his wife worked for the NHS. Cllr Helen Dennis declared that she previously worked in an executive position on the Joint Mental Health & Well-being Strategy in her deputy cabinet role, and so she would withdraw from the committee at this item and sit in the audience.	
4	**MINUTES**	

RESOLVED:

The minutes of the meeting held on 11 April 2017 were agreed as a correct record.

5 KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (KCH) UPDATE

The chair invited the following presenters to introduce themselves:

- Harvey McEnroe, Deputy Director of Operations, Acute and Emergency Care
- Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG
- Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark Clinical Commissioning Group and Southwark Council
- Sean Cross, emergency consultant psychiatrist , SlaM based at King's Denmark Hill

The Deputy Director explained that the work on recruitment would come to a following meeting . The chair invited speakers to address the first two items on the agenda:

a) The mental health crisis care upgrade plan for King's Denmark Hill Hospital - including 6 million capital spend (paper enclosed)

b) Mental Health Crisis pathway meeting, led by the CCG, with a focus on King's Denmark Hill emergency department (paper in first supplemental agenda)

RESOLVED

KCH chief financial officer will provide a breakdown on the 6 million spend and provide a briefing and presentation at a following committee meeting.

VIDEO - OPENING OF THE MEETING

https://bambuser.com/v/6894178

VIDEO - KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (KCH) UPDATE

https://bambuser.com/v/6894181

https://bambuser.com/v/6894214

VIDEO - DRAFT JOINT MENTAL HEALTH & WELLBEING STRATEGY

https://bambuser.com/v/6894262

VIDEO - WORK-PLAN

https://bambuser.com/v/6894248

6 DRAFT JOINT MENTAL HEALTH & WELLBEING STRATEGY

The chair invited the following officers to introduce themselves and provide a brief presentation on the Draft Joint Mental Health & Well-being Strategy:

- Genette Laws, Director of Commissioning | Children's and Adults' Services | Southwark Council
- Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark Clinical Commissioning Group and Southwark Council

RESOLVED

Healthwatch will provide their submission to the consultation for the committee
(enclosed with minutes)

This item will return to the committee for further discussion on the points raised.

Officers will provide the JSNA data on Mental Health Inequalities (enclosed with minutes)

7 WORK-PLAN

Cabinet interview dates will be finalised as soon as possible.

Domestic violence will be discussed during the Leaders interview on the Health & Wellbeing Board.

Changes to health visitors due to re-organisations and reductions in budgets was raised.

Healthwatch Southwark's response to the final draft of *NHS Southwark Clinical Commissioning Group (CCG) & Southwark Council Joint Mental Health and Wellbeing Strategy 2017-2020*

This draft strategy is available online.

General comments

Healthwatch Southwark (HWS) exists to engage with patients and promote the public and patient voice, in order to improve health and social care services. Our feedback draws on our engagement around mental health including through our signposting role, community focus groups, engagement prior to the CQC (Care Quality Commission) inspection of SLaM (South London and the Maudsley NHS Foundation Trust), and discussions with young people in summer 2016. A summary of our evidence on mental health can be found on our website.

While some positive suggestions from earlier drafts have unfortunately been removed, we are pleased to see that some of HWS's input into the strategy is reflected in the final draft. We particularly endorse some of the priorities: prevention of illness and focus on the socioeconomic determinants of health, education and stigma reduction, early intervention including improvements to CAMHS (Child and Adolescent Mental Health Services), crisis services, transitions, talking therapies, and a holistic approach to promoting recovery.

Notably missing from the strategy, however, are improvements to transfer of care/discharge, drug and alcohol services, support for unpaid carers and family members, and addressing problems identified at SLaM around staffing, premises and the Mental Health Act/Deprivation of Liberties. The strategy also requires more detail on how public engagement has shaped the strategy - we are only told that the strategy is based on peoples' feedback and views (on page 9).

The level of detail varies significantly between broad visions for services and concrete actions - we have highlighted some areas where we think detail is lacking. This includes in particular the section on a crosscutting approach to prevention, approaches to tackling stigma, services for older people, transitions between services, and improvements to talking therapies. Some statements in the action plan are also very high-level, for example on page 43: *"through all of our commissioning activities, we will engage with service users, carers, and people with lived experiences; we will co-*

produce our services including new and emerging models of mental health care in Southwark." We do not have a sense of how and when this will be achieved.

The layout of the strategy does not make it easy to cross-reference and see alignment between strategy and actions. We recommend that the strategy needs to either be detailed enough to stand alone without the action plan, or else fully integrated and aligned with the action plan.

There is also a lot of background information in the strategy document (17 pages of 55). Whilst context is useful to the reader, we feel it makes the document more difficult to unpick. Talking through all the various strategies that this strategy is aligned with may make the reader question why there are so many. Perhaps the many existing strategies detailed here could be presented in a table format showing overlap and alignments.

Prevention and promotion of wellbeing

Firstly, we recommend that this heading is changed as prevention and promotion are contradictory terms.

We fully support increased emphasis on promoting mental wellbeing and its social determinants, and early intervention in illness including accessible services for all. The importance of breaking down stigma and tackling unhelpful cultural perceptions of mental illness was highlighted through our engagement with young people in summer 2016 and in several of our focus groups with minority communities.

- **Crosscutting approach to prevention across departments:** Given the huge importance of addressing the socio-economic determinants of mental ill-health (e.g. housing, debt, disability, support for carers, stress at school, family dynamics), we would like to see more detail in this section. For instance, what does it mean to say that *"we are working closely across the CCG and Council departments…to ensure a cross-cutting approach to prevention of poor mental health"*?
- **Promoting public health messages: healthy workplaces, physical activity, high streets, preventing homelessness; Five Ways to Wellbeing:** These are all important but public health messages alone cannot address homelessness and unhealthy high streets.
- **Working collaboratively across health, care, public health, VCS (voluntary and community sector) to develop approaches to tackle stigma:** We suggest that education and awareness campaigns could particularly target religious and ethnic

minority communities, and the parents of young people, as described in an earlier draft of the strategy. Again, what does collaborative working mean here?

- **Have reviewed provision of mental health support for vulnerable groups. Will develop targeted intervention regarding access to support in right place and time:** The review of BME (Black and minority ethnic) mental health was some time ago – what is being done? The targeted interventions need more detail, including in reference to the at-risk groups listed on page 18.
- **Early intervention for children:** Many of the young people HWS spoke to in summer 2016 were critical of the mental health education and support provided in schools. It is unclear whether the mental health training offered to schools has already helped address this problem and how extensive it has been, so we look forward to seeing the outputs of the evaluation. We would like to see the strategy discuss education and support in secondary schools specifically, as well as the Early Help offer and support at children's centres.
- **Increasing access to CAMHS community services:** This is obviously vital but the target of meeting the needs of at least 35% by 2020/21 does not sound ambitious – what is the starting point and why is it so hard to meet the needs of all?
- **Suicide Prevention Strategy:** We are not sure that this belongs in the section on prevention/early intervention. The Suicide Prevention Strategy must be aligned with the overall Mental Health and Wellbeing Strategy. It should reference the importance of continuous/ongoing community care including after discharge from hospital.

Lastly, references to early intervention for psychosis specifically feel unnecessary as this is important for all mental health conditions (page 26).

Community based care and activating communities

- **Enhancing the primary care mental health offer:** Some people have told us of problems accessing mental health support via their GP, for example due to anxiety, behavioural problems, short appointments, or lack of continuity of care. Access to GP appointments in general is a current HWS priority due to widespread concern. Not everyone is confident in their GP's ability to treat mental illness. Enhancing the primary care mental health offer is therefore important, but other options for support must remain available. Any significant changes in where people receive support must be the subject of service user engagement.
- **Activating communities and 'building upon models of care in the community':** This commitment requires extensive explanation to avoid becoming meaningless or jargonistic. With regard to some of the specific actions mentioned:

- We are aware of widespread unhappiness about the closure of mental health day centres and emphasise the need to **work with the VCS** to ensure that valued community resources are upheld. The VCS needs resourcing in order to support people in the community. Although we have the Wellbeing Hub in Southwark, people have told us that this does not provide them with the same support as day centres.
- Some service users have spoken highly of **peer support**. However, when talking generally about support from non-professionals (the community, or others with lived experience of mental illness), we would always like to be assured that approaches are well-evidenced and provide an adequate level of support e.g. when referencing "activated communities."

Crucially, there is no mention of **support for unpaid carers and the family friends and neighbours of those with mental illness**. Caring can be extremely difficult and those who undertake it often receive little financial, practical and emotional help. Their own mental and physical health may decline. The contribution of carers should not be expected by society 'for free' or without due recognition and support. Working with families and carers where appropriate is also important to ensure the best outcomes for patients themselves.

Improving clinical and care services

The concept of 'new models of care' is not explained. We think this may refer to alliance-based commissioning for people with serious mental illness (SMI), which is mentioned in the action plan on page 47 – though this might also potentially fall under 'Recovery'.

- **Crisis services:** Crisis care is an area of HWS focus and we support its substantial inclusion in the Strategy. HWS is beginning a project to investigate the pathways and people's experiences and we look forward to evaluations of changing services. It remains to be seen how far the changes will allay some people's ongoing concerns about the lack of an emergency/crisis unit outside of acute hospital settings.
  - **Implementation of Core 24:** We were under the impression that this is not yet fully in place due to recruitment issues.
  - **Development of 'crisis card' to improve support in community.** We feel that overall more attention to community support in a crisis is needed, including alternatives to A&E/Place of Safety (which were mentioned in an earlier draft of the strategy).

- **Older people**: This section feels particularly high-level and reads more like a vision than a strategy – more detail is needed.
- **Transitions between services:** We support this focus but would like to see more detail on actions, beyond changes to IT systems.
- **Children and young people:** As mentioned in the section on prevention we support substantial improvements to CAMHS services and agree that a full review is urgent.
- **Talking therapies:** Whilst the strategy mentions the national target of giving access to talking therapies to 25% of those with anxiety or depression by 2021, it does not state whether Southwark is committed to this target – nor why it is so low. Overall the section on talking therapies could be much more detailed and ambitious (especially given that Southwark IAPT (Improving Access to Psychological Therapies) is underperforming). Access to talking therapies is a consistent concern for people talking to HWS. Some patients feel the types of therapy on offer through IAPT are not always appropriate, and there is demand for more in-depth and long-term therapies.

The strategy does not appear to refer to **drug and alcohol services** and the challenges faced by people with a dual mental health and substance misuse diagnosis.

Improving recovery

We are not clear from where the definition of recovery has been taken. Definitions of recovery and the term itself were the subject of much debate at the public engagement event around this strategy on 11th September. In some cases, patients dislike the use of the term 'recovery' as it may not always be possible and implies failure. However, where possible we would like an ambitious approach to mental health which helps patients get better, rather than feel trapped in a 'revolving door' in and out of services.

As in the section on prevention, we agree that addressing socioeconomic factors contributing to poor mental ill-health, and helping people to return to normal life, are both key. The strategy could state more explicitly that this holistic approach is being promoted. As with the previous section there could be more breadth here. For example, as well as addressing housing and employment the strategy could mention issues such as debt, benefits, support for carers, and family dynamics. At the public engagement event around this strategy on 11th September, there was much discussion of the need for person-centred care which takes into account an individual's personal interests, strengths and goals. Recovery should not only be 'defined based on personal goals and aspirations' (page 37), but also relies on people being supported to achieve them.

Furthermore, the very important topic of **discharge/transfer of care** is not addressed. Some patients and carers have told HWS that they felt care (e.g. in hospital, at the CMHT) was discontinued abruptly or without sufficient ongoing support in place. Continuity and gradation of support are crucial if people are to have a sustainable recovery.

Improving quality and outcomes

This final section feels less well-structured than the others.

- **Promotion of the principles of self-management:** What are these principles? Again, the evidence base and service user views on self-management should be presented and assurance given that professional support will never be reduced too far.
- **Data**: We would like to hear more about plans for gathering qualitative feedback, engagement with the public, and co-production of services, particularly given the very ambitious statements about this at the start of the action plan (page 43).

Mentions of oversight of the **main mental health contract with the South London and Maudsley Trust (SLaM)** are notably absent here. We have heard of significant problems with staff capacity, care planning, the accommodation offered at the Maudsley hospital, and the use of restraint, the Mental Health Act (MHA) and Deprivation of Liberties (DoLs). At the 11th September engagement event, several service users highlighted unpleasant experiences in hospital such that they were afraid to use such services again. We would like to see a commitment in the strategy to monitor the changes implemented as a result of recent CQC inspections and to oversee quality at SLaM.

Conclusion

We are very happy to have our new priorities noted and a commitment from the CCG and Council to utilise ongoing engagement feedback in these areas. Reference to our engagement with 300+ residents to set new priorities might overshadow our extensive work before and beyond this to engage with the public on many themes. We urge the CCG and Council to consider the findings and recommendations within our 'Young Voices on Mental Health' report (published in November 2016) and our 'mental health summary of evidence' report (last refreshed in November 2016).

As is mentioned in the strategy, and in this formal response, one of our priority areas is 'mental health crisis' where we will be interviewing health and social care professionals

(from all backgrounds e.g. hospital, primary care, community, voluntary sector) to understand the pathway better. We will also be interviewing people with lived experience (either themselves or as an unpaid carer) to see what their experiences are of the pathway. We look forward to sharing this report with the CCG and the Council (likely in quarter 3 or 4 of 2017/18).

Overall, HWS is supportive of the plans laid out in the draft strategy, and we will look forward to seeing how others have responded to it and how this feedback is used to finalise the strategy. We will continue to work collaboratively with both organisations to ensure the vision outlined in this document is achieved.

Mental Health in Southwark

An overview of health needs and service provision

Southwark's Joint Strategic Needs Assessment

People & Health Intelligence Section

Southwark Public Health

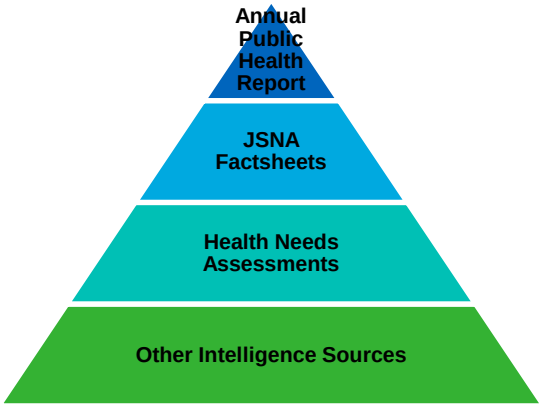
16 March 2017

This document forms part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.

Tier II: JSNA Factsheets provide a short overview of health issues in the borough.

Tier III: Health Needs Assessments provide an in-depth review of specific issues.

Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/publichealth

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Public Health were invited to review mental health need and provision in Southwark

BACKGROUND AND PROPOSAL

This review aims to make recommendations for mental health services that are better targeted and better value.

Our objective is to inform how NHS Southwark CCG can align with the *London Mental Health Transformation Plan* in delivering the Five Year Forward View for Mental Health by:

- Completing an epidemiological overview of the burden of mental ill health in Southwark.
- Appraising mental health services in Southwark in terms of effectiveness, availability, gaps and spend.

Scope

Children and Adolescents	Adults
1. Well at-risk population and risk factors for developing mental illness	1. Well at-risk population and risk factors for developing mental illness
2. Vulnerable groups, including: a. Looked after children b. Young offenders c. Substance misuse d. Domestic violence	2. Vulnerable groups: a. Perinatal period b. Substance misuse (dual diagnosis)
	3. Mild disease (including common mental illness)
3. Common mental illnesses in children, including: a. Conduct disorders b. Emotional disorders c. Hyperkinetic disorders d. Eating disorders e. Post-traumatic stress disorder	4. Severe disease (including Severe Mental Illness)
	5. Significant disease requiring crisis care, acute hospital care and social care
The association with physical ill-health and long term conditions	

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The 5YFVMH sets out a journey for the transformation of mental health services and outcomes in England

NATIONAL AND REGIONAL POLICY CONTEXT

The Five Year Forward View for Mental Health[1] sets out ambitions to:

- Achieve parity of esteem between physical and mental health across the life course.
- Provide access to good quality, integrated mental health care, wherever and whenever individuals are seen across the NHS
- Tackle inequalities both at a local and national level

London Mental Health Transformation Programme:[2]

- A single Mental Health Transformation Board for London will bring together senior leaders from all sectors to build system wide mental health capacity and capability as well as strengthen commissioning and contracting

Thrive London is a citywide movement for mental health, supported by the Mayor of London and the London Health Board:[3]

- Thrive looks to bring together multiple city agencies and providers, as well as voluntary, business and community partners
- Areas of focus include; improving the population's understanding of mental health, employment, children and young people's mental health, suicide prevention, community resilience and vulnerable people. Recommendations for action around these areas will be launched in May 2017 by the Mayor of London

1. Independent Mental Health Taskforce, The Five Year Forward View for Mental Health, 2016.
2. Presentation from the London Mental Health Transformation Programme, STP Presentation, August 2016.
3. Thrive London: improving Londoner's mental health and wellbeing, london.gov.uk website, accessed 17/02/2016.

Southwark's Joint Mental Health and Wellbeing Strategy will build on the targets outlined in the 5YFV

LOCAL POLICY CONTEXT

Southwark Five Year Forward View (5YFV)

Southwark has committed to changing the way services are commissioned and delivered in order to improve health and social care outcomes across the borough.

- In terms of mental health, the strategy talks to improving complex care pathways, developing more integrated services, strengthening community services and focusing on key vulnerable groups.
- In alignment with the national 5YFV, a key local ambition is to create a much stronger emphasis on prevention and early action as well as better integration between health and social care, and wider council services.

Joint Mental Health and Wellbeing Strategy (Council and CCG)

Building on the ambitions outlined in the Southwark Five Year Forward View, the CCG and the council are in the process of developing a joint strategy to ensure alignment in improving local mental health provision.

1. Southwark Council, Southwark Five Year Forward View: A local vision for health and social care 2016/17-2020/21, http://www.southwarkccg.nhs.uk/news-and-publications/publications/policies-strategies-registers/Documents/Southwark%20Five%20Year%20Foward%20View.pdf

What works: adopting a life-course approach to promoting good mental health across the population

EVIDENCE-BASED INTERVENTIONS

The Five Year Forward View discusses the importance of prevention and changing the way in which we design and deliver mental health services.

- However, if we embark on prevention how much money are we going to take out of downstream mental illness treatment services?

A population-based approach that applies to both physical and mental health across the whole life span is required. The focus should be on the following key areas:

- Improving public literacy and awareness – understanding mental health alongside physical health; improve our knowledge about mental illness, evidence based programmes and support for recovery.
- Investing on established national programmes and policies.
- Improving mental health access to everyone while reducing health inequalities.
- In times of financial difficulties, we should use the information we have more wisely – building a national workforce with a focus on a collaborative approach and integrated budgets.
- Build on evidence from community-based interventions that are known to impact positively on local population mental health and wellbeing.

1. Kings Fund (2016) Bringing together physical and mental health: A new frontier for integrated care
2. Department of Health (2014) A compendium of factsheets: Wellbeing across the lifecourse
www.gov.uk/government/uploads/system/uploads/attachment_data/file/277593/What_works_to_improve_wellbeing.pdf

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Mental health problems account for the largest burden of disease in the UK - 28% of the total burden[1]

OVERVIEW

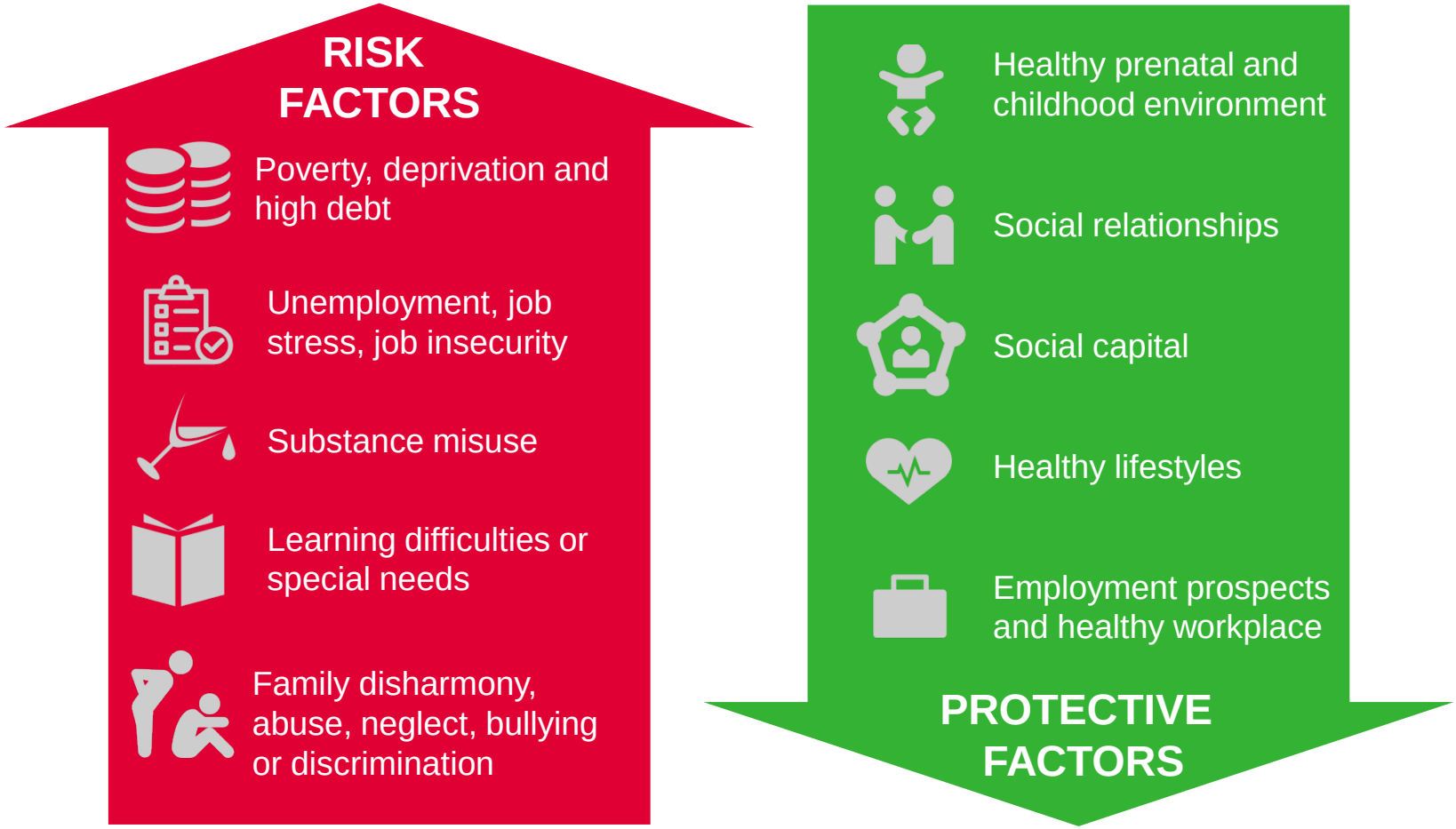
Mental illness covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia.

- It is thought one in four people will experience a mental health problem in any given year.[2]
- It is estimated that £1 in every £8 spent in England on long term conditions is linked to poor mental health.[3]
- Roughly half of the claims for employment and support allowance (ESA) in Southwark are related to mental health.[4]
- A wide range of protective and risk factors determine an individuals risk of mental ill-health

1. Ferrari, A., Charlson, F., Norman, R., Patten, S., Freedman, G., Murray, C., Vos, T. and Whiteford, H. (2013). Burden of Depressive Disorders by Country, Sex, Age, and Year: Findings from the Global Burden of Disease Study 2010. PLoS Med, 10(11), p.e1001547
2. Mental Health Foundation (2015) Fundamental Facts about Mental Health
3. Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. Long-term conditions and mental health: The cost of co-morbidities. London, United Kingdom: The King's Fund, 2012.
4. NOMIS. Employment Support Allowance Claimants by Condition www.nomisweb.co.uk/ (Accessed January 2017)

Addressing the wider determinants of health remains the key to improving mental health and wellbeing

DETERMINANTS OF POPULATION MENTAL ILL-HEALTH



1. World Health Organization (2011). Impact of economic crisis on mental health Geneva: WHO

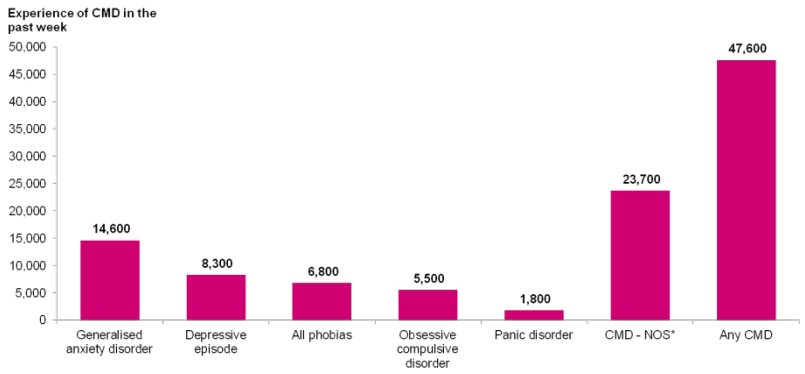
Almost one in five adults in London report that they have a common mental health disorder

ADULT PSYCHIATRIC MORBIDITY SURVEY

Every seven years the Adult Psychiatric Morbidity Survey (APMS) provides an assessment of mental health in England.

- The APMS is the most reliable profile of mental health available, taking a representative sample of over 7,500 adults from across the country.
- Results from the 2014 survey show that 1 in 6 adults had a common mental disorder (CMD) in the week prior to the survey, rising to almost in 1 in 5 adults in London.
- Applying the London prevalence to Southwark would equate to almost 47,600 adults in the borough experiencing a CMD.
- Population projections suggest this could increase to around 52,000 adults over the next decade.

Experience of common mental disorders in the past week, numbers for Southwark



Notes:

- "CMD – NOS" is defined as having a Clinical Interview Schedule – Revised (CIS-R) score of 12 or more, indicating CMD symptoms, but falling short of the criteria for any specific CMD condition.
- "Any CMD" – Figures for specific conditions will not total to 'Any CMD' as an individual may have more than one disorder.

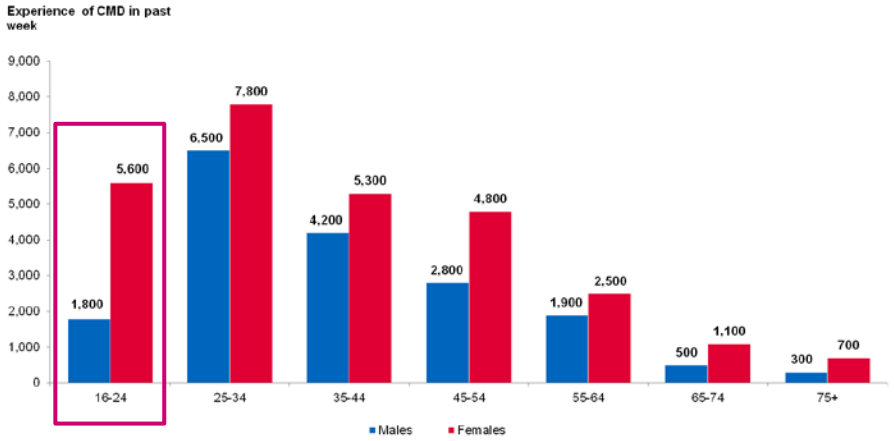
1. NHS Digital: Adult Psychiatric Morbidity Survey 2014

Young women have been identified as a high-risk group, with high rates of CMD, self-harm, and other conditions

ADULT PSYCHIATRIC MORBIDITY SURVEY - VULNERABLE GROUPS

Women aged 16-24 are at higher comparative risk than men in adolescence

Experience of common mental disorders in the past week, numbers for Southwark



The prevalence of CMD has increased since the 1993 survey, mainly driven by rises among women, with rates among men broadly stable.

- All types of CMD are more prevalent in women than among men.
- Almost 1 in 5 women report experiencing CMD in the past week, compared to almost 1 in 8 men. The gender gap is particularly pronounced among those aged 16-24.
- Women are also more likely to have severe symptoms of CMD.
- Applying results from the latest APMS survey to the Southwark population suggest that 26,300 women in the borough will have experienced CMD in the last week, compared to 16,400 men.

1. NHS Digital: Adult Psychiatric Morbidity Survey 2014

Vulnerable groups include people living alone, in poor physical health, and among those not employed

ADULT PSYCHIATRIC MORBIDITY SURVEY - VULNERABLE GROUPS

The APMS identified a number of factors associated with higher rates of mental disorders.

- The 2014 survey showed that levels of mental illness were higher among people living alone.
- Those claiming Employment Support Allowance (ESA) were also identified as a particularly vulnerable group.
- In February 2016 there were 6,000 people in Southwark claiming ESA for mental and behavioural disorders, equating to almost half of all claimants.[2]
- In the 2014 survey, just over a quarter of adults (27.7%) reported having at least one of the five chronic physical conditions assessed in the study (asthma, cancer, diabetes, epilepsy, high blood pressure).

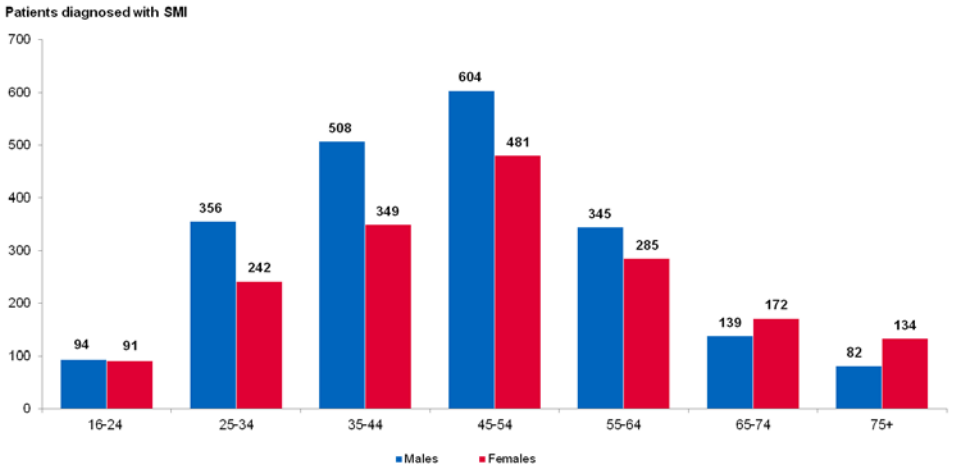
1. NHS Digital: Adult Psychiatric Morbidity Survey 2014
2. NOMIS. Employment Support Allowance Claimants by Condition www.nomisweb.co.uk (Accessed January 2017)

Overall prevalence of SMI for the adult population in Southwark is 1.4% (approx. 3,800 patients)

SEVERE MENTAL ILLNESS

Severe Mental Illness (SMI) refers to psychotic conditions including schizophrenia and bipolar affective disorder.

- 54% of Southwark's SMI population are male and it most commonly affects people between 30-60 years of age
- SMI disproportionately affects people from the Black ethnicity grouping
- People with SMI can be affected by a vicious cycle of risk factors including smoking, obesity and socioeconomic deprivation
- Due to these vulnerabilities, the SMI cohort represents significant health needs and costs



1. SMI Register, Southwark General Practice; EMIS Web 2014 Extract

People with long term conditions are two to three times more likely to experience mental health problems[1]

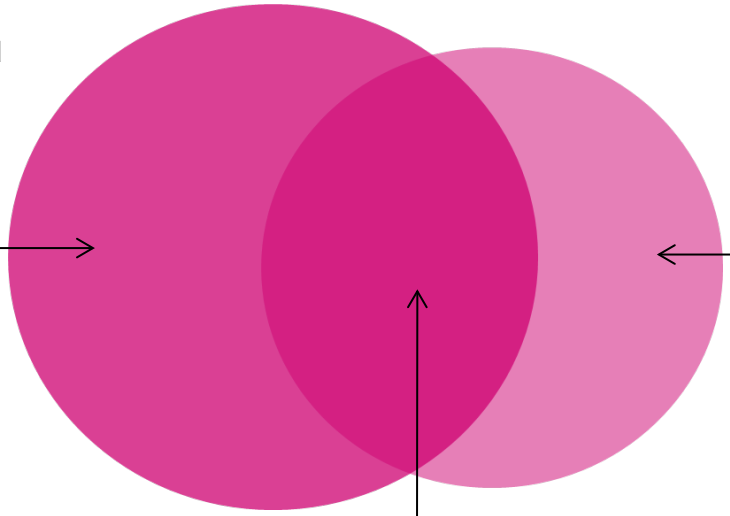
PHYSICAL AND MENTAL HEALTH

Overall 30% of people with a physical long term condition also have a mental health problem. However evidence indicates that a significant proportion of cases still go undetected.

- Care for large numbers of people with long-term conditions could be improved by better integrating mental health support with primary care and chronic disease management programmes.[1]

Long Term Conditions:
30% of the population in England have a long term condition
(Southwark estimate = 75,500)

Mental Health Problems:
20% of the population in England have a mental health problem
(Southwark estimate = 47,600)



30% of people with a long term condition have a mental health problem
(Southwark estimate = 22,600)

About 22,000 people

46% of people with a mental health problem have a long term condition
(Southwark estimate = 21,900)

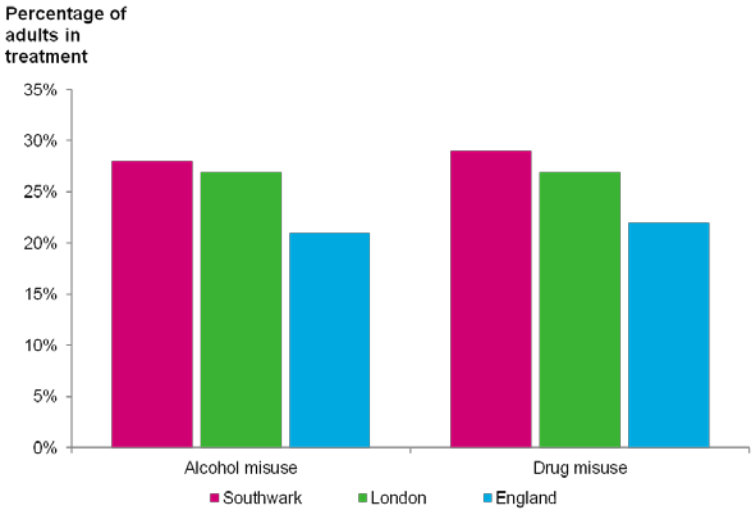
1. Kings Fund and Centre for Mental Health (2012) Long term conditions and mental health. The cost of co-morbidities. www.kingsfund.org.uk/publications/long-term-conditions-and-mental-health

Approximately a third of people who access substance misuse services have a mental health problem

DUAL DIAGNOSIS

The proportion of adults in addiction treatment services with a dual diagnosis is higher in Southwark than both regional and national comparators.

Adults who entered treatment at a specialist drug or alcohol misuse service in 2015-16 and received care from a mental health service for reasons other than substance misuse as a proportion of all individuals entering specialist treatment.[1]



It is estimated that at least one third of people who access substance misuse services have a mental health problem.[2]

- While this indicator includes adults within specialist substance misuse services - indicating a high level of need, it does not measure the severity of mental health nor the extent of substance misuse among patients
- Local mental health and addiction services have agreed to undertake a audit to identify dual diagnosis patients and cross over in patient caseload

1. PHE Fingertips – Mental Health Dementia & Neurology and Co-occurring Substance Misuse & Mental Health Issues https://fingertips.phe.org.uk/
2. The Dual Diagnosis Strategy 2011-2016, Sussex Partnership NHS Foundation Trust.

Mental health disorders in the perinatal period is common and a leading cause of maternal death

PERINATAL MENTAL HEALTH

Perinatal mental health problems are those which complicate pregnancy and the postpartum year. They include both mental health problems that arise at this time and those that were present before the pregnancy.

- They are common complications of pregnancy, affecting 12-15% of all pregnancies.
- Perinatal psychiatric disorder has been a leading cause of maternal death for the last two decades contributing to 15% of all maternal deaths in pregnancy and the first six months postpartum.
- Frequently occurring disorders include:
  - Mild-moderate depressive illness and anxiety states: 10-15% of maternities (approx. 450-680 cases per year in Southwark)
  - Post traumatic stress disorder: 0.3% of maternities (approx. 135 cases per year in Southwark)
  - Adjustment disorders and distress: 15-30% of maternities (approx. 680-1355 cases per year in Southwark)
- In Southwark, there may be up to 2,630 cases per year of mental health disorders in the perinatal period – although some people may be affected by more than one condition.

1. Shakespeare, Judy (2014) Perinatal mental health and the GP
2. National Child and Maternal Health Intelligence Network – Mental health in pregnancy, the postnatal period and babies and toddlers: needs assessment report
3. JCPMH (2012) Guidance for commissioners of perinatal mental health services, volume two: practical mental health commissioning

Mental health disorders are particularly common among vulnerable groups of children and adolescents

CHILD AND ADOLESCENT MENTAL HEALTH

Nationally 1 in 10 children and young people aged 5-16 have a clinically diagnosed mental health disorder.

- Among children aged 5-16 years in Southwark, this equates to:
  - 1,460 children with emotional disorders such as depression and anxiety
  - 2,300 children with conduct disorders such as oppositional defiant disorder and socialised conduct disorder
  - 650 children with hyperkinetic disorders including attention deficit hyperactivity disorder (ADHD)
- Boys are more likely to experience conduct or hyperactivity problems, whereas girls are more likely to have anxiety and emotional disorders.
- Of adults with long term mental health problems, half will have experienced their first symptoms before the age of 14.
- It is estimated that 95% of imprisoned young offenders have a mental health disorder, many of whom have more than one disorder.
- For looked after children, who are some of the most vulnerable individuals in our society, the prevalence of behavioural or emotional problems is estimated to be as high as 72%.

1. PHE Fingertips – Child Health Profiles and Children's and Young People's Mental Health and Wellbeing https://fingertips.phe.org.uk/
2. ONS (2004) Mental health of children and young people in Great Britain
3. ONS (1997) Psychiatric morbidity among young offenders in England and Wales
4. Sempik, J. et al. (2008) Emotional and behavioural difficulties of children and young people at entry into care. Clinical Child Psychology and Psychiatry, 13 (2), pp. 221-233.

Mental health related hospital admissions among children and adolescents are increasing

CHILD AND ADOLESCENT MENTAL HEALTH

In Southwark, the rate of hospital admissions for mental health disorders among children and adolescents are on the rise:

- There were 84 hospital admissions for mental health conditions among Southwark children in 2014-15. While admission rates are increasing they are comparable to the London average.
- The rate of hospital admissions due to substance misuse in 15-24 year olds has more than doubled from 30 per 100,000 population in 2011 to 64 in 2015.
- Around 1 in 10 young people will self harm at some point, with girls more likely to self harm than boys. Research in this area is generally based on surveys of those who seek support / treatment after harming themselves, and so are likely to underestimate how common self harm is.
- The rate of hospital admissions due to self-harm among young people in Southwark is increasing, with 122 admissions in 2014-15 compared to 90 in 2012-13.
- More detailed data is needed to understand the causes and identify ways to reduce admissions.

1. PHE Fingertips – Child Health Profiles and Children's and Young People's Mental Health and Wellbeing https://fingertips.phe.org.uk/
2. Royal College of Psychiatry (2014) Self Harm www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx

Note: Self harm is coded separately to mental and behavioural disorders.

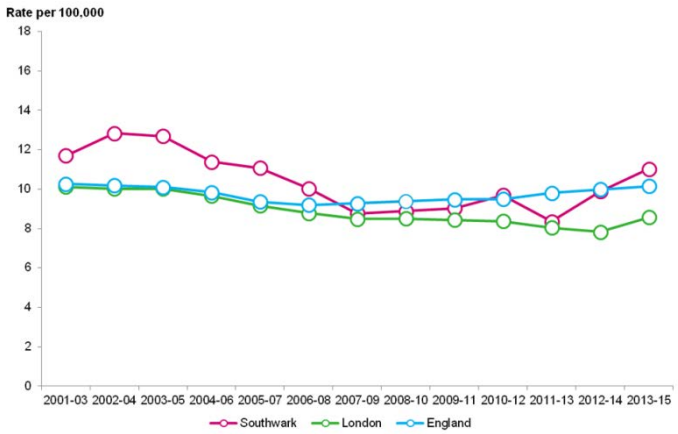
Despite recent increases, suicide rates in Southwark are relatively stable, with an average of 26 cases per year

SUICIDE

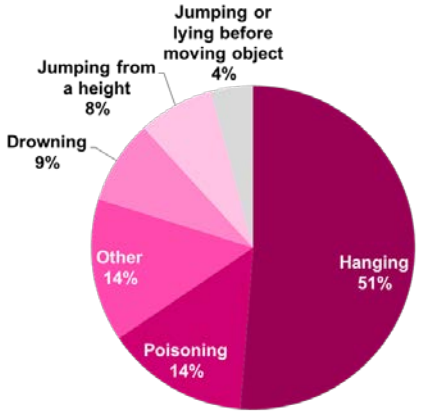
Southwark is one of five London boroughs to report higher suicide rates than the national average in 2013/15

- Despite recent increases, suicide rates in Southwark are relatively stable, with an average of 26 cases per year.
- The overwhelming majority of suicides occur among men, mirroring the national picture.
- The suicide rate increases with age among both males and females, peaking in middle age.
- The most common method of suicide amongst males and females is hanging.

Suicide mortality rate 2001-13 to 2013-15



Suicides in Southwark by method, 2011-2015



1. PHE – Public Health Outcomes Framework. Indicator 4.10. www.phoutcomes.info
2. Primary Care Mortality Database NHS Digital, 2011-2015

Mental ill-health represents a significant burden on our local population and the health and care system

SECTION SUMMARY

- It is estimated that almost 47,600 adults in Southwark are currently experiencing a CMD, this is expected to rise to approximately 52,000 individuals over the next decade
- Although less disabling than major psychiatric disorders, the higher prevalence of CMD mean that their cumulative cost to society is greater
- All types of CMD are more prevalent in women than among men, and they are also more likely to experience more severe symptoms
- Young women were identified as a particularly high risk group with an estimated 5,600 cases in the borough
- Employment and socio-economic status were identified as a substantial risk factor. In Southwark, approximately half of the claims for employment and support allowance (ESA) are related to mental health – with 6,000 cases in February 2016
- There are 3,800 cases of severe mental health disorder in Southwark. More than half of Southwark's SMI population are male
- People with long term physical conditions are two to three times more likely to experience mental health problems - approximately 22,600 people in Southwark
- There may be up to 2,630 cases per year of mental health disorders in the perinatal period locally
- One in ten children nationally have a clinically diagnosed mental health disorder such as emotional, conduct or hyperkinetic disorders. This is equivalent to approximately 3,800 children in Southwark

A number of important caveats and assumptions relate to the data presented

CAVEATS AND ASSUMPTIONS

- The London findings contained within the Adult Psychiatric Morbidity Survey may not accurately reflect the situation in Southwark itself.
- While the APMS is one of the most reliable measures of population mental health, the survey only includes adults.
- Projected changes in the number of people with mental health conditions assume a constant prevalence rate over the next decade.
- Access to a more detailed primary care dataset will allow for more thorough analysis of mental health that is specific to the Southwark population.
- Prevalence of mental health disorders in children in Southwark is based on the ONS 2004 survey “Mental health in children and young people in Great Britain” and ONS mid-year population estimates. It assumes the prevalence rate in 2004 has remained constant. It is only adjusted for age, sex and socioeconomic classification.

1. NHS Digital: Adult Psychiatric Morbidity Survey 2014
2. NOMIS. Employment Support Allowance Claimants by Condition www.nomisweb.co.uk/ (Accessed January 2017)
3. ONS (2004) Mental health of children and young people in Great Britain

Contents

We have the range of services that are available nationally at a local level but cannot assess quality

SERVICES AVAILABLE IN SOUTHWARK FOR ADULTS

Services are commissioned by both CCG and Council, however no data is readily available to assess the quality and effectiveness of these services. Furthermore, it is difficult to breakdown spend per service, particular for SLAM-provided services.

	SOUTHWARK ADULT MENTAL HEALTH, CARE, SUPPORT AND HOUSING SPEND – 2016/17	HEALTH, CARE AND SUPPORT		HOUSING
		NHS Southwark CCG	Southwark Council Children's and Adults' Services	Department of Work and Pensions Universal Credit
Children	UNCERTAIN – CCG to follow up			
Adults	**Operational – South London and Maudsley NHS Foundation Trust (SLAM)**: including inpatient, community and specialist services.	£62,788,713	£0	N/A
	Operational – Southwark Council: including adult social care and Referral Assessment and Resettlement Team	£0	£389,967	N/A
	Community Services – adult mental health, care, support and housing: including residential care home and supported housing	£2,640,119	£9,129,502 *(£3,288,997 on residential care homes)*	£8,037,912 *(for core rent and service charge)*
	Total Spend ***(Not including children's spend)	**£65.4 million**	**£9.5 million**	**£8 million**

1. Sophie Gray & James Postgate – Early findings – Joint Council-CCG Community Adult Mental Health, Support and Housing Project

For people with mental health problems one of the largest areas of spend is residential care

MENTAL HEALTH AND SUPPORTED LIVING

Currently there are approximately 1000 individuals in adult community mental health support and housing*, and they represent an area of high cost per person across Southwark Council and CCG.

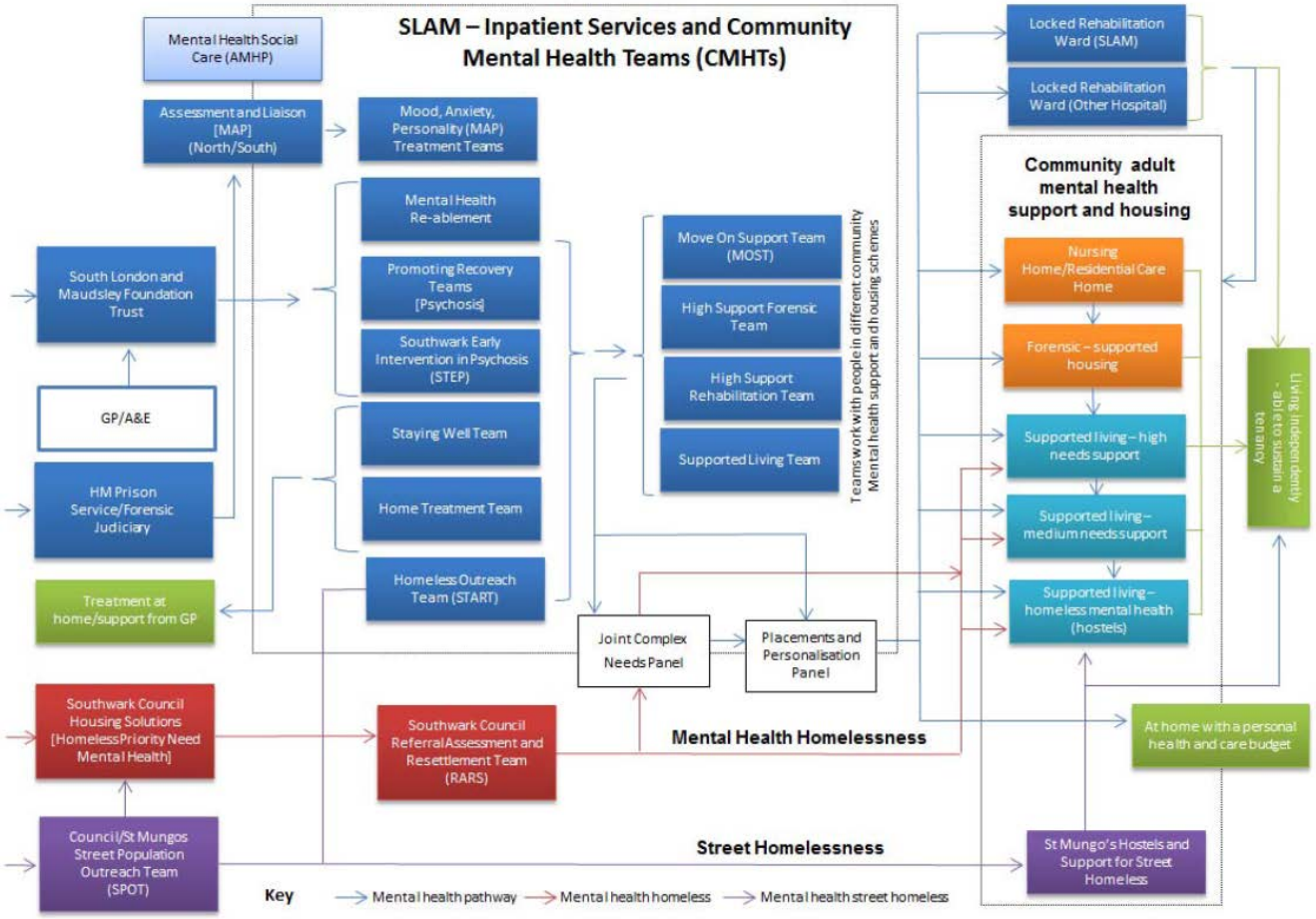
- Long stayers in service tend to be in residential care, with the longest stay being 27 years and 6 months.
- However, we have little information on the demography of those in residential care, nor the reason for supported housing and continued service use.
- A case note review of a sample of this cohort is being undertaken by the Public Health team to explore the underlying risk factors and mental health need.

* Snap shot data from 1 July 2016 showed 1004 people in adult community mental health support and housing includes inpatient acute wards (SLAM), inpatient locked rehabilitation wards, nursing home, residential care home, forensic units and supported living

1. Sophie Gray & James Postgate – Early findings – Joint Council-CCG Community Adult Mental Health, Support and Housing Project

Our operational landscape is complex and hinders our understanding of CCG MH spend

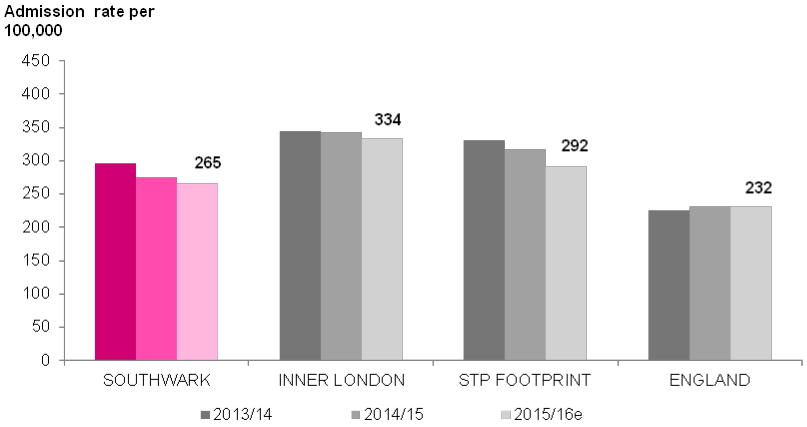
SERVICE PROVIDER COMPLEXITY

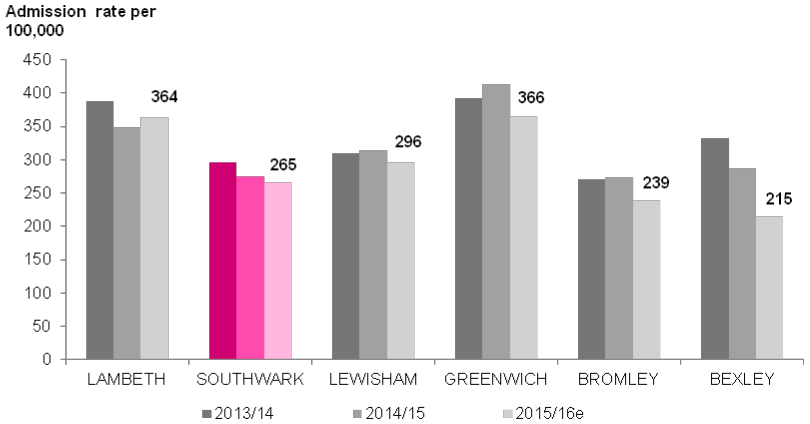


1. Sophie Gray & James Postgate – Early findings – Joint Council-CCG Community Adult Mental Health, Support and Housing Project

Southwark is comparable to neighbouring boroughs in terms of admissions but is above England

ADMISSIONS





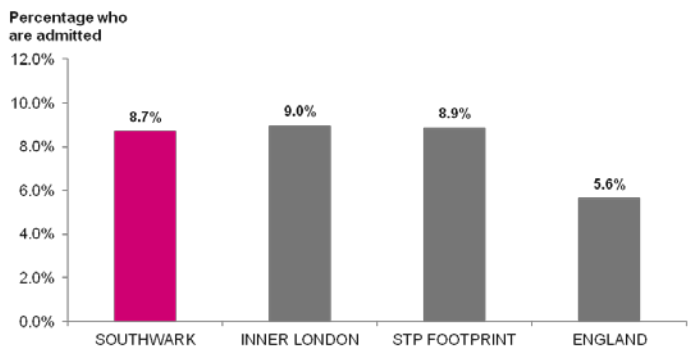
e = estimated value

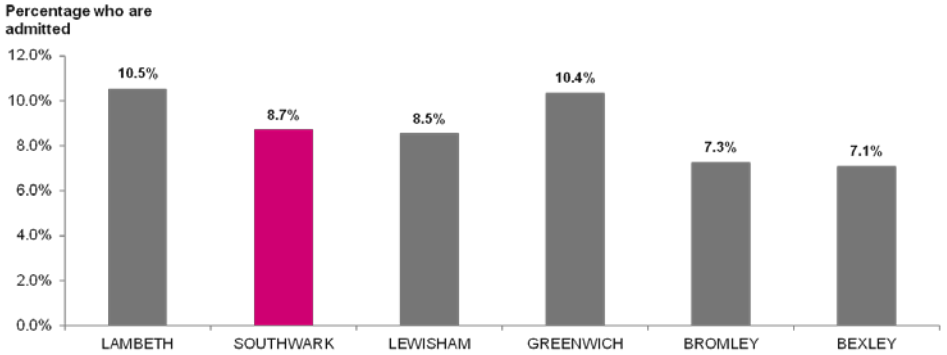
- There were 820 admissions to secondary mental health and learning disability services among Southwark adults in 2015-16.
- Southwark has a higher rate of admissions than the national average, but levels are below the average for both inner London and the South East London area.
- On a provider level there were 3,775 adult admissions to South London & Maudsley NHS Foundation Trust in 2015-16.

1. NHS Digital, Mental Health Bulletin (2015-16 Annual Report), 2016. www.digital.nhs.uk

Southwark residents in contact with mental health services are more likely to be admitted to hospital

ADMISSIONS



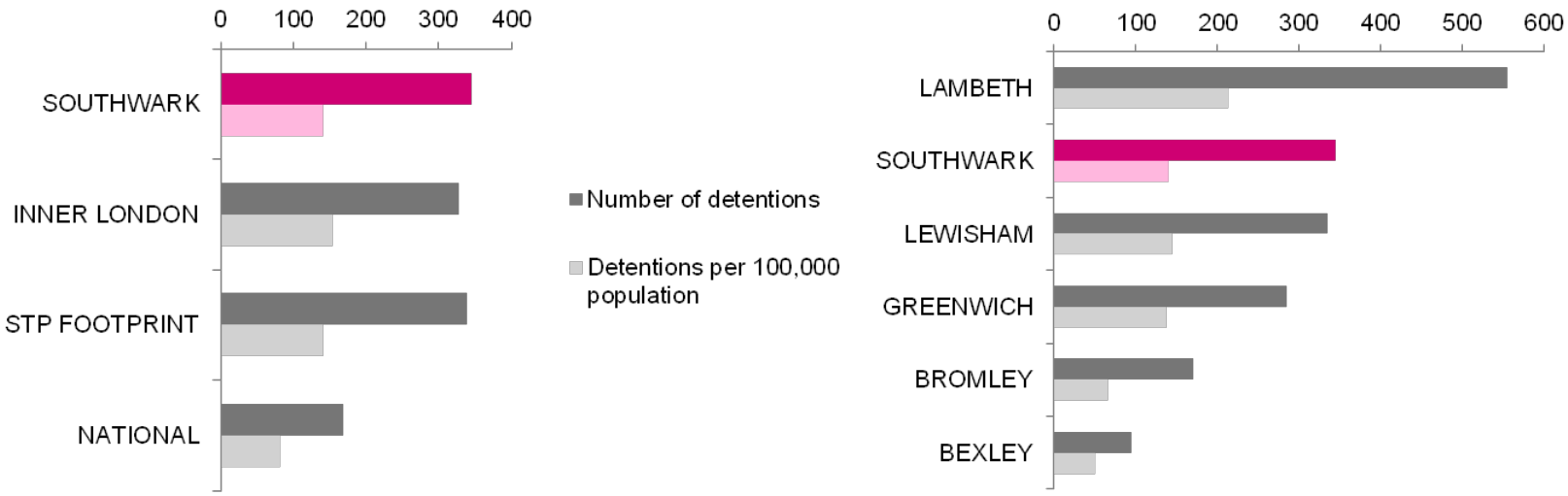


- In 2015-16 there were 8,325 people in Southwark accessing adult secondary mental health and learning disability services.
- Around 1 in 11 (8.7%) of those spent time in hospital during the year, compared to around 1 in 20 nationally (5.6%).
- Nationally Black or Black British ethnic groups had the highest proportion of people who had spent time in hospital in the year, with levels more than twice the average for the White ethnic group.
- High rates of hospitalisation in Southwark and neighbouring boroughs may be reflective of our ethnic diversity and could also be indicative of a greater / more complex need for mental health and learning disability services among this population group.

1. NHS Digital, Mental Health Bulletin (2015-16 Annual Report), 2016. www.digital.nhs.uk
2. NHS Digital, Inpatients in mental health wards experiencing long stays in hospital, 2014.

For all comparisons, Southwark has a high number of detentions under the Mental Health Act

DETENTIONS UNDER THE MENTAL HEALTH ACT



- Mirroring the trend associated with hospitalisation, Southwark's number of adult detentions under Part II and Part III of the Mental Health Act (1983) are comparable to neighbouring boroughs but significantly higher than the national average.
- Southwark's high number of mental health detentions are likely to reflect a high number of complex and severe mental health cases locally and should be investigated further.

1. NHS Digital, Mental Health Bulletin (2015-16 Annual Report), 2016. www.digital.nhs.uk

Southwark needs to do more to meet the needs of vulnerable people in urgent, critical situations

MENTAL HEALTH CRISIS CARE

In 2014, partner organisations in Southwark made a declaration to put in place the principles of the National Crisis Care Concordat which focuses on for key areas:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovery and staying well

A recent Care Quality Commission (CQC) review identified that two out of the three patient pathways in Southwark for those in mental health crisis situations are worse than average and one pathway is comparable.

- Pathway 1: People presenting to A&E departments (with particular focus on people who self-harm)
- Pathway 2: People who require access and support from specialist mental health services
- Pathway 3: People detained under section 136 of the Mental Health Act

Further work is required to understand the problems within these pathways and identify improvement opportunities.

1. Care Quality Commission (CQC), Thematic review of mental health crisis care (2013-2015) www.cqc.org.uk/content/thematic-review-mental-health-crisis-care

Levels of hospitalisation in Southwark are above the national average

SECTION SUMMARY

- Mental health spend is opaque and the operational landscape is extremely complex, creating significant challenges for service planning and ease of use
- Southwark's rate of mental health admissions and detentions under the Mental Health Act are comparable to the STP footprint but are substantially higher than national averages
- Higher levels of hospitalisation and service use in Southwark may be due to a high level of complex mental health need but may also be a reflection of the ethnic diversity of our local population
- Local issues relating to mental health crisis care as well as dual diagnosis service provision exemplify the difficulties faced by Southwark in meeting local need and delivering quality services

Contents

Mental health problems represent a significant health burden locally

KEY ISSUES IDENTIFIED

A number of key health needs have been identified throughout this project:

- An estimated 47,600 adults in the borough suffer from a common mental disorder
- A number of high-risk groups were identified, in particular; young women, those with a long term condition and people in receipt of out of work benefits
- Severe mental illness affects a smaller proportion of the local population (3,800 people), however individuals suffering from SMI have a higher level of need
- It is estimated that at least one third of people who access substance misuse services have a mental health problem
- In Southwark, there may be up to 2,630 cases per year of mental health disorders in the perinatal period
- One in ten children nationally have a clinically diagnosed mental health disorder such as emotional, conduct or hyperkinetic disorders. This is equivalent to approximately 3,800 children in Southwark
- Southwark's mental health admissions, bed days and detentions under the Mental Health Act are comparable to the STP footprint but are significantly higher than national averages
- Higher levels of hospitalisation and service use in Southwark may be due to a high level of complex mental health need but may also be a reflection of the ethnic diversity of our local population
- A recent Care Quality Commission (CQC) review identified that two out of the three patient pathways in Southwark for those in mental health crisis situations are worse than average and one pathway is comparable

Mental ill-health represents a significant health burden locally and there are key gaps in our understanding

KNOWN UNKNOWNS

A number of gaps in our understanding of local health need have been identified throughout this project:

1. We need to better understand the characteristics of those with a common mental health diagnosis (CMD) and severe mental illness (SMI), including people with a low socio-economic status, those who misuse drugs and/or alcohol, those with long-term health conditions, young women and women during the perinatal period
2. Other high risk population groups have been identified nationally that we have a poor understanding of locally. These include; ethnic minority groups, homeless people and those with poor living conditions, migrants and refugees, and people in contact with the criminal justice system
3. A clearer understanding of local mental health service provision is required, in terms of both activity and cost. Additionally, we need to better understand the characteristics of those currently accessing services.
4. Further work is required to understand local care pathways, including current crisis care, and to identify opportunities for improvement.
5. A clear understanding of evidence based interventions, with a particular focus on prevention, is required

There are a number of potential opportunities to improve our understanding of mental ill-health

RECOMMENDATIONS

	Suggested Actions	Suggested Lead
1	▪ Utilise primary and secondary care data systems to improve understanding of those diagnosed with mental health issues and those accessing local services ▪ Improve the identification of people with CMDs through training and development and sharing of best-practice	Public Health CCG and Primary Care
2	▪ Improve sharing of information between local agencies involved in the mental health agenda e.g.: police, probation, and third sector organisation ▪ Explore options to conduct a local suicide audit to improve understanding of suicide cases and contributing factors	Public Health
3	▪ Better understand the current and future spending based on commissioning priorities ▪ Develop more effective partnerships that aims to operate on a single budget (whole system spend) ▪ Develop an audit process that will combine community and third sector services as a way to identify any gaps or duplications in provision	Partnership Commissioning Team
4	▪ Conduct a review of crisis care pathways and develop a local improvement plan ▪ Ensure that the referral system is working effectively (primary care/GP referrals) – in particular for high risk and vulnerable groups	Partnership Commissioning Team
5	▪ Undertake a literature review of evidence based interventions to improve local mental health outcomes as well as reviewing examples of best practice	Public Health

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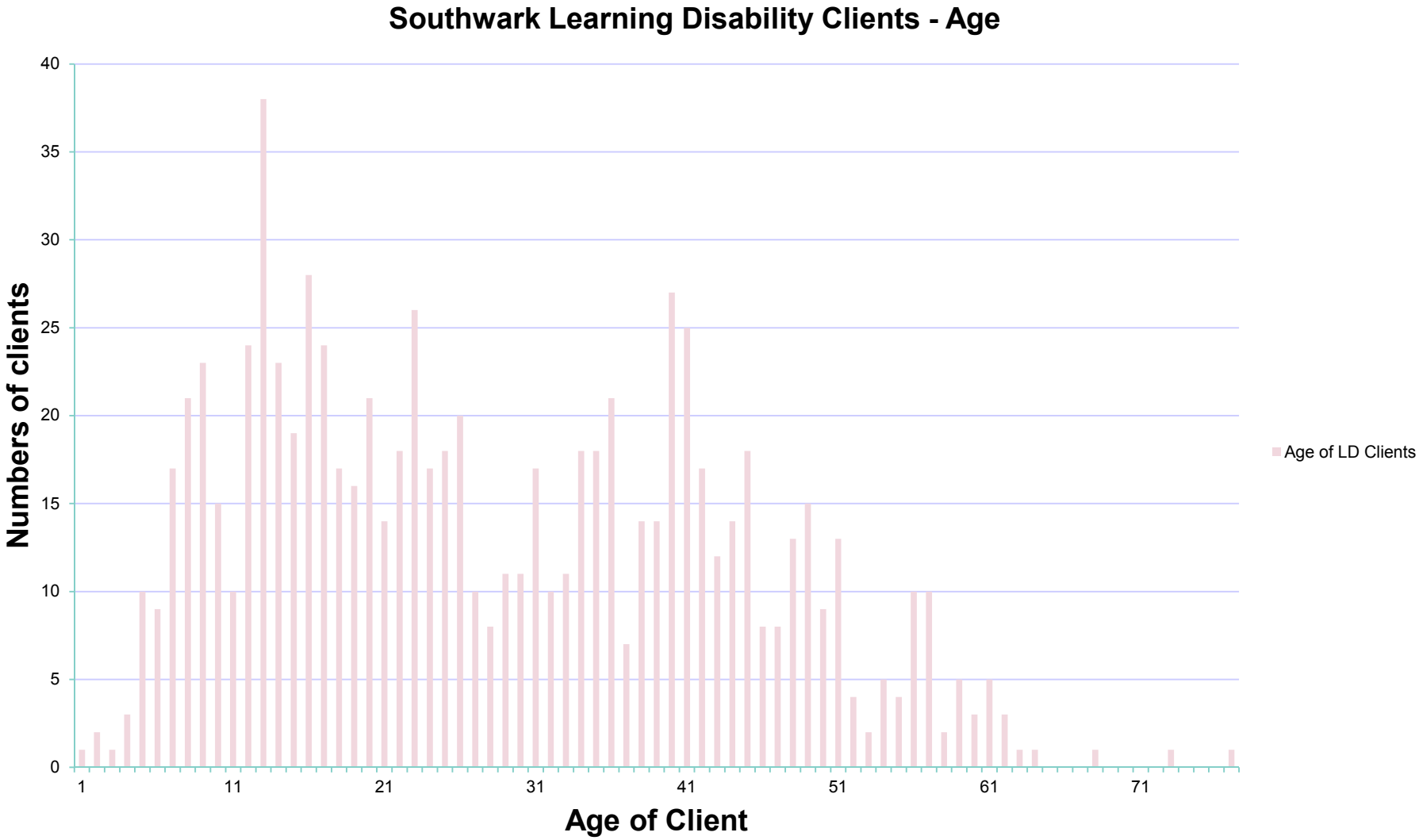
Approved by: Richard Pinder

Learning Disabilities in Southwark: early findings from total system analysis, key issues and proposals – towards a new model

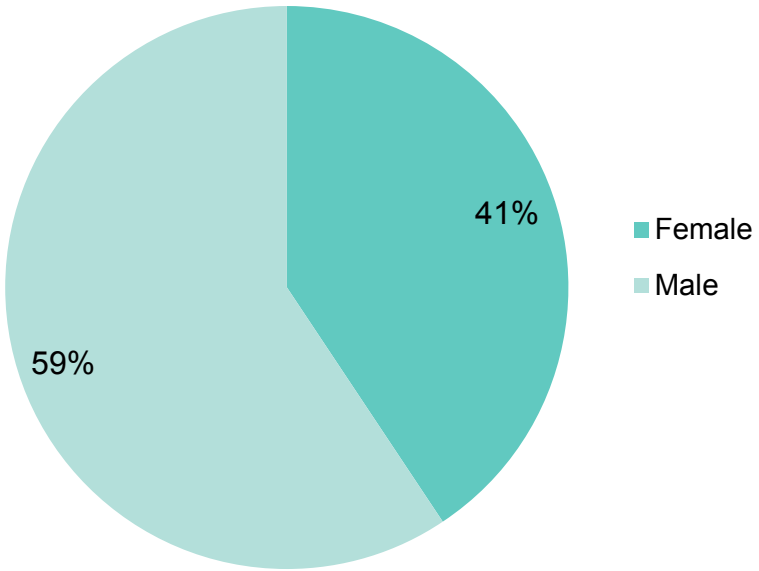
James Postgate, Commissioning Manager, Southwark Council

Southwark Learning Disability Clients - Age

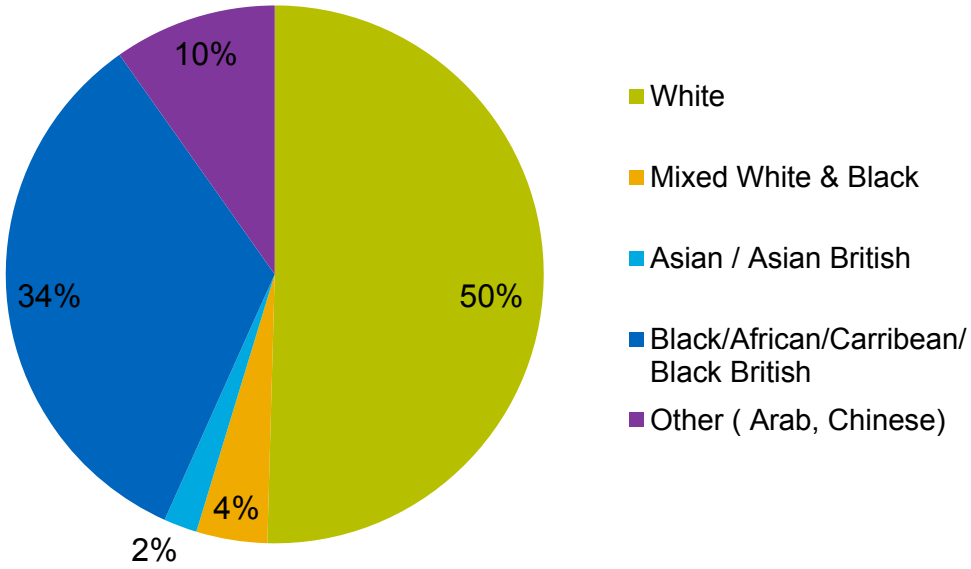


Southwark Learning Disability Clients – Gender and Ethnicity

Gender



Ethnicity

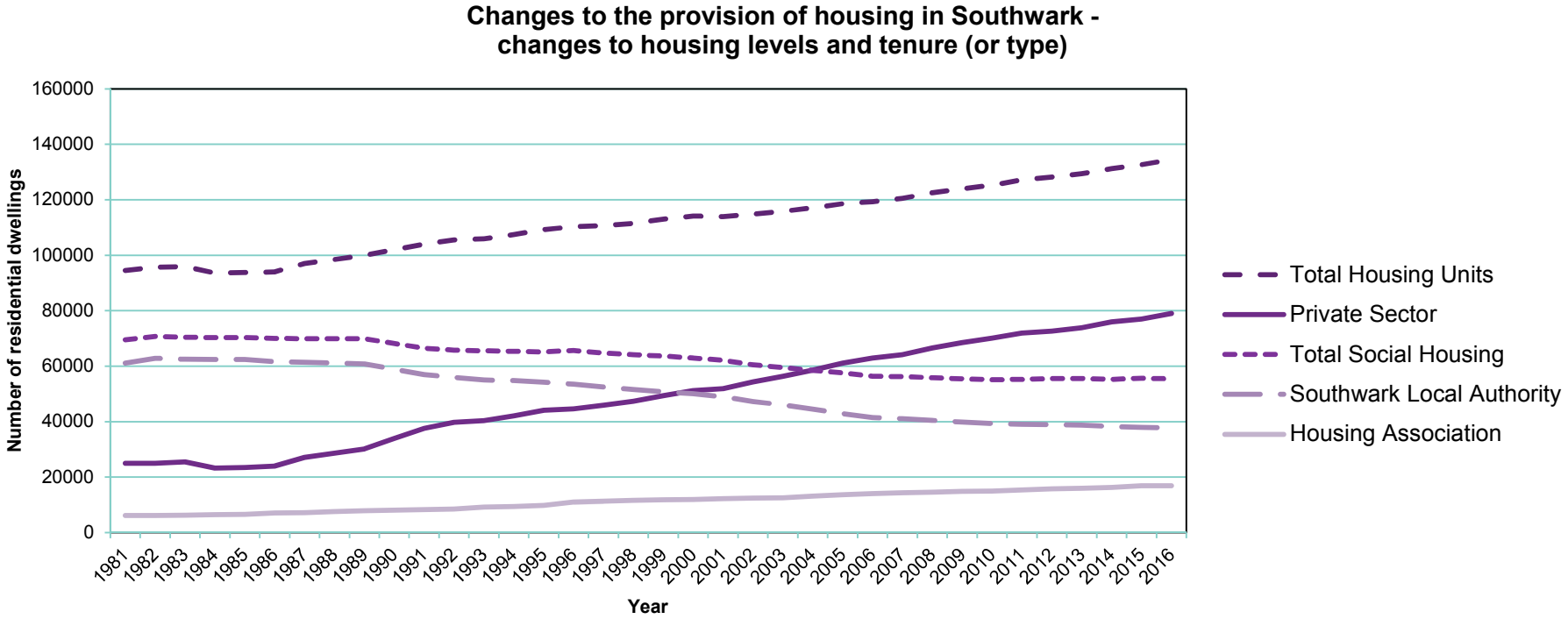


Total Learning Disability Services - clients and spend - support

Learning Disability Services – clients and spend			
Support and Housing Services		**No. Clients**	
Living with Family/Carer		241	
Independent Living		*50*	
	(with Floating Support)	*60*	
In Borough	Residential	37	£2,309,944.00
	Supported Living	178	£10,492,027.52
Out of Borough	Residential	117	£10,794,560.00
	Supported Living	18	£1,026,532.00
Sub-Total		**701**	**£13,839,298.08**
Other Key Learning Disability Services			
Day Centres (incl. transport costs)		246	£2,545,342.00
Outreach and Activities			£716,012.00
Sub-Total			**£3,261,354.00**
Total			**£17,100,652.08**

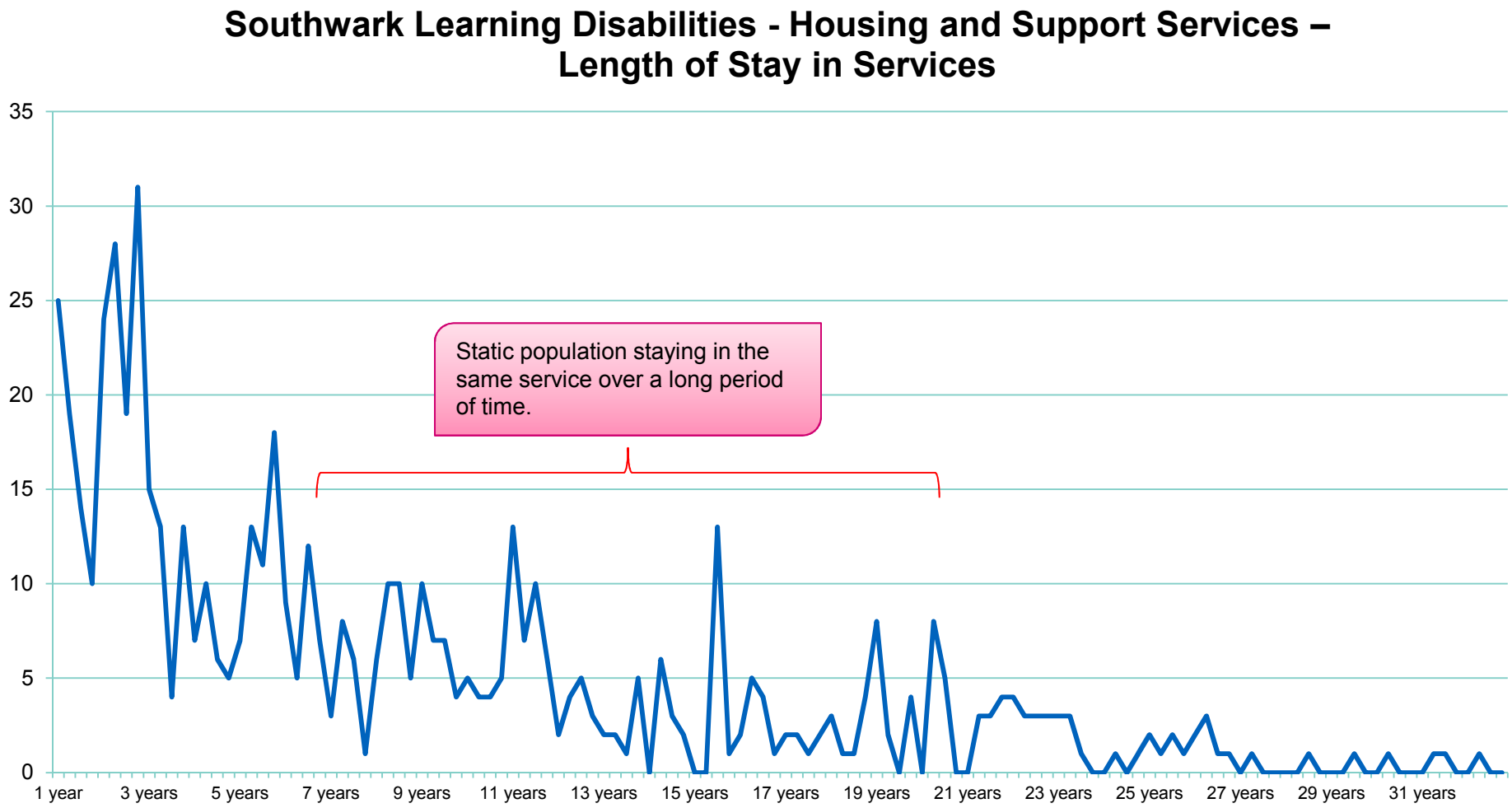
*Spend shown here for 2016-17 full year, 2017-18 figures being analysed currently

Total Learning Disability Services - impact of the housing crisis



Size of Dwelling	LHA Rate	Social Rent	Market Rent	
	Southwark Local Housing Allowance (LHA) Rate (per week)	Average Southwark Council Housing Rent + Service Charge (per week)	Lower Quartile Southwark Private Rent + Service Charge (per week)	Average Southwark Private Rent + Service Charge (per week)
Studio or Bedsit	£95.18	£81.00	£225.00	£287.50
1 Bedroom	£204.08	£92.20	£325.00	£384.50
2 Bedroom	£265.29	£101.77	£412.50	£487.50
3 Bedroom	£330.72	£111.23	£499.75	£612.25

Length of Stay



Longest stay in services = 42 years, 3 months

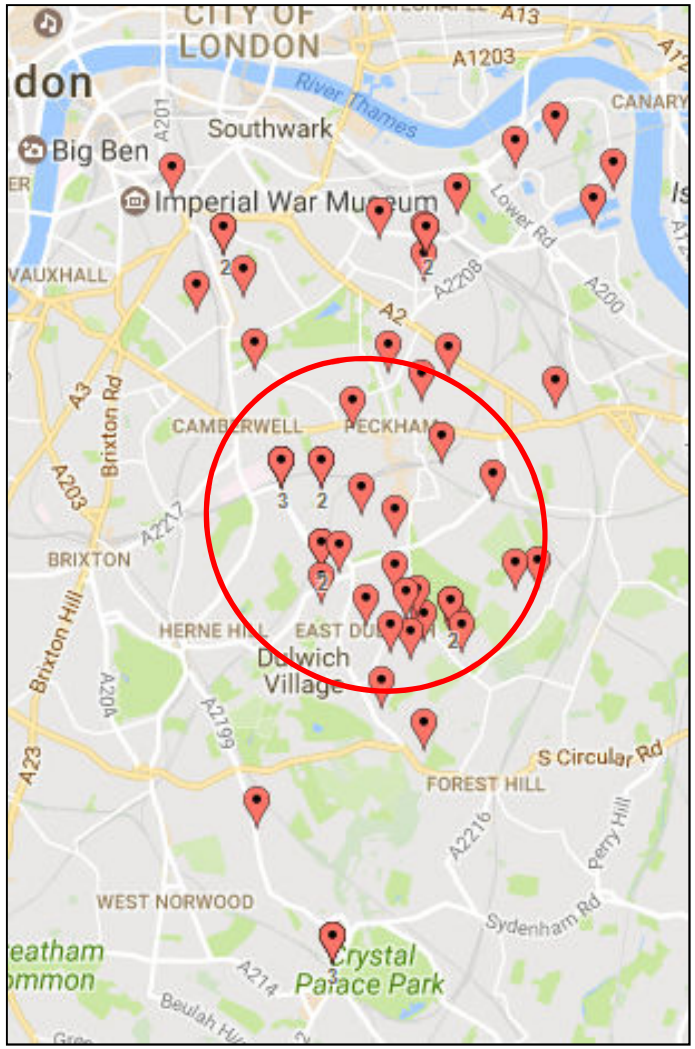
In-borough support and housing services #1

Residential/ Supported Living	Providers	Number of buildings	Number of clients	Average support cost (per person, per week) *	Support cost (all services, annual) *
Residential	3 providers Brandon Trust Choice Support Leonard Cheshire	8	37	£1,200.60	£2,309,994.00
Supported Living	12 providers Aurora Support Brandon Trust Choice Support Cyrenians Family Mosaic Frontier Support Keyring L'Arche Optima Care Plus Services Right Support Saffronland	50	178	£1,200.01	£10,492,027.52
Floating Support	1 provider Family Mosaic	N/A	60	TBC	TBC
TOTAL		**58**	**275**		**£12,801,971.52**

NOTE: For residential services both the support and housing cost is shown together. This is because Housing Benefit (HB)/Universal Credit (UC) is not eligible for residential care, as compared to Supported Living/Supported Housing where this funds the housing cost.

* Figures are from previous year data set 15-16 and costs exclude 10 Optima Care clients were financial data was not finalised.

In-borough support and housing services #2



LOCATION

The majority of learning disability in-borough support and housing services (including residential care) are located in the East Dulwich/ Peckham Rye area.

Block Contract Landlords	Buildings
Affinity	1
Aurora	7
Choice Support	2
Cyrenians	1
Family Mosaic	2
Future Foundations	4
Genesis	2
Hexagon	2
Hyde Housing	16
L&Q	1
Southwark Council/Golden Lanes Housing	8
Other	3
TOTAL	**47**

Out of borough support and housing services

Residential / Supported Living	Providers	Number of buildings	Number of clients	Average support cost (per person, per week) *	Support cost (all services, annual) *
Supported Living	6 providers - Care Management Choice Support Goldsmith Personnel HF Trust Lifeways Community Regard Partnership	16	18	£1,096.72	£1,026,532.00
Residential Care	60 providers ASD Unique, Broadham Care, Cambrian Pines, Care Management, Careline Lifestyles, Caretech, Carlton Care, Challenge Care, Choice Care, Clacton Family, Clearwater, Community Integrated, Consensus Support Services, Craegmoor, Diagrama, Disabilities Trust, Embrace Group, Ferry Care, Fountain Care, GlenPat Homes, Grove Care, Grove Villa, Helene Care, Health Personell, HF Trust, Independence, Insight Specialist, La Rosa, Leonard Cheshire, Levitt Mill and Barn, Levitt Loddon, National Autistic Society, Nexus, Ocean Community, Outlook Care, Parkgate, PJL Healthcare, Plean Dene Care, Plus Services, Priory Healthcare, RNIB Community, Ryde House, Saffronland, Sahara Care, Seeability, Sense, Stepping Stones, Streatfield, Swallow Group, The Cambrian Group, The Drive Care, Francis Taylor Foundation, Meath Epilepsy, Mortimer Society, Regard Partnership, Well House, Values in Care, Voyage Care, Wheelhouse, Wycarleys	81	117	£1,774.17	£10,794,056.00
					£11,820,588.00

NOTE: For residential services both the support and housing cost is shown together. This is because Housing Benefit (HB)/Universal Credit (UC) is not eligible for residential care, as compared to Supported Living/Supported Housing where this funds the housing cost.

* Figures are from previous year data set 15-16 and costs exclude 10 Optima Care clients were financial data was not finalised.

Out of borough support and housing services

NUMBER OF PROVIDERS

There are a large number of out of borough providers in use:

Residential – 60
Supported Living – 6

The majority of providers are based in London, Kent and the South East of England. However there are a number of providers based in other areas, with a significant number of services in use in (a) Hampshire and (b) Wales, but also some services in (c) Leeds-Manchester and Newcastle.

There are 50 providers who support only 1-2 Southwark clients.

COST OF SERVICES

There is a vast range in costs of out of borough services ranging from:

Lowest: **£424** per client, per week.
Highest: **£4, 416** per client, per week.

The broad range of different costs per person per service provision is partly driven by the differing levels of support needs of different clients.

Key Issues

Learning Disabilities in Southwark – key issues #1:

- the current model is one where clients and families have the option of a large range of different services and providers – both in and out of borough. There are issues with ensuring excellent outcomes across such a diverse market however, and to help ensure that there is an ongoing focus on developing skills and resilience, as well as independence.

- the current model supports a large population across a wide range of services. The engagement that we have been doing with clients (with more planned) suggests that more individuals, with help, would be able to make the shift to more independent settings – including for some where it is safe to do so, into a home of their own. Other clients will need longer term support, both in bespoke services and residential.

- all learning disabilities clients have the option of a "personal budget" to spend on their care/support. It is unclear whether this approach is translating into genuine choice for what services are on offer and what the clients buy for these. The majority of clients do not *hold* their own care budgets (and many do not wish to, or are able to) but these are instead managed on their behalf by the Council. How do we instil choice and agency on behalf of clients in developing these key services?

- there has been a focus on developing in-borough provision – with clients then unable to move to independent living due to the cost of renting a house in Southwark. For many clients, Southwark is seen as not the right place for them to live, to manage their needs and to remain safe. Many clients have now lived outside of Southwark for many years – some for 10 years+.

Key Issues

Learning Disabilities in Southwark – key issues #2:

- some services are providing excellent outcomes for clients, but meeting these outcomes could be made easier by locating services in better tailored accommodation for the client group's needs

- large number of clients who are living with their families/carers – with many living with elderly parents who are increasingly unable to cope. The risk is that many of these clients will require residential/supported living – as unable to stay living independently without this support.

A new approach to Southwark LD support and housing

For those able to… stepping down…

- a focus on helping people in high-cost nursing/residential [who are able to] to step-down.
- resolving long-term issues/recognising people who may wish to stay where they are as this best needs their needs

Enabling Independence

- development of both in-borough and out-of-borough supported living schemes, fostering resilience and independence [for those able to]
- development of high-support services to meet these needs and support "step down"
- new "bigger" role for providers in helping people with LD to [safely] find a place where they can live independently – with ongoing support where needed.

Preventative Services

- an approach which enables people with LD to stay living as independently as possible without needing to enter residential/housing services

Service-users voice at the heart of service delivery

- a new approach with service-users voices at the heart of designing services/delivery

Safe at Home

- ensuring those who are able to, to live safely in their own homes/communities
- floating support services for those who need help at home

Timeline

September	October	November	December

Healthy Communities meeting – 17 October

Analysis

- Joint strategic needs assessment – Public Health
- Benchmarking

Completed Prior to September 2017 -

- Analysis and early findings

- VCS Provider Forum Engagement and working group meeting

Service user engagement

- Workshops, service user interviews and work on client journeys/stories

Provider engagement

- Voluntary sector involvement
- Provider forum workshop

Stakeholder engagement

- CCG
- Learning Disabilities operational teams
- Management teams

Transforming Learning Disabilities Services

–

An early strategy paper on the way forward

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12 December

13 September 2017	1. **Draft Joint Mental Health & Wellbeing Strategy** 2. **Kings update** a) KCH update on mental health crisis care upgrade plan - including 6 million capital spend b) CCG / KCH provide update on Mental Health Crisis pathway meeting, with a focus on Kings College Hospital emergency department , with SLaM and Healthwatch invited to contribute d) KCH provide an a brief overview of some of the early recruitment work KCH doing ahead of the current strategy development to address staffing retention and recruitment.
Briefing at KCH	KCH financial briefing with committee members
17 October 2017	**Learning Disability Spend** 1. Introduction from DQT/Providers 2. Roundtable inc. service users, charity providers, Healthwatch etc
28 November 2017	**Better Care Fund** overview by Social Care and CCG , with input from Healthwatch on discharge, GSTT & Kings. **Update Joint Mental Health & Wellbeing Strategy** **Public Health Priorities/Strategy for the Year** • Suicide Plan • Sexual Health Services

	• Drug services **KCH provide overview:** **i)** Trust plans to improve financial position (with CCG in attendance) **ii)** staffing retention and recruitment plans
29 January 2017 NEW DATE NEEDED AS BUDGET SCRUTINY CLASH	**1 GP Surgeries** • Update on provision at E&C, Canada Water and OKR regeneration area **2 Review of Care Homes report** • Update on care home position in the Borough
20 February 2017	**Cabinet Member interviews (confirmed)** • Richard Livingstone • Peter John • Maisie Anderson

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HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2017-18

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Councillor Octavia Lamb			
Councillor Eliza Mann			
Councillor Sandra Rhule			
Councillor Martin Seaton			
Members			
Councillor Rebecca Lury (Chair)			
Councillor Helen Dennis			
Councillor Bill Williams			