APPENDIX 1

SOUTHWARK MENTAL HEALTH SOCIAL CARE REVIEW

Summary

This review of the mental health social care offer was undertaken between March and July 2015, to understand the process and quality of current services, with a particular focus on social care outcomes and how these are met through integrated multi-disciplinary teamwork, as well as through wider commissioning arrangements.

The key findings of the review are as follows:

1. In many areas Southwark already has a version of 'what good looks like' in mental health. There is evidence of many areas of good practice, local initiative and strengths across both adult and children's mental health services.
2. The challenge is to make this sustainable. The offer is comparatively expensive. Care pathways are unclear and difficult to navigate for users, families and non-mental health professionals. Southwark will struggle to keep pace with rising demand, unless the current service system is reformed.
3. Social care outcomes are not as clearly articulated as health care outcomes in the current integrated arrangements.
4. Implementing effective change will require:

    -Completion of the Joint Southwark Mental Health Strategy

    -Agreement on reform of integration across statutory mental health services, to bring social work nearer to the front of the system and at the interface between primary and secondary care

    -Focus on supporting people living with long-term conditions in the community

    -Further application of Reablement and Personalisation for improved prevention and recovery

    -Stronger Council direct working relationship with mental health users and voluntary sector to make progress on co-production and peer support

    -Strong focus on prevention and earlier access to help for children and young people and protecting what is already working well for key vulnerable groups.

INTRODUCTION

1.1. The purpose of this review is to understand the current social care offer, in the context of Southwark residents experiencing or living with mental health issues and mental illness. It was commissioned by Southwark Council. It has mainly focused on adult services, although the review also focused some attention on children's and young people's mental health services, their arrangement and effectiveness, in the light of the new national policy, Future in Mind (1)[1] the announcement of forthcoming requirements and resources (2).

1.2. The findings in this report are my own, using the method of enquiry described in the terms of reference (Appendix A). They are based on an analysis of information from published documents and that shared by stakeholders; interviews with a sample range of stakeholders: including service users, health and social care practitioners and managers, commissioners, senior managers of the Council, Southwark Clinical Commissioning Group, Lambeth and Southwark Public Health, South London & Maudsley NHS Foundation Trust (SLaM) and a sample of voluntary sector organisations (see Appendix B: Stakeholder groups, meetings and participants). In addition to interviews, I have also observed and participated in several meetings in the course of this review, and made visits to several community sites in Southwark (and two in Lambeth) where mental health and wellbeing services are delivered.

1.3. This review has limited its enquiry to the current social care offer and social care outcomes, since these are the areas the Council is accountable for, must lead upon and report to national government departments. These are the outcomes the Council must account for to Southwark residents.

1.4. Because of time constraints, there were some limitations to the scope of this review. There was only a very limited engagement with families and carers, except where I met users who also had caring roles. Regrettably, I was unable to engage with young carers. Some providers did not engage, although I did obtain a sense of their views. I was not able to do more than a desktop review of the Dementia Strategy. I had no direct contact with other Council departments, although a strong partnership and link with Housing department will be vital in addressing the accommodation of Southwark residents with mental health support needs.

1.5. The integrated nature of operations in secondary mental health care sets a challenge in disaggregating social care outcomes and responsibilities from health care. There are strong arguments for looking at social care and health

[1] Numbered references are shown at the end of the main report.

care as an integrated single arrangement. This is widely supported by national policy and across professional groups, including social work (3, 4). These arguments were alive in Southwark.

1.6. In contrast, recent policy messages have come to prominence with the introduction of the Care Act 2014, where Councils must make arrangements using a single national threshold for access to social care provision, the duty to promote well-being in undertaking care and support functions, prevent or delay the need for care and support; and drive forward personalisation and safeguarding. In recent years, many Councils have come away from previous long-standing arrangements of seconding social care staff to Mental Health Trusts in response to other priorities, financial pressures, or poor Trust performance on social care outcomes.

1.7. This review has taken the issue of integration fully into account in getting under the skin of the local social care offer.

2. BACKGROUND

Demography

2.1. Southwark has a population of almost 300,000 which is comparatively young, mobile and ethnically diverse. Around 300 languages are spoken in the borough. The population is expected to grow by over 20% in the next 10 years. Southwark is densely populated and also a deprived population in relation to other London Boroughs and English authorities (5).

2.2. In 2013/14, 3,643 adult Southwark residents were registered with GPs were on the severe mental Illness (SMI) register. Currently around 1,400 Southwark adult residents are open to SLaM on the Care Programme Approach (CPA) although this is likely to be an underestimate of the number of people open for treatment and other interventions at secondary care, because SLaM does not use CPA for conditions other than psychosis. SLaM assess through screening around 9,000 Southwark residents per year for mental health matters (6,7,8,9).

Organisation of Statutory Adult Mental Health in Southwark

2.3. The majority Southwark mental health social work staff are seconded and located into SLaM integrated teams in community mental health and other service settings since 2000 through a National Health Service Act 2006 Section 75 Agreement.

2.4. The rationale is described on the Southwark Council website:

"Community Mental Health Services provide help to adults with mental health problems, such as depression, phobias and other serious conditions. The service is provided by professionally qualified mental health social workers who are based in a variety of locations throughout Southwark.

"Our teams are made up of social workers, community psychiatric nurses, occupational therapists, psychiatrists and psychologists. This improves communication between service users, staff and carers and means that people can get the services they need from one place".

2.5. The same arrangements have been made in the three neighbouring boroughs SLaM also provide mental health services to: Lambeth, Lewisham and Croydon. SLaM directly employ a Director of Social Care to ensure there is Board representation and policy (11) on social care, including safeguarding procedure, liaison with borough mental health leads and implications of Care Act 2014. In addition there is a designated SLaM Clinical Borough lead for Southwark.

2.6. The Southwark Approved Mental Health Professional (AMHP) service undertakes duties and legal requirements in relation to 1983 Mental Health Act as amended 2007. It consists of a small dedicated team with further Southwark social workers deployed on a rota basis during office hours from their teams. The Southwark Out of Hours Social Work service manage Mental Health Act assessments requests at other times.

2.7. SLaM organise the management of teams around mental health conditions within Clinical Academic Groups (CAGs) rather than through a borough or locality model. Clinical Academic Groups are described by SLaM as bringing people together who are experts in their field in areas such as addictions, psychosis and child and adolescent mental health, to offer care and treatment based upon reliable research evidence that it works. This involves clinical staff, such as doctors and nurses, working alongside academic researchers. The current CAGs are:

-Addictions
-Behavioural and Development
-Child and Adolescent
-Older People and Dementia
-Mood, Anxiety and Personality
-Psychological Medicine
-Psychosis.

2.8. Southwark social workers will work within the borough, but they are distributed across community mental health teams and other teams within Clinical Academic Groups. It is unclear whether social workers undertake social work tasks only, or whether their roles are better described as generic care coordinator function, organised around care management and Care Programme Approach (CPA).

2.9. Southwark social workers are unevenly distributed across Southwark teams. Mainly for historical reasons, the largest number are deployed in the Psychosis CAG. Compared to neighbouring boroughs, there has been a relatively stable Southwark social work workforce, with low staff turnover and little disruption caused by reorganisation. This is an experienced senior social work workforce, with several qualified social workers operating in Service Manager and Team Leader roles in CAGs. In these managerial roles they are directly accountable for the performance of the integrated team, with performance measured through health performance metrics. The performance dashboard does not appear to include specific social care outcomes.

2.10. Southwark Council also retains a Head of Mental Health in the Adult Social Care division (recently incorporated into a broader Assistant Director role) to liaise with SLaM and to directly manage some mental health services.

2.11. A number of recent initiatives have been developed to address challenges in relation to making more effective use of social care resources to support the wellbeing and tenure of adult mental health service users in the community.

2.12. Southwark has a very large number of residents placed in nursing and residential care over long periods of time where there is little evidence of recovery and rehabilitation. This includes a majority of residents placed in out of borough settings who have not been subject to regular review. Unreviewed placements leave the Council and NHS open to significant risks. A Transitions team has been established to review placements and to establish clear care pathways, including transition to local Southwark accommodation and support. The residential care budget is overspent and must be brought back into balance.

2.13. A Mental Health Reablement Team is now co-located in one of the Southwark Community Mental Health Teams and offers a structured offer of 13 sessions to Southwark mental health service users resettling in the community. The evidence available suggests the Reablement offer is well used. Many users stay the whole course of reablement. It appears to improve community resettlement and regaining tenure in the community and making a recovery.

2.14. A Personal budget support team and a Personalisation Panel have been established, following slow implementation of personalisation and uptake by Southwark mental health service users and what is perceived by the voluntary sector as relatively low use.

Southwark mental health voluntary sector

2.15. Southwark has an enviable voluntary sector fabric that puts it in a good position to support social inclusion. It contains several well-established community organisations that have a specific interest in mental health or directly support mental health service users, including Community Action Southwark, CoolTan Arts, Blackfriars Settlement, Dragon Café, and most recently Southwark Wellbeing Hub (provided by Together).

2.16. Southwark Wellbeing Hub was established in May 2015, working from a base in Thamesreach Employment Academy, Camberwell. This was established following a tendering process during 2014. This process in effect replaced the previous provision of a range of mental health day services in Southwark. The main current provision offered through the Wellbeing Hub is non-directive advice, information and signposting through the Wellbeing Hub to mainstream/universal services and resources, and to personal budgets to those adults who are eligible to purchase services and access to activities to protect and improve their wellbeing and assist recovery.

2.17. Following the completion of this Tendering process and the award of the contract for the Wellbeing Hub, service contracts to organisations previously providing mental health day services closed. A number of smaller organisations were not able to continue to offer activities previously undertaken, while others have undertaken this through offering services that are paid for through personal budgets.

2.18. The general voluntary sector provision in Southwark is likely to remain places where unmet mental health need emerges, for example where individuals are seeking advice and assistance because of housing or welfare issues. There were examples of this offered by the Blackfriars Settlement and Community Action Southwark.

2.19. The coordination of voluntary and community action through Community Action Southwark (CAS) with reference to mental health is currently achieved through Southwark Voices monthly meeting. CAS has also facilitated events on specific matters in relation to mental health strategy (12) and in preparation for the Wellbeing tender.

2.20. Between January and May 2015, Southwark Council and CCG worked with Southwark's Community Engagement department and Southwark and Lambeth MIND to engage BAME and marginalised groups on cross-borough engagement events to identify key considerations for promoting and protecting the mental health and wellbeing of Black and Asian minority ethnic and other marginalised groups in Southwark (13). The final version of this report is awaited, but it is expected to recommend that future mental health services for BAME and other marginalised communities should be commissioned through dedicated community-based support services delivered using: Information and Advice; Peer Support; Community Networks; Self Management; Befriending and Social Inclusion.

Southwark Children and Young People's Mental Health Service

2.21. Most mental illness has its origin in childhood, and half of all mental disorder first emerges before the age of 14 years and three quarters by the age of 25 years (14).

2.22. Young people aged 12-25 years have the highest incidence and prevalence of mental illness across the lifespan (15). In contrast to physical health, which is at greatest risk at the start of life and in old age, mental illness vulnerability peaks at 18 years of age - just at the point where young people are moving into adulthood, and where, typically, service access arrangements change because of age boundaries and legal responsibilities.

2.23. Mental health national policies (1, 9) set clear expectations around meeting the needs of young people, the importance of prevention, early help and intervention and a focus on key transitions is key to reducing the risk of young people developing longer-term mental health problems, with their significant impact on education, employment and quality of life.

2.24. Certain groups of children and young people are at increased risk of developing mental health problems, taking account of background, life experiences, family history and individual emotional, neurological and psychological development. Some children and young people, through their particular circumstances may be in more than one of the following risk groups:

- Children in Care/Looked After Children
- Children identified with special educational needs
- Children from poorest households
- Children and young people in contact with the criminal justice system
- Young Carers
- Children with certain physical disabilities
- Children and young people who live in households where there is domestic abuse and violence
- Children who live in households where there is alcohol or drug dependency

- Children whose parent(s) or guardian(s) have mental illness.

2.25. Southwark has a mature CAMHS service, including:

- Child and Family Service
- Adolescent Service
- Neurodevelopmental Service
- Early Help Service
- Carelink (for adopted and looked after children)

In addition, there is a Parental Mental Health Team and a joint service protocol to meet the needs of children whose parents/guardians have mental health problems (16). The main areas of concern in Southwark have been around the long waiting times to access first appointment. While these waits have reduced over the last 6 months, demand remains high. Transitioning to adult services is also problematic, in spite of the same Mental Health Trust provider delivering CAMHS and Adult services.

2.26. Another important element of local young people mental health services is Early Intervention in Psychosis, because good evidence shows that early detection, diagnosis and treatment of psychosis improves lifetime health outcomes. The most recent information about the Southwark Early Intervention in Psychosis service (17) is a very positive account, although there is a high social work caseload. The family intervention rate is positive, which is very important in relation to wellness and recovery.

2.27. These arrangements put Southwark in a good position to respond to local needs and policy expectation. A comprehensive review of wellbeing and mental health for young people in Southwark was conducted in 2014 (18). However, this is an area where it is vital to have an implementable strategy, to define the purpose and scope of services. While there exist some excellent and well-regarded services, such as Carelink (19) and the Parental Mental Health Team, these need to be protected as far as it is possible from cost saving measures because of the risk/vulnerable groups supported, and as new priorities are set across Children and Young People's Mental Health Transformation Plan bring competing demands.

2.28. Currently no CAMHS strategy is in place. This should be completed as a Children's and Young People's Emotional Wellbeing Strategy, since this will be a requirement of completing the Local Transformation Plan (2) and can potentially draw into Southwark additional funding to support development of community eating disorder and self-harm service, improving early help and support to schools. This strategy must be linked to the Children and Young People's Strategic Plan, Families Matter and as the Joint Mental Health Strategy.

2.29. It will be helpful to use the completion of the Local Transformation Plan to focus attention on the high level of childhood obesity reported for Southwark (20) and consider whether this is an indicator of Adverse Childhood

Experiences (21) and a coping mechanism for depression, anxiety and fear. This has already been given some consideration by the Southwark Carelink Team. The national intention is to establish community eating disorder and self harm services for children and young people with additional resources shared across a number of CCG areas.

Longer term severe mental illness cohort

2.30. There are currently around 200 Southwark people living with longer-term severe mental illness in residential and nursing care who appear to be in a closed circuit, moving between in-patient wards and care homes. An impasse appears to have developed, with a very slow pace of change brought to bear on improving the prospects for this group to live safe and more independent lives in Southwark, despite resources devoted to a dedicated SLaM High Support Team.

2.31. A considerable number of this group (90+) were placed out of borough, where care plans and placement were not routinely reviewed. The budget is significantly overspent. Recently, a Transition Team was established to undertake reviews and to introduce a new model and care pathway. It is currently undertaking reviews of out of borough placements.

Substance Misuse

2.32. A recent audit (22) of Southwark's Council's Substance Misuse Service found that there was inconsistency in the application of criteria for community and residential rehabilitation care packages. There is also variability of outcomes and a low level of residential rehabilitation completions.

2.33. A procurement process is currently being undertaken to bring together Secondary Care (CDAT) and Primary Care (Shared Care) treatment provision into a single unified arrangement. Southwark's Council's Substance Misuse Service is not incorporated into this procurement. To date, primary care have found the substance misuse Shared Care service helpful in working with people with substance misuse and other needs that make treatment more complex. But there appears to be no routine working relationship between primary care and CDAT.

Public Health

2.34. Lambeth and Southwark Public Health Team provide good data and health intelligence that will inform a joint mental health strategy, e.g., and Mental health briefings (6) and the CAMHS needs assessment (7). There are Mental Health Promotion activities that are well regarded. Going forward, there will need to be clarity over the role Public Health play in relation to prevention for targeted mental health cohorts.

Commissioning Arrangements

2.35. Mental health commissioning arrangements for adults and children and young people are carried out on behalf of the Council by NHS Southwark CCG. This arrangement is agreed through a National Health Service Act 2006 Section 75 Agreement between NHS Southwark CCG and Southwark Council. In this agreement the CCG are the designated body for the commissioning of mental health services on behalf of Southwark Council. The financial contributions made by the Council are set out in the Section 75 agreement for the purchase of residential placements and other block contracts.

2.36. NHS Southwark CCG, as the lead commissioner, is in addition responsible through this agreement for the development of a Strategy for adult, older persons and child and adolescent mental health services, as well as a Market Position Statement. It must also take account of social care approaches and ensure that all commissioned services supply relevant mental health activity data, including those required for the Adult Social Care Outcomes Framework submission for Councils, like Southwark, with Adult Social Care Responsibilities. These are annual returns through which the Council's performance is measured.

Mental Health Adult Social Care Survey Return for 2014-15

2.37. 109 mental health users made returns to this year's Survey (23) which accounted for about 10% of the total Southwark adult return rate. Caution must be exercised about interpretation, because it is a comparatively small representation of the number of adults living with serious mental health problems in Southwark, but the information should be taken seriously:

Quality of live as a whole: 17% of respondents reported this as bad, or very bad. It was the group with the lowest rate recording quality of life as good or very good.

Control over life: 31% reported some control, but not enough. 6% reported no control over their life.

Control over care and support: 21% had some, but not enough. 6% reported no control over care and support.

Clean and presentable in appearance: The mental health group report at the highest rate for less than adequate (13%) as well as for not clean and presentable (5%).

Home: the greatest return by an adult group around not comfortable enough (19%) or not comfortable at all.

Safety: the greatest report by group of less than adequate (13%) or not at all (4%).

Social contact: highest report by adult group for some but not enough (26%) or socially isolated (10%). Less than a third reported that they had as much as they want.

Spending time: highest group reporting that they were spending time doing something they value but not enough (31%) and don't do anything they value or enjoy (15%).

To the question, *Do the people who treat and care for you work well together?* 20% replied no; and 13% didn't know.

2.38. These are a sober reflection of how much there is still to be done in assuring that user social care outcomes improve to achieve social inclusion and quality of life.

Budget

2.39. 2015/16 adult mental health social care budget total is £8,382,000, comprising of: assessment and care management staff costs; residential contracts; direct payments and personal budgets. Previous budget areas related to substance misuse, asylum seeks and BME day services are now accounted for separately. While costs have reduced over the last three years, the costs of residential placements, and the quantity of placements purchased, remains a high fixed cost and a cost pressure.

2.40. The most recent value for money comparators (24) using 2013/14 data show that, in relation to spend on all social care for adults for mental health needs aged 18-64, Southwark is in 10th place by mental health social care spend by London Borough and in the upper third. Southwark is in the middle range when compared to its statistical neighbours. It is in the highest 20% of English Boroughs by spend on residential care and home care. It has a comparatively high use of personal budgets and direct payments value that is in the lowest 20% by cost.

Safeguarding

2.41. The main concerns raised in relation to safeguarding during this review related to ensuring that Southwark Council was prepared for the new duties in relation to safeguarding in the implementation of the Care Act 2015, and that pathways were clear and understood between Southwark Council and SLaM. There was some difference of understanding about the respective roles of both organisations, for example, around the level of feedback that is expected following the raising of a Safeguarding alert.

2.42. During the time of the review two serious incidents involving mental health service users came to light. It is premature to draw specific conclusions from these cases.

FINDINGS

Host problem

3.1. Because of the site of the Maudsely Hospital in Denmark Hill, there is a risk that longer term mental health service users from out of borough resettle in the borough, unless there is a clear delineation of local authority residence responsibilities for resettlement.

3.2. Another host problem that may have an impact on costs to Southwark Council is the proposal to site the Place of Safety for all four Boroughs at Denmark Hill (25) including the impact this will have on the Southwark AMHP service. Clearly there are some benefits from 'hosting' a large hospital site - such as local employment opportunities - but these are hard to quantify against potentially higher costs to the Council.

Layering

3.3. The method of service development over a number of years appears to have been adhoc, in the absence of an overarching jointly developed strategy. There has been an accumulation of services with comparatively little decommissioning, until recently.

3.4. There is now a large operational Trust superstructure (the Clinical Academic Groups) but this is weaker on Council localities, which are critical for Local Authority partners. The recent development of the AMH Transformation (26) does not constitute a local strategy. Instead, it sets out a list of local adult mental health services with a very limited social care dimension.

3.5. The mental health system is complex to navigate and does not provide a clear, integrated pathway for users, families, primary care or other key non-mental health professionals, e.g., Southwark Housing department. There is a risk that layering behaviour continues, e.g., the proposal to develop a Hub on the Maudsely Hospital site appears to ignore the fact that the Southwark Wellbeing Hub opened nearby in May 2015 and introduces further confusion.

Agent problem

3.6. Southwark Council relies on intermediary agents to conduct its responsibilities in relation to the mental health social care offer, including NHS Southwark CCG and SLaM through the commissioning and delivery arrangements for statutory services. Other agents have also been deployed relating to the delivery of non-statutory provision and consultation, including Community Action Southwark, in the lead up to the tendering process for a Wellbeing Hub

and Mental Health strategy consultation last year. There are challenges where agents are also partner organisations.

3.7. It is not unusual for Councils to use intermediaries, but robust governance assurance is necessary and this must be sustained. This can be provided through agreed joint strategy; clear commissioning intentions and resource allocation; routine senior officer contact; annual review against performance, and routine performance reporting against social care outcomes, including personalisation, impact of reablement, and the demand and performance of AMHP and other services. Clear recovery mitigation and sanctions if social care outcomes are not achieved are required.

3.8. Without this governance assurance process, tensions are likely to arise when new policy signals must be acted on (e.g., implementation of Care Act 2014) or when previous resource levels cannot be sustained.

Integration

3.9. There is widespread support across Southwark for an integrated mental health offer. There is no interest or appetite to decouple integrated arrangements. Service users in Southwark said they wanted care and support to come from as few places as possible and to be coordinated.

3.10. The advantages of an integrated health and social care offer are presented as the single pathway to secondary care services; the durability of existing work practices over time; good professional inter-disciplinary relationships and information flow; informal learning; relaxing of professional boundaries, allowing social care work to be undertaken by nursing colleagues around personalisation. An argument was made that integration has worked for the benefit of the larger social care agenda in Southwark, through the influence of social workers in team leader and manager functions.

3.11. Other advantages of integration were presented as being better than the alternative. This was based on previous experience and concerns about potential adverse consequences if an alternative approach were implemented. It included concerns about the double-running of assessment processes and information systems in health and social care, which appears to go against government-sponsored guidance (27); more distant staff working relationships, with potential for professional disagreement and discord if a ‘task-based’ work focus were established; the risk of users and families falling through gaps in delivery; and the reaction of SLaM as a powerful, strategic provider. The recent experience in Lambeth of moving resources were generally not accepted as a positive examples (28, 29).

3.12. While there was widespread support for integration, the quality of existing arrangements were generally agreed as requiring improvement. The social care offer was perceived as subsumed into the larger and more dominant health delivery priorities at the Trust. There needed to be a better balance of social care and health care goals and outcomes, so that social care could be reclaimed in integrated teams, consistent with Southwark's vision for social care (30). Many stakeholders struggled to understand what social care outcomes were.

3.13. There were other views that the sum of benefits currently derived from integration were intangible and hard to define. It was also hard to recognise the social care elements of current integration arrangements. Social work was not in the foreground of work with service users and their families on initial assessments. For all that many team managers and team leaders were social worker professionals and well-respected, the current arrangements were perceived to be medically orientated. Concerns were expressed that some Trust colleagues appeared annoyed when social care needs were raised; and that the scope of social care was narrowly defined as consisting of either residential care *or* a personal budget. Integration in one area can mean that opportunities for integration in other areas are curtailed.

Partnership with community voluntary sector

3.14. There continues to be a level of discontent in the local voluntary mental health sector, following the tendering process last year for the Southwark mental health wellbeing hub. Good working relationships are vital in the context of significant welfare reforms and their impact on people and families living with severe mental health difficulties.

3.15. Voluntary sector organisations spoke of their desire for a partnership with the Council, but struggled with a non-communicative period with the commissioning team recently. They wanted to make personalisation work in Southwark, supported the ethos of self-determination, but struggled with its requirements. It is believed that system inflexibility is inhibiting its greater take-up by service users and carers, especially where there were fluctuating or longer-term needs.

Personalisation

3.16. Because of the current location of Southwark adult mental health integration, there is an assumption that everyone in secondary care mental health is eligible for a social care service. This is different from the eligibility test applied in other adult social care services.

3.17. A second working assumption that follows is that, to apply and be assessed for a personal budget, the person must be open to a secondary care team. Given that the majority of Southwark's patients registered with Southwark GPs with severe mental illness are not open to secondary care, this puts this group at an unequal disadvantage.

Supporting long-term conditions

3.18. There is widespread recognition of a large group of Southwark residents with severe mental illness who appear to live in a closed institutional circuit.

3.19. There is a similar size of cohort is also present in Lambeth, where the Council and CCG have reappraised this circumstance strategically and are seeking to re-define the relationship between commissioners and providers, by tackling the support of people living with long-term conditions as an enterprise-wide challenge, initially by establishing a collaborative. Recently, this has led to an alliance contract, a model of procurement more frequently used in the building and construction industry (31).

3.20. Public Health colleagues report that, what has made a promising difference in outcomes in Lambeth, has been strong use of peer support.

4. ADVICE and ANALYSIS

What would good look like?

4.1. In many areas Southwark already has a version of this, but it is starting to look tired and needs renewal if it is to remain relevant and fit for purpose.

Signs of safety

4.2. The social care offer must have strong signs of safety. These must be evident and understandable at key points in the person's journey to recovery.

4.3. For example at the point of transition for those leaving care, because of the increased risk of experiencing poor mental health alongside a complex set of changes.

4.4. Hospital, nursing and residential care are all intermediate steps in managing crisis and making a good mental health recovery. The only way to truly contain the high costs associated with these services is to improve outcomes around resettlement into ordinary community living with or without support.

4.5. The current reality is that, already, most people living with significant longer term mental health conditions in Southwark live in the community and not institutional settings (see 2.2). Previous consultations have received a clear message from users that they want to manage crisis without returning to

hospital.

4.6. The experience of service users reported in research (33) and guidance (34) suggests that they believe an unequal share of risk falls to them outside institutional settings. Recent serious incidents in Southwark appear to confirm this and point to the need to improve community crisis response and home treatment. This will be especially important to those being resettled into the community with long-term conditions, with potential to provide confidence to weather crisis without recourse to hospital.

Social care offer is straightforward and people chose to use it to meet their needs

4.7. For mental health service users, their families and supporters, the social care offer is not clear. It is mainly located in a complex secondary care system. It is hard to pick out the social care elements clearly in the soup.

4.8. Many local voluntary sector partners want to make personalisation work in Southwark, but struggle with its requirements, are not clear on the criteria applied for a personal budget payment; worry about the delay in processing payments; are concerned about the impact debts may have on receiving and using payments and point to an inherent bias around making individual arrangements and the logistical difficulties of forming group activities using personal budget payments.

4.9. NHS Southwark CCG and Southwark Council invested significant time and resources in establishing the Southwark Wellbeing Hub. However the tendering process seems to have alienated members of voluntary sector.

4.10. There are some questions about whether the model is operationally achievable, because some of the places Southwark Wellbeing Hub would expect to signpost to were reliant on mental health budgets to fund their operations and have now closed (e.g., 3Cs).

Social inclusion

4.11. Social inclusion is entirely consistent with Southwark Council's Fairer Future, the Vision for Adult Social Care (30) and the Families Matter agenda. The Co-production Report (32) sets out the key principles that need to be applied to bring this about.

4.12. This is an important Council issue in relation to making progress in enabling social inclusion become a reality for our most vulnerable citizens, living with long-term mental health conditions living well in the community and beyond intermediate institutional settings.

Social work to the front of the system and into Local Care Networks

4.13. Social Work is the core discipline for social care, practised and supervised as a distinct, professional discipline (3, 4). To be most effective in integrated, multi-disciplinary settings, it must (i.) retain its distinct professional identity and (ii.) be located where this can have greatest benefit.

4.14. To have greatest benefit, Social Work needs to be positioned at the front of secondary care mental health settings rather than deep within it, so that it is integrated into baseline, preliminary assessments. Unless this happens, it is increasingly difficult to introduce it latter to promote social change and development.

4.15. South East London CCGs have adopted Local Care Networks as the preferred model of health service delivery (33). This is supported by NHS Southwark CCG. If mental health social work is to remain relevant to the social care offer, it also must have a working relationship into Southwark Local Care Networks.

What's good now?

4.16. Parental Mental Health; Carelink; the Reablement Team; the Transition Team and the Southwark AMHP Team.

4.17. These are all fit for purpose, show good examples of innovation and are forward thinking, anticipating some of the issues Southwark will face.

Three interconnecting problems

4.18. The absence of a Southwark Joint Mental Health strategy to set direction and commitments, predict and shape, and reduce a reliance on reaction. There have been at least two previous attempts to get this completed. There is sufficient material already available and pulled together (Appendix C) but this must be completed, finished and signed off.

4.19. The absence of strategic commissioning and provider focus on social care outcomes puts this at a disadvantage in relation to health. This introduces several problems, including lack of assurance to Southwark Council and limiting the opportunities to mental health service users to become full citizens.

4.20. Making delivery fit for purpose (strong signs of safety, social inclusion and opportunity, community not institutional site for intervention, prevention agenda, and moving in the direction of parity of esteem between mental and physical health).

Challenges

4.21. Same or increasing demand, with smaller resource envelope going forward, requires us to rethink supply and capacity.

4.22. To protect what's good and what works (4.16) and change what is less effective, mainly as a result of repositioning in the integrated arrangement.

4.23. The greatest opportunity for improvement with significant cost reduction is in better community support for long-term conditions replacing institutional living. But the budget overspend was not brought under control in time through a recovery plan, so this will not yield significant material cost-savings in 2016/17.

4.24. Direct negotiation with powerful strategic provider, not through an intermediary, is required to seek agreement on reordering the sites of integration and at the same time reducing the overall establishment of seconded social workers, in line with budget requirements.

4.25. The reordering of integration will reveal that there is probably an oversupply of senior experienced staff with wrong skill set necessary to effect required change, and currently used in SLaM managerial roles.

4.26. Resetting the working relationship with local voluntary mental health sector through commissioning and operations management because of the value and skills these partners can bring into new supply arrangements around personalisation, peer support and safe environments.

5. RISKS

Issue	Description	Mitigation	Risk Rating
5.1. Relationship with CCG	Review will test durability of partnership between Council and CCG in relation delivering change involving a large strategic provider.	Meet with CCG to review recommendations and seek their support in making integration reforms as they are consistent with CCG objectives to introduce Local Care Networks, since it brings social work to the front of the primary care - secondary care interface in the management of complex care.	**High**
5.2. Negative response from MH Trust	Previous and recent experience indicates NHS Trust is challenging partner with whom to negotiate, may perceive integration reform as a threat to its interests, and insist on status quo or decoupling. If latter, it may seek to present this as the Council's intention.	Direct negotiation by Council with MH Trust seeking full partnership on integration reform in the context of renewing Section 75 agreement and CCG support.	**High**
5.3 System disruption	System Reform introduces disruption to an already changing landscape (Care Act 2014, 5 year Forward Plan, NHS SE London Consolidated Strategy) including presentation by MH Trust to CCG of additional health costs as a result of reform.	Communication of mental health strategic direction through completed Joint Strategy. Delivery Plan to order and manage pace of change and manage the pace of change with reference group including CCG, MH Trust, Primary Care and Southwark service users.	**Medium**

5.4. Mental Health Social Care Budget	Reform must be achieved within context of Council Budget Challenge. Greatest area for improvement and cost reduction is in accommodation but this will not yield material savings until overspend is brought under control.	New CAMHS resources from Local Transformation Plan agreement, if deployed against the areas of priority, will reduce cost pressures in this area.	**Medium**
5.5. Unmet need	Despite benefits of system reform to bring about better user outcomes, there is unlikely to be sufficient resource capacity to address unmet need and rising demand	Continue to support Southwark Wellbeing Hub as route to developing fuller understanding of local community and neighbourhood resources so that these can be deployed to support wellbeing, prevention and recovery and also identify gaps.	**Medium**
5.6. Social work skill set	Reform will be reliant on workforce deployment based on the right knowledge, skills and experience at the right points in the service system	Delivery Plan includes a review of current skills set to support improved outcomes around reablement, personalisation, community crisis support, safeguarding and primary care interface.	**Medium**

6. RECOMMENDATIONS

6.1. These recommendations are intended to enable the Council and its partners to focus on renewing the local mental health strategy; reform integration; make stronger arrangements with providers around mental health service delivery; and to stimulate further service innovation around co-production and peer support. The overall purpose to be achieved is that more Southwark people have good mental health and tenure in the community in its broadest sense (10).

6.2. It is recommended that the Council:

-Bring into place with NHS Southwark CCG a Joint Mental Health Strategy.

-Renegotiate with the Mental Health Trust the sites of integration and the deployment of seconded social care workforce, within the defined resource envelope, towards the front of secondary care and at the interface with primary care.

-Bring greater focus to bear on supporting people living with long-term conditions in the community, through closer work with Southwark Housing Team and assurance around crisis support in partnership with the Mental Health Trust.

-Strengthen user and voluntary sector working relationships, while keeping strong support in place for Southwark Wellbeing Hub and its further development.

-Agree with NHS Southwark CCG use new resource investments for children and young people mental health protects what already works well and strengthens the links between CAMHS services and Southwark schools.

Dick Frak
7 August 2015

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APPENDIX A

SOUTHWARK MENTAL HEALTH REVIEW

TERMS OF REFERENCE

1. Overview

Southwark Council is responsible for the quality of mental health social care outcomes for the local authority area, including statutory requirements, in line with Southwark's Joint Health and Wellbeing Strategy.

In addition, the Council must be assured that appropriate safeguarding arrangements are in place for all residents. The Council must ensure sufficient and tangible social care value for Southwark residents from the investment the Council makes in meeting local mental health needs.

A review of the current offer is being undertaken to understand the processes and quality of current services, with a particular focus on social care outcomes and how these are met through integrated multi-disciplinary teamwork, as well as through wider commissioning arrangements.

2. Scope of review

To review the opportunities available to improve the local offer to Southwark residents by:

- Reviewing the current operational model and the extent to which it meets safeguarding and social care needs through delivering mental health social care outcomes;
- Reviewing current commissioning arrangements and the extent to which these meet strategic priorities in relation to delivering mental health social care outcomes;
- Reviewing value for money in relation to Southwark Council expenditure in relation to mental health.

3. Key lines of enquiry

Initial key lines of enquiry will include:

- Assessing quality of the current Southwark mental health and accommodation system, including nursing care, residential care, supported living, supported housing and community-based floating support services and its effectiveness in managing crisis and supporting tenure and wellbeing in the community.
- Considering the Section 75 Agreement with South London & Maudsley NHS Foundation Trust for the operational delivery of integrated statutory mental health services and the deployment of social work skills.
- Reviewing the effectiveness of the Section 75 Agreement with Southwark Clinical Commissioning Group in achieving broader mental health partnership commissioning arrangements.
- Looking at Safeguarding governance arrangements and lessons learnt from serious incidents.

- Reviewing the scope for the further development of Southwark CAMHS services, in line with priorities set out in the Southwark Joint Health and Wellbeing Strategy, and to consider the development of an Emotional Mental Health and Wellbeing Strategy for Children and Young People.
- Considering the interface between adult mental health and substance misuse services, particularly in relation to supporting people with a Dual Diagnosis.

4. Governance

<u>Sponsorship:</u>
Strategic Director Children's & Adults Services
Director of Adult Social Care.

<u>Overview of Review:</u>
Director of Strategy and Commissioning.

<u>Implementation of Review:</u>
Review Co-ordination and Project Management: Dick Frak.

5. Methodology

Views to be sought from key stakeholders, including:

- Service user, carer, families and their advocates;
- Southwark mental health practitioner perspectives;
- Southwark CCG;
- South London & Maudsley NHS Foundation Trust;
- Other Southwark Council Departments, including Housing and community services.

Analysis of performance data in relation to mental health social care outcomes, including benchmarking where possible.

To take account of previous reports, including the Review of Mental Health Service for BAME and Marginalised groups in Southwark, JSNAs and Southwark Adult Mental Health Model.

Impact of legislative and policy change including Care Act 2014 implementation; introduction of personal health budgets alongside personal social care budgets; and Parity of Esteem.

6. Key Review outcomes

- To advise the Council on key risks and recommend how these may be mitigated.
- To advise on gaps in meeting needs in relation to safeguarding and social care.
- To make recommendations on improving the Southwark mental health social care offer.

7. Reporting timetable

-First Report to Southwark Council Children's and Adults Board 29 April 2015
-Report with recommendations to Council by 31 July 2015.

APPENDIX B

STAKEHOLDER ORGANISATIONS, GROUPS AND PARTICIPANTS TO THIS REVIEW

Users of mental health services in Southwark

CoolTan Arts
Blackfriars Settlement
Community Action Southwark (CAS)
Dragon Café
Southwark Wellbeing Hub (Together)
Lambeth Walk Health Centre
Lambeth Wellbeing and Employment Hub (Streatham Jobcentre plus)

Southwark Council
Southwark Clinical Commissioning group (CCG)
South London and Maudsley NHS Foundation Trust (SLaM)
Lambeth and Southwark Public Health

Southwark Council Children's and Adults Board (CAB)
NHS Southwark CCG Commissioning Strategy Committee
Mental Health and Parity of Esteem Programme Group
Southwark Voice.

Chair, Southwark CCG
Mental Health Lead, CCG Board
Chief Operating Officer, Southwark CCG
Interim Director of Integrated Commissioning, Southwark CCG
Head of Mental Health Commissioning, Southwark CCG
Senior Mental Health Commissioning Manager, Southwark CCG
Senior Commissioning Manager, Child & Adolescent Mental Health Services (CAMHS) Southwark CCG
Head of Transformation - Integration (Local Care Networks project lead) Southwark CCG.

Mental Health Lead, Consultant in Public Health, Lambeth & Southwark Public Health Team
Public Health Manager - Mental Wellbeing, Lambeth & Southwark Public Health Team.

Director of Social Care, SLaM
Head of Safeguarding, SLaM
Safeguarding Children's Lead, SLaM
Adult Mental Health Safeguarding Children's Manager, SLaM
Carelink Service Manager, SLaM
Southwark Service Manager, Psychosis Recovery & Support Team, Psychosis CAG, SLaM
Manager, Transitions Team, SLaM
Manger, MAP Team, SLaM
Manager, Southwark AMHP and Mental Health Safeguarding Team, SLaM.

Manager, Southwark Substance Misuse Team (STARP), Southwark Council
Manager Reablement & Personalisation Teams, Southwark Council
Project Officer, Mental Health BAME Review and Co-Production Review, Southwark Council
Project Service Manager, Mental Health Accommodation, Southwark Council
Interim Head of Adults Performance, Southwark Council
Achieving Excellence Coordinator, Children's Social Care, Southwark Council

Assistant Director, Adult Social Care, Southwark Council
Group of social work staff seconded to SLAM integrated teams in Clinical Commissioning Groups.

Project Manager, Southwark Wellbeing Hub (Together)
Senior Policy Officer, CAS
Head of Development & Sustainability, CAS
CEO, CoolTan Arts
Wellbeing Advisors, CoolTan Arts
Chief Officer, Blackfriars Settlement
Mental Wellbeing Lead, Blackfriars Settlement.

APPENDIX C

DRAFT CIRCULATED FOR DISCUSSION MAY 2015:
NHS Southwark Clinical Commissioning Group and London Borough of Southwark
Southwark Joint Mental Health Strategy 2015 - 2017

1. Purpose

The purpose of this Joint Strategy is to set out the strategic direction of the Council and Clinical Commissioning Group (CCG) in relation to the delivery of better mental health user and population-based outcomes for Southwark.

The overall strategic objective is to transform local mental health in line with the CCG's intention to bring about the best possible outcomes for Southwark people and in partnership with the Council's *Fairer Future* commitments.

This strategy will be delivered through focusing resources upon a set of decisive key objectives, taking into account the evidence available from Public Health, consulting with mental health service users, carers, families and the wider community, as well as reviewing the performance of service providers.

2. Context

It's increasingly recognised that there is no health without mental health.
It is to everyone's benefit, and to the benefit of their family and community, to understand the development of good mental health and wellbeing and what it consists of; how it can be promoted and protected; and how mental ill-health can be prevented and avoided. And in circumstances where mental illness cannot be avoided, how best it can be treated and how a person and their family can be supported onto recovery.

Often, mental illness does not happen in isolation but alongside other physical health conditions, so it's vital that there is clinical partnership to treat physical and mental health together. Service users and their families are at risk of becoming isolated and not included in ordinary life, because of the presence of mental health problems. This strategy will challenge stigma, discrimination and prejudice - with the objective that no-one is socially disadvantaged or excluded because of mental ill-health.

Previous approaches to mental health strategy were segmented on the basis of age categories or a range of conditions. This introduces challenges in looking across and seeking to understand impact of the whole system. The strategic objectives set here are not bounded by age or to certain conditions only. Instead a number of strategic priorities are set, following the national strategy *No health without mental health* (1).

Strategy is used here to denote actions aimed at altering the strength of the delivery of outcomes. They are distinguished from actions taken to achieve operational improvements, efficiency or streamlining operational management. The impact of this strategy will be measured by the effect it has on improving health and social care outcomes across Southwark for local people.

3. Background

Mental illness is very common. It directly affects around one in four adults. Amongst people under 65 years of age, nearly half of all illness is mental illness. The most recent government strategy on mental health - *No Health without Mental Health* (1) - states that 60% of people who go on to develop a severe mental illness have experienced their first episode of mental illness by the age of 14 years. The national strategy places particular emphasis on early intervention - particularly for children and young people. It also introduces the idea of *parity of esteem* - that mental health must have equal priority with physical health and that discrimination associated with mental illness must end.

The government policy update in January 2014, *Closing the Gap: Priorities for essential change in mental health* (2) set three particular priorities to support the mental health of young people: to support schools to identify mental health problems sooner; to improve support in transition from adolescence to adulthood; and to improve access to psychological therapies for children and young people. In October 2014, the Department of Health published *Achieving Better Access to Mental Health Services by 2020* (3). This emphasized the need to bring about parity of esteem between mental health services and physical health services, and to put in place better prevention and early intervention to support young people and children, as well as ensuring that there is a focus on increasing the level of diagnostic testing for dementia.

The Care Act 2014 came into force in April 2015 (4). It brings into place the most radical reform of social care legislation in 60 years, including setting out well-being and prevention principles; further requirements in relation to implementing personalisation; carers' assessment of need and access to personal budgets; and stronger safeguarding adults arrangements.

Mental health presents significant challenges right across the local health and social care system at a time when there are increasingly stringent limits to the resources that can be invested. This strategy will require the CCG and Council to build further on its well-developed partnership arrangements to introduce innovation, focus on prevention, build greater community resilience and secure greater parity of esteem.

4. Demography

In 2014, Southwark's resident population was 293,530, with a predicted 20% increase in population during the next 10 years.

Much has already been achieved in Southwark to address the wider determinants of health. However, health inequality across the borough remains high, with mental-ill health, social isolation and wellbeing issues identified as priorities in the 2014-15 locality profiles. Southwark CCG, in preparing its operating plan for 2015/16, identifies mental health as a key health issue with a high prevalence of patients with mental health problems.

17 of 21 Southwark Council Wards scored lower than the national average for Wellbeing Score. Livesly, East Walworth and Peckham Wards scored lowest.

Wellbeing is reported as lower in people who are unemployed or disabled then the rest of

the population. Levels of anxiety and depression are 20% higher in Southwark than the national average. Children from the poorest households are significantly more likely to experience mental health problems. The percentage of children from low income families under the age of 16 is 30.7%, compared to a London average of 26.5%. 30% of Southwark children are living in households where no adult works, compared to a London average of 18%.

The detected prevalence of severe mental illness recorded by Southwark GPs is 3,643 (or 1.2% of patient lists), which is significantly higher than the national average (0.9%).

Approximately 1,280 Southwark mental health service users are receiving support through the Care Programme Approach (CPA) to co-ordinate the range of support and interventions meet their needs. This is a significantly higher than the rate of use of CPA compared to the national average.

The proportion of adults with mental health needs living independently improved from 60.8% in 2011/12 to 71.4% in 2012/13. However, the number of people living in care homes and other non-independent settings remains significantly above the national average.

The numbers of adults in contact with mental health services who are in paid employment is only 4.5% and remains lower than the London average of 6.1%.

Research carried out over a three year period suggests that incident rates for psychosis is 61% higher in south London than the national average.

5. The Case for Emotional Wellbeing and Mental Health - the evidence from Public Health

In the 2013 Annual Report of the Chief Medical Officer, Chapter 2 (7) is entirely devoted to public mental health and the priorities that should be set according to the current best evidence base. The recommended approach consists of three interlocking areas:

- Mental illness prevention;
- Mental health promotion;
- Treatment, recovery and intervention.

On the basis of best evidence available, if each of these three areas are implemented jointly across health and social care, then there is the greatest potential to make progress in bringing improvement to the mental health of local populations as well as benefits to individuals, families and neighbourhoods. However, the current evidence base is incomplete. The best evidence is offered in the following areas:

Factors in mental illness prevention:
-Tackling bullying and being bullied by peers in childhood and adolescence
-Preventative interventions for children of divorce
-Age of diagnosis for schizophrenia
-Outcomes of housing mobility in high poverty neighbourhoods
-Mentally ill parents and the effect on mental health of their children
-Preventing social isolation and loneliness among older people.

Factors in mental health promotion:
-Whole school approach to children's social and emotional wellbeing in primary education (6).

Factors in terms of treatment, recovery and rehabilitation
-Self-management strategies
-Psychological interventions
-Specialist assessment and treatment (10).

6. Expenditure

Mental health expenditure in Southwark is significantly higher than that of neighbouring boroughs. Currently 87% of mental health expenditure locally is on secondary mental health care. In contrast, the expenditure on mental health promotion is less than half of comparative Councils.

(more to be included).

7. Stakeholder views

Local stakeholders report variations in the responsiveness of universal services in identifying early signs of mental ill-health, which could help to target the promotion of resilience programmes. They also report inconsistency of knowledge in schools about mental health and wellbeing resources available and variable provision in schools across the borough.

Stakeholders report lack of clarity over availability and access to the local Mental Health Promotion offer.

Stakeholders tell us they want the skills to help themselves and their communities; to recognise the range of community assets available that could be used to challenge stigma, to gain access to early help and support and promote resilience.

When mental health specialist services are required, service users report that it's important to them that they don't have to go into hospital wherever possible to receive treatment and need support at the right time that is responsive (including services being open and available in a convenient time and location) and tailored to the needs of the individuals.

Service users say they want to be more in control over the care and support they receive and to get on with their lives.

Service users said they want care and support to come from as few places as possible and to be co-ordinated. They want specific individual needs to be considered to identify solutions and support requirements. One stakeholder summarised this by saying: *"Maintaining mental wellbeing and not become mentally unwell, allowing individuals to achieve a good standard of life with good social networks, a well-maintained home and employment, education or doing something meaningful with their lives. Achieving recovery, which encourages stability and allows individuals to function as part of society, is a consistent message coming from current and past service users".* Another stakeholder said: "*Being treated with respect and dignity is key."*

8. Strategic Priorities

The following strategic priorities are proposed:

Deliver effective, evidence-based, targeted mental health promotion through Public Health programmes, including mental health and emotional wellbeing in schools and colleges, community-based resilience programmes and peer/self-management programmes to more vulnerable citizen in the general population (6, 7). The focus here is on prevention and self care;

Develop mental health primary care integrated to social care, strengthen shared care arrangements with secondary care for step down and step up to secondary care mental health services, with integrated mental health and social care delivery through Local Care Networks (3, 9) and IAPT. The focus here is community-based service delivered in local neighbourhoods with less reliance on hospital care;

Deliver model of care for long-term conditions with effective community crisis resolution and home treatment, to maintain tenure in the community, to reduce recourse to hospital and intermediate outcomes, such as nursing or residential care (10). The focus here is on increasing quality of life and reducing demand for hospital and intermediate care;

Further development of the Southwark Dementia Strategy with a delivery plan to improve dementia care in Southwark and drive forward work to make Southwark a Dementia Friendly Borough. The focus here is on increasing understanding of dementia and care at home;

Fully develop a Children and Young People's Emotional Wellbeing Strategy, with a specific focus on key vulnerable groups of children and young people, including looked after children (children in care); children and young people with neurological conditions; and children and young people in contact with the criminal justice system. Schools to be at the centre of this development (5, 6). Focus here on resilience and safety, including understanding and responding to self-harming behaviours.

Focus on Dual Diagnosis of mental ill-health and substance misuse pathway.

Each strategic priority will require a GP/Clinical Executive lead and Management lead, together with strategic outcome measures to track progress. Once strategic priorities are agreed, then a strategic delivery plan is required that articulates changes required in order of priority over the term of the strategy. For clarity, and to avoid confusion, it must be distinguished from actions taken to achieve operational improvements.

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