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.