

Item No. 10.	Classification: Open	Date: 23 January 2018	Meeting Name: Cabinet
Report title:		Southwark Joint Mental Health and Wellbeing Strategy 2018-2021	
Ward(s) or groups affected:		All wards	
Cabinet member		Councillor Richard Livingstone, Adult Care and Financial Inclusion	

FOREWORD - COUNCILLOR RICHARD LIVINGSTONE, CABINET MEMBER FOR ADULT CARE AND FINANCIAL INCLUSION

The Joint Mental Health and Wellbeing Strategy has been co-produced with input from the diverse communities that make Southwark special. Delivering against the intent of our strategy will ensure services are relevant, acceptable and responsive to the needs of these local communities. The strategy builds on the Council plan to develop a new relationship with residents built on trust, openness and transparency in all we do.

The strategy sets out the framework within which we will transform mental health services to ensure no one is left behind. A key component of the strategy is to ensure individuals who experience mental health problems are not stigmatised or marginalised and experience health and social care services that treat the mind and body in the same way.

The strategy comes at a time when public attitudes towards mental health are improving, and there is a growing commitment among Southwark communities, workplaces, schools and within Government to change the way we think about it. During engagement on the joint strategy Southwark residents were very clear that their priorities were prevention, access, integration, quality, managing crisis and a having positive experience of care. In addition to supporting access to good quality mental health services, the strategy supports the ambition to have a decent place to live, a job and good quality relationships within local communities.

The strategy will also have a part to play in tackling inequalities, with mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination. In 2018 as we deliver against the strategy intent we will employ an approach which aims to build community capacity and coproduce service models that meet the health needs of socially excluded groups through equitable access, experience and outcome.

Finally, I would like to thank all who contributed to the joint strategy content, particularly Health Watch for detailed and constructive feedback which strengthened crisis pathway content, and look forward to moving into the action and delivery phase during 2018-19.

RECOMMENDATIONS

1. That cabinet approves the final version of the Southwark Joint Mental Health and Wellbeing Strategy (2018-2021) (Appendix 2).
2. That cabinet agrees to the development of a delivery plan to implement the actions identified in the strategy.

BACKGROUND INFORMATION

3. In March 2016 the Education and Children's Services Scrutiny Committee and Healthy Communities Committee carried out a joint enquiry to support development of a local mental health strategy. Their findings and subsequent enquiry report brought together a set of recommendations which provided the framework for the current strategy document.
4. Southwark's Joint Mental Health and Wellbeing Strategy has now been finalised after a range of engagement activities with local people and communities. The draft strategy document has been extensively re-written and will go through Southwark Clinical Commissioning Group (CCG) and Council governance processes to seek final sign-off and approval to proceed to the implementation phase.

Development of the Southwark Strategy

5. In August 2016 Southwark CCG and Southwark Council commissioned Contact Consulting Ltd to undertake consultation and drafting of a strategy for Southwark. Contact Consulting went on to complete two open listening events in November 2016 which were attended by over 120 people. This enabled them to identify key local priorities and concerns which they used to inform the development of the strategy document and action areas.
6. The first version of the strategy was completed by Contact Consulting at the end of March 2017. From June to August 2017 the draft strategy went through further re-writes to arrive at the final draft. This draft then went out for final consultation and engagement with local people and stakeholders between August and October 2017.
7. A wide range of Southwark residents attended both periods of strategy engagement (winter 2016 and autumn 2017) and their input has proved to be invaluable in shaping the final strategy document and action plan. Attendees at the engagement events included people using mental health services, carers, local providers and stakeholders, as well as the general public.
8. Other ways of capturing people's views and experiences were also used including patient stories and user journeys, use of the Council's Consultation Hub, engagement with Patient Participation Groups in general practice settings, individual interviews and use of social media including Facebook and Twitter (#Southwarkwellbeing).
9. To fully inform the themes and priorities within the document a comprehensive review of literature was undertaken with the support of the Public Health team. This included collating evidence and best practice guidance, public health data and intelligence, as well as reviews of national and local policy.
10. Input has also been sought from Southwark Council departments to ensure the

strategy offered an holistic approach to support, This included Community Safety, Housing, Older Persons' Services and Southwark Youth Council.

Governance and oversight

11. Development of the strategy has been overseen by a reference group with system-wide membership including CCG and Council commissioners and service directors, elected member representatives (Councillor Livingstone and Councillor Dennis), Public Health, HealthWatch, GP Clinical Leads for Mental Health and Children and Young People. The reference group has provided extensive feedback on the different iterations of the document produced prior to this final draft report.
12. The strategy engagement approach was endorsed by the Engagement Advisory Board in November 2016, which has representation from Southwark Council's Community Participation Team, Southwark CCG's Engagement Team and GP clinical leads.
13. Reports on progress of the strategy have been presented to a number of CCG and Council Boards to provide assurance on its development and approach to senior managers and Council members. A summary of engagement and assurance activities is available in appendix 1.

Strategic links

14. This all-age strategy provides a framework for the promotion of positive wellbeing for all Southwark residents, and supports the mental health recovery and prevention agendas. There is a strong emphasis on building resilient communities, enhancing Southwark's universal community and primary care offer and delivering better outcomes for people who have complex needs.
15. The strategy is informed by the national strategy No Health without Mental Health (2011) as well as other legislative and policy drivers such as the Care Act (2014) and Five Year Forward View (2014). The Five Year Forward View for Mental Health (2016) highlights the promotion of good mental health and prevention of poor mental health as a key NHS priority action to be achieved by 2020/21. Southwark's strategy will contribute to the achievement of this goal locally.
16. Interdependencies with local strategies have also been considered including the Five Year Forward View for Southwark (2016-2021), the South-East London Sustainability and Transformation Plan (2016-2021), the Joint Southwark Children and Young People's Strategic Framework (2016), the Southwark Health and Wellbeing Strategy (2015-2020), Child and Adolescent Mental Health Services (CAMHS) Transformation Plan (2015-2020), the Carers Strategy and Suicide Prevention Strategy (2017).
17. As the strategy is implemented it will also be responsive to new initiatives such as Thrive London, a mental health initiative sponsored by the London Health Board and Mayor of London.

KEY ISSUES FOR CONSIDERATION

Strategy vision and priority areas

18. The philosophy of the strategy is to shift towards prevention, early intervention, self-care and recovery with high quality, joined-up support closer to home. This moves away from more institutional and hospital-based models of care. The strategy vision is:

'Our vision is to improve the mental health and wellbeing outcomes of our residents in Southwark. We will improve the physical health of people living with serious mental illness and increase life expectancy for this population group. We will focus on prevention and early intervention, whilst delivering a sustainable mental health system in Southwark. This will require simplified and strengthened leadership and accountability across the whole system. It is fundamental that we unlock the potential of Southwark communities to enable active, resilient citizens and self-reliant communities in these times of quick-paced regeneration in the borough. By engaging with providers and working in partnership with the third and voluntary sector we will transform the mental health and wellbeing of Southwark residents'

19. A broad range of themes from the various engagement activities were cross-referenced with recommendations from CCG and Council boards and against local strategies to ensure strategic alignment. The five strategic priorities which have been developed are:

i. Prevention of mental ill health and promotion of wellbeing

We will focus on intervening early to prevent mental health problems developing, and ensure that there is good education and support available in our schools. We will promote good mental health and wellbeing across all age groups in Southwark

ii. Increasing community-based care and supporting communities

We will work towards delivering more community-based care in Southwark and ensure we have a sustainable and resourceful voluntary and community sector. We will support local communities, and publicise the range of community assets available in the borough

iii. Improving clinical and care services

We will deliver a sustainable mental health system in Southwark focussing on models of care that generate better outcomes, considering where care is delivered and how it is delivered

iv. Supporting recovery

We will place the principles of recovery at the heart of our approach to commissioning. We will ensure that local people are aware of the wide range of local organisations and community assets available in Southwark. We will create opportunities for people to engage in meaningful activities which promote social and community connection

v. Improving quality and outcomes

We will deliver improved system-wide outcomes for our residents who live with a mental illness and other issues such as physical health problems. We will focus on improving data and systems to evaluate our progress in patient experience, quality and the efficiency of our services

20. Each of these priorities will require a number of actions to be undertaken: some may require investment while others will require different ways of working with partners and local people.

Strategy implementation

21. The strategy includes a range of action areas and intentions linked to each of the priority areas. Following final sign-off from Southwark CCG and Southwark Council a delivery plan will be developed which will outline how actions will be implemented over the next three years. Implementation of this strategy will require ongoing co-design with local people, and greater use of asset-based approaches to care and support. The ultimate aim of the strategy implementation process should be to make the best use of the finances and resources available in the borough to improve mental health and wellbeing for all residents.
22. Implementation of the strategy will involve Southwark CCG and Council working collaboratively with local people and organisations, linking in with other developing initiatives such as the Southwark alliance and population segmentation approaches. Officers will ensure that senior CCG and Council managers provide governance and oversight during the development of the strategy delivery plan.
23. Strategy delivery will be overseen by the Severe Mental Illness Commissioning Development Group as well as the Joint Commissioning Strategy Committee. Regular reports will be provided to these meetings and officers will attend overview and scrutiny and other senior boards in order to give a full update on progress.

Risks and advantages

24. There are no identified risks associated with the recommendations in this report. However, it is possible that risks may become apparent through development and implementation of the strategy and delivery plan.

25. The strategy delivery plan will offer opportunities for improved partnership working across the mental health system, as well as opportunities for greater collaboration with local residents as new services and ways of working are co-produced.

Community impact statement

26. The development of Southwark's Joint Mental Health and Wellbeing Strategy has taken account of the needs of local communities including people identified as possessing protected characteristics. No adverse equality impacts have been identified at this stage as the strategy aims to better target and support all Southwark residents as its priorities and action areas are developed.
27. The strategy has been reviewed to ensure it does not adversely affect any different communities or groups of people, and contains opportunities to support them positively now and in the future. The vision of the strategy is to unlock the potential of Southwark communities to enable active, resilient citizens. Delivery of the strategy will seek to advance equality of opportunity and foster good relations between people with protected characteristics and those without.
28. It is proposed that an Equality Impact Assessment (EIA) is completed for the delivery plan and any subsequent commissioning intentions required to achieve the objectives identified in the strategy. No specific variations to services are proposed at present.

Resource implications

29. Commissioners within the Partnership Commissioning Team will be responsible for implementation of the strategy in conjunction with CCG and Council partners. As the delivery plan is developed any actions arising which have resource effects will be subject to separate decision-making process.

Legal/Financial implications

30. There are no legal or financial implications at present. However, as the strategy moves to its delivery phase any legal/financial implications which become apparent will be highlighted.

Consultation

31. The strategy has been extensively co-produced with large number of local people and stakeholders through a wide range of engagement activities in winter 2016 and autumn 2017. A summary of the activities and meetings which have informed the final strategy document is available as an appendix to this report.
32. In future commissioners will work with Healthwatch colleagues to develop an engagement plan to support the strategy delivery and implementation process. A regular Public Engagement Forum will be established to ensure local people are able to fully input into the design of new services and ways of working in Southwark.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Summary of strategy engagement October 2016-January 2018
Appendix 2	Southwark Joint Mental Health and Wellbeing Strategy 2018-2021

AUDIT TRAIL

Cabinet Member	Councillor Richard Livingstone, Adult Care and Financial Inclusion	
Lead Officer	Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark CCG	
Report Author	Karen Clarke, Senior Commissioning Officer, NHS Southwark CCG	
Version	Final	
Dated	11 January 2018	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Director of Commissioning Children's and Adults' Services Southwark Council	Yes	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	11 January 2018	