

APPENDIX 2

**NHS Southwark
Clinical Commissioning Group (CCG)
&
Southwark Council**

**Joint Mental Health and Wellbeing
Strategy 2018-2021**

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FOREWORD

Good mental health and a sense of wellbeing are central to living a purposeful, healthy and enjoyable life, because there is no health without mental health. Yet, for too many people, the reality is that they are living with poor mental health and its wide-ranging and long-lasting consequences for themselves, their family, friends and community. Many people who live in Southwark will be affected, directly and indirectly, by the impact of poor mental health and wellbeing. In this strategy we are setting out the areas where we, NHS Southwark CCG and Southwark Council, believe we should be focusing our efforts to maximise the opportunities and outcomes for our population to thrive, live, work and grow.

We believe that because poor mental health and outcomes can be determined from early childhood, a life course approach should be taken to ensure that our focus is on early help and support for families, protection of our children and promotion of positive wellbeing in all aspects of life. This preventative approach will then have positive consequences as our children grow into adulthood and older age.

During engagement on the joint strategy Southwark residents were very clear that their priorities were prevention, access, integration, quality, managing crisis and having a 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. We would like to thank all who contributed to the joint strategy content, particularly Health Watch, for detailed and constructive feedback which has strengthened crisis pathway content.

The strategy will have a part to play in tackling inequalities, as mental health problems disproportionately affect people living in poverty, those who are unemployed and people who already face discrimination. In 2018 as we deliver against the strategy we will employ an approach which aims to build community capacity and enables us to co-produce new service models.

In this strategy, we set out our intention to continue to work in partnership across the CCG and Council with the NHS, voluntary and third sector services, and with the public to deliver the best possible health and social care outcomes for our residents in Southwark.



Jonty Heaversedge
CCG Chair



Councillor Helen Dennis
Southwark Council
Mental Health Champion



Councillor Richard Livingstone
Southwark Council Cabinet Member
Adult Care and Financial Inclusion

1. INTRODUCTION

Southwark has a young, diverse and vibrant population of approximately 310,000 people. As an inner London borough, Southwark is the 40th most deprived Local Authority in England and yet we have an affluent north and south edge of the borough and many visitors and tourists travelling in and out of the borough. Southwark is also a borough which continues to face significant public health challenges, and health inequalities between its populations are widening.

Mental health problems account for the largest burden of disease in the UK, at 28% of the total burden¹. The numbers of people with mental health problems in Southwark is higher than the London or England average - this is because the borough has relatively more high-need groups. Mental ill health is associated with a wide range of poorer physical and mental health outcomes, including significantly increased risk of earlier death, social exclusion and economic hardship.

People can be affected by mental health problems at any point in their lives; including new mothers, children, teenagers, adults and older people. Good mental health and wellbeing, and not simply the absence of mental illness, has been shown to result in health, social and economic benefits for individuals, communities and populations. Benefits include better physical health, improved productivity, higher incomes, reduced absenteeism, less crime and reduced mortality.

In Southwark we wish to achieve a sustainable mental health system, where high quality, responsive and accessible services result in improved outcomes for those with mental health issues. Mental health services in the borough need to reflect and respond to the needs and wishes of our local population, and be delivered without stigma or discrimination.

We recognise that we need to adopt new ways of working; recognising parity of esteem (valuing mental health equally with physical health), changing the way we commission, placing a greater focus on prevention and leveraging local assets to develop stronger, more resilient communities. Improving mental health and wellbeing requires a whole borough, whole system approach. It is essential that Southwark Clinical Commissioning Group (CCG) and Southwark Council work together with service providers, the voluntary and community sector, employers, people using services, carers, families and communities. Mental health is everyone's business and everyone has a role to play.

¹ Ferrari et al (2013), referenced in Southwark's Joint Strategic Needs Assessment, 2017

2. OUR VISION

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.

In order to realise this vision, Southwark CCG and Southwark Council have developed the Joint Mental Health and Wellbeing Strategy to better understand our population and the challenges they face. A large number of local people and organisations have participated in co-producing this strategy, and they have helped us identify the key priorities that we need to focus on in order to deliver improved borough outcomes over the next three years.

Our intention is to shift our focus to promoting wellbeing and intervening early to support people and their families. To do this we recognise that we need to work together in new ways, and make better use of the wealth of assets that are available in the borough. Making this happen will require improved joint working across organisations in Southwark, and better engagement with local people and communities.

In delivering our vision for mental health and wellbeing we will be guided by the eight principles set out in NHS England's Five Year Forward View for Mental Health:

1. Decisions must be locally led
2. Care must be based on the best available evidence
3. Services must be designed in partnership with people who have mental health problems and with carers
4. Inequalities must be reduced to ensure all needs are met across all ages
5. Care must be integrated, spanning physical, mental and social needs
6. Prevention and early intervention must be prioritised
7. Care must be safe, effective and delivered in the least restrictive setting
8. The right data must be collected and used to drive and evaluate progress

3. POLICY CONTEXT

This strategy is fully aligned to the main ambitions and priorities of the following national strategies:

NHS Five Year Forward View (2014)

The Five Year Forward View sets out a clear ambition for the future of mental health services in England:

- To create genuine parity of esteem (equality) between physical and mental health
- Improve waiting times so that 95% of people referred for psychological therapies start treatment in 6 weeks for a fortnight for those experiencing their first episode
- Provision close to home for those with intensive needs, particularly young people
- New commissioning approaches to transform service delivery

Five Year Forward View for Mental Health (2016)

This taskforce report describes priorities for change over the next five years. Priorities identified in the implementation plan include:

- **Supporting people experiencing mental health crisis** – by 2020/21 expand crisis resolution and home treatment teams to ensure 24/7 community-based mental health crisis response is available
- **Improving responses to mental and physical health needs** – by 2020/21 more people living with severe mental illness have their physical needs met
- **Transforming perinatal care for children and young people** – fundamental change in the way children and young people's services are commissioned and delivered, more children and young people having access to high quality mental health care when they need it and more women accessing evidence-based specialist mental health care during the perinatal period
- **Access standards and care pathways** – by 2020/21 clear and comprehensive set of care pathways with accompanying quality standards and guidance for the full range of mental health conditions
- **Acute and secure care** – partnership led co-produced standards to ensure acute mental health care is provided in the least restrictive manner and as close to home as possible
- **Tackling inequalities in access and outcomes** – addressing inequalities in access to early intervention and crisis care and rates of detentions
- **Supporting employment** – recognising employment as a crucial health outcome and supporting people with mental health problems to find and stay in work
- **Transparency in data** – to support improvements in commissioning, inform effective decision-making and promote choice, efficiency, access and quality
- **Workforce** – good management of mental health in the workplace and the provision of occupational mental health experience and effective workplace interventions.
- **The Care Act 2014** has changed many aspects of how social care is arranged, and is intended to give greater control and influence to those in need of support. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

Regional Policy Context

Sustainability and Transformation Partnerships (STPs) are a new planning framework for NHS services. Our Healthier South East London (OHSEL) Sustainability and Transformation Plan operates across Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. A key aim is to move care out of hospitals into local communities so care can be provided closer to where people live, and to help people live healthy lives and stay well as long as possible.

Mental Health is a cross-cutting theme across all key priority areas in the OHSEL plan, and a specific mental health work programme has been developed which will:

- Develop consistent and high quality community-based care and prevention
- Improve quality and reduce variation across both physical and mental health services
- Reduce cost through provider collaboration
- Develop sustainable specialised services
- Change how we work together to deliver the transformation required.

The key priorities of the Mental Health and Wellbeing Strategy align to the sub-regional STP plan and we will seek to work across geographical 'footprint' boundaries in order to improve outcomes and deliver sustainable mental health provision. Details of OHSEL's Mental Health Regional Milestone Tracker and 12 Work Streams are available in appendix 3 of this document. This will be used to support strategy delivery plans and review.

Thrive London

Thrive London is an initiative led by the London Health Board (LHB) and the Mayor of London. The Mayor has joined forces with over 200 experts, residents, voluntary, public and private organisations, clinicians and academics to spearhead a city-wide campaign that will support Londoners to lead healthier, happier lives. Through Thrive London six aspirations have been agreed for the capital, which include:

- Supporting more Londoners to maintain good mental health
- Developing a programme to stamp out mental health stigma and discrimination
- Working with schools and youth organisations to get young people involved
- Working with employers to improve mental health in the workplace
- Using digital technology to boost Londoners' access to support and services
- Working with partner organisations to reduce the number of suicides in London.

Southwark will take account of the work of Thrive London as it emerges, and work proactively to introduce new initiatives and pilots collaboratively.

Local Policy Context

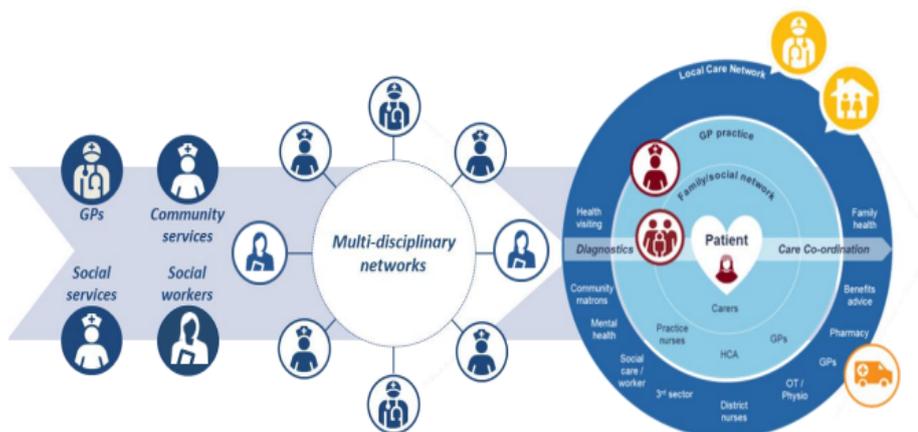
Southwark’s Voluntary and Community Sector Strategy (2017-2022) has informed several areas of this Mental Health and Wellbeing Strategy, in particular section 8 below.

The Southwark Five Year Forward View of Health and Social Care (2016/21)

This document outlines how sustainable models of care for the future can achieve better outcomes for our local population while making best use of the resources available in Southwark. It focusses on:

- Emphasising populations rather than providers
- Focusing on total system value rather than individual contract prices
- Focusing on *how* care is delivered as well as *what* care is delivered.

In terms of mental health, the strategy talks to improving complex care pathways, developing more integrated services, strengthening community services and focusing on key vulnerable groups. Southwark’s Five Year Forward View of Health and Social Care highlights a key local ambition to create a much stronger emphasis on prevention and early intervention as well as better integration between health and social care, and wider council services.



What this means for me as a...	Traditional models [Small molecules] <i>Working as isolated units</i>	More integrated working [Small cells] <i>Working as small joined-up teams</i>	Accountable care [Living system] <i>Working as a dynamic and complex system</i>
...service user	<ul style="list-style-type: none"> • Sometimes services are good, sometimes they are not, it's a bit of a lottery • I feel looked after in an emergency but at other times I'm left confused and disempowered • I have to fit around the system and it's inconvenient 	<ul style="list-style-type: none"> • I know more about what is going on • Clinicians know more about what has happened in my care • People ask me about what I need • I'm feeling more confident about how to live well, and what to do when I start to feel like I'm getting unwell 	<ul style="list-style-type: none"> • I feel in control of my life and the care I receive, and I know what's going on • Professionals work together to support me • The little but important things are thought about
...staff member	<ul style="list-style-type: none"> • I'm isolated with little opportunity to work in a team • I'm frustrated at the lack of coordination • There is little opportunity to sort things out creatively, at the root of the problem 	<ul style="list-style-type: none"> • I get help from others when confronted with complex situations • I'm developing new relationships and connections • I can sort out the things that count 	<ul style="list-style-type: none"> • I feel part of a team and I am learning new things that make me feel more confident in what I do • I feel I'm able focus on the things I'm good at and let others do what they are good at
...commissioner	<ul style="list-style-type: none"> • I try to take responsibility for detailed pathway design • I focus on the transactional rather than the transformational 	<ul style="list-style-type: none"> • I can spend more time thinking about what people actually want from services (outcomes) rather than just tracking inputs, targets and expenditure 	<ul style="list-style-type: none"> • I spend my time looking at whether we are really delivering quality outcomes for people for the funding we have. I can see the wood for the trees

Figure 1: New Models of Care - Southwark Five Year Forward View of Health and Social Care (2016)

The Joint Report on Mental Health Provision in Southwark (2016) included 33 recommendations made by the Council's Education and Children's Services sub-committee and the Healthy Communities sub-committee. The recommendations will contribute to development of the delivery plan for Southwark's Mental Health and Wellbeing strategy. Covering a wide range of health and social issues that have an impact on mental health and wellbeing, the recommendations include:

- Early help and preventative interventions
- The transition from children's to adult mental health services
- The operation of health services, including Child and Adolescent Mental Health services (CAMHS)
- The role of schools and other education services in supporting children and young people and identifying mental health issues
- The impact of housing and accommodation
- Social media and cyber bullying
- Equality of access to services, including for Black and Minority Ethnic (BME) groups
- The importance of reducing stigma and making sure our workforce are trained and has an acute awareness of issues around mental health and wellbeing.

As well as focussing on adults Southwark's Mental Health and Wellbeing Strategy covers prevention and wellbeing in all age groups and so makes the necessary links across to local children and young people's plans. The strategy recognises that support around mental wellbeing and mental health problems should start with early support for new mothers and babies and run through to ensuring mental health and wellbeing is embedded in schools and nurseries.

There is good evidence that supporting good parenting skills and developing children's social and emotional skills can improve mental wellbeing and prevent some mental health problems persisting into adulthood. As 50% of mental health problems are established by age 14 and 75% by age 24², appropriate support for children and young people is crucial. If tackled early problems in adulthood can be reduced and early intervention targeted at younger people can result in greater benefits than intervention at any other time in the lifespan. It can be particularly difficult for looked-after children and young people, who are one of the most vulnerable groups in our society. We know that timely and effective intervention is critical for children and young people who are particularly vulnerable, positively affecting their health outcomes, their life opportunities, happiness and wellbeing³.

² Mental Health Foundation website

³ Mental health and wellbeing of looked-after children: Govt response to the Committee's Fourth Report of Session 2015-16

Southwark's plans include:

- **Southwark Local Transformation Plan for Children and Young People's Mental Health**

This plan was agreed by the Health and Wellbeing Board in 2015 and refreshed in October 2016. The document describes the outcomes we want to achieve for the mental health of children driven by the recommendations in Future in Mind, and sets out our plans for achieving those outcomes.

- **Southwark Children and Young People's Health Education and Social Care Strategic Framework**

A range of local priorities were agreed by Southwark's Health and Wellbeing Board which are set out in the strategic framework above

- **Care Quality Commission thematic review of services**

Southwark was one of ten areas selected by the Care Quality Commission (CQC) to participate in fieldwork for the Government-commissioned review of mental health services for children and young people in England. CQC visited Southwark in October 2017 to complete a thematic review of services. Initial feedback identified seven themes which included the following key areas:

- Working on partnership and transformation is still at an early stage, work needs to take place to build trust, shared language and systems
- Innovation was evident in Southwark but needed to be joined up at a strategic level. However, there was evidence of development in schools for example where children had an understanding of mindfulness
- Services are complex and fragmented and so there needs to be clarity about pathways and eligibility criteria, there is also a need for care navigators. The referral threshold to CAMHS is high and below that threshold there is a perceived gap
- Ethnic and cultural diversity needs urgent attention with an improvement in cultural competency. Recording of sexuality and gender identity also needs to be improved
- Support in schools needs to be improved as children have more difficulties seeking support after primary school because the system becomes more fragmented. Children wanted teachers to have guidelines about children and mental ill health and to know what CAMHS is. They also felt they should have access to digital CAMHS provision through an app. and guidelines for teachers for when children are feeling unwell

4. FINANCIAL LANDSCAPE

This strategy is the start of a process of consultation and decision-making about where best to direct available resources across Southwark CCG and Southwark Council. All areas are experiencing financial difficulties and constraints at present and so have had to make hard decisions about where best to direct resources.

In this context we are proposing to review the balance of spending and consider shifting our investment towards prevention and primary care, co-producing new models of support with local people and stakeholders. We will pursue plans to join budgets between Southwark CCG and Southwark Council through innovative arrangements such as population segmentation and alliance approaches. We will commission for outcomes so that we can be assured that money we spend has a direct impact on improving outcomes for all people in Southwark.

The table below sets out the 2016/17 spend in the borough:

Budget for Southwark mental health services in 2016/17:	CCG	Council	Total
Child and Adolescent Mental Health Services (CAMHS)			£5,539,000
South London and the Maudsley NHS Foundation Trust (SLaM)	£48,555,960	£694,538	£49,250,498
Increasing Access to Psychological Therapies (IAPT)	£3,300,000		£3,300,000
Voluntary and community services	£401,779	£468,276	£870,055
Supported Housing (forensic, high/medium, medium-low, homeless mental health services)	£1,892,473	£4,712,499	£6,604,972
Nursing and residential		£3,948,727	£3,948,727
Total			£69,513,252

Figure 2: Total mental health spend across Southwark CCG and Council in 2016/17
 *split of CCG £4,139,000 and Council £1,400,000

NHS national planning guidance for 2017-2019 states that CCGs will continue to grow their investment in mental health in line with their overall budget allocation, with increases of 2-3% each year. There is also an expectation that CCGs will spend no less than 14.2%

of its total budget on mental health. For 16/17 this target was met in Southwark with 14.4% of the CCG budget spent on mental health.

Southwark Council also faces great financial challenges now and into the future, and Government funding reduced by £15m in 2017-18. At the same time as central Government funding decreases, local Children's and Adults' services have experienced increased demand pressures.

The pressures on Southwark CCG and Southwark Council budgets look set to continue well into the future, so we must make the best use of the combined resources that are available to us. We want the resources in Southwark to benefit all of our residents as a population and community, rather than as individual users of separate services.

We will work closely with our partners such as the South London and Maudsley Trust (SLaM) and our voluntary sector providers to review funding arrangements. We will review whether our services provide value for money and consider the outcomes they are achieving for local people. We will also ensure we maintain a strong focus on improving mental health and other services across Southwark.

We believe that we can improve services and outcomes in Southwark in ways that will save money over time, and then invest those savings to make further improvements. This approach follows NHS England's Five Year Forward View for Mental Health, which concludes that new models of care and early intervention services can reduce the costs of providing acute and crisis support later on.

We will particularly target areas where there is unmet need and the potential for savings through early and effective intervention is significant. These include: improving perinatal mental health services for new and expectant mothers; targeting links between physical and mental health; and improving support for recovery and social inclusion (including peer support, improved access to accommodation and employment).

In summary, we will think imaginatively about how we use the resources that we have and work collaboratively to allocate them in the best possible way. We will move towards more integrated commissioning arrangements which we will develop in partnership with local people and communities.

5. MENTAL HEALTH IN SOUTHWARK

Southwark's Joint Strategic Needs Assessment for Mental Health (JSNA-MH) was published in 2017 and outlines important data about the incidence of mental illness. It is thought that £1 in every £8 spent in England on long-term conditions is linked to poor mental health. Local data about the incidence of different mental health conditions is also available:

Common mental disorders (CMD) include conditions such as depression and anxiety. Results from the 2014 Adult Psychiatric Morbidity Survey (APMS) show that 1 in 6 adults had a common mental disorder (CMD) in the week prior to the survey, rising to almost 1 in 5 adults in London. Applying the London prevalence to Southwark would equate to almost 47,600 adults in the borough experiencing a CMD. Population projections suggest this could increase to around 52,000 adults over the next decade.

According to the 2014 APMS the prevalence of CMD has increased since the previous survey, mainly driven by rises among women with rates among men broadly stable. Almost 1 in 5 women reported experiencing CMD in the past week, compared to almost 1 in 8 men. The gender gap is particularly pronounced among those aged 16-24. Women are also more likely to have severe symptoms of CMD. Applying results from the latest APMS survey to the Southwark population now suggests that 26,300 women in the borough will have experienced CMD in the last week, compared to 16,400 men.

Severe Mental Illness (SMI) refers to a range of conditions which include schizophrenia, bipolar affective disorder and depression with psychosis. This cohort has significant health needs and also experiences great socio-economic disadvantage. People with SMI in Southwark are more likely to be male, older and from a Black ethnic background.

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

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

Physical and mental health

- People with severe and prolonged mental illness are at risk of dying an average of 15-20 years earlier than other people, mainly due to their poor physical health
- People with long term physical illnesses are likely to suffer from depression or anxiety, but this is often overlooked

- Drug and alcohol problems can occur alongside mental health problems. This 'dual diagnosis' is present in approximately one in five people who are being treated by a community mental health service and is higher in inpatient mental health services or secure services.

Mental health across the life course

- Half of all mental health problems have been established by the age of 14, rising to 75% by the age of 24
- One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy
- During adulthood the role of family, and the workplace are important in mental health and wellbeing
- One in five older people, and two out of five people in care homes, are affected by depression. Many are not treated
- Almost 1,200 people over 65 years old in Southwark have been diagnosed with dementia. Rates are predicted to rise over the coming years as our population ages

Southwark mental health services

Southwark's Joint Strategic Needs Assessment for Mental Health gives a useful picture of the numbers of adults accessing local services:

- In 2015-16 there were 8,325 people in Southwark accessing adult secondary mental health and learning disability services
- Around 1 in 11 (8.7%) of those spent time in hospital during the year, compared to around 1 in 20 nationally (5.6%)
- Nationally Black or Black British ethnic groups had the highest proportion of people who had spent time in hospital in the year, with levels more than twice the average for the White ethnic group

Southwark's Children and Young People's Mental Health and Wellbeing Transformation Plan (2017) also gives an outline of local incidence. Almost 10% of Southwark's children and young people are estimated to have a diagnosable mental health disorder. One in five is estimated to have more than one mental disorder (i.e. 1.9% of all children). The most common combinations are conduct and emotional disorders and conduct and hyperkinetic disorders (0.7% of children).

In Southwark, around 23% of children and young people with estimated mental health needs are seen by Child and Adolescent Mental Health Services (CAMHS) compared to international estimates of 25% of children and UK estimates of around 30%.

Southwark also has a high number of detentions under the Mental Health Act:

- Mirroring the trend associated with hospitalisation, Southwark's number of adult detentions under Part II and Part III of the Mental Health Act (1983) are comparable to neighbouring boroughs but significantly higher than the national average

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

- There were 84 hospital admissions for mental health conditions among Southwark children in 2014-15. While admission rates are increasing they are comparable to the London average

- Around 1 in 10 young people will self-harm at some point, with girls more likely to self-harm than boys. Research in this area is generally based on surveys of those who seek support / treatment after harming themselves, and so are likely to underestimate how common self-harm is
- The rate of hospital admissions due to self-harm among young people in Southwark is increasing, with 122 admissions in 2014-15 compared to 90 in 2012-13.

The Joint Strategic Needs Assessment for Mental Health also reports that despite recent increases, suicide rates in Southwark are relatively stable, with an average of 26 cases per year. The overwhelming majority of suicides occur among men, mirroring the national picture. The suicide rate increases with age among both males and females, peaking in middle age

Protective factors for good mental health

There are some factors which can help to prevent or delay development of mental health problems, these include:

- Psycho-social, life and coping skills
- Social support as a buffer against adverse life events
- Access to resources which protect mental well-being e.g. good parenting

Southwark’s strategy will strive to improve mental health and wellbeing while taking into account the risk and protective factors for mental health, recognising that addressing the wider determinants of health remains the key to improving mental health and wellbeing.

The World Health Organisation’s 2011 diagram gives an outline of risk and protective factors:

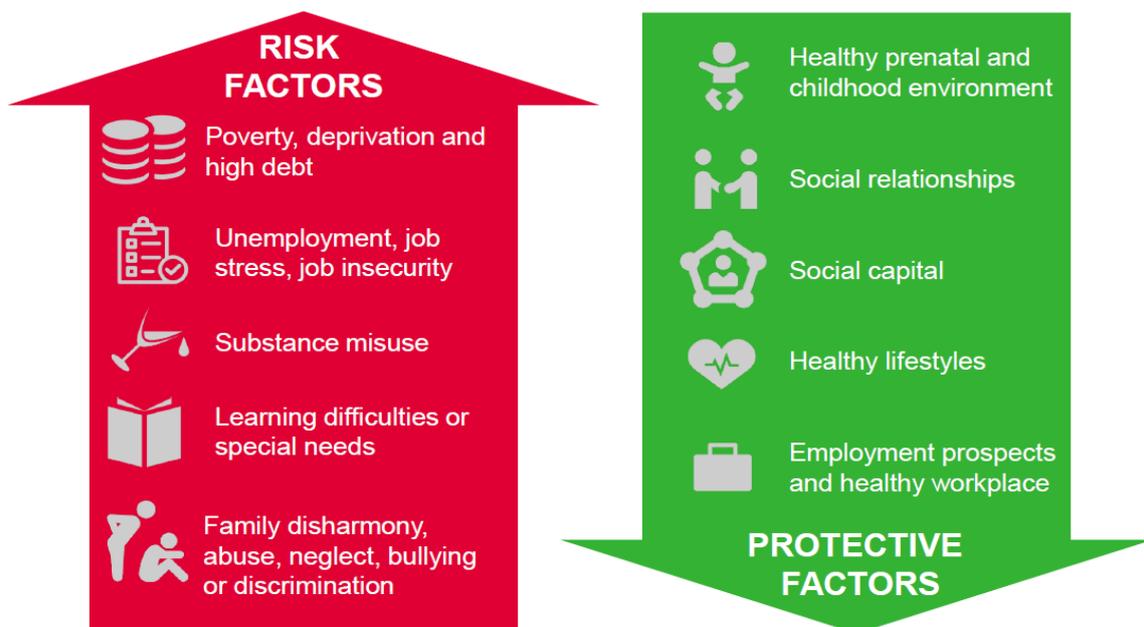


Figure 3: Risk and protective factors for mental health and wellbeing

6. STRATEGY APPROACH AND PRIORITIES

This strategy is the start of our journey to enhance the mental health and wellbeing of Southwark residents, to shift our efforts to prevention, preventative services and early intervention, and to transform the experience and care of people with mental health problems, their families and carers. We believe that this is the start of a process of development, innovation and collaboration that will help to:

- Promote population mental health and wellbeing
- Improve the range of and access to mental health and wellbeing services
- Achieve national and local policy imperatives
- Deliver good outcomes and improved value for money

Support for children and young people will remain the bedrock for improved mental health and wellbeing across the life course. We have set out Southwark's plans for the development of good mental health and wellbeing of children and young people in different framework and plans which are referenced above.

A great number of people have participated in co-producing this strategy in two different periods of engagement activity in winter 2016 and autumn 2017. Our strategic priorities have been developed based on extensive feedback from people attending these events including service users, carers, statutory and voluntary organisations, and the general public. We aim to continue co-production activities as strategy action areas are developed and delivered in Southwark.

The five strategic priorities which have been agreed are:

- 1. Prevention of mental ill health and promotion of wellbeing**
- 2. Increasing community-based care and supporting communities**
- 3. Improving clinical and care services**
- 4. Supporting recovery**
- 5. Improving quality and outcomes**

Each of these priorities will require a number of actions to take place in order to transform services and achieve improved outcomes for Southwark residents. Some of these actions will require investment, and others will require us to work differently

to develop new ways of working, new approaches to commissioning and better ways of co-producing services with residents.

7. 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

This priority is a key aim of Southwark's strategy. Support to develop positive mental health and wellbeing can help to deliver a range of benefits including reduced emotional and behavioural problems in children and adolescents, increased resilience in communities, reduced levels of mental disorder in adulthood, better general health, less use of health services and reduced mortality in healthy people and in those with established illnesses.

From a purely economic point of view, investment in effective prevention makes sense as we seek to ensure good value for the public purse. The argument is not only economic however, as effective prevention can have a can significantly improve outcomes for individuals and increase the overall resilience of the population.

We will review how to work better across Southwark CCG and Southwark Council departments such as Housing, Regeneration, Children's and Adult Social Care. We will also review the level and quality of support available in our communities for vulnerable, at risk and marginalised groups including asylum seekers and residents from Black and Minority Ethnic Groups. Further work will also take place to promote public health messages around the benefits of healthy workplaces, physical activity, healthier high streets and prevention of homelessness to ensure that residents in Southwark are supported to make better lifestyle choices and take control over their mental health and wellbeing.

Early intervention with children and young people

Intervening early to offer support is crucial in preventing issues escalating into more serious problems, for physical as well as mental health concerns. We recognise that support offered during early years can have a significant impact on mental health and wellbeing over the life course. We have therefore established good links with schools through our Early Help locality teams, which include Child and Adolescent Mental Health Services (CAMHS) workers within them.

We will work with our providers to ensure that children and young people who need mental health support get the right support at the right time. Within Child and Adolescent Mental Health (CAMHS) we have the ambition to increase access to NHS funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions by 2020/21. Based on prevalence within Southwark this amounts to 1,860 (30%) children and young people in 2017/18 and 1,984 (32%) in 2018/19.

We will build on the work of the Lambeth and Southwark Early Action Commission to place increasing focus on tackling preventable causes of ill health and mental distress such as childhood obesity, unemployment, social isolation and violent crime. We have provided mental health training for schools using transformation funding from NHS England as part of our local transformation plan for Children and Young People's Mental Health. We will evaluate the impact of the training programme during 2017 so that we can apply the learning from this to our ongoing work with schools.

We will support families and children and young people in children's centres, libraries, primary schools, secondary schools, academies, colleges, and in apprenticeship schemes, ensuring that the mental health support available across Southwark is consistent and high quality.

We will also ensure our local schools and their teachers have the tools to support children and young people effectively, to understand and recognise signs of poor mental health and wellbeing and to have access to appropriate targeted and specialist mental health services. We will review our Early Help offer to ensure it is as effective as possible. CQC's review of mental health services for children and young people in autumn 2017 has indicated that services are complex to navigate and there is more to do to make the system easier to access.

Five ways to wellbeing

Southwark has a high incidence of many of the socio-economic risk factors that may contribute to the development of mental health issues. Tackling these risk factors is key to supporting the individuals and communities in the borough to develop greater resilience. Wellbeing is more than the absence of illness. Wellbeing can be described as a combination of feeling good and functioning effectively. Hence, it has an important effect on our health. Wellbeing involves development of one's full potential, having control over one's life, having a sense of purpose and experiencing positive relationships (Huppert, 2008).

Evidence suggests that a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish. The 'Five Ways to Wellbeing' is a set of evidence-based actions developed by the New Economics Foundation to improve personal wellbeing. NHS Southwark CCG and partners support this approach and the Five Ways which are:

1. **Connect** with people around you (family, friends and neighbours) – these connections can enrich everyday life
2. **Be active** as exercise makes you feel good. This could include walking, running, dancing, cycling or any other exercise that you enjoy
3. **Take notice** and be aware of the world around you, be curious, don't miss what is around you, savour the moment.

4. **Keep learning** and try something new, take up an old hobby or get a new one

5. **Give** as by helping someone else it can make you feel better about yourself. Help your neighbour or friend out by lending a hand

Tackling stigma

Tackling stigma and discrimination was mentioned during engagement events as an important area to be included in this strategy. Many people with mental health problems experience stigma and discrimination. Nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives⁴. This can include discrimination by other people, employers, and self-stigma which significantly impacts on self-esteem and confidence.

There are many misconceptions and myths about mental health that are all too readily reinforced by the media, and there are also a number of important cultural factors that influence attitudes to mental health. Stigma and discrimination have a significant impact because very often they:

- Prevent people seeking help
- Delay treatment
- Impair recovery
- Isolate people
- Exclude people from day-to-day activities and stop people getting jobs.

Stigma and discrimination can be magnified for specific communities, where mental health problems may be considered taboo, for example some Black and Minority Ethnic communities, or where people already experience stigma and discrimination on account of a protected characteristic, for example the Lesbian Gay Bisexual and Transgender community.

We will continue to work collaboratively across health, social care, public health and the voluntary sector to develop approaches to tackling stigma, promoting positive wellbeing messages and raising awareness across Southwark. We will also tackle stigma in the workplace through supporting and advising businesses in Southwark to engage with the Workplace Wellbeing Charter.

Addressing the needs of Black and Minority Ethnic groups

Southwark's Joint Strategic Needs Assessment for Mental Health outlines how mental illness disproportionately affects people from Black ethnicity groups and that they have higher rates of hospitalisation. Other studies have also identified real issues for people from BME groups in accessing adequate and appropriate support. For example, 'Mind the GAP' a report on BME mental health service provision in Croydon, explored the inclusivity

⁴ Mental Health Foundation website, 2017

and accessibility of local mental health services for BME groups⁵. Key findings from the report included:

- Cultural competency and sensitivity within services - there can be a lack of understanding towards cultural difference and cultural requirements, ranging from the provision of food, overcoming language barriers and awareness of cultural issues
- Stigma and BME communities - the stigma of mental illness amongst BME communities creates a barrier to BME service users accessing and receiving support
- Lack of knowledge and understanding of cultural beliefs has an influence on how service users and their families perceive mental health services and treatment
- Poor provision for refugees and asylum seekers - refugees and asylum seekers approach mental health services with complex needs, however not all services are well equipped to respond effectively
- The challenges in delivering talking therapy services to BME service users also need to be recognised and addressed.

During Southwark's engagement activities it became clear that people felt that there needs to be appropriate services for different communities, and that we need to consider that the Western medical model of mental health support may not be appropriate for some Southwark communities.

We will ensure that we monitor take-up and access to different types of services for people from different equalities groups. We will also seek to directly engage with a wide range of people from different ethnic groups to understand their views about services and why they do or don't access them, and how they need to be improved.

Improving mental health awareness

If people are more aware of mental health problems, stigma and discrimination is less likely. Many mental health awareness programmes, for example Time to Change, combine mental health awareness with tackling stigma and discrimination. We will encourage range of activities to take place to promote mental health awareness in our communities, including schools and employers. This will include events, media articles, support to train community leaders, better promotion of local mental health and wellbeing services, promotion of World Mental Health Day. We will also expand and develop the IAPT programme and publicise the support which is available through a marketing campaign. IAPT will target support to people with common mental health disorders by developing plans to better target people with physical health needs, and people from population groups not currently accessing their services such as older people and people from BME groups.

⁵ Mind the Gap, Croydon BME Forum, 2015

Prevention of mental ill health and promotion of wellbeing action areas

Actions	Description	Owner
Promote the Five Ways to Wellbeing across universal services and community resources	The Five Ways to Wellbeing guidance that people can follow helps to improve their own mental wellbeing	Public Health
Offer MH First Aid training and Faith MH training	Offer training to frontline staff and universal service providers across Southwark	Public Health
Expand the Health Checks programme	Expand to include questions on mental wellbeing and include clear pathways into local services	Public Health
Ensure earlier access to services to support prevention and early intervention	Increase access to a range of community-based interventions to reduce escalation of need Continue to improve access to psychological therapies	CCG, Wellbeing Hub, IAPT, VCS, SLaM
Improve advice on self-help strategies to reduce or delay the onset of illness	Develop frameworks for people to develop self-help strategies, including use of online options	Big Whitewall, VCS, IAPT
Ensure good quality advice and information is available to all communities	Ensure information about health and wellbeing resources is readily available and accessible to all Southwark people Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation Ensure that people with mental health problems have access to advice and support regarding, benefits, financial and housing matters Ensure information about drug/alcohol services is publicised	CCG, Council, Wellbeing Hub, GPs, VCS, SLaM
Improve support available to BME communities	Ensure a wide-range of support options are available including peer support Research adoption of the Black Thrive agenda in Southwark Support development of Wellbeing Champions from diverse communities Improve cultural competency within the borough	CCG, Council, VCS
Improve support to families and children	Develop models of care that promote evidenced-based family interventions therapies including family therapy	CCG/Council Childrens' and Families Services

Actions	Description	Owner
The promotion of mental health and wellbeing	<p>For children and young people, services will focus on the early detection of risk including awareness of the impact of ACEs⁶, and the development of resilience and life skills</p> <p>For people of working age and post retirement, services will focus on ensuring that they live as full and independent a life as possible</p> <p>For older people, there is an emphasis on prevention and enablement, supporting people with dementia and their carers to live well in supportive communities and ensuring dignity in care.</p>	CCG, Council, CYP, Wellbeing Hub, GPs, VCS, SLAM
Promote wellbeing services across the borough	<p>Develop materials which promote Southwark's services including organisations for specific groups such as young people, BME groups, LGBTQ</p> <p>Raise awareness about living well with a mental health problem and publicise support available</p>	Wellbeing Hub, GPs, VCS, SLAM
Tackle stigma	<p>Ensure that there is planned and collaborative effort to sustainably reduce the stigma and discrimination experienced by people with mental illness</p> <p>Undertake local campaigns to raise awareness as well as taking an active part in any regional or national campaigns</p> <p>Advise local businesses to engage with the Workplace Wellbeing Charter , increase the uptake of the London Healthy Workplace Charter by local employers</p>	Public Health, CCG, Council

⁶ <http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf>

8. 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

Community-based care

Care and support services need to be accessed in the right place and at the right time. In some cases, hospital may be the right place for people to be cared for but wherever possible, care and treatment should be provided closer to home in community-based settings. We believe that creating more offers of community-based support will deliver better outcomes for our residents.

Southwark CCG and Southwark Council aim to improve the support available to people living in the community by looking at new models of support, such as enhanced primary care mental health support. This will ensure that people who no longer need to be supported in Community Mental Health Teams are able to live independently and be well supported.

We will create stronger partnerships across General Practices and secondary mental health services, as well as the voluntary sector. The Five Year Forward View for General Practice, published in April 2016, set out plans to invest in an additional 3,000 mental health workers to work in primary care by 2020. In Southwark, we will seek to deliver our enhanced primary mental health offer in line with this guidance.

Asset-based approaches

An assets-based approach recognises that a combination of individual, organisational and community resources exist within local communities that can be mobilised – everyone in a community has something to offer. We believe that there are a range of assets in Southwark that we can build on to deliver this mental health and wellbeing strategy.

In Southwark we are lucky to have a vibrant voluntary sector which ensures that people can stay connected are supported to access care and support services. We want to protect and build on these extensive resources, assets, skills and expertise within our voluntary sector to create an even stronger and empowered community base.

According to the health innovation foundation NESTA:

‘The aim of asset-based practice is to promote and strengthen the factors that support good health and wellbeing, protect against poor health and foster communities and networks that sustain health. The vision is to improve people’s life chances by focusing on

what improves their health and wellbeing and reduces preventable health inequalities⁷
We will ensure that we learn from NESTA and other organisations who have undertaken research or projects in the area of community-based asset development. For example, NESTA and the Health Foundation have recently published the final report of the Realising the Value programme⁸, which was funded by NHS England. This report identifies ten major actions to put people and communities at the heart of health and wellbeing, using the best available tools and evidence. These are their ten calls to action:

What needs to happen:

- Implement person and community-centred ways of working across the system, using the best available tools and evidence
- Develop a single, simplified outcomes framework across health and care and community provision, focused on what matters to people
- Continue to learn by doing, alongside further research
- Make better use of existing levers such as legislation, regulation and accountability
- Trial new outcomes-based payment mechanisms to support person and community-centred approaches, and implement these as part of wider national payment reform.

How people need to work differently:

- Enable health and care professionals and the wider workforce to understand and work in person and community-centred ways
- Develop strong and sustained networks as an integral part of implementing and scaling up person and community-centred approaches
- Value the role of people and communities in their health and wellbeing, including through co-production, volunteering and social movements for health
- Make greater use of behavioural insights in implementing person and community-centred approaches and spreading change
- Support a thriving and sustainable voluntary, community and social enterprise sector, working alongside people, families, communities and the health and care system.

Southwark's Voluntary and Community Sector Strategy 2017-2022

We will be guided by the principles outlined in Southwark's VCS Strategy Common Purpose, Common Cause, which outlines goals to help the VCS thrive and meet the needs of all local communities. The VCS strategy outlines how the public sector, in partnership with the VCS, can enable and support new approaches to secure integrated, more efficient and community-led outcomes.

The VCS strategy focusses on two key strategic objectives:

- To improve outcomes for residents that reduces and prevents future demand on

⁷ Asset-based approaches in a health and well-being context, NESTA article, 2015

⁸ Realising the value: ten key actions. NESTA, Health Foundation, 2016

high cost, high demand services

- To sustain and build strong, cohesive communities where no one group or community is left behind.

The VCS strategy also outlines several priorities which will be achieved in the next five years, and which link very clearly to some of the Mental Health and Wellbeing Strategy areas. These are:

1. Create better partnership working to improve outcomes for residents
2. Improve commissioning and grant-giving to focus on outcomes
3. Make better use of community assets to revitalise communities and create preventative places
4. Enable and support more resilient communities that are connected and more resourceful

A Liaison Group will retain oversight of the VCS strategy and take responsibility for ensuring the different elements are delivered, through an implementation action plan.

Community-based care and supporting communities: action areas

Actions	Description	Owner
Ensure ongoing engagement with local people and communities	<p>Establish a Public Engagement Forum to oversee delivery of the Mental Health and Wellbeing Strategy</p> <p>Southwark CCG to have a detailed plan in place to improve service user and carer engagement. Ensure the local network of user groups feed back into commissioning services</p> <p>Ensuring ongoing positive links with Thrive London and South-East London STP</p>	Wellbeing Hub, VCS, CCG, Council
Ensure a range of community support options are available in Southwark	<p>Implement the Voluntary Sector Strategy and devise plans to build capacity and resilience in Southwark</p> <p>Explore opportunities to develop Community Connection services</p> <p>Explore opportunities to embed Peer Support models within contracts</p>	CCG, Council
Develop a strong partnership with the community	Statutory services, the voluntary sector and the community will work together to ensure joined up support and care	CCG, Council, Wellbeing Hub, GPs, VCS, SLaM

Actions	Description	Owner
Develop enhanced primary care services	<p>Develop a mental health primary care strategy which is clearly communicated to Southwark residents</p> <p>Ensure people receive support in the community and are able to access universal and specialist support services</p> <p>Improve the clinical support available to GP practices to reduce the need for people with stable moderate to severe mental health to be seen unnecessarily in specialist mental health services</p>	CCG, Council, GPs
Provide support to carers	Ensure carers' support is available and publicised across Southwark	CCG, Council, Wellbeing Hub, GPs, VCS, SLaM
Improve knowledge of local support services	<p>Better understand the current and future spending based on commissioning priorities</p> <p>Develop an audit process that will combine community and third sector services as a way to identify any gaps or duplications in provision</p>	CCG, Council, Public Health

9. IMPROVING CLINICAL AND CARE SERVICES

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

New models of support

We will be working to develop new models of care and support which will change the way we contract and commission health and social care services over the next few years. This will include a population segmentation approach to commissioning. The delivery of this strategy will be linked to the development of new ways of working and commissioning services in the borough.

Crisis services

In development of the Strategy there was a strong message from respondents, including HealthWatch, that the aim should be for Southwark to deliver develop best in class crisis and crisis prevention services that optimise community, primary and secondary care services. We wish to provide services earlier in crisis situations to reduce the duration and severity of illness whilst supporting carers to access the right support. We know that all too often people present at Accident & Emergency (A&E) Departments when they are in crisis, which can result in significant delays to assessment and appropriate treatment. We also know that for some people, their first crisis contact will be through the Police.

Prevention

Southwark's Joint Strategic Needs Assessment for Mental Health outlines how further work is required to understand local care pathways, including current crisis care, and to identify opportunities for improvement. We will review how current pathways can better support more referrals to community services, avoiding A&E and hospital admissions wherever possible. We will also ensure that people and organisations are aware of the support options available in the borough such as the SLaM 24-hour Crisis Support Line and Certitude's Solidarity in a Crisis peer support offer. We aim to fully understand current crisis support in the borough and build stronger preventative support options, recognising that there is a need to move from a medical treatment model to a wellbeing, prevention and early intervention model. Investment in the system needs to shift to reflect this. The need to provide a calm and quiet space in A&E for individuals presenting with a mental health condition is also recognised.

We will deliver timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors:

- At least 60% of people with first episode psychosis starting treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service are seen within two weeks of referral
- Through increased integrated service delivery models across physical health, mental health & social care, reduce premature mortality of people living with severe mental illness (SMI) driving early detection and expanding access to evidence-based physical

care assessment and interventions. Working with Kings Health Partners mind/body programme

- A doubling in access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment
- Increased access to psychological therapies for people with psychosis, bipolar disorder and personality disorder.

Primary care: To maximise the potential for primary care to support people with MH issues in the community, shifting towards GP-led healthcare

We will build on the work underway to strengthen community mental health service interventions to enable more people to be cared for within primary care. This will support individuals being transferred to primary care and ensure that there are early warning signs and clear recovery plans in place to prevent crisis.

The development of services across the Southwark Health and Social Care economy will support general practice to take a bigger role in the care of their patients with serious and enduring mental health problems. Commissioners, supported by Public Health colleagues, will measure the benefits and outcomes of its recent Adult Mental Health (AMH) team reconfiguration to provide an enhanced primary care support team. This team in supporting the transition and medication pathway will support people as they transition from secondary to primary care, offering support and advice to service users and GPs around a range of issues.

Health Based Place of Safety

Southwark CCG and Southwark Council have been part of the implementation of a centralised 'Health Based Place of Safety' (HBPOS) on the South London and Maudsley (SLaM) hospital site at Denmark Hill. The new service ensures that residents detained by the police (under Section 136 of the Mental Health Act) who have mental health issues are supported and provided with expert care. We will build on the successes of the HBPOS site evaluation which has shown⁹:

- The site accepts on average 15 % more admissions than previously across the four sites in that area. The activity increase represents the amount of patients turned away at previous single occupancy sites located in Croydon, Lambeth, Lewisham and Southwark
- Having a dedicated team at the centralised site has meant that it has only been closed once over the past year - a stark improvement - sites were closed 279 times previously over a 12 month period
- The number of individuals detained under section 136 that have had to be taken to A&E before going to the centralised site has fallen - partly due to the fact that the staff based at the pilot site are better trained to address physical health issues
- Individuals detained under section 136 are being admitted to the sites quicker, with 96 % of cases being admitted within 30 minutes of arrival
- The physical environment has been transformed through the new purpose built facility which is much more conducive to recovery
- Service user's satisfaction with the centralised site has significantly improved with 76 % of service users providing positive feedback
- The rate of admission to an inpatient bed has fallen by 13% under the new model following comprehensive assessment by dedicated staff

⁹ <https://www.healthy london.org/pilot-shows-health-based-place-safety-improves-care-lifts-pressure-aes/>

Improving the A&E Crisis Pathway

In conjunction with SLaM we have also implemented the Core 24 model for our psychiatric liaison services at Kings College Hospital (KCH) and Guys and St Thomas's Hospital (GSTT). This improves psychiatric support for A&E and the hospital wards and enables hospital staff to have access to specialist advice about managing people in crisis.

Considerable work has also been undertaken with KCH Hospital to improve the offer for patients brought to A&E in crisis. KCH are actively engaging in a pilot with the London Ambulance Service and Metropolitan Police to issue 'Code 10s' when a patient in crisis is being brought to the hospital. In Code 10, KCH are alerted that a patient is en-route so that they can ensure that a Psychiatric Liaison Nurse and Consultant are ready to meet the patient as soon as they arrive so that they can assess the patient as quickly as possible. The intention is that a mental health crisis is treated in a similar manner to an urgent physical health need, and the patient receives immediate care and attention. The pilot started is still in its infancy, but initial reports are positive and an evaluation will be undertaken later in the year.

In addition two cubicles within the majors area of the KCH emergency department are ring-fenced for mental health patients to ensure that appropriate facilities are available. These bays are used for patients who have both mental health needs but may also require physical health support (e.g. for patients who have overdosed). Finally, three mental health suites have now opened within the Urgent Care Centre development at KCH. These are specially designed rooms for mental health patients which are fitted out to ensure they are as welcoming and as calming as possible. By co-locating psychiatric assessment within hospitals, KCH and SLaM are best able to provide advice and treatment for patients who present with multiple issues, for example dementia, self-harm, drug and alcohol addiction and mental health issues. Patients can be assessed in one of the new suites and given further advice and treatment by the most appropriate specialist

Southwark CCG and Council are signatories to the Pan-London declaration as part of the Crisis Care Concordat and we will continue to implement our local plans to deliver the principles of the Crisis Care Concordat.

Improvements Driven by Rich Data

The strategy will support improvements to the crisis pathway driven by rich data. Work underway by KCH, SLaM and GSTT will be used to inform crisis pathway improvements:

- How many patients are presenting primarily with physical needs so will always need to be at ED initially
- People who are presenting purely with mental health crisis
- Drug and alcohol issues (particularly the difference between intoxicated patients with and without an underlying mental health condition)
- Issues which are about individuals' behaviour but where there is no underlying MH diagnosis
- Looking at age and crisis related to dementia
- Impact on EDs and wards and staff training needs

Suicide prevention

The national suicide rate has been rising since 2007 and every day in England approximately 13 people will take their own life. Southwark's Joint Strategic Needs

Assessment for Mental Health details how there are on average 26 deaths by suicide a year and an average 4 deaths per year were patients who were known to mental health services. Southwark's Suicide Prevention Strategy and Action Plan is currently being developed and will be completed by Spring 2017. This Mental Health and Wellbeing Strategy will link to the objectives and actions outlined in the Suicide Prevention Strategy, and there are also linked governance arrangements. It is our ambition to greatly reduce the number of preventable deaths across Southwark as well as to reduce the burden of self-harm and attempted suicides.

Transitions between services

A lack of transition planning between services can contribute to poor outcomes for people. Poor transition planning can impact upon a person's chance of achieving employment, accessing education, maintaining independence, moving on from services or accessing services in the future. Conversely, effective transition can have a positive effect on peoples' life chances and on their future mental health and wellbeing.

Transition for young adults is particularly important. Its aim should be to help to improve the chances of recovery and independence through the provision of high-quality, effective health and social care services that continue seamlessly as the individual moves from adolescence to adulthood.

Community-based support for people with complex needs

We recognise that there are gaps in provision and co-ordination for people living in the community who have complex needs but who do not meet the eligibility threshold for support from statutory services. People may have a range of issues which include mental illness, personality disorders, substance misuse and social exclusion. People in this situation may experience difficulties in maintaining a tenancy or accessing appropriate local support services. Unfortunately some people in this situation may be at risk of causing nuisance or anti-social behaviour (ASB) which can have a great impact upon their neighbours and local communities. We also recognise that some people with complex needs may also be victims of harassment and abuse themselves and require support to live safely in their homes.

We need to work together to deliver appropriate, joined-up responses to support people in need in the community and manage any instances of anti-social behaviour, ensuring that people are referred and signposted to services which can offer them the support they need. Southwark's Wellbeing Hub, for example, can support and direct people to local services where they can be supported with a wide-range of issues.

We are committed to continually seek learning opportunities and closer collaboration across the mental health, substance misuse, community safety and housing sectors. We will look at guidance and good practice to help deliver joint working strategies to better manage the challenges posed by anti-social behaviour in the community. London Councils, for example, has produced recommendations to ensure that health, social care and community safety partners collaborate at a local level to meet the challenges posed. They suggest that local partners:

- Improve awareness for front-line community safety staff to better identify early signs of mental illness, disability and personality disorders.
- Consider developing a shared framework for identifying risk and vulnerability and raising safeguarding alerts.
- Collaborate to achieve better outcomes following the discharge of mental health patients where there have been problems related to ASB, drawing on good practice
- Develop a common approach and language across professional boundaries, with a view to securing the outcomes that individuals need, drawing on good practice ¹⁰

We will implement new cross-Council and inter-agency support across mental health and drug and alcohol services, and review how support workers can be embedded within housing and community services. We will also develop improved pathways and processes for stakeholders to come together to address concerns, ensuring that key partners such as the South London and Maudsley Trust and Police are involved in regular forums to discuss concerns for local residents.

Perinatal mental health

Up to one in five women and one in ten men are affected by mental health problems during pregnancy and the first year after birth. In Southwark, there may be up to 2,630 cases per year of mental health disorders in the perinatal period. Without appropriate treatment, the negative impact of mental health problems during the perinatal period can have long-lasting consequences not only on women, but their partners and children too. When problems are diagnosed early and treatment offered, effects can be mitigated.

In Southwark we aim to ensure a continued focus on perinatal mental health to ensure both parents, infants and children have the support they need to prosper and enjoy good mental health and wellbeing. We have increased the capacity of this service through Transformation funding as part of the Five Year Forward View. We aim to have a service that deals with patients who need expert care, but also to provide a consultancy service to other clinicians on how to support existing patients. Training for voluntary and statutory organisations which deal with mothers and babies will also be part of the model so that cases are picked up at an early stage.

Children and Young People

There are many factors contributing towards poor wellbeing and mental ill health in children and young people. The stresses of modern life include exams, bullying and cyber bullying, social media, and peer pressure around unhealthy lifestyle choices and risky behaviours. The impact of family conflict and/or domestic abuse on both parents and children is well documented. The impact of adverse childhood experiences (ACEs) is as harmful for all aspects of health throughout the life course is based on a growing body of international evidence.

¹⁰. Anti-Social Behaviour and Mental Health, London Councils, 2014

In Southwark's child and adolescent mental health services (CAMHS), we have put more resources into early intervention, as well as into specialist mental health. We need to review our CAMHS provision to ensure that the model is achieving the best possible outcomes for our children and young people and that it is financially sustainable.

Older people

Although age-related decline in mental wellbeing should not be seen as inevitable, older people form the majority of people using health and social care services. Mental health issues in older adults can include a range of conditions such as depression, schizophrenia, suicide, alcohol and substance misuse. We also know that nationally, people with dementia over 65 years of age are currently using up to one quarter of hospital beds at any one time.

We will support older people living with functional and organic mental health conditions to experience the best possible health and care outcomes through delivery of more integrated, personalised and coordinated care in the community with a range of suitable options for accommodation and care that are flexible in nature and that are centred around 'need'. Residents and their carers will be treated with compassion, dignity and respect, will be supported in times of crisis, and will have timely access to high quality support that is safe, sustainable and fit for purpose.

We will support older people to be cared for in their own homes where appropriate. We are also working with SLaM to provide the best possible inpatient care with separate wards for the treatment of mental illness and dementia with community-based pathway support. We will also create a community-based accommodation service with medium-term specialist support for people experiencing challenging behaviours associated with complex mental health, physical health and dementia-related needs.

Dementia

The prevalence of dementia in Southwark is below the London and national average, reflecting our younger population. However, rates are predicted to rise over the coming years as our population ages. In 2017, NHS England rated Southwark CCG as 'outstanding' for dementia. We have placed a strong emphasis upon early detection and support as reflected in the national Living Well with Dementia Strategy (2009). Currently, almost 1,200 people in Southwark have been diagnosed with dementia and we are consistently meeting the national two-thirds diagnosis target.

In 2014/15, Southwark developed a local Southwark Dementia Action Alliance (DAA). We hosted a Dementia Tea Party to hear the experiences of local residents living with dementia or caring for someone with dementia and to develop a range of local outcomes. In 2016 Southwark DAA was allocated the Dementia Communities Kitemark in recognition of progress made. Further, Southwark Council has been given Age Friendly Borough status by the World Health Organisation in 2015.

We will build on the work of the Dementia Action Alliance to ensure that everyone receives a good quality dementia diagnosis and support by developing a streamlined dementia pathway across Southwark CCG and Southwark Council.

We are also committed to supporting our younger (under 65) residents who are experiencing symptoms or early signs of dementia to access support for themselves and their families and to enable them to remain in employment and live independent lives.

We will work with our local hospital providers to improve the physical health outcomes for our dementia population, building on pioneering work in dementia at King’s College Hospital (KCH) NHS Foundation Trust and Guy’s and St Thomas’s Award Winning ‘Barbara’s Story’.

Talking therapies

Talking Therapies Southwark is a service which is part of the national Improving Access to Psychological Therapies (IAPT) programme. The rationale for improving access to psychological therapies is to ensure that as many people as possible receive the treatment and support they need not only to address the immediate problems of anxiety and or depression but to also offset and prevent more complex and or chronic mental health issues at a later date. Psychological therapies also improve emotional wellbeing, quality of life and increase social inclusion.

NHS England has set a national ambition to increase access so that by 2021 at least 25% of those with anxiety or depression have access to a clinically proven talking therapy service. There is also a commitment to improving access to services for people with long-term conditions, people from Black and Minority Ethnic communities, and to embed psychological support in pathways across health care so mental and physical healthcare is as joined- up as possible.

We will continue to support the development and expansion of talking therapies including online options, and ensure that these services are accessible to all Southwark residents.

Improving clinical and care services action areas

Actions	Description	Owner
Develop new approaches to care and support which improve outcomes for local people	<p>Develop new models of support and joint working arrangements</p> <p>Develop outcomes-based commissioning approaches and new assessment frameworks</p> <p>Evaluate the effectiveness of new and innovative approaches such as digital health assessment tools, apps and online support options</p> <p>Explore expanding social prescribing</p>	CCG, Council, Public Health, VCS, Healthwatch, service users, carers, local residents

Actions	Description	Owner
Review transitions and service pathways	<p>Review and improve transitions between services - ensure effective access for children and young people to mental health provision and ensure effective transition between adult and mental health services</p> <p>Improve pathways between secondary care and primary mental health services, as well as pathways for physical and mental health, and other pathways such as those for homeless people</p> <p>Ensure that substance misuse co-occurring with mental health problems is managed effectively</p> <p>Ensure that at risk/vulnerable groups experience equitable access and are prioritised as appropriate</p>	CCG, Council, CYP, GPs, IAPT, dual diagnosis services
Review crisis service provision	Review data from Acute and Mental Health Trusts to deliver an optimal pathway for patients with psychiatric illness who require admission (both psychiatric and medical)	Local Trust Medical Directors, CCG Commissioners and HealthWatch
Reduce suicide rates in Southwark	Develop and implement the suicide prevention strategy and plan	Public Health
Improve support available to people living with complex needs in the community	<p>Develop a multi-agency approach to support, establishing regular meetings/forums and good practice guidance</p> <p>Agree resources and training required to improve support to people with complex needs</p> <p>Review how mental health workers can be co-located within housing and community services</p>	CCG, Council, SLaM, DAAT, Community Safety, Housing
Perinatal mental health	<p>Support women and families, identify mental health problems early and deliver care in line with NHSE guidelines</p> <p>Roll-out the enhanced perinatal service</p>	CCG
Improve support to children and young people	<p>Complete a joint review of CYP mental health services in line with Southwark's FYFV. Review our early help offer</p> <p>Improve the way that early years education, children's' centres, social care and VCS work together</p> <p>Implement the Integrated Wellbeing Service for Young People</p> <p>Work with other London boroughs to ensure we have the right in-patient provision for CYP</p> <p>Develop peer support for vulnerable young people who may not engage with MH services</p>	<p>CCG, Council, Children and Families</p> <p>CCG, Council, VCS</p> <p>Youth Offending service</p>

Actions	Description	Owner
	Ensure mental health support for children in care and care leavers is most effective as possible	CCG, Council, Children and Families
Continue support to schools	<p>Build on our evaluation of our training pilots in schools to increase MH awareness and improve wellbeing. Include bullying and cyber bullying</p> <p>Review our local Healthy Schools programme</p>	CCG, Council, Education services
Older people and dementia	<p>Review residential and other accommodation options</p> <p>Support people with early onset dementia to remain in employment to live independently. Develop a simplified dementia pathway in Southwark</p> <p>Improve support to people with complex behaviours associated with dementia/MH needs. Deliver a model of care with a highly skilled multi-disciplinary team.</p>	<p>CCG, Council, VCS</p> <p>CCG, VCS, SLaM</p>
Expand IAPT services	<p>Review and increase IAPT services to meet national targets and requirements</p> <p>Ensure IAPT services are well-publicised and easily accessible to all residents including people from hard-to-reach group</p> <p>Ensure IAPT services become embedded within acute and physical healthcare pathways</p> <p>Improve waiting times for one-to-one cognitive behavioural therapy</p> <p>Provide support while people are waiting for psychological therapies, particularly by the provision of online therapy and guided self-help</p> <p>Provide psychological therapies alongside primary mental health services and other sites in the community, making these services closer to home.</p>	CCG, SLaM, IAPT

10. 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

By 'recovery' and 'the recovery approach' we mean people staying in control of their lives despite experiencing a mental health problem. The principle of this approach is not necessarily about recovering from a mental illness. It is the belief in everyone's ability to live the life they want, working with their experiences and symptoms, being part of communities, having relationships, work and leisure opportunities, and using services when needed to make this possible. The Recovery Model, which now underpins the philosophy of many mental health services, was developed and campaigned for by people with lived experience, often working alongside service providers.

Putting recovery into action means focusing care on supporting people to live the life they want to lead and building their resilience, not just on treating or managing their symptoms. Recovery is not about 'getting rid' of problems - it is about recognising and fostering people's abilities, interests and aspirations. We want everyone who receives mental health and wellbeing support in Southwark to feel in control of their care, experience good quality advice and guidance, and be listened to and understood by a highly skilled workforce so that care is personalised and coordinated across different services.

Feedback from our engagement events and from voluntary organisations and faith groups gave important insights into how people viewed recovery and what was needed to make this a reality. Stable or supported housing, learning opportunities (including adult education), art and leisure opportunities, and keeping well through physical activity and healthy lifestyles were all raised as important things to help a person with mental health problems to live well.

Improving community connection

There are a number of factors such as social isolation and lack of support which can have a profound impact on mental health and wellbeing. During our engagement activities people told us of the importance of local organisations in supporting good health and wellbeing, and in reducing isolation and loneliness. However, a common concern was that people were not aware of where and how to access these resources, and concern was particularly expressed that people who are very isolated may have extreme difficulty using local services. Local people need to be aware of where and how to access the broad range of support available, and we need to ensure we fully understand and publicise the range of community assets in Southwark. This also includes the need to clearly publicise advice and information services, and the need for support with housing, debt and benefit

issues was also raised frequently during our engagement events.

Promoting access to good jobs for people who have mental health problems can also be important, as it helps to give a sense of purpose. As the Mental Health Foundation notes:

‘There is a strong link between the recovery process and social inclusion. A key role for services is to support people to regain their place in the communities where they live and take part in mainstream activities and opportunities along with everyone else. There is a growing body of evidence that demonstrates that taking part in social, educational, training, volunteering and employment opportunities can support the process of individual recovery’¹⁰.

South London and Maudsley Trust Recovery College

We will promote the above, which offers a learning approach that complements the existing services provided by the Trust. Every course and workshop which is offered is co-designed and co-run by trainers with lived experience of mental ill health working alongside trainers from the mental health professions.

Courses are free of charge and open to:

- People who use SLaM services
- Supporters (carers, family and friends) of the above
- People who have been discharged from SLaM services within the last six months
- Supporters (carers, family and friends) of the above
- Volunteers and peer supporters working with SLaM
- SLaM staff

Employment and housing

Research indicates that work is good for our physical and mental health. However, nationally, less than 10% of people using secondary mental health services are in paid employment yet at least half would like the opportunity to be in work. Southwark has a range of services that are designed to support people with mental illness to regain employment and training, build computer literacy and time management skills, such as The Recovery College, Southside Rehabilitation Association (SRA) and Morley College. We will work across partnering organisations including the Job Centre, and other employment and education centres and peer support / peer mentoring schemes in Southwark and build upon the progress made by our local ‘Southwark Works’ programme.

A settled home in good quality accommodation is vital for good mental health and the core recovery principles of hope, aspiration and choice. For people with poor mental health, gaining access to general or supported housing can be particularly difficult. Support with housing can improve the health of individuals, and in many cases provide a stable base for them to recover and live independently. In Southwark, we have reviewed our mental health supported accommodation provision across Southwark CCG and Southwark

¹¹ Mental Health Foundation website, 2017

Council. We will create an improved pathway to promote recovery and step down from high support placements. We will also review placements that are out of borough to ensure quality care is being delivered, and ensure that care is provided in Southwark where appropriate.

This strategy clearly sets out our ambition that people in Southwark are supported to live and stay well in their community. It aims to improve the social networks of people with mental health issues and tackle housing, employment and physical health concerns on an ongoing basis, with access to mental health care available locally as needed. We also aim to harness the potential for new ways of working together, and better delivering support to ensure people feel connected to their communities.

Supporting recovery actions areas

Actions	Description	Owner
Improve the support available to people living in Southwark	<p>Ensure that all services adopt an approach to support which recognises individuals' strengths and assets, offering them as much choice and control as possible</p> <p>Ensure the voluntary and community sector work together in an integrated way to ensure appropriate care is provided in the right place</p> <p>Ensure people are supported to deal with housing, benefits, debt or other issues which may be affecting their health and wellbeing</p> <p>Ensure support services are well publicised and promoted across the borough</p>	CCG, Council, SLaM, VCS, GPs
Involve local people in the design and delivery of services	<p>Use co-design with the community to help implement this strategy</p> <p>Consider how peer support and volunteering approaches such as timebanking can be developed in Southwark</p>	CCG, Council, service users, carers, VCS
Develop new approaches to care and support which support people to live as independently as possible	Rebalance the system to shift investment into prevention, early intervention and recovery, and reduce unnecessary use of inpatient beds	CCG, Council, SLaM
Improve employment support for people in Southwark including people with mental health needs	<p>Liaise with local employers and other partners to ensure improved access to work and training options</p> <p>Enable Community Accreditation for businesses in Southwark to be wellbeing champions</p> <p>Build on progress made by the local programme <i>Southwark Works</i></p>	CCG, Council, SLaM, VCS
Improve supported housing options and pathways	Ensure a range of support housing options are available and that people are able to step-down	CCG, Council,

Actions	Description	Owner
	into more independent accommodation options	VCS

11. 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

There is more that we could know about the mental health and wellbeing of people in Southwark and the effectiveness of the services they are using. By collecting and analysing information we can understand better how services are performing and what more needs to change. The availability and use of good quality information about population need and service use is critical to effective commissioning. The use of quality data is particularly helpful in understanding the use of services by people by protected characteristic, thereby helping to understand how we can develop services that genuinely promote equality of access.

We will ensure that we monitor quality through performance monitoring so that we can determine whether services are offering high quality support to Southwark residents. We will also monitor whether services offer value for money, and will be consistent and transparent in the way we prioritise investments and any changes to mental health care.

Quality in terms of people's experience of care, their safety, and the effectiveness of the support and care they receive is important across every service. During the co-production of this strategy we heard a broad range of views from people about the quality of services, in particular about GPs, Talking Therapies, the Community Mental Health Service, and inpatient services.

We aim to develop a methodology to evaluate the success of changes to services which occur in light of this strategy, so we can effectively communicate progress made in improving outcomes. We will ensure we keep up-to-date with national activity to develop better systems for monitoring the mental health and wellbeing of the population and their response to the care they receive, including the Mental Health Services Dataset (MHSDS).

A clearer understanding of local mental health service provision is required, in terms of both activity and cost. Additionally, we need to better understand the characteristics of those currently accessing voluntary and statutory services and attempt to understand reasons for different rates of access. Severe mental illness disproportionately affects people from different groups, and we are aware that nationally Black or Black British ethnic groups had the highest proportion of people who had spent time in hospital in the year, with levels more than twice the average for the White ethnic group. Southwark has

higher rates of psychiatric hospital admissions than the national average which may be reflective of our ethnic diversity. This could be indicative of a greater and more complex need for mental health and learning disability services among this population group.¹²

¹² Southwark Joint Strategic Needs Assessment for Mental Health, 2016

Outcomes-based commissioning

An important part of developing a more collaborative approach between organisations will be to align their efforts to the achievement of shared outcomes. Southwark's common outcomes framework has been produced following the launch of Southwark's Voluntary and Community Strategy in 2017. The framework sets out the overall vision for commissioning and relationships with Southwark providers in future, which will be based on outcomes-focussed commissioning arrangements and specifications:

To build and sustain strong, cohesive communities where no one group or community is left behind				
Safer communities	Healthier communities	Engaged communities	Greener communities	Vibrant communities
Residents have an improved understanding of their rights and responsibilities resulting in greater community ownership	Residents have improved access to community services	Residents are given more opportunities to provide feedback that improves services	Residents are more able and willing to access community spaces especially local green spaces	More young people feel ready to engage with their education
Residents feel safer where they live, work or socialise and know where to get support	Residents and their families and carers are fully involved in planning their care and feel services are provided in a holistic way	Residents have increased opportunities and support to volunteer	Residents and organisations are more able to look after designated green spaces	More young people feel ready for work, to train or able to start and grow their own business
Children and young people feel safer in their neighbourhoods and in Southwark	Residents feel that they have access to services to improve their wellbeing	Residents have the skills and confidence to increase their use of online services and there is less digital exclusion	Residents increase their use of public transport, cycling or walking around the borough	Residents are supported to maximise their income and manage their money better
Residents across communities are more confident in reporting issues when they arise	Residents feel more confident to maintain their independence without the need for higher levels of support	Organisations can demonstrate they work more frequently in partnership across communities	Residents and organisations feel more able to use green spaces to support social action and health and wellbeing activities	Residents have greater access to apprenticeships and a range of quality job opportunities which are fairly paid and sustainable, including residents who have disabilities or long-term health conditions
Residents feel treated with respect and listened to through ongoing engagement and collaboration	Residents are able and confident to access appropriate mental health services	More residents taking part in local decision making	Increasing numbers of residents and organisations support initiatives to make Southwark greener	Small businesses are more able to access support to become sustainable
Residents feel more able to access services at an early point and in times of crisis	Children, young people and families feel more supported and able to access appropriate health and wellbeing services for the best start in life	Residents feel more involved in planning and decision making about changes to their local area which impact on their lives e.g. the built environment, planning decisions and regeneration initiatives	Residents across communities feel able to engage in the design of the public realm	VCS organisations work in partnership to increase investment in local services from sources that statutory organisations cannot access
More residents are helped to feel more secure in their homes	Residents feel more able to live in accommodation which is warm, dry and safe, and appropriate to their needs	Residents and organisations have greater access to community spaces and premises		Residents across communities have access to a broad range of cultural activities and organisations in the creative economy are more able to access support
Fairer Future Vision				
Southwark Five Year Forward View				
Common Purpose, Common Cause – VCS Strategy				

Figure 5: Southwark Common Outcomes Framework 2017

Whole system focus

Arrangements for commissioning and providing mental health services have made it difficult to develop a full picture of how the different parts of the whole health and care system can work together to meet the needs of both individuals and the population as a whole. It will be important to find ways to move away from commissioning and providing services that lead to fragmentation towards approaches that support better co-ordination and collaboration. This will mean co-producing more integrated approaches to

commissioning services between NHS and local authorities, between primary care and specialist mental health services, and between NHS and VCS organisations.

Improving quality and outcomes action areas

Actions	Description	Owner
Capture qualitative information from ongoing co-production and engagement activities	<p>Arrange regular engagement activities and forums to engage with local people and communities, and ensure information is captured and available as feedback to those audiences</p> <p>Through co-production involve individuals and carers more closely in decisions about the shape of future service provision</p>	CCG, Council, VCS, service user, carers, local people
Focus on ensuring good quality care and support is delivered in Southwark	<p>Ensure services are integrated and meet the health and social care needs of residents, including Council duties under the Care Act 2014</p> <p>Ensure the voices of people using services and carers are considered as part of new service developments and review</p>	CCG, Council, VCS, service user, carers, local people
Ensure data is available and used to inform service developments and reviews	<p>Agree a quality assurance framework to provide information on performance and to ensure the associated risks to delivery are being managed</p> <p>Utilise primary and secondary care data systems to improve understanding of those diagnosed with mental health issues and those accessing local services</p> <p>Improve the identification of people with CMDs through training and development and sharing of best-practice</p> <p>Ensure equalities data is collected by all services and used to inform service reviews and new service developments</p>	CCG, Council, Public Health
Ensure local services are high quality and provide good value for money	Complete benchmarking study with other London boroughs. Undertake a literature review of evidence based interventions to improve local mental health outcomes as well as reviewing examples of best practice	CCG, Public Health
Improve data sharing arrangements	<p>Improve sharing of information between local agencies involved in the mental health agenda e.g.: police, probation, and third sector organisation</p> <p>Explore options to conduct a local suicide audit to improve understanding of suicide cases and contributing factors</p>	CCG, Public Health
Develop outcomes-based commissioning framework	Co-design an outcomes framework to support delivery of new commissioning and contracting	All

12. HOW WE WILL DELIVER SOUTHWARK'S STRATEGY

This strategy represents NHS Southwark Clinical Commissioning Group (CCG) and Southwark Council's commitment towards working in partnership to improve the mental health and wellbeing of the local population. A range of actions have been highlighted which were based on feedback from the extensive engagement activities undertaken with local people. National and local policies and strategies were also considered and used to inform development of the strategy. The Five Year Forward View for Mental Health in particular has provided the framework for development of this strategy.

Our core aims are to:

- Continue co-production and co-design by involving local people in the implementation of this strategy. We will design ways for people who took part in the strategy events to help co-produce the solutions on an ongoing basis, ensuring that feedback is given to those that contribute
- Rebalance the system in favour of prevention and early intervention, with a key role for public health and local prevention plans. Tackle the social determinants of mental health problems, addressing stigma and targeting those most at risk. We recognise and will continue to support the vital role of our local voluntary and community sector organisations
- Develop a seamless 'all age' approach across the life course, integrating this strategy to local plans for children and young people's emotional wellbeing and mental health
- Improve support for people with mental health issues who have multiple needs such as substance misuse, homelessness and physical health issues and ensure that they get the help they need and do not slip through gaps between services
- Recognise the support and information needs of the families and carers of people experiencing mental health problems, as well as their strengths and assets
- Improve the continuity of care at points of transition, whether that is discharge from inpatient services into community-based care or reconfiguring services to support young people with mental health needs in transition to adulthood as part of an all age approach to care and support
- Ensure all services are provided with humanity, dignity and respect, and that people from all communities in Southwark, including people from groups with protected characteristics, are able to access a wide range of support services
- Work with Thrive London and the Sustainability and Transformation Partnership to seek opportunities to pilot new ways of working within Southwark services

Development of new service models

All areas are now facing the challenge of how to improve the quality and productivity of services, and how to do this at a time when the desired level of investment in services may not be possible. One way forward is to ensure that we are aware of innovation and best practice in other areas which can be adapted locally.

The Five Year Forward View for Mental Health identifies three priority areas where innovation is likely to have the greatest impact and which we will consider in Southwark:

- new models of care - to stimulate effective collaboration between commissioners and providers to develop integrated, accessible services for all local residents
- expanding access to digital services - to enable more people to receive effective

- care and provide greater accessibility and choice
- a system-wide focus on quality improvement - to support staff and patients to improve care through effective use of data, with support from professional networks.

Another key recommendation from the Five Year Forward View for Mental Health is that care must be integrated – spanning people’s physical, mental and social needs. This should be achieved through partnership working across NHS, public health, voluntary, local authority, housing providers, education. Integrated population-based commissioning will combine health and social care spending power to improve mental health outcomes. To support the changes required we will increasingly join commissioning budgets and contracting arrangements, moving away from a system with many separate contracts. An important part of developing this more collaborative approach between organisations will be to define clear, shared outcomes.

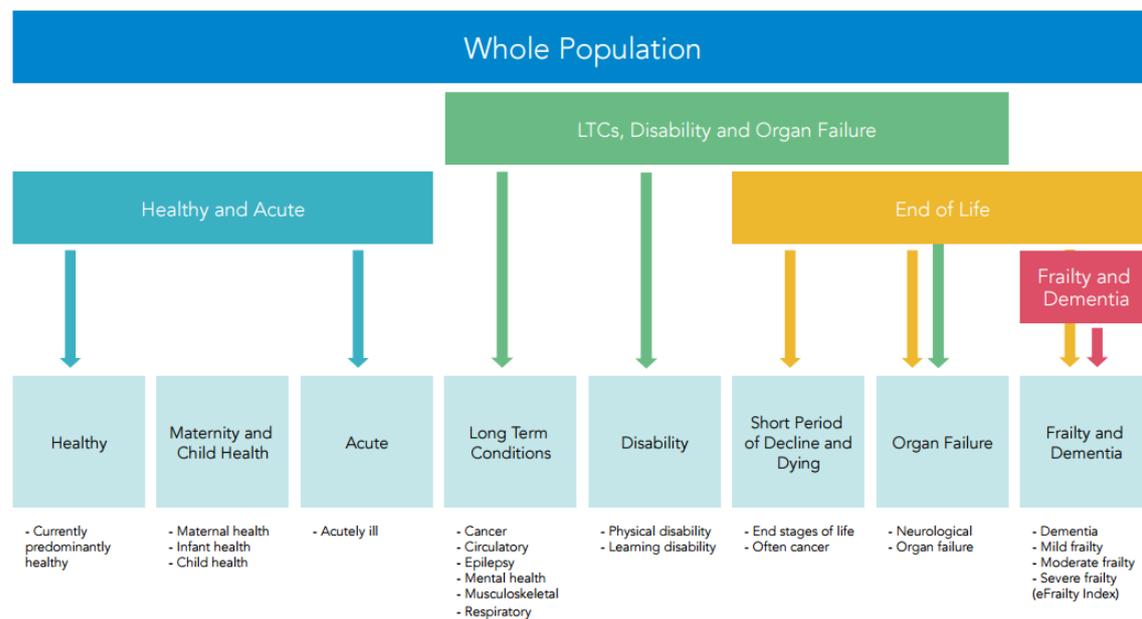
The Next Steps on the NHS Five Year Forward View (2017) highlighted the need for further integration across health and care, through Sustainability and Transformation Partnerships and through the creation of population-based commissioning models. NHS Southwark CCG and Southwark Council are committed to developing an integrated approach to transforming services, and have been working together on implementing a population segmentation model.

We will focus on inclusive contracts for defined segments of the population that cover all of the various physical health, mental health and social care needs of people within that group. We will refocus our commissioning to support this approach, with services which are more responsive to the social and clinical needs of people within each segment.

A decision has been made to use the ‘Bridges to Health’ model and apply it within a Southwark context. Population-based commissioning models such as Bridges to Health look at patients/service users not just as individuals but as a part of a wider population. Such models aim to reduce fragmentation, prevent duplication between services, ensure clear entry points into the system, address workforce challenges and ensure long-term sustainability. In future we will work differently with our providers and local populations, acknowledging that the current system is unsustainable without large-scale transformative change.

By moving to a population-based model we believe we can drive a range of financial and quality benefits for commissioners and local people. This will be achieved through more co-ordinated and integrated care, delivering care in lower cost settings and by fully co-producing new services and ways of working with local people and communities. Investment in population wellbeing, prevention of mental disorder and early treatment of illness can result in significant economic savings even in the short-term. Due to the broad impact of mental disorder and wellbeing, these savings may occur in health, social care, criminal justice and other public sectors.

Population segmentation



Source: OBH, adapted from the Bridges to Health model – Lynn J, Straube BM, Bell KM, Jencks SF, Kambic, RT. (2007). Using population segmentation to provide better health for all: the 'bridges to health' model. *The Milbank Quarterly*; 85(2): 185-208.

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Figure 6: Bridges to Health population segmentation model

Governance and delivery of the Mental Health and Wellbeing Strategy

We will develop detailed delivery plans against the five priorities set out within the strategy. Southwark's Severe Mental Illness Commissioning Development Group (CDG), Children's and Adults' CDGs and the Health and Wellbeing Board will monitor these actions to consider how well we are delivering against the strategic priorities identified in the document. We will also establish a forum of stakeholders to help develop the delivery plans and track progress against actions and outcomes achieved. We have welcomed the input of Healthwatch and other local organisations and will continue to work in partnership to review strategy implementation, appreciating their understanding of the experiences of people using services, carers and local people in Southwark.

We will review the impact of the strategy and its delivery plan on a regular basis, and consider where adjustments need to be made to reflect changing national or local priority areas – we acknowledge that plans will be live and may change to reflect progress and new priorities as they arise. Every year we will hold a public review meeting to feedback on strategy progress and how well strategy priorities are being delivered. We will also ensure that any changes to strategy areas or delivery actions are fully communicated at these events.

We also aspire to develop a more networked approach to mental health support in Southwark, taking learning from other areas where a community of providers, support agencies, statutory organisations and local people all work together to support people to

live well. We will review whether more 'hub and spoke' approaches to support can be developed which can support a network of entry points to statutory and voluntary services in the borough.

Measuring progress

We will co-produce measurable outcomes that will show us what impact the delivery of the plans has had on the mental health and wellbeing of the people of Southwark. We also expect that more integrated measures will be developed during the lifespan of the strategy as population and outcomes-based commissioning approaches are developed in the near future.

We will develop a mental health strategy data framework to gather data to support monitoring, and will consider how to increase use of digital tools and electronic information. We will aim to align the Mental Health and Wellbeing Strategy monitoring plans to other strategies such as Southwark's Suicide Prevention Strategy (Preventing Suicides in Southwark. Our Strategy and Action Plan, 2017-2022). This will ensure that both strategies can be cross-referenced and reported on together at different governance meetings and forums.

Glossary

Accommodation Pathway. A structured approach to meeting accommodation needs for people with mental health issues, stepping down from inpatient provision to independent community based accommodation

Acute Care. Treatment for acute or severe mental illness, which may include care as an inpatient in hospital or intensive support in the community

Care Act 2014. Replaced most previous legislation regarding carers and people being cared for. It sets out the duties of local authorities, including carers and need assessments, eligibility for support and charging for residential and community care

Care Pathways. Set out a process or best practice to be followed in providing treatment, care and support for a patient or client with a particular condition

Clinical Commissioning Group (CCG). CCGs are the clinically-led statutory bodies with responsibility for planning and commissioning health and mental health services in their local area

Community mental health team (CMHT). Multidisciplinary team that provides specialist mental health support and outreach in the community. CMHTs can include psychiatrists, psychologists, community psychiatric nurses, social workers, occupational therapists and other specialists

Commissioning. The process of getting the best achievable health outcomes for the local population, based on assessing local needs, identifying priorities, purchasing services from providers (e.g. hospitals, clinics, community sector organisations) and monitoring performance. Commissioners are professionals with the responsibility for the commissioning process

Co-production. The New Economics Foundation defines co-production as an approach to designing and delivering public services through ‘an equal and reciprocal relationship between professionals, people using services, their families and neighbours’

Core 24 Standard. Standard requiring NHS care to be available 24/7

Crisis Care Concordat. National and local agreements between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis

Dual diagnosis. Used to describe a combination of mental health and drug and alcohol problems, which raises specific issues for the delivery of effective care and support

Five Year Forward View for Mental Health. This report from the Independent Mental Health Taskforce to the NHS in England, published in February 2016, reviews current mental health provision and future challenges and sets out priority actions for the NHS

Implementing the Five Year Forward View for Mental Health. Sets out a blueprint for delivery of the Five Year Forward View, including year on year milestones for delivering the objectives by 2020-21 and funding, investment and savings figures

Integration. NHSE – drawing on the work of the National Collaboration for Integrated Care and Support – explains that for health, care and support to be “integrated” it must be ‘person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family ... moving away from episodic care to a more holistic approach ... that puts the needs and experience of people at the centre of how services are organised and delivered.’

Improving Access to Psychological Therapies (IAPT). Programme that has expanded access to psychological therapies (particularly cognitive behavioural therapy), with a particular focus on the treatment of anxiety and depression

Joint Strategic Need Assessment (JSNA). Document setting out the needs within the local population, produced by Health and Wellbeing Boards

Mental health crisis. The mental health charity Mind describes a crisis as a point where someone’s mind ‘is at melting point’, they ‘can’t carry on anymore’ and where there may be an immediate risk of self-harm or suicide, often involving extreme anxiety, having a panic attack or even a psychotic episode

Mental health services data set (MHSDS). Provides comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with mental health services

Multiple Needs/Complex Needs. Used to describe people with a combination of several problems at the same time, which may include mental ill health, drug and alcohol misuse, homelessness, offending and family breakdown. People with multiple and complex needs can find it difficult to access appropriate services

NHS England. Leads the NHS in England, setting priorities and direction

Parity of Esteem. A concept which emphasises equal status, and specifically that mental health should be regarded as equal to physical health in terms of importance, focus, funding, etc.

Perinatal. Relating to the time immediately before and after birth, usually a number of weeks

Primary care. Health services in the community that provide people with a first point of contact and principal point of continuing care; treatment and care led by GPs

Secondary care. Specialist health and mental health services (e.g. services provided by Community Mental Health Teams and inpatient hospitals)

South London and Maudsley Foundation Trust (SLaM). South London and Maudsley NHS Foundation Trust provides a range of NHS mental health services including the Maudsley Hospital and Bethlem Royal Hospital

Supported housing. Housing with additional support to help people with mental health problems to live independently. Supported housing can range from receiving help with things like budgeting and accessing services in your own home ('floating support') to a communal setting with resident support workers and/or therapists

Sustainability and Transformation Plans (STPs). Every health and care system in England is required to produce a plan showing how local services will evolve and become sustainable and deliver the Five Year Forward View for the NHS.

APPENDIX 1

The following sets out a summary of engagement to date and plans for final sign off of the strategy:

Engagement Event or Meeting	Date	Strategy Version
CCG/Council Strategy Reference Group	October 2016 - May 2017	Draft v1-v4
CCG Clinical Leads and Lay Member Briefings	October 2016 - June 2017	Draft v1-v4
CCG/Council Open Listening Events	15 and 30 November 2017	N/A
CCG South Southwark Locality Patient Participation Group (PPG)	10 January 2017	Draft v1
Council Healthy Communities Scrutiny Committee	19 January 2017	Draft v1
Council Community Council - health and wellbeing exhibition (Peckham and Nunhead Community Council)	28 January 2017	Draft v1
CCG Commissioning Strategy Committee	9 February 2017	Draft v1
Council Education and Children's Scrutiny Committee	27 February 2017	Draft v1
CCG Children and Young People's Commissioning Development Group	13 April 2017	Draft v2
CCG Governing Body Seminar	8 June 2017	Draft v3
Council Camberwell Community Council	21 June 2017	Draft v4
Council Children and Adults Board	28 June 2017	Draft v4
CCG Engagement Advisory Group (CDG Challenge Group)	13 July 2017	Draft v5
Council Scrutiny Sub Committee (Healthy Communities)	13 September 2017	Draft v6
Council Consultation Hub exercise	8 Aug - 15 September 2017	Draft v6
CCG/Council Service User Engagement Event	11 September 2017	Draft v6
Borough, Bankside and Walworth Community Council	21 September 2017	Draft v6
CCG Council of Members	27 September 2017	Draft v6
CCG Commissioning Strategy Committee	5 October 2017	Draft v7
Council Children and Adults Board	13 November 2017	Draft v10
CCG Governing Body	11 January 2018	Draft v16
Council Cabinet	23 January 2018	Draft v16

Draft Joint Mental Health and Well-Being Strategy: engagement activities 2017

1. Introduction

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

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

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

2. Summary of strategy engagement activities

2.1 Mental Health and Wellbeing Strategy engagement event: Blackfriars Settlement

This event was held on the evening of 11 September 2017, and 35 people attended as well as Southwark CCG staff members, the CCG's clinical lead Dr Nancy Kuchemann, and Councillor Richard Livingstone representing Southwark Council.

The format of the event included short presentations to introduce the strategy and future plans, followed by a workshop session and feedback. Councillor Richard Livingstone gave the closing presentation and thanked everyone for attending. The workshop session invited 6 tables of between 4-7 people to discuss a case study in relation to 4 key strategy priority areas. The aim was to discuss how the strategy priority areas would help the people in the case studies and whether there were any gaps. Slides from the engagement report are available in appendix 3.

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

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

The meeting was chaired by Councillor Eleanor Kerslake and attended by around 100 local residents, as well as most of the councillors for the Community Council area. After Council

proceedings at the beginning of the meeting had been concluded the strategy was introduced by Southwark Council's mental health champion Councillor Helen Dennis and a commissioner from Southwark CCG. The coordinator of the Southwark Wellbeing Hub also gave an overview of the work of the Hub and some of the resources which are available to people seeking advice and support in the borough. The meeting then broke into groups to consider individual case studies and how the people in the case studies could be supported to deal with their support needs.

2.3 Southwark Council's Consultation Hub

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

2.4 Southwark Healthwatch and Southwark Pensioners' Action Group

Invaluable input has also been provided by both organisations who have read through later versions of the strategy and provided comments and advice on how the document should be finalised.

Delivery and Review: 12 Milestones

NHS Operational Planning and Contract Guidance for the period 2017 to 2019 re-affirmed NHS objectives to implement the Five Year Forward View (FYFV), and also set out the planning and contracting processes to support Sustainability and Transformation Plans and Partnerships. Any local approach to transforming mental health care will take place in line with the national direction, and within the context of the Our Healthier South-East London Sustainability and Transformation Partnership (OHSEL).

OHSEL sees mental health as a key priority and wishes to ensure that those with mental health needs are cared for and treated in the same way as those that require physical health care. Key focus areas include delivering services that address a person's mental and physical health needs in an integrated way, ensuring issues are detected soon enough to avoid people going into crisis and ensuring multiple organisations and professions work together across boundaries to provide more holistic health care for the person.

OHSEL's Mental Health Regional Milestone Tracker has 12 Work Streams with linked targets and these will be used to support strategy delivery plans and review:

Workstream	Activity / initiative	Final Target	Final Target Deadline
CYP	Improved access rate for CYP	TBC*	Mar-21
	% of patients receiving first definitive for eating disorder within four weeks from a routine referral	95%	Mar-21
	% of patients receiving first definitive for eating disorder within one week of an urgent referral	95%	Mar-21
	Number of new CYP under 18 receiving treatment in NHS funded community services in the reporting period	30%	Mar-18
	Reduction in inappropriate OAPs for inpatient CAMHS (Tier 4)	Add baseline	TBC
	Total Number of bed days for CYP under 18 in CAHMS tier 4 wards	Add baseline	Mar-21
Spec Comm	Delivery against regional CAMHS implementation plans in line with the approval by NHSE of the CAMHS T4 service review outcomes	50%+	Mar-18
Suicide	Reduction in age standardised suicide rate	10%	Mar-21
Perinatal	Increase access to evidence-based specialist perinatal mental health care (whole number)	TBC*	Mar-18
IAPT	IAPT access to treatment	19%	Mar-19
	IAPT recovery rate	50%	Mar-21
	IAPT waiting time, 6 weeks	75%	Mar-21
	IAPT waiting time, 18 weeks	95%	Mar-21

Workstream TBC	Activity / initiative	Final Target	Final Target Deadline
EIP	% of people experiencing a first episode in psychosis treated with a NICE approved care package within two weeks of referral	50%	
Liaison	% of acute hospitals meeting core 24 service standard for all adults	50%	Mar-21
OAPs	Reduce the number of OAPs for non-specialist acute care: localities plans in place to eliminate appropriate OAPs by 2020/21.	LSL	Mar-21
		BBG	
SMI	Proportion of people with SMI who have received complete list of physical checks	TBC	
Dementia	Proportion of people with dementia with a recorded diagnosis	67%	Mar-18
Finance	Increase baseline spend on mental health to deliver the Mental Health Investment Standard	N/A	
Data	Ensuring that all providers in regional footprint submit data to NHS Digital	N/A	