

Reshaping Our Mental Health Services Across South East London

Southwark Health and Wellbeing Board Update



A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Community Mental Health Service Model



Core Service Offer

- ✓ To be implemented in each of the six Boroughs across the south east London integrated care system (SEL ICS).
 - ✓ Each Borough will receive investment via the ICS transformation budget over three years from Year 1: 2021/22 to Year 3: 2023/24.
 - ✓ Allocations may be varied across Boroughs dependent on gaps in current services and the need for all Boroughs to level-up to provide consistent and high quality care in all south east London communities.
 - ✓ Each core service area will develop locally in alignment with the seven core principles to ensure consistency across SEL ICS
1. Local Partnerships/Co-production
 2. Neighbourhood Hubs
 3. Single Access Point (in each Borough)
 4. Step Up/Step Down services
 5. Mind & Body
 6. Equality & Diversity
 7. Targeted Outcomes

Core Principles

Each place will need to ensure that they have processes in place that will bring together the different facets of community care and deliver better mental health outcomes for the local population guided by the following core principles:

1. Developing a Core Offer Across all Boroughs

There needs to be a core offer developed across South East London for community services. In the first instance this will mean ensuring there are similar priorities in each borough included in pilot sites with a view to 'level-up' all services over time.

2. Partnerships & Co-Production

Local alliances including primary, secondary care, local authorities, voluntary sector bringing together health, housing, social care and public health supported by a shared vision across south east London integrated care system, to drive change enabled by strong relationships. Leaders should be experienced clinicians, commissioners, practitioners, managers and people who have used and have experience of services. **Service user involvement** will run throughout the design, implementation and delivery of new service models to ensure the experience of expertise of people with lived experience is harnessed and supported across the ICS.

3. Neighbourhood Hubs

Piloting and developing services at the neighbourhood level (30k to 50k) takes place ensures new systems of support are developed and improved over time within the context of local community care networks. These should align to any agreed core service offers.

4. Clear Access Points

Reducing duplication/ multiple assessments which is distressing for the patient and poor use of resources. A single point of access (SPA) ensuring that all entry points into services whether via primary, secondary, voluntary sector or self-referral support a ***no wrong door approach and improved access to appropriate care.***

5. Flexible Care – Step Up / Step Down

People can have a good-quality **assessment** at whatever point they present **Interventions** for mental health problems are readily available and accessible at the location most appropriate to people's needs.

6. Mind & Body

Every member of staff dedicated to supporting the physical health needs of their service users resulting in joined up mental and physical healthcare underpinned by Kings Health Partners Vital 5.

<https://www.kingshealthpartners.org/latest/1954-the-vital-5>

7. Equality & Diversity

Community care for adults & older adults with SMI was **the biggest LTP MH priority & had the largest new funding pot** because of **historic timely access & quality gaps**

- Covid has only added to existing pressures with this group among **those most adversely affected by the pandemic**
- Service responses will also have added to this:
- Many people discharged from **inpatient settings**
- **Crisis services** facing new demand
- Worse **experiences of lockdown** for people with existing MH problems, especially SMI, given staff redeployment & service reconfiguration
- **Social determinants and inequalities** associated with pandemic & lockdown effects closely correlate with the **disadvantage and difficulties** these groups have historically faced –and will now do more so, with associated impacts (e.g. trauma, financial hardship, loneliness, poor physical health, substance use, self-harm)

The Profile of South East London ICS (+ Croydon)
Index of Multiple Deprivation and Spend Per Head of Population on Mental Health

Borough	Deprivation Index (MHCLG) Based on total of 151 CCG areas nationwide where 1 is most deprived and 151 is least deprived	Planned Spend Per Head of Population for 2019/20 - National Average of £186.38 NHSE Mental Health Dashboard
Bromley	132 nd most deprived Borough	£181.50
Bexley	116 th most deprived Borough	£162.37
Croydon	72 nd most deprived Borough	£134.81
Greenwich	47 th most deprived Borough	£162.37
Lambeth	34 th most deprived Borough	£139.25
Lewisham	28 th most deprived Borough	£151.53
Southwark	35 th most deprived Borough	£134.75

Working in Partnership Across South East London to Address Local Challenges



High demand for services



Service fragmentation and duplication, e.g. repetition of assessment

Multiple entry points which are confusing

Services not integrated- especially crisis support



Reducing resources



Inequalities



Lack of focus on outcomes



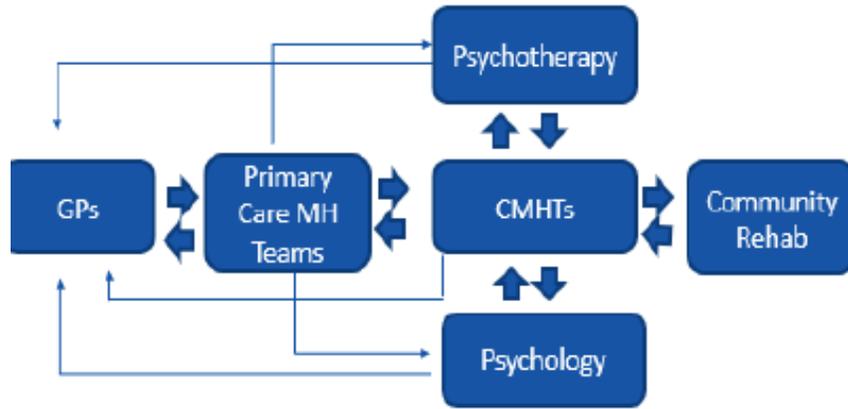
Culture change



Over usage of acute pathway

Learning from the Early Adopter Sites

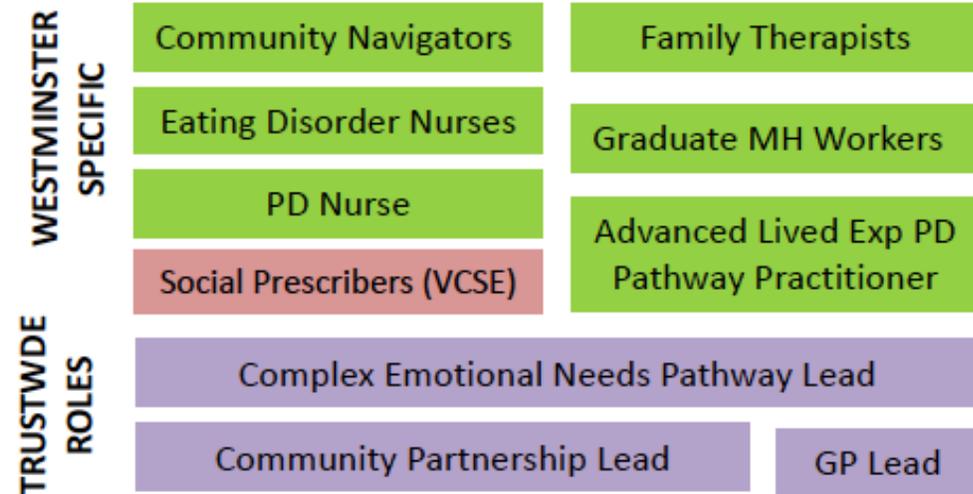
Old Referral Pathway & Team Structures



New Referral Pathway & Team Structures



New roles to support new ways of working



Governance to support efficient working



Southwark Community Transformation – current focus areas

Psychological Interventions	Improve access to psychological therapies – support more people, earlier	<ul style="list-style-type: none">• New Stepped Care model for psychological interventions being piloted from December in Assessment and Liaison team• Addressing gaps in range of evidence based therapies, eg MBT, DBT	Addressing Inequalities Improve access, outcomes and experience – BAME and other groups <ul style="list-style-type: none">• Equalities analysis and action planning for all workstreams• BAME reference group• Patient & Carer race equality framework
Community teams redesign	Strengthen links with primary care, improve flow, continuity of care	<ul style="list-style-type: none">• Moving from diagnostic split to generic place-based teams, aligned to PCNs and neighbourhoods• Named consultant for each neighbourhood, working across the pathway	
Service offer for 18-25s	Improve outcomes for young adults in transition and new to services	<ul style="list-style-type: none">• Work commencing with Southwark Council and CAMHS – 0-25 service• Need to review current adult services and develop improvement plan with partners; to include eating disorders rapid early intervention	
Workforce development	Develop staff skills and culture to work differently	<ul style="list-style-type: none">• Training and development programme to support new ways of working• Psychologically informed workforce• Support staff through change	

Community mental health pathway – what will change?

