

# **Joint Southwark Mental Health and Wellbeing Strategy 2021 - 2024**

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## Foreword

The COVID 19 pandemic has had a major impact on our daily lives and in particular the protective factors which are essential to keeping us mentally well. The stark evidence of poor outcomes due to inequalities plus the trauma and loss which have become familiar to many people need our urgent attention.

It is imperative that we respond to these emerging local needs and priorities, and so, as the 2018 Southwark Joint Mental Health and Wellbeing Strategy is coming to the end of its timeframe, we are taking this opportunity to re-fresh our aims and objectives to result in this, the Southwark Joint Mental Health and Wellbeing Strategy 2021-24.

Our 2018 Strategy was the result of significant engagement with local residents and organisations and our aims were ambitious. In developing the 2021-23 Strategy we have spent time taking stock of our achievements and highlighted areas where we still have work to do. Our original commitments to partnership and integration, personalised care and neighbourhood working are bearing fruit, but we need to do better to improve the outcomes for everyone with mental health needs in our community especially those experiencing the most severe and intersecting discrimination and multiple disadvantage.

Fortunately, we have the right ingredients for change. Significant funding for transformation of services for adults and children with mental health problems is now available to support the NHS Long Term Plan's commitment to support mental health articulated by the Mental Health Implementation Plan 2019/20 – 2023/24. Additional funding is available to support COVID-19 Mental Health and Wellbeing Recovery Action Plans. The collaboration needed between our local organisations is in place with the delivery mechanism that is Partnership Southwark and steps for further development and delivery (including investment in workforce) is defined and agreed in our borough Recovery Plan. Significant and meaningful engagement with our communities via the *Southwark Stands Together* programme and *South London Listens* campaign has generated recommendations which we have already started to support our local system to respond to.

We hope you can recognise your hopes and aspirations in this document and will respond to our invitation to work with us to improve the mental health and wellbeing of Southwark residents.

**Dr Nancy Kuchemann** GP and NHS South East London CCG Clinical Lead and Vice-Chair, Southwark Health and Wellbeing Board

**Councillor Evelyn Akoto**, Cabinet Member for Health and Wellbeing, Southwark Council and Member, Southwark Health and Wellbeing Board

## Overview and Summary

Good mental health is essential for the overall health and wellbeing of Southwark residents. It affects every aspect of life and is the foundation on which a rewarding and productive life can be lived. The mental health of children and young people enable them to thrive and develop, engage in education and develop friendships that can sustain them into adulthood. Good mental health enables children and young people to engage in the lives of their families, communities and neighbourhoods and improves life chances. The mental health and wellbeing of adults enables them to develop and sustain social support networks, form healthy relationships and lead fulfilling personal lives. It provides stability and resilience for them to successfully engage in learning and economic activity and participate in the lives of their families, communities and neighbourhoods and enhances lived experience. Good mental health enables older adults to continue to maintain social ties and remain engaged in family and social life.

Poor mental health gives children a poor start in life, limits their ability to benefit from their school life and opportunities for learning and development, form healthy relationships and participate in family life and the life of their communities. Poor mental health in adults does not provide a stable environment to form mature adult relationships and participate in family, social and economic activity, adversely affects their quality of life. Poor mental health in older adults prevents them from maintaining vital social support networks and contribute to and benefit from their communities and result in loneliness and isolation and can add to the burden of chronic health conditions.

Mental health and wellbeing are significantly affected by socio-economic factors and the environment in which people live their lives and vice versa.

**Chapter 1 of this Strategy document provides the context for mental health and wellbeing in Southwark.** It provides a snapshot of the state of mental health of Southwark residents and the factors contributing to it. It examines the effect of the Covid-19 pandemic on the mental health and wellbeing of Southwark residents and communities and highlights how socio-economic status and deprivation have disproportionately affected residents and their experience of Covid-19. It also provides an account of how the Southwark health and care economy has responded to the challenges of providing health and care to residents during the pandemic.

**Chapter 2 outlines the policy and financial frameworks for commissioning for mental health and wellbeing in Southwark:** the NHS Long Term Plan and Five Year Forward View for Mental Health, the changing commissioning landscape and the transition to Integrated Care Systems.

**Chapter 3 focuses on the Community Mental Health Transformation agenda for adults and children in Southwark** and introduces Partnership Southwark, the vehicle for delivery of community mental health transformation.

**Chapter 4 provides the background** for development of the Southwark Joint Mental Health and Wellbeing Strategy 2021-24, **by describing the development and implementation of the Mental Health and Wellbeing Strategy 2018-21**, priorities addressed by its identified workstreams, its successes and achievements, and the rationale for the Strategy to be refreshed and expanded to result in the Mental Health and Wellbeing Strategy 2021-24

**Chapter 5 details the Mental Health and Wellbeing Strategy 2021-24.** It highlights the principles governing the development of the Strategy; priority areas (workstreams) identified to be addressed through the Strategy; the need for workstreams to take account of effective community engagement in developing interventions and in service redesign, and the need for each workstream to consider system-wide workforce implications of service development and redesign.

This is followed by details of the workstreams/priority areas for action and individual workstreams' priorities for service development and redesign.

**Chapter 6** describes mechanisms to be put in place to oversee strategy implementation, through the establishment of a **Joint Mental Health and Wellbeing Delivery Oversight Board** with representation from key stakeholders across the Southwark health and care economy. The Board will provide leadership and support to workstreams in delivering their priorities, as well as monitoring and reviewing progress made in strategy implementation.

There are two appendices to the Strategy document:

- **Appendix 1** provides workstreams' work plans for the three year period of the Strategy. The work plans focus on objectives and outcomes as well as providing success measures by which to assess progress made in implementation. These work plans are not static and fixed in nature and will be reviewed and updated quarterly by Workstreams to reflect achievements and emergence of new priorities to be incorporated into work plans
- **Appendix 2** details named workstream leads at September 2021

## VISION

The vision for the Southwark MH strategy 2021-24 is to combine high quality commissioning with partnership working to improve the mental health and wellbeing of our local residents.

Key components of this include:

- Working with partners to transform our local services so they are easier to access and navigate, particularly for individuals and communities who face the sharpest inequalities, such as multiple disadvantage.
- Ensuring that everyone who needs mental health services has an empowering, trauma-informed and hope-inspiring experience of mental health support.
- A focus on ensuring that individuals with dual diagnosis needing services are not bounced between mental health and drugs services.
- Making a full contribution to the development of place within the South East London Integrated Commissioning System (SEL ICS)
- Ensuring we are informing our decisions with estimates of population need including the impact of inequalities on outcomes.
- Measuring whether those facing the sharpest intersecting inequalities (eg care leavers, people from Black and other Minority Ethnic backgrounds) are accessing and having positive experiences of preventative care.
- Working with partners to transform our local services and provide a neighbourhood-based approach to care in which our teams and services interact daily with the neighbourhoods they are supporting – so we are listening, participating and learning, as well as actively reducing stigma.
- Listening to the views of our residents and leading co-production whenever possible, look at best practice locally and nationally, and developing our approach to co-production, so in time to come it is something we can be proud of.
- Creating professionals, leaders and systems that welcome learning and challenge, where 'difficult' conversations are supported as fundamental to our learning and improvement as a system.
- Making use of the opportunities provided by digital, workforce and estates programmes.

This approach is outlined in the Partnership Southwark COVID-19 Recovery Plan. Partnership Southwark commits to enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years.

## **CHAPTER 1**

### ***The Context for Mental Health and Wellbeing in Southwark 2021***

#### **Background**

Poor mental health is a significant burden for Southwark's population. Mental ill-health affects the quality of life and wellbeing of Southwark residents especially within the context of comorbidities and multiple disadvantage. Presence of mental illness impacts on employment, income and self-care of other long-term conditions. Adverse Childhood Experiences (ACE) play a key role in the generation of problems, so prevention needs to start early to give children and young people the best possible life chances.

Common Mental Disorders (CMD)<sup>1</sup> and Serious Mental Illness (SMI)<sup>2</sup> result in pressures on local health and social care services. Mental health problems also affect older people in Southwark, and this contributes to avoidable hospital admissions, delayed discharge from hospital, pressures on nursing and residential care facilities and an increased demand for care at home services that support older people in the community.

There is a recognised link between facing the greatest systemic inequalities (such as poverty, social exclusion and racism) and susceptibility to Adverse Childhood Experiences. Hierarchies create 'those at the bottom' as much as 'those at the top'. Hierarchies create systems in which some people are heard and valued, and some people are not. This impoverishes all of us and leads those at the bottom at even greater risk of mental ill health.

We must seek to create systems that listen better to everyone, especially those who are often silenced, and make efforts to flatten hierarchies in order to improve creativity across the system, as well as to redress inequalities and recognise the worth of all our participants.

Mental health inequalities are often linked with wider cultural and societal systems of disadvantage which impact a person's wellbeing, including (but not limited to) adverse childhood experiences, stigma, discrimination, and one's environment, such as housing security. These can have significant impacts on an individual's wellbeing, and many of these enablers are beyond the remit of the health system alone. It is hoped the shift towards more integrated, population-level health systems will support more localised and personalised responses to health inequalities across the prevention and treatment spectrum to be rolled out.

Mental ill-health affects certain groups in our local population more than others. We are aware of significant health inequalities in Southwark resulting from socio-economic status and other disadvantaging circumstances. For example, from recent experience people from Black, Asian and Minority Ethnic groups have experienced the worst outcomes because of COVID-19 illness. This finding provides us with the imperative to review how health and care organisations treat people from Black, Asian and Minority Ethnic groups to enable more effective and responsive services that take account of their particular needs to be developed.

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<sup>1</sup> CMDs: Depression, Anxiety Disorders, Obsessive-compulsive disorder (OCD), Bipolar Disorder, Post-Traumatic Stress Disorder (PTSD), Schizophrenia, Personality Disorders

<sup>2</sup> SMIs: People whose debilitating psychological problems severely impair their ability to engage in functional and occupational activities

In addition to Black, Asian and Minority Ethnic communities, other groups include young women, those living alone, Employment Support Allowance (ESA) claimants, and those in poor health or with a long-term condition. Young women are at highest risk of CMDs, almost half of Southwark residents claiming ESA do so for mental and behavioural disorders, nearly a third of people in Southwark with a long-term condition also have a mental health problem and conversely nearly half of Southwark residents with a mental health condition have a long-term condition. Children and young people are under-represented when accessing CAMHS services; however there is a high representation of Black Southwark residents admitted to hospital with mental health problems, more than twice the average for White population groups.

Multiple disadvantage is the aggregation and intersection of multiple types of difficulty in a context of trauma and social disadvantage/inequality. Multiple disadvantage includes having more than three out of mental distress, criminal justice, children's services contact; physical condition or learning/cognitive difficulties; mental distress; homelessness; interpersonal exploitation and abuse (eg domestic abuse, cuckooing, exploitation).

People facing multiple disadvantage find it particularly difficult to get preventative help for mental distress. (*"They told me I just need to stop taking drugs. But I take drugs because I can't stand to be with myself...the things that have happened to me, the things I've done."*)

A recent exercise showed that locally, 67 adults (90% of individuals) in Southwark single person homeless hostels experienced mental distress, substance use in a trauma context, and interpersonal exploitation and abuse (often after childhood abuse and exploitation), yet only 10 were being offered mental health services' support.

Pause Southwark works with women who have had children removed from their care and who are at risk of repeat removal. Pause Southwark data on 57 women facing multiple disadvantage between 2015-20, showed that when Pause encountered them, 92% reported poor mental health, but 93% were not engaged in support. Even here there is a discernible ethnicity disparity – Black women in Southwark are twice as likely to have a child removed as White women.

Nationally, over 50% of prisoners have poor mental health. Despite making up only 14% of the population, 25% of prisoners are from Black, Asian and Minority Ethnic backgrounds, and 40% young people in custody are from Black, Asian and minority ethnic backgrounds. It is hard to escape the notion that as a society, we criminalise rather than cure distress when it is encountered in a context of race and social inequality, and we must do better.

Mental ill-health also contributes to suicide. Whilst Southwark suicide levels have remained stable over the last ten years this is no cause for complacency, and we continue to adhere to the principles of the Zero Suicide Ambition (2015)

Loneliness and social isolation are linked to mental ill-health and non-white ethnicity, disability, having long-term conditions, socio-economic deprivation, poor housing and food insecurity are identified risk factors for loneliness. Southwark was ranked the 12<sup>th</sup> most deprived borough in London in 2010 (the latest date for which information is available). Whilst there has been an upward trend in rankings, socio-economic inequalities remain and are reflected in health inequalities in the borough as well.



Southwark is a borough with areas of deprivation and areas of wealth. There are approximately 120 different languages spoken in the borough and nearly forty percent of the population was born outside the UK. Forty-six percent of residents are non-white.<sup>3</sup>

Within a population of approximately 317,000 people<sup>4</sup>, it is estimated 49,000 adults have common mental health disorders and 4,100 have been diagnosed with severe mental illness (SMI).<sup>5</sup> SMI disproportionately affects Southwark residents from Black ethnic groupings. Black and Black British ethnic groups had the highest proportion of people who had spent time in hospital in 2020, with levels more than twice the average for the White ethnic groups. Southwark also has a significant Latin American population, who have anecdotally experienced barriers to accessing NHS mental health services. However, data on Latin American communities specifically is sparse as this ethnicity is not a separate option in standard ethnicity data collection. We need to commit to improve systematic data collection for this population group.

The COVID-19 pandemic and the murder of George Floyd have further highlighted race disparities and health inequalities for Black, Asian and Minority Ethnic communities. The CCG and Southwark Council have both initiated work programmes in partnership with SLaM and a range of local stakeholders to address racial inequalities.

We recognise that the greater mental health challenges faced by Black and minority ethnic individuals and communities do not happen in a vacuum. We need to redress the ignoring and devaluing of some communities' and individuals' wisdom. We need to get better at noticing, listening to and learning from the wisdom and experiences of individuals and groups who have hitherto been silenced or ignored.

By creating services that fit more seamlessly into communities by being situated within them, with services rubbing shoulders with or deriving from the communities we serve, by listening and learning, and where possible emphasising recruiting from within the communities we serve, we will deliver mental health services that are less stigmatising, more empowering, more cognitively diverse, and more accessible.

The shift towards more integrated, population-level health and care systems will support more localised and personalised responses to mental health inequalities to be rolled out across the prevention and treatment spectrum

With respect to Children and Young People (CYP), socio-economic factors such as deprivation, family environment, and poor physical health all impact negatively on CYP's mental health and wellbeing.

A 2017 Mental Health of Children and Young People Survey estimated that Southwark had 5,184 CYP with a mental health difficulty. That number is likely to have increased between then and the present, with continuing social inequality and the pandemic disproportionately affecting already deprived and vulnerable population groups. A 2020 follow up survey noted the following with respect to the effect of Covid-19 on children and young people:

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<sup>3</sup> COVID-19: Inequalities Impact Assessment. Southwark Council: London. 2020; Indices of Deprivation 2019. Southwark's JSNA. Southwark Council: London. 2019.  
<http://modern.gov.southwark.gov.uk/documents/s85676/Document%20Indices%20of%20Deprivation%202019%20-%20JSNA%20Factsheet.pdf>

<sup>4</sup> ONS UK 2018

<sup>5</sup> Southwark Council, Annual Public Health Report 2019

- The Income Deprivation Affecting Children Index (IDACI) is an index of deprivation which highlights where deprivation is most affecting children. Southwark is in the top 25% most deprived areas UK-wide and has an Income Deprivation affecting children that is above the England average and fourth highest in London.
- Children with a physical health problem are more likely to experience a mental health problem and children with neurodevelopmental disorders are 3-6 times more likely to have mental difficulties like anti-social behaviour, depression and anxiety. Southwark has the highest proportion of pupils with a physical disability in South East London thus predisposing them to mental health problems.
- Frequent movement of placements is often a sign of behavioural and or mental health difficulties. Southwark has the highest occurrence of Looked After Children with three or more placements, which could correlate to mental health issues.

### COVID-19: Impact on Mental Health in Southwark

Whilst progress has been made since the current three-year strategy was published in 2018, we must acknowledge that the last 18 months have been unprecedented in terms of the societal impact of the COVID-19 pandemic. People facing the sharpest inequalities and multiple disadvantages are still struggling to get their needs recognised and met. The longer-term impact on all of us, both physically and mentally, is only just starting to be understood.

We must therefore bear this in mind and accept that the refresh of this strategy will need to monitor the evolving needs of our population closely as residents increase accessing in-person health and social care services again after recurring periods of lockdown and isolation and must be prepared to respond to needs as they become apparent.

The COVID-19 pandemic and the associated government restrictions has exacerbated the risk factors set out in the table below for poor mental health and weakened the protective ones, adding to health inequalities within the borough population:

Social factors	<p>The pandemic has compounded existing poverty, deprivation and debt, unemployment and job insecurity, drug and alcohol misuse, reduced the support for people with learning disabilities and special needs, and led to more family disharmony, abuse, neglect, bullying and discrimination. During the pandemic unemployment has risen, there has been a surge in the sale of alcohol, the use of foods banks and an increase in calls to homelessness charities and those supporting victims of domestic abuse.</p> <p>The pandemic has had a negative impact on mental health for the majority of residents and exacerbated pre-existing health inequalities. Public Health Southwark carried out an online survey of residents in June 2020 to understand the impact of COVID-19 on the borough population. 72% of respondents reported a negative impact on their mental health and of those negatively impacted were more likely to be women, Black, Asian and Minority Ethnic communities, and disabled people. There was also an increase in the number of people reporting loneliness compared to before the pandemic.</p>
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Race and Ethnicity	People from black and minority ethnic groups have experienced worse outcomes due to COVID-19 illness. This finding has provided us with the renewed imperative to address how society and health and care organisations treat people from these groups and to be proactively anti-racist.
Sexual orientation	Research <sup>6</sup> carried out by the LGBT Foundation has uncovered wide-ranging and profound effects of the pandemic on the lives of LGBTQ+ people in areas such as mental health; isolation; substance misuse; eating disorders; and access to support. These factors mean that LGBTQ+ communities run the risk of being disproportionately vulnerable to COVID-19 infection.
Age and life stage	COVID-19 has had a negative impact on mental health and wellbeing across the life course. Financial worries and anxiety over access to hospital services, including delivery and routine care has impacted expectant mothers. Pre-school children have had their routines disrupted and become isolated, school children have had to cope with the uncertainty of exams, boredom, anxiety and depression. Working age adults have had to juggle home and work lives, financial worries, home-schooling, unemployment and social isolation. Older people in general and particularly those with dementia and Alzheimer's have had to cope with extreme isolation from shielding, uncertainties around access to health and social care, and fear of COVID-19 infection.
Protected characteristics	Vulnerable population groups known to experience poor mental health have experienced greater mental health burdens. Key population groups reporting increased adverse impact on mental health during the pandemic include Black, Asian and Minority Ethnic communities, people facing multiple disadvantages, people in contact with children's services, LGBT communities, people with drug and alcohol problems, expectant and new mothers and survivors of domestic violence.
Chronic Health Conditions	The pandemic has worsened mental health for people with existing chronic health conditions. These population groups include people with existing mental health conditions (including SMI), people with chronic physical conditions, people with learning disabilities and autism, and people who have been shielding from COVID-19 due to extreme vulnerability to the virus.

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<sup>6</sup> Hidden Figures: The impact of the Covid-19 pandemic on LGBT communities in the UK, LGBT Foundation, May 2020

Children and Young People	<p>Outcomes from a follow up survey<sup>7</sup> to the national <i>Mental Health of Children and Young People Survey</i> of 2017 carried out in 2020 provides a proxy for the impact of Covid-19 on the mental health and wellbeing of children and young people and indicated:</p> <ul style="list-style-type: none"> <li>• Increased rates of mental disorders. In 2020, 16% of children aged 5-16 years old were identified as having a probable mental disorder, up from 11% in 2017.</li> <li>• Likelihood of probable mental disorders increased with age with a noticeable difference in gender for young people aged 17-22years old: 28% of young women and 13% of young men were identified as having a probable mental disorder</li> <li>• Among 11–16-year-old girls, 64% of those with probable mental disorder reported seeing or hearing an argument among adults in the household, compared with 47% of those who were unlikely to have a mental disorder</li> <li>• Among 5-22 year-olds, nearly 60% of young people with a probable mental disorder reported sleep problems.</li> <li>• Of children aged 5-16 years old with probable mental disorders, 63% had regular support from their school or college, compared with 77% of children in the same age group who didn't have probable mental disorders.</li> <li>• Children aged 5 to 16 years with probable mental disorders were more than twice as likely to live in a household that had fallen behind with payments than those unlikely to have a mental health disorder</li> <li>• Children and young people with probable mental health disorder were more likely to report that lockdown had made their life worse than those unlikely to have a mental health disorder</li> </ul> <p>Children with probable mental disorders were more vulnerable to the additional pressures posed by Covid-19 than those unlikely to have a mental health disorder. In all instances economic and social deprivation played a role in making children with mental disorders more vulnerable to stressors arising from the challenges of the Covid-19 pandemic.</p>
New at-risk groups	<p>Finally, new vulnerable groups have emerged based on direct impacts of the pandemic. These include people who have been infected with COVID-19, those bereaved as a result of the loss of loved ones and family to COVID-19, health and social care professionals, ancillary support staff and essential workers exposed to the virus as a result of their occupation, and people who have become unemployed and financially insecure as a result of the pandemic.</p>

<sup>7</sup> Mental Health of Children and Young People in England, October 2020

## COVID-19: Southwark Mental Health Services Response

In response to the pandemic, and to maintain vital support for patients, SLaM and other mental health service providers have moved services online, reserving face-to-face interventions for the most serious cases.

This includes Talking Therapies Southwark (the local Increasing Access to Psychological Therapy service), as well as the development of a range of online resources, including COVID-19 adjustment groups for patients and their families, for bereaved people, an Ethnic Minority Empowerment Group, an LGBTQ+ Wellbeing Group, a weight management and exercise group for people with anxiety/depression, and online support to Southwark faith groups whose congregations have been severely impacted.

Southwark Council's Mental Health and Wellbeing Hub has seen an increased demand for services during the pandemic and has responded by increasing volunteer and peer support available. South East London CCG commissions a range of digital resources to support the mental health and wellbeing of Southwark residents. These include the Support Network service delivered by Togetherall (<https://togetherall.com/en-gb/>) available to adult service users around the clock to combat common mental health issues, as well as Qwell (<https://www.qwell.io>), that enables adults access online peer support, self-help materials and engage in drop-in or booked one-to-one online chat sessions with qualified counsellors. Online services dedicated to mental health support for young people include The Nest (<https://www.thenestsouthwark.org.uk>) and Kooth (<https://www.kooth.com>). The CCG's online mental health offer has been maintained and increased during the pandemic.

The Nest (<https://www.thenestsouthwark.org.uk>), is commissioned by Southwark Council to provide free & confidential mental wellbeing advice and support for young people aged 0-25 in Southwark. The service, opened in May 2020, is aimed at young people, designed by young people, available at the point of need and a physical place where young people can attend. The Nest opened virtually during May and from August 2020. During year one delivery focused on those aged 11-25, year two of delivery sees the Nest role out provision to those under 11.

Primary care plays a huge role in supporting the mental health and wellbeing of our local population and has continued to do so during the pandemic despite having to make adaptations in the way care is provided. Although the majority of interactions moved to telephone or video, face to face care remained available for those in need of it. In addition, our Primary Care Networks (PCN) have been providing acute care to COVID-19 cases in the community and continued to lead the local influenza and COVID-19 vaccination programmes.

The COVID-19 pandemic has exacerbated existing mental health inequalities and we must ensure that the Joint Southwark Mental Health and Wellbeing Strategy 2021-24 responds to the new pattern of need, taking account of the key messages from related community engagement.

## **CHAPTER 2**

### ***Commissioning Arrangements & Financial Framework***

#### NHS Long Term Plan & Five Year Forward View for Mental Health

The NHS Long Term Plan (LTP) makes a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment worth at least £2.3 billion a year for mental health services by 2023/24. Children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. All Five Year Forward View for Mental Health (FYFVMH) ambitions were due to be met by 2020/21, forming the basis of further growth and transformation. The COVID-19 pandemic has affected the achievement of these ambitions and efforts continue to meet them as the country emerges from the NHS and citizens resume access to health and care services.

#### Changing Commissioning Landscape

Commissioning will be central to the NHS meeting the challenges it faces today and in the future and in ensuring that the NHS delivers the triple aim of improved population health, quality of care and cost-control.

There will be a need for commissioners from all parts of the system to adapt the way they operate and in particular to work more closely together, aligning their objectives with providers and taking a more strategic, place-based approach to commissioning.

There will be a need for providers to be working in and for the communities they serve, particularly those facing the sharpest inequalities who are often excluded from care, such as people from impoverished or socially excluded backgrounds, or people from Black, Asian or other minority ethnic backgrounds.

Sustainability and transformation partnerships, integrated care systems, devolution, joint budgets and co-commissioning will all play key roles in ensuring that the value of each pound spent in local areas is maximised.

#### Integrated Care Systems

The NHS is one of this country's proudest achievements and it has always adapted to improve care. The growing number of older people in England is in part a testament to its success. But, with demand for care rising and new technologies emerging, the NHS needs once more to adapt to a changing world.

To achieve this, the NHS Long Term Plan set out a renewed focus on joining up services and investing in ways to prevent illness and keep people out of hospital. Integrated care systems are the central way that local family doctors, hospitals, care homes and others will do this.

Key to the implementation of the refreshed strategy is how partners will continue to work together at place level: Integrated Care Systems The governance framework for the ICS is taking shape and borough teams are defining the functions and building the structures to implement local population health management.

The COVID-19 pandemic has given the NHS and its partners their biggest challenge of the past 70 years. It has shown that people need support joined up across local councils, the NHS, and voluntary organisations. No hospital, GP surgery or care home could rise to the challenge alone; and no service can provide mental wellbeing without standing on the shoulders of neighbourhoods, families, friends and communities. The pandemic has shown that a commitment to collaboration between organisations, based on the interests of the people they serve, is the best way to improve results. Partners have shared resources and made decisions quickly to provide the care and support that local people need. It has also shown us again and again the extraordinary dedication, commitment, resourcefulness and ingenuity of ordinary individuals in communities.

Such arrangements have bridged traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care. What is important now is that as we recover from the pandemic, we build on this spirit of partnership across health, care, local councils and voluntary organisations forged in response to the pandemic. Services are needed that understand increasingly complex health and care needs and treat people as individuals.

Services are all at their limits of who can be supported, and health and care systems must get better at supporting communities to play their role in wellbeing. The last 40 years have seen an erosion of people's sense of community and loneliness has spiralled. Alongside this mental ill health has increased. Now is the time to pay attention to community and facilitate its input to wellbeing, as well as facilitate and support neighbourhoods to connect.

Integrated care systems will look to deliver practical changes to improve peoples' lives. With a range of organisations and frontline professionals working together more closely, patients are seeing services work in a more joined up way, are only having to tell their story once and are receiving care better tailored to their individual needs.

#### Financial Framework for Mental Health in Southwark

*Information for this section is awaited and will be incorporated into the Mental Health and Wellbeing Strategy 2021-24 document at the next quarterly review of the strategy*

## **CHAPTER 3**

### ***Mental Health Transformation in Southwark***

#### Partnership Southwark and Community Mental Health Transformation

Partnership Southwark (PS) is a partnership of South London and Maudsley NHS Foundation Trust, Guy's and St Thomas's NHS Foundation Trust, Improving Health Limited and Quay Health Solutions (local GP federations), Southwark Council, King's College Hospital NHS Foundation Trust and NHS South East London Clinical Commissioning Group along with the voluntary and community sector, local people, wider communities and other agencies involved in providing care to Southwark residents.

The Community Mental Health Transformation Programme is about transforming our services and provision to feel more rooted in and supportive of community: loss of community, and loneliness are a spur to mental ill health; and to reduce stigma and make services more accessible.

Over the last few years Partnership Southwark along with voluntary sector organisations have begun working together to deliver services more effectively, embed new ways of working, and ensure care and support is centred around the needs of individuals and local populations. The Partnership Southwark Leadership Forum has agreed a delivery plan and funding priorities for community mental health transformation in 2021/22. SLaM is the system lead for mental health and will be coordinating recruitment and investment in mental health services.

#### SEL ICS Adults' Community Mental Health Transformation<sup>8</sup>

In November 2020, SEL ICS coordinated a bid to NHS England for community mental health transformation investment which had very fixed points/expectations around a 'core offer' focused on improving services for people with SMI, and links with PCNs and the third sector. Timelines were challenging and a small group was pulled together to help draft very high-level options including SLaM, PCNs and the Wellbeing Hub; with a presentation to the Health and Wellbeing Board in November 2020

The bid was shared with Southwark Council Adult Social Care leads after the bid was submitted noting that further co-production would follow through Partnership Southwark. (Initial discussions with partners identified Hoarding and Peer Support roles that the Council and SLaM could work in partnership to deliver.)

Each Borough will receive investment via this transformation fund over three years from Year 1: 2021/22 to Year 3: 2023/24, with the funding increasing each year. Southwark has been awarded £845k for 21/22.

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<sup>8</sup> Partnership Southwark Community Mental Health Transformation and DRAFT Delivery Plan 2021/22, March 2021



The ICS Community Mental Health Steering Group has requested a delivery plan from each borough setting out their local partnership approach and delivery milestones for the coming year. As a first draft, the delivery plan for Southwark includes SLaM's plans (below) for remodelling secondary care community teams and sets out ideas for a more joined up primary and secondary care mental health service model. The initial scope of this has focused on services for moderate to serious mental illness but will become wider over time. Partnership Southwark has suggested some workstreams to focus on for Southwark for 2021-22 and are seeking input from partners to agree the workstreams and develop clear, achievable milestones.

#### *SLaM Community Mental Health Transformation Programme for Southwark*<sup>9</sup>

In Southwark the CMH Transformation programme is being aligned with the existing Community Transformation programme initiated by SLAM. This supports national priorities and will serve as a catalyst to the overall implementation of the borough based transition to a new 'core offer'.

The Community Mental Health national transformation programme will provide national funding over the next 3 years to support the reshaping of community mental health provision across South East London from the current borough based secondary care system to delivery teams that are rooted in local care partnership structures and aligned with primary care networks.

At the heart of the 'core offer' is the development of an integrated, clear point of access, accepting referrals from varied sources including self-referrals. This will ensure CMHS has a flexible, easy and clear means of access; this could be digital or virtual in some cases.

Assessment and triage of referrals will be carried out by a single assessor, who will have sufficient knowledge of local services to be able to appropriately triage and effectively sign-post individuals to the relevant services. This will include referrals to the voluntary sector and secondary care services in order to support timely access to services and remove the barriers service users currently face between primary and secondary care.

#### *Developing the Core Offer*<sup>10</sup>

Building on the community redesign work already underway in the borough, further progress will be made in 2021/22 with the following:

- Introduce neighbourhood-based, blended teams that incorporate health and social care and integrate primary and secondary care services. These teams will be aligned to Primary Care Networks (PCNs) and neighbourhoods. These teams will include psychiatrists, psychologists, nurses, social workers, peer support workers and mental health advisors/navigators (from voluntary sector organisations) working in partnership with primary care clinicians and voluntary and community services.

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<sup>9</sup> Partnership Southwark Community Mental Health Transformation and DRAFT Delivery Plan 2021/22, March 2021

<sup>10</sup> Partnership Southwark Community Mental Health Transformation and DRAFT Delivery Plan 2021/22, March 2021

- Develop integrated and clear points of access for these teams, accepting referrals from varied sources including self-referrals. Over time, as teams become more integrated and better embedded in local systems, we will move away from referral and discharge to provide a more seamless and continual care pathway for people with SMI.
- Ensure assessment and triage of referrals is carried out by a single assessor, who has sufficient knowledge of local services to be able to appropriately triage and effectively sign-post individuals to the relevant services, including voluntary sector and secondary care services. This will support timely access to services and remove the barriers patients currently face between primary and secondary care.
- Wider determinants of mental health. We will ensure all CMHS have access to not only clinical services, but also local authority and voluntary sector services including social prescribing, housing, benefits and employment support, working collaboratively with partners within Partnership Southwark to make best use of all community services across a local geography

#### Objectives for Community Mental Health Services<sup>11</sup>

- Neighbourhood-based blended teams incorporating health and social and integrate primary and secondary care services and voluntary sector services wrapped around Local Care Partnerships (LCPs) and aligned to Primary Care Networks (PCNs)
- Integrated point of access for blended neighbourhood teams (new, streamlined front door) that accepts referrals for variety of sources including self-referral
- Timely access to services and removal of barriers between primary and secondary care for patients, by streamlined assessment and triage and having mental health navigators to support patients through services.
- Ensure access to full range of services referred to in the 'core offer' section above, to address wider determinants of mental health

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<sup>11</sup> Partnership Southwark Community Mental Health Transformation and DRAFT Delivery Plan 2021/22, March 2021

### Adult Community Mental Health services<sup>12</sup>

Community services will offer the following:

- A primary care 'generic' offer of triage and assessment.
- Support and intervention based on self-help, psychoeducation, counselling, lifestyle advice and guidance to improve mental health wellbeing.
- A multi-disciplinary and multi-agency approach to care, with regular MDT meetings to ensure the needs to individuals are appropriately met, there is continuity of care and no patient faces the cliff-edge of lost care and support.
- Alignment of models of care to primary care networks and/or local care networks, according to the local demography and level of need.
- Ensure specialist care and support is integrated within community services and building on the core service offer, including specialist interventions such as DBT, IPS, EIP and Eating Disorders.

### Adult Community Mental Health Service Model<sup>13</sup>

The adults community mental health model for Southwark will provide:

- Primary care, community and family support consisting of community based support and services for lower level mental health needs and people with SMI who are stable:
  - Talking Therapies Southwark – borough wide IAPT service
  - Wellbeing Hub as the adult social care front door
  - Social prescribers and other PCN / GP practice based mental health workers
  - Voluntary sector services – peer support, signposting, advice
- Crisis support for primary care that will consist of a borough wide service providing a rapid response for people with crisis presentations in primary care:
  - Responding within 4 to 24 hour hours determined by those most unwell
  - Initiating appropriate treatment promptly and ensuring swift transfer of care to the right treatment pathway
  - Providing an alternative crisis intervention for people who would otherwise attend A&E
- “Front Door” Short Term Support teams consisting of triage, assessment and treatment teams aligned to north and south PCNs that:
  - Will be the main access point for people with moderate to serious mental health needs – triage and screening working closely with primary care
  - Provide multi-disciplinary and multi-agency assessments and short term interventions (up to around 12 weeks), including brief psychological interventions and peer support via blended delivery teams with third sector
  - Will transfer on to longer term specialist services, or back to primary care

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<sup>12</sup> Partnership Southwark Community Mental Health Transformation and DRAFT Delivery Plan 2021/22, March 2021

<sup>13</sup> Partnership Southwark Community Mental Health Transformation and DRAFT Delivery Plan 2021/22, March 2021

- Longer term neighbourhood teams which will be generic in nature and aligned to PCNs and neighbourhoods, supporting people with complex and enduring needs through:
  - Clinician led care coordination
  - Multi-agency working – NHS, social care, housing, safeguarding...
  - Medication support and reviews; physical health checks
  - Evidence based psychological interventions, including MBT and DBT
  - Access to specialist advice and social support, eg employment advice, welfare/benefits advice
- A step-down team that will be aligned with PCN teams and work closely with primary care to support people to step down to primary care and community-based support, including:
  - Depots/medication support and physical health checks
  - Discharge planning with primary care, and
  - Peer support and user-led group programmes
- The mental health workforce is recognised as the one of the most pressing areas for workforce shortages in the NHS People Plan<sup>14</sup>. Health Education England will be continuing to invest in a range of workforce training, across peer support workers, mental health nurses, psychiatrists, community pharmacists and IAPT practitioners.

The proposal is to base most posts in the ‘front door’ teams to build capacity to work across neighbourhoods. The new roles will include:

- *Lived Experience support workers* (Peer Support workers) to work as part of ‘front door’ teams providing additional support to service users
- *Black, Asian and Minority Ethnic Community Outreach Workers* to develop partnerships between third sector organisations working with Black, Asian and Minority Ethnic communities and facilitate improved access to community teams
- *Young person’s workers*, specialist roles focused on improving support for 16–25-year-olds, both new to services and in transition to adults’ services
- *Safeguarding & Domestic Violence workers*, specialist posts to work with community teams to support vulnerable families and adults and enhance safeguarding
- *Welfare and Benefits Advisors* to increase existing capacity and work across community teams offering advice and advocacy
- *Clinical Associate Psychologists* to support delivery of short- and longer-term psychological interventions
- *Community Eating Disorder Service* a rapid early intervention for eating disorders targeted at 18-25s. This will deliver a community eating disorder service that moves from tertiary and secondary care to deliver a community based preventative offer.

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<sup>14</sup> [We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf \(england.nhs.uk\)](#)

## Children & Young People Community Mental Health Transformation<sup>15</sup>

Since 2015 NHSE set an ask of CCGs to work with partners from across health, social care, education, youth justice and the VCS (Voluntary and Community Sector) to develop Local Transformation Plans for Children and Young People (CYP) mental health. This reflects an understanding that CYP mental health must be led locally and to achieve the best possible service delivery requires professionals from across the sectors, CYP and their families to work collaboratively to design and deliver local services.

The Local Transformation Plans support local leadership and accountability in delivering transformation, and:

- Ensure transparency, by declaring current and planned activity, resources, and investment.
- Demonstrate service transformation, through a clear description of services, evidence-based service delivery and outcomes monitoring
- Improve data and IT infrastructure, via reporting to the Mental health Services Data set
- Monitor improvement, via an action plan that track improvement and feeds into local governance.

Since first publication in 2015, Plans have been refreshed annually (paused during the pandemic), assured by NHSE and published by individual CCGs. Southwark's Local Transformation Plan for CYP has maintained focus on the action plan from the Joint Review (2018). Following the move to one CCG as part of transitioning to Integrated Care Systems, SEL CCG will now publish one Local Transformation Plan, with summaries from each borough and financial submissions in appendices. Action Plans will be held locally, with local accountability.

CYP Local Transformation Plans articulate how local areas are responding to the Long Term Plan key priorities. The Long Term Plan committed to a growth in CYP funding which is faster than NHS Funding and total mental health funding. NHSE have set access targets aligned to this funding. In addition, there are specific allocations for eating disorder services and Mental Health Support Teams in Schools. Specific new models of care for those aged 0-25 (for support in transitioning to adulthood), schools and colleges and those experiencing crisis are also priority areas.

Investment to Southwark CYP Services will continue over the life of the Mental Health Strategy refresh 2021-24. Focus over Year One will see the partnership develop and transition into the i-thrive framework<sup>16</sup> supporting resource allocation aligned to a population health model.

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<sup>15</sup> 'Emotional Wellbeing and Mental Health Transformation Plans', Children & Young People Integrated Commissioning Team, July 2021

<sup>16</sup> [i-THRIVE | Implementing the THRIVE Framework \(implementingthrive.org\)](https://implementingthrive.org)

### *Children and Young People Community Mental Health Transformation – Workforce Implications*

There are workforce implications associated with CYP Community Mental Health Transformation. The targets set by the NHS Long Term plan will require additional workforce and transformation within existing teams<sup>17</sup>. This will require different sectors to work together, including education, health, social care and a specific focus on the VCS as a core delivery partner. Health Education England will continue to invest in training programmes to expand the workforce.

For CYP Mental Health and Emotional Health this includes an increase of

- Child Wellbeing Practitioners
- CYP IAPT Practitioners
- Leadership Training Programmes
- Education Mental health Practitioner training and supervision (Mental Health Support Teams)<sup>18</sup>

Southwark will continue to support applications to host trainees in these programmes, growing the workforce across SLaM and VCS providers.

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<sup>17</sup> [Children-and-young-peoples-mental-health-workforce-strategy-May-2019-1.pdf \(healthylondon.org\)](#)

<sup>18</sup> [Children and young people's mental health services | Health Education England \(hee.nhs.uk\)](#)

## **CHAPTER 4**

### ***Southwark Mental Health and Wellbeing Strategy 2018 – 2021: Development, Delivery, and Outcomes***

The Five Year Forward View on Mental Health produced in 2016 by the independent Mental Health Taskforce identified national mental health priorities to be addressed over the next five years.

In response to the Five Year Forward View on Mental Health, Southwark Public Health produced a Mental Health in Southwark JSNA in 2017

This formed the basis for the Southwark Joint Mental Health and Wellbeing Strategy 2018 – 21 which had five strategic priorities:

- Prevention of mental ill health and promotion of wellbeing
- Increasing community-based care and supporting communities
- Improving clinical and care services
- Supporting recovery
- Improving quality and outcomes

The strategic priorities translated into seven workstreams:

1. Prevention and Mental Health Promotion Workstream
2. Wellbeing, Information, Advice and Support in the Community Workstream
3. Improving Access to Psychological Therapies (IAPT) Workstream
4. Averting Crisis and Reducing Suicide Workstream
5. Providing Opportunities for Recovery, Volunteering, and Employment Support Workstream
6. Older People and Dementia Workstream
7. Children's and Young People's Services Workstream

The strategy was co-produced with input from service users, carers, statutory and voluntary organisations, and Southwark's diverse communities and set out a framework for the transformation of mental health services to ensure that no one was left behind.

With the current strategy ending in March 2021, it was important to take stock of what had been delivered over the previous period but also to look to the future of mental health services. Not only were there new national policies to respond to but the pandemic had changed the pattern of need and brought into sharp focus the significant inequality in life chances of residents from different socio-economic groups and communities.

As a result, the Southwark Health and Wellbeing Board agreed that mental health and wellbeing remained a major priority for Southwark residents and that the 2018- 21 Strategy should be refreshed for another three-year period 2021-24.

## **Mental Health and Wellbeing Strategy 2018-21: Delivery and Outcomes**

### **Individual Workstream Achievements**

#### **1. Prevention and Mental Health Promotion Workstream Achievements 2018-21**

During 2018-21 a focus on mental health promotion was maintained, with a range of services delivered to the population in response to changing needs

Mental Health First Aid training was delivered to over a hundred frontline Council staff to support them in responding appropriately to residents' mental health needs whilst working with them in a range of settings such as housing, leisure services and environmental health.

Southwark residents were also trained as community Health Ambassadors through Southwark Public Health.

Engagement with population groups took place to better understand their needs to be able to respond with appropriate interventions. Examples included engaging with children in Sunday Schools settings to promote awareness of mental wellbeing from an early age; and youth wellbeing events with young people during half-term to gauge their understanding and experience of mental health and wellbeing.

Work began on developing the PCREF (Patient and Carer Race Equality Framework) to eliminate racial disparity in access, experience and outcomes for people from Black, Asian and Minority Ethnic communities who use mental health services, improve their trust and confidence in mental health services and reduce the stigma and discrimination experienced by them. The increased adverse impact of the pandemic on the mental health of Black, Asian and Minority Ethnic communities gives added urgency to this work.

South London Listens and Southwark Stands Together initiatives were developed over 2020-21 and will form the basis for Black, Asian and Minority Ethnic engagement and involvement in articulating needs and collaborating in developing services and interventions that are appropriate and relevant and co-designed by individuals using them.

A Loneliness and Social Isolation Strategy was developed by Southwark Public Health involving Voluntary and Community Sector partners as key stakeholders in developing it. The Strategy is being reviewed and an Action Plan for implementation is being developed to take account of their experience of the COVID-19 pandemic.

In addition, Southwark Public Health published a Mental Health Support resource on the Council's website and also developed a "Five Ways to Wellbeing" web page on the website for the benefit of residents.

#### **2. Wellbeing, Information, Advice & Support in the Community Workstream Achievements 2018-21**

During 2018-21 the jointly commissioned Southwark Mental Health and Wellbeing Hub boosted provision of one-to-one counselling in response to residents presenting with higher levels of mental health needs than anticipated, to enable individuals to access up to 12 weeks one-to-one counselling support. Peer support sessions delivered in community settings were also boosted to enable individuals to attend peer support sessions for up to six months.



The Wellbeing Hub also worked with the Samaritans to better understand their approach to make appropriate referrals to the organisation. They similarly engaged with Stonewall Housing, an organisation offering housing advice and support to the LGBTQ+ communities.

With the advent of the pandemic, the Hub transferred operations online to enable residents to continue to access mental health and wellbeing support services virtually rather than in person.

During the lifetime of the Strategy, the digital offer to residents was expanded through the commissioning of a range of digital resources to support mental health and wellbeing. These include the support service delivered by Togetherall to enable 24/7 support to residents with common mental health issues; Qwell, an online resource that enables adults to access peer support, self-help resources and engage in group and one-to-one sessions online, supported by qualified counsellors.

Peer support options were commissioned for Southwark residents by SLaM, the CCG, the Council and via the Wellbeing Hub.

The Southwark Voluntary Sector Strategy was implemented to build capacity and resilience within Southwark's voluntary and community sector to support residents

Other achievements included commissioning mental health employment support service delivered by Southside Rehabilitation Association (SRA); jointly commissioned health and social care packages to support people with mental health issues in the community and avoid hospital admission; commissioning the Dragon Cafe Drop-in providing groupwork, art therapy and complementary therapies to residents with mental health problems; commissioning Blackfriars Settlement to provide support promoting physical and mental well-being and independence; and commissioning Southwark Carers to provide carers' support to enable informal carers to support loved ones within the community

### 3. Improving Access to Psychological Therapies (IAPT) Workstream Achievements 2018-21

During 2018-21 the Southwark Increasing Access to Psychological Therapies (IAPT) service kept pace with demand. After the start of the pandemic, provision moved online to offer digital/telephone/video support and bibliotherapy i.e. publications and information resources for managing wellbeing and self-development.

A weekly rolling programme of psychoeducation workshops to support people waiting for IAPT services were run at the Maudsley, Guys' Hospital, and a gym at the Elephant & Castle. When lockdown commenced, face to face groups were discontinued. However, patients on waiting lists for high intensity one-to-one sessions have continued to receive support calls.

SLaM community triage, assessment and treatment teams aligned to north and south PCNs were developed as main access points to services for people with moderate to serious mental health needs. Alignment with PCNs have promoted closer working between primary care and mental health services, enabling people to step down from hospital care to primary care and community-based support, access medication support and physical health checks in the community, and enabled primary care to be involved in discharge planning from hospital. The clinical support available through GPs has reduced the need for people with stable, moderate to severe mental health to access specialist mental health services unnecessarily.

4. Averting Crisis and Reducing Suicide Workstream Achievements 2018-21

During 2018-21 a suicide prevention strategy was developed, and its implementation begun. In addition, a borough-wide rapid response service for people in crisis was developed which responds to individuals within 4 – 24 hours depending on severity of need.

5. Providing Opportunities for Recovery, Volunteering, and Employment Support Workstream Achievements 2018-21

During 2018-21, peer support and volunteering approaches were developed, and they need to be further developed. Consideration was given to how peer support and volunteering approaches like time-banking could be developed in Southwark. There was collaboration/integration between the four main peer support projects in the borough which is ongoing.

The Work Well Advice Line was developed for patients and carers of people with mental health problems who are unemployed or experiencing employment problems. The Work Well Advice Line can also be used by mental health staff for information or advice on behalf of their patients. The Work Well Advice Line liaises with local employers and other partners to improve access to work and training options for people with mental health challenges

6. Older People and Dementia Workstream Achievements 2018-21

During 2018-21 dementia diagnosis rates improved and the co-location of post-diagnosis support services and memory clinics for older people was begun. A Carers' JSNA was produced to identify current and future health and social care needs of unpaid carers in Southwark, to provide recommendations to policy makers to improve existing pathways and provision and to address gaps in support. There was an emphasis on prevention and enablement, supporting people with dementia and their carers to live well in supportive communities and have dignity in care.

7. Children's and Young People's Services Workstream Achievements 2018-21

During 2018-21:

- The joint review of the Southwark Children and Young People mental health services and of the local early help offer was completed.
- Dedicated online mental health support resources for young people have been commissioned, including *Healthy Young People* (young people's sexual health and substance misuse service) and the open access *Nest* service (early intervention and prevention service for low-level mental health issues like worry, anxiety and stress in children and young people) launched. This has improved access
- A two-year *Improving Mental Health and Resilience in Schools Project* was launched in 2019, involving distribution of funding to schools to develop shared learning, policies, Continuing Professional Development (CPD) for school staff, and Mental Health First Aiders. support
- Pathway improvement through streamlined referral processes and SLaM single point of access

## **CHAPTER 5**

### ***Southwark Mental Health and Wellbeing Strategy 2021 – 2024 Development, Priorities, and Workstreams***

#### **Principles governing development**

At the November 2020 meeting of the Southwark Health and Wellbeing Board it was agreed that the Southwark Joint Mental Health and Wellbeing Strategy 2021 – 24 must focus on the following:

- Population mental health and wellbeing promotion
- Tackling health inequalities faced by those with mental health needs
- Improving the range of and access to mental health and wellbeing services in the community: primary care and the core community offer
- Tackling the inequity of access to mental health services for Black, Asian and Minority Ethnic communities and their over-representation within some mental health services
- Reducing the stigma of mental health problems within the general population and build confidence in services
- Delivering good outcomes and improved value for money
- Achieving national and local policy imperatives
- Appropriately and effectively meeting the mental health needs of Children & Young People
- Addressing the long-term impacts of COVID-19 ('Long Covid')
- Developing a technically and culturally competent workforce with sufficient capacity to deliver interventions developed from the priorities identified in the Strategy
- Taking an integrated approach to commissioning and service delivery

The Health and Wellbeing Board agreed that the development of the Mental Health and Wellbeing Strategy 2021-24 reflect the principles espoused in the *Golden Threads* running through the *Partnership Southwark Recovery Plan* to ensure coherent alignment with the Plan.

The *Partnership Southwark Recovery Plan* is leading a whole system approach to Southwark's recovery from the lockdown measures related to COVID-19 and learning to work in a 'COVID-19 world' as well as whole systems partnership work to prevent and manage outbreaks with a particular focus on addressing the exacerbated health and social care inequalities that have arisen as a result of the pandemic.

The Golden Threads underpinning the development of the Mental Health and Wellbeing 21-24 involve:

- Tackling inequalities and securing good outcomes
- Working with the community
- Neighbourhood focused joined up care services
- Interventions informed by data and evidence
- A focus on prevention
- Partnership working
- Clear decision-making processes
- Clarity on funding and resource allocation, including sharing resources
- Developing a competent workforce

Finally, in developing the Joint Mental Health and Wellbeing Strategy for 2021-24 the Health and Wellbeing wished the following to also be borne in mind:

- The development of a commissioning approach that delivers the best health and wellbeing outcomes for our Southwark pound and is fit for purpose for the transition to more formalised place-based and integrated care system arrangements from April 2022.
- That co-production with Southwark residents, service users and patients are central to ICS arrangements and appropriate consultation and co-production mechanisms be developed for use with Southwark residents in developing the Strategy.
- An all-agency Southwark Mental Health Partnership Oversight Board is to be established to monitor delivery in line with agreed outcomes and objectives

### **Southwark Joint Mental Health and Wellbeing Strategy Refresh 2021-24:**

#### **Overarching Strategic Priorities**

Taking account of the principles specified for the refresh of the 2018-21 strategy as well as national and local developments since the 2018-21 strategy was agreed has resulted in the Southwark Joint Mental Health and Wellbeing Strategy 2021-24.

The Steering Group responsible for developing the Southwark Mental Health and Wellbeing Strategy 2021-24 has identified two over-arching priorities that apply across all Strategy workstreams:

1. Enabling engagement, consultation and co-production in the development and implementation of planned interventions and service development across all workstreams
2. Identifying workforce implications of implementing workstreams' planned activity and planning for workforce requirements necessary to deliver the Strategy

#### **Individual Workstreams & Priorities**

The Steering Group has identified 16 discrete workstreams for the 2021-24 Strategy. These include the original seven workstreams of the 2018-21 Strategy and a further nine workstreams reflecting new priority areas for action, taking account of more recent national and local developments. These are:

1. Prevention and Mental Health Promotion
2. Wellbeing, Information, Advice and Support in the Community
3. Primary Care and Mental Health
4. Improving Access to Psychological Therapies (IAPT)
5. Averting crisis and reducing suicide
6. Recovery & volunteering, and employment support
7. Older People and Dementia
8. Community Mental Health Transformation
9. Autism and Learning Disabilities
10. Personalised Care including Personal Health Budgets
11. Hoarding
12. Mental Health Medicines Optimisation
13. Housing and Complex Care & Support
14. Children's and Young People's Services
15. Drug and Alcohol Use and Mental Health (including Dual Diagnosis)
16. Asylum seekers' Mental Health and Wellbeing needs

In developing the Mental Health Strategy 2021-24, the Steering Group felt that workstreams' work plans must clearly set out objectives, outcomes and success measures by progress can be assessed against priorities identified in them. Workstream Leads have used this remit when developing the work plans appended to this Strategy document

## Overarching Strategic Priority 1: Enabling Engagement

An overarching priority for all Workstreams in developing, implementing and reviewing the priorities identified in their workplans in the Mental Health and Wellbeing Strategy 2021-24 is effective engagement with stakeholders across the spectrum.

This includes statutory partners, local voluntary and community sector organisations, Southwark residents (including any representative bodies), patients, service users and supporters. Supporters in this context includes next-of-kin, family and friends who provide informal care and support to individual patients and service users.

In developing their work plans workstreams must have actively involved residents, patients, service users and their informal carers in identifying the priorities for action detailed in their work plans for the three-year period 2021-24. In taking forward these priorities for action, workstreams must actively involve residents, service users, patients and carers in the design of services or interventions planned to address the priority needs identified. This process of co-production and co-design must be followed at every step of developing and implementing workstream activity within the Strategy.

It is essential for workstreams to understand the experiences and expectations of local people, particularly within the context of the pandemic and work with them to put in place sustainable services and ways of working for the future.

Socio-economic factors, deprivation (and multiple deprivation) and social exclusion play a very significant role in poor mental health and wellbeing. Therefore effective engagement with individuals and communities affected negatively by their socio-economic status, deprivation and social exclusion is essential for workstreams to be able to redress mental health inequalities. Co-production and co-design carried out with the most disadvantaged and excluded of Southwark's communities will result in services and interventions that meet their needs and play a key role in improving the quality of their lives by improving their mental health and wellbeing and narrow the gap in mental health status within Southwark's diverse communities.

The Mental Health and Wellbeing Strategy Delivery Oversight Board that is being established to oversee implementation of the Strategy is to provide leadership and support to workstreams. One of the Board's key functions is to enable effective engagement by workstreams with Southwark's residents and communities. This will be done by sharing knowledge, expertise and best practice in public engagement developed nationally and regionally with workstreams.

Engagement, co-production and co-design expertise is available to workstreams and workstream leads from the Council's Community Engagement Team, the CCG's Patient and Public Involvement Team, including resources produced by them. These include the Southwark Council *Approach to Community Engagement* resource<sup>19</sup> and the *NHS South East London CCG Principles for Engagement* resource<sup>20</sup>. Public engagement expertise and resources are also available from SLaM Patient Engagement Team.

Rich information and intelligence are being gathered by a variety of initiatives across the health and care system in Southwark, and models of good practice and tools for community engagement exist for workstreams to use in their engagement activities.

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<sup>19</sup> <https://www.southwark.gov.uk/assets/attach/11569/Approach-to-Community-Engagement.pdf>

<sup>20</sup> [Engagement-Principles-Sept-2020.pdf \(selondonccg.nhs.uk\)](#)

Key initiatives highlighting good practice in community engagement are described below:

### *South London Listens*

In response to the pandemic the *South London Covid-19 Preventing Mental-ill Health Taskforce* was created by the three south London mental health trusts (South West London and St George's Mental Health NHS Trust, South London and Maudsley NHS Foundation Trust, and Oxleas NHS Foundation Trust) to drive a long-term programme focused on working upstream and preventing people falling into mental health crises. The Taskforce is made up of representatives from south London mental health trusts, with representation from CCG partners, local authorities, Healthwatch, Public Health England, Citizens UK, Black Thrive and experts by experience.

Citizens UK were commissioned to run a four-month community listening campaign beginning November 2020. As a result, more than 5,700 people from all south London boroughs helped shape *South London Listens* campaign action plan.

Six themes came through from the listening exercise: loneliness and social isolation, parental mental health, children and young people, work and wages, access to services, and digital exclusion. Community leaders, NHS partners from the South London Mental Health Trusts, and Integrated Care Systems in South West and South East London worked together to break down the themes into specific issues and identified solutions together. They focused on solutions worthwhile to the communities consulted and achievable by NHS and Local Authority partners.

At a Community Summit in June 2021, community leaders put their proposals developed through collaborative process above to leaders from the NHS and Local Authorities. These proposals focused on improving access to mental health services.

Communities often find it hard to access mental health services when needed. The *South London Listens* survey found that almost half of people didn't know where to go for support (48%) and one in three felt there was a lack of mental health service to help them, with Black, African, Caribbean and mixed heritage communities among the worst affected. Specific issues blocking access include language and cultural barriers, lack of trust with the NHS, complicated forms, not understanding the system, and fear of personal data being shared beyond the mental health services.

The *South London Listens* exercise resulted in the NHS being asked to:

1. Invest in Mental Health practitioners based in community organisations, to build trust and provide services for refugee, migrant and diaspora communities to work to bridging gaps between the NHS and communities; assess and triage complex needs; make referrals and follow up with patients to help them navigate the system; and make registering for and accessing services easier
2. Work towards developing a culturally competent workforce by reviewing existing practices for cultural competence (translators, cultural awareness, data sharing); updating protocols to reduce structural barriers; establishing mechanisms to involve communities in developing solutions to entrenched health inequalities; training and equipping staff to understand barriers to healthcare and take active steps to overcome these barriers.

Local Authorities at the Summit were asked to give their support to the initiatives detailed above; and encourage local GP surgeries in the boroughs to register in the 'Safer Surgeries' initiative, where GP surgeries use a toolkit designed to help primary care staff support patients living in vulnerable circumstances to realise their right to healthcare, get the most out of their General Practice, and access the information they need to keep safe in a COVID-19 context.

The system-wide key decision-makers at the Summit signed up to all the proposals to enable joint work and collaboration between stakeholders across Southwark's health and care economy to deliver on the pledges.

### Southwark Stands Together (Southwark Council)

Southwark Stands Together is the borough wide initiative established in response to the murder of George Floyd, which aims to better understand the injustice and racism experienced by Black, Asian and Minority Ethnic communities to help deliver a fairer and more equal society.

Southwark Stands Together is a long-term programme of positive action, education and initiatives for the council to work in solidarity with Southwark's communities and the council's staff to tackle racism, injustice and inequality.<sup>21</sup> The programme began with a survey and series of listening events in 2020, which led to a set of recommendations and key actions.

Key points about mental health that emerged from listening events included:

- Increased mental health issues in the Black, Asian and Minority Ethnic community.
- Social and economic inequalities and the criminal justice system are the main factors that influence Black, Asian and Minority Ethnic communities' mental health.
- Poor engagement by mental health services with Black, Asian and Minority Ethnic communities.
- One-third of ethnic minority respondents reported experiencing racial discrimination in health and care services, compared to 9% of white British respondents.
- The ethnic groups reporting the highest proportion of racial discrimination in health and care services were Black respondents (41%), followed by Other (37%) and Asian and Mixed (28%) ethnicity respondents.
- Half of respondents who reported experiencing racial discrimination in health and care services felt they did not receive the support they needed, experienced loss of trust, and were angry or frustrated. Two-fifths felt that their health was impacted and one-third said their mental health was affected.

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<sup>21</sup> Southwark Council Cabinet report, 20 October 2020:  
<http://moderngov.southwark.gov.uk/documents/s91322/Report%20Southwark%20Stands%20Together%20Roadmap.pdf>



Actions identified by the Black, Asian and Minority Ethnic communities to address the issues they face in health include:

- Engagement by mental health services with Black, Asian and Minority Ethnic communities to understand the barriers to identifying mental health problems and accessing services
- Targeted community conversations about mental health (eg with young Black males)

As a result of the community engagement by *Southwark Stands Together*, the Council's Public Health division is developing a new health inequalities framework to facilitate and support the implementation of the initiative's recommendations.

*Southwark Stands Together* has also developed a model of community engagement with the Black, Asian and Minority Ethnic communities to inform the commissioning of services that are effective and appropriate to their needs around mental health. Mental Health Strategy Workstreams can use this tool to engage with Southwark's Black, Asian and Minority Ethnic Communities in developing their proposals for mental health service provision in the borough

#### Patient and Carer Race Equality Framework (SLaM)

SLaM is developing the Patient and Carer Race Equality Framework (PCREF), an organisational competency framework to ensure that the voices of racialised communities' and their lived experience shapes culturally appropriate service improvements. The aim of the PCREF is to improve the way organisations deliver mental health services so the experience of Black, Asian, Minority Ethnic patients and carers improves; to make services more accessible, and to improve health outcomes for Black, Asian, Minority Ethnic patients and carers.

SLaM is one of four national pilot sites working alongside NHS England to improve patient care for the Black, Asian and Minority Ethnic populations. Data and experience to date show that Black African, Black Caribbean, and Black Other, including Mixed ethnic groups, are most disadvantaged in terms of access, experience and outcomes.<sup>22</sup> For the first two years of the programme, PCREF will focus specifically on black communities.

Southwark Mental Health Strategy workstreams can use PCREF programme outcomes and recommendations to inform their actions.

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<sup>22</sup> <https://www.slam.nhs.uk/about-us/equality/patient-and-carer-race-equality-framework-pcref/>

### It Takes a Village

*It takes a Village* is Southwark's response to the challenge of people facing multiple disadvantage finding it difficult to access preventative services. It addresses these challenges on three levels, individual, operational, and systemic/strategic. The initiative has developed over two years of partnership working and collaboration between voluntary organisations and statutory partners, as well as with grassroots organisations and people with lived experience.

*It takes a Village* aims to make things better for people facing the sharpest multiple disadvantage as soon as possible through:

- enabling individuals to access support and by helping services think creatively about how to engage and support individuals appropriately, for example, through using culturally bespoke and psychotherapeutic approaches.
- jointly creating service protocols and practices (eg Southwark Passport, Complex Needs Panel) so people facing multiple disadvantage find it easier to access services.
- improving and developing knowledge and skills in how we support people facing complex problems by bringing in community voices, training, clinical advice and support, and setting up psychotherapeutically informed multiagency 'thinking spaces'; and
- informing health strategy and planning by improving data collection on Multiple Disadvantage (including through a Joint Strategic Needs Assessment) and inputting to strategy development and to relevant forums.

The four initiatives described above exemplify good practice in community engagement that can be used by the Mental Health Strategy workstreams to inform community engagement, as well as use of the toolkits developed for community engagement.

In addition to them there are other engagement initiatives, the learning from which can be gainfully used in developing and implementing the South Mental Health and Wellbeing Strategy 2021-24.

In addition to workstreams' using the resources described to inform public engagement, the Mental Health and Wellbeing Strategy Delivery Oversight Board will support them in engagement, co-production and co-design, by Board members' knowledge, awareness and experience of community engagement

## Overarching Strategic Priority 2: Workforce Implications of Strategy Implementation

COVID-19 has fostered greater collaboration and flexibility in how existing workforce is used within and across organisations, adapting and integrating workforce resource, and enable and re-deployment of workforce to support system priorities. A continued focus on these principles will be deployed to successfully deliver the Southwark Joint Mental Health and Wellbeing Strategy

To meet workforce implications of the Strategy, workforce plans will focus on<sup>23</sup>:

- Optimising workforce models that support flexibility and resilience across staff groups
- Supporting multi-disciplinary team working, integrated workforce development and employer models that embed integrated working in the delivery of care and the development of non-clinical workforce and volunteer models.
- Opportunities for cross-agency training and sharing of training and education programmes between different professional groups/organisations. (For example, joint SLaM and Adult Social Care prescribing training has had high levels of uptake and positive feedback).

Over the first 3-6 months<sup>24</sup>:

- A working group will be convened to look at opportunities for physical colocation of services at neighbourhood level
- Opportunities to use digital communication channels to support multi-agency working eg Microsoft Teams for joint virtual clinics, as well as explore opportunities to use Slack, WhatsApp or other technology already available
- New roles will be used to deliver the needs articulated in the Mental Health Strategy 2021-24 through job design and day to day task specification.

Within the next 12 months<sup>25</sup>:

- Developmental work on interoperability of shared care records will be undertaken to make better use of them for joint working
- Physical health workforce to be upskilled and trained in mental health by means of formal training and through involvement in joint clinics
- Better understanding of wider priorities to inform joint commissioning to reduce variation and duplication in roles and services, as well as joint service delivery in collaboration with the voluntary and community sector
- SLaM to look at implementing Consultant Connect in Southwark

Workforce planning<sup>26</sup> to support delivery of the Joint Southwark Mental Health Strategy will need to be addressed in tandem with workstreams' delivery plans being operationalised. In advance of that preliminary actions to be considered include:

- Understanding the current training & education offer for Southwark mental health workforce and undertaking a training needs analysis
- Developing professional and inter-disciplinary training opportunities in response to gaps identified from the training needs analysis
- Exploring the use of existing forums to facilitate shared learning and development
- Developing third sector and service user champion roles to support the community mental health transformation offer

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<sup>23</sup> Partnership Southwark Recovery Plan, September 2020

<sup>24</sup> Partnership Southwark Community Workshop, June 2021

<sup>25</sup> Partnership Southwark Community Workshop, June 2021

<sup>26</sup> Programme Director, Partnership Southwark, May 2021

## Mental Health and Wellbeing Strategy 2021 – 24: Individual Workstreams & Priorities

The COVID-19 pandemic has exacerbated existing mental health inequalities and the immediate priority for Year 1 of the Joint Southwark Mental Health and Wellbeing Strategy 2021 - 2024 is to redress the further imbalance caused by the pandemic that is informed by the key messages emerging from community engagement. This will be followed by a levelling-up across the board in Years 2 and 3.

### Workstream 1: Prevention and Mental Health Promotion

The link between insecure employment, financial insecurity and/or debt and poor mental health is well documented. Addressing socioeconomic inequality is therefore a key intervention.<sup>27</sup> In coordination with other workstreams the Prevention and Mental Health Promotion aims to:

- Strengthen protective factors and address some of the root causes of financial insecurity and poverty by supporting people into good employment and addressing any possible mental health barriers
- Offer specialist and targeted support to those already experiencing financial insecurity and debt, compounded by mental health conditions and multiple disadvantages, by making money advice services more accessible
- Improve the system's resilience by providing specialist mental health first aid training

Interventions will be specifically targeted at socioeconomically deprived groups, including the Black, Asian and Minority Ethnic communities, taking a life-course and whole systems approach and addressing the increased inequalities resulting from the pandemic. Communications campaigns about the enhanced prevention and health promotion offer will be designed and delivered to deprived and marginalised communities, using existing community engagement channels like *Southwark Stands Together*, faith forums and Community Health Ambassadors.

Southwark Public Health has been successful in obtaining funding from PHE to fund *Southwark Works* and Specialist Debt Advice projects. The workforce implications of recruiting a Specialist Debt Advisor and specialist training for *Southwark Works* Caseworkers will be met through the PHE funding. There will also be workforce implications arising from the planned mental health first aid training and Public Health resources have been allocated to this programme of work.

Proposed interventions will be developed in partnership with key stakeholders like Partnership Southwark, the CCG Clinical Lead for Mental Health, SLaM and other providers. They will be informed by local surveys as well as the local *South London Cares* engagement exercise led by SLaM. Co-production and wider engagement will inform the development of prevention and mental health promotion activity

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<sup>27</sup> Public Mental Health: Evidence, practice and commissioning, RCPSYCH, 2019

## Workstream 2: Wellbeing, Information, Advice and Support in the Community

Priorities for the Wellbeing, Information, Advice and Support in the Community workstream in 2021-24 include:

- Recovery to pre-pandemic levels of activity
- Build on lessons learned during the pandemic
- Ensure a wide range of support options including peer support are available to Black, Asian and Minority Ethnic communities
- Adopt the successful Lambeth borough 'Black Thrive' agenda in Southwark
- Support development of Wellbeing Champions from diverse communities
- Improve cultural competency within the borough
- Develop materials which promote Southwark's services including organisations for specific groups such as young people, Black, Asian and Minority Ethnic groups, LGBTQ people
- Increase access to a range of community-based interventions to reduce escalation of need
- Ensure information about health and wellbeing resources is readily available and accessible to all Southwark residents

It should be noted that there is overlap between priorities for this workstream and the Prevention and Mental Health Promotion workstream above

## Workstream 3: Supporting People with Mental Health Needs in Primary Care Settings

The establishment of Primary Care Networks (PCNs) has created opportunities to improve the care of people with mental health needs in primary care. The community mental health transformation programme provides the opportunity to improve mental health care within primary care, with the NHS Long Term Plan requirement for local areas to realign community mental health services with PCNs.

Recent years have seen a focus on enabling people with anxiety and depression to access talking therapies via primary care. However, GPs already support people with a wide range of mental health diagnoses (psychosis, bipolar disorder, personality disorders and other conditions) in the course of seeing them in connection with physical health care needs (acute episodes of illness as well as chronic long term conditions). With adequate human and financial resource allocation and appropriate training, these individuals' mental health needs could be met appropriately and holistically within primary care settings.

Priorities for Supporting People with Mental Health Needs in Primary Care Settings workstream include:

- Developing integrated neighbourhood services through the mental health neighbourhood integration programme and delivery plan
- Primary care based support and services for lower level mental health needs and people with SMI who are stable
- "Front Door" Short Term Support consisting of triage, assessment and treatment teams aligned to PCNs providing access to support and treatment for people with moderate to serious mental health needs, with triage and assessment function delivered in partnership with primary care
- Crisis support service for people in crisis presenting in primary care settings
- Social prescribing programmes delivered in primary care settings, Council-led with input from voluntary and community sector partners.
- Step-down service aligned with PCN teams working with primary care to support people to step down to primary care and community-based support.

#### Workstream 4: Improving Access to Psychological Therapies (IAPTs)

Older adults and individuals from the Black, Asian and Minority Ethnic communities represent hard to reach communities in Southwark where IAPTs is concerned, and the focus for 2021-24 is to build closer working relationships with them, regularly publicise the IAPTs service to them, and develop and trial alternative models of IAPTs provision (eg dedicated group sessions) to deliver treatment to them.

Workforce implications will be addressed within the IAPTs ongoing staff training programme consisting of individual training as well as training workshops that take place at IAPT whole service meetings held on a bimonthly basis.

Talking Therapies Southwark (the borough's IAPT provider) delivers NICE approved evidence-based therapies. Additionally, the aim to deliver treatment in culturally sensitive and appropriate manner through engagement. When considering provision to students attending university and higher education institutions in Southwark, focal groups were run with university students as well as focal groups with their parents, before developing webinars aimed at supporting students. In developing interventions in line with IAPT priorities for action identified in the Southwark Mental Health Strategy 2021-24 (older adults and individuals from the Black, Asian and Minority Ethnic communities) Talking Therapies Southwark will undertake engagement with these population groups in the borough to inform service development.

Priorities for Improving Access to Psychological Therapies workstream in 2021-24 include:

- Recovery to pre-pandemic levels of activity
- Build on lessons learned during the pandemic
- Address the issue of lower referral rates, higher drop-out rates and lower recovery for Black, Asian and Minority Ethnic communities within the IAPT service, and co-production with the Black, Asian and Minority Ethnic communities to develop and implement IAPT services that are appropriate to their needs including alternative models of provision, publicity for the services and staff training to ensure a culturally competent workforce
- address the under-representation of older people accessing IAPT, and in consultation with them co-produce IAPT services that accessible and appropriate to them, effective publicity for these services, and appropriate staff training to enable delivery of the new provision
- IAPT provision for university students appropriate to need, informed through consultation with them and co-produced with their active input
- Develop treatment protocol and service models for people with Long Covid and MH needs, through co-production with patients currently seen at the Kings College Hospital Long Covid Clinic, and upskill staff to competently deliver IAPT services to this patient cohort

#### Workstream 5: Averting crisis and reducing suicide

Priorities for Averting Crisis and Reducing Suicide workstream in 2021-24 include:

- Recovery to pre-pandemic levels of activity
- Build on lessons learned during the pandemic
- Review Public Health COVID-19 Impact Assessment to ensure it takes account of all population groups impacted by the pandemic (including new groups presenting and crisis)
- Address the issue of older people presenting in crisis at A&E

- Address the increase in alcohol-related attendance at A&E on account of injuries, suicidal ideation, liver/alcohol related illness and on account of losing access to mental health services because of substance misuse

#### Workstream 6: Recovery & volunteering, and employment support

Priorities for the Recovery and Volunteering workstream in 2021-24 include:

- Recovery to pre-pandemic levels of activity
- Build on lessons learned during the pandemic
- Increased uptake of the 12 week 1:1 support service delivered by the Mental Health and Wellbeing Hub to achieve personal goals and promote recovery. (Feedback shows that this has remained one of the most popular offers at the Hub)
- Increasing annual uptake of places in the service provided by Southside Rehabilitation Ltd (SRA) to support people with severe mental health problems to recover and become active members of their community including accessing adult education, voluntary work and open employment
- Continue the *Southwark Works* programme enabling individuals to access training courses, apprenticeships, volunteer positions and internships across diverse industry sectors

Priorities for the Employment Support workstream in 2021-24 include:

- Recovery to pre-pandemic levels of activity
- Build on lessons learned during the pandemic
- Continue Individual Placement and Support Model of supported employment intervention based on a 'place-then-train' approach for people with severe mental health problems.
- Meet workforce requirements to assist Partnership Southwark with the recruitment and expansion plans for IPS
- Support into employment for those with serious mental health problems through the continued commissioning of Southside Rehabilitation service

#### Workstream 7: Older People and Dementia

Priorities for the Older People and Dementia workstream in 2021-24 include:

- Recovery to pre-pandemic levels of activity
- Build on lessons learned
- Supporting those affected by Dementia through innovative service models
- Enhanced MDT Care Planning through technology that enables multi-agency access to care plans
- Professional Awareness and Education on Dementia using the life course approach and public awareness and education
- Supporting carers to care
- Improving dementia diagnosis rates

### Workstream 8: Community Mental Health Transformation

The Community Mental Health Transformation workstream is a new priority area for the Joint Southwark Mental Health and Wellbeing Strategy 2021-24. It is set within the context of the Community Mental Health Transformation Programme being led by SLaM in line with national policy requirements (NHS Long Term Plan) and resourced by associated Community Mental Health Transformation funding.

Priorities for the Community Mental Health Transformation workstream include:

- SLaM community teams redesign and recruitment to new roles using transformation funding
- Improving service offer for 16-25 year olds through recruitment of Young Persons Workers and alignment of offer with CAMHS
- Addressing mental health inequalities by the recruitment of Black, Asian and Minority Ethnic community outreach workers to support and promote access to mental health services, and the implementation of the Patient and Carer Race Equality Framework (PCREF) competency framework
- Development of a community-based eating disorders service
- Enabling/cross-cutting work to support priority work areas through partnership development, data-sharing, and user/carer involvement in initiatives

### Workstream 9: Autism and Learning Disabilities

The Autism and Learning Disabilities (LD) Workstream is a new priority area for the Joint Southwark Mental Health and Wellbeing Strategy 2021-24.

Priorities for the Autism and Learning Disabilities Workstream in 2021-24 include:

- Building on lessons learned from the pandemic
- Access to Personal health budgets by people with autism and other learning disabilities
- Universal access to smoking cessation services for people with autism and learning disabilities
- Improved health outcomes for people with LD and a higher number of preventable deaths in people with autism and other learning disabilities
- Better understanding of the needs of people with learning disabilities and autism within mainstream health services by implementing mandatory LD&A awareness training.
- Simplify the referrals process by which residents access autism diagnostic service and remove barriers to shorten waiting time to access the diagnostic service which currently can take up to two years.

### Workstream 10: Personalised Care including Personal Health Budgets

Personal Health Budgets and Social Budgets are being used to support greater independence and to support the rebalancing of the system to shift investment into prevention, early intervention and recovery, and reduce unnecessary use of inpatient beds

Personalised care has the potential to make a significant contribution to promoting equalities and reducing health inequalities. There are a number of areas where personalised care has an impact on people experiencing health inequalities. Personalised care increases community involvement in social prescribing. Personal health budgets/integrated personal budgets increase choice and control and tailor care and support to the person, including the ability to employ their own personal



assistants. Personalised care supports self-management by increasing the knowledge, skills and confidence of people, including improving understanding of health information by people with lower health literacy levels. It also supports shared decision-making which results in improved outcomes for people from disadvantaged backgrounds by tailoring communication to health literacy levels

There will be workforce implications for the promotion of personalised care over the next three years. These include training frontline staff and service managers to work with people and start with where they are and what matters to them, rather than staff taking a view on what the matter is with them and what they need. There will also need to be work with commissioners, for them to commission in a manner that frees up resources in the system to be used to offer more PHBs as a Direct Payments.

Some work has already begun with practitioners. Assessment and planning forms have been amended to include personalised questions. Practitioners and other staff will need to be confident in including people in all discussions about their support and be comfortable with telling them what can be provided, and what can be accessed elsewhere by signposting individuals to other services/support as needed. There will be a need for practitioners to gain practical skills to be able to change pathways with providers, enabling practitioners to turn theory into practice.

A public engagement plan to promote take up of personal health budgets has been developed with the South London Partnership and will be developed further. An engagement exercise involving asking service users what they thought of services and then talking to them about PHBs and how they might use them resulted in 64% of people saying they would use PHBs if offered to them.

A VCS organisation has been commissioned to develop a strategic co-production group, including people with MH needs and what links there are with peer support and coproduction groups. The strategic co-production group will be skilled up through the NHSEI Peer Leadership Development Programme to share knowledge of Personalised Care with other VCS groups and shape pathways going forward.

Priorities for the Personal Health Budgets (PHB) for Mental Health workstream in 2021-24 include:

- Recovery to pre-pandemic levels of activity
- Build on lessons learned
- Working with mental health provider trusts to increase workforce knowledge of personalised care budgets, and resident awareness of right to have them
- Robust data collection to inform development of the work programme
- Develop a communication plan for wider engagement with individuals through PCNs and community service
- Improved collaboration between health and social care by developing links with the Council to discuss joint funding to support Southwark residents, and explore options for a joint system for processing of payments and monitoring activity
- Work with MH commissioner to expand the use of PHBs for mental health in Southwark by implementing the right to have Section 117-funded Aftercare

#### Section 117 Aftercare:

*Some individuals detained in hospital under the Mental Health Act 1983 are entitled to get free, non-means tested help and support (Aftercare) on discharge from hospital. Section 117 of the Mental Health Act confers this right upon them, and Section 117 funding is provided for this. Aftercare is community-based help after leaving hospital and can include healthcare, social care, and supported accommodation among other things*

### Workstream 11: Hoarding

The Hoarding Workstream is a new priority area for the Joint Southwark Mental Health and Wellbeing Strategy 2021-24.

*Input from the workstream is awaited and this section will be updated at the next quarterly review of the Strategy*

### Workstream 12: Mental Health Medicines Optimisation

Priorities for the Mental Health Medicines Optimisation workstream in 2021-24 include:

- Building on lessons learned from the pandemic
- Review, and where appropriate, revise prescribing of low dose antipsychotics in people with dementia, in accordance with NICE/SCIE guidance and the NICE Quality Standard on dementia. (More than 90% of people with dementia experience behavioural and psychological symptoms of dementia (BPSD) and antipsychotics are overprescribed for its treatment when in 70% of people with BPSD, antipsychotics can be discontinued without worsening symptoms)
- Multidisciplinary team discussion to reduce unnecessary psychotropic drugs and acute hospital admissions through STOMP (Stopping Over Medication of People), including those with a learning disability, autism or both).
- Review prescribing of hypnotics and anxiolytics and facilitate the stopping of treatment if necessary to avoid dependency

### Workstream 13: Housing and Complex Care & Support

Housing and Complex Care & Support The Housing and Complex Care Workstream is a new priority area for the Joint Southwark Mental Health and Wellbeing Strategy 2021-24.

Over 500 Southwark residents are receiving some form of housing related support and over 250 of them are in supported housing accommodation

Priorities for the Housing and Complex Care Workstream in 2021-24 include:

- Re-establishing the Housing and Complex Care & Support Group
- Partnership working through engagement with stakeholders across the health and care system to develop a planned approach to working with harder to reach communities
- Building on lessons learned from the pandemic
- An increased focus on the physical health of this population group
- Agree rehab services for this population group: therapeutic interventions that people need, is available and needs to be developed through co-production
- A systemic approach to developing the Housing and Complex Care and Support pathway to enable frontline workers to deliver it
- Advance care planning and collaboration for this group

#### Workstream 14: Children's and Young People's Services

Priorities for the Children and Young People's workstream in 2021-24 include:

- 100% of Southwark children and young people who need support get access to emotional wellbeing or mental health services so that the need and waiting times for specialist services is reduced. (Of a total of 0-25 population of 94,595, the 100% 'target' number agreed by the Health and Wellbeing Board is 11,900)
- A focus on multiple disadvantage via *It Takes a Village* multiple disadvantage programme
- Children and young people (and their families) who must wait for specialist services are well supported whilst waiting
- Investment in identified priority areas:
  - Early intervention and prevention
  - Children in therapeutic placements
  - Personal health budgets, continuing care and individual packages responding to CTP mental health needs
  - Parental Mental Health, Perinatal mental health and early years alignment
  - Targeted Youth Offer for those at risk of exploitation and exclusion
- Assessing inequalities in access to CYP emotional wellbeing and mental health provision and identify barriers to access, with a focus on Southwark's Black Asian and Minority Ethnic population and other disadvantaged groups, including LGBTQ+, those with special educational needs, and disabilities.
- Co-production approach with VCS to ensure representation and service changes that can respond to seldom heard groups to improve equity of access and culturally competent provision
- Work in a joined up approach across health and social care to develop a crisis model which is designed to be accessible, preventative and supportive.

#### Workstream 15: Drug and Alcohol Use and Mental Health (including Dual Diagnosis)

*This workstream has been recently incorporated into the Southwark Joint Mental Health and Wellbeing Strategy 2021-24 and this section will be updated with input from the Workstream Lead at the next quarterly review of the Strategy*

#### Workstream 16: Refugees and Asylum Seekers' Mental Health and Wellbeing Needs

*This workstream has been recently incorporated into the Southwark Joint Mental Health and Wellbeing Strategy 2021-24 and this section will be updated with input from the Workstream Lead at the next quarterly review of the Strategy*

## **CHAPTER 6**

### ***Next Steps: Strategy Implementation and Oversight***

#### **Joint Mental Health and Wellbeing Delivery Oversight Board**

A Joint Mental Health and Wellbeing Delivery Oversight Board ('the Board') will be established to oversee the delivery of the Southwark Joint Mental Health and Wellbeing Strategy 2021-24.

The purpose of the Board will be to coordinate and advise on the delivery of the refreshed borough Mental Health and Wellbeing Strategy 2021-24 and its associated mental health improvement programme. The Board will lead on and oversee delivery of the objectives and outcomes of the Strategy, including supporting service transformation, public engagement, co-production and co-design, and workforce development, reviewing risks and unblocking issues.

The group will report to the Partnership Southwark Strategic Board, providing assurance that there are robust systems and processes in place for monitoring outcomes, assuring the quality of mental health services and ensure that operational teams are driving continuous improvement.

Aligned to the Health and Wellbeing Board Health Inequalities Framework, the Board will have overall oversight of each of the following workstreams:

1. Prevention and Mental Health Promotion
2. Wellbeing, Information, Advice and Support in the Community
3. Primary Care and Mental Health
4. Improving Access to Psychological Therapies (IAPT)
5. Averting crisis and reducing suicide
6. Recovery & volunteering, and employment support
7. Older People and Dementia
8. SLaM Community Mental Health Transformation
9. Autism and Learning Disabilities
10. Personalised Care including Personal Health Budgets
11. Hoarding
12. Mental Health Medicines Optimisation
13. Housing and Complex Care & Support
14. Children's and Young People's Services
15. Drug and Alcohol Use and Mental Health (including Dual Diagnosis)
16. Refugees and Asylum seekers' Mental Health and Wellbeing Needs

The inter-dependencies and overlaps across these workstreams will be factored into the approach to oversight and delivery.

The Board will also provide assurance of the borough's progress towards delivery of the *South London Listens* pledges agreed by borough health and social care leaders at the Citizens UK Community Summit of June 2021.

Finally, the Board will oversee the implementation of community engagement approaches recommended by *Southwark Stands Together* and other public engagement initiatives in developing and implementing the Strategy

The role of the Board is to:

- Provide oversight of the delivery and achievement of objectives set out in the Joint Mental Health and Wellbeing Strategy 2021-24
- Ensure each workstream supports integrated working across organisational boundaries with clear links to Partnership Southwark population-based workstreams where appropriate
- Act as mental health champions and report progress, make recommendations and escalate significant issues by exception to the Partnership Southwark Strategic Board
- Support workstream leads in the early identification and mitigation of risks and issues
- Address any blocks that may arise and support workstream leads in actions to address any programme slippage
- Support workstream leads to deliver various projects within time and budget
- To provide a forum for discussion of any new and emerging priorities, including opportunities for bidding for additional mental health funding streams or participation in local or national pilots