

# Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillor Sean Fitzsimons (Chair), Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Robert Ward and Fatima Zaman  
Gordon Kay (Healthwatch Croydon Cooptee)  
Yusuf Osman (Social Services User Cooptee)

Reserve Members: Sue Bennett, Tony Pearson and Aladair Stewart

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 4 April 2023 at 6.30 pm** in the **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX.**

Katherine Kerswell  
Chief Executive  
London Borough of Croydon  
Bernard Weatherill House  
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis  
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www.croydon.gov.uk/meetings  
Monday, 27 March 2023

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If you require any assistance, please contact Simon Trevaskis as detailed above.

## **AGENDA – PART A**

**1. Apologies for Absence**

To receive any apologies for absence from any members of the Committee.

**2. Minutes of the Previous Meeting (Pages 5 - 16)**

To approve the minutes of the meeting held on 24 January 2023 as an accurate record.

**3. Disclosure of Interests**

Members are invited to declare any disclosable pecuniary interests (DPIs) and other registrable and non-registrable interests they may have in relation to any item(s) of business on today's agenda.

**4. Urgent Business (if any)**

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

**5. Croydon's Mental Health Transformation (Pages 17 - 38)**

The Health & Social Care is provided with a presentation on Croydon's Mental Health Transformation.

The Sub-Committee is recommended to:

- Note the strategic direction on mental health transformation.
- Comment on the highlighted risks and challenges from the presentation; identifying topics the Committee wish future reports to focus on.

**6. Exclusion of the Press and Public**

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.”

## **PART B**



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## Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 24 January 2023 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

### MINUTES

**Present:** Councillor Sean Fitzsimons (Chair), Councillor Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Robert Ward and Fatima Zaman

Gordon Kay (Healthwatch Croydon Co-optee) and Yusuf Osman (Service User Co-optee) Adele Benson, Patsy Cummings, Robert Ward and Zaman

**Also**

**Present:** Councillor Yvette Hopley (Cabinet Member for Health & Adult Social Care)

**Apologies:** Councillor Sherwan Chowdhury

### PART A

1/23 **Minutes of the Previous Meeting**

The minutes of the meeting held on 28 November 2022 were agreed as an accurate record with the amendments that on page 11 in the agenda pack, 'safelty' is replaced with 'safely', and on page 5, 'by request for further rent' is changed to 'increased costs'.

2/23 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

3/23 **Urgent Business (if any)**

There were no items of urgent business.

4/23 **Director of Public Health Annual Report 2022**

The Sub-Committee considered a report set out on pages 13 to 26 of the agenda which provided the Annual Report of the Director of Public Health 2022. The report focused on how circumstances and experiences can impact on people's health outcomes and spotlighted how these influences impact people unequally. The report discussed what can be done to reduce health inequalities across the life course and highlighted the work already happening

around the borough to address them. The Director of Public Health introduced the item and summarised the report.

The Sub-Committee asked about the absence of women's health and menopause services in the report and suggested that this became an item on the work programme for a future meeting. The Director of Public Health explained that they agreed that these were important issues and future Annual Reports may focus on these and related issues on sexual health, but that the focus of this report was specifically Health Inequalities. The Director of Public Health added that they took the issue very seriously and had co-founded the Menopause Support Group at Croydon Council. Members stated that they felt the lack of inclusion of menopause was an oversight and it was agreed that the Chair would engage in a scoping exercise with the Director of Public Health for a future work programme item. The Director of Public Health explained that they had been involved in the development the Women's Health Strategy, which included menopause, and discussed the complexity of menopause support and the multiple partners responsible for providing these services and education around menopause.

Members asked why there had been less focus on the 'Aging Well' element, given that old age was featured as a key risk factor in many other reports, for example on COVID. The Director of Public Health explained that her Annual Report for the next year might consider this and that this report provided a reasonable overview of the whole life course and apologised if it was felt that the 'Aging Well' element was underrepresented. The Sub-Committee heard that the Director of Public Health report is an independent report developed on the health of the population, with a focus that the Director of Public Health chooses.

The Sub-Committee asked about the recommendations in the report, the budget for delivering these and how they would be prioritised. The Director of Public Health explained that this was not an action plan that this is an Independent report providing a compendium of health information for Croydon, and that Health Inequalities were not something that could be resolved by the local authority or NHS alone. The Director of Public Health explained that the report made a number of recommendations that reflected her view on measures that could be considered to reduce Health Inequalities that could be used by a number of organisations. Members heard that the Public Health budget was £22 million, but the content of the Annual Report was a separate statutory function to commissioning public health services with this ring-fenced funding, another statutory function of the Director of Public Health.

The Chair welcomed the content of the Annual report and stated that they hoped that Health partners in Croydon read and engaged with the recommendations. The Sub-Committee noted the report and thanked the Director of Public Health for taking the suggestions of Members into account for future Annual Reports.

The Corporate Director for Adult Social Care and Health explained that in South West London, a piece of work had been done around the Core20PLUS5 and this recognised the large Health Inequalities in Croydon. Members heard that the Director of Public Health and Health and Social Care were jointly engaged in work to ensure this resulted in additional funding for Croydon. The Chief Executive of Croydon Health Service NHS Trust stated that they felt the Annual Report was fantastic and agreed with the Corporate Director for Adult Social Care and Health that there were large Health Inequalities in Croydon. Members heard that funding allocations for Croydon were starting to change to target Health Inequalities and the greatest need as this was recognised; it was hoped that this trend continued. The Chair commented that Croydon had been historically underfunded in the context of South West London.

## 5/23 **Responding to Urgent and Emergency Care Pressures**

The Sub-Committee considered a report set out on pages 27 to 38 of the agenda which an update from Croydon Health Service NHS Trust on Urgent and Emergency Care Pressures. The Chief Executive of Croydon Health Service NHS Trust and Place Based Lead for Health introduced the item and summarised the key points of the report.

The Chair asked commented on Urgent and Emergency Care Pressures being a year round issue that was more acute at winter, and asked about any imminent short term risks. Members heard that the combination of Flu, COVID and other respiratory issues had added challenge and it was not yet known if this had reached its peak or whether the challenge would further increase. The impact on staff in Urgent and Emergency care was substantial, and cumulative whilst the pressures were high. Members heard that current industrial action was affecting Croydon through the London Ambulance Service strikes, but this was being managed well; a ballot for a Junior Doctors strike was ongoing and could lead to industrial action in March 2023.

The Sub-Committee asked about patient pathways and anecdotal evidence of patients presenting at A&E instead of GPs, due to long waiting times, and pressures caused by part-time GP working. Members asked what was being done to address this, manage demand and drive residents to enrol at GPs. Members heard that capacity in hospitals, community services and primary care was greater than ever before, and that there were now double the number of GPs at the front of A&E to divert appropriate cases. The Chief Executive of Croydon Health Service NHS Trust explained that as quickly as capacity was being created, this capacity was being used due to increased demand and the slowing down of the flow of patients through services. Members heard that it was crucial to look at expanding capacity and how this capacity was used at the same time to ensure services were efficient. This was being done in conjunction with colleagues in Health and Social Care and a national pilot to integrate services was due to start in Croydon called the Frontrunner programme.

Members asked about bed blocking and were informed that there was a system in place to check the status of patients in the hospital on a daily basis to identify expected discharge dates. These dates could be extended for a variety of reasons, and these factors all contributed to the figures of those who did not require medical care, but were still in hospital. The Sub-Committee heard that because this was multifaceted, the issue was complex to solve, but work streams were looking at all factors in collaboration with Health and Social Care. Members discussed anecdotal cases of patients who had been in hospital for a significant length of time due to mental health factors, and suggested that additional psychological help for these patients could increase rates of discharge. The Chief Executive of Croydon Health Service NHS Trust agreed that this was an important issue that need to be tackled as it affected all areas of the hospital. The Corporate Director for Adult Social Care and Health explained that there were different pathways for acute care and mental health cases and that both could be complex. Members heard that winter pressure was being monitored regularly to ensure the flow of discharges remained stable and that capacity was maintained; work on 'Pathway Zero' to support those with less complex needs to be discharged was ongoing by providing help with grocery shopping, making sure heating was available at home, etc. The Sub-Committee heard that ensuring discharges happened was important, but it was vital that support services were available in the community to enable this to happen. The Frontrunner Programme was looking at what was needed in Croydon to reduce the pressures of high demand on the hospital by growing reablement and joint care capacity. The Corporate Director for Adult Social Care and Health explained that they were working with partners across London in their capacity as the Director of Adult Social Services to ensure that patients who were residents could take beds in Croydon where possible, but that ultimately the goal was for patients to return to their homes.

The Chair commented on mental health as a topic on the work programme, and the prevalence of long-term hospital stays on mental health grounds. The Corporate Director for Adult Social Care and Health explained that there was work happening with the South London and Maudsley NHS Foundation Trust and the Bethlem Royal Hospital to support hospital discharge and that it was vital that support services and placements were available in the community for these patients.

Members asked whether Croydon was taking on patients who should be served by hospitals in other boroughs as a result of reduced capacity in other areas because of industrial action and other factors. The Chief Executive of Croydon Health Service NHS Trust responded that they had not seen a huge change in the numbers of patients from other boroughs during industrial action, but agreed with the Corporate Director for Adult Social Care and Health that these patients were often more difficult to discharge due to the need for two authorities to liaise on follow up support arrangements.

In response to questions on follow up community support and reduced funding for these services, the Corporate Director for Adult Social Care and Health explained that the authority had encouraged local partners to bid for



the Innovation Fund to deliver 'Pathway Zero'; this had been successful for the bids submitted by Age UK, the Red Cross and Croydon Neighbourhood Care Association. This was short-term funding until the end of March 2023, which would be monitored to see how this effected the flow of patients through the hospital, and whether 'Patient Zero' would be funded long-term. The Chief Executive of Croydon Health Service NHS Trust added that the Social Care Discharge Fund would be replicated next year.

The Sub-Committee asked how well new initiatives were being communicated to the public to empower them to make different choices around services. The Chief Executive of Croydon Health Service NHS Trust responded that partners had been engaged as new services were developed, and as they were offered to patients; it was acknowledged that this was not ideal, but the importance of communicating with individual families, communities and patients was noted, and it was explained that time was not always on the side of delivering comprehensive communications at the same time as delivering new initiatives.

The Chair welcomed the government's increase in short-term funding and the signs of good partnership working in Croydon. The Sub-Committee acknowledged that certainty and long term funding would be significant challenges that were largely not in the hands of the partners and needed to be addressed by central government. The Sub-Committee were of the view that certainty and proper funding were essential in making services work properly. The Corporate Director for Adult Social Care and Health added that the money from the Better Care Fund had arrived quickly, but that monitoring and reporting on the funding was extremely regular, and that criteria for spending was stringent and could not be used for preventative measures. The Chair thanked the Corporate Director for Adult Social Care and Health for their comments and raised concerns about the level of bureaucracy required to receive short term funding, and the lack of funding available for preventative measures.

6/23

### **Adult Social Care & Health Directorate - Budget & Performance**

The Sub-Committee considered a report set out on pages 39 to 70 of the agenda which provided the 2022/23 Period 7 (October 2022) budget and savings position, 2023/24 indicative savings and benchmarked key performance indicators for the Adult Social Care & Health Directorate. The Corporate Director for Adult Social Care and Health introduced the item and summarised the report.

The Chair thanked officers for the detailed report and key performance data, and asked about the Period 7 Financial Monitoring figures. It was noted that an underspend was predicted for 2022/23, and it was asked why savings had not been achieved in some areas. The Director of Adult Social Care Operations highlighted the area of Disability Transitions; it was noted that significant savings had been made but that there had been difficulties in meeting the targets that had been set. The department was looking to

address this through increased recruitment of staff to conduct reviews, as it was acknowledged that reviewing capacity was not sufficient; whilst there had been constant recruitment there had still been a shortfall in staffing. There had been better management of costs in the market since the start of the Director of Adult Social Care Policy & Improvement, by looking at ways to ensure the market remained resilient and was developed to provide better and more cost effective solutions.

The Sub-Committee heard that demand from 18-65 year olds was being well managed, and was the 19<sup>th</sup> largest of London boroughs; Croydon was the third best performing borough for reducing demand from over 65s from the previous year. The Director of Adult Social Care Operations explained that the direction of travel on many indicators was good and that all cases were scrutinised heavily to ensure the best value was achieved with safe and legal outcomes.

On Table 4, page 41, the Chair asked about the savings that had not been delivered and to what extent workforce issues had contributed to this. The Corporate Director for Adult Social Care and Health explained that all of these numbers were being tracked, and that reviews were ongoing alongside work to ensure that the flow from hospital discharges remained consistent. There was not sufficient qualified social worker capacity in the market, and so it had been important to look at skill mixes in officers to see where non-social worker roles could provide support. The Corporate Director for Adult Social Care and Health highlighted that the quality of work had not dropped and that culture change in the department was ongoing.

The Director of Adult Social Care Policy & Improvement explained that there had been issues with recruiting to Commissioning inside of Adult Social Care, and that good strategic commissioning was vital to delivering savings targets through a partnership approach with Operations. Commissioning capacity was now in place, it was thought that the department was in a much better place moving into 2023/24 to deliver a greater pace around reviews which it was hoped would make savings targets achievable. The importance of supporting staff who had been under significant pressure for an extended period was noted, and failure to do this properly was highlighted as a risk.

The Corporate Director for Adult Social Care and Health added that the Improvement Panel and Opening the Books accountants had been positive about the governance and pace of change happening in Adult Social Care, but highlighted the importance of increasing capacity so that other issues could be addressed, for example, submission of bids. The Corporate Director for Adult Social Care and Health explained that managing demand on the department was vital in ensuring that savings continued to be delivered. The Cabinet Member for Health & Adult Social Care commented on the increased scrutiny of the department, and the improvements in governance that had taken place over the last year.

The Chair stated that they felt there had been challenging targets set for Adult Social Care in March 2022, and acknowledged that workforce and

commissioning capacity had contributed to difficulty in achieving these in some areas. The Sub-Committee commended the Adult Social Work team in delivering the savings they had whilst maintaining service levels.

The Sub-Committee commented on concerns about compromising on the safety and quality of care packages in delivering savings and asked for reassurance that this was not the case. The Corporate Director for Adult Social Care and Health stated that this was not happening, and that all individuals were assessed to ensure that their care needs were met in the most cost-effective way that could deliver the best outcomes for the service user; it was also important that reviews were carried out in a timely manner. Members heard that the department was going through assurance and would be inspected to verify that this was the case.

Members asked about 'Resident Voice' and how the community were being engaged. The Corporate Director for Adult Social Care and Health explained that they were doing everything possible ensure information was out there in the community, through the 'Resident Voice' Group, the Carers Group and Carewatch. These groups were also members of the Assurance Panel who ensured that the department were operating safely and providing a good quality of care. It was acknowledged that sometimes mistakes did happen, and people made complaints, but these were looked at and addressed on a case-by-case basis. Safeguarding Adult Reviews were scrutinised to ensure learning and improvements could be taken on board alongside feedback from carers and the community. The Director of Adult Social Care Policy & Improvement explained that the new 'Resident Voice' group was being worked with to find the best ways to engage and embed learning into the directorates Communication and Engagement Plan. It was acknowledged that individuals took in information in a number of different ways, and that communications needed to reflect this to ensure engagement was effective.

The Chair brought the Sub-Committee's attention to the Key Performance Indicators (KPIs) in Appendix 1, and the 19% figure for '% of clients that have been reviewed who have been accessing long term support for more than 12 months at the end of the year 2021/22'. The Chair asked about the implications of not reviewing a service user for 12 months. The Director of Adult Social Care Operations explained that the statutory requirement in the Care Act was that clients were reviewed within 12 months, and that the figure in the report was poor. Members heard that it was possible that not all activity had been captured, which may have made figures worse; training to ensure there was accurate data recording in future had taken place. A lot of resource had been put into reducing Care Act assessment waiting lists, where risk was highest; now this was improved, it was thought there was increased capacity to conduct planned reviews and figures were moving in the right direction and at around 45-50%. A Reviewing Strategy was being developed with the aim of increasing this figure to 95%, looking at the needed resources and exploring the possibility of using an external partner to conduct reviews. Currently there were around 30 staff volunteers working additional hours at weekends to review cases; it was thought these volunteers would conduct around 1500 reviews in the coming year. It was highlighted that the risks of not reviewing

clients within this timeframe were around safeguarding and the non-delivery of savings.

Members asked if there were service users who had not been reviewed for significantly longer than 12 months. The Corporate Director for Adult Social Care and Health explained that there had been targeted reviews to deliver efficiencies, but there had been some clients who had not been reviewed for 18 months. There had been spot checks of these cases and it was noted that the clients usually had an assigned social worker who was working with them and seeing them regularly to make care plan adjustments, but this had not been recorded as a review. Other cases were clients with 'Shared Lives' who were actively being worked with, but again this had not been recorded as a review. Members heard that changes in data recording for these cases could improve the review KPIs and the Staff Group would be engaged to carry this out and that it would be monitored through dashboards. There were out-of-borough placements that also needed to be reviewed on a regular basis, especially those without family members. The Sub-Committee commended the spot-checking of data in this way.

Members asked about the risk of burnout for social workers with high caseloads. The Corporate Director for Adult Social Care and Health explained that those doing overtime on reviews were being monitored closely, as were caseloads to ensure that these remained manageable. The Director of Adult Social Care Operations added that the quality of work was also being monitored, and that Heads of Service and Team Managers were watching caseloads to ensure the quality of work remained high. Outstanding reviews had been organised by the age of the cases to ensure these were tackled in an appropriate order.

The Chair pointed to the figures on the 'Rate of 18-64 clients per 100,000 accessing nursing or residential long term support as at 31 Mar 22' and asked about 'Use of Resources' data. The Director of Adult Social Care Policy & Improvement explained that there had not been 'Use of Resources' data when targets were set, and these had originally been set on a 3% growth limit. Members heard that reducing this figure was as much about conducting reviews of those accessing nursing or residential long-term support to see if there were viable alternatives for clients, as it was about looking for alternatives at the point where clients were initially entering care. The Sub-Committee heard that work with the market was also important, and the example of entering strategic provider relationships for assisted living as opposed to spot purchasing was given; a market position statement on future demand and support models was in development for publication in 2023.

The Chair asked about the issue of self-funders who ran out of money and ended up as Croydon clients, creating financial pressure. The Corporate Director for Adult Social Care and Health explained that there had been funding streams available for buying beds and that this had been pushed back on as it created additional risk for Croydon by inflating the market. Across South West London, a letter had been written by the Association of Directors of Adult Social Services to raise concerns about this, and other authorities

buying beds in the borough to a similar effect; the preference was for people to return to, and receive care in, their own homes whilst retaining as much independence as possible. The Director of Adult Social Care Policy & Improvement agreed that self-funders did present a significant risk to Croydon, and explained that a 'Fair Cost of Care' exercise had been carried out over summer 2022 with residential, domiciliary and nursing home providers with figures still due to be published. Members heard that it was incredibly difficult to identify the number of self-funders, but it was thought that this was around 1,000 people, or a third of the total number. Inflation presented challenges for self-funders and the longer high inflation persisted, the greater risk there was to Croydon. Modelling had taken place on the number of self-funders to prepare for anticipated charging reforms, and when self-funders would likely need to come to the Council for support. Demand and inflation modelling was being incorporated into the budget setting for 2023/24 to ensure proper growth bids were in place and that the budget was sustainable.

The Chair related a question from Selhurst Ward Councillors about plans in the 2023/24 budget for closing the Whitehorse Day Centre and Cherry Orchard Garden Centre, both of which catered to residents with learning disabilities. It was asked if the impacts of these closures had been properly assessed, whether there had been sufficient consultation with service users and if the proposed savings were significant. The Corporate Director for Adult Social Care and Health explained that they would be meeting with Ward Councillors to discuss this in January 2023; the Whitehorse Day Centre service would not be closed, but there was work to find alternative buildings to provide efficiencies. The Sub-Committee heard that service users of both sites were being engaged on the plans, and that no decisions had been taken on either site. The Corporate Director for Adult Social Care and Health stated that an Equality Impact assessment on the proposals had been completed. Members heard that all provisions in the directorate had been looked at through the lens of statutory provision, which running a garden centre was not, however use of the Cherry Orchard Garden Centre featured on the care plans of 11 service users, all of which would need to be looked at closely should it close to find alternative provision. In addition to this, there were nine volunteers who worked at the Centre who would also be carefully considered for alternative provision. The decision on these sites would ultimately be made by Members and it was acknowledged that the potential savings were not large in and of themselves but contributed to wider financial figures. A comprehensive report considering all factors would be provided to support any decision that was made. The Whitehorse Day Centre supported 65 people on average and work was ongoing with these individuals, their families and staff; none of the staff or care packages for service users were at risk, as a new location for these services was being investigated. It was highlighted that both sites required ongoing investment, should they be retained, and that services were moving to an 'Active Lives' approach to ensure that people were engaged in the community, as opposed to building based services.

The Chair asked about the proposed deletion of the 'Active Lives' post, and the Corporate Director for Adult Social Care and Health explained that this

was a vacant post and would not have a detrimental effect on the service as a whole. The Chair stated they were heartened by responses given by officers on the 2023/24 and current 2022/23 budgets and the good understanding of risk inherent in the proposed savings.

## **Conclusions**

The Sub-Committee were of the view that the Adult Social Care and Health directorate were in a reasonably strong position in managing its budget.

The Sub-Committee were of the view that the Corporate Director for Adult Social Care and Health had a good understanding of the risks involved in delivering the 2022/23 and 2023/24 budgets.

The Sub-Committee were confident that the Adult Social Care department were on track to deliver the 2022/23 budget.

The Sub-Committee were of the view that, as discussions on other options were ongoing, they could not reach a view on whether better options for savings existed.

The Sub-Committee were of the view that the Cabinet Member and department understood the impact of savings proposals on service users and the wider community.

The Sub-Committee were of the view that proposed budget for 2023/24 appeared to be deliverable, sustainable and did not present an unacceptable risk.

7/23

## **Healthwatch Croydon Update**

The Sub-Committee received an update from the manager of Healthwatch Croydon, and co-opted member of the Sub-Committee, Gordon Kay, on the latest activity of his organisation on pages 71 to 204 of the agenda and in the attached slides.

The Chair related an experience of using NHS111 in an emergency, and stated that this had resulted in them being put on the correct pathway; the study was commended and it was asked when it was likely the recommissioning of NHS111 would be seen in Croydon. Gordon Kay responded that there was a wider piece of work around increased capacity in the South of the borough but was encouraged that additional GP capacity could now be booked through NHS111.

Members asked about the difference between GPs and GP Hubs, and confidence in the new A&E service. The Sub-Committee heard that GP Hubs were meant to be an intermediary step between a GP and a hospital, but provided limited services. Members heard there was confidence that those

who went to A&E would be seen, and that there were high satisfaction rates for those who got to A&E early in their pathway.

The Chair asked if there were any topics from the report that should be included on the work programme and heard that the system should be monitored on a whole and viewed from the patient perspective. The Chair commended the report and thanked Healthwatch for providing it to the Sub-Committee.

8/23 **Scrutiny Work Programme 2022-23**

The Sub-Committee considered a report on pages 205 to 208 of the agenda, which presented the work programme for review.

The Chair noted that Menopause would be added to the work programme, following a scoping exercise with the Director of Public and Councillor Benson. It was noted that scoping exercises would also be conducted on the two items scheduled for the April 2023 Sub-Committee. The Sub-Committee stated that it was keen to conduct some in person meetings in preparation for these items.

The meeting ended at 9.16 pm

**Signed:**

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**Date:**

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## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>HEALTH AND SOCIAL CARE SUB-COMMITTEE</b>
<b>DATE OF DECISION</b>	<b>4 April 2023</b>
<b>REPORT TITLE:</b>	<b>Croydon's Mental Health Transformation</b>
<b>CORPORATE DIRECTOR</b>	Annette McPartland Corporate Director Adult Social Services
<b>LEAD OFFICER:</b>	<b>Simon Robson</b> Director of Operations, Adult Social Care and Health  <b>Hilary Williams</b> Service Director South London and Maudsley NHS Foundation Trust
<b>LEAD MEMBER:</b>	Councillor Yvette Hopley Cabinet Member for Health And Adult Social Care
<b>AUTHORITY TO TAKE DECISION:</b>	This report was scheduled for the scrutiny of Health & Social Care Sub-Committee as part of its annual work programme.
<b>WARDS AFFECTED:</b>	<b>All</b>

## 1 SUMMARY

- 1.1 On 21 March 2023, representatives from the Croydon Health and Social Care Sub-Committee attended the Bethlem Royal Hospital, for an engagement session with key strategic leaders aligned to the delivery of adult mental health services in Croydon.
- 1.2 The focus of the session was on Croydon's Mental Health Transformation, with the accompanying slide deck (appendix 1) to this report providing additional detail.
- 1.3 There is now the opportunity in this full Health and Social Care Scrutiny Sub-Committee meeting, for the wider committee Members and public to listen to the presentation, and for Members to ask questions.
- 1.4 For reference, a detailed report titled, '**an overview of mental health provision in the borough**' came to this Committee in March 2022. Mental Health provision was also subsequently noted in the broader '**health & social care overview**' report to the Committee in June 2022. Links to both reports are provided below.

## 2 RECOMMENDATIONS

- 1.5 The Sub-Committee Members are recommended to:
  - Note the strategic direction on mental health transformation.
  - Comment on the highlighted risks and challenges from the presentation; identifying topics the Committee wish future reports to focus on.

## 3 NEXT STEPS

- 3.1 Following receipt from Committee Members on further areas for focus, officers will prepare detailed reports for presentation at the designated future meeting.

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### CONTACT OFFICER:

Annette McPartland  
Corporate Director, Adult Social Care & Health

### APPENDIX 1: Croydon's Mental Health Transformation – Presentation

#### Background Reports:

#### March 2022: Health and Social Care Scrutiny Sub-Committee

**Report:** An Overview of Mental Health Provision in the Borough

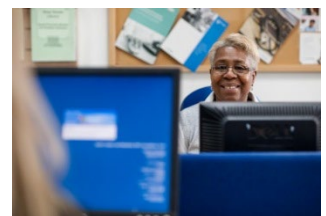
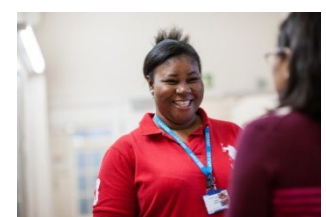
<https://democracy.croydon.gov.uk/mgChooseDocPack.aspx?ID=2651>

#### June 2022: Health and Social Care Scrutiny Sub-Committee

**Report:** Health & Social Care Overview

<https://democracy.croydon.gov.uk/mgChooseDocPack.aspx?ID=2943>

# Croydon – Health & Social Care Sub-Committee 4 April 2023



# South London & Maudsley

South London and Maudsley NHS Foundation Trust is one of the country's largest and most complex multi-site providers of mental health services.

We provide the widest range of specialist mental health services in the UK, including mother and baby services, eating disorders services and child and adolescent services.

We provide local services in four culturally diverse south London boroughs, each with high levels of deprivation and need. We pioneer better health and wellbeing, locally and globally, through integrating excellence in research, education and training, and patient care.



# Our Trust in Numbers



NUMBER OF STAFF  
**5,063**

We serve a  
population of  
**1.3 million**  
people



**716**  
BEDS ACROSS 8  
INPATIENT SITES

**24** step down  
crisis flats

**52** inpatient wards

5 initiatives shortlisted for the HSJ  
Patient Safety Awards 2021 and  
won 2 partnership awards



**RATED GOOD IN  
CQC INSPECTION**

**41,064** patients being  
cared for in the community

**54** community sites



**268**  
Community Inpatient  
and outpatient services

47 community based  
mental health teams

**50** National  
Services



**SIX**  
beehives at  
Bethlem  
Royal Hospital

30 CAMHS mentors who support  
young people in the community

One of four Patient  
and Carer Race Equality  
Framework national  
pilot sites

**£503m**  
ANNUAL TURNOVER

More than **9,000**  
Covid-19 vaccines



Over 85% of frontline staff  
have had a Covid-19 vaccine  
since January 2021



1st mental  
health  
biomedical  
research  
centre

World leading pharmacy  
in mental health medicines  
research with around 300  
scientific papers published  
and top mental health trust  
in England for number of  
research studies

**£140m**

Capital projects  
and modernisation  
programme

87% would recommend  
the Trust to friends and  
family



**250**  
telephone befrienders  
supporting service users  
during the Covid-19 pandemic

# Bethlem Royal Hospital

- We have a number of services based on the site including eating disorders, the National Autism Unit, Child and Adolescent Mental Health, as well as the Psychiatric Intensive Care Unit.
- We have an outdoor gym available for the use of patients and service users.
- Our Bethlem Occupational Therapy garden offers those using our services a chance to grow fresh organic produce which is then used in the River House café.
- The Bethlem Royal Hospital site offers a range of community focused amenities including:-
  - Bowls
  - Football Club
  - Dog walking
  - Park run
  - Museum of the Mind



# Geography

## SWL CCG



Croydon Health Services is an integrated acute and community Trust and is a provider in the Acute Provider Collaborative for South West London as well as being aligned with SWL CCG

The Home Office – UK Visas and Immigration is based in Croydon

Croydon has one of the largest Care Home markets with 120 Care Homes in the borough

54% BME, job density rate is lower than both the national and London rates

## Case: Croydon December 2022

The Local Authority footprint was co-terminus with Croydon CCG; a key driver in the decision to form a Health and Care Alliance

There are 9 PCNs covering Croydon

Croydon is in the **top 5% most deprived areas in the country** under the Health Deprivation and Disability

Croydon Council provides both Adults and Children's Social Care, providing opportunities for joint-working

The people of Croydon identify strongly with the borough and their communities; there is a powerful legacy of active citizenship

Croydon has well-established local voluntary partnerships across the borough jointly commissioned by health and care

# What is One Croydon?

The One Croydon alliance brings together six organisations, with a single ambition to work as one and to improve health and care outcomes, through integration and removing organisational barriers

Our journey began with a focus to tackle the challenges of an ageing population. Our success led to extending the alliance ambition for the whole population. We are seeing benefits across the board

We want to share our learning from a journey that began five years ago and show that wide scale system change can happen and truly help improve outcomes





# The Croydon Context:

The Croydon population is estimated to grow by approximately 12% over the next 15 years (to 2035) and prevalence of all mental illnesses is also likely to increase due to changes in demographics. In 2020, an estimated 46.3% of Croydon residents were white and an estimated 53.7% were BAME. By 2025 it is projected that this will be 44.3% white and 55.7% BAME. An estimated 8,837 people live in areas across Croydon, considered to be within the 10% most deprived in the whole country. In 2019, Croydon had the highest number of 0-17 year olds in London. In March 2021, Croydon had the highest number of unaccompanied asylum seeking children and, therefore, the highest number of children looked after in London. 1/3 of all Croydon's children looked after were an unaccompanied asylum seeking child. 15% of all of London's unaccompanied asylum seeking children were looked after by Croydon council.

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## MENTAL HEALTH

Half of all mental health problems begin by age 14 years. Again, with delayed or no diagnosis and consequently inadequate treatment or management – significant numbers of children may grow into adulthood less resilient and ill-prepared to be able to flourish.

## CROYDON HAS A DIVERSE POPULATION

In 2017



**49.3%** of Croydon are White\*

(includes 'White British', 'Other White' and 'White Irish')



**50.7%** Black, Asian and Minority Ethnic (BAME)

### BY 2025 THIS WILL BE

**44.4%** White

**55.6%** BAME\*



Source: 2015 Round SHLAA based projections, GLA

The map shows that **10,261 people**<sup>14</sup> live in areas across Croydon, considered to be within the **10% most deprived** in the whole country (the darkest 2 shades of purple on the map)



Source: 2015 Indices of Deprivation, Department of Communities and Local Government

## MENTAL HEALTH



**CHILDREN IN POVERTY**

mental health problems are **3x** more common in children in households with lowest 20% of income<sup>33</sup>.



**PARENTAL MENTAL HEALTH**

emotional and conduct disorder is **4-5x** as common in children of those with poor parental mental health<sup>34</sup>.

## MENTAL HEALTH

Just 8 per cent of people with schizophrenia are in employment, despite evidence that up to 70 percent of people with severe mental illness express a desire to work.



Roughly

**1 in 3 of all London's**

unaccompanied asylum seeking children (UASC)

**are in Croydon**



the Council has parental responsibility for them.

Source: 2015/16, looked after children statistics, www.gov.uk

# Future Vision - Health & Care Plan Mental Health Priorities 2021 – 2023

<p>Improve the Community Mental Health pathway – Underpinned by Prevention &amp; Early Intervention</p> <ul style="list-style-type: none"> <li>• Deliver Mental Health Wellbeing Spaces for Croydon in Central, North, South-East and South-West Localities</li> <li>• Re-establish the Dementia Action Alliance (develop a Dementia Strategy)</li> <li>• Strengthening Mental Health and Substance Misuse Pathways</li> </ul>	<p>Delivering the Long Term Plan ambitions with a focus on: Perinatal Mental Health, Maternity Mental Health Services &amp; IAPT.</p>
<p>Improve the Crisis Mental Health Pathway – Underpinned by Prevention &amp; Early Intervention</p> <ul style="list-style-type: none"> <li>• Establish a Mental Health Clinical Assessment Unit at Croydon University Hospital</li> <li>• Strengthen both the non-clinical / clinical provision and care pathways for those experiencing a mental health crisis</li> </ul>	<p>Delivering the Long Term Plan ambitions with a focus on: Mental health crisis, Therapeutic Acute and sustaining successful winter pressure initiatives.</p>
<p>Provide greater Mental Health support in primary care – Underpinned by Prevention &amp; Early Intervention</p> <ul style="list-style-type: none"> <li>• Introduce new clinical &amp; non-clinical roles focused on mental health</li> <li>• Strengthen the care pathways for mental health from secondary care to discharge to primary care</li> <li>• Agree shared care protocol between secondary care and primary care</li> </ul>	<p>Delivering new roles: MHPICs and PCN MH Practitioners for each PCN.</p>
<p>Establish a clear pathway for people with a serious mental illness to facilitate step down to more independent living</p>	<p>Deliver the Integrated MH Review Team, enhanced MH brokerage offer and enhanced services for ASD &amp; neuro developmental needs in addition to their mental illness to ensure timely assessments and appropriate care.</p>
<p>Enhance Partnership Working – Moving to an Integrated Care System (ICS)</p> <ul style="list-style-type: none"> <li>• Establish a Mental Health &amp; Learning Disability Joint Commissioning Boards to develop our commissioning plans, review current provision and market relations, and to ensure our collective resource is being used appropriately to support individuals with health and social care needs with a focus on prevention and early intervention</li> </ul>	<p>Operationalise the Joint Commissioning Boards to deliver the MH Priorities for Croydon</p>
<p>Address the Health Inequalities for Mental Health across Croydon – Underpinned by Prevention &amp; Early Intervention</p> <ul style="list-style-type: none"> <li>• Implement the Ethnicity Mental Health Improvement Programme</li> <li>• Implement phase 3 of PCREF Programme</li> </ul>	<p>Deliver a range of interventions co-produced with local communities that materially improve access, experience and outcomes.</p>

# Where we were...

## The 'As Is' Pathway

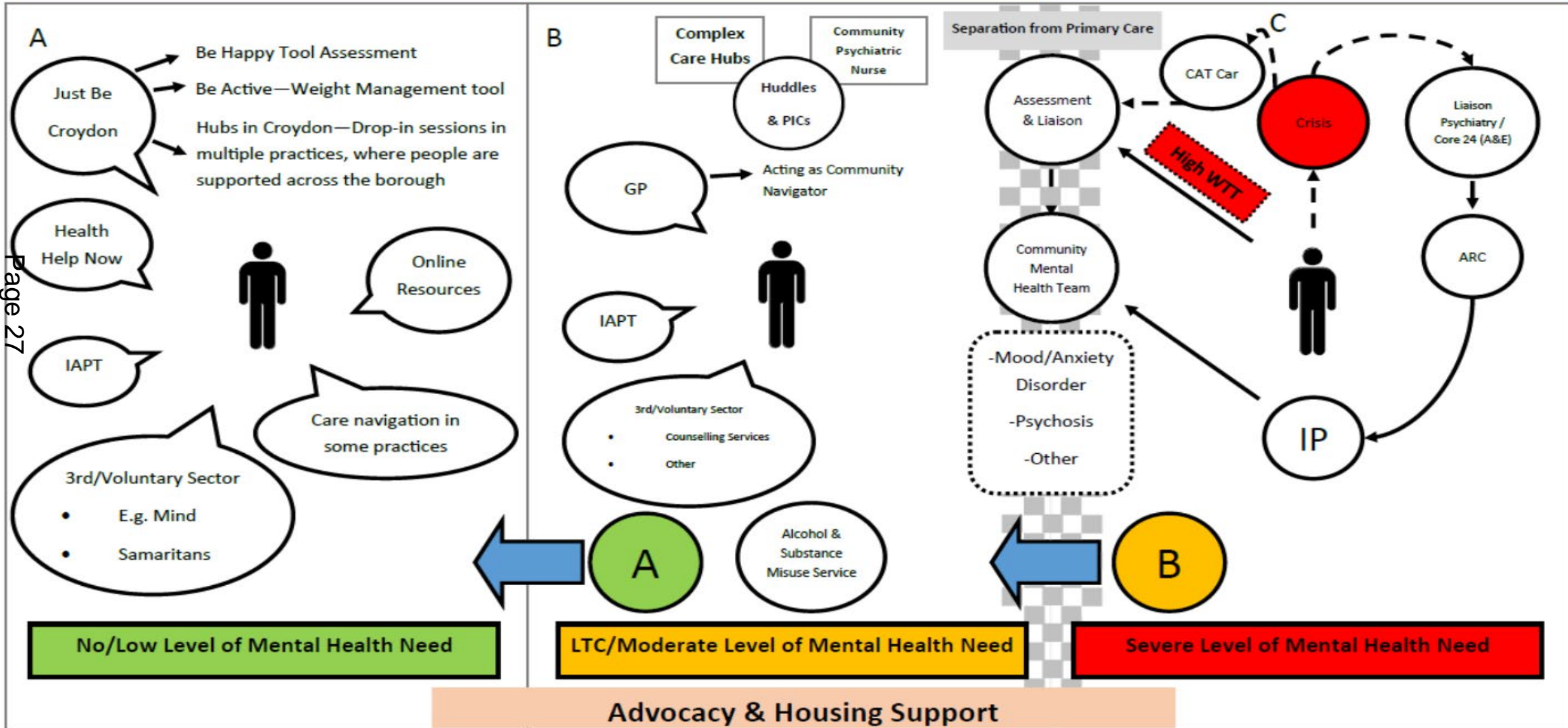
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### Overview System Map — Mental Health Croydon

Prevention & Self-care

Primary Care / Community

Secondary Care

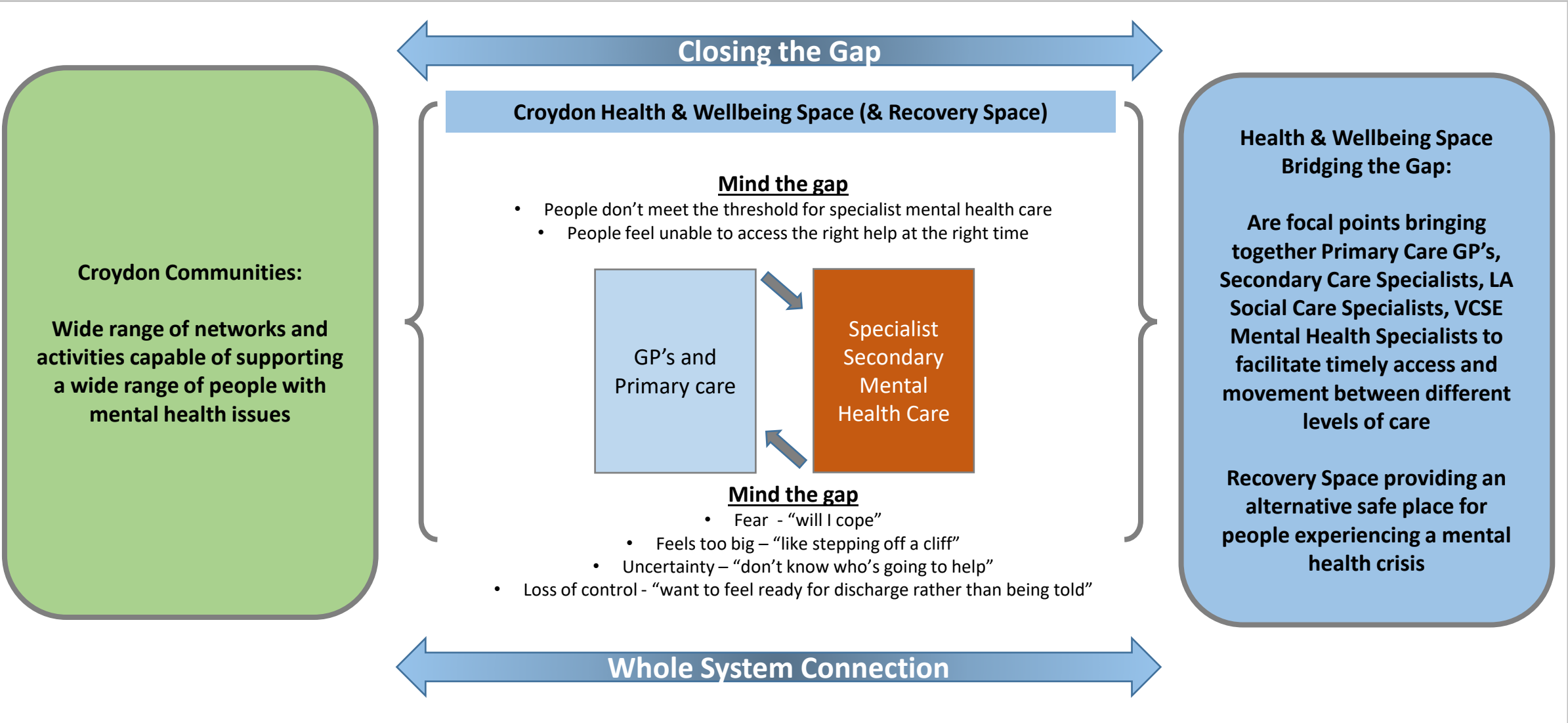


# Strategic Context – Phased Delivery of Vision

Our 'Blueprint' for delivering the 'vision': 'what good looks like'...

Phase 1: Meeting the Ambitions of the Five Year Forward View (FYFV)	Phase 2: Meeting the Ambitions of the NHS Long Term Plan	Phase 3: Shifting Settings of Care (Cultural Change; Workforce; Thresholds)
<b>2019/20 – 2020/21</b> (Covid delayed starts)	<b>2021/22 – 2022/23</b>	<b>2023/24 – 2024/25</b>
<p><b>Funding source:</b> NHSE Crisis Transformation Fund</p> <p><b>Strategic Aim:</b> Meeting the ambitions set-out in the 5yr Forward View (FYFV)</p> <p>Establishment of a Recovery Space (crisis café)</p> <p>Local Commissioned Scheme for SMI Health Checks and Longer Appointments</p> <ul style="list-style-type: none"> <li>• MH Advice Line for GPs</li> <li>• MH PIC workers in GP Huddles &amp; ICN+ MDT's</li> <li>• Peer Support Workers</li> <li>• CMHT Restructuring</li> <li>• Stabilising Voluntary sector – longer contracts</li> <li>• MH Local Voluntary Partnership – Grant funded initiatives</li> <li>• strong focus on improving care for people with learning disabilities and autism</li> <li>• Strong focus on carers / families</li> <li>• IPS Wave 2</li> <li>• Health Education England training for care coordinators</li> </ul>	<p><b>Funding source:</b> Mental Health Investment Standard and Spending Review Allocation</p> <p><b>Strategic Aim:</b> Meeting ambitions in NHS Long Term Plan</p> <ul style="list-style-type: none"> <li>• Establish a Pilot Health &amp; Wellbeing Space – Open Access in Central area 2021/22, 2nd Space in North area 2022/23</li> <li>• Intermediate supported accommodation for step down (Shared Lives – implementation started in 2020/21, Enhanced Crisis pathway in 2021/22)</li> <li>• Health &amp; Wellbeing Spaces and MHPICs to work closely with each of the 6 ICN+ Localities &amp; Community Hubs</li> <li>• Implementation of the Autism Strategy</li> <li>• Managing transition from CAMHs to Adult MH</li> <li>• Further support in workplace (awareness / resilience)</li> <li>• Reducing Health Inequalities - Ethnicity in Mental Health Improvement Programme (EMHIP) &amp; Patient Carer Race Equality Framework (PCREF)</li> </ul>	<p><b>Funding source:</b> Mental Health Investment Standard / Shifting Settings of Care (i.e. transferring resource and activity from secondary care to community and primary care)</p> <p><b>Strategic Aim:</b> meeting ambitions in NHS Long Term Plan / funding social care and housing</p> <ul style="list-style-type: none"> <li>• 3rd Health &amp; Wellbeing Space in South area 2023/24 (may require 2 smaller hubs to cover the geography)</li> <li>• Benefits Realisation from phases 1 &amp; 2 – Begin to see improved access, experience, and outcomes especially for Ethnic Minority Communities</li> <li>• Delivering a Modern Acute Mental Health Hospital</li> <li>• Shifting activity and resource from secondary care to primary care and communities</li> <li>• Enhancing primary care and community support further</li> <li>• Improved psychological support</li> <li>• Improved social care support</li> </ul>

# Integrated Whole System Approach



# Mental Health Transformation Programme Plan

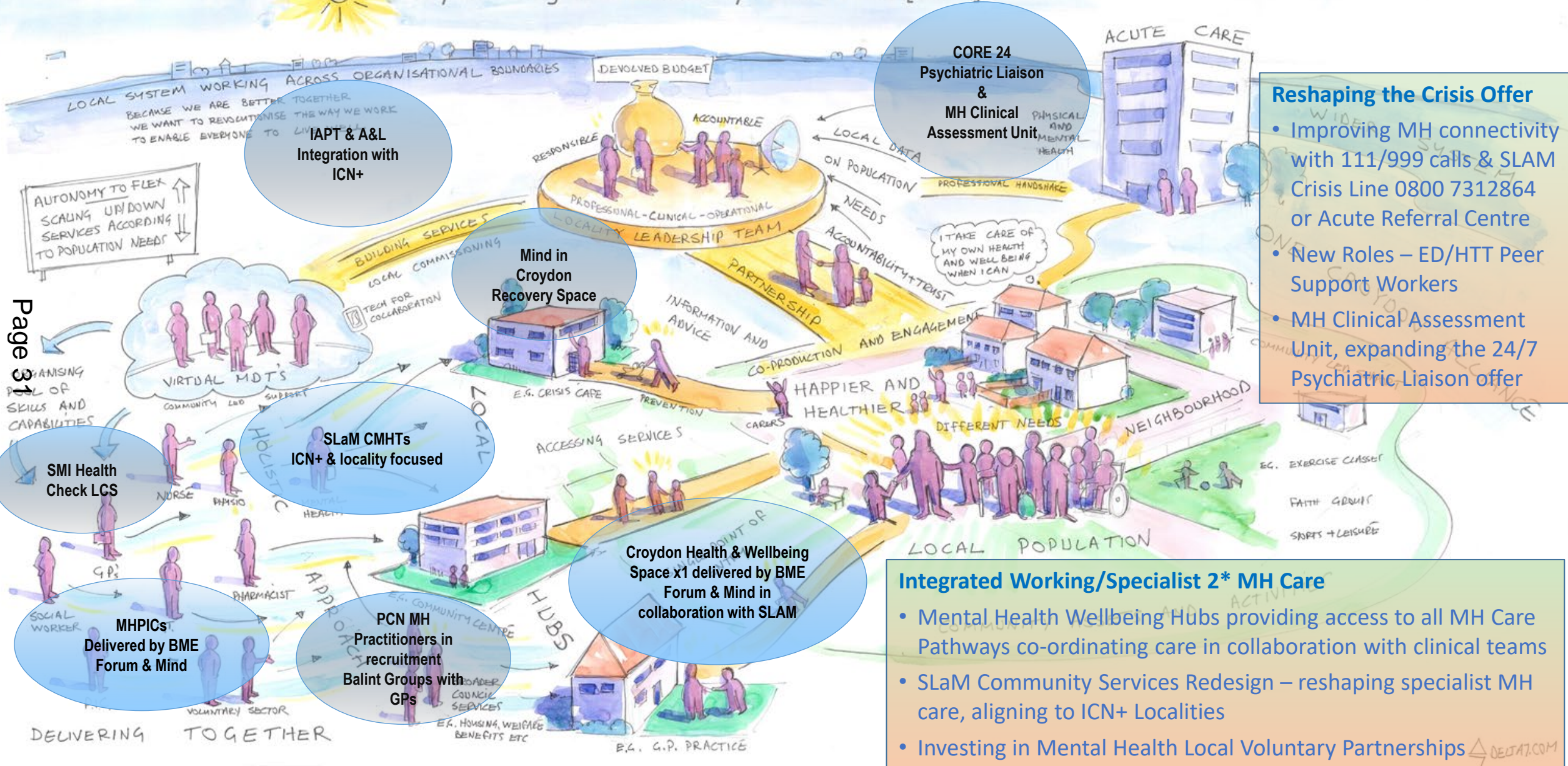
All workstreams aim to address health inequalities & monitored quarterly with 6mthly evaluations to measure impact & system benefits



Scheme	2019/2020	2020/21	2021/22	2022/23	2023/24	
<b>Mental Health Local Voluntary Partnership Initiatives:</b> (over 2yrs) <ul style="list-style-type: none"> <li>Turkish Youth &amp; Community Association – MH Community Development Worker (CDW)</li> <li>Asian Resource Centre Croydon – MH Champions</li> <li>Croydon BME Forum – Wellness Advisor in addition to CDWs</li> <li>Croydon Drop-in – Young Adult Transitions</li> <li>Body &amp; Soul – Legal, Practical Support &amp; Counselling for HIV+ sufferers</li> <li>Disability Croydon – MH Drop-in Centre &amp; Café and access to digital support</li> <li>Palace for Life Foundation – Coping through football (SMI Focus)</li> <li>Mind in Croydon – Counselling creating surge capacity</li> </ul>	One Croydon Local Voluntary Partnership Approach underway led by Council.	Mental Health Grant funding agreed with invitations to bid and 8 successful initiatives starting Mar'21	Quarterly Monitoring to evaluate impact and adjust service delivery where required	Evaluation of impact at 12-18mths to inform commissioning decisions for contracting Apr'23 onwards		
<b>Recovery Space</b> – alternative Safe Space to A&E for MH crisis. 6mths evaluation May 2021, 12mths Nov	Plans developed but delivery delayed (Covid)	Delivered Oct'20	12mth Eval decision to commission	18mth pilot ends – Commission Service		
<b>Croydon Health &amp; Wellbeing Space / ICN+ Localities</b> – “One stop” single point of access approach to delivering an integrated mental health offer.	Planning started Oct'19		Hub 1 Sept'21	Hub 2 Apr'22	Hub 3 Apr'23 – Commission Service	
<b>Reshaping Secondary Care Community MH Services</b> – simplifying the specialist mental health offer that aligns with MHW Hubs & ICN+ Localities. Phase 3 implementation to scale from Apr21	Phase - engagement, co-production & design	Phase1	Phase 2	Phase 3 implement at scale Generic Teams aligned to hubs, PCNs/ICN+		
<b>Mental Health Personal Independence Co-ordinators (MH PICs)</b> – A new Voluntary sector role to provide practical support for people experiencing MH issues across primary/secondary care. Mobilised Mar21. 6mth Evaluation by end of Q3	Planning started Oct'19	MHPICs start Apr'21	12mth Eval decision to commission	Hub 3 Apr'23 – Commission MHPIC Service		
<b>Mental Health Assessment Unit (MHAU) at CUH</b> – 4 dedicated MH bays next to the ED to assess those patients presenting with mental health symptoms to sufficiently ascertain the most appropriate onward service and package of care within a timely manner, thus leading to a smooth and efficient patient flow out of the ED. The service model will be a fully integrated model including physical health, mental health and the voluntary sector.		Phase - engagement, co-production & design	Delivered May'21	6mth Eval decision to commission	Commission Service	
<b>Ethnicity Mental Health Improvement Programme</b> – Reducing inequalities at pace & scale			Scoping & Identifying interventions Q3'21	Business case	Implementation & evaluation	Commission Service
<b>Shared Lives Enhanced Pilot</b> – to enhance the shared lives scheme and offer placements to support people to avoid crisis admissions and also to step down people from inpatient beds.	Plans developed but delivery delayed (Covid)	Delivered Jan'21	12mth Eval decision to commission	Commission Service		

# Where we are..... Mental Health Transformation – Improving Outcomes

## Croydon Integrated Community Network Plus [ICN+] Vision



**CORE 24**  
Psychiatric Liaison  
&  
MH Clinical  
Assessment Unit

**IAPT & A&L**  
Integration with  
ICN+

**Mind in  
Croydon  
Recovery Space**

**SLaM CMHTs**  
ICN+ & locality focused

**Croydon Health & Wellbeing  
Space x1 delivered by BME  
Forum & Mind in  
collaboration with SLAM**

**Reshaping the Crisis Offer**

- Improving MH connectivity with 111/999 calls & SLAM Crisis Line 0800 7312864 or Acute Referral Centre
- New Roles – ED/HTT Peer Support Workers
- MH Clinical Assessment Unit, expanding the 24/7 Psychiatric Liaison offer

**Integrated Working/Specialist 2\* MH Care**

- Mental Health Wellbeing Hubs providing access to all MH Care Pathways co-ordinating care in collaboration with clinical teams
- SLaM Community Services Redesign – reshaping specialist MH care, aligning to ICN+ Localities
- Investing in Mental Health Local Voluntary Partnerships

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# Ethnicity Mental Health Improvement Programme



## 5 KEY INTERVENTIONS

The Ethnicity and Mental Health Improvement Project (EMHIP) is a system-led partnership with a specific objective to reduce ethnic inequalities in access, experience and outcome of mental health care and will link to SLaM's Patient Carer Race Equality Framework (PCREF) development.

### Aims of the project:

- Achieve a more detailed and granular understanding of the extent and nature of ethnic disparities in mental health care in Croydon
- Develop a bespoke whole-system intervention programme to reduce ethnic disparities in access, experience and outcome in mental health care in Croydon
- Implement this intervention within the local mental health systems
- Monitor and evaluate the process and outcomes



### Community at the Heart

#### Mental Health & Wellbeing Hub

- First intervention / Adaption to a mobile model
- Bid for Health Inequalities Fund
- Whole-family approach
- Non-clinical service, supported by a psychologist
- Linked to the Health and Wellbeing Spaces
- Linked in with specialist care pathways (*DASV, perinatal mental health, family hubs, mental health teams*) – priority is to **bring everything together to the community.**
- Plans to fully integrated with LTC health care pathways and physical clinics (*diabetes, respiratory and cardiovascular*) supporting communities by linking the mind and the body
- Launching 2023



#### Systemic Family Therapy Training

- Training up our local faith and community leaders
- Level 6 Accredited Course, Two Year Commitment, commenced from Sept 2022
- 19 Students Registered, range of ages
- Students from Black Caribbean, Black African and South East Asian backgrounds
- From the Christian and Muslim faiths
- Weekly sessions held at the BME Forum
- Building community champions: the aim is to provide local residents with the skills to support their own communities
- Mental Health and Wellbeing Hub Psychologist will also support these students within their communities



# Co-production

**Recurring themes:** services feel fragmented, hard to access, poorly-tailored to different Ethnic Minority communities, too focused on crisis and reactive treatment not well-being and prevention. There is a need to rebalance this and ensure there are new roles to support people, mental health 'champions' to be embedded in community groups, third sector and peer support, enabling self-care and opportunities to improve well-being through work, social activities and exercise.

A summary of the engagement that took place to support the development of the original business case for Mental Health Wellbeing Hubs:

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## Engagement and Co-production events:

- Transformation Workshop (MHPB) – June 2018
- All MHPBs transformation is a standing item – monthly 2018
- Grassroot events – July 18 & November 18
- Community Hub Delivery Group 17 September 18
- Enhanced Primary Care Delivery Group 14 September 18
- Community Hub Delivery Group 1 October
- Croydon MH Forum (Hear Us) - February 2019
- Healthwatch Croydon. Meet the Changemakers Mental Health - July 2018
- With Public Health - Thrive London Borough wide event - July 2018
- Other Grass roots events
- with South-west London Association for Pastoral Care in Mental Health - Sept 2018
- With AGE UK & ASKI BME Elders - MH prevention - March 2017 & May 2018
- Croydon College - LGBT group - June 2018
- Engagement will continue with design and development based on principles of co-production

## The Woodley Review

echoed the issues raised through co-production events, emphasising:

- Long waiting times and delays in hospital admission.
- Voluntaries disenfranchised from decision making & strategic thinking with Commissioners working in silos

All the Woodley and Co-produced recommendations have informed and underpin the Croydon Mental Health Transformation Programme. Co-production has continued throughout service design, building community capacity & ensuring a focus on BAME communities at every organisational level of the decision making process

## Additional Service User, CCG, LA, Voluntary Sector engagement:

- Hear Us Presentation 7<sup>th</sup> May 2019
- Governance discussions with LA and One Croydon Apr-May 2019
- Public Health discussions with LA Mar-May 2019
- Discussions with MIND to repurpose contract Apr-May 2019
- BAME Workshop June 2019
- LMC Engagement June 2019
- Discussions with Autism Carers Group Apr 2019
- On-going discussions with CCG Clinical Lead

# Case Study – Client \*Joseph

*\* not his real name*

## Background

Joseph came to the Space looking for support around his employment, his finances and his mental health. Although he could identify a lot of the issues he is going through, he felt overwhelmed by them all and didn't know where to start in tackling them.

## Actions Taken

One of our support workers booked Joseph in for a one-to-one appointment and suggested that he make a mind map of his three main areas of support in time for the appointment in order to help him identify where he might begin. On this appointment Joseph produced the map and his support worker helped him prioritise. Cover letters in particular made J anxious. The support worker suggested to Joseph that it might be a good idea to write a cover letter bit-by-bit as to not overwhelm him and demotivate him. Joseph was encouraged by this and said that he would try it before the next appointment.

## Outcomes

Joseph was connected with an employment support service. At the next appointment, Joseph told the support worker that he had written a whole cover letter and was feeling much more positive in applying for jobs. Joseph also informed the support worker that he has been living with OCD since he was in his teens and would like some support with it, as it has been negatively affecting him for a long time. After some discussion about his feelings and mental health, Joseph was keen to be referred to the psychologist at CHWS and with the support workers support completed a questionnaire for the CBT therapist to use and was then referred to their service.

# Case Study- “Recovery Space”

(Mind in Croydon)

## Background

- Mr A was referred by the MH Liaison Team at CUH for Emotional Support, Psychological Intervention, Social Inclusion, Information, Activities to Assist Daily Living
- A phone call assessment by Recovery Space staff happened whilst Mr A was waiting for an ambulance to go to the Emergency Department again. The assessment resulted in Mr A cancelling the ambulance and going to the Recovery Space instead

## As a result of the Recovery Space involvement Mr A is now...

- engaged with other services.
- able to focus and feels motivated to action his personal recovery plans.
- not drinking alcohol or calling for an ambulance when anxious.
- supported to achieve & engage with services to continue to work on the reasons for referral.
- self reporting on the Recovery Star as learning or being self reliant in 9 out of the 10 areas e.g. managing his mental health, trust and hope, which is a marked difference from when he started, scoring 1 or 2 e.g. feeling stuck or struggling to accept help.

## What did we do?

- The HTT were able to provide Mr A with his medication whilst at the Recovery Space
- Checked if Mr A had been referred to Turning Point ensuring he agreed to reduce alcohol consumption
- Refer Mr A to Employment Services, Active Minds, Social Networking Service and a Carers Service

**Mr A concluded  
“ this is the first  
time I had a service  
that works for me ”**



# Recovery Space – Example Feedback

RECOVERY  
SPACE

*"I have also been undergoing support through other services offered by the NHS which has been helpful. However being able to sit down and share my story in a time of crisis and be open and vulnerable has helped me to reach out to other people within my personal and professional network. This sharing has helped me to address a number of the crisis issues head on and without fear. Something I may have avoided had I not engaged with this service"*

*"I can't thank Russ enough for his support over the last few months. I went from being in the darkest place I've ever been, terrified of talking about my feelings and struggling to come to terms with the fact that I was neurodivergent and masking it wasn't working anymore, to genuinely looking forward to my sessions with Russ at the Recovery Space. I dread to think what would have happened if the service wasn't available during my crisis moment."*

*"I would like to thank each and every member of staff for how welcome I was made to feel as well as being able to express my thoughts, feelings and views openly. I would also like to thank everyone at recovery space for enabling me to come out of my crisis and feel like the person who I was before I lost myself in depression/anxiety. I feel that without recovery space I would not be in the good place I am in now compared to before I found recovery space"*

*"The physical environment is one which is very welcoming and puts you at ease as soon as you walk in. Personally, I found where the sessions took place had a very calming aspect especially with nature being right outside the window"*

*"At first there was slight intimidation from the setting, but within a short moment I was out at huge ease and comforted very well on arrival - It has the ability to change the general perspective of mental health environments for the better."*

# Questions and Answers

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