REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **10 April 2019**
SUBJECT:	**Update on One Croydon's 'Mental Health Community & Crisis Pathway Transformation'**
BOARD SPONSOR:	*Dr Agnelo Fernandes, Chair of Croydon CCG* *Rachel Flowers, Director of Public Health* *Guy Van Dichele, Executive Director of Health, Wellbeing and Adults*

BOARD PRIORITY/POLICY CONTEXT:

The Mental Health Community and Crisis Pathway Transformation (MHCCPT) work is concerned with improving and transforming community and crisis pathways, in primary care and community settings; and it derives authority and ambitions from the following:

- **The NHS Long Term Plan**: the FYFV ambitions are restated;
- **The Five Year Forward View**: comprehensive ambitions around improving community, primary care and crisis services;
- **Parity of Esteem**: working towards parity of esteem between mental and physical health
- **Transforming Care:** 24/7 crisis response for people with learning disabilities
- **The South West London Sustainability and Transformation Plan:** improving mental health crisis response services
- **The Local Transformation Plan**
- **The Children and Young People Plan:** Whilst children and young people are not in scope for the proposed transformation work, the ground will be laid for a future refresh of the mental health strategy to include ambitions to improve support and treatment for children and young people suffering from mental illness.

And,

- **The Croydon Health and Wellbeing Strategy;**

This work is explicitly outlined in Priority 4 Mental Wellbeing and good mental health are seen as a driver of health.

Specifically, the following reference:

Developed in the wake of the 2017 Woodley review, the Mental Health Transformation plan builds on the recommendations made. The plan commits to a redesign of community mental health services including improved information and advice, enhanced primary care support and more joined up working to improve access and reduce repeat assessments. Care for people experiencing mental health crisis will be improved, with better crisis resolution available in the community and more provision within health and social care.

FINANCIAL IMPACT:

<u>None at this stage</u>; the Transformation Plan interventions are in the process of being costed and benefits and financial savings modelled.

RECOMMENDATIONS

Health and Wellbeing Board is asked to:

1.1 Review and comment on the approach outlined in the report.

2. EXECUTIVE SUMMARY

2.1 The Woodley review of mental health services was launched in late 2016 to assess progress against Croydon's mental health strategy (2014-19) and identify trends in inequalities. The Woodley review illustrated a number of issues with Croydon's mental health services:

a. Long waiting times;
b. Delays in hospital admission;
c. The voluntary sector disenfranchised from decision making and strategic thinking;
d. Commissioners working in silos;
e. And, highlighted a 'fatigue with consultation' and called for 'action'

2.2 Engagement with service users and voluntary sector organisations such as MIND, has highlighted the following (amongst other things):

a. Over medicalisation of mental health support;
b. The personalisation of support;
c. The importance of social issues for mental health and the importance of support around benefits, employment and housing in averting mental health crises;
d. The need for alternatives to A&E and inpatient care, such as support on social issues in community settings.

2.3 Examples from other, comparable, boroughs, such as Lambeth, which has a mature and advanced mental health transformation programme – including the establishment of the 'Living Well Network' or 'Hubs' – has revealed the following:

a. Community Mental Health Teams in South London and Maudsley (SLaM) require consolidating and a change of culture;
b. 'Hubs' divert people from secondary care and A&E;
c. A 'change of culture' amongst providers and service users is required to emphasise 'self care' and responsibility for 'own health' for those patients who are able to;
d. The Integrated Personalised Support Alliance (IPSA) in Lambeth helps people with long-term mental health needs to live in the community;
e. The result of improvements in community support for long-term mental health needs has not only resulted in reductions in admissions, length of stay in hospital, and A&E attendance, but has also reduced stays in residential care and increased the need for domiciliary care, which demonstrates well thought-out community support enables people with serious and chronic mental health problems to live independently;
f. The above, however, requires a change to risk assessment, clinical thresholds, management of medicines, physical health checks, as well as adequate community support;
g. The outcome of these improvements and transformation is an increase in the acuity and complexity of patients in secondary care, which impacts upon the structure and staffing of acute mental health services;
h. This precedes a programme of 'shifting settings of care' which will allow a transfer of resource from secondary care to primary and community

care;

i. Finally, the experience of other boroughs, particularly Lambeth, has not only provided examples of 'good practices' but has highlighted the need to pilot and evaluate initiatives particularly where there is a paucity of good local data.

2.4 The transformation of mental health services within Croydon will be underpinned by a prevention approach as outlined within the Croydon Health and Wellbeing Strategy, Croydon Council's Corporate Plan and Croydon's draft Health and Care Transformation Plan. We will evidence the progression to a preventative approach as a partnership by making the necessary commitments to sign up to the Prevention Concordat for Better Mental Health. The Prevention concordat aims to facilitate local and national action around preventing mental health problems and promoting good mental health.

2.5 The Croydon 'Community and Crisis Pathway Transformation Programme' (CCPTP) is our response to these issues and influences the development of a Model of Care which is the basis of a business case currently being developed to address these issues; this report is to update the Health and Wellbeing Board on progress towards finalising this business case. No decisions are required from members at this moment, but guidance and observations are welcomed to help shape the business case. We hope to finalise the business by the end of April; and we have co-produced this work with One Croydon, with special input from Public Health who attend the CCPTP Delivery Group. The accompanying slides and 'detail' in this report will appraise you of our current thinking.

3. DETAIL

3.1 A high-level of mental illness and need exists in Croydon.

3.2 The prevalence of long-term, complex mental health needs higher in Croydon than the national average, with an NHSE mental health needs index of 1.21 (where 1.0 is the national average), making it comparable to many inner-London, high-prevalence Boroughs such as Westminster and Kensington.

3.3 The CCG has a registered Serious Mental Illness Population of 4,610 people, or 1.11% of the adult population (QOF 2017/18).

3.4 In addition, whilst no formal GP register exists, there is a significant group of people - numbering c16,000 - with complex non-psychotic conditions such as severe anxiety, depression and personality disorders who, due to their presenting behaviours and relative paucity of service responses, can pose a greater management challenge than those with a stable long-term SMI.

3.5 Need profiles vary across the Borough, from more affluent areas to more deprived, each presenting mental health and well-being support needs. Any service developments need therefore to be locally sensitive and able to respond to such variance through being locality and community-embedded.

3.6 Primary care support for people with Serious Mental Illness (SMI) is poor when

compared with the national picture: 5.5% achievement (of SMI population) compared to national averages of 24.2% (top achievers > 45%).

3.7 Engagement with service users has illuminated significant 'unmet need', particularly out-of-hours, in non-clinical community settings and involving non-medical social interventions and support, such as social prescribing and assistance with housing, benefits inter alia.

3.8 The needs of service users are complex, numerous and varied: there is a strong case for combining physical, mental and social health services in a single 'wellbeing offer'.

3.9 Based on the authorities and 'lessons learned' described above (including those described in 'Priority/Policy Context'), a Model of Care has been developed which addresses the issues highlighted above and has led to the following recommendations for 'action' (as requested in the Woodley Review):

a. Shifting resources towards earlier intervention and prevention with an emphasis on:
b. Developing wellbeing & primary care 'community hubs';
c. Creating mentally healthy communities with a prioritisation on prevention and support for 'self-care';
d. Emphasising the importance of good physical health, and recognising the role of ill physical health in creating mental health crises;
e. Highlighting the importance of suicide prevention initiatives;
f. Refocus to concentrate on high risk factors: loneliness, schools, debt / financial challenge, and develop appropriate social interventions and support;
g. Co-production in service design, help build community capacity & ensure adequate focus on BAME communities;
h. Better partnership working through improved governance oversight of the MH strategy & improve contract monitoring processes;
i. Use existing service user & stakeholder forums to inform the development of the Community and Crisis Pathways Transformation Model of Care;
j. And finally explore opportunities to use technology, such as the development of a GP Advice Line.

3.10 The attached slide pack (Appendix 1), provides a summary of the engagement work that was undertaken to develop the above recommendations. Below is provided a summary of engagement work and outcomes:

a. Recurring themes: services feel fragmented, hard to access, poorly-tailored to different BAME communities, too focused on crisis and reactive treatment not well-being and prevention; a need to rebalance this and ensure a greater role for 'Navigators' to support people, for 'champions' embedded in community groups, third sector and peer support, self-care and opportunities to improve well-being through work, social activities and exercise.
b. Our Co-Production Commitment. A strong theme of co-production (of system, service and individuals' care plans) runs throughout both the Woodley review & Grassroots. Co-production is an on-going way of

working, not an ‘event’ or process to support service change. It recognizes and values the different but equal assets brought to service co-design and co-delivery by those with lived experience, those who deliver, manage or commission them, and those who rely on them professionally.

3.11 The proposed model of care is based on similar initiatives in Lambeth, North West and West London and crisis response elements taken from the Bradford First Response model.

3.12 The model of care is predicated on the creation of a population-based, stepped, integrated care service where statutory and third sector providers work within an alliance/ACP model, delivered through locality Hubs

3.13 The following principles and aims underpin the model:

a. To integrate assessment, support and care delivery across existing providers and General Practice, delivering a whole system/’one Croydon’ approach to mental well-being.
b. To underpin the new model with a new enhanced GP service: paid extra time for an annual ‘Well-Being plan’, in year reviews and a single care record on EMIS.
c. To co-locate and deliver services across a number of locality -based ‘Hubs’ and ‘Spokes’, ensuring maximum accessibility and joint-working with existing community groups.
d. To attend, with equal weight, to the social, physical and mental health needs as defined by the service user, carer and their GP.
e. To act as a single, timely point of entry to the whole MH pathway, reducing duplication.
f. To provide a broad range of accessible services supporting recovery, resilience and hope.
g. To reduce mental health crisis escalations and reliance on urgent & acute care as ‘default’.
h. To provide a proactive, valued resource for its users that encourages them to use the service proactively, supporting their self-efficacy to manage their continued recovery and avoid crises.
i. To provide 24/7 responsive crisis care services which are dynamic and able to pre-empt the onset of a crisis and avert the crisis.
j. To provide community-based non-clinical professional support for a variety of ‘wrap-around’ services such as advice and assistance with housing, benefits and employment.
k. To provide a community-based ‘sanctuary’ or ‘Crisis Café’ that will enable service users to self-refer and act as an informal drop-in centre which offers advice and support, albeit one which has clinical support and links with health services

3.14 Next stages:

a. We plan to develop the Transformation Business Case over the next few weeks.
b. We are mapping the governance processes which the business case will need to pass through and timetabling meetings.
c. We are in conversation with all stakeholders regarding the co-production

and finalisation of the business case.

d. We are discussing potential investment within the appropriate forums.

4. CONSULTATION

The following consultations have already taken place:

- 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
- EPC Delivery Group 14 September 18
- Community Hub Delivery Group 1 October
- Croydon MH Forum (Hear Us) - February 2019

Engagement will continue with design and development based on principles of co-production

5. SERVICE INTEGRATION

We will utilise the One Croydon Alliance as the means of delivering this work. The fit of the Mental Health Community and Crisis Pathway Transformation work with the Croydon Integrated Care Network Plus Vision is illustrated in the slide pack.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are no direct financial implications arising from this report.

Approved by: Mirella Peters, Head of Finance

7. LEGAL CONSIDERATIONS

7.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance and Deputy Monitoring Officer that the recommendations within the report do not give rise to any legal considerations.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance & Deputy Monitoring Officer

6. EQUALITIES IMPACT

Not at this stage of design work; though an EQIA and QIA will be undertaken

6.1 Approved by: Yvonne Okiyo, Equalities Manager

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APPENDICES:
Mental Health Community & Crisis Pathway Transformation (slides)

BACKGROUND DOCUMENTS: None