For General Release

REPORT TO:	Adult Social Services Review Panel
	24 April 2019
SUBJECT:	**Croydon Mental Health Update (inc. the Community & Crisis Pathways Transformation)**
LEAD OFFICER:	**Guy Van Dichele, Director of Adult Social Services; Stephen Warren, Director of Commissioning Croydon CCG**
CABINET MEMBER:	**Councillor Jane Avis**

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

Corporate Plan for Croydon 2018-2022

People live long, healthy, happy and independent lives

What we will do:

- Invest in the voluntary and community sector to reduce inequality and increase the resilience of communities and individuals
- Expand the One Croydon Alliance from older people to the whole population where appropriate
- Revise Croydon's joint mental health strategy to prevent mental health problems and ensure early intervention
- Support the development of a culture of healthy living
- Improve and reduce differences in life expectancy between communities
- Build upon the support and assistance given to carers

FINANCIAL IMPACT

None at this stage

RECOMMENDATIONS

For the Panel to note the work being planned and in progress, and to provide views on the scope of ambitions for the Community & Crisis Pathways Transformation.

1. EXECUTIVE SUMMARY

The Case for Change

1.1 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'

Crisis Care Delivery and Places of Safety

1.2   The Policing and Crime Act 2017 initiated new requirements for the detention of people under the Mental Health Act Section 136; an opportunity was taken to rationalise London's Places of Safety in one pan-London business case.

Local Engagement and Local Implementation of pan-London Support

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

    f. Over medicalisation of mental health support;

    g. The personalisation of support;

    h. The importance of social issues for mental health and the importance of support around benefits, employment and housing in averting mental health crises;

    i. The need for alternatives to A&E and inpatient care, such as support on social issues in community settings.

1.4   Croydon located in South Central London, mainly faces towards the south east for commissioning mental health hospital services; and also is part of the South West London STP. Engagement to inform mental health strategy and plans has involved multiple agencies and Health Overview & Scrutiny Committees.

1.5   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:

    j. Community Mental Health Teams in South London and Maudsley (SLaM) require consolidating and a change of culture;

    k. 'Hubs' divert people from secondary care and A&E;

    l. 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;

    m. The Integrated Personalised Support Alliance (IPSA) in Lambeth helps people with long-term mental health needs to live in the community;

    n. 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;

    o. The above, however, requires a change to risk assessment, clinical thresholds, management of medicines, physical health checks, as well as adequate community support;

    p. 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;

q. This precedes a programme of 'shifting settings of care' which will allow a transfer of resource from secondary care to primary and community care;

r. 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.

The Croydon 'Community and Crisis Pathway Transformation Programme'

1.6 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.

Thrive LDN & 'Good Thinking'

1.7 Thrive LDN is a city-wide movement to improve the mental health and wellbeing of all Londoners, based on mental health risks related to 28 indicators of inequality and social determinants. A series of workshops (including one in Croydon) identified recommendations to tackle health inequalities and improve the mental health of Londoners. Croydon is urged to develop its own localised Thrive LDN campaign and host 'community conversations' with a local 'champion'.

'Good Thinking'

1.8 Launched in November 2017, London's unique digital mental wellbeing service to support Londoners who are looking for personalised new ways to improve mental health wellbeing. Over 180,000 new users have visited since its launch.

2. DETAIL

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

2.2 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.

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

2.4 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.

2.5 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.

2.6 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%).

2.7 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.

2.8 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'.

2.9 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.

2.10 The attached slide pack provides a summary of the engagement work that was undertaken to develop the above recommendations. Below is provided an overview 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 Woodley & 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.

2.11 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. The Crisis Care Delivery Plan, the Places of Safety Business Case, Thrive LDN and 'Good Thinking' are all pan-London initiatives.

2.12 The Croydon Community and Crisis Pathways 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

2.13 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

2.14 Next stages for the Croydon Transformation Work:

     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.
     e. We plan to provide the Health and Wellbeing Board with an update on this work at the next meeting in May.

2.15 Next Stages for Thrive LDN and 'Good Thinking':

     a. Thrive LDN: initiate a local plan of action, a local champion, local community conversations and a local campaign.
     b. 'Good Thinking': work with online communities, e.g. Mumsnet, to seek feedback and improve the service.

3. RISKS

3.1 The primary risk to delivery and further definition of Croydon's plans for mental health is one of finance – we are mitigating this risk through 'mental health budget prioritization' meetings with clinical leads and providers; the council and public health are involved through the Mental Health Delivery Board.

3.2 A secondary risk is one of recruitment and retention of staff – we are mitigating against through the nature of the transformation work, which priorities non-clinical professions in community settings.

3.3 A further risk concerns Croydon's partnership working and multi-disciplinary / multi-agency stakeholders, often with conflicting and competing priorities – we are mitigating this risk both through a process of co-production and through our governance and assurance systems which all include service user representation.

4. OPTIONS

4.1 No options are given at this stage whilst the business case is in development.

5. FUTURE SAVINGS/ EFFICIENCIES

5.1 To be determined during the development of the Transformation business case and a quality, innovation, productivity and prevention (QIPP) scheme to save money from the SLAM contract through a reduction of occupied bed-days; this has yet to be developed, but the nominal amount attached to this QIPP is c£585k.

6. HUMAN RESOURCES IMPACT

6.1 Not applicable at this stage.

7. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

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

8.   EQUALITIES IMPACT

8.1   An Equalities Impact Assessment will be completed with the development of the full business case. We expect the Community and Crisis Pathways Transformation work will impact on different BAME groups, owing to cultural stigmas, and will also have an impact upon age, sex and deprivation.

9.   ENVIRONMENTAL IMPACT

9.1   Not applicable at this stage.

10.   CRIME AND DISORDER REDUCTION IMPACT

10.1 Not applicable at this stage.

CONTACT OFFICER: Richard McSorley, Interim Head of Mental Health – Croydon CCG

Bernard Weatherill House (BWH)
2nd Floor, Zone G
8 Mint Walk
Croydon
CR0 1EA
Tel: 0203 668 3116

APPENDICES TO THIS REPORT: Appendix A - Slide Pack 'Mental Health Update'

BACKGROUND DOCUMENTS: None