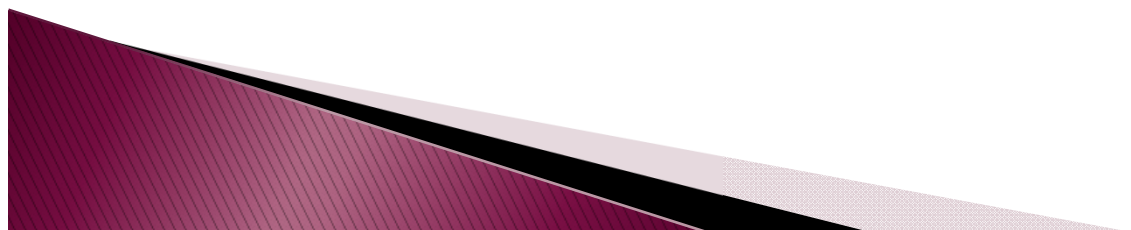


Mental Health Report

5th April 2019
Version 1

Guy Van Dichele, Director ASC
Stephen Warren, Director of Commissioning,
CCCG



Overview of areas covered

- ▶ London's Mental Health Crisis Care programme
- ▶ Croydon's Community & Crisis Pathway Transformation programme
- ▶ Thrive LDN, Londoners Said report
- ▶ Good Thinking – London's Digital Mental Wellbeing Service

London's Mental Health Crisis Care programme overview

2016: Case for change and collectively agreeing the standards

- ✓ **Strong case for change led by service users, carers, acute and mental health trusts, the police, LAS and local authorities within London's crisis care system**
- *Only 14% of Londoners feel supported in a mental health crisis*
- *Care does not meet basic expectations of dignity, respect and high quality compassionate care.*
- *Over 75% of s136 occur out of hours, but most HBPoS don't have 24/7 staffing.*
- *EDs used as a default when HBPoS have no capacity.*
- *LAS average 2.5 hours from arrival to being accepted into site.*
- ✓ Multi-agency group to lead the development of the **pan-London s136 pathway and specification for Health Based Place of Safety sites**. Launched by the Mayor of London in Dec 2016.

2017: Crisis care delivery plan & HBPoS options appraisal

- ✓ London's Crisis Care Implementation Steering Group established with oversight of London's crisis care delivery plan
- ✓ As part of the delivery plan a place of safety options appraisal commenced which identified the optimal **pan-London place of safety configuration to meet the specification, particularly dedicated 24/7 staffing**
- ✓ **Evaluation of SLam's centralised HBPoS site (which piloted the London guidance) showed positive results:**
 - *Only one closure; previous 4 sites closed 279 times in 2016.*
 - *Inpatient admissions decreased by 18%;*
 - *5% reduction in patients attending ED prior to the place of safety*
 - *29% reduction in patient time patients spent at HBPoS*

Late 2017/18: Local engagement & finalising pan-London business case

- ✓ The short-list of configuration options was tested locally by STP programme leads
- ✓ **The final preferred configuration proposed a 9-site model across London and a dedicated all-age site in each STP taking those under 18.**
- ✓ The finalised business case focussed on the 9 site model and outlined the anticipated benefits which include:
 - *Improved access to care, approximately 45% and 23% reduction in police and ambulance conveyance times*
 - *12,744 extra hours of patient care in EDs available to treat other patients due to reductions in ED attendances*
 - *Decreasing admissions and s136 readmissions, 20% and 48% respectively.*
 - *Reduction in LAS handover time, estimated a 9 minute improvement*

2018/19 Local implementation and pan-London support

- ✓ Pan-London business case with place of safety proposals taken through STP Boards with local proposals
- ✓ Local engagement with service users, front-line staff at Trusts, AMHPs, the Police and paramedics from LAS to develop local proposals. This has included engagement with HOSCs in some STP footprints
- ✓ Secured capital funding to support implementation & increase capacity at sites
- ✓ Workforce modelling by STPs for 24/7 centralised sites as well as AMHP models
- Pan-London work streams:**
 - ✓ Evaluation of the new model of care including baseline data collection & embedding s136 success measures across the system
 - ✓ Reviewing commissioning arrangements and out-of-area patient activity to propose a pan-London approach.

Section 136 pathway implementation

Progress towards s136 pan-London implementation

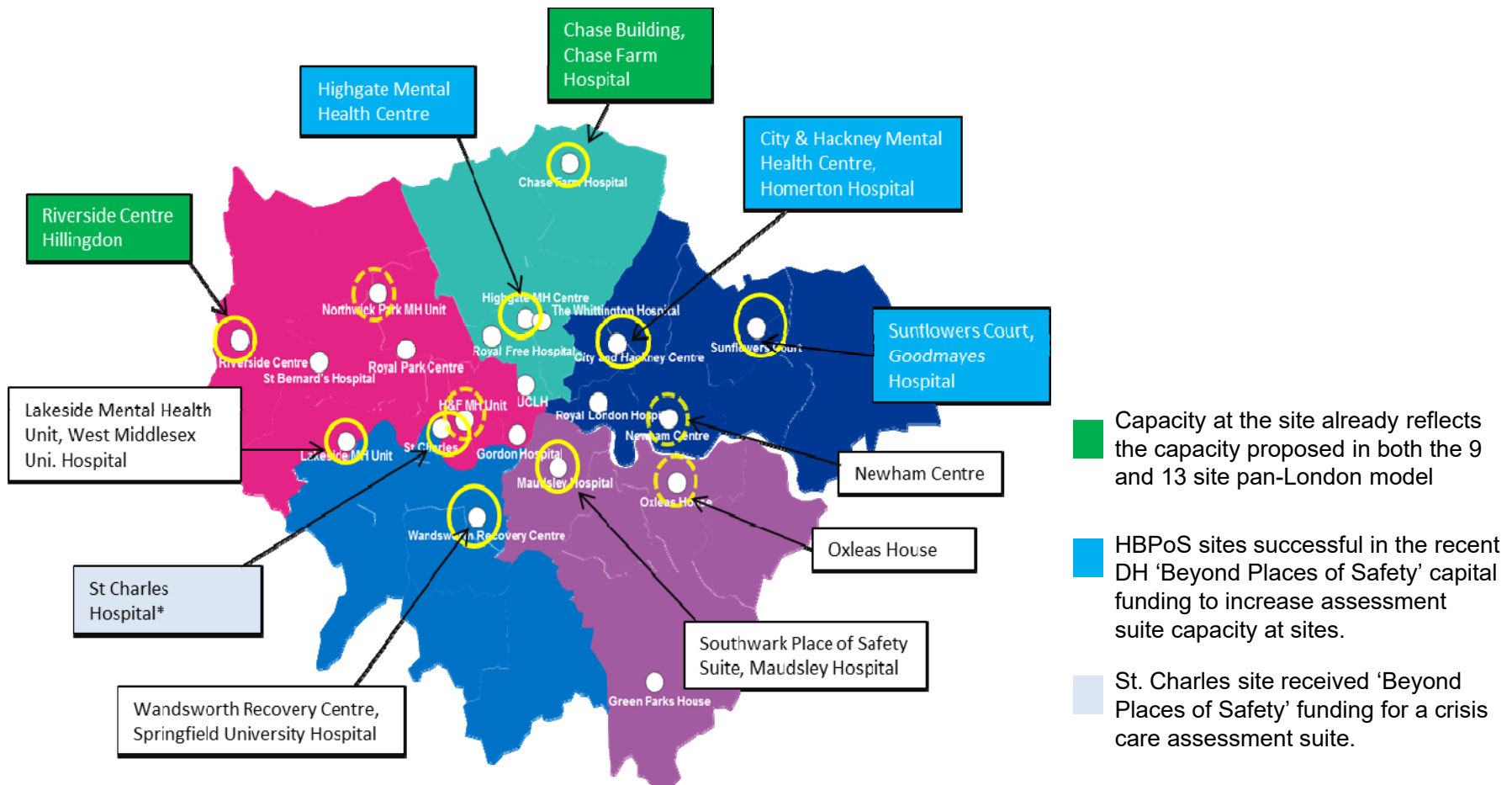
London's s136 / place of safety business case has now been considered by all five STP boards and included local implementation proposals. Local plans are progressing which have been informed by local engagement from service users, staff from all agencies and health and overview scrutiny committees. Detail for each STP is outlined below:

NWL	NWL have completed more detailed analysis and modelling to inform an options appraisal paper that is going to their STP leadership team this month. The options included in the paper include 5, 4 and 3 site models. Communications regarding the upcoming work programme and potential changes have gone out to local authority leaders, DASS' and councillors. Joint Health Overview Scrutiny Committee (JHOSC) meetings have taken place with representatives from LAS and the Police attending
NEL	Capital funding was received to develop the City and Hackney MH Centre at the Homerton. NEL plan to implement a transitional phase initially, which includes closing the Royal London but with 24/7 staffing at Newham General, Homerton and Sunflower Court. NEL will then monitor the flows of patients and decide whether to close Newham. Joint Health Overview Scrutiny Committee (JHOSC) meetings have taken place with representatives from LAS and the Police attending.
SWL	SWL are continuing with the one site at Springfield but consideration is needed over future CYP provision, currently if a child is accepted into the site this restricts availability for adult patients. Joint Health Overview Scrutiny Committee (JHOSC) meetings have taken place with representatives from LAS and the Police attending.
NCL	Capital funding was received to develop the Highgate MH centre taking provision out of the three EDs in NCL however funding was only received for the adults bid, further discussions are required to sort out the CYP service. Following implementation the number of sites in NCL will align with the London proposal (2 sites).
SEL	SEL are committed to two sites, continuing provision at SLaM and one at the Greenwich site in Oxleas. Oxleas Trust did not receive capital funding from DH but have outlined they will progress with their own capital funds, however before they progress confirmation from CCGs is needed on the revenue commitment.

Proposals in the pan-London business case

Preferred option of pan-London HBPOs model of care as reflected in the pan-London business case (the preferred 9 site model is outlined by the bold circles, 13 site model includes sites with dash circles)

*STPs are working towards the configurations below and capacity requirements at sites, future provision in NWL is still subject to a decision following their local options appraisal process.



Croydon Transformation Woodley Review

- The Woodley Review echoed the issues on the preceding slides, emphasising:
 - Long waiting times
 - Delays in hospital admission.
 - Voluntary sector disenfranchised from decision making & strategic thinking
 - Commissioners working in silos
- Made the following recommendations which are picked up in the Transformation work:
 - Shifting resources towards earlier intervention and prevention with an emphasis on:
 - Well-being & primary care,
 - Mentally healthy communities,
 - Importance of good physical health,
 - Suicide prevention,
 - Concentrate on high risk factors: loneliness, schools, debt / financial challenge
 - Co-production in service design, help build community capacity & ensure adequate focus on BAME communities.
 - Better partnership working through improved governance oversight of the MH strategy & improve contract monitoring processes.
 - Use existing service user & stakeholder forums.
 - Explore opportunities to use technology.

Croydon Transformation

Background: Engagement & Co-Production

- Transformation Workshop (MHPB) – June 2018
- All MHPBs transformation is a standing item – monthly 2018
- Grassroots 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

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.

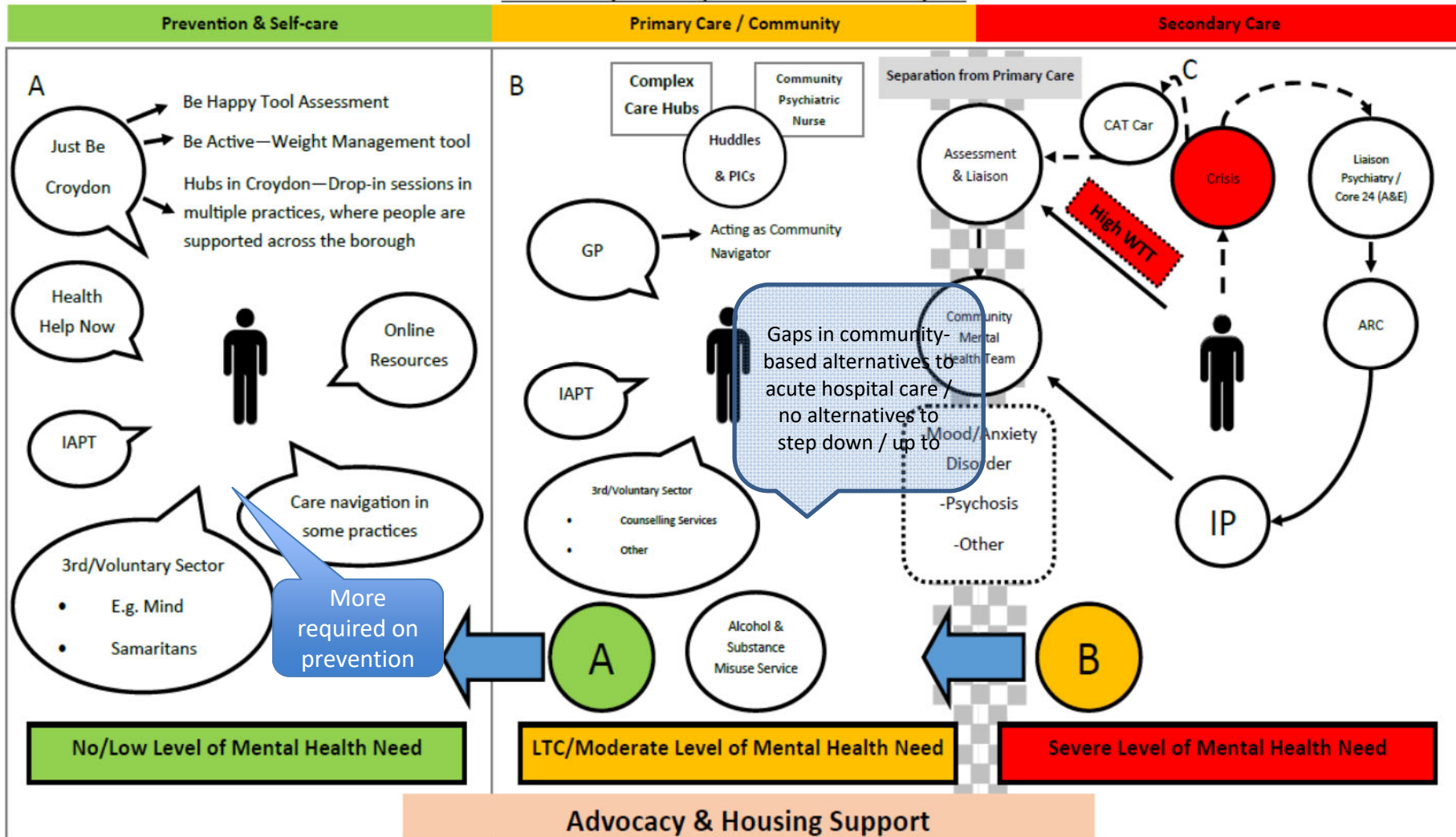
Croydon Transformation As-is Pathway for Mental Health Services

Mental Health offer, identifying issues, gaps and potential solutions

The 'As Is' Pathway

V1.0

Overview System Map — Mental Health Croydon



Croydon Transformation

Specific Issues

1 PRIMARY CARE

- Primary care services do not meet the physical health or mental health needs of people with SMI or other mental health patient cohorts, meaning it is very difficult to discharge patients into the care of their GP.
- Increased physical health checks, increased availability of talking therapies and other 'wrap-around' social support, and longer appointment times are required to meet the needs of people with mental illness.
- GPs currently do not have access to consultant psychiatrist advice and support.
- We need more proactive population-based approach: enabling GPs and the community to promote and retain well-being: social, mental & physical 'living well' and 'managing well'
- GPs need more time to go 'above and beyond' for complex MH needs patients: bio-psycho-social care planning with follow up time, in-year review, measuring impact. A dedicated GP advice line could support more people to 'manage well'.

2 SECONDARY CARE

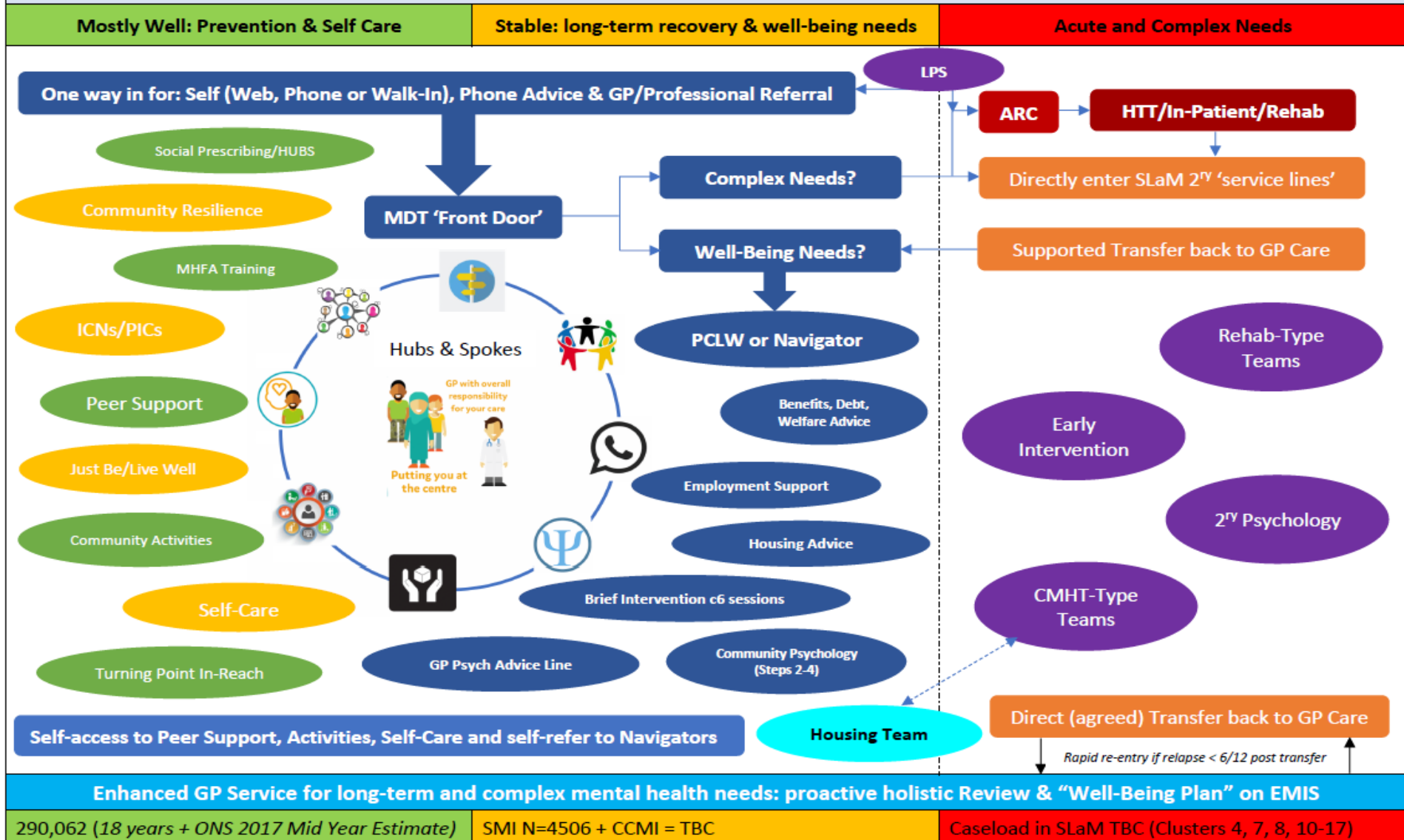
- The existing secondary pathway isn't working: waiting times are too long, there are multiple teams/assessments, and services are inefficient/duplicative, and suffer from poor productivity, and variable support for Primary Care/GPs. Integrated multi-agency and multi-disciplinary teams spanning across health and social care, and operating out-of-hours and in community settings are required to meet patient need and deliver effective and efficient services.
- Acute services are delivered in distinct separate silos and are not integrated seamlessly with community services; furthermore, handovers between different organisations (both health and social care) can be problematic and there is no links with community-based voluntary sector provision. A seamless, singular access route is needed for assessment and access to SLaM.
- Bed Occupancy Rates at SLaM are c120% and average length of stay is 58 days – compared to a national average of 30 days – illustrating a high level of difficulty in facilitating early or timely discharge of patients. Mental health patients are being kept on wards longer than is clinically appropriate and this has adverse consequences for patient outcomes. Without community-based alternatives SLAM are unable to apply appropriate clinical thresholds; and the CCG is unable to initiate a programme of 'Shifting Settings of Care' to transfer activity out of acute settings and into community settings.

3 COMMUNITY CARE

- Psychiatric liaison services and crisis response and treatment services are not available out-of-hours 24/7, nor in accessible community. On any typical weekend A&E will host several people with only mental health problems who are not able to access suitable treatment or assessment and breach the 4-hour waiting time target.
- Some secondary care services feel off-putting and overly-clinical to service users: de-stigmatizing, welcoming community-based spaces are needed. Whilst MIND and a few other voluntary sector organisations provide drop-in centres offering wrap-around social support (employment, benefits, housing etc), there exists no comprehensive or collaborative approach towards community-based support for people with mental health problems.
- Long waiting times, high levels of referrals (currently no self-referrals are accepted) and extremely over-subscribed services demonstrate high levels of unmet need for social 'wrap-around' support in the community.
- To 'patch a gap' in services, Croydon experiences the inefficient and ineffective stop-gap measure in which scarce clinical professionals are providing social support to patients in order to improve treatment and facilitate discharge.
- Service users in crisis do not have a Single Point of Access to assessment and treatment linked in to 111; and they either present at A&E or call 999.
- There is a need to co-locate services and staff in locality Hubs, with far-reaching community spokes to ensure they are accessible and localized and reflect diverse needs.

Croydon Transformation 'As will be' Pathway for Mental Health Services

Whole System Mental Health Map: Croydon Mental Health Transformation Plan on a Page



Overview Model of Care: what's in scope

Croydon's New Integrated Mental Health & Well-Being Model of Care: our vision on a page.

For the whole system

- Centre of community for mental health & well-being
- Mental Health expertise into locality 'gateway' centres
- Crisis avoidance should reduce MH presentation to A&E
- Reduced reliance on secondary MH
- Reduced reliance on A&E as default
- Reduced OBDs – in MH and acute hospital
- Strong links to ICNs, Huddles & with PIC
- Right care, right time, right place.

For Service Users & Carers

- Non-clinical, warm and welcoming environment
- Single way in for all non-crisis MH services
 - Walk-In, Telephone and Self-Referral
 - Find or keep paid work or volunteering
- Expert advice on debt, benefits & housing
 - Peer support and social activities
 - Care and support to match needs
- One care plan, services wrapped around you
- Convenient locations: Hubs and Spokes
- Supportive, instilling hope and well-being
 - Accessible opening hours




For providers

- Co-location in Hubs & Spokes.
- Partnership for Integrated Care.
- Better waiting times management.
- Co-location of staff = easier co-working.
- Easier flow of people across pathways.
- Whole population approach: less reactive, more planned care.
- MDT approach – enabling whole person support and care for clients.
- Efficiency via Shared IT, Comms/Marketing, Branding, Website, Back Office and Management.

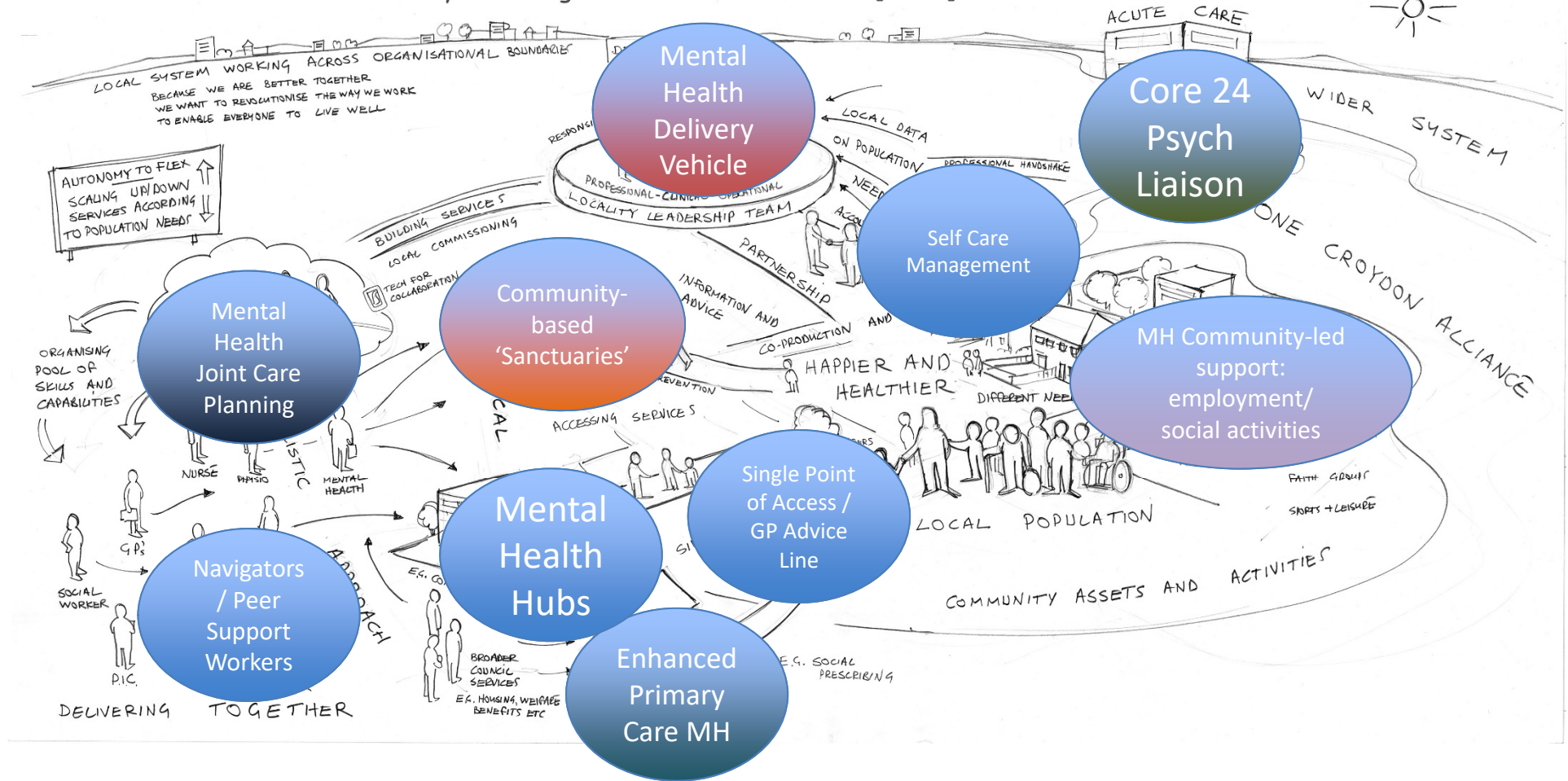
For GPs

- Single point for all 1st and 2nd MH need
 - Dedicated GP clinical advice line
- Direct admission to 2nd without re-referral
 - One stop access to all services
- Community-embedded Psychiatry Service
 - JPN and H&SC Navigator Case Management
 - Single MDT Careplan on EMIS
- Support and services delivered in Practices where possible
- Primary access to IAPT and Step 4 Community Psychology

 **Enhanced GP Service for Serious and Complex Mental Health Needs: Annual Bio-Psycho-Social Review & Well-Being Plan**
 Single Care Plan on EMIS, extended appointments, proactively drawing on services integrated services in new model of care

Draft ICN+ Vision, overlaid with MH Transformation Plans

Croydon Integrated Care Network Plus [ICN+] Vision



presented to CTB 21st March

Phased Delivery: high level summary

(Draft – subject to approval)

Phase One A. & B.	<p>Initial development and core service integration / Piloting and Evaluation of Test Sites (2019/20)</p> <p>Delivery Group Terms of Reference refreshed and used as a developmental Task & Finish Group A 'Mental Health Alliance Group' established as part of One Croydon Delivery Group GP Advice line to be launched Q1 Review of Advice Line in Qs 3 & 4 Review of management information from SLAM CMHT Q1 (Management Information CQUIN) Q1 LCS to be launched Q2 /Q3 Potential LCS Pilot test site in New Addington developed with TfL funding Q3 Enabling programmes & contractual levers and incentives developed and implemented Q1/Q2 - including business intelligence, Organisational Development, IT, Comms, SDIP – managed by post within the One Croydon Programme Office Implementation of Hub Pilot stage at either MIND or Edridge Road Community Health Centre in Q3</p>
Phase One A. B.	<p>Full Model Developed and Implemented 2021 / 2021/22</p> <p>Locality Hubs – x3 sites – developed and implemented from 2021 onwards Full LCS scheme implemented in 2020/21 SLAM OBD Trajectory achieved in Q4 2020/21 Shifting Settings of Care Programme developed and implemented to transfer patients from acute to community settings, once Locality Hubs and LCS are fully operational and capacity exists in Primary Care and Community Settings 2020/21 Schemes and operations externally evaluated and reported to governance boards</p>

Development of the Delivery Model through the One Croydon Alliance

- Business model to be completed
- Full Business Case approval
- Discussion at One Croydon commercial group regarding the options around incorporating MH transformation and how to work with wider partners in the system
- Identification of key partners for delivery
- Discussion with South London Partnership regarding complex patients and commissioning options
- Next steps discussion at Croydon Strategic Delivery Board and Croydon Transformation Board

Thrive LDN, Londoners Said report

- ▶ Mayor of London, Sadiq Khan, and Mayor of Hackney and London Health Board's Political Lead of Thrive LDN, Phil Glanville wrote to all London political leaders regarding the work of Thrive LDN.
- ▶ Thrive LDN is the citywide movement to improve the mental health and wellbeing of all Londoners – with an invitation to collaborate on driving change at a local, community level.
- ▶ Prior to launching, Thrive LDN asked the Mental Health Foundation to map Londoners' mental health risks using 28 indicators of inequality and social determinants. It found that those areas with the highest risk of poor mental health were linked with deprivation and social inequalities.
- ▶ The Thrive LDN team worked with the Mental Health Foundation to ask Londoners how to best support their mental health and wellbeing.

Thrive LDN, Londoners Said report (cont.)

- ▶ The published meta-analysis of all 17 workshops (including one in Croydon) the Londoners Said report can be found here <https://www.thriveLDN.co.uk/wp-content/uploads/2018/12/Londoners-said.pdf>, identifying recommendations to help tackle inequalities and improve the mental health of Londoners.
- ▶ The solutions that Londoners came up with share common themes and goals – namely, to spread knowledge, skills and support so that people can better look after themselves and their neighbours.
- ▶ Londoners have told us they don't want or need top-down fixes – instead, they want the tools and networks to do it for themselves. Londoners Said provides insights and feedback collated from all of community-level conversations.

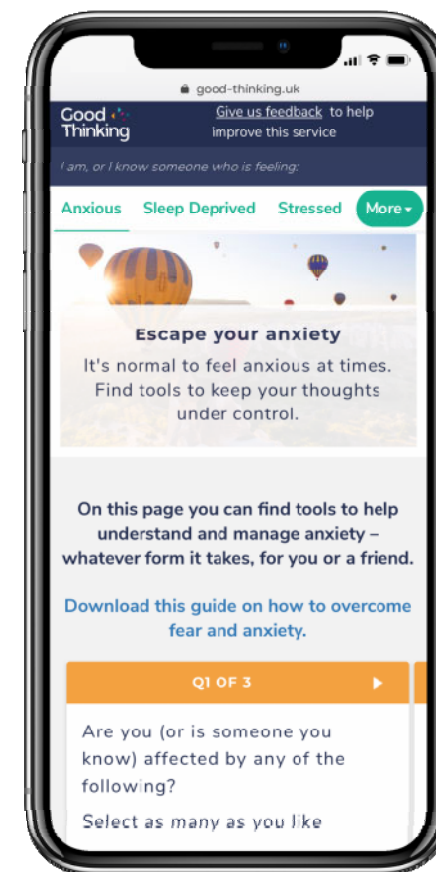
Thrive LDN, Londoners Said report (cont.)

- ▶ Keen to build on the commitments to mental health and wellbeing and would encourage you to continue to review your portfolios and business plans to identify more areas where we can work with Thrive LDN to improve the mental health, wellbeing and resilience of Londoners. This could be by:
 - Developing your own localised Thrive LDN campaign with the help of the central team.
 - Hosting your own community conversations or Problem Solving Booths.
 - Integrating Thrive LDN's Culture initiative into local cultural plans.
 - Encouraging your residents to sign up to be a Thrive LDN Champion.
 - Support Thrive LDN to build stronger relationships with marginalised communities in your borough.
 - Integrating Thrive LDN's Youth Mental Health First Aid programme into local plans to improve the mental health of children and young people.
 - Integrating Thrive LDN's Suicide Prevention Information Sharing Hub into local plans to reduce suicides.

Good Thinking

London's digital mental wellbeing service

- Good Thinking is London's unique digital mental wellbeing service designed to support Londoners who are looking for personalised new ways to improve their mental wellbeing.
- The service provides safe, proactive and early intervention tools to Londoners who are experiencing the four most common mental health and wellbeing concerns: depression, stress, sleep, and anxiety.
- Launched in November 2017 – Good Thinking developed through a partnership of London Borough Councils led by Directors of Public Health, London's NHS and Public Health England.
- Everyone who lives and works in London is encouraged to visit www.good-thinking.uk anytime of the day or night. Use the simple three question wellbeing quiz, or self-assessment to find the latest on and offline products to support and boost good mental health.

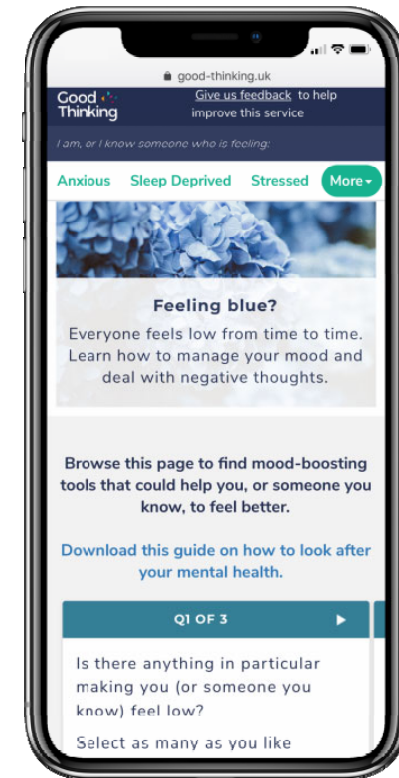


Good Thinking

London's digital mental wellbeing service

www.good-thinking.uk/

- Over 180,000 new users have visited Good Thinking since Nov 2017, we noted a spike in activity on Jan 21st (Blue Monday) 1,519 new users
- Good Thinking is being rolled out public sector organisations as part of their occupational health packages, offering face-to-face event opportunities
- Suite of promotional materials to promote Good Thinking has been developed <https://www.healthy london.org/resource/good-thinking-org-promo/>
- Expanding the service to young people aged 16-17
- Currently undertaking discovery work into online communities e.g. Mumsnet to offer community managers mental wellbeing support and seek feedback and input into how to improve Good Thinking



I am, or know someone who is feeling Anxious	I am, or know someone who is feeling Sleep Deprived	I am, or know someone who is feeling Stressed	I am, or know someone who is feeling Sad or Low
It's normal to feel anxious or worried at times. If these feelings start to occur more often or last longer, there are things you can do to keep your anxious thoughts under control. Manage your anxiety	A good night's sleep is essential for our emotional wellbeing and our physical health. Find ways to get better <i>quality</i> sleep, so that you can be at your best. Get better sleep	Stress is a natural feeling designed to help us when faced with a challenge. Everyone's minds and bodies react differently to stress, but there are always things you can try to keep calm. Manage your stress	Everyone feels low from time to time. Sometimes the feeling can last, so it's important to learn how to manage your mood and turn negative thoughts into positive ones. Boost your mood