Croydon Mental Health Summit

Friday, 18 November 2022

Welcome

Please help yourself to some tea/coffee

Croydon citizens

One Croydon
Your Health and care partnership

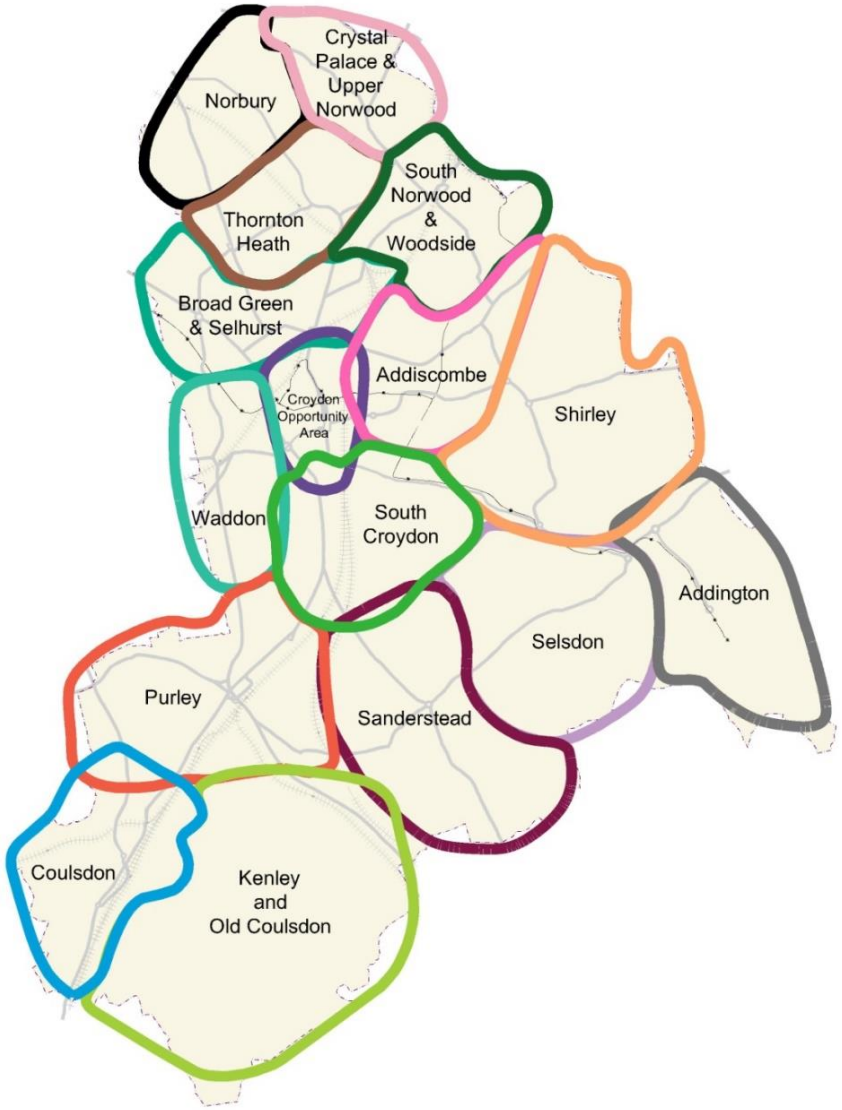
CROYDON
www.croydon.gov.uk

House Keeping

- Welcome, please sign-in
- Fire exits: we are not expecting a fire alarm
- Location of bathrooms
- Opportunity to network – say hello and share your good practice
- Break-out sessions – move around as suits you
- Sensitive discussions – be kind and take a moment if needed
- Notes of the day will be circulated after the meeting

Agenda

- Welcome
- Hear from our speakers
- Mental health in the community and primary care
  - Breakout groups
  - Plenary debrief
- Hear from more of our speakers
- Informing the Health and Wellbeing Strategy
  - Breakout groups
  - Plenary debrief
- Reflections and closing



Welcome

Cllr Yvette Hopley

Cabinet Member for Health and Adult Social Care

Chair of Croydon Health and Wellbeing Board

Mother Susan Wheeler- Kiley

Sir Norman Lamb

Sir Norman Lamb

Chair of South London and Maudsley NHS Trust

Co-chair of South London Listens Taskforce

Bishop Dr Rosemarie Mallett

The Ven Dr Rosemarie Mallett

Bishop of Croydon

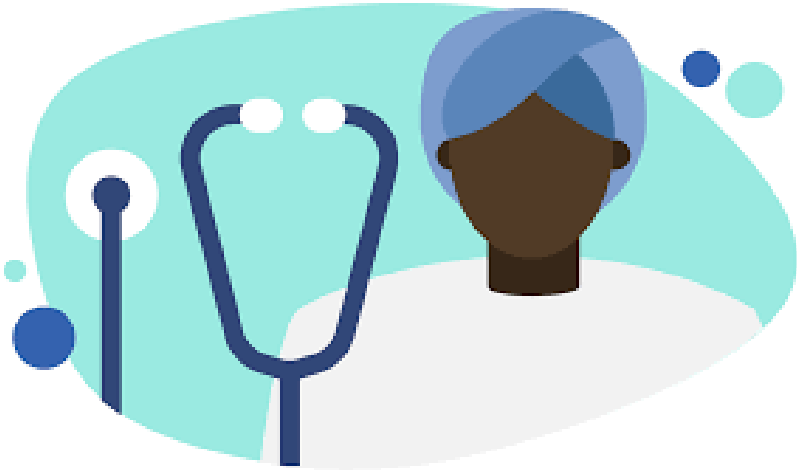
Co-chair of South London Listens Taskforce

Mayor Jason Perry

Mayor Jason Perry

Mayor of Croydon

Croydon Citizens – Mental Health in the Community and Primary Care



Croydon citizens

Breakouts - Mental Health in the Community and Primary Care

Tables	Discussion themes
Tables 1 and 2	Barriers to access in the community
Tables 3 and 4	Signposting and treatment in primary care
Please help yourself to tea and coffee.	

Wayland Lousley and Stella Bolt

Wayland Lousley

Head of Mental Health Commissioning for Croydon

Stella Bolt

Programme Manager, Ethnicity & Mental Health Improvement Programme (EMHIP)

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:

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 7th 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

Vision

Well co-ordinated mental health care and support in the most appropriate setting, which is truly person-centred and helps people to maintain their independence

The Challenge: The existing Model of Care is disproportionately provided in Acute settings particularly for people from Ethnic Minority backgrounds. There not being enough alternative provision in Primary Care and Community settings, provided by GPs, health and voluntary sector professionals, and peer support workers. Evidence demonstrates that patients spend too long in hospital, past the point of clinical effectiveness, and health professionals are spending a significant proportion of their working day providing support on non-health related social matters. Mental health patients report feeling support is over-medicalised, and they are not receiving the support they need to prevent poor mental health, self-manage their illness, and avert mental health crises. The current system of support for mental illness is both expensive and inefficient. The challenge is to provide alternative appropriate support – social as well as health related – in accessible settings at convenient times to avert crises, prevent admissions which includes appropriate alternative provision in community settings that promote well-being and recovery. The Model of Care therefore must be transformed to meet the need of the individual in the right place at the right time.

Objectives

- The following are objectives of this business case:

- enable people to take responsibility for managing their own health and wellbeing in the most appropriate setting for them;
- deliver a Model of Care that ensures people are at the centre of their care, enabling them to achieve the outcomes that are important to them and promotes a shift in focus from dependency and ill health to independence and wellbeing;
- incentivise effective partnerships, providing care and support in and through the community;
- engage, empower and grow community networks and assets so they are responsive, timely and flexible to individual needs;
- reduce health inequalities and improve health and well-being outcomes across the borough;
- deliver transformation across the system in order to achieve optimum value for money and economies of scale and efficiency by leveraging resources and capabilities across the system.

Principles

- Acknowledging that the existing Model of Care is not optimum and is not supporting people to stay healthy in the community;
- And is not empowering people to look after themselves,
- Acting in accordance with the needs of people in Croydon, recognising the cultural diversity, the existing health inequalities, stigma and engrained attitudes;
- being collaborative, co-operative and timely in our approach to system transformation and decision making;
- invest, transfer funding appropriately to different settings of care to change the Model of Care;
- continuing to operate to principles of co-design and co-production through engagement with the people of Croydon and other key stakeholders, seeking their views and facilitating their involvement;
- committing to a culture that promotes innovation and transformation across the system, and organisational boundaries; making best use of available resources.
- The Model of Care and the Delivery Landscape will be based on that of the ICN+ and there will be close joint working.

Major Themes

Major themes and threads that run through the transformation work include but are not limited to:

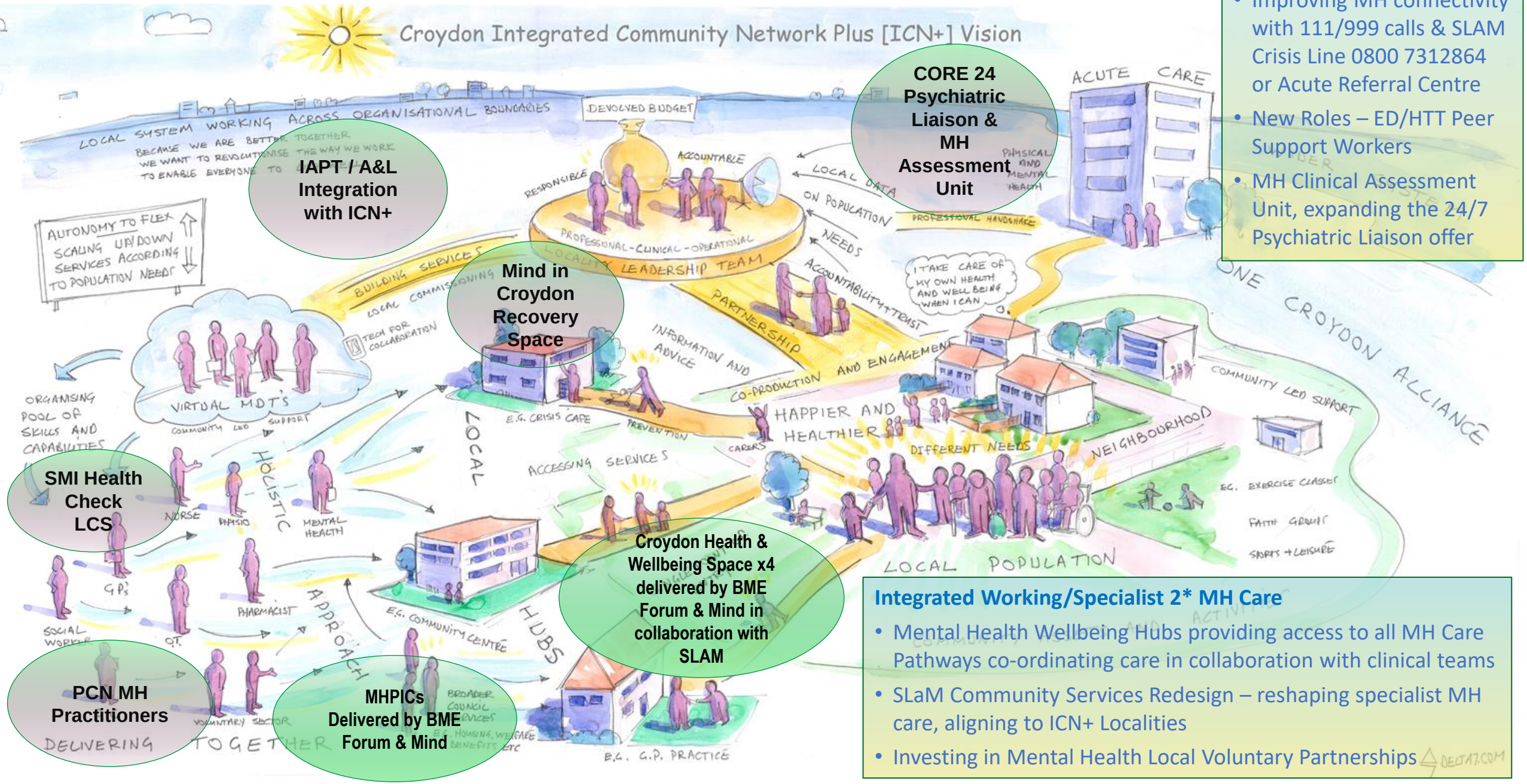
- Tackling Inequalities
- Improving the transition from CAMHs to Adult MH Services
- Making the most of Digital Innovation
- Prevention and Public Health Mental Health: Education & Training
- Intervening ‘up-stream’ and averting crises
- Providing appropriate community-based alternatives to inpatient treatment / Depots in the community
- Social prescribing and emphasis on social support to prevent clinical crises
- Modelling the impact of increasing acuity and specialised support in secondary care settings
- Working in ‘alliance’, with outcome based commissioning and capitated budgets

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)
2019/20 – 2020/21 (Covid delayed starts)	**2021/22 – 2022/23**	**2023/24 – 2024/25**
Funding source: NHSE Crisis Transformation Fund **Strategic Aim:** Meeting the ambitions set-out in the 5yr Forward View (FYFV) • Establishment of a Recovery Space (crisis café) • Local Commissioned Scheme for SMI Health Checks and Longer Appointments • MH Advice Line for GPs • MH PIC workers in GP Huddles & ICN+ MDT's • Peer Support Workers • CMHT Restructuring • Stabilising Voluntary sector – longer contracts • MH Local Voluntary Partnership – Grant funded initiatives • strong focus on improving care for people with learning disabilities and autism • Strong focus on carers / families • IPS Wave 2 • Health Education England training for care coordinators	**Funding source:** Mental Health Investment Standard and Spending Review Allocation **Strategic Aim:** Meeting ambitions in NHS Long Term Plan • Establish a Pilot MH Wellbeing Hub (Croydon Health & Wellbeing Space) – Open Access in Central area 2021/22, 2nd Hub North area 2023 • Intermediate supported accommodation for step down (Shared Lives – implementation started in 2020/21, Enhanced Crisis pathway in 2021/22) • MHW Hubs to work closely with each of the 6 ICN+ Localities & Talking Points (MHPICs) • Autism adapted support – Autism Strategy • Managing transition from CAMHs to Adult MH • Further support in workplace (awareness / resilience) • Ethnic Minority Focused Services - Ethnicity in Mental Health Improvement Programme (EMHIP)	**Funding source:** Mental Health Investment Standard / Shifting Settings of Care (i.e. transferring resource and activity from secondary care to community and primary care) **Strategic Aim:** meeting ambitions in NHS Long Term Plan / funding social care and housing • 3rd Health & Wellbeing Space in South area 2024 (may require 2 smaller hubs to cover the geography) • Benefits Realisation from phases 1 & 2 – Begin to see improved access, experience, and outcomes especially for Ethnic Minority Communities • Delivering a Modern Acute Mental Health Hospital • Shifting activity and resource from secondary care to primary care and communities • Enhancing primary care and community support further • Improved psychological support • Improved social care support

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



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

Case Study- Mind "Recovery Space"

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

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 was
- Agree 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 "

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.

Before & After Case Study – Croydon Health & Wellbeing Space

Amy is 37. She has had a diagnosis of Schizophrenia for 15 years and has been living very stably for the last decade when she presented to her GP distressed, feeling paranoid and like she was losing control of her life. Having lost one of her two part-time jobs, she has fallen into arrears with her Housing Association. She ignored the last two letters, but on Friday received a letter threatening her with eviction should she fail to respond to this final notice. She is also being depressed about the weight she's gained on her medication, and she admits to skipping doses and to smoking cannabis to help her relax, due to the stress.

BEFORE

Amy's GP is very concerned about her mental state and welfare. She feels that a medication review is essential and agrees to refer her back to her old CMHT for this. The waiting time to be seen is roughly 10 weeks, she is told, and they will contact Amy directly at her address. Amy is at imminent risk of losing her tenancy, which doesn't meet the criteria as an urgent referral.

Her GP then advises her about a Citizen's Advice service run by the Council and suggests she goes there to get support with her flat and suggests they may also be able to give her debt advice. They can also be accessed on-line.

She asks Amy if there are other ways to relax that she enjoys, rather than relying solely on cannabis. She used to enjoy yoga but got out of the habit and now feels unsure about how she could afford to attend a class and feels that people would talk about her.

They agree to meet again in a week, but Amy doesn't attend that appointment. Four months later the GP gets a letter to say that she has just been discharged from an in-patient ward and is moving in to supported accommodation for a year.

AFTER

Amy's GP sends a 'task' via EMIS to the CHW Space, a one-stop shop for mental health and well-being, requesting a same-day call back with a Psychiatrist to discuss Amy's medication. A full review is agreed, considering options that have fewer cardio-metabolic side effects to take place at the New Addington GP Huddle.

At the same time the GP updates Amy's "Well-Being Plan" with the latest information following their consultation. Amy identifies from the 'CHW Space' website when the next Housing Advice session is running and arranges to see a Support/Peer Worker later that day. They agree to meet the Housing Association together.

In notes, her GP advises that Amy is feeling socially isolated and would likely benefit from some time with the Support/Peer Worker to access weekly yoga or mindfulness sessions near where she lives. When Amy is meeting the Support/Peer Worker in the CH & Wellbeing Space café area, she recognizes someone she once knew well from Rehab who's also going to yoga. She agrees to pick Amy up so they can walk there together.

The Support Worker updates Amy's "Well-Being Plan" on EMIS, so it is available when Amy's GP sees her in a week's time to review.

Health and Care Plan Priorities 2021 – 2023

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Improve the Community Mental Health pathway (Underpinned by Prevention & Early Intervention)

- Deliver Mental Health Wellbeing Spaces for Croydon in Central, North, South-East and South-West Localities
- Re-establish the Dementia Action Alliance
- Strengthening Mental Health and Substance Misuse Pathways

Improve the Crisis Mental Health Pathway (Underpinned by Prevention & Early Intervention)

- Establish a Mental Health Assessment Unit at Croydon University Hospital
- Strengthen both the non-clinical / clinical provision and care pathways for those experiencing a mental health crisis

Provide greater Mental Health support in primary care (Underpinned by Prevention & Early Intervention)

- Introduce new clinical & non-clinical roles focused on mental health
- Strengthen the care pathways for mental health

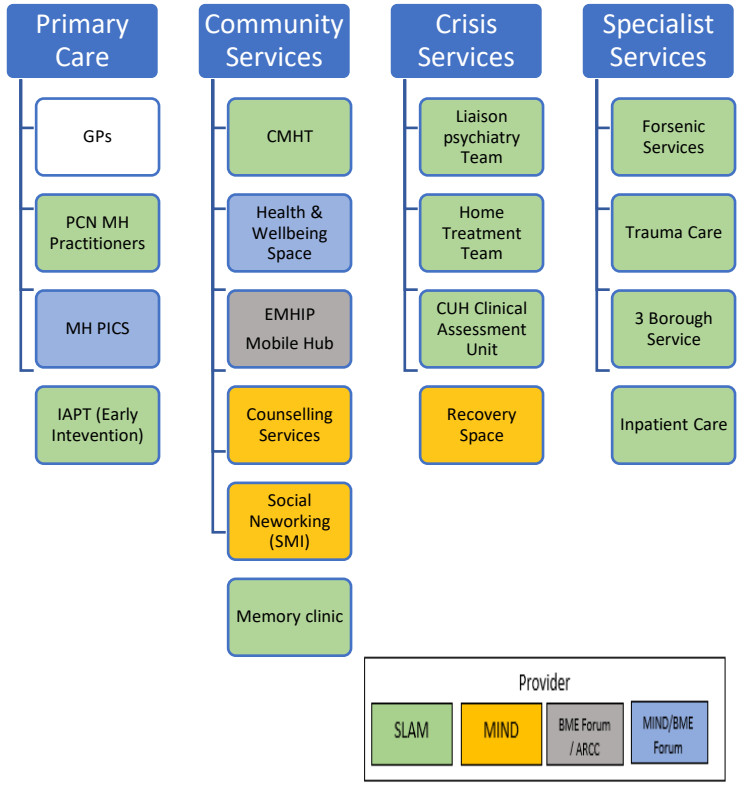
Establish a clear pathway for people with a serious mental illness to facilitate step down to more independent living

Enhance Partnership Working – Moving to an Integrated Care System (ICS)

- Establish a Mental Health & 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

Address the Health Inequalities for Mental Health across Croydon (Underpinned by Prevention & Early Intervention)

- Implement the Ethnicity Mental Health Improvement Programme

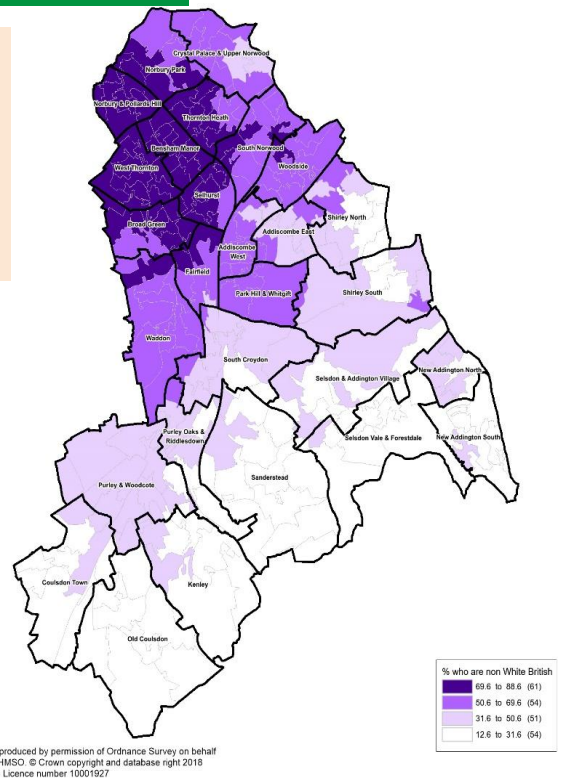


The Mental Health Programme aims to prevent mental health problems and ensure early intervention for those with mental illness by improving access to services and providing care closer to home where appropriate. Despite the negative impact of the pandemic causing delay's in delivery, progress has been made. The pandemic and lockdown restrictions have negatively impacted on people's mental health and as restrictions were lifted we have seen a significant increase in demand and acuity through all of our services.

Improving Outcomes for Ethnic Minority Communities

The Croydon transformation workstreams have initially focused on establishing the new infrastructure and roles e.g. Recovery Space, MHPICs hosted by Voluntary Sector in the Community to shift the emphasis from Acute inpatients to prevention and early intervention in the Community. Including enabling mental health services to further integrate with physical health developments e.g. ICN+ Localities.

Diversity has underpinned each step, building on the engagement events. Co-production of design, recruitment of staff with Croydon BME Forum in Partnership with Mind to deliver MHPICs and Health & Wellbeing Hubs, and establishing Ethnic Minority champions to change practice, enable culturally sensitive service provision, and inform operational and commissioning decisions.



Ethnic Minority Interventions:

- Establish a Recovery Space (crisis café) with robust statutory referral links. Oct' 2020
- Recovery Space increased referral sources e.g. GP's, CMHT's (Q4 2020/21) and targeting specific under-represented communities (from Q2 2021/22)
- Establishing new community based Health & Wellbeing Space. Contract awarded to Croydon BME Forum in partnership with Mind in Croydon. Started (Q4) 4th Jan 2022.
- New MH Personal Independence Coordinators (MHPICs) roles from April 2021. Specifically recruited to ensure diversity, developing as Ethnic Minority champions and will work closely with the EMHIP Mobile MH Wellbeing Hub to target hard to reach communities.
- MH Local Voluntary Partnership Grant – the successful initiatives provide essential community development roles as spokes to the MH Wellbeing Hubs. Mar' 2021.
- Peer Support workers in Crisis Pathway initiatives e.g. MH Assessment Unit, HTT
- Right Care, Bed Flow and reshaping of SLaM MH Services enables better alignment with the Health & Wellbeing Space and new roles. Enabling the appropriate changes in

NEXT STEPS:

- Ensure effective reporting of Ethnic Minority outcomes to further inform operational and strategic decision making across the health and care system.
- 'Test and Learn' approach to implementation allows for quick adjustments to service provision
- Robust local governance and commitment to ensuring a focus on Ethnic Minority communities at every organisational level of the decision making process.

Ethnicity Mental Health Improvement Programme

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.

A collaborative partnership:

- South West London CCG
- South London & Maudsley NHS Trust
- Local network of BME voluntary, faith and community groups, organised by Croydon BME Forum in collaboration with Wandsworth Community Empowerment Network (WCEN)

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

Phase 1:

- Establish a BME Expert Oversight Group & Approve Project proposal
- Establish a project team
- Project development:
  - ✓ mobilisation and alignment of local resources / assets including key partner agencies
  - ✓ Mapping and analysis of BME mental health / points of inequality in care pathway – Croydon
  - ✓ Identify and mobilise BME community assets / networks
  - ✓ Ethnicity audit process finalised
  - ✓ Key stakeholder engagement events – iteration / adaptation / "what good looks like"
  - ✓ Co-develop and agree key interventions delivering a business case for implementation of Phase 2

Ethnicity Mental Health Improvement Programme – Next Steps

EMHIP
ETHNICITY & MENTAL HEALTH IMPROVEMENT PROJECT

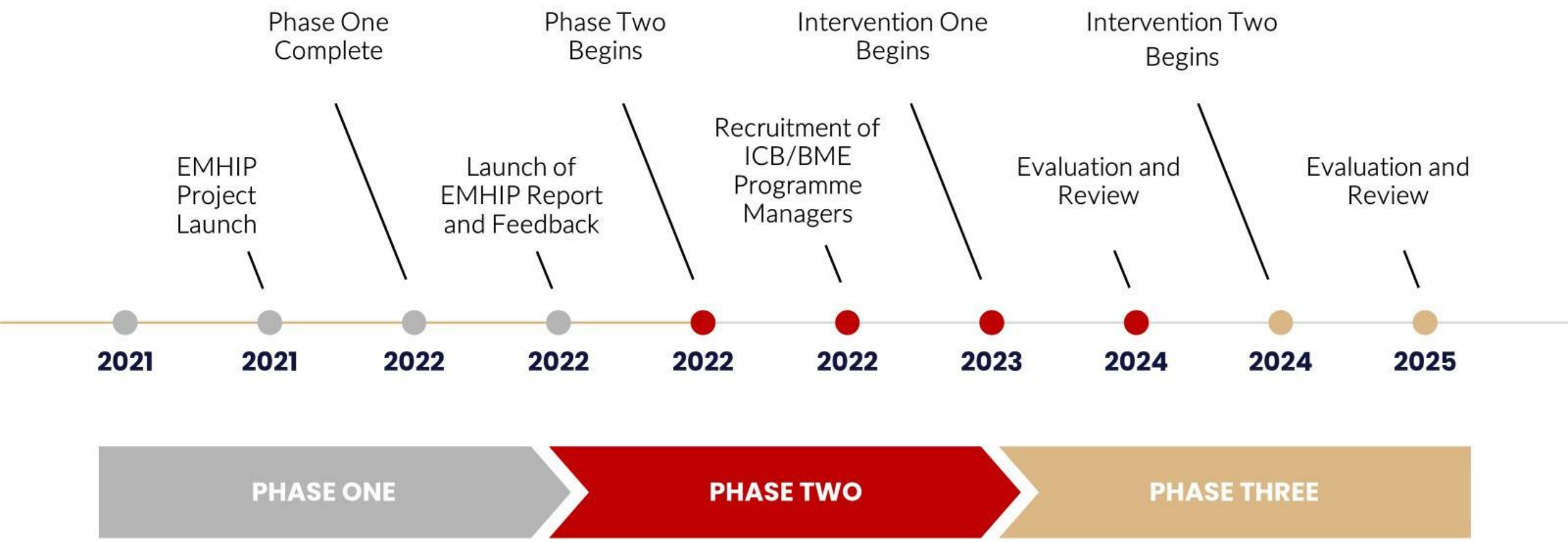
- **Approval of EMHIP Phase 1 report – Proposed Key Interventions**

Phase 2:

- Report feedback and stakeholder consultation
  - ✓ It is important that stakeholders who contributed to the report can see that their views are considered, and they have an opportunity to comment on the proposals (interventions) and for further iteration.
- Develop Full Business Cases and costings - Five Key Interventions
- Develop a High-level Implementation Plan (incl. Scoping existing provision)
  - ✓ Anchoring each intervention in the system, in partnership with services and clinicians
  - ✓ Establish Service Implementation Groups (SIG) – identify processes, barriers, facilitators
  - ✓ Ensure BME community and Lived Experience involvement
  - ✓ Data alignment and audit – monitoring and outcomes
  - ✓ Governance and project management

- **EMHIP Phase 3 – Implementation**

MILESTONES


EMHIP Project Launch
2021
Phase One Complete
2021
2022
Launch of EMHIP Report and Feedback
2022
Phase Two Begins
2022
Recruitment of ICB/BME Programme Managers
2022
Intervention One Begins
2022
2023
Evaluation and Review
2024
Intervention Two Begins
2024
Evaluation and Review
2025
PHASE ONE
PHASE TWO
PHASE THREE

5 KEY INTERVENTIONS

MOBILE HEALTH & WELLBEING HUB

1

IMPROVING CRISIS CARE AND CHOICE

2

REDUCE RESTRICTIVE COERCIVE PRACTICES

3

ENHANCING CARE FOR PEOPLE WITH SMI

4

CULTURALLY CAPABLE WORKFORCE

5

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

EMHIP PRIORITIES & NEXT STEPS

NOV 2022 - JAN 2023

- Confirm locations for Mobile hub team sessions with Faith & Community Leaders
- Further engage with ‘Lived Experience’ residents
- Set up an implementation delivery working group
- Complete service specification for Mobile Hub (Nov’22)
- Complete procurement and contract processes (Dec’22)
- Award contract with recruitment to start - prioritising the Manager role (Jan’22)
- Establish a forward plan with more detailed milestones for all interventions (Jan’22)

Questions?

Rachel Flowers

Rachel Flowers

Director of Public Health,
Croydon Council

How are you feeling today?

Mental Health in Context

Mental health is not linear

Falling on hard(er) times…

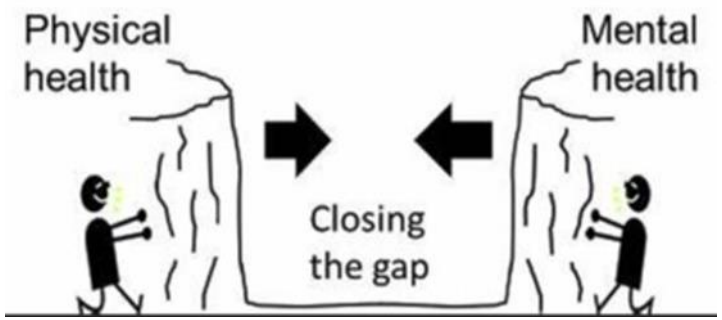
COVID-19 pandemic

- 1/3 of adults and young people said their mental health has got much worse since March 2020
- 88% young people said loneliness has made their mental health worse since the pandemic (Mind, 2021)

Cost-of-living crisis

- 77% British adults have reported feeling stressed because of the cost-of-living crisis (ONS, 2022)
- 50% people in debt also have a mental health problem
- 1 in 5 people experiencing a mental health problem also experience money issues (Mental Health UK, 2022)

No Health Without Mental Health



Breakouts Tables

Tables	Theme
Table 1: South London Listens	Review of priority pledges, how they fit for Croydon, who else needs to know about this?
Table 2: Croydon Health and Care Plan	How can we maximise mental health and wellbeing?
Table 3: SWL Mental Health Strategy	How might this fit for Croydon? How can we build on this?
Table 4: Suicide Prevention Strategy	What's working well, where are the gaps, what needs to be improved and what priorities should be considered for inclusion
Table 5: Reflections and Thoughts	Anything missed, concerns and hopes

Reflections?

Thank you