The Woodley Review

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Executive Summary & Recommendations

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 review has a special focus on how effectively mental health services are supporting BAME groups.

The key findings of the review are as follows:

- Croydon's Integrated Mental Health Strategy is comprehensive and ambitious – and partners remain committed to delivering the strategy's key objectives
- The Strategy has driven significant improvements in the mental health system in recent years, such as the reconfiguration and enhancement of numerous mental health teams based out in the community, and strengthened partnership working to improve pathways of care for mental health service users
- The Strategy is, however, not being delivered in a collaborative way – leading on occasion to confusion and fragmentation among service commissioners and providers, and missed opportunities to deliver best practice care to service users
- A focus on delivering national targets, including the waiting time for IAPT services, may be impacting on the delivery of the highest quality services. For example, despite Croydon meeting NHS England's targets for initial waiting times to access local psychological talking therapies, people are waiting for an average of 60 days to access intensive IAPT support after receiving their initial assessment – which represents a significant delay for service users who are in need of early support for their mental ill-health needs.
- Unwarranted delays in discharge from hospital, particularly for BAME service users, are being addressed but continue to represent a significant pressure on the local system
- The voluntary and community sector supporting people with both mental illness and wellbeing is astute, nimble and enthusiastic to lead improvements for service users, but often feels frustrated by lack of opportunity to engage in strategic discussions about delivery of the mental health strategy.
- Providers of mental health services, and service users themselves, are showing signs of consultation fatigue – what is required now is action and tangible changes to services and pathways that will support people to recover faster and access the right service first time round.
- The statutory sector is not yet providing robust commissioning arrangements to providers of mental health services, meaning that monitoring of contracts and support to providers to shape and improve services is weaker than it should be. Commissioners across statutory sector organisations were found, on a number of occasions, to be working in silos rather than in partnership, which needs to be rectified.

Recommendations

For the Integrated Head of Mental Health Commissioning, working with Directors in the Council, CCG and senior representation from the voluntary sector:

1. To review the membership and governance of the Mental Health Strategy Group, and its accountability in ensuring that the Mental Health Strategy is delivered. This will include updating the group's terms of reference [*see pages 19-23*].

2. To update the Terms of Reference of the Mental Health Partnership Board to ensure the Board is empowered to actively support delivery of the Mental Health Strategy [*see page 21*].

3. To review the mental health budget in order to shift resources towards earlier intervention, assessing baseline spends and re-profiling budgets to ensure best value for money [see page 14].

4. To embed the Woodley Review recommendations within the Mental Health Strategy's action plan [*see pages 1-3*].

5. To embed the Mind the Gap report recommendations within the Mental Health Strategy action plan [*see pages 30-31*].

6. To improve existing contract monitoring processes so as to ensure that coordinated, robust arrangements are in place [*see page 16*].

7. To ensure that future commissioning proposals involve the co-production of mental health service design and delivery with service users, and to ensure that new contracts for mental health services are devised to (1) help build community capacity and resilience and (2) ensure adequate focus on BAME service user needs [*see page 14*].

8. To explore opportunities to use technology to bridge the gap where there are delays in face-to-face services and identify if additional investment in this area would be helpful [*see pages 9-10]*.

9. To work with service users, through existing service user forums i.e. Hear Us, the BME Forum, and Healthwatch, to agree how to make sense of, and communicate, how services are performing e.g. IAPT waiting times [*see pages 9-10*].

10. To work with the Mental Health Strategy group and service users to explore the feasibility of a BAME dedicated mental health drop in service, presented in a co-produced options paper [*see page 15*].

SLaM:

11. To report progress of the SLaM BME Patient Experience CQUIN 2016/17 and 2017/18 to the Mental Health Strategy group [*see pages 12-13*].

Croydon Council:

12. To take forward, in collaboration with partners, Public Health England's personalised recommendations to Croydon to inform this review. They suggested that in order to address the key challenges raised by the review, local partners needed to work together to consider mental health prevention and early intervention in its broadest terms, including further consideration of:
    - The role of Primary Care
    - Mental health and wellbeing and not just mental illness and services
    - How to build a more mentally healthy community and more 'mental health literacy'
    - The power of good physical health to support good mental health
    - Addressing high risk factors for poor mental health: men, loneliness, schools, debt / financial challenge
    - Suicide prevention

Context

National

"The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services".

The Five Year Forward View for Mental Health sets out the Government's commitment to improve mental health services in England by 2020/21, and ensure that good mental health care is available to people wherever they need it. Addressing both adult and child mental health, and emphasising the need to focus on mental health inequalities, the strategy has 3 key themes:

- High quality 7-day services for people in crisis
- Integration of physical and mental health care
- Prevention

The NHS will receive an additional £1bn investment by 2020/21 to help an extra 1 million people with their mental health needs.

Key facts and figures – mental health of the population

(Reference: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf)

- One in ten children between the ages of 5 to 16 has a diagnosable mental health problem.
- One in five mothers has depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.
- One in four adults experiences at least one diagnosable mental health problem in any given year.
- One in five older people living in the community and 40 per cent of older people living in care homes are affected by depression.

Key facts and figures – experiences of mental health care

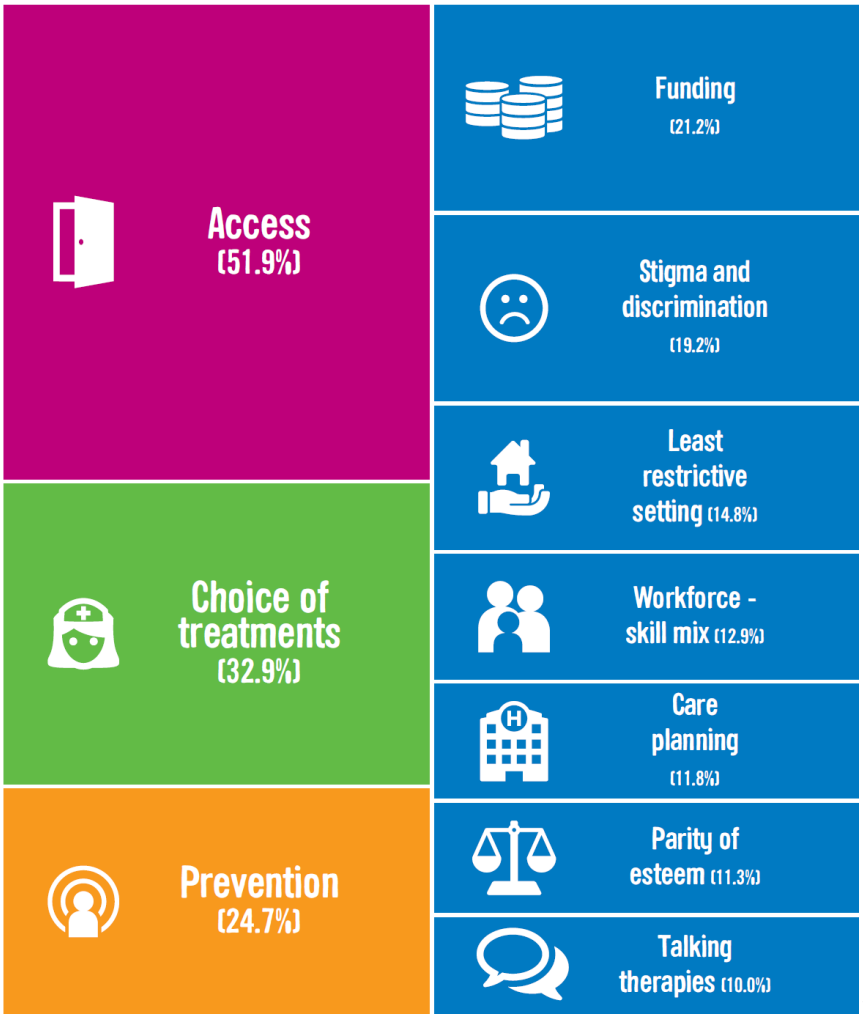
- It is estimated that up to three quarters of people with mental health problems receive no support at all.
- People with severe mental illness are at risk of dying 15 - 20 years earlier than other people.
- Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014.
- In a crisis, only 14% of adults surveyed felt they were provided with the right response.

The Five Year Forward View also states that specific actions should be taken to reduce the current significant over-representation of BAME and any other disadvantaged groups within acute care[1]. Implementing the mental health forward view goes on to outline that to achieve the key objective of maintaining and improving quality includes addressing variation in outcomes and access to services for different populations groups, specifically including people from BAME groups[2].

The 5 Year Forward View for mental health set out the priorities for change in mental health services, determined by people who responded to the strategy's consultation and expert advisors:

[1] The Five Year Forward view for mental health. A report from the independent Mental Health Taskforce to the NHS in England February 2016. https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

[2] Implementing the five year forward view for mental health. NHS England 2016. https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf



[3]

Local

Croydon developed an Integrated Mental Health Strategy for Adults (2014 – 2019) in order to address such challenges. The 4 main pillars for action in this strategy are:

1. **Increasing access to mental health services**
2. **Strengthening partnership working, and integrating physical and mental health care**
3. **Starting early to promote mental wellbeing and prevent mental health problems**
4. **Improving the quality of life of people with mental health ill health**

[3] http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/presentations/masterclasses/13-May-London/S.-Khan-The-Five-Year-Forward-View-for-Mental-Health.pdf

Key facts and figures – mental health in Croydon

In Croydon 1 in 6 adults (approximately 67,000 people) have a mental health problem at any one time – most common are anxiety and depression

17,193 people registered with a Croydon GP are diagnosed with Depression (2015/16). This is 5.6% of the GP register.

4,390 people registered with a Croydon GP are diagnosed with Mental Health issues including schizophrenia, bipolar affective disorder and other psychoses (2015/16). This is 1.09% of the GP register

Croydon has the 2nd highest Hospital admission rate for self-harm of all London boroughs.

Croydon has the average London rate of claimants for employment support allowance (ESA) for mental and behavioural conditions and rates in the middle of all London boroughs for this at 22.4 per 1,000 working age population (2016)

1.3% adults in New Addington have a serious mental illness, whereas 0.4% adults in Selsdon and Ballards have a serious mental illness.

Every year, the cost to Croydon of mental health is £1.1bn (total economic and social cost) and £290m (health and social services cost)

Local service provision in Croydon

In 2013 Hear Us, Croydon BME forum and Off the Record produced a report on BAME mental health services provision in Croydon, *Mind the Gap*[4]. This report highlighted key areas of concern for BAME service users' experiences of mental health services in Croydon.

Key findings of the Mind the Gap report:

1. Dignity in Care: Concerns were raised about the level of dignity in care provided by mental health services and how responsive staff members were to service users' requests

2. Medication Issues: There is a lack of information regarding medication and side-effects, with participants feeling that there is an over-reliance on medication and a need for a more holistic approach towards treatment

3. Cultural Competency and Sensitivity within Services: There is a lack of understanding towards cultural difference and cultural requirements, ranging from the provision of food, overcoming language barriers and awareness of cultural issues

[4] Mind The Gap. Hear Us, Croydon BME Forum, Off the Record. 2013 http://www.hear-us.org/aboutus/linkworking/PDF/MIND-THE-GAP-WEB.pdf

4. Shortage of Staff and Resources: The shortage of staff across community and acute settings clearly affects the quality of support being provided to service users, resulting in long waiting times and delays to service users' recovery

5. Care Pathways Communication: Participants felt that the communication channels faltered at the point of admission, discharge and referral, which in turn left service users feeling anxious and unclear about what support is available.

6. Care Planning and Care Coordination: Service users provided mixed feedback about the care planning process and their care coordination, highlighting the need for more active involvement from service users and more regular reviewing from staff.

7. Stigma and BME Communities: The stigma of mental health illness amongst BME communities creates a barrier to BME service users accessing and receiving support. Lack of knowledge and understanding of cultural beliefs has an influence on how service users and their families perceive mental health illness and treatment.

8. Poor Provision for Refugees and Asylum Seekers: Refugees and asylum seekers approach mental health services with complex needs, however services are not equipped to respond to these needs. Refugees and asylum seekers are reluctant to be referred onwards, resulting in significant challenges in accessing necessary and vital support for these service users.

9. Challenging Experiences for Carers: Carers feel a sense of guilt, tiredness and frustration, particularly in reference to the information flow between mental health services and carers.

10. The Need for Talking Therapies: There is a need for increased access to talking therapies for service users, which needs to be offered as part of an integrated, ongoing support. The challenges in delivering talking services to BME service users also need to be recognised and addressed.

In September 2016 the Mental Health Diagnostic for Croydon showed that BAME populations were disproportionately more likely to be admitted to hospital for a mental health condition and that following admission their length of stay was longer.

South London & Maudsley NHS Foundation Trust (SLaM) is commissioned by Croydon CCG to provide mental health services to the residents of Croydon across all age ranges. Croydon Integrated Adult Mental Health Service is a partnership between Croydon Council and SLaM created to meet the health and social care needs of residents from 18 to 65. As part of the arrangement, Croydon Council makes available just over 50 staff to work in the range of community teams provided in the Borough. In recognising the value brought by social care staff, SLaM also fund a further 9 Croydon Council social workers to work in the service. Day to day line management of the staff is delegated to SLaM, however there is a Council Head of Service who oversees the partnership and is responsible for ensuring that the integrated service does meet the social care needs of the client group. The Head of Service:

- works closely with SLaM Service Directors, Heads of Pathway and Clinical Service Leads on strategic areas including the Inpatient Discharge Task & Finish Group; reviewing the Cross Cag Interface and Care Pathways;

- has operational responsibility for the AMHP service (approximately 900 Mental Health Act Assessment per year) and the Adult Safeguarding team (approximately 500 Safeguarding referrals per annum).

- is the professional lead for social work staff in the service and ensures a robust supervision structure, opportunities for career progression, recruitment, etc.

There is a Director of Social Care in SLaM who is responsible for ensuring that services being developed and decisions being taken at the corporate centre always include the needs of and the implications for the 4 Boroughs that form SLaM. For example the recent development of a business case for a Centralised Place of Safety.

The Croydon Integrated Strategy for Mental Health 2014-19 was written at a time when there was an Integrated Commissioning Unit (ICU) that spanned both the Council and the CCG. The Director of the ICU led on the development of the strategy and was expected to oversee its implementation. However the ICU was disbanded in the latter part 2015 and the Director is no longer in post.

The combination of factors above led to the need to conduct a rapid review of the implementation of the mental health strategy.

Aim of the Woodley Review

- To review progress against the four pillars of the borough's Mental Health Strategy
- To elicit the views of BAME service users based upon their experience of using mental health services
- To consider if current governance arrangements are adequate to ensure delivery of the strategy's intended outcomes and for all population groups
- To make supplementary recommendations, if necessary, in light of the most recent intelligence available to improve Croydon's mental health policy, its delivery and governance

Scope of the review

1. Understand current data trends in mental health, including high inpatient activity and comparatively poor access to and completions from IAPT services

2. Explore the current challenges in mental health services in Croydon, including overspend on the core mental health contract; fragmentation within the funding and provision of mental health services (i.e. between children and young people, working aged adults, and older adults services; and between inpatient, community and voluntary sector services); fragmentation between mental health and wider determinant services (such as housing/ homelessness, drugs and alcohol, and unemployment); and gaps in strategic approaches to addressing mental health needs (such as development of a local suicide prevention strategy)

3. To elicit the views of BAME services users based upon their experience of services and to consider the outcomes for BAME service users.

4. Review progress to deliver the objectives of the current mental health strategy

Method

The evidence from the review was gleaned from a mixture of written evidence submissions, presentations, panel questions and a visit to a mental health service provider.

The members of the review panel (listed in appendix 1) agreed the core evidence questions and the statutory service providers and voluntary sector providers that would be invited to provide evidence for the review. Providers that presented their evidence to the panel were also asked additional clarifying questions from the panel and where required these were followed up with further written submissions.

Further details of the providers invited and evidence submitted is included in appendix 1.

The evidence questions that were asked by the panel were as follows:

1. Rate progress (1-10) at delivering each of the 4 pillars of Croydon's mental health strategy

    a. Increasing access to mental health services
    b. Strengthening partnership working, and integrating physical and mental health care
    c. Starting early to promote mental wellbeing and prevent mental health problems
    d. Improving the quality of life of people with mental health ill health

    Please give reasons for your rating on each one.

2. A number of BAME communities have told us they feel they have less access to services and that when they are accessed they can fail to meet their needs. Please provide any evidence you have collected to support or refute these claims.

3. Please provide any evidence you have collected on notably good or inadequate mental health service delivery in the past 12 months

4. Please provide any evidence you have collected on community based initiatives that are making a positive difference to the lives of people with mental health issues. What can other services learn from these approaches?

These questions and subsequent follow-up questions are listed in Appendix 2.

Key findings

1. Understand current data trends in mental health, including high inpatient activity and comparatively poor access to and completions from IAPT services

Improving Access to Psychological Therapies (IAPT) is a national programme for people with common mental health problems who do not require secondary or specialist psychiatric support. SLaM reported that the service encourages self-referrals by phone or online as well as accepting them from other health and social care services. Generally people need less intervention through this route and if required will access either guided self-help (STEP 2 –coaching and workshops) or face to face psychological therapy (STEP 3 – individual or group sessions. Commonly 12-16 sessions). STEP 2 or STEP 3 interventions can also be accessed online or by phone.

The CCG presented information about mental health service delivery and performance in Croydon:

IAPT

The IAPT service has increased in size and access considerably over the last 2 years with a steady improvement in performance. There is a current estimated prevalence of 42,245 people in Croydon who may benefit from IAPT services. In 2013/14 the access rate was 3.75%, this increased to 6.9% in 2014/15 and reached 10.37% at the end of 2015/16.

The table below shows the ethnicity of people entering treatment during November 2015 and August 2016 (from IAPTUS) in comparison with the ethnicity of 18-65 year olds in Croydon (from Census 2011). The table shows that Asian populations are under-represented in the service and that Black populations are also slightly under-represented:

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
18-65 year olds in Croydon (Census 2011)	16.3%	19.9%	4.8%	3.3%	55.8%	0.0%
Croydon IAPT (Nov 15) (n=377)	9.3%	17.2%	7.2%	2.8%	59.7%	3.8%
Croydon IAPT (Aug 16) (n=298)	8.7%	16.1%	7.4%	2.0%	62.4%	3.4%

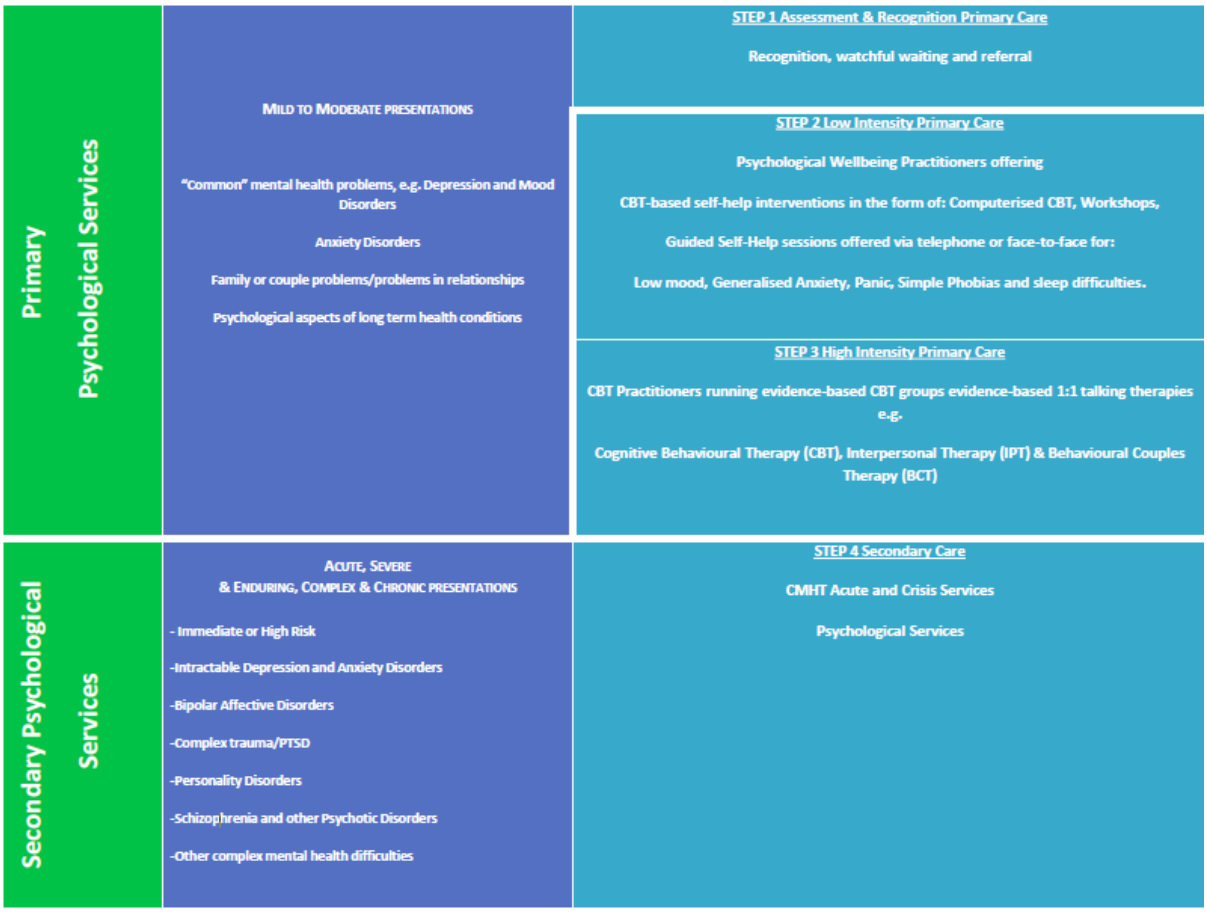
Source: *SLaM, Meeting the public sector equality duty at SLaM (2016)*

The current national target for IAPT is 15% and Croydon are delivering 10.75% access (2016/17) - but there is no waiting list and a self-referral option is available. The CCG have been gradually expanding the service within the resources available, and are re-procuring the service in 2017 with an emphasis on increasing access in line with the national target. For 2017/18 the service has been commissioned to reach an 11.1% access rate.

The review panel is aware of feedback from the public/ Hear Us that the IAPT service in Croydon is not equally accessible to all. The Mind the Gap report argued that "*There is a need for increased access to talking therapies for service users, which needs to be offered as part of an integrated, ongoing support. The challenges in delivering talking services to BME service users also need to be recognised and addressed".*

Further, in contrast to the CCG's report, Healthwatch fed back that "*There are long waiting lists for community based psychological therapies, this is problematic as people often need some form of immediate help. It is perceived that waiting lists are longer in Croydon, than in counterparts*." They also reported that "*Some patients say their GPs are reluctant to refer for psychological therapies*" and that "*A single round of therapy (for example a 6 week package) is often all that is available, with no follow-on support afterwards*".

These contrasting reports reflect a muddled picture of the IAPT service and some conflation with other community mental health services such as Croydon Integrated Psychological Therapy Services (CIPTS) (See Appendix 3). The IAPT waiting time targets are that 75% of patients wait less than 6 weeks from referral to completing a course of treatment and that 95% of patients wait less than 18 weeks from referral to completing a course of treatment. It was reported from SLaM that these IAPT waiting times were satisfied when someone had entered the service and had been triaged by either a promoting wellbeing practitioner or CBT therapist. There are however internal waits; As of May 2017 SLaM report mean waiting time from referral to starting STEP 2 treatment of 42 days, and the mean waiting time from referral to starting STEP 3 treatment is 91 days. This means that although a treatment may not be classified as a 'wait' following the targets individuals may be awaiting IAPT treatments such as Cognitive Behavioural Therapy or guided self-help sessions for a month or more.



Source: *SLaM, Croydon IAPT Psychological Therapies and Wellbeing service Training event. (2016)*

Inpatient Services

The recently commissioned Mental Health diagnostic report found that inpatient length of stay for Croydon was much higher than for other boroughs using SLaM.

The report found that "*there is a clear picture of a relatively low level of admissions in Croydon when compared to elsewhere in London and England. There is however a relatively long length of stay leading to a higher than average level of occupied bed days. The number of patients with a stay of over 90 days has significantly increased, especially during the first four months of 2016. In addition recent months have seen a rapid increase in the number of acute placements made by SlaM. CCG placement expenditure has remained stable while local authority expenditure on placements has steadily increased.*

Compared to national benchmarks a relatively high proportion of admissions were under formal sections of the Mental Health Act. Over a quarter had not been seen by a SLaM community service in the previous 12 months (higher than expected national benchmark of 20%). There were fewer admissions and occupied bed days for white and Asian people compared to people from black ethnic groups. There were more occupied bed days for men than women in all ethnic groups. Also, more occupied bed days for men than women in all age groups, except in the 55 to 64 year old age group.

Although HTT (Home Treatment Team) and EIP (Early Intervention Psychosis) caseloads have increased over recent months the overall level of people in contact with community teams provided by SLaM in Croydon is relatively low compared to elsewhere in England."

The report also identified a problem in the discharge process from acute services – the review panel heard that a task and finish group with Croydon Council colleagues was established in September 2016 to find solutions to this. The group has been reviewing the services available to support discharge.

2. Current Opportunities/ Strengths in mental health services in Croydon

The CCG highlighted vast improvements that have been made to mental health services in Croydon in recent years, including:

- *"Assessment & Liaison Teams – Four assessment teams replaced the previous two, and have been configured and located to support the six GP network areas in Croydon… The Assessment and Liaison teams are a component of the Adult Mental Health model and strengthen community mental health service interventions by providing ease of access to an enhanced assessment and triage function ('gatekeeper'), ensuring rapid intervention and better communication for patients and GPs. The skilled up staff within the teams ensure referrals of patients to most appropriate part of mental health care system, and better joint working and signposting with Primary Care, secondary care and within 3rd sector Organisations. The teams provide GP's with a single point of entry to access secondary care and their expansion supports a more integrated approach with primary care.*

- *Promoting Recovery Teams – have been reconfigured into 4 teams aligned with the GP networks and assessment & liaison teams. Caseloads have been reconfigured to match localities which allows for greater continuity between teams and GPs increasing the coordination of treatment received.*

- *Primary Care Mental Health Support Service – capacity has increased to provide more support to GP's to support the transition of patients stepping down into primary care. The CCG is also looking at the opportunities that will be afforded through delegated primary care commissioning in respect of additional investment for mental health in primary care.*

- *Clozapine Initiation – supporting a proportion of patients to access Clozapine medication within the community.*

- *Home Treatment Team – has been enhanced with more capacity and a wider range of therapeutic interventions to prevent crisis, including the use of Dialectical Behaviour Therapy (DBT) and family therapy… The service provides comprehensive assessment and is accessible to* [older] *people in the acute phase of mental illness which, without support, would result in their admission to hospital.*

- *Personality Disorder Service - has increased care coordination and support through group therapy & family connection group*

- *The Street Triage pilot has been commissioned on an ongoing basis and has developed into the 24hr Mental Health Support Telephone Line. This service enables service users to be able to call a Mental Health professional at times of crisis 24hrs a day 7 days a week, and has been operational from December 2015. In Qtr1 2016/17 it took 376 calls from Croydon users and typically takes 35 calls per week. The service is currently evaluating numbers of people potentially diverted from A&E.*

- *The* [Early Intervention in Psychosis*] service has been expanded to meet the new referral to treatment time of 50% of patients receiving a service within two weeks of being assessed. Since April 2016 to January 2017 the service has achieved a rolling yearly average of 65% of eligible referrals receiving a service within two weeks. Croydon CCG has also developed the COAST Service, (April 2015) to support early detection of patients at risk of developing psychosis to intervene before a first episode occurs. The COAST and OASIS services are integrated to ensure patients can transfer to teams that best meet their need and intervention is available at the earliest opportunity.*

- *SLaM's Adult Clinical Academic Groups (CAGs), have recently developed a Service User Monitoring Forum (SUM), which is a partnership between Hear Us, the Croydon BME Forum, the Croydon Mental Health Forum, Imagine, Rethink, Croydon Mind, Croydon LINK and SLaM. The SUM will serve as a patient experience and involvement monitoring forum in order to ensure user-led activities and monitor the PEDIC (Patient Experience Data Intelligence Centre) results and service action plans.*

- *The Inpatient Discharge Task and Finish group has been devolved and brings stakeholders together to address recommendations and findings in the MH Diagnostic report. This report and working group will convene for 12months. The group has now been established and has a dedicated action plan to reduce inpatient length of staff and delayed transfers of care. This work has a focus on patients with complex needs and existing long lengths of stay which will include a proportion of BAME patients. In 2017/18, there will be a dedicated BAME inpatients CQUIN developed to further support this work in relation to BAME patients.*

- *The CCG, Adult Social Care, Police, Ambulance, Mental Health and CUH emergency staff now meet monthly to promote a more integrated approach to emergency, crisis care and Mental Health. The AEDB sub group now meets monthly, and has been operational since July 2015. The group facilitates closer multi agency working and an integrated approach to resolving problems.*

The CCG have a CQUIN in place with SLaM to improve BAME patient experience that had the following objectives in 2016/17:

- Improving understanding of working age BAME patient experience of access to acute inpatient services though a qualitative review and audit of patient's experience of SLaM inpatient and community services… [and] developing recommendations on how to deliver co-produced personalised care to BAME populations at a Community Mental Health Team level.
- SLaM to make recommendations for best practice approaches in reducing higher admission rates to acute in-patient services for BAME populations as compared to their counterparts.

The evaluation report of the CQUIN highlighted a number of actions that SLaM agreed to take forward following team audits and feedback from BAME focus groups, but detail is not provided on whether these actions were completed. Proposed actions included:

- Develop BAME-specific information for Early Intervention, Promoting Recovery and Home Treatment teams welcome packs
- Early Intervention, Promoting Recovery and Home Treatment teams clinical and administrative staff to undertake cultural awareness training

The CCG fed back to the review panel that the Patient Experience CQUIN (16/17) they have in place with SLaM to improve data collection on use of mental health services has been strengthened for the 2017/18 year in light of mental health diagnostic report. SLaM will only be paid for achieving specified outcomes.

The CCG has also committed to developing the personalisation agenda in mental health, and ensuring mental health services are responsive to supporting those with mental health and substance misuse needs.

Feedback from evidence considered by the review panel also noted opportunities and strengths in the current system:

"*I believe they* [Hear Us] *make a great contribution to supporting the well-being of individuals that uses the service and the fact that on the occasion they are in the building managers of the various services in Tamworth road get to hear first-hand and immediately about any issues and concerns which mean they can often be dealt with far more quickly*."

AMHP Service

"*Voluntary sector agencies have developed a range of new services that meet the real needs of people with mental health problems. These services are funded by Grant Making Trusts and other fundraising*."

Mind

3. Current challenges/ weaknesses in mental health services in Croydon

The review identified a number of challenges that need to be addressed by the mental health strategy:

Fragmentation exists within and between services that support people with mental health problems, and is hindering efforts to improve outcomes for service users

1. Fragmentation within the funding and provision of mental health services (i.e. between children and young people, working aged adults, and older adults services; and between inpatient, community and voluntary sector services) – the mental health diagnostic report highlighted a number of ways partnership working could be enhanced to improve outcomes for people with mental health issues:
    - *Working with public health to focus work on specific communities who are most at risk of developing a psychosis. For example demographic changes show an increase*

in future years in the number of people who identify within the black 'other' ethnic category.
- *Increasing communication and collaboration between SLaM and Primary Care within the context of the Croydon out of Hospital strategy.*
- *For the CCG and the voluntary sector to review the focus of their work. In the future for the voluntary and statutory sectors to work collaboratively together to meet individual needs.* (Mental Health Diagnostic Report)

2. Fragmentation also exists between mental health and wider determinant services:
   - "*There is little understanding the role that employment programmes can help in improving mental health and wellbeing*" (Status Employment).
   - "*Access to and sustaining housing will be crucial*" (Mental Health Diagnostic)

3. Discussions about prevention services are not fully integrated with discussions about services providing treatment responses for service users with mental health needs. There are missed opportunities to share intelligence and work as a whole system to shift the focus 'upstream' towards preventing mental ill-health in the first place. The review panel heard that there has not yet been enough focus and innovation in the prevention arena, and that a mental health social prescribing service led in VCS would be very helpful. They also heard that the CCG's PIC service with Age UK were identifying issues of loneliness and isolation as a key theme among service users, and that most of these service users will have an underlying mental health problem. Thinking holistically about the breadth of needs of service users accessing any one service needs to be encouraged. Further, the CDW Service highlighted that "*Community groups and service users have reported again and again through focus groups over a long period of time that they want early intervention mental health support in the community that they use and trust*."

The system (local services) is not yet consistently supporting and appropriately responding to service users with their mental health issues, in line with their needs, which is impacting on access into services and also pathways to recovery

1. Service users do not appear to be as involved, supported or empowered as they want to be:
   - "*Many patients tell us they do not feel listened to, and are not fully involved in care planning or decisions about them. This has been acknowledged by SLaM, who are running a two-year programme to get patients more involved in care planning, however the problem also extends to GPs and other professionals*." (Healthwatch).
   - "*Many people requiring mental health therapies or interventions feel helpless and a significant number have 'given up', having lost faith in the system*" (Healthwatch).
   - "*Increasing the use of self-directed support by people with more severe and complex mental health problems* [is recommended]". (Mental Health Diagnostic Report).
   - "*Service users provided mixed feedback about the care planning process and their care coordination, highlighting the need for more active involvement from service users and more regular reviewing from staff*." (Mind the Gap report).
   - "*Concerns were raised about the level of dignity in care provided by mental health services and how responsive staff members were to service users' requests*" (Mind the Gap report)

2. Language and information around mental health is complex and inaccessible:

- "*Patients feel there is too much clinical-speak and residents need language they can understand… Patients say 'we need clear information on mental health services', including what is available, opening times, and what to do if you can't get access. It is noted that information is fragmented, increasing the risk of inconsistency*" (Healthwatch).
- "*Participants felt that the communication channels faltered at the point of admission, discharge and referral, which in turn left service users feeling anxious and unclear about what support is available*." (Mind the Gap report)

3. Shortage of Staff and Resources - "*The shortage of staff across community and acute settings clearly affects the quality of support being provided to service users, resulting in long waiting times and delays to service users' recovery*" (Mind the Gap report)

4. There are issues with medication as the treatment option:
   - "*Many patients tell us clinicians don't give alternatives to medication due consideration and in many cases, medication appears to be the only option*." (Healthwatch).
   - "*There is a lack of information regarding medication and side-effects, with participants feeling that there is an over-reliance on medication and a need for a more holistic approach towards treatment*" (Mind the Gap report)

5. Not all carers and families are as involved in care as they would like to be:
   - "*Carers and family members say they are not as involved as they would like to be in care planning and decision-making*" (Healthwatch).
   - "*Carers feel a sense of guilt, tiredness and frustration, particularly in reference to the information flow between mental health services and carers*." (Mind the Gap report)

Local commissioners and providers are not yet fully meeting the needs of high risk groups, or demonstrating sufficient cultural sensitivities in their approach to supporting people with mental health issues

1. There is a lack of BAME specific services, which is not in line with service provision in neighbouring boroughs with similar demographics - "*Croydon currently trails behind neighbouring South London and Maudsley (SLaM) boroughs such as Southwark, Lambeth and Lewisham, who have established BME mental health drop-in centres… Due to the lack of funding Croydon has seen the closure of its only BME mental health specific organisation (Healing Waters). Centre of Change project, a BME led organisation that provides counselling and other therapeutic services has struggled for funding since its formation (2008) and is self-funded, while the remaining BME organisations in the borough, provide advocacy and support but would not readily describe themselves as mental health specific*" (CDW Service)

2. There is a need to improve safeguarding procedures, particularly for BAME groups – "*Opportunities to improve the progress would include: Further review of the data around BAME and the safeguarding risks prioritised within Croydon…; inclusive campaigning around reporting and identifying risk and strengthening training to support professionals regarding the undertaking of their role and safeguarding risk… GPs often have useful knowledge but difficult to engage them in safeguarding – reviews/ case conferences/ work with families*" (Safeguarding (Younger) Adults Mental Health Team)

3. Lack of understanding about domestic violence as a mental health concern that affects men as well as women – "*There does appear to be a sense that dv [domestic violence] is largely physical – but coercion and emotional abuse is incredibly damaging… there is an opportunity to review further how to support men at risk of domestic abuse (dv). It is my view that there are issues about identification of domestic abuse and when they are reported, it is difficult to work to support men more equitably*" (Safeguarding (Younger) Adults Mental Health Team)

4. Poor Provision for Refugees and Asylum Seekers: *"Refugees and asylum seekers approach mental health services with complex needs, however services are not equipped to respond to these needs. Refugees and asylum seekers are reluctant to be referred onwards, resulting in significant challenges in accessing necessary and vital support for these service users."* (Mind the Gap report)

5. Cultural Competency and Sensitivity within Services: "*There is a lack of understanding towards cultural difference and cultural requirements, ranging from the provision of food, overcoming language barriers and awareness of cultural issues*" (Mind the Gap report)

Commissioners of mental health services need to work collaboratively to ensure that robust commissioning and contract monitoring processes are in place to support the delivery of a high-performing mental health system

4. Inconsistency of commissioning & contract monitoring & evaluation from providers of mental health services– When VCS services were last re-procured in 2007, the CCG and Council committed to a common evaluation process but this hasn't happened. "*There has been a poor and unprofessional approach towards the monitoring of voluntary sector contracts despite years of effort from providers to engage commissioners in this. Monitoring data when submitted by providers is not acknowledged or read by commissioners, is often mislaid and has to be re-submitted. Actions promised by commissioners are not delivered by them*" (Mind)

5. Croydon providers and commissioners don't always feedback on changes that have been put in place – "*Engagement work carried out by the CDWs have shown that poor outcomes and the inability of services to respond in a timely and practical manner has led to significant consultation fatigue. This has and is likely to have ongoing negative impact on patient and community voice*." (CDW Service)

4. To elicit the views of BAME services users based upon their experience of services and to consider the outcomes for BAME service users.

The Review used two methods to understand the experiences of BAME mental health service users:

- Requesting evidence from partners specifically on the experiences of BAME service users
- Undertaking a site visit to Allan House to speak to service users (including BAME service users see Appendix 5)

The review uncovered the following:

The BME Community Development Workers Service pointed out that "*BME outcomes are worse than before the strategy – this has been stated in the outcome of the recent Mental Health Diagnostic*". The Service illustrated their argument with examples, including the following:

> *"Whilst conducting CQUIN focus group interviews, the CDW service encountered a black man approximately aged 30-35yrs old in the Queens Resource Centre reception. Having recently been released from an acute ward at the Bethlem hospital, the man was waiting to see his psychiatrist and care coordinator. He appeared slightly distressed and had a number of bags (rucksacks as well as carrier) surrounding him on the floor. On speaking to one of the CDW team, he revealed that following his release he was homeless and had come in the hope that his psychiatrist/care coordinator would be able to find him a bed to stay in. He explained that if they couldn't accommodate him he would be left with only 2 options.*
>
> *1) Use the little money he had to purchase a tent, a gas light and heater and camp on Purley Way playing fields*
>
> *2) Do something to get readmitted to the ward as at least it gave him shelter and 3 meals a day.*
>
> *If his care plan had been correctly discussed and formulated with him during his stay this should never have happened"*
>
> CDW Service feedback

Reflecting on these poorer outcomes, the AMHP service said that "*A review article in 2002 published in the British journal of Psychiatry which looked at Ethnic variations in pathways to and use of specialist mental health services in the UK found that Black people are overrepresented among in-patients, and that Asian patients use in-patient facilities less often than do White patients. Also it found that Black people on in-patient units were four times more likely to experience a compulsory admission compared with White people. The picture today is largely unchanged from that time".*

Further, the MIND the Gap report argued that "*The stigma of mental health illness amongst BME communities creates a barrier to BME service users accessing and receiving support. Lack of knowledge and understanding of cultural beliefs has an influence on how service users and their families perceive mental health illness and treatment*."

The review panel heard that BAME groups are more likely to talk of importance of mental health services being provide by the voluntary sector. Services didn't need to be provided close by to where people lived; the critical barrier seemed to be if English is their first language or not (Mind). Mind said: "*The issue of language and communication is a significant feature. We agree that this is the most common issue that services struggle to address.* [However], *assuming that language was not a barrier, the qualities* [of services] *that BAME communities valued were the same as those from White British communities. These were: good reputation, reasonable waiting lists, ease of access (including the ability to self-refer) and reasonable costs. Such services did not need to be BAME specific (having a counsellor of the same ethnicity was not considered important by most people), nor based in a BAME community organisation, nor be near to where people lived (in fact, there was evidence that people preferred to travel away from their immediate community). However, BAME clients were more likely than White British clients to cite services being in the voluntary sector as being an important factor in choice. They also gave a higher rating around the importance of confidentiality /anonymity than White British clients.*"

The review panel heard examples of good practice that have been developed locally, including that "*the Croydon AMHP service has nearly 60% of its practitioners that are from BAME groups… when assessments are undertaken with BAME communities we are clear that we will look at the ethnicity of the AMHP practitioner and the other practitioners that may be involved in the assessment to try to ensure that the ethnic make-up is as diverse as possible. This is a deliberate attempt to try to ensure that BAME patient are not feeling alienated by being part of the assessment process that without thought could be perceived as predominately white and male which is the perception held of high ranking mental health practitioner such as Consultant Psychiatrists*" (AMHP service)

SLaM's *Meeting the public sector equality duty at SLaM* report (2016) highlighted that:

- *The data shows that a high proportion of Black service users are accessing the early intervention service. While this suggests there is good engagement by the team it also reflects the higher prevalence of psychosis among Black communities. Many service users enter the early intervention team via crisis services which can be a negative experience*.
- *[*Similarly*] The proportion of Black service users in Promoting Recovery teams is higher than those in the local community. This is partly due to the fact that referrals come from secondary care services that already have a higher proportion of Black service users and the unequal distribution of psychosis across different ethnic groups*.
- *The majority of Croydon service users from all ethnicities would recommend the ward or teams to friends and family if they needed similar care or treatment… Reasons why BME service users would not recommend a service included:*
    - *'Staying long in hospital before being discharged.' Black Caribbean service user, Westways Ward.*
    - *'They help but not personalized help.' Black African Service user, Croydon Early Intervention Service.*
    - *'Best ward but incorrect western medical methodology'. Mixed race service user, Croydon Triage Ward.*

The review panel heard that there was a continued need for focused activity locally to improve outcomes for BAME communities - indeed the Mental Health Diagnostic report recommended "*Joint working between the voluntary sector, Council, CCG and SLaM to better understand and meet the needs of black people who currently are at greater than average risk of admission and have longer lengths of stay than other ethnic groups. This work could take forward the Mind the Gap report. There is also the potential for learning from elsewhere as the higher level of risk for black people, especially black men, is common across England.*"

Croydon CCG commissions the Community Development Workers Service in Croydon through the BME Forum and through Off the Record. Current priorities in the action plan to improve outcomes for BAME service users include:

- Build coalitions and dialogue between mental health, substance misuse and sexual health professionals and the leaders of different faith groups where shared learning takes place.
- Provide support for specific BAME groups facing cultural stigma and fear around mental health.
- Collect BAME patient experience data through partnership work in order to campaign for improved equality of service and effective service provision,

- Improve skills and knowledge in the voluntary, community and statutory sectors through diversity and BAME specific mental health training
- Improve cultural competency awareness through bulletins and information.
- Map the presenting issues relating to BAME young people's mental health accessing Off the Record.
- Address language, religious and any other cultural barriers to help BAME communities find effective pathways across mental health services.
- Raise awareness of support services
- Improve BAME inpatient experience of mental health support services.
- Support the Family Engagement Partnerships (FEPs) by working with BAME young people and families with complex needs, raising their awareness, highlighting specific needs, building resilience and signposting BAME families to other support services.

5. Review progress to deliver the objectives of the current mental health strategy

Collective Ratings – Progress at delivering the mental health strategy

Increasing access to mental health services	**Strengthening partnership working, and integrating physical and mental health care**	**Starting early to promote mental wellbeing and prevent mental health problems**	**Improving the quality of life of people with mental health ill health**
6.5 (range 5-8) 4 responses	5.75 (range 4-7) 4 responses	5.3 (range 3-8) 3 responses	6.2 (range 5-7) 5 responses

3 organisations provided scores for each of the pillars – the CCG, Mind in Croydon, and the BME Mental Health Community Development Workers Service. The Approved Mental Health Professional (AMHP) Service provided ratings for the 2nd and 4th pillar of the strategy, and the Safeguarding (Younger) Adults Mental Health Team provided ratings for the 1st and 4th pillar of the strategy.

Average scores for progress against delivery of the mental health strategy ranged from **5.3/10 – 6.5/10.** All statutory sector partners scored progress across the pillars more highly than the 2 voluntary sector responses – with scores no higher than 6 given by voluntary sector partners, and scores no lower than 7 given by statutory sector partners.

<u>Pillar 1 - Increasing access to mental health services</u>

Respondents scored progress at delivering Pillar 1 of the strategy – improving access to mental health services – most highly (**6.5 out of 10**).

Feedback from evidence submissions:

"*Community Services have been expanded to enable a greater number of people to access services in the community. Over the 2014-2016 period the CCG has invested significantly to improve access to*

existing services and develop an Adult Mental Health Model (AMH) to support community care with the aim of reducing the reliance on inpatient services and to work towards beginning to meet national standards. The planned work was responding to the JSNA 2012/13"

Croydon CCG

"*All BME communities still find it challenging to access services, particularly early intervention and preventative services. In particular, there is evidence to suggest that for many Chinese people living in Croydon, due to stigma, they use the Chinese Mental Health Association based in Barnet as their first point of contact. Evidence also points to many Asian people living in Croydon going out of borough in order to access services rather than use Croydon internal services. Feedback from communities has consistently pointed in the direction of developing BME specific services, like those in some neighbouring boroughs*"

CDW Service

"*The key aim of the strategy is to move people away from secondary mental health services and in-patient services to services in primary care and in the community, including to services provided in the voluntary/3rd sector. There has been limited progress in this area. Most new investment had been in statutory secondary care services. There has been no new investment in voluntary sector services, even when there is clear evidence of the effectiveness and cost effectiveness of such services*"

Mind

"*Larger and larger numbers of people with significant mental health problems are being referred to voluntary sector agencies by GPs and secondary mental health services, leading to large caseloads and waiting lists. For example, the Hub service is commissioned to support 210 people a year 5 days a week, but is supporting 600 clients, 6 days a week, many of whom have complex needs (including those with a personality disorder)"*

Mind

"*With the proposed termination of CCG funded services it will mean an inevitable decrease in access to services. Through CCG commissioning there has been little coordination of what is needed to improve people's mental health*"

Status Employment

"*Progress regarding access could be considered if service users/carers felt able to self-refer to a greater degree than at present. This does require an educational role- communities who have not used statutory services in the usual way may contain high risks largely due to ideas about honour, perception of services being ill equipped to meet their needs along with a need to work with the independent sector to ensure that they are aware of what is currently considered to constitute abuse*."

Safeguarding (Younger) Adults Mental Health Team

Pillar 2 - Strengthening partnership working, and integrating physical and mental health care

Respondents scored progress at delivering Pillar 2 of the strategy – strengthening partnership working, and integrating physical and mental health care – at **5.75 out of 10** (the second lowest scoring).

Feedback from evidence submissions:

Partnership Working

"*There is clear evidence that where partners across the public and voluntary sector work together, there is more likely to be better outcomes for service users and communities… The only Partnership Board that came out of the Strategy is the Mental Health Partnership Board; however, in the last 2 years, the board has met infrequently, does not have the Mental Health Strategy at its core and lack clear focus*"

CDW Service

"*It is important that there is clear communication between the services to ensure that there is a cohesive strategy for mental health delivered to those who need it. The limitations to strengthening partnerships are that of time and the plethora of agencies and meetings that are available to attend outstrips the take available to attend and contribute to those agencies and meetings*."

AMHP Service

"*The regular attendance and contribution by police at AMHP and social care forum on a monthly basis. This has ensured that there is an open dialogue in terms of issues of concern being raised quickly and dealt with."*

AMHP Service, evidence of good practice

"*Good partnership relationships between different providers have been fostered, but this relies on a large amount of effort from those providers, rather than a systematic approach led by good quality commissioning*"

Mind

Physical & Mental Health

"*A lot more work needs to be done in terms of integrating physical and mental health*"

CDW Service

"*Within the AMHP service, when assessments of patients the AMHP's are aware that they have to consider if any physical health issues are impacting on the mental health of the person that they are assessing and also work with the other assessor who are doctors to ensure that the persons physical health issues are taken into consideration*".

AMHP service

"*Community consultant who when out to assess a patient under the MHA who had not eaten for 3 days did not prioritise the need for a physical intervention and made no attempt to physically assess the patient or contact the GP. It was left to the AMHP service to raise the concerns about the patient's physical health and involve the services of the patients GP in order to get the patient the treatment they need*."

AMHP service, example of poor practice

"*A Physical Health CQUIN, (Commissioning for Quality and Innovation) is in place for 2016/17. This CQUIN will embed physical health reporting throughout secondary care with risk assessment and development of clear pathways for interventions and signposting for all cardio-metabolic risk factors*"

Croydon CCG

Pillar 3 - Starting early to promote mental wellbeing and prevent mental health problems

Scores varied most for the responses to Pillar 3 – on how well local organisations were starting early to promote mental wellbeing and prevent mental health problems. Overall, respondents felt that least progress had been made in this area, scoring progress at **5.3 out of 10**.

Feedback from evidence submissions:

"*The expansion and development into Early Intervention Psychosis (EiP) Services is a key service for supporting people early with their Mental Health. EiP services are effective services for people experiencing first episode psychosis, with good evidence that these services help people to recover and to gain a good quality of life. EIP services have demonstrated that they can significantly reduce the rate of relapse, risk of suicide and number of hospital admissions. They are cost-effective and improve employment, education and wellbeing outcomes. These services are evidence based to provide significant personal, social and health benefits when delivered early enough… The local Croydon service has been reporting against the national standard which came into effect in April 2016, and is currently supporting over 50% of patients with a NICE approved care package within 2 weeks of referrals. The service has a rolling average of 65% of patients receiving a package of care within two weeks, above the current national target of 50%."*

Croydon CCG

"*No Health without Mental Health Training has been delivered with over 250 members of the Public and locally employed Health and Social Care workers attending. This piece of work is intended to raise the awareness of Mental Health Wellbeing and the links with physical health and therefore supports the de-stigmatisation of Mental Health*."

Croydon CCG

"*The evidence is that BME communities are significantly under-represented in early intervention and preventative services. Apart from CDWs, there are no services in Croydon targeting BME communities in terms of this area… there has not been a commensurate shift in terms of resources towards voluntary sector provision and current proposals to significantly reduce voluntary sector funding will have devastating impact on the likelihood of achieving this aim moving forward*"

CDW Service

"*the main proponents to promote mental health well-being and prevent mental health problems who be through primary care settings such as doctors surgeries and walk-in centres, the Council's Welfare and benefits Advice team. In addition to this there is a role to play for 3rd sector agencies such as Citizen Advice Bureau to signpost and support people in terms of maintaining positive mental health well-being. Finally mental health based agencies such As Croydon MIND and Hear Us have an important role to play in regards to promoting positive mental health well-being as a strategy to prevent mental ill health and referrals onto primary or secondary health services*."

AMHP Service

Pillar 4 - Improving the quality of life of people with mental health ill health

Scores varied least for the response to Pillar 4 – improving the quality of life of people with mental health ill health. Overall, respondents felt that progress could be rated at **6.2 out of 10** in this area.

"*For black men in particular, outcomes in mental health services is still not optimal… underrepresented in Croydon's Adult IAPT* [and] *in early intervention preventative services…* [and] *overrepresented in acute mental services and often have longer length of stay… Although there is improvement across piece, concerns remain in term of BME communities particularly around the issues of 'revolving doors' and poor discharge support*"

CDW Service

"*The nature of the service means that the AMHP service role comes into play when other services have not appeared to meet the needs of the patient and a further more serious intervention is required. Through the process of undertaking an appropriate assessment under the MHA and working with patient's, their families and carers, the AMHP service can hopefully contribute to improving the quality of life of people with mental health issues. A MHA assessment may be the first time that a person has come in contact with mental health services and the assessment by the AMHP and others can often set a template for how that person perceives the services in the future and has a lasting impact on their likely hood of engaging in the future. Even if a patient is not detained under the mental health act the AMHP service still has a role in ensuring that the patient can be appropriately signposted to another service that could support them and lessen their need to access mental health service again in the future*."

AMHP Service

Recommendations

For the Integrated Head of Mental Health Commissioning, working with Directors in the Council, CCG and senior representation from the voluntary sector:

1. To review the membership and governance of the Mental Health Strategy Group, and its accountability in ensuring that the Mental Health Strategy is delivered. This will include updating the group's terms of reference [*see pages 19-23*].

2. To update the Terms of Reference of the Mental Health Partnership Board to ensure the Board is empowered to actively support delivery of the Mental Health Strategy [*see page 21*].

3. To review the mental health budget in order to shift resources towards earlier intervention, assessing baseline spends and re-profiling budgets to ensure best value for money [see page 14].

4. To embed the Woodley Review recommendations within the Mental Health Strategy's action plan [*see pages 1-3*].

5. To embed the Mind the Gap report recommendations within the Mental Health Strategy action plan [*see pages 30-31*].

6. To improve existing contract monitoring processes so as to ensure that coordinated, robust arrangements are in place [*see page 16*].

7. To ensure that future commissioning proposals involve the co-production of mental health service design and delivery with service users, and to ensure that new contracts for mental health services are devised to (1) help build community capacity and resilience and (2) ensure adequate focus on BAME service user needs [*see page 14*].

8. To explore opportunities to use technology to bridge the gap where there are delays in face-to-face services and identify if additional investment in this area would be helpful.

9. To work with service users, through existing service user forums i.e. Hear Us, the BME Forum, and Healthwatch, to agree how to make sense of, and communicate, how services are performing e.g. IAPT waiting times [*see pages 9-10*].

10. To work with the Mental Health Strategy group and service users to explore the feasibility of a BAME dedicated mental health drop in service, presented in a co-produced options paper [*see page 15*].

SlaM:

11. To report progress of the SLaM BME Patient Experience CQUIN 2016/17 and 2017/18 to the Mental Health Strategy group [*see pages 12-13*].

Croydon Council:

12. To take forward, in collaboration with partners, Public Health England's personalised recommendations to Croydon to inform this review. They suggested that in order to address the key challenges raised by the review, local partners needed to work together to consider mental health prevention and early intervention in its broadest terms, including further consideration of:
    - The role of Primary Care
    - Mental health and wellbeing and not just mental illness and services
    - How to build a more mentally healthy community and more 'mental health literacy'
    - The power of good physical health to support good mental health
    - Addressing high risk factors for poor mental health: men, loneliness, schools, debt / financial challenge
    - Suicide prevention

Appendices

Appendix 1 – Review Panel Details (Review Panel Members, Providers invited to submit evidence, and evidence submitted)

Review panel members

Cllr Louisa Woodley (Chair) – Cabinet Member for Families, Health and Social Care

Cllr Andrew Pelling – Mental Health Champion

Cllr Carllton Young Deputy Cabinet Member for Families, Health and Social Care

Jai Jayaraman - Interim Chief Executive Officer, Healthwatch Croydon

Gregor Henderson - Mental Health lead, Public Health England

Nero Ughwujabo – Chief Executive, Croydon BME Forum

Dr Dev Malhotra – Clinical representative

Stephen Warren – Director of Commissioning, Croydon CCG

Rachel Flowers (Advisor), Director of Public Health

Barbara Peacock (Advisor), Executive Director of People

Paul Richards (Advisor), Principal Social Worker & Head of Mental Health Social Care

Providers invited to submit evidence/ evidence submitted

Croydon CCG- response the evidence questions, Report on completion of Croydon Patient Experience CQUIN 16/17, Mental Health Diagnostic Report, Meeting the public sector equality duty at SLaM report

SLaM- response the evidence questions and follow up questions

Safeguarding (Younger) Adults Mental Health Team – response to the evidence questions and follow up questions

AMHP service – response the evidence questions and follow up questions

Healthwatch- Mental Health - a local perspective by Healthwatch Croydon, written thoughts on the Woodley Review, Mental Health Forum report

Status Employment- response the evidence questions, Moving Forward Project Final report

Mind- response the evidence questions, the Hub- First Year Report, Somewhere to go Something to do Report, Key messages from Benefits research report, Counselling BME report- the first step, Advocacy Service report

CDW Service- response the evidence questions

Off The Record – response the evidence questions

Hear Us – Mind the Gap report, Linkworking outcomes data

Appendix 2 - Evidence questions

Evidence Questions

1. Rate progress (1-10) at delivering each of the 4 pillars of Croydon's mental health strategy

   a. Increasing access to mental health services

   b. Strengthening partnership working, and integrating physical and mental health care

   c. Starting early to promote mental wellbeing and prevent mental health problems

   d. Improving the quality of life of people with mental health ill health

Please give reasons for your rating on each one.

For reference, Croydon's mental health strategy can be found here: https://www.croydon.gov.uk/democracy/dande/policies/health/imh-strategy

2. A number of BAME communities have told us they feel they have less access to services and that when they are accessed they can fail to meet their needs. Please provide any evidence you have collected to support or refute these claims.

3. Please provide any evidence you have collected on notably good or inadequate mental health service delivery in the past 12 months

4. Please provide any evidence you have collected on community based initiatives that are making a positive difference to the lives of people with mental health issues. What can other services learn from these approaches?

Follow up Questions

1. What actions did you take in order to bridge the gap in provision for BAME patients?

2. What evaluation of the impact of interventions to reduce the gap for BAME patients has been undertaken? And what are the findings?

3. Do you feel the right arrangements are in place in terms of governance? – If the arrangements are not in place, what is missing? What exists in other boroughs that is missing in Croydon?

4. Do you believe that the shift of mental health treatment focus from secondary to primary care providers is happening? Do you monitor statistics that show whether that shift is working or not? If so, what do they show?

5. What is the average waiting time for IAPT?

6. To what extent have CCG savings had an impact on IAPT? Are the impacts evenly distributed across ethnic groups?

7. What affects societal access to services? [What are the barriers to access across all ethnic groups?]

Appendix 3 – Psychological therapies in Croydon – Evidence from SLaM

There are a number options/services and the pathways are quite diverse.

- IAPT - primary care psychological therapy
- Croydon Integrated Psychological Therapy Service (CIPTS) - secondary psychological therapy offer
- Psychological therapies for psychosis
- Psychological treatment for personality disorder
- Accessing psychological therapy through CCG tertiary panel

IAPT

This is for people with common mental health problems who do not require secondary or specialist psychiatric service support. The service encourages self-referrals by phone or online as well as accepting them from other health and social care sources. People need in the main less intervention and will benefit either from guided self-help (step 2 – coaching or workshops) or face to face psychological therapy (step 3 – individual or group, usually between 12 and 16 sessions). There is also an opportunity to have step 2 or 3 interventions online or by phone with the purpose of increasing the accessibility of the service. Counselling, employment services and Friends in Need (an online and community based social network run in collaboration with Mind) are also offered. Services are available between 8am and 7.30pm weekdays, with workshops also run on Saturdays. IAPT has a long standing Long Term Conditions arm that has been developing relationships with Croydon health services over recent years to encourage people to seek support with their mental health whilst receiving physical health care, given the acknowledged link between the two.

People accessing this service should not be demonstrating active psychiatric risk before or during therapy. If there is risk, they will be referred to our assessment and liaison service for management of the risk. If the risk remains high and this will continue during therapy, the person can be referred to CIPTS because they need more in depth psychological intervention and crisis wrap around.

In terms of waits, there is no wait for assessment but as previously submitted a short wait for step 3 (mostly for people requiring an appointment out of office hours). It is important to note that three years ago the wait for step 3 neared six months.

It is also important to note that Croydon IAPT is still not funded to meet the national access target.

CIPTS

As mentioned above CIPTS is a secondary psychological therapy service who works with people who present with moderate to severe need. The service offers the following treatment modalities - Cognitive Behavioural Therapy (CBT), Cognitive Analytical Therapy (CAT), Eye Movement and Desensitisation Therapy, Trauma Focused CBT, and Individual and group Psychodynamic Psychotherapy. The service also offers clinical psychological assessment to include neuro-psychological assessment.

The service has struggled with long waiting times for many years. This has been due to the service only being fully commissioned to meet local need in 2015. People wait for 3-4 months for an assessment and waits for treatment vary significantly depending on the chosen modality. The person can for example wait for approximately 12 months to start CBT but waits are up to 30 months for

starting psychodynamic psychotherapy. The increase in resource has helped in reducing waits for assessment and to prevent further growth in treatment waiting times.

Whilst waiting, people are offered with mindfulness group therapy where appropriate.

If a person needs on going psychiatric support following their assessment with CIPTS they will be case managed by one of the borough treatment community mental health teams. CBT is also available from the team in house clinical psychologist.

Psychological Therapy for People with Psychosis

Our Promoting Recovery psychosis teams and Early Intervention teams provided specialist psychological therapies for psychosis including family interventions. These therapies are provided as part of the multidisciplinary, secondary care service for those service users with complex health and social care needs requiring care coordination. There is currently no waiting list for individual therapy or family interventions in the Promoting Recovery teams and only a short waiting list in the Early Intervention Team. There is no funded therapies service for service users with a psychosis diagnosis who have been discharged to primary care.

Accessing psychological therapy through CCG tertiary panel

Due to an individual's complexity they may need to be referred for highly specialist therapy. For example severe OCD, severe trauma, chronic fatigue/medically unexplained symptoms, adult family therapy, treatment of complex autistic spectrum disorder etc. The panel was suspended mid-point last year but has been re-instigated this month.

There is currently no funded routine access to psychological therapies for psychosis in primary care. Referrals for outpatient CBT and Family Intervention for psychosis can be made via the CCG tertiary panel to the PICuP clinic at the Maudsley Hospital.

People with eating disorders are treated through a mix of block, CCG cost by case and NHSE funding depending on treatment type.

People with neuro-psychiatric conditions that cannot be managed by secondary services are referred to specialist services that are NHSE funded.

As you will see, people are offered more than a standard package of six sessions. Where six sessions in an IAPT service is offered, this will be guided self-help/step 2, which is in accordance with NHSE expectations for people who meet the criteria for a low level intervention. It is, however, important to note that where IAPT services are commissioned with in a limited financial envelope you will see a movement away from fidelity to the model.

As discussed in our evidence all our psychological therapy services monitor access and equality to include service user feedback.

Appendix 4 - Mind the Gap report –recommendations

The report presents eleven recommendations to Croydon's mental health community, including commissioners, service providers and local community organisations. The recommendations to improve BAME Mental Health service provision are as follows:

1. Provide services which offer patient-centred care, which accounts for individual needs and involves service users in all decisions about treatment and medication

2. Provide cultural competency training to staff, professionals and families

3. Recruit more staff, including personnel from a BAME background

4. Reduce the burden of bureaucracy to improve services. In particular, it is important to:

    a. Review the format of the data system

    b. Simplify the procedure to access services

    c. Improve inter-agency work and communication

5. Provide better information to overcome language barriers:

    a. Develop information leaflets in different languages

    b. Provide language prompts and props

    c. Enable easier access to interpreters

6. Improve awareness and provision of support services as follows:

    a. Services should offer more practical help in building life skills and supporting recovery

    b. Improve information on available support services

    c. Commission more community support groups

7. Improve the support provision for refugees and asylum seekers as follows:

    a. Provide age appropriate support services for refugees

    b. Provide services that regularly engage with and have access to local refugees' voluntary services for peer support and cultural reference

    c. Ensure service staff have the necessary tools for effective communication

8. Improve support for carers as follows:

    a. Fund more support groups

    b. Resolve confidentiality issues

    c. Provide more information and training for the family to combat stigma

    d. Offer respite and psychological support

9. Improve access to talking therapies

10. Provide access to mental health advocacy

11. The gap in service provision for BAME young adults (18-24 years old) should be closed

Appendix 5 – Allen House visit 20th April 2017

As part of my review into mental health services, I undertook a visit to one of the Council's flagship accommodation services providing 24 hour support.

Allen House is a 16 bed unit with support commissioned from Look Ahead to provide 24 hour assistance to people who have previously been admitted to hospital due to their mental health needs.

Sitting in the heart of the community, within a short walk from Purley, one of the first things that impressed me was the quality of the accommodation and how well laid out it was. There was nothing to distinguish it from other properties in the area and it was an excellent example of socially inclusive housing.

I was met by one of the project workers who was obviously committed to the client group and was passionate about the work they undertake. He introduced me to the tenants' representative who has lived there for 18 months and is in the process of moving on.

The representative, who is a user of mental health services, showed me around the building, where I also met other residents, before we sat down in a communal sitting room and had a long chat about services.

The service user told me that he was very pleased about the support he had received from mental health services and how he had been able to focus on his recovery, get his life back together and had started some part-time voluntary work.

He told me that the staff at Allen House are very good at helping motivated tenants to achieve their goals and become more independent. I was also told that his care coordinator from Croydon's Integrated Adult Mental Health Service was very supportive although the care coordinator recently left and he is waiting for a new one.

The staff at Allen House also said that sometimes there is a high turnover of care coordinators involved with their clients and this can make planning move-on a bit more difficult.

The staff also said that there are sometimes difficulties moving people on because the environment at Allen House is very pleasant and some of the step-down accommodation, for example the one-bedroom flats, are often in a very poor decorative state.

In addition, the accommodation is often completely unfurnished and although they work with residents to plan for move-on, it is very difficult for clients to save money from their benefits.

The service user also explained that he felt the environment around Allen House was instrumental in his recovery and that he would not accept accommodation in some of the more run-down areas of Croydon because he knew it would be bad for his mental health.

Both the service user and support worker said they were aware of a shortage of 24 hour supported accommodation for people with mental health needs and that there is a long waiting list of people who need the service.

They said they hoped the review would take into consideration some of the issues they had raised and said they were very glad to have had an opportunity to speak to me as part of the review.

Appendix 6 – Review Terms of Reference

Final

A Review of the Mental Health Strategy in Croydon – with particular focus on the experience of and outcomes for BAME communities.

Commissioned by Cllr Woodley – Cabinet Member for Families Health and Social Care

September 2016

Background

There are significant local and national challenges in adult mental health services, including:

- An increasing demand for mental health services (led in part by demographic changes such as population growth), which has led to significant pressures on inpatient beds for Croydon's population.
- A challenging environment in terms of financial resources available to commissioners
- A service system that is imbalanced with a significant number of people in secondary care in the community that could be better managed in primary care, and an over reliance on inpatient provision.
- A low baseline for community services e.g. Improving Access to Psychological Therapies (IAPT) services.
- A number of BAME communities who feel they have less access to services and that when they are accessed they can fail to meet their needs
- A need to develop further health and social care integration with the aim of promoting a whole person approach

Croydon developed an Integrated Mental Health Strategy for Adults (2014 – 2019) in order to address such challenges. The 4 main pillars for action in this strategy are:

1. **Increasing access to mental health services**
2. **Strengthening partnership working, and integrating physical and mental health care**
3. **Starting early to promote mental wellbeing and prevent mental health problems**
4. **Improving the quality of life of people with mental health ill health**

Croydon's Cabinet Member for Families, Health and Social Care has initiated a review of progress under the strategy and of its governance arrangements to ensure that its goals are being achieved, and that decision making is informed by the most detailed, up-to-date intelligence on mental health needs in the borough. A focus for this review will include feedback from members of BAME communities on their experience of using services. This paper, developed by officers in consultation with CCG, is the first step.

Proposed Aim of the Review

This paper proposes that the aims of the Review will be:

- **To review progress against the four pillars of the borough's Mental Health Strategy**
- **To elicit the views of BAME service users based upon their experience of using mental health services**
- **To consider if current governance arrangements are adequate to ensure delivery of the strategy's intended outcomes for all population groups**
- **To make supplementary recommendations, if necessary, in light of the most recent intelligence available to improve Croydon's mental health policy, its delivery and governance**

Proposed scope

1. Understand current data trends in mental health, including high inpatient activity and comparatively poor access to and completions from IAPT services

2. Explore the current challenges in mental health services in Croydon, including overspend on the core mental health contract; fragmentation within the funding and provision of mental health services (i.e. between children and young people, working aged adults, and older adults services; and between inpatient, community and voluntary sector services); fragmentation between mental health and wider determinant services (such as housing/ homelessness, drugs and alcohol, and unemployment); and gaps in strategic approaches to addressing mental health needs (such as development of a local suicide prevention strategy)
3. To elicit the views of BAME services users based upon their experience of services and to consider the outcomes for BAME service users.
4. Review progress to deliver the objectives of the current mental health strategy
5. To review the role that the Mental Health Strategy Group has had in ensuring the Mental Health Strategy is delivered.
6. To update the Strategy's cross-organisational action plan, thus providing a strategic overview of developments to mental health services in the borough going forward

Proposed stakeholders

Officers from public health, social care, and other relevant People departments in the Council, officers in the CCG, service providers from the statutory and voluntary sectors, service users of mental health services, including BAME service users, elected Members, and members of the Health and Wellbeing Board.

Proposed Work

- To establish a small steering group of no more than 8 to support Cllr Woodley in taking this review forward
- A brief literature review based on Croydon strategies and documents alongside key recent national reports
- To look at the data across the system to understand where services are working well and potential gaps or areas for development
- To consider the analysis and findings of the review of commissioned work being undertaken by the Joint Commission Executive in relation to mental health services
- To review any consultations findings over the past 12 months that have been held in Croydon that relate to the scope of this commission
- To undertake a number of focus groups with current or recent service users and their carers/families so user voice and experience shapes the outcomes of this work

Reporting the outcomes

- The outcomes of this review will be shared with the Health & Wellbeing Board to inform their wider strategic thinking on issue around mental health
- A report will be taken to Cabinet

Data Sources to Support the Commission

Key data sources that will inform and support the Commission's work include:

- *Croydon's Integrated Mental Health Strategy for Adults* (2014-19), & associated action plan
- NHS RightCare Focus Pack (May 2016), *Mental Health and dementia*- highlights Croydon's comparative spend and performance in mental health https://www.croydon.gov.uk/sites/default/files/articles/downloads/imh-strategy-adults.pdf
- https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/london/#8
- Croydon *Opportunity & Fairness Commission Final report* (2016), sets out some of the significant challenges facing Croydon's residents that impact on their mental health and wellbeing, including families struggling to make ends meet, social isolation, anti-social behaviour, poor housing and much more http://opportunitycroydon.org/
- PHE *Dementia and mental health fingertips tool* (updated July 2016) – provides new metrics to help assess performance and outcomes in mental health http://fingertips.phe.org.uk/profile-group/mental-health

- The 2013 Mind the Gap report provides an insight into the experience of BME service users accessing mental health services within the Borough of Croydon http://www.offtherecordcroydon.org/media/16451/mind_the_gap_web.pdf
- Mental Health Strategies (September 2016), *Mental Health Diagnostic* report – explores reasons for the approximate 30% over-activity in inpatient activity. Highlights disproportionately long length of stay's among BME population (final report published late September 2016)
- Health and Wellbeing Board report (September 2016), *People's experience of using mental health day care services* – recommends that the future strategic direction for mental health day services needs to be reviewed.
- Mental Health Voluntary & Community Sector Workshop (Autumn 2016) – exploring opportunities to drive best value through voluntary sector contracts and ensure that high quality community-based day care services are in place to support people with mental health conditions. Findings will be considered as part of this review