# Integrated Mental Health Strategy Plan

19th Feb 2014

healthwatch
Central West London

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# 1 Introduction

## 1.1 Overview

The Healthwatch CWL tri-borough (H&F, K*C and Westminster) mental health event took place on Wednesday, the 19th February 2014. Ms Shelley Shenker, the Tri-borough Head of Joint Mental Health Commissioning at the North West London Commissioning Support Unit (NWL CSU), delivered a presentation on the Integrated Mental Health Strategy Plan (the Plan). This presentation was then followed by a question & answer (Q&A) session, and a 'have your say' group workshop. The structure of the event enabled people to learn about the Plan and to feedback on what was working, not working and what could be improved in primary care, secondary care, the community and voluntary sector and care planning.

## 1.2 Aim

The aim of this meeting was to provide attendees with an overview of the Integrated Mental Health Strategy Plan and to provide an opportunity for Healthwatch members to have their say.

# 2. Presentation

Ms Shelly Shenker (NWL CSU) gave an overview of the Integrated Mental Health Strategy Plan, the stages of development and the areas of mental health need within the boroughs to be addressed, the key highlights were:

- The plan seeks to identify what services are being delivered currently, what are the needs to be addressed and what services will be doing to improve mental wellbeing in the tri-borough.
- There is an expert group involved in developing the plan.
- There will be a joint management team meeting of three Clinical Commissioning Groups (CCG) that cover the Tri-Borough area, Hammersmith and Fulham CCG, West London CCG and Central London CCG, and the three local authorities that cover the Tri-Borough area, The London Borough of Hammersmith and Fulham, The Royal Borough of Kensington and Chelsea and Westminster City Council. This meeting will take place on 24th February 2014.
- There will then be a wider consultation with stakeholder groups including service users in March/ April.
- Needs currently identified through public health analysis:

    - Severe mental health needs
        - are increasing
        - are greater than the national average (top 12 in the country)

   - associated with other issues such as substance misuse/ homelessness
- Common Mental Health
   - Similar to London average
   - Associated with physical health and social issues such as diabetes, and unemployment.

# 3 Findings

## 3.1 Queries raised on the Plan

The following queries were raised by attendees during the Q&A session and responded to by Shelley. As the session progressed, there were a number of t on Shelly noted that where she couldn't immediately answer the questions, she will take note and feedback at a later date):

> **Question:** *"There needs to be a recognition of culturally specific issues around mental health, for example an understanding of what good/bad mental health is can differ from one cultural group to another, not all services respond to the specific needs of different cultural groups and language barriers remain a specific issues. Will the Plan address the current culturally specific gaps there currently is in service provision for mental health?''*
>
> ***Response***: *'IAPT do some work to target certain cultural groups that do not use services. This work is being expanded'. (Questioner responded back to say there was still a gap).*
>
> **Question:** *"Unpaid family carers provide a lot of support locally and may provide more support in the future as services move to the community, this support needs to be recognised in the plan but also the health needs of carers need to be recognised and addressed in the plan. Are the needs of carers recognised and addressed in this plan?"*
>
> **Response**: *'There are existing carers group who we will be consulting…'*
>
> **Question:** *"It's been my experience that the move to Tri-Borough services hasn't always resulted in an improvement of services, are you confident that an integrated Tri-Borough plan for mental health will improve mental health services?"*

**Question:** *"What will be done to address the service gap there currently is for primary and secondary mental health care where people are too unwell for primary care services but not unwell enough for secondary care services?"*

**Response**: *'We are aware of this gap. This will be addressed in the plan'*

**Question:** *"It's really important that the plan recognises the effect some social issues have on mental health, substance misuse and homelessness for example, often these issues are a barrier to services. Will the plan address this?"*

**Response**: *'We are aware, there will be work that is being done on prevention and support at a lower level including lifestyle and nutrition. We also hope that better joined up services will address this'*

**Question:** *"Will the plan have a commitment to keep services that are already working well, such as the Tri-Borough troubled family programme?"*

**Response:** At this point Shelly noted that where a response is not given immediately, she would feedback to expert group who are involved in developing plan, and get back to Healthwatch in response to questions and feedback.

**Question**: *"There often needs to be more specific service provision for the physical health needs of people with mental health needs, such as diabetes services, often the generic services are not suitable for some people with mental health needs."*

**Question**: *"We've had no shortage of strategies and plans throughout the years but still have gaps in service provision, how will this time be any different, and how will the success of this plan be assessed?"*

## 3.2 "Have Your Say" Groups

People then split into 4 groups. Three groups gave feedback on what was currently working, not working and on what could be done to improve mental health services in primary care, secondary care and voluntary/ community sector. A fourth group gave feedback on care planning.

*Please note voluntary sector organisations participated in the focus groups and often highlighted the successes of their own projects under what is working well.

### 3.2.1 Primary Care Service- Group 1

**What is currently working well?**

The group felt that the Primary Care Plus service in Westminster has been working well and has made a range of services more accessible in that setting.

Primary Care Liaison teams in the CNWL area are working well and are a good way to deliver a specialist service in GP surgeries.

There was a specific refugee service delivered by the Increasing Access to Psychological Therapies (IAPT) service in Hammersmith and Fulham. However the group was unsure if this is still being delivered. This service was particularly valuable as it offered specialist support around Post Traumatic Stress Disorder (PTSD).

The group felt that the Community Navigators project in Westminster offered a good opportunity to improve the primary care experience for people with mental health needs and could help tie in primary care with the wider voluntary and community sector.

**What is currently NOT working?**

The group felt that CBT was being offered as a one size fits all model but isn't appropriate to all people with mental health needs, the group made the following comments:

- *"It's maybe only appropriate for people with quite mild needs"*
- *"it's unresponsive"*
- *"it's not flexible"*
- *"it's to short term"*

The group felt that some GPs lacked sufficient understanding of mental health needs, especially the need to offer support for milder mental health needs to prevent a development to crisis.

The group also felt that GPs focused too much on medication as a sole treatment and didn't take enough account of effects on people's physical health.

The group highlighted the lack of access to psychological therapies as a key problem. They didn't think that the range and quantity of therapies offered catered for the local population.

The group also commented on the general attitude of GPs and practice staff towards people with mental health needs, the group felt there was not enough understanding and interactions were sometimes of a poor quality as a result.

**What could be done to improve services?**

The group felt that as well as more training for GPs and surgery staff around interacting with people with mental health needs it may also be beneficial to have a GP in each surgery who was a mental health specialist who could lead on delivering services to those patients with mental health needs.

In addition improving access to GP appointments was seen as important, especially being able to book double appointments and being able to see your GP at the weekend.

Improving the range of and access to psychological therapies was also highlighted as key area for improvement.

The group highlighted the need for primary care services to work towards supporting people to remain in the appropriate settings for their care especially to prevent patients from going into crisis.

It was also felt that people receiving services in a primary care setting needed to have a person centred care plan, especially one that had a holistic approach and looked across their social and environmental needs as well as their mental health needs.

The group also felt that patients should receive a lot more information about their diagnosis, their treatment and treatment options, the group emphasised that this information should always be in an accessible format.

## 3.2.2 Secondary Care- Group 2

**What is currently working well?**

The group felt that services at St Charles Hospital had improved a lot recently, the facilities were also a lot cleaner and more modern, the group also felt that the general level of care from psychiatrists was good and particularly praised it's considerate nature. The group also felt that the services at St Charles were good at taking care of critical emerging needs.

It was felt that people who have a lot of experience with secondary care services were often able to negotiate the system to ensure a good quality of care, however the worry was that those who are new to secondary care services may not have the support to do so.

**What is currently NOT working?**

People felt that there was not enough therapy available in secondary care settings and that the right range of therapies weren't being offered. Linked to this was the groups observation that in secondary care settings there is to much emphasis on the medical model and medicating patients.

The group also felt there was not enough linkage between the CPE and the community and this resulted in not enough work being done to identify critically emerging needs.

The group felt that there was not enough focus on the physical health of patients when admitted, there was especially concern that patients were not given enough support around smoking cessation.

**What can be done to improve services?**

The group felt that there was a need for more activities in secondary care settings and more group activities for patients. The group also felt that staff could always be more caring to patients.

Better communication between secondary care and primary care is needed, especially around discharge.

It was also felt that a move towards the social model of care would improve services significantly.

### 3.2.3 Community and Voluntary services- Group 3

**What is working well?**

It's worth noting here that some Voluntary sector staff were present within this group and mentioned their service as an example of what was working well.

**Kensington &Chelsea (K&C) Social Council**

The group stated that K&C social council is working well as it represents the people of k&C, and highlights the inequalities in the area. One person stated '*they talk to real people on the ground*'.

**Hoarding Service- Hammersmith and Fulham MIND**

One person said that the hoarding service was working well because it provided peer support and supported people in de-cluttering their homes.

Another person stated that this service was commissioned in response to evidence of need: '… *rather than just addressing what commissioners say we should, this is what the people want…'*

**Community Needs:**

People felt that voluntary services were working well in that they addressed needs in the community identified by local people.

**What's not working?**

**Lack of Knowledge**

The group felt that there was a lack of knowledge about local 3rd sector services which resulted in the right services not being commissioned:

*'GP's, commissioner's and service provider's lack knowledge on the availability and effectiveness of local voluntary/community mental health services …'*

*'.. there is a culture of commission, the same old routine that doesn't work keeps getting commissioned…'*

People also stated that Community and voluntary service don't know about other service provisions locally which would be useful for making right referals and working better with other services.

**Lack of specialist services- Brain Injury and befriending**

Group expressed that there wasn't an effective Brain injury service within the Triborough.

*'….Headway brain injury service within this tri borough is not as good as Headway in east London…'*

Another person stated that even though there was a demand on befriending this service had been cut.

**What could be done to improve services?**

**Improved Knowledge**

Group expressed that there needed to be Improved knowledge of local voluntary services amongst GPs and commissioners. They also stated that there needed to be better understanding on what other services do so as to make correct referrals.

They suggest that there needed to be a comprehensive mapping of services in the area to include up to date information including if services are closed down and new ones coming.

**Funding Specialist services-**

The group mentioned that specialist services such as the London Autistic Rights Movement, and Brain Injury services needed to be funded.

### 3.2.4 Care Plans

In 2013/14, Healthwatch CWL has prioritised working to support CNWL NHS Foundation Trust to improve awareness of care planning and to support service users to engage in care planning. This group focused on collecting individual patient experiences of care plans and care planning, but the following ideas to improve care plans/care planning were also collected:

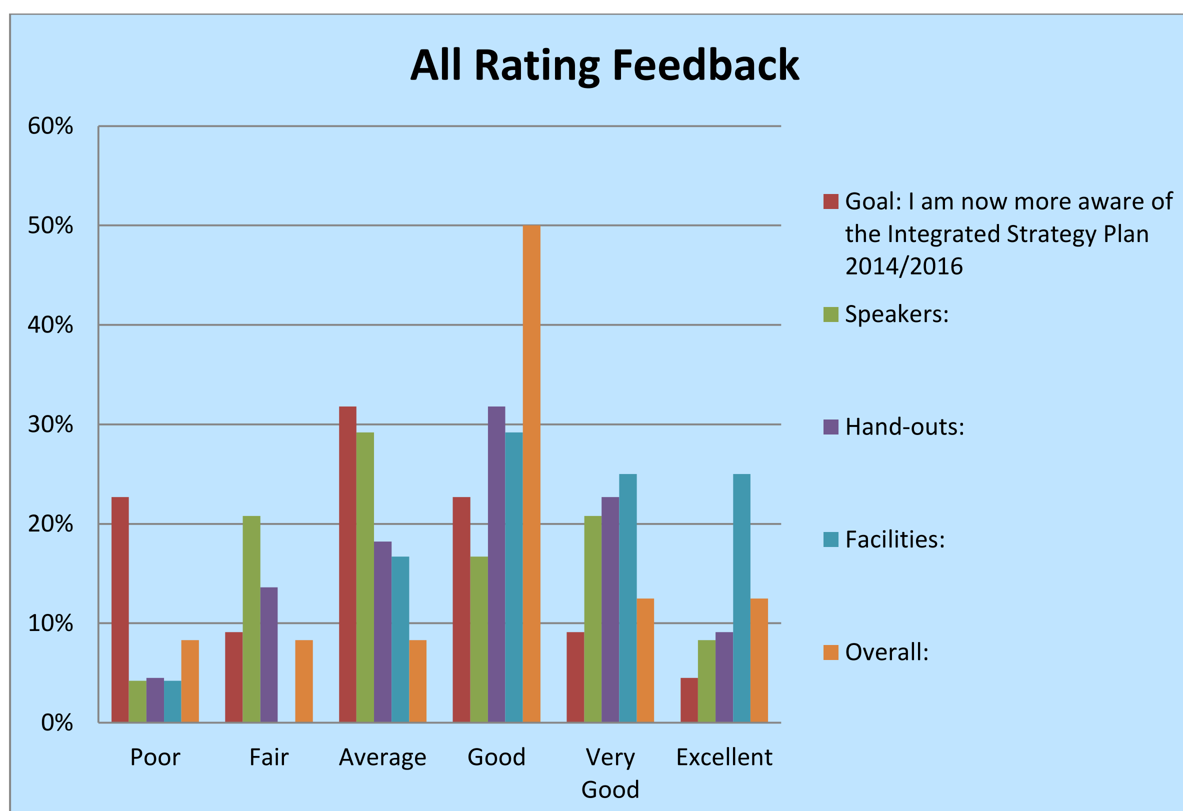
> *“Care plans should be given to a client prior to discharge.”*
>
> *“There should be more detailed care planning that includes families, carers, GPs and care agencies. “*
>
> *“Care plans should include ‘what is currently going on’ in one’s life, and what personal goals a person has.”*
>
> *“It should be a joint effort.”*
>
> *“It must be verbally communicated due to illiteracy. “*
>
> *“Language problems should be addressed in care plans.”*
>
> *“Care planning/care plans should include a daily assessment of clients (if possible) by diary keeping and should include communication by staff members.”*
>
> *“It should be the person’s right to be involved in their care plan.”*

## 3.3 Evaluation form feedback

We generally received negative feedback on people’s awareness of the Integrated Strategy Plan with 64% of those who completed the form rating the presentation of the information as poor, fair or average.

## Table showing results for evaluation form; n=25.

| Questionnaire items | Poor | Fair | Av. | Good | Very Good | Excellent |
|---|---|---|---|---|---|---|
| **I am now more aware of the Integrated Strategy Plan 2014/2016** | 23% | 9% | 32% | 23% | 9% | 5% |
| **Speakers:** | 4% | 21% | 29% | 17% | 21% | 8% |
| **Hand-outs:** | 5% | 14% | 18% | 32% | 23% | 9% |
| **Facilities:** | 4% | 0% | 17% | 29% | 25% | 25% |
| **Overall:** | 8% | 8% | 8% | 50% | 13% | 13% |




# 4 Recommendations and further questions

In view of the above feedback, Healthwatch Central West London (CWL) recommends that the new strategy plan includes and addresses the following:

- Information on and awareness of mental health services in the triborough including needs addressed and effectiveness of service by GPs, Commissioners, and health providers.
- Detailed mapping of services.
- Coordination between services including between primary, secondary and third sector mental health services, physical health and social services such as Housing/ Homelessness.
- A holistic approach to mental health be taken where social determinants of mental health are acknowledged and addressed.
- Service gaps be addressed including for people who fall between primary and secondary care, and other specialist/ specific groups including cultural specific, refugee IAPT and brain injury services
- Organise another public meeting where a commissioner will provide more details on the Plan.

## 4.1 Healthwatch CWL would like Shelley Shenker to respond to the following questions:

1. How will the needs of different communities across the Tri-Borough be assessed, and how will they be met by the integrated mental health plan?

2. How will the integrated mental health plan address the physical and mental health needs of unpaid carers?

3. How will the decision be made whether a service will provide better quality if it is delivered in a single borough or across the Tri-Borough?

4. How will the integrated mental health plan address the needs of those who fall in between primary care and secondary care services?

5. How will the integrated mental health plan improve access to services for those who are homeless or have substance misuse issues?

6. Will the integrated mental health plan have information about what already existing services will continue and what services will not?

7. How will the integrated mental health plan improve access to physical health services for people with mental health needs?

8. How will the effectiveness and success of the integrated mental health plan be measured?

# 5 Next Steps

- Healthwatch will feed this information back to Ms Shelly Shenker, the Tri-borough Head of Joint Mental Health Commissioning
- Healthwatch awaits a response from Ms Shenker/the CSU within 20 working days
- Healthwatch will arrange follow up communication to support attendees to comment on the final plan
- Healthwatch will be contributing to the Strategy Plan.

## Contact

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