

<b>Item</b>	<b>4.2.B</b>
<b>Title of report</b>	<b>An update report on the public consultation: “Better Mental Health” – A joint health strategy for adults of working age in Waltham Forest.</b>
<b>From</b>	<b>Chris Soltysiak, Associate Director of Strategic Commissioning</b>
<b>Purpose of Report</b>	
The purpose of this report is to brief the planning and innovation committee on the consultation that has just taken place on the Adult Mental Health Strategy “Better Mental Health” and to outline proposed next steps.	
<b>Recommendations</b>	
The P&I is asked to note the content of the report and endorse the proposed next steps.	
<b>Impact on Patients &amp; Carers</b>	
The MH strategy has a direct impact on planning services for patients and carers and includes section in the strategy specifically on these areas.	
<b>Risk implications</b>	
The main risks are that:	
<ol style="list-style-type: none"> <li>1. We will not be able to resource the strategy in terms of the original commissioning intentions e.g. developing a stronger recovery model; developing alternatives to urgent care and developing prevention in the time period we would like to meet expectations</li> <li>2. The council and GP members do not become more engaged in developing the vision for no health without mental health. This vision has to be one of whole system solutions and multi-agency collaboration about the wider determinants of health and pooling resource to get the best results.</li> </ol>	
<b>Financial implications</b>	
The strategy will be used to help prioritise investment in the CSP and for joint working with the council on key priorities over the next 3 years. Given the CCG’s financial position some of the objectives in the strategy will need to be carefully phased and reviewed over the next few months.	
<b>Other Committee / Groups</b>	
MH Strategy Task and Finish Group; Patient Public Involvement; JCB and HWB.	

## **An update report on the public consultation: “Better Mental Health” – A joint health strategy for adults of working age in Waltham Forest.**

### **1. Background and Pre consultation**

1.1 The CCG/LBWF have developed the adult mental health strategy jointly following the desire of both organisations to raise the profile of mental health and the publication of the national strategy “No Health without Mental Health”. This report made a strong economic case for mental health being a strategic priority for transformation and whole systems working across health & social care.

1.2 The development of the document included undertaking supporting analysis and a number of pre-consultation initiatives:

- A multidisciplinary steering group was set up during 2012/3 which included representatives from users and carers and the voluntary sector as well as NELFT.
- A clinical reference group meeting was chaired by Dr Samuel and this included consultants from both Bart’s Health and NELFT.
- There were 3 major stakeholder events – primarily to discuss and map out mental health services for people with Long Term Conditions but also to review local views on the model of care for Mental Health.
- A task group with NELFT was set up to review mental health pathways which included representative from local service users and the clinical director for inpatient care. This has subsequently led to a separate consultation in relation to the strategy on the closure of Naseberry Court and development of home treatment teams in the borough.
- The draft versions of the MH adult strategy were scrutinised and reviewed by Overview and Scrutiny Committee [OSC] on two occasions during 2012/3.
- Reports were previously given and discussed at the CCG’s Planning and Innovation Committee and the full CCG Board where a draft of the strategy was approved back in January 2013. Following this the strategy was reviewed at Joint Commissioning Board with the Council in February and OSC in March.
- During April to September ground work was undertaken by the CCG to develop a communication strategy and consultation exercise. This included the document being professionally proof read by the Commissioning Support Unit and prepared for publication as part of formal consultation.

### **2. Process of Consultation**

2.1 Consultation was launched on 2<sup>nd</sup> September 2013, initially for 6 weeks. Consultation was shorter than 3 months as there had been discussion previously on the content, including at OSC scrutiny and at the CCG public Board meeting. However, in the light of the responses received and request for more time an additional two weeks was given.

2.2 The key points on the process of consultation are as follows:

- A voluntary sector provider – CREST/EVOLVE was asked to help draw up a service directory of Mental Health in the borough and this was used to help inform

the consultation launch including e-mail and posting documentation to stakeholders. Where stakeholders phoned in for bigger font size documents or additional support this was given. Hard copy documents were also left at reception and advertised as available.

- The CCG's website was updated to provide the document, a Survey Monkey questionnaire and a short leaflet designed by the communications team to inform people about the strategy.
- A press release was made and an advert put into the local Waltham Forest press.
- An article was written and placed in the CCG's GP news so that GP practices and members of the CCG could be made aware of the strategy. This followed up on all GPs being e-mailed notification of the document by the CCG locality teams.
- A stakeholder event was held to discuss but public health prevention and the mental health strategy during the consultation period.
- Half way through the consultation process all the known major voluntary sector providers with contracts for MH with the CCG were personally phoned to remind them about the opportunity to respond to the consultation and to discuss the strategy.
- A number of follow up meetings have subsequently been arranged to discuss the strategy and mental health issues in the borough with these groups.
- OSC and Health and Well-being Board [HWB] were made aware of the consultation and feedback from key officers of health and social care organisations such as ELFT and NELFT and LWBF were given active opportunity to comment on the strategy.
- Local GP members were e-mailed by primary care locality teams to remind them of the strategy and that this was available on the CCG's website.
- Where members of the public wrote in or contacted the CCG these requests were responded to quickly either by the communication or strategic commissioning team.
- During the period a separate consultation on developing acute mental health pathways was launched and this further allowed conversations about the strategy which provides the context for this work.

### **3. Some of the key messages**

#### **3.1 The document provides a stronger vision and action from commissioners on physical and mental health**

3.1.1 This fits in with us working on integrated care and that at the time of the development of the strategy there was a broad vision but not enough agreement on how mental health would shape and develop integrated care.

3.1.2 There is a running concern where comments were made that the case for change with non-mental health specialists needs to be more clearly made that mental health alone accounts for about 20% of all costs in acute care and is a major component of primary care time and delivery. Nearly a quarter (23%) of the total burden of disease in the UK is attributable to mental disorder. This compares to 16% for cardiovascular disease and 16% for cancer. It is a much bigger source of inequality and cost driver than other programme like diabetes but less is spent on it.

3.1.3 We need to consider the commissioning and management of mental health services within our strategic commissioning with the council and in the context of the Health and Well Being Board.

### **3.2. Better vision and development of the recovery model by the council and the CCG**

3.2.1 Where service users did respond there was commentary about how there was a lack of day opportunities and that personalisation is not necessarily the complete answer. Personal budgets are only given to the very severely mentally ill and these people still need support to navigate the system. This reflects that when the strategy was written, there wasn't enough time given to the vision of what the social care offer was going to be mental health service users when the strategy as developed and the council was currently considering its day care opportunities programme. We need to do more work on this specifically around mental health and integrated care. The general response where given, and also picked up in pre-consultation workshops is we:

1. Need much better and resourced focus on patient engagement and co-production about patient experience for mental health in the borough.
2. That over the years there has been reductions in service and that the voluntary sector groups that have helped Mental Health users are fragile or under pressure.
3. That the PCT and now CCG has focused on keeping secondary care efficient and sustainable but there is not enough focus and resource on prevention and recovery.
4. It was noted that there is well known evidence that prevalence is going up and with the economic cycle being challenged there is increasing need to look at debt management, welfare advice, recovery colleges and reduction of stigma.
5. It should also be noted that in the medium term this area is invest to save given the evidence in the national strategy "No Health without Mental Health". In some of the other response from the voluntary sector like the BME mental health association, QALB, Positive East noted that we also need to think more about how to reduce stigma for service users and provide more culturally appropriate services. The strategy was welcomed and does contain these issues but it is also clear we still have high number of BME and minority groups accessing secondary care beds and that there could be stronger early intervention. This all links back to the need to be stronger on prevention and having with targeted initiatives agreed within the HWB for mental health.

### **3.3. Better quality of services whilst accepting a move from secondary to primary care.**

3.3.1 There were a number of comments around a theme that we need to improve delivery or have services focused on the service user. Including:

- More focus on how waiting times and access to IAPTs can be improved.
- Better access to community and recovery services. Particularly helping service users when they go in to crisis or having more crisis prevention. In effect this is improved care co-ordination but also a recognition that not all service users engage with their GP as they do not think they get the services they need.

- Generally the issue of not having beds at Naseberry was understood but there was concern about having clear standards for home treatment and not wanting to have more emphasis on court diversion for SMI cases who are brought to a place of safety by the police.
- More focus on patient experience through the various services including engagement of their views.
- More choice and support to/ from voluntary sector providers.
- Better support to carers –the strategy mentions this but the Carers Association and a number of service users felt that turning vision into reality could be stronger.
- Less variable quality of care in primary care – more education and awareness by GP services.

### **3.4 Points of corrections in the document/ General points**

- 3.4.1 A number of people really welcomed that strategy and it was described thus: “it’s a well written strategy and focuses on all the right priorities.”
- 3.4.2 However concern was expressed that there has been historical underfunding and in an austere climate the mental health agenda will not be prioritised in the way it should.
- 3.4.3 There was a clear recognition that a lot of work had gone into the production of the document but there needs to be further high level commissioning discussion about how the strategy can realise the No Health without Mental Health agenda
- 3.4.4 There were also a number of helpful comments challenging the assumptions, key facts in the document and others offering more later information
- 3.4.5 There was also a request for a simple summary document for service 3.4.3

These were not the only points that came out of the consultation and further analyse of all the responses will need to be undertaken in the next few weeks to help shape the next steps. These points made as high level big themes.

## **4. Some Metrics**

- 4.1. The response to the objectives and strategic aims of the strategy were very positive suggesting we have the right themes in the document:
- More than three quarters of the people who responded felt that we should be focusing more on physical and mental health together on a “very strongly” basis”.
  - 77% said that we should be focusing on clinical research and innovation to improve access to affordable and effective treatment.
  - 46% strongly agreed or 44% agreed we should be moving care closer home, moving more to primary care and prevention.

Discussions about some of the key messages for these metrics have previously been given in the section previously.

- 4.2. Analysis of the preferred priorities for the strategy in the coming year to 18 months are very clear from over 20 options and objectives that come out of the strategy in the consultation document:
- Better services for anxiety and depression [ this is more than IAPTs but actually about the recovery model including employment, well-being and the GPs understanding the pathway with social care colleagues]
  - Better response for people in crisis [various comments mentioned including too many people being sectioned; improved understanding of single point of access; improved psychiatric liaison and working across agencies with GPs].
  - Reducing the need for inpatient care and supporting recovery.
  - Better services and response for long term conditions [this links back to physical and mental health and how we manage the psychosis pathway in primary care].
- 4.3 The number of people who responded formally to consultation was relatively low at 30 but within this amount there were some good quality and detailed responses including from both NELFT and ELFT, Health Watch, the Carers Association, some of the other Mental Health related voluntary groups and particularly two of the service user responses were helpful and extensive.

## 5. **Key learning from the process of consultation**

- 5.1 The consultation has been a useful exercise to help refine and develop the existing document. This can only make the result much stronger and it is useful to gain feedback from a wide range of stakeholders on the proposals made so far.
- 5.2 There were a number of lessons from the consultation which are made in hindsight:
- Not all Mental Health Users and groups found survey monkey as a tool easy to use. Also the CCG's website doesn't have dedicated space for Mental Health and some people found it difficult to navigate. This needs to be acted on for the future.
  - There is no replacement for sustained patient and voluntary sector engagement. Preconsultation had been done, but because the CCG is new organisation, a lot more work is needed to regularly and systematically have conversations and dialogue about mental health services within the borough. This needs to be supported by a high level engagement lead and member of the CCG Board.
  - The GP response was weak. This was in part due to capacity issues to engage and despite GP newsletters and follow up perhaps the lack of a GP clinical lead made engagement more difficult. There is a lot of training and work to do on raising the profile of MH as part of integrated care and to get future views across the CCG. Now we have additional support in the form of a clinical lead for MH this should be one of the priorities going forward to engage members on mental health.

- There were no responses from council officers or members beyond the people who had originally contributed either through Overview and Scrutiny or within the joint working group. Given some of the key messages further thought to how best to lead a joint process needs to be given. Although a lot of preconsultation was done it is clear that consultation probably works best over a 3 month period with more stakeholder workshops planned with the council.

## **6. Next steps and recommendations**

6.1 There needs to be further internal discussion about the points made in this report across the health and social care commissioning teams and to review the detail from people who have responded to consultation, Following this the CCG Board lead for MH should help lead a piece of work to refine and refresh the strategy. The time scale for this should be to get sign off from LBWF Cabinet and Board by the end of the financial year taking into account additional clinical and social care input.

6.2 As part of the above work we should produce a fuller feedback/progress report and next steps communication for all stakeholders. This to include:

- Thanking stakeholders who responded to consultation and to let them know that 6.1 will take place
- Arrange further meetings as agreed in some cases with stakeholders who wanted this as part of the process of consultation

6.3. The Board/ Committee is asked to note the contents of this report and agree next steps.

**Chris Soltysiak**

**Associate Director of Strategic Commissioning**

**Ver1/ 3<sup>rd</sup> November 2013.**