Summary Event Report

Event 9th November 2017

Report 19th November 2017

Contents

Transforming Mental Health

Introduction and overview

In early 2017 Richmond CCG commissioned Healthwatch Richmond to run a public facing event explaining changes to mental health care.

Richmond CCG had undertaken stakeholder engagement during 2016/17 and this event would serve as a public facing continuation of this with the aim of engaging more widely with the people of Richmond, sharing the commissioners' and providers' plans, gaining people's views and addressing any key issues that had not been identified by earlier engagement.

The event included presentations on (To view the Agenda CLICK HERE):

- What is happening with mental health? Nationally and across London
- Mental health in Richmond - the challenges people face locally, what is available and how we want to transform services
- Presentation and discussions
- Q&A
- Next steps

Discussion groups covered:

- Prevention and Wellbeing - Services available to support people in the community with low to moderate needs including Improving Access to Psychological Therapies (IAPT) - to view the presentation from this discussion group CLICK HERE)
- Living Well and Crisis Services - Services and support for people with higher needs such as Community Mental Health Teams (CMHTs), that support people in crisis and avoid unnecessary admission.

In total 148 people registered an interest for the event and 109 people attended. Attendees came from a range of backgrounds including:

- people who used services,
- carers,
- interested members of the public,
- professionals from NHS/social care and the voluntary sector

The Richmond story

Average wellbeing score for 15 year olds 4th worst in London

By 2025 predicted that 21,548 adults with a common mental health problem

6,517 adults identified with depression by GPs

Lower admissions for psychosis but **higher** for **personality disorder** across south west London

More inpatient capacity needed over last 12 months similar to national picture

NHS
Richmond
Clinical Commissioning Group

Ideas Board

working together – a healthier Richmond for everyone

We collected 140 comments and submissions on the day through the two discussion groups, a Question & Answer session, feedback forms and a well-used ideas board for collecting short comments.

Our aim was to run an event for 100 people including a mix of people who used services themselves, carers, interested members of the public and professionals from NHS/social care and the voluntary sector. We recorded 109 people as attending the event and have evidence that there was a good mix of people from these groups.

Of those who attended, 26 people completed the monitoring form:

- 17 were female and 8 male
- 10 reported a disability (of which 5 were mental health conditions) and 14 reported no disability
- 13 reported no religion, 8 reported Christianity and 1 Hinduism
- 18 reported that they were British, 3 Indian, and 1 Iranian
- 12 were in some form of employment, 9 were retired, 2 unemployed and 1 was a student
- 17 respondents had heard of Healthwatch before the event, 8 had not
- Most had heard about the event via email, 1 by newsletter, 2 by word of mouth and 4 had received personal invitations.
- 17 people said that the event was as expected, 6 better than expected, 3 reported that it was disappointing (For more information see the Satisfaction section, page 20).
- Whilst feedback for all areas of the event was positive overall, some people felt that the discussion groups were too large and that one of them focused too much on giving information rather than giving people a voice

In total 148 people expressed an interest in the event by either registering for or attending the event and we collected contact details for 145 of these.

Data collected about services at the event

Overview

The format of the event provided people with opportunities to feedback via:

1. Discussion Groups
    1.1. Prevention and Wellbeing - Services available to support people in the community with low to moderate needs including IAPT (To view the presentation CLICK HERE)
    1.2. Living Well and Crisis Services - Services and support for people with higher needs such as CMHTs, that support people in crisis and avoid unnecessary admission.
2. Messages placed on an "Ideas Board"
3. Feedback Forms
4. Question & Answer session[1]

Feedback collected within individual collection methods was limited when taken in isolation. However the total amount of feedback from all sources was significant when combined. As a result we combined data all the feedback and analysed it to identify themes and trends.

The feedback from these discussions was analysed to identify common themes. The emerging themes included:

1. Crisis Care
2. Children & Young People
3. Service provision/ways of working
4. Access to services
5. People with autism
6. Signposting/Access to information
7. Wider determinants (including housing and benefits)
8. Acute Care
9. Funding
10. Older people's care
11. Engagement
12. Community Care
13. Improving Access to Psychological Therapies
14. Prevention and Wellbeing
15. Equal opportunities
16. Primary Care

The following pages provide summaries of the themes within these areas. We have reproduced comments made by attendees and recorded at the event verbatim.

As there were multiple opportunities for sharing feedback and all feedback was collected anonymously it was not possible to identify where feedback has been given repeatedly by small numbers of people or represents the views of many people. We therefore advise care in attaching significance to the feedback and accordingly have not drawn out highlights from the meeting as a whole in this report.

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[1] The panel for the Question and Answer sessions included: Julie Risley, Chair, Healthwatch Richmond; Dr Phil Moore, Mental health clinical lead, London; Dr Stavroula Lees, Mental health clinical lead, Richmond CCG; Amanda McGlennon, Head of Transformation Kingston and Richmond CCGs; Tonia Michaelides, Managing Director, Kingston and Richmond CCGs

Emerging themes

Those who had used crisis line, 999 and A&E felt that these were not always effective. Some people spoke about having to fight for access at A&E or about crisis line not providing useful support:

> *"Staff on the crisis line are too quick to press a red button. Staff need more training so they don't call the emergency services and send you straight to A&E."*

> *"Care of children presenting to Kingston A&E. Had to fight to be admitted"*

People spoke about the need for an effective number to call in a crisis, a Mental Health equivalent of 999.

People spoke positively about the idea of crisis cafés and expressed a need for more locally situated services. Read in combination with comments about accessibility this is significant.

> *"It is a long way from Whitton to Tolworth, and the crisis cafes are not accessible to Richmond residents"*

The need for better planning and service provision after discharge from services was mentioned by several people.

> *"When people are discharged there are gaps between inpatient and home treatment teams (CMHT). The gaps are not just between providers but within the trust's services."*

> *"Have a better system at discharge and aftercare to prevent further crisis."*

Children & Young People

The event was about adult mental health but many of the attendees spoke about their own experiences of children's services either as carers or as young people.

Many people spoke about the importance of Child and Adolescent Mental Health Services (CAMHS) and the challenges that this service faces.

"2 x several months delay for receiving care from CAMHS"

"CAMHS needs help."

People also spoke about the need to better link adult and children's services

"It would be helpful if the two services aligned and there is a transition team in place to help cover people from 15-25 because the system is not ready to receive a lot of the 18 year olds. And the 18 years old quite often are not ready to go into that adult system."

"CAMHS were unable to say what was available in AMS. Where is the link in service within the service?"

The importance of prevention at an early age and promoting resilience to reduce the incidence of later mental health conditions was mentioned by several people.

"Richmond has the 4th worst self-harm rates in teenagers in London, we therefore need to catch mental health problems early to prevent them going over into adulthood"

Two local sports organisations spoke about their work and interest in prevention.

"It is important that we involve young people as they are the next generation and will help you with prevention"

"We run mental health resilience in some schools in the borough. You need to focus on children and young people so in the future there will be less mental health problems for adults. There is a gap supporting young people we need to know more about what is available for young people."

Some people reported the importance of monitoring the effectiveness of non-NHS children's wellbeing services.

"Ofsted is very good at awarding grades but how do we know what are our children are experiencing in schools? Where is the pastoral care?"

"Would like to see action being taken to evaluate the fit of digital services for young people in light of feedback in the recent consultation"

Service provision/ways of working

The need for empathy and a caring approach from the services that they receive was significant for many people.

"Take a holistic approach to care."

"Please respect those with mental illness. It is real and people are in pain. If someone just shows some kindness when I am ill it would make me feel better."

Stand in the clients' / carers' shoes, see their perspective.

Some people referenced the need for clarity over how the system was supposed to work.

"Each part of the service needs a mission statement, so we can understand where the gaps & overlaps are, especially with reference to acute beds."

"Need to reset users' expectations of acute care (inpatient / admission / beds). What is its purpose? Stabilise? Treat? Rehab?"

There was also a recognition that there is a need for improvement, effective services and not just change.

"We don't need "new" ways of working. There is plenty of research and knowledge already. We just need resources for carrying this out well."

"What happens to the 42% who don't receive "recovery"? Are they offered something else?"
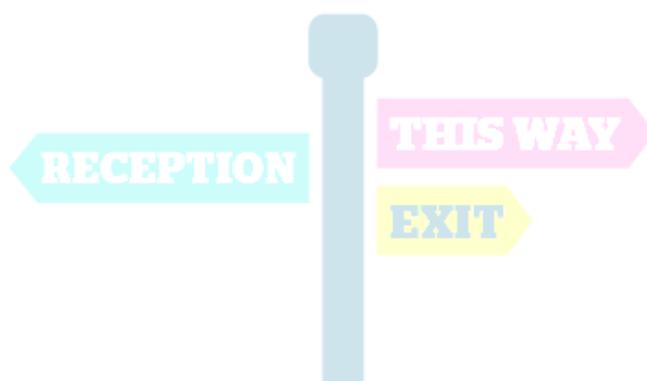
Access to services

Many people spoke about the need for local services and for planning services that are easy to get to by public transport from across the borough.

"If it takes a long time to travel to an appointment you have this time to "fester" and over think before you get there"

Several people commented on estates including to express concern over changes at Richmond Royal site and their impact on the local service provision. This highlights the need for ongoing effective communications around the changes.

"I am very sad and shocked to hear about the closure of the Richmond Royal. It is right in the centre of town. This will have huge knock-on effects. Very expensive to ever regain this location"

"Why is the Royal Hospital closing?!"

We asked South West London and St George's Mental Health Trust to respond to these concerns after the meeting and they said:

"The Trust is working to ensure facilities at both Richmond Royal and Barnes Hospital are brought up to modern standards, to improve the facilities our care is delivered in. Any services which are relocated will be done so within the borough of Richmond, with the input of clinical teams and patient interests.

At Richmond Royal, the Trust will be retaining space for a range of services including Adult Eating Disorder, Attention Deficit Hyperactivity Disorder, Psychological Disorder Intensive Treatment Team & Psychotherapy, Recovery Support Team & Recovery College.

We are currently working with our CAMHS teams to establish a more suitable location for delivering care within the borough after clinical input suggested improvements could be made to the facilities available for young people.

During the course of the development at Richmond Royal, we will be working closely with clinical teams and our patients to ensure they can still deliver care in the best way. The Trust is committed to working with service user/carer groups, and other partners to ensure our patients are aware of any service relocations."

Other people commented on the manner of accessing services:

"It seems that though the service providers have good aims, it's often difficult for service users to access the services needed"

Accessing information about services and support was also a theme.

"Older people with limited income are more likely to NOT have internet access"

"Would be helpful to know more about options for help and referral pathways"

People with autism

Care for people with autism was a significant theme and one with strongly correlated points. Most comments noted that services for people with this condition are limited.

> *"There is nothing out there for high functioning autistics or people with Asperger's"*

People spoke about the importance of mental health care for this group of people.

> *"Mental health issues are common co-morbidities for those with autism spectrum conditions. What provision is there for those people? Early intervention is key and there is also a statutory duty to provide appropriate care (Autism Act 2009.)"*

There were several comments from people asking for specific support for people with this condition.

> *"People with Autism Spectrum Disorder (ASD) are going into a system that is set up for people that are neurotypical. A neurotypical model is imposed on people with different needs. When will these systems be adaptable?"*
>
> *"Autism specific support: what percentage of users of mental health have ASD? Why are they not provided for, given the challenges for people on the spectrum?"*
>
> *"Specific provision for the specific needs for people on the Autism spectrum."*
>
> *"I find myself in the system due to a daughter with a diagnosis of Asperger's which has resulted in some serious mental health concerns. In a nutshell, my experience has led me to believe that the health system has no idea how to support patients with ASD, due to the lack of support we have received. My ideas submitted were to provide GPs, Child and Adolescent Mental health Services (CAMHS) and social services adult mental health provisions with other help provided within the borough and local boroughs that patients may be able to access, instead of telling them to basically "google" it."*

Richmond CCG provided a response to this topic at the event:

"As a commissioner I agree that this is a national issue for some people who fall within the spectrum and who have a mental health diagnosis. I would agree that the care and treatment routes should not necessarily be defined by IQ rather than by need. There is a need to rethink how we work with people and that has been identified as work for us going forward. This includes not only commissioners but working with service providers to look at how services and providers need to change."

There was some concern expressed about the transition for children with Autism Spectrum Disorder or Asperger's to adult services.

"Seamless transition from CAMHS to adult services is not happening. A major concern in the community are the long delays or even non-occurrence of initial Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder assessments in children and young people. What are the plans to improve this?"

Signposting/Access to information

Comments in relation to this theme were diverse but there was some correlation around the need for providers to signpost effectively on to other (not always NHS) services.

"Child and Adolescent Mental health Services (CAMHS) & Adult Services need to have more information on signposting for their patients they cannot help"

"GPs need more information on signposting to the provisions available"

There was also a call for better access to patient information across the system to improve care.

"Better information sharing between boroughs so not just relying on patient history when unwell."

"Can we have a single database for patient records accessible to mental health teams?"

Others spoke about the way information is provided.

"Older people with limited income are more likely to NOT have internet access... it's easier to sit or stand with someone wanting support with a leaflet."

"Consider how we use digital services to raise awareness of support available for young people and children: 1. leverage social media; 2. leverage contractually provided services NHS.UK / MIND etc; 3. fund apps and digital tools."
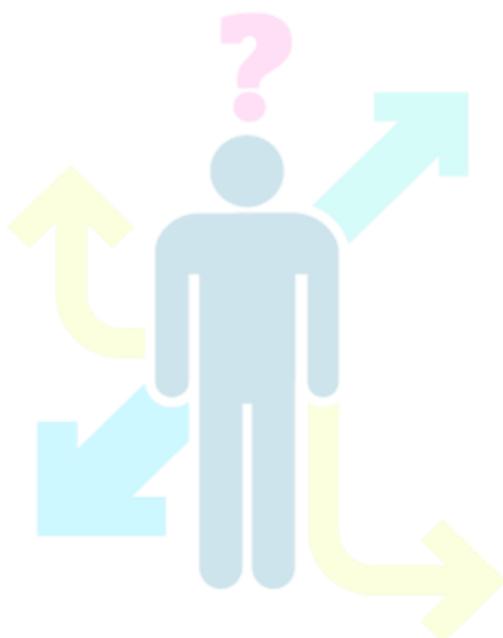
Wider determinants (housing and benefits)

The impact of housing on mental health and mental health care was a significant issue raised by several people.

> *"What we have heard this evening sounds fantastic but what we are seeing from clients is that there is no housing for people"*
>
> *"We are seeing families divided and having to move out of area because of the lack of housing.   One example is a parent with a child on the autistic spectrum who has had to move 3 times in one year and now has to cope with a 1.5 hour journey to school each way"*

There was a call from some attendees for the Council to engage with this issue.

> *"Can you put pressure on the Council to increase the amount of social housing available?"*
>
> *"The Council doesn't understand welfare and the impact welfare issues have on people."*

Similarly the impact of benefits and delays/challenges to receiving them were significant to several people.

> *"Housing benefit delays have a huge impact on mental health. Housing providers Richmond Housing Partnership (RHP) etc being more aware of their tenants who have a long term mental health issue/disability, more understanding and awareness, more support"*

Delays to benefits and the level of benefits received could exacerbate the housing challenges faced by some people and present others with barriers to accessing services.

> *"Impact of benefit delays on mental health. Housing Association threatening eviction due to bureaucratic Department of Work and Pensions (DWP)"*
>
> *"If you are on benefits, how can you pay for counselling? Mind's services are not free"*

During the Question & Answer session, the panel recognised that the provision of supportive housing and the integration of healthcare and social care are central to wellbeing and a robust mental health care system. Lack of appropriate housing was recognised as having a significant impact on people with mental health needs.

Acute In-patient care

Several people spoke about mixed experiences of care. Some were negative.

> *"A carer described having to send his/her self-harming son/daughter to the private sector due to unsatisfactory care. Care had been given at Tolworth, but eventually his/her son/daughter was transferred back to NHS services in Lavender ward – where the care was much better."*
>
> *"Tolworth is a prison." and a suicidal girl was laughed at in A&E (staff failings especially at lower levels.)"*
>
> *"I've not seen any improvement in the inpatient services – there is a shortage of beds. We need to improve inpatient services so patients have more hope and purposeful treatment."*

Others were positive.

> *[Comment from an attendee involved in Healthwatch's recent visit to Lavender ward] "happy patients and patients who talked about how great the staff were. They saw examples of crisis situations being dealt with calmly."*

It was recognised that there was a need for all to experience good care.

> *"Can we have consistency of services? Some people report good services, others have a different experience. Why can't a high standard be delivered for all?"*
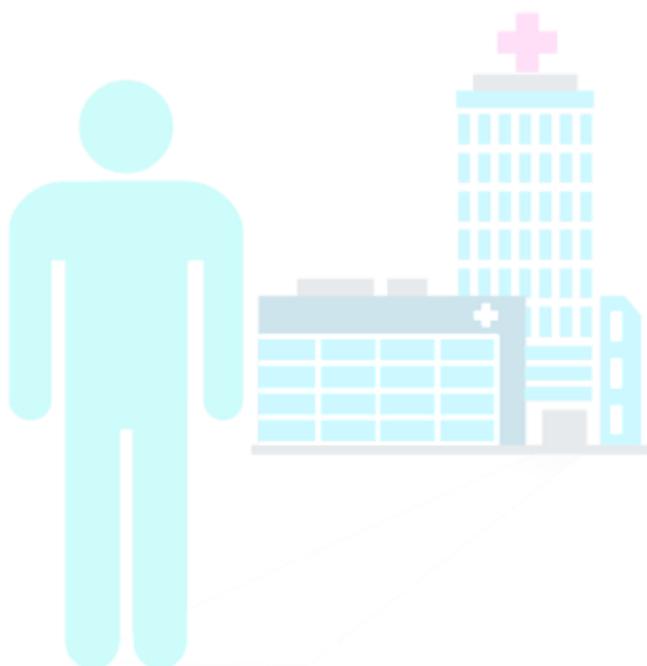
Patient and public engagement

Some people noted the importance of engagement.

"An engagement workstream had existed between the providers which was able to take advantage of advice in the same way that the physical health OBC contract was previously. HRCH and Richmond GP Alliance for example have found it very beneficial"

"Embed residents and carers views in their workstream design"

"This needs to also involve the patients, it needs to be service user led to ensure that providers are not collaborating together to support each other rather than working for the best outcome for the patient"

For others there was a desire to move away from discussion to structured data collection.

There should be a really big targeted survey of all known carers / service users, specific questions, to drive out patterns in data, not individual anecdotes.

One person expressed a desire for action to come after the engagement.

You have been saying this for the last five years. Not everyone is being helped.

Funding

Funding was referenced by comments relating to an understanding for the need for changes to be funded.

> *"Supporting good mental health in school is a good idea. How will this initiative be funded given the lack of funding available?"*

But also in relation to the wider national economic challenge and current levels of funding to the NHS.

> *"Will the budget for mental health be protected? Will there be investment year on year? Can the panel guarantee that funding for physical health will not encroach on funding allocated to mental health care?"*
>
> *"What level of investment does the panel believe is needed to create the same standards of care seen in other boroughs? Does the panel believe that that investment can be achieved without a change of government [funding]?"*
>
> *"Need to be open and honest about investment needed - state £ needed for things that are needed but can't be funded. Stop "politically correct" statements for NHSE compliance, be honest we won't achieve parity of outcomes with the current central government funding."*

This issue was raised in the Question & Answer session and the CCG responded. The need for a systematic approach and for service providers working together was seen as key to transforming services to meet patient needs within the resources available.

> *"We cannot conclusively say what investment is needed as we need to work with the Trust and other organisations to work out what level of investment is needed. Some of it is about using what we already have and using it better. Richmond residents are about to access the same inpatient beds as other South West London residents. Inpatient beds are being reduced from 3 to 2 sites with funding being re-invested to provide care to people in their own homes and community which is a better experience for the patient and more sustainable. RCCG have not been able to invest in mental health as much as they would like and they are working hard to find inventive ways of accessing transformation money.*
>
> *We also know that we need to better use the money allocated to us by the government and we need to shift some of the funding going into other services to mental health by working with partners. Not just in the mental health field but in other fields such as primary care and hospitals. We need to work as a system to ensure the money is put in the right place. It is also key that money is shifted into prevention work as well."*

Older people

There were relatively few comments regarding older people's services specifically. The need for therapy for this group however was highlighted and included within this were the need for these services to be provided close to home.

"IAPTs do not currently have an upper age limit but they do note that older people appear to do better in specialist older people's services when they are past 65 years old. There is a need for home visits. NHS Camden are piloting some very interesting projects in conjunction with secondary care services and the voluntary sector"

"Richmond should expand its provision and ways of delivering psychological therapies for older people to prevent ill health"

"What are the plans for improving the accessibility of therapy for older people? Older people can be particularly vulnerable to depression or anxiety due to bereavement and physical health difficulties. Therapies should be made available closer to home, or at home, to prevent their physical health being a barrier to access."
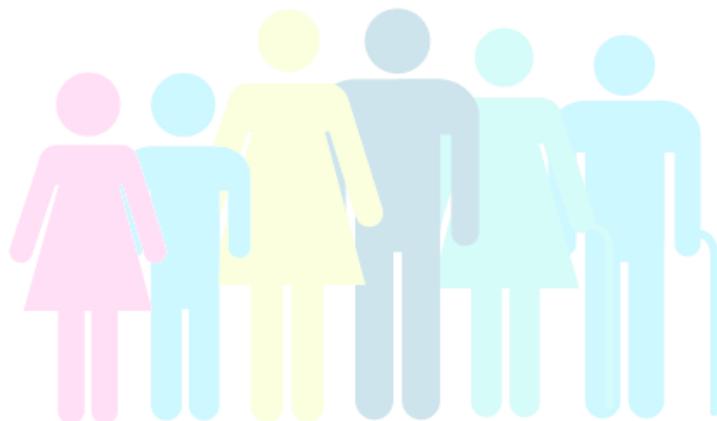
Community Care

There were relatively few comments relating specifically to community based care and these are given in totality below.

"Waiting times are too long – 7 months"

"I was discharged from the community mental health team (CMHT) back to my GP and it took 7 months to be referred back to the CMHT. Due to a conflict with Richmond services I asked to be referred to Kingston CMHT. However the Kingston & Richmond assessment team said this was not possible due to funding. Why should this happen?"

"When people are discharged there are gaps between inpatient and home treatment teams (CMHT). The gaps are not just between providers but within the trust's services."

"With Richmond Royal Hospital closing…where will outpatients be seen?"

"CAMHS and Adult Mental Health Services need to be more honest about what they can / cannot help with. Not empty promises."

Richmond CCG responded to the experience of delays caused by conflict between Richmond and Kingston commissioned services:

"If we had been aware we could have worked with Kingston to try and facilitate a possible solution. There are funding restrictions placed on how the CCGs can work across boundaries but where possible we will try to work together… Geographical area where possible should not be a barrier to receiving treatment.

If [people] are having difficulty accessing treatment [they] can contact the Richmond CCG's Patient Advice & Liaison Service (PALS) on 020 8339 8107."
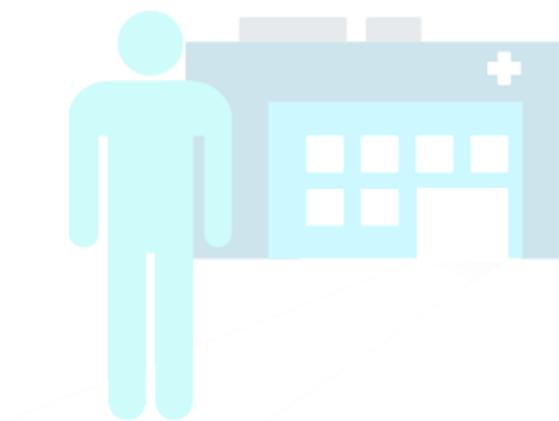
Improving Access to Psychological Therapies (IAPT)

A few people made comments regarding IAPT but those received related to challenges accessing the service.

For people accessing other parts of the mental health system it was not possible to access IAPT.

"You can't access counselling if you are under the Community Mental health Team (CMHT). I feel there is no care."

"For counselling I tried for two years to get this but couldn't when I was in the mental health system and when I was out of it I still couldn't get counselling. If you do manage to get some counselling it is only for 12 sessions. Where is the help?"

And whilst other services exist, some people said that the cost of these presents a barrier to accessing them.

"If you are on benefits, how can you pay for counselling? Mind's services are not free."

"Regard counselling not offered by GP, unable to afford private, unable to afford MIND if 20-upwards, unable to access wellbeing services."

Prevention and Wellbeing

The importance of Improving Access to Psychological Therapies (IAPT) services to prevention was a recurring theme. The voluntary sector was seen as a key partner in prevention and wellbeing.

"Voluntary sector organisations are often those who work regularly with people with mental health problems and also those who may be first to recognise deteriorating mental health in those they work with"

Several comments were also received about social prescribing.

"Social prescribing model is a great idea - delivering approachable, appropriate local support and advice plus sessions and activities to promote wellbeing. Sadly, VSOs are struggling to get funding to offer all this. NHS promoting benefits of VSOs will help VSOs gain funding."

"Can you tell us about the social prescribing pilot when did it start? What if a patient isn't happy with the support given?"

Equality and diversity

Whilst low in number the importance of equality was highlighted by some attendees.

> *"Why are LBTQ often "diagnosed" with personality disorder?"*
>
> *"The suicide rate is 41% for transgender population. If you feel services have walked away from you this is a major issue for individuals"*

It was notable that there were challenges during the Question & Answer session to the monitoring form for having included transgender as an option under gender and also to having not included sexuality as a question.

Primary Care

Primary care and general practice were mentioned in relation to a range of other aspects of provision and it is clear that the role of GPs is essential to the overall provision of mental health care.

In relation to services provided by GPs however the following was noted.

> *"How can it be made clear which GPs have access [to/for] mental health care."*
>
> *"GPs need more information on signposting to the provisions available"*
> *"A lot of GPs also don't understand mental health"*

Satisfaction

Twenty six people returned feedback forms regarding the event (24% of attendees).

Most responses were positive with venue and catering being the most positively rated elements of the event.

Category	Very good	Good	Average	Not so good	Poor
Communications about the event	6	11	8	0	0
Presenters today	6	13	6	0	0
Discussion groups	4	13	7	2	0
Programme contents today	3	16	6	1	0
Venue & catering	12	12	2	0	0

Seventeen people said that the event was as expected, 6 better than expected and 3 reported that it was disappointing:

Comments in response to the question "how can we improve future events" included:

- The need for smaller discussion groups and for less time given to presentations.

"I think more focus should be on the feedback and comments of the attendees. I believe too much time and effort is wasted on the slide"

- Set-up/format of the event. One person could not see the panel, another wanted political leadership evident at the event, one person asked for stalls in future and the other questioned why the discussion groups did not use the PA systems provided.
- Three comments related to people being unclear about the purpose of the event.

"What was the event trying to achieve?"

"I didn't know what to expect hence average comment about the communication"

Other comments related to the monitoring form, the catering or to mental health itself.

Conclusions

The Transforming mental health event achieved its stated aim of bringing Richmond CCG's plans to a broad section of the wider public and receiving feedback.

The themes from this event, combined with data that we hold from other sources, including our community engagement and enter and view activity, suggest the following recommendations for Richmond CCG's commissioning of mental health:

1. Commission a crisis line that enables meaningful 24/7 support for patients and their carers. The crisis line should be a route to (although may not need to provide) access to care, addressing communication problems about care services and signposting to alternative care.
2. Consider the geographic location of community based services and the accessibility of them for patients from across the borough.
3. Review arrangements for Community Mental Health Teams (CMHTS) and Improving Access to Psychological therapies (IAPT) with particular reference to patient feedback in relation to waiting times, communication and responsiveness, discharge from acute into CMHTS and from CMHTS into other services.
4. Review the gaps between Improving Access to Psychological therapies and Community Mental Health Teams with a view to improving access.
5. Review the delays people have raised regarding Child and Adolescent Mental Health Services (CAMHS).
6. Work with other commissioners to improve prevention services for children and young people.
7. Review the provision of signposting and information for service users and improve access to signposting from GPs.
8. Review the provision of services for people with autism and consider how appropriate services can be commissioned.
9. Include patient reported measures of care quality in the monitoring of services
10. Raise the wider determinants of health with Council colleagues and work with them to improve access to housing and benefits advice/support for people with mental health needs.
11. Where possible be candid about where changes are being made (or cannot be made) due to funding constraints rather than due to improvements.
12. Review the provision of therapies for older people with a view to expanding therapies provision close to home.
13. Continue to place service users in the forefront of service redesign and promote successes and service changes that are achieved
14. Continue to recognise the role of the voluntary sector in promoting wellbeing and supporting people to access support early.
15. Commission services so that patients can access care more seamlessly across organisations to ensure consistently good care across services.
16. Consider equalities within all service provision.

We've asked Richmond CCG to respond to this report and will publish their response once we receive it.