

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Supplementary Agenda

Wednesday 21 November 2018

6pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Vanessa Andreae - H&F Clinical Commissioning Group (Vice-Chair)
Janet Cree - H&F Clinical Commissioning Group
Councillor Ben Coleman - Cabinet Member for Health and Adult Social Care (Chair)
Councillor Adam Connell - Cabinet Member for Public Services Reform
Councillor Larry Culhane - Cabinet Member for Children and Education
Steve Miley - Director of Childrens Services
Keith Mallinson - Healthwatch Representative
Anita Parkin - Director of Public Health
Lisa Redfern – Strategic Director of Social Care and Public Services Reform
Glendine Shepherd - Head of Housing Solutions
Dr Tim Spicer - H&F Clinical Commissioning Group
Sue Spiller - Chief Executive Officer, SOBUS

Nominated Deputy Member

Councillor Patricia Quigley – Assistant to the Cabinet Member Health and Adult Social Care
Councillor Lucy Richardson, Chair, Health, Inclusion and Social Care Policy and Accountability Committee

CONTACT OFFICER: Bathsheba Mall
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 5758
E-mail: bathsheba.mall@lbhf.gov.uk

Reports on the open agenda are available on the [Council's website](http://www.lbhf.gov.uk/Directory/Council_and_Democracy):
http://www.lbhf.gov.uk/Directory/Council_and_Democracy

Members of the public are welcome to attend. A loop system for hearing impairment is provided, along with disabled access to the building.

Date Issued: 21 November 2018

Health & Wellbeing Board

Supplementary Agenda

21 November 2018

<u>Item</u>	<u>Pages</u>
1. MINUTES AND ACTIONS	4 - 7
(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health & Wellbeing Board held on Wednesday, 12 th September 2018.	
(b) To note the outstanding actions.	
2. APOLOGIES FOR ABSENCE	
3. DECLARATIONS OF INTEREST	

If a Member of the Board, or any other member present in the meeting has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where members of the public are not allowed to be in attendance and speak, then the Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

4. **HAMMERSMITH & FULHAM ADULTS MENTAL HEALTH SERVICE OVERVIEW**

8 - 61

This report was prepared in partnership by Hammersmith and Fulham Clinical Commissioning Group, West London NHS and Hammersmith & Fulham Council. It seeks to provide a single and whole system overview of local mental health services for adults aged 18-65 operating in Hammersmith & Fulham.

4.(a) **EXCLUSION OF THE PRESS AND PUBLIC**

The Board is invited to resolve, under Section 100A (4) of the Local Government Act 1972, that the public and press be excluded from the meeting during the consideration of the following items of business, on the grounds that they contain the likely disclosure of exempt information, as defined in paragraph 3 of Schedule 12A of the said Act, and that the public interest in maintaining the exemption currently outweighs the public interest in disclosing the information.

Exempt Annex: Provided by Hammersmith & Fulham CCG Local Information and Implementation Plans for Hammersmith & Fulham CCG and the London Borough of Hammersmith & Fulham Council.

(This information is exempt under Schedule 12A of the Local Government Act 1972, section 3 (as amended):
Information relating to the financial or business affairs of any particular person (including the authority holding that information).

5. **ISOLATION AND LONELINESS**

This will be a verbal update to the Board, following a Social Isolation and Loneliness workshop taking place on 14th November 2018.

6. **WORK PROGRAMME**

The Board is requested to consider the items for inclusion and suggest any amendments or additional topics to be included in the future.

7. **DATES OF NEXT MEETINGS**

The Board is asked to note that the dates of the meetings scheduled for the municipal year 2018/2019 are as follows:

Wednesday, 30th January 2019
Wednesday, 20th March 2019

Agenda Item 1

London Borough of Hammersmith & Fulham

Health & Wellbeing Board Minutes



Wednesday 12 September 2018

PRESENT

Committee members:

Councillor Ben Coleman, Cabinet Member for Health and Adult Social Care, (Chair)
Councillor Larry Culhane, Cabinet Member for Children and Education
Janet Cree, H&F CCG
Anita Parkin, Director of Public Health
Steve Miley, Director of Children's Services
Lisa Redfern, Strategic Director of Social Care and Interim Director of Public Services Reform
Glendine Shepherd, Head of Housing Solutions
Sue Spiller, Chief Executive Officer, Sobus

Nominated Deputy Councillors:

Patricia Quigley
Lucy Richardson

148. MINUTES AND ACTIONS

The minutes of the previous meeting agreed as an accurate record.

149. APOLOGIES FOR ABSENCE

Apologies for absence were received from Vanessa Andrae, Councillor Adam Connell, Keith Mallinson and Dr Tim Spicer.

150. DECLARATIONS OF INTEREST

None.

151. BREIFING REPORT ON THE FORMATION OF JOINT HEALTH AND SOCIAL CARE DELIVERY BOARDS FOR ADULT LEARNING DISABILITIES AND MENTAL HEALTH SERVICES

Lisa Redfern provided a summary of the report which gave an update on the implementation of two, joint health and social care delivery boards for adult learning disabilities and mental health.

Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.

Paragraphs 3.7 and 3.8 set out terms of reference and covered the core aims of the boards, identified key performance indicators (KPI's), just working, accountability and core membership, Including a clear commitment to co-production.

Standing items for the boards to consider would include quality assurance, finance and KPI's. It was confirmed that explicit reference to the involvement of people with learning disabilities would be included together with the council's commitment to coproduction and this would be reflected in the appointment of a learning-disabled person.

Councillor Quigley observed that the Council had made a clear commitment to coproduction and expressed her concern that this should be incorporated from the start of the process. Councillor Quigley was assured that the coproduction was a significant priority, acknowledging the inherent difficulties and Councillor Quigley's concern that a learning-disabled appointee to the board would receive full support.

Councillor Coleman acknowledged that honouring the Council's commitment to coproduction would be hard, particularly in terms of doing this prior to the formation of the board. He asked officers to explore if it was feasible to undertake this work before the board appointments were formalised. Sue Spiller suggested a model that might facilitate the earlier involvement of the third sector and agreed to provide the details to Lisa Redfern. It was agreed that a further update would be provided to report on progress.

RESOLVED

That the report be noted and that a further update on progress be provided.

152. PREVENTION STRATEGY BENCHMARKING

Katie Estdale provided a verbal update. This was the fourth of four potential areas of work discussed by the Board and proposed an analysis of the preventative work of other local authorities. A prevention strategy sought to avoid needs arising or the development of increasing need for example, using befriending services. Following conversations with colleagues at the Association of Directors of Social Services (ADASS), it was reported that Southwark and Camden had undergone a fundamental recommissioning of services, bringing together various organisations which provide preventative services, for example, adult social care, clinical commissioning group and voluntary sector services. It was recognised that a significant percentage of the adult social care budget was dedicated to preventative services but a more holistic approach was necessary.

Sue Spiller commented that there was a huge provision from voluntary sector organisations and that consideration of this would be a good starting point for further discussions.

153. BEYOND BARRIERS: HOW OLDER PEOPLE MOVE BETWEEN HEALTH AND CARE IN ENGLAND

Lisa Redfern reported that this report linked to discussions under Agenda Item 4 (joint health and social care delivery boards for the learning disabled and mental health). The CQC report, "Beyond barriers, how older people move between health and social care in England", published July 2018 examined 20 different delivery systems and echoed what the Council and voluntary sector would be working together using the vehicle of a delivery board. For this to be an effective system, the different members of the boards would have worked together to better steer provision.

Referencing page 4 of the report (Summary, page 27 of the Agenda pack) Lisa Redfern said that joint working between health and social care was now critical for meeting the needs of local populations and achieving better outcomes. It was suggested that this should form the essence of the work of the Health and Wellbeing Board.

Councillor Coleman enquired if there was anything that the Board should be doing and whether it was possible to find examples of good practice.

Referencing a list of bullet points within the Summary, Lisa Redfern suggested that the Board assess itself against these. They include a common vision and purpose, effective and robust leadership, and strong relationships at all levels. Glendine Shepard commented that the Specialist Housing Board was considering how information was shared and how this could be made robust. Much of the work undertaken was pre-emption but it was necessary to analyse what was happening before this stage, to consider the whole range of accommodation available, with a view to improving joint working.

Councillor Coleman asked if the Specialist Housing Board had coproduction representation. It was confirmed that there was currently officer disabled representation on the Board and the timing of including a coproduced, disabled representation would have to be further explored.

Councillor Richardson's perspective as a parent of a learning-disabled child was invaluable and Councillor Coleman affirmed the importance of this being represented on the Board.

154. WORK PROGRAMME

COUNCILLOR Coleman confirmed the inclusion of mental health as a priority area for the Board. It was important to understand how mental health as a concern was being addressed in other workstreams. Councillor Richardson reported that the Health, Inclusion and Social Care, Policy and Accountability Committee (HISPAC) would be considering a report from the West London Mental Health Trust at its next meeting. Considering the different workstreams focusing on mental health, Anjita Parkin supported Councillor Richardson's suggestion that HISPAC undertake an analysis of mental health related workstreams and where these were located across the Council and within the Borough, and, to identify the population needs and how these could be addressed.

ACTION: JC/LR/AP to initially discuss, map mental health provision

**and undertake a gap analysis; to evidence workstreams
and where these most effective.**

The following items were noted as potential items for the next meeting of the Board:

- Update on social inclusion and loneliness
- Update on preventative services
- Update on joint health and social care delivery boards
- ASCOF survey report

155. DATES OF NEXT MEETINGS


The next meeting of the Board was noted as Wednesday, 21 November 2018

Meeting started: 6pm
Meeting ended: 8pm

Chair

Contact officer: Bathsheba Mall
Committee Co-ordinator
Governance and Scrutiny
020 8753 5758
Email: bathsheba.mall@lbhf.gov.uk

Agenda Item 4

<p>London Borough of Hammersmith & Fulham</p> <p>HEALTH AND WELLBEING BOARD</p> <p>21 November 2018</p>	
<p>Hammersmith & Fulham Adults Mental Health Service Overview</p>	
<p>Open Report</p>	
<p>Classification: For Discussion Key Decision: No</p>	
<p>Accountable Director: Janet Cree, Managing Director H&F CCG and Lisa Redfern, Strategic Director for Adult Social Care and Public Service Reform</p>	
<p>Report Co-Authors: Martin Calleja, Head of Health Partnerships (H&F); Wendy Lofthouse, Mental Health Commissioning Manager (CCG); and Helen Mangan, Deputy Director for Local Services (West London NHS Trust)</p>	<p>Contact Details: Tel: 020 8753 4832 (Martin Calleja)</p>

1. Summary

- 1.1 At its September meeting, the Health and Wellbeing Board decided to include mental health as a priority in its 2018/19 work programme.
- 1.2 The attached report provides a single and whole system overview of local mental health services for adults aged 18-65 operating in Hammersmith & Fulham.
- 1.3 The report has been prepared in partnership by the CCG, West London NHS Trust and H&F and aims to provide an accessible picture of the structure, cost and performance of local services along with key priorities for improvement. This whole service overview forms part of the approach to strengthening service improvement at a local borough-level.

- 1.4 The report also aims to support the co-ordination and development of resident led co-production for local services. Work is underway to co-ordinate the range of local initiatives that are up and running (as set out in the report) and bring resident representatives into the Joint Mental Health Delivery Board that was established in July 2018.
- 1.5 The report covers the following areas:
- Local needs profile compared against London and national figures
 - National policy and local impact
 - Partnership working and co-production
 - Like Minded – the vision, key ambitions, model of care and service and financial overview
 - West London Mental Health Transformation Programme
 - Details of services, residents, performance and spend in tiers 1-5.
- 1.6 The Board are asked to consider
- The account of local services set out in the report, particularly the key points set out in the executive summary and top priorities for service improvement and development.
 - Further information or analysis they would like to see including specific areas of service that would benefit from a deeper review.
 - How the HWB's future focus on MH services should be developed taking into account our commitment for resident leadership and co-production.

Hammersmith and Fulham Adults Mental Health Service Overview

Prepared by: Helen Mangan, Deputy Director for Local
Services, West London NHS Trust

Elaine Greer, Head of Planned and Primary
Care Services, West London NHS Trust

Wendy Lofthouse, Mental Health
Commissioning Manager, Hammersmith and Fulham CCG

Julia Copeland, Strategic Commissioner,
Hammersmith and Fulham Council

Martin Calleja, Head of Health Partnerships,
Hammersmith and Fulham Council

Contents

Executive summary	3
Section 1 – Background	6
Local needs and context	8
‘Like Minded’ – vision, model of care and financial overview	12
Section 2 – Detail on Like Minded Tiers of Service	17
<i>Funding, performance and service improvement agenda</i>	
Tier 5 - Acute Services	18
Tier 4 - Urgent & Crisis Care	21
Tier 3 - Specialist Community Support Services	24
Tier 2 - Community, Primary and Social Care Services	28
Tier 1 - Healthy Living Services	32
Specialist rehab, residential nursing, and supported accommodation	35

Executive summary (1)

This is a service overview of local adult mental health services in Hammersmith and Fulham. It follows the recent reestablishment of a borough level Joint Delivery Board and sovereign Adult Social Care Department. The overview has two key aims. Firstly to support the strategic development of the local service offer in a joined up way. Secondly it provides a reference point and orientation for everyone with an interest and role to play in shaping the future direction of services. Locally we have made a commitment to put residents at the forefront of our continued efforts and coproduce our agenda for making the very best use of the collective resources we have for mental health services and deliver better outcomes.

The scope of this overview is services for adults aged 18-65. Overviews for Child and Adolescence Mental Health Services (CAMHS) and services for Older Residents aged 65 and over will follow shortly and the relationship between these three areas of service will need to be considered further.

Investment in local mental health services in 2017/18 totalled just under £44m. The CCG are the lead partner for the delivery of mental health services contributing over £35m. The contribution of universal services not within the scope of this specialist investment. Primary care and physical on the NHS side and housing and employment on the local authority side is also vital for the successful delivery of a local service system that is focused on both prevention and recovery. Further additional third sector contributions through volunteering, resident representation and independent fundraising are also significant.

The scale and diversity of mental health needs in the borough and the associated complexity of the local service system that is needed provides a challenge for providing an accessible service overview. There are high levels of need in the borough. We have the 13th highest population of residents with severe and enduring mental illness in the country.

This system reflects the co-produced vision and ambitions of the North-West London strategy that was agreed in 2015. This vision and ambitions remain clear and relevant. The local service offer and work taking place to improve it also reflects the recent national policy context for the development of local services - particularly the Independent Task Forces five year forward view for mental health services published in 2016.

There are some key strengths to the way in which services are working at each tier of the service system supported by a real focus on improvement in some key areas of service. The quality and improvement of discharge from acute settings over the last year has been a major achievement and there have been improvements to what is being offered in the community in urgent and crisis services, early intervention and improving access to psychological therapies

Executive summary (2)

Partners are now working closely together and building the foundations for delivering system wide change. Both well-established delivery arrangements (including the West London Mental Health Local Services Transformation Programme) and more recent developments (including a Joint Delivery Working Group and the Council's Specialist Housing Board) mean that some of the capability needed for further improvement is now in place. There is a collective commitment to co-production with residents and third sector partners and a range of initiatives are up and running to build on.

Challenges:

There are some long standing areas of weaker performance and a need for greater focus and pace for improvement. This includes aspects of social care delivery KPIs, out of hours services and limited public health investment. There is also a need to refocus the services performance management system as it does not offer a means to consider or manage the effectiveness of the whole system in delivering prevention and recovery outcomes. This is what drives demand, costs, and what matters most to residents affected by mental ill-health. Work to provide a view of performance on key areas of service including crisis and assessment and primary care is progressing but is not yet completed.

There is a need to further consider the both the overall levels of investment and balance of spend in the borough, supported by good benchmarking. The balance of spend is substantially skewed to high cost acute and placement services which is limiting what is available in the community to meet the diverse needs of the borough.

Work needs to start right away to support this ambition and the following issues are key;

- Apart from a view of Child and Adolescents Mental Health Services (CAMHS) and update of suicide prevention the current Joint Strategic Needs Assessment provides limited detail on mental health needs and an update is required.
- 60% of spend on services (£26.2m) is on tier 4 and 5 acute services and rehabilitation/placements/accommodation based services and the later element is an overspend pressure for both CCG and Local authority.

Executive summary (3)

- Tiers 2,3 and 4 also cater for those residents with the very highest levels of need or where risk to escalating needs is greatest. They provide urgent care, specialist community support and co-ordinated primary and social care. This accounts for a further 36% of spend (£15.9m). There is a need to more clearly understand how these services work together to both support recovery pathways from acute and placement settings *and* deliver the services that are needed to avoid them and effectively meet needs in the community. A number of related issues are key including flexibility of services to cater for fluctuating needs, creative solutions to support independent living and support for carers.
- The lowest tier (1) of services aim to enable a full and healthy life in the community and provide a service for most residents with low to moderate needs and those residents whose recovery means they no longer need specialist care or support but may need an enhanced primary care response. In Hammersmith and Fulham this tier of service accounts for just 4% of spend (£1.9m) and needs a clear management plan. A key issue is the very low level of public health and third sector investment.
- Resident representation on boards, delivery groups and programmes now needs to be secured with a mandate for co-production to lead on the development of a detailed programme of work to improve the local mental health service offer.

**SECTION 1:
BACKGROUND**

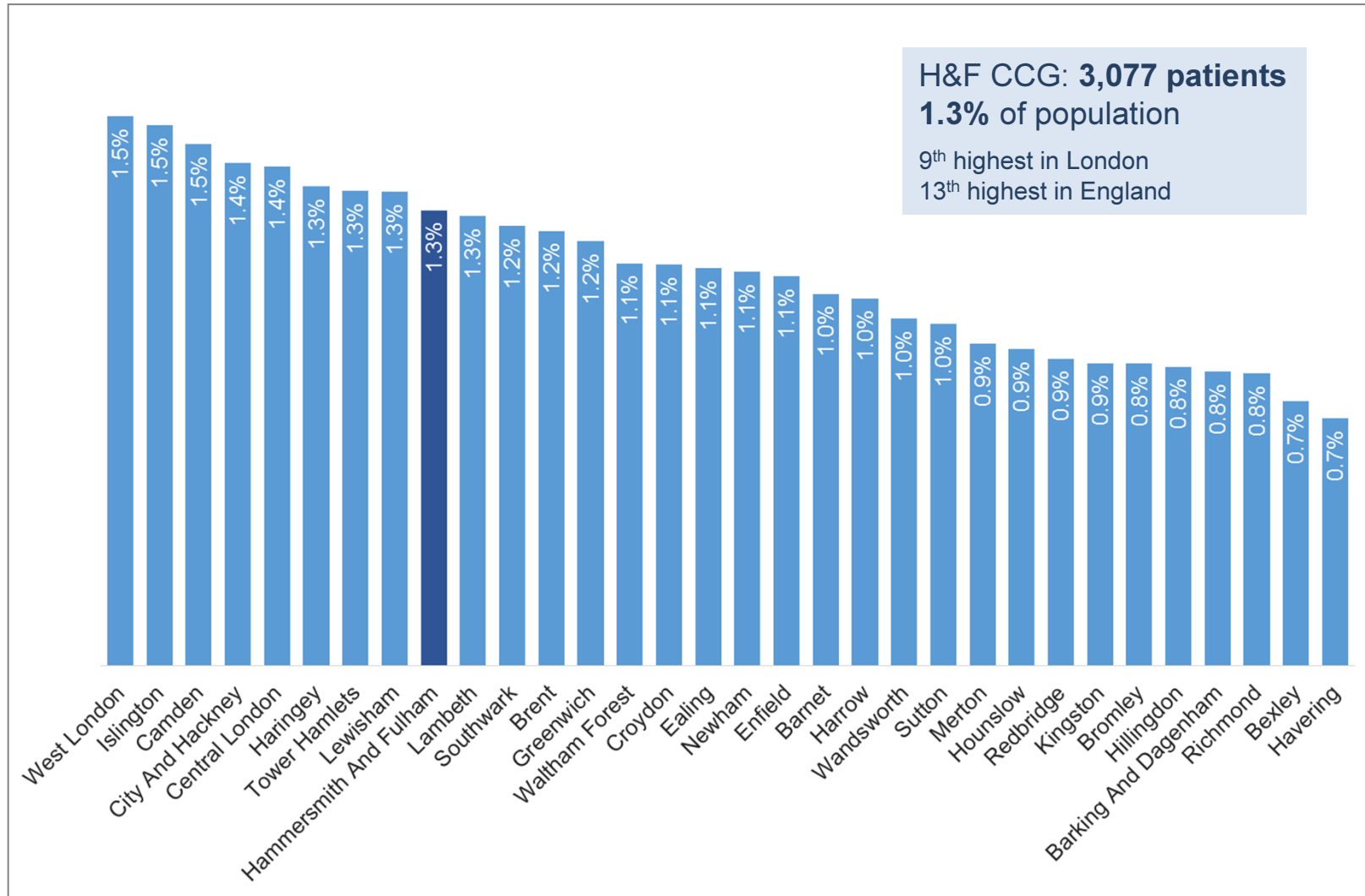
Local needs and context

Joint Strategic Needs Assessment Key Points

- Hammersmith and Fulham had the 5th highest population with **severe and enduring mental illness** known to GPs in the country in Mar 18 (3,077 people). There continue to be challenges supporting those with SMI in maintaining good mental and physical health (e.g. through health checks), being in employment, and being in secure housing. In some cases, patients are being treated in secondary care, when they could be treated in a community setting more efficiently.
- **Common mental illness** such as anxiety and depression affects around 1 in 6 people at any one point in time and is one of the leading causes of disability nationally.
- Levels of funding for the evidence-based IAPT programme have been increasing to meet a target of 16% of prevalence annually. Success of the programme relies on referrals into the service from a number of sources to ensure the service is meeting fair access for all.
- In White City, mental health 'champions' living locally are trained to identify people suffering from mental ill-health and offer them support in accessing mental health services as well as providing ongoing support after treatment.
- A local needs assessment among the **prison population** in Wormwood Scrubs highlighted high levels of poor health exist in the prison (such as mental ill-health, dental health and levels of smoking),
- Regular **patient surveys** are carried out on all **healthcare providers**. The quality of community mental health services (2013) was considered 'about the same' as nationally
- 50% of residents claiming employment and support allowance do so due to mental health problems

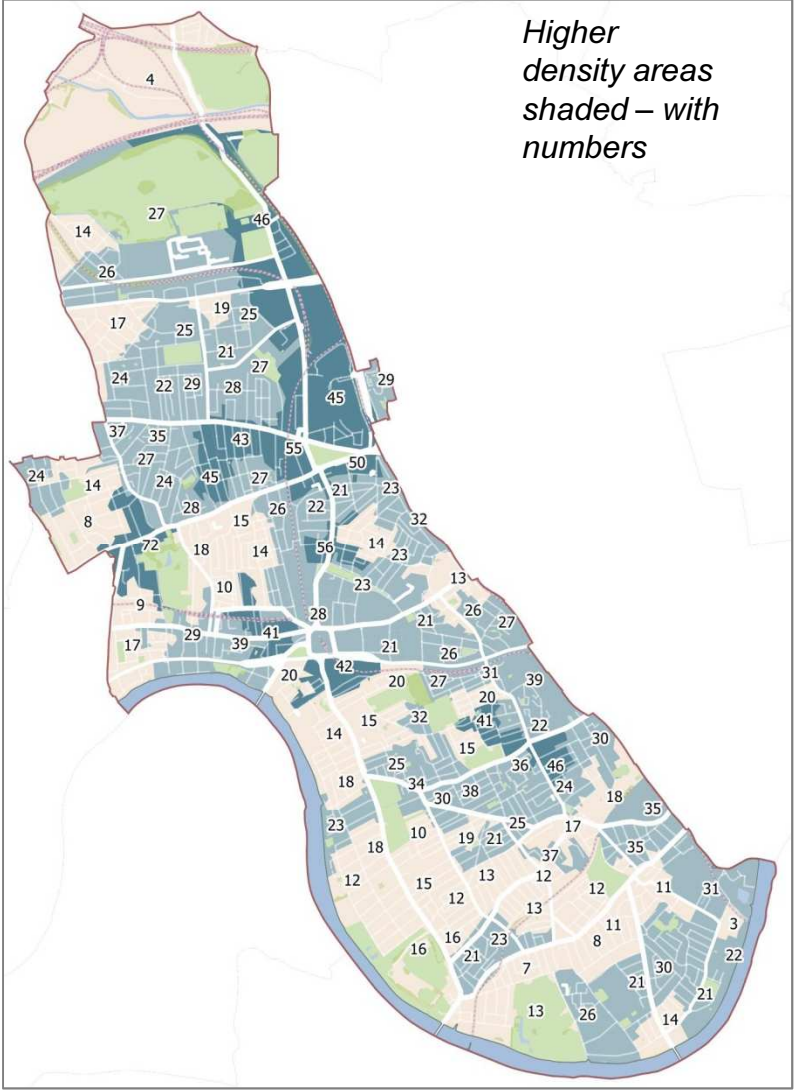
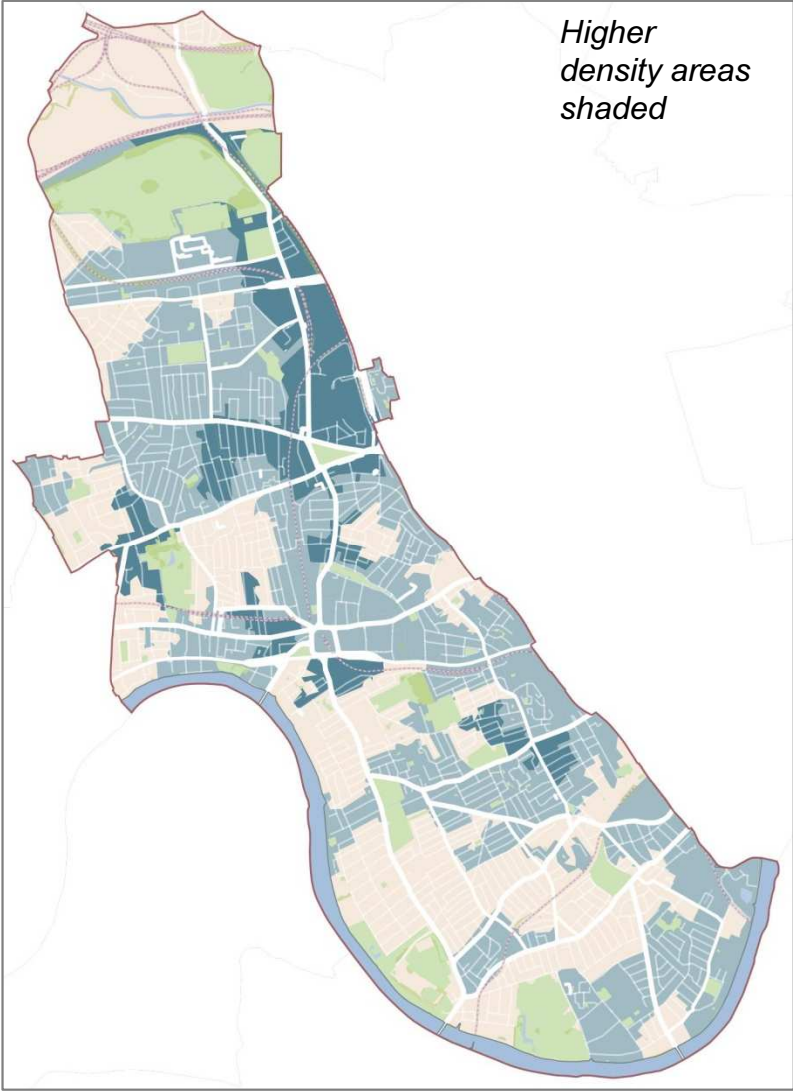
Patients with severe and enduring mental illness, H&F

GP Practice prevalence of severe and enduring mental illness for London CCGs, Mar 18



Patients with severe and enduring mental illness, H&F

SMI register numbers by LSOA - H&F CCG Sep 18



National policy and local implementation

- The Mental Health Investment Standard (MHIS) was previously known as **Parity of Esteem (PoE)** and is the requirement for CCGs to increase investment in Mental Health (MH) services in line with their overall increase in allocation each year. Hammersmith and Fulham CCG has met this standard.
- The CCG has focused on **working towards the delivery of the five year forward view priorities** including expansion of psychological provision for people with common mental health problems focused on people living with long term physical health conditions (IAPT), perinatal services, Early Intervention in Psychosis services, 24hr community crisis care and development of 24/7 Psychiatric Liaison services, a doubling in access to Individual Placement and Support enabling people with severe mental illness to find and retain employment, Suicide prevention, Improvement of Child and Adolescent Mental Health Services (CAMHS) and Improvement of services for Armed service personal.
- The **West London Health Trust Local Services Transformation Programme** was developed to bring together clinical and management leaders from Clinical Commissioning Groups and West London NHS Trust, people with lived experience, including families, friends and carers, voluntary and community service representatives and local authority representatives to deliver improved local mental health services, through co-production. This has eliminated the use of out of area acute mental health beds.
- Healthy London Partnership has developed a London-wide proposal to support the **legislative changes relating to section 135 and section 136 of the Mental Health Act** in the Policing and Crime Act 2017. The proposal specifically relates to health based places of safety (HBPOS) and proposes how a new model of care, could improve the service and experience for those that may need to use a place of safety. It looks at how to improve the provision and quality HBPOS in line with increased demand, and with the view of having 24/7 dedicated centres. The CCG is working with the other NW London CCG's to see how this model could be implemented in NW London.

Partnership Working and Co-Production

There are evolving structures and relationships in place.....

- **H&F Disabilities Commission Implementation Group**; recruitment of lead and team from the local community is now well underway
- **CCG Governing Body Lay Members**
- **Health Watch**; H&F resident committee and wider member network
- **West London Mental Health Recovery College**; peer trainers with lived experience
- **Heads Up (Mind; Ealing and H&F)**; 1000 registered members support the development and improvement of services
- **Making a Difference Alliance**: hosted by Rethink Mental Illness and covering NWL this is an established network for advisors trained in co-production and creative community leadership
- **West London Mental Health Local Services Transformation Programme (H&F, Ealing and Hounslow)**; commission 'we co-produce to lead on co-production to embed it within all work streams
- **H&F Joint Mental Health Delivery Board & H&F Joint Mental Health Working Group**; recruitment of user reps and extending rep to the third sector is underway
- **Contractual and collaborative working relationships with key third sector partners**; including H&F Mind, Richmond Fellowship and Carers Network

..... work is underway to join up and co-ordinate them and realise our commitment for resident **leadership** and co-production – with staff providing a **supporting and enabling** role

Like Minded: Vision

'Like Minded' is a vision and strategy for local mental health services that was co-produced and established in 2015.

The vision is “**for North West London to be a place where people say...**”:

“My wellbeing and happiness is valued and I am supported to stay well and thrive.”

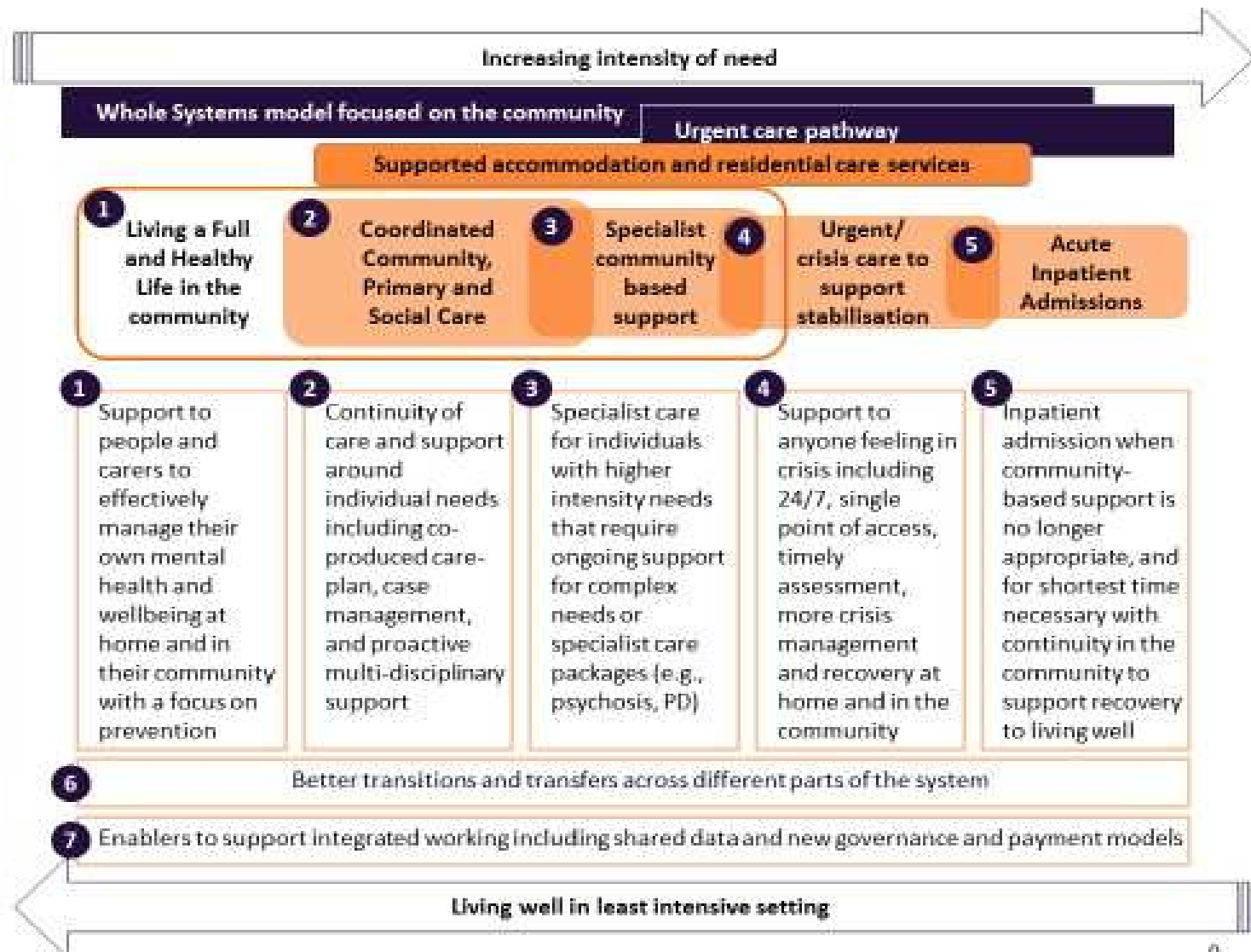
“As soon as I am struggling, appropriate and timely help is available.”

“The care and support I receive is joined-up, sensitive to my own needs, my personal beliefs, and delivered at the place that’s right for me and the people that matter to me.”

Associated key ambitions were defined and are being delivered through the West London MH Local Services Transformation Programme

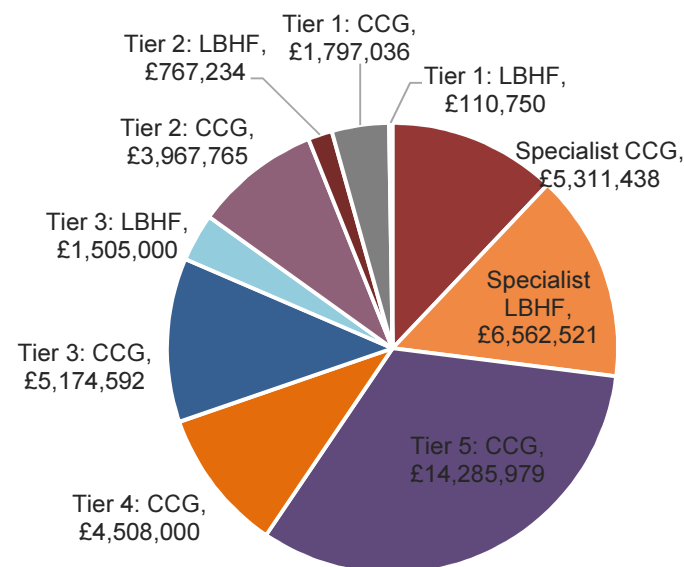
Like Minded: Model of care

- Principles**
- Care and support should be safely provided in the least intensive setting necessary
 - As risk of relapse increases, additional support should be rapidly available
 - Individuals will have needs that simultaneously exist across the system
 - People can seamlessly transition between boxes not just those adjacent (i.e., not a tiered system)



Like Minded: Service and financial overview

Tier	CCG Spend	LBHF Spend
Specialist rehabilitation beds, residential placements, nursing home and supported accommodation	£5,311,438	£6,562,521
Tier 5: Acute inpatient admissions	£14,285,979	-
Tier 4: Urgent and crisis care to support stabilisation	£4,508,000	-
Tier 3: Specialist community based support	£5,174,592	£1,505,000
Tier 2: Co-ordinated community primary and social care	£3,967,765	£767,234
Tier 1: Living a full and health life in the community	£1,797,036	£110,750
Total	£35,044,810	£8,945,505
Total £43,990,315		



West London MH Local Services Transformation Programme

The programme is making good progress in delivering Like Minded priorities, particularly those associated with the Serious and Long Term Mental Health Needs Clinical Model of Care across Hammersmith and Fulham, Ealing and Hounslow. Local borough level arrangements will support continued delivery of these priorities and the wider agenda for local mental health and well being services that is needed.

1. Provide a streamlined adult inpatient service that best meets the needs of the local population and enhances patient experience

- **Embedding** new **standards** that have been **co-produced with service users, carers and staff**
- **Continued flow improvement work to** address blockers and interface issues
- Significantly **improving length of stay, bed occupancy** and **Delayed Transfer of Care** rates

2. Optimise access to urgent care through single point of access (SPA); Provide timely, 24/7 and responsive assessment and care to patients in mental health crisis

- Continue **to implement recommendations** from evaluation of Urgent Care Pathway
- Implemented **24/7 Liaison Psychiatry Service and Crisis Assessment and Treatment teams** and further enhance out of hours crisis access
- Progress local work in terms of **Health Based Places of Safety pathway** changes associated with London Compact as well as London wide site configuration proposals

3. Increase number of patients who have timely discharge from acute (in-patient) care into community/ primary based care

- Continue to **improve interface** between inpatient and community teams and **delayed transfers of care** rates
- Improve **effectiveness of community teams**

West London MH Local Services Transformation Programme

4. Enable transfer of care for patients with stable long term mental health needs into primary care when safe and appropriate

- Continue to **implement Shifting Settings of Care action plan** and achieve trajectories for each borough

5. Undertake an active role in the redesign of the primary, secondary and social care pathways to improve productivity and efficiency

- **Embed the care pathways** in each borough; hence optimizing recovery team caseloads and throughput as well as improving quality/ effectiveness of care

6. Redesign rehabilitation service with increasing community focus

- **Develop and deliver a future model of specialist rehab provision**

SECTION 2:
DETAIL ON SERVICE TIERS

Tier 5: Acute inpatient admissions: Services & funding 17/18

Service	Description	CCG Spend	LBHF spend
Acute inpatient care	West London NHS Trust provide inpatient beds for patients in the most need who cannot be cared for in the community. It has approximately 89 beds in the Hammersmith and Fulham Mental Health Unit which is on the site of Charing Cross Hospital. These beds are also available for Hounslow and Ealing residents. The CCG also commissions other Mental Health Trusts to deliver care for patients who are registered with Hammersmith and Fulham GP's but do not live in the borough	£13,200,000	-
Psychiatric Intensive Care Ward	This is a specialist ward which treats the most complex and acute patients who cannot be cared for on a normal acute ward	£1,039,000	-
Hospital discharge co-ordinator	CCG funded specialist social work post to help facilitate discharges from the Hammersmith and Fulham Mental Health Unit	£46,979	-
Total		£14,285,979	-

Tier 5: Acute inpatient admissions: Residents & performance picture

Profile of residents	Performance
<p>Key numbers: 88 beds at H&F Mental Health Unit on the Charing Cross hospital site; three are specifically for men and one for women. They admit patients from Hounslow and Ealing as well.</p>	<p>On Target:</p> <ul style="list-style-type: none"> • Length of Stay less than 50 days (Target 50%/ current performance 43.8%) • Delayed transfers of Care in September 18 (9.3% within target range) • Occupancy (Target 86%/current performance 85%)
<p>Profile of residents in services:</p> <p>Acute admissions are limited to residents that require a hospital setting due to very high risk, the need for medical stabilisation and/or sectioning under the Mental Health Act 1983. There is normally an clear underlying diagnosed condition such as Schizophrenia or Bi-polar and the resident will be in a state of psychosis and/or extreme distress. The aims is to get them to a more stable and 'medically optimised' position so that their care and support can continue in an appropriate residential or community setting, ideally returning to their own home, as quickly as possible.</p>	<p>Needing Improvement:</p> <ul style="list-style-type: none"> • Readmissions within 50 days (Target 8.8%/current performance 9.8%) • % followed up either by face to face contact or by a phone discussion within 7 days of discharge (Target 95%/current performance 92.9%). • Direction of travel for Delayed Transfers of Care positive but more work required to maintain and consolidate performance.

Tier 5: Acute inpatient admissions: Service improvement agenda

Service developments delivered in last two years

- West London Health Trust is implementing a continuous improvement plan has implemented a full transformation programme which has delivered significant reductions in length of stay, and a reduction in delayed transfers of care. Occupancy levels reduced from 97% in March 2017 to 82% in March 2018
- Inpatient standards co-produced to clarify the expectations of the level of service each inpatient should receive.

On going challenges

- West London Health Trust has a higher number of adult acute beds compared to other Trusts . It has 9.1 adult acute beds per 100,000 registered population significantly over the national mean of 21.1 beds population
- Staff recruitment and retention is challenging and this creates challenges to deliver quality of care required. The use of agency staff to cover vacancies adds a significant financial pressure in the system
- Time needed to embedding significant change and managing the interface across service areas.
- Ward sizes at the Hammersmith and Fulham Mental Health Unit are larger than recommended by the Royal institute of psychiatry
- The West London Mental Health Trust has made significant changes however embedding these changes takes time and sustaining the improvements will require significant amount of effort

Further service and value for money improvement plans

- On-going work to improve inpatient standards, length of stay, occupancy levels and delayed transfers of care and patient flow.
- Environmental improvements to Hammersmith and Fulham mental health inpatient unit.
- Following on from the achievement in reducing occupancy levels and delayed transfers of care further work needs to be undertaken to assess and define capacity needed for bedded and non-bedded service provision
- Embed new standards that have been co-produced with residents using services, carers and staff.

Tier 4: Urgent & crisis care to support stabilisation: Services & funding 17/18

Service		“	LBH&F Spend
Single point of Access Crisis Assessment and Treatment Team. (CATT)	<p>In 2016, a single point of access (SPA) helpline was launched. Patients, carers and health professionals call this helpline for help or advice in a crisis from trained mental health advisors and clinicians, 24 hours a day, 7 days a week, 365 days a year. GPs and colleagues from the police can also call this number to make referrals and seek advice</p> <p>The Crisis Assessment and Treatment Team provides fast and responsive assessment and care in the community for people in a mental health crisis. Since August 2018 it is available 24 hours a day. It can response to emergency referrals within 4 hours and urgent referrals within 24 hours .</p>	£2,908,000	
Psychiatric Liaison services at Charing Cross and Hammersmith Hospitals	<p>This service provides specialist psychiatric assessment and consultation for patients admitted to the hospitals and also people presenting to the A&E department.</p>	£1,600,000	
Approved Mental Health Professional Service	<p>This service is provided by Approved professionals usually social workers. They assess whether people meet the criteria for detention under the Mental Health Act and if needed arrange for a person to be admitted under section to hospital. In H&F there are 11 have ASW status although they also undertake a range of tier 3 work.</p>		£280,000
Total		£4,508,000	£280,000

Tier 4: Urgent & crisis care to support stabilisation: Residents & performance picture

Profile of residents	Performance
<p>Key numbers: <u>Crisis and Assessment Team</u>; It has 3 tiers Tier 1: Alternative to admission. Caseload 30- 44 Tier 2; Urgent psychological interventions Caseload 10-15 Tier 3; Assessment and brief interventions delivered within 7 days: Caseload 60-90 <u>Liaison psychiatry</u>; typical A& E workload per 24 hours; mean 6 referrals with a range of 4-8 per day. Wider caseload in the hospitals; Charing Cross & the Hammersmith. Receives approximately 1285 referrals a year. <u>136 Suite</u>; one room; when occupied any other presentations may be taken to the A&E or another WLT suite</p>	<p>On Target: <u>Crisis and Assessment Team standards</u> are to meet Emergency referral – 4 hours Urgent referrals – 24 hours Routine plus referral – 7 days Other referrals – 28 days No threshold agreed as yet will be monitored going forward <u>Liaison psychiatry</u>; to respond to A&E referrals within one hour of referral. Current performance 89.9%. (target 95%) <u>s136 Suite</u>; Target for all presentations is to meet the completion of the Mental Health act within 24 hours. Mostly meeting this but development of accurate data is needed.</p>
<p>Profile of residents in services: <u>Crisis and Assessment Team</u> Tier 1. residents with severe mental illness who would have been admitted if service not available Tier 2. residents often having psychosocial crisis with high levels of distress Tier 3 . residents who need urgent assessments within 7 days <u>Liaison Psychiatry</u>; seeing people with acute mental illness who present in the ED or on general wards who have mental health symptom/crises as a result of their physical illness</p>	<p>Needing Improvement: <u>Crisis and Assessment Team</u>– Reporting against agreed service standards <u>Liaison psychiatry</u> – to meet the one hour response time out of hours <u>s136</u> – work on the Health based place of safety work to put in place dedicated staff team to deliver required quality of service</p>

Tier 4: Urgent & crisis care to support stabilisation: Service improvement agenda

Service developments delivered in the last 2 years

- Mental health Single point of Access and Crisis Assessment and Treatment Team implemented
- Psychiatric liaison service at Charing cross hospital has received investment to enable it to go 24/7 and allow limited 24 hour crisis support in the community from the CATT team significantly enhancing out of hours crisis service offer.
- The Recovery house (a short term alternative to hospital) in Ealing started admitting Hammersmith and Fulham residents in Summer 2017
- Towards the end of 2016 and early 2017 and evaluation of SPA and CATT services was undertaken. This evaluation is positive and we are working on some of the recommendations to improve these services even further

On going challenges

- Poor quality Health Based Place of Safety service at Charing Cross Hospital. Health - based places of safety are places where ambulance crews or the police can take people who are in mental health crisis; it has no dedicated staffing and continued work with the London Compact is needed.
- No community based alternatives to inpatient admission for example crisis house, café or street triage

Further service and value for money improvement plans

- Review of SPA undertaken and plans in place to implement recommendations including additional training of staff , imbedding learning from feedback, integrating pathways and Joint working with third sector, police, GP's and carers
- Common data set and outcomes to be developed across NW London to be able to benchmark performance
- Healthy London Partnership have developed proposals to support the legislative changes relating to section 135 and section 136 of the Mental Health Act in the Policing and Crime Act 2017. The proposal specifically relates to health based places of safety (HBPOS) and proposes how a new model of care. A business case is being developed to implement model across NW London.

Biggest opportunity to improve outcomes for residents

- Expansion of crisis services to incorporate a community crisis café and /or street triage to reduce demand on spend on acute and placement services

Tier 3: Specialist community support: Services & funding 17/18 (1)

Service		CCG Spend	LBHF spend
Community Mental Health Team- locally named Recovery Team	This is a specialist team made up of psychiatrists, nurses , psychologists, Occupational therapists and social workers who provide specialist support to people with serious and long term mental health problems in the community Its current caseload is 2,113 service users	£3,444,000	£1,505,000
Early Intervention Team	This team offers specialist support to people with first episode psychosis (the most severe mental illness) between 18-35 years old. It is one of the key priorities of the mental health Five Year Forward View (FVFY)	£774,000	
Employment support Service	This service provides intensive interventions to support people with serious mental health problems back into work. It is delivered by Richmond Fellowship charity and is now part of of new Employment and Wellbeing service commissioned from October 2018. it provides the model of employment support recommended in the FYFV.	£158,446	
Recovery college and vocational workers	The recovery college offers tailed courses like Mindfulness and managing anxiety and depression to people in the Recovery Team and those discharged in the last 2 years. The Vocational staff mainly Occupational therapists offer vocational support for service users in the Recovery Team	£209,000	
Psychotherapy service	Offers very specialist long term psychodynamic therapy and consultation service	£ 409,920	

Tier 3: Specialist community support: Services & funding 17/18 (2)

Service		CCG spend	LBH&F spend
Peer support service	People with lived experience of mental health problems supporting service users in the community mental health team.		£81,501 (reduced to £40k in 2019-20.
Perinatal Mental Health Service	A team of psychiatrists, nurses, psychologists and social workers who treat women with mental health problems who are pregnant up until the baby is 12 months old. This provision was a key government priority outlined in the FYFV.	£107,000	
Dual Diagnosis Post	A specialist worker who works with people with mental illness and substance misuse difficulties	£25,250	£25,250
Hospital Liaison Post	A social worker who provides liaison support between the hospital and community	£46,976	
Total		£5,174,592	

Tier 3: Specialist community support: Residents & performance picture

Profile of residents	Performance
<p>Key numbers:</p> <ul style="list-style-type: none"> • <u>Recovery Team;</u> Caseload of 2113 people • <u>Perinatal Team;</u> 208 referrals have been received within the first 8 months of the service • <u>Early Intervention in Psychosis team;</u> caseload of 117 • <u>Primary Care Mental Health Team;</u> Caseload of 136 • <u>Ellerslie Centre;</u> 60 Registered users but average attendance at groups 18 and in drop in 13 	<p>On Target:</p> <ul style="list-style-type: none"> • <u>Discharges from Recovery team to Primary Care Team.</u> Teams are meeting the targets to enable transfer of care for patients with stable long term mental health needs into primary care when safe and appropriate. Target 218 people which was met • <u>Early intervention in Psychosis;</u> current performance to meet completed assessment in two weeks of referral is 72.7% • <u>Percentage of adults in contact with secondary mental health services in paid employment</u> 6.3 & against target of 5%
<p>Profile of residents in services:</p> <ul style="list-style-type: none"> • <u>Recovery Team;</u> The service works with people with complex serious mental illness who need care co-ordination and follow up over a longer period of time • <u>Perinatal team;</u> The service works with mother who are due to and have just given birth who have serious mental illness • <u>Primary Care Mental Health Team;</u> The service orks with GPs with people who have emerging mental illness and those with stable serious mental illness 	<p>Needing Improvement:</p> <ul style="list-style-type: none"> • <u>Percentage of adults in contact with secondary mental health services living independently</u> is 71% against a target of 73% • <u>Percentage of people and carers who have an assessment/review of their needs in the last 12 months</u> performance is 61.6% and 46.2”% respectively against 90% targets • <u>Perinatal team;</u> need to secure recurrent funding to ensure service continues to treat women up to 12 months post birth • <u>Early Intervention in Psychosis;</u> need to start monitoring outcomes against NICE standards for care packages and expand to all age currently only 18-35

Tier 3: Specialist community support: Service improvement agenda

Service developments delivered in the last 2 years

- Peer support- A new re-ablement focussed service model was introduced in October 2018
- Employment services retendered and integrated into Employment and wellbeing service
- The Perinatal service is newly set up and offered support to over 112 mothers in the first 8 months of the service. Expanded to cover women up to 12 months post birth in October 2018
- Specific mental health condition pathways implemented in the recovery team to improve quality of care. These outline the treatments and interventions a service user can be offered.
- As part of the West London Trust transformation programme targets were set to transfer patients who no longer needed secondary care to primary care. The target was met transferring 218 patients last year

On-going challenges

- High caseloads in Recovery team with long length of stay
- New cases of psychosis are 42.7 per 100,000 population - higher than London average and double that of England.
- The Early intervention in Psychosis team is currently only for people aged 18-35 but the FYFV requires areas to have an all age service
- Ensuring that the physical health needs of people with serious mental health problems are met
- Ensuring that Carers receive a carers assessment
- Embedding recovery focused culture and reducing lengths of stay in Ellerslie Centre

Further service and value for money improvement plans

- Embedding mental health specific pathway in Recovery team and improve efficiency , effectiveness and flow.
- Work towards reducing caseloads to national average (taking into account needs)
- Older adults with functional illness are treated in the Recovery Team. This model is not recommended due to their different needs functional + complex physical health care. Plan to create older peoples team being developed

Biggest opportunity to improve outcomes for residents

- Improved pathway management: faster and more effective recovery to enable people to be treated in primary care.

Tier 2: Coordinated community primary & social care: Services & funding 17/18 (1)

Service		CCG Spend	LBH&F Spend
Primary Care Mental Health Service	The service consists on 4 Community Psychiatric nurses and team Leader who offer enhanced support for people with serious mental health problems in primary care	£265,369	
Improving access to psychological therapies (IAPT)	Offers psychological interventions to people with mild to moderate mental health problems.	£2,913,490	
Home Care packages	Provides home care for social needs in peoples Own home		£310,830
Service User Engagement service called 'Heads up'	The group is commissioned to organise service user forums and support individuals to participate safely and effectively in commissioning processes to review/re-design services and/or feedback their experiences of services. It gathers a broad views of people using mental health services using a variety of methods.	£90,000	

**Tier 2: Coordinated community primary & social care:
Services & funding 17/18 (2)**

Service	CCG Spend	LBH&F Spend
<p>Employment, day care and advice services delivered by MIND, Barons court and Mental Health Matters</p>	<p>CCG funded services are now part of Employment and Wellbeing service delivered by Richmond Fellowship from Oct 18. This service offers signposting and advice, employment support a programme of recovery groups and individual recovery support activities.</p> <p>LBHF funding mainly relates to the directly provided Ellerslie Day Centre that provides a rolling recovery programme and drop in service.</p>	<p>£503,616</p> <p>£210,000</p>
<p>Ellerslie centre</p>	<p>A centre for people with serious and long term mental health problems. Runs recovery groups 3.5 days a week and drop-ins 1.5 days a week.</p>	<p>£220,087</p>
<p>Personal Budgets and Direct payments</p>	<p>Payments made directly to person or carer to purchase own care package</p>	<p>£246,394</p>
<p>Total</p>	<p>£3,967,765</p>	<p>£767,234</p>

Tier 2: Coordinated community primary & social care: Residents & performance picture

Profile of residents	Current Performance
<p>Key numbers:</p> <ul style="list-style-type: none"> • IAPT : Referrals received IAPT in 17/18 – 4,474 • Primary Care Mental Health Team: Caseload is 167 and it receives approximately 40 referrals a month • Home Care: in 17/18 between 58-35 packages of care. Most are under 7 hours a week, with 2 currently over 28 hours. • Direct Payments and Personal Budgets: • Between 20-23 people per month in receipt of a Direct Payments. Average cost of Personal Budget £179 to £211 	<p>On Target:</p> <ul style="list-style-type: none"> • There is a need to develop the performance management system for this tier of service • Direct Payments: Number of people who receive a direct payment. Performance 18.6% against a target of 31%
<p>Profile of residents in services:</p> <p>Residents receiving this tier of service are largely made up of two groups. Those with long term, enduring needs where a level of recovery and stabilisation has been achieved and Those with mild to moderate needs that require focused psychological intervention</p>	<p>Needing Improvement:</p> <ul style="list-style-type: none"> • IAPT: Need to increase access to IAPT to meet government target 25% by 20/21 • Direct Payments Increased uptake

Tier 2: Coordinated community primary & social care: Service improvement agenda

Service developments delivered in last two years

- IAPT has been expanded treat patients with anxiety and depression and physical health problems. It is successfully treating patients with a range of conditions. There are 7 psychological wellbeing practitioners in 3 GP surgeries and therapists in respiratory and Bariatric outpatient clinics.
- Launch of the Employment and Wellbeing service from October 2018 . This will offer a single point of access to employment and wellbeing services to streamline the system . Demand and performance will be actively monitored.

On going challenges

- Hammersmith and Fulham have a less developed Primary Care Mental Health service compared to other boroughs with no social work input or consultant psychiatric resource
- New Employment and wellbeing service excellent addition to the borough but it will have challenges meeting the demand
- There are challenges transferring patients from secondary care to primary care due to limited resources in primary care
- FYFV target is to expansion IAPT from 16% to 25% of people with common mental health problems. Access by 20/21

Further service and value for money improvement plans

- Low numbers of people in receipt of Direct Payments. Need to develop home care packages to support people to move from more intensive settings to living in the community.

Biggest opportunity to improve outcomes for residents

- Improved pathway management: faster and more effective recovery.
- Improved choice and creativity in service solutions.

Tier 1: Living a full and health life in the community Services & funding 17/18

Service		CCG Spend	LBHF spend
Out of hospital mental health GP contracts.	This is the additional payments given to GP's to provide enhanced levels of service for people with severe mental illness or people with complex common mental health problems	£303,634	-
Primary Care prescribing	This is the amount the CCG spends on prescribing the most common drugs used to treat mental health problems	£1,359,440	-
Public Health and wellbeing programmes	Opportunity for All - £14,520k CALM (campaign against living miserably)- £8,73. Focused on reducing male suicide		£23,250
Mental health Advocacy	This is provided by MIND for people who are inpatients and in the community. The Local Authority have a statutory duty to provide advocacy	£133,962	£75,000
Total		£1,797,036	£110,750

Tier 1: Living a full and health life in the community
Residents & performance picture

Profile of residents	Current Performance
<p>Key numbers: The number of annual reviews for people with severe and enduring mental illness 1,535 equating to 64% of this population 14,199 residents (7.5% of population) were prescribed anti-depressants between March 2018 - August 2018 . This provides a crude estimate of the number of residents with lower level mental health needs that require support from universal services.</p>	<p>There is a need to develop the performance management system for this tier of service</p>
<p>Profile of residents in services: This wide group of residents includes people who manage their mental health problems without accessing to specific mental health professionals</p>	<p>There is a need to develop a strategy for reducing the level and cost of prescribed drugs. This would need to look at the underlying issues that lead to a variety of issues including depression and anxiety and opportunities for time limiting drug use.</p>

Tier 1: Living a full and health life in the community

Service improvement agenda

- Improvements delivered in last 2 years**
- A new service specification outlying the enhanced service that GP's can provide has been developed. This will enable patients to have longer more regular appointments in primary care
 - In 2016/17 the CCG commissioned a 3 year rolling programme of suicide prevention training face to face, e-learning and train the trainer which was delivered to GPs and Voluntary Sector. It is part of the NW London suicide prevention network and working with public health developing the H&F multi-agency suicide prevention plan.

- On going challenges**
- Very limited public health investment in mental health
 - Empowering people to make healthy lifestyle choices enhancing their physical and mental wellbeing
 - Helping people make connections and reducing social isolation

- Further service and value for money improvement plans**
- Mental Health advocacy services and user involvement services to be reviewed to ensure that the model commissioned meets the needs of local residents

- Biggest opportunity to improve outcomes for residents**
- Maximising the value of universal services to support independent living.
 - Co-producing strategies to reduce loneliness and develop resilience in population

Specialist rehab beds, res. nursing home & supported accommodation
Services & funding 17/18

	Unique no. people	H&F CCG spend	LBHF spend	Total Spend
Specialist rehabilitation beds.	39	£3,222,743.42	£ -	£3,22,743.42
Residential and Nursing- fully CCG funded	31	£1,292,784.67	£ -	£1,292,784.67
Residential - Fully LBHF funded	113		£3,950,098.00	£ 3,950,098.00
Residential and Nursing Care Joint Funded	77	£1,457,941.97	£1,390,770.48	£2,848,712.44
Supported accommodation out of borough- Fully CCG funded	2	£112,286.05	£ -	£112,286.05
Supported accommodation Out of borough- Fully LBHF funded	16		£462,867.00	£462,867.00
Supported accommodation Out of Borough- Joint Funded	9	£97,697.84	£83,895.44	£181,593.29
Supported accommodation In borough Joint Funded	131	£80,260.00	£1,707,700.00	£1,787,960.00
Total	418	£6,261,713.95	£7,595,330.92	£13,857,044.87

Specialist rehab beds, residential. nursing home & supported accommodation Residents & performance picture

Profile of residents	Current Performance
<p>Key numbers:</p> <ul style="list-style-type: none"> 418 residents are currently residing within accommodation based services that range from very high cost and secure services to low level floating support in the community. 	<ul style="list-style-type: none"> Services are subject to national Care Quality Commission and other local standards frameworks. The performance management focus is on exception management where there are concerns – including those identified through annual reviews. Throughput and move on are major issues and housing needs are driving a significant level of referrals into and extended use of services.
<p>Profile of residents in services:</p> <ul style="list-style-type: none"> Services are provided for residents with needs across tiers 2, 3 and 4. 	

Specialist inpatient rehab beds, residential, nursing home & supported accommodation Service improvement agenda

Improvements delivered in last two years

Reduction in length of stay of block commissioned rehabilitation beds and reduction of the number of open rehabilitation beds used.
Supported accommodation throughput improved in 2017-18 compared to previous year. Better partnership working with key stakeholders including the safer neighbourhood teams and substance misuse

On-going challenges

A significant proportion of the LA and CCG spend is on placements and rehabilitation beds. The CCG is an outlier in number of rehab beds it commissions per 100,000 population. It is the 174th highest commissioner out of 221 CCG's.
Mix and level of support offered in the current supported accommodation does not meet local need
The CCG and LA budgets for rehabilitation and residential accommodation are overspent and are rising rapidly year on year.
Reducing dependency and spend on these services which requires increased contributions from universal services and investment in specialist community based support – at a time when there are overspend pressures on both health and social care budgets.
Whilst CCG investment on supported accommodation is lower than in Kensington and Chelsea and Westminster the total share of health investment across the whole service portfolio is 45% which is comparable to K&C (46%) and much higher than in Westminster (26%). The total spend and whole portfolio of services needs to be developed through as a joint commissioning priority.

Further improvement plans and areas for development

Move-on action plan in place. to increase throughput for supported accommodation and rehabilitation beds – this is being overseen by the Specialist Housing Board established in August 2018.
Re commissioning of in borough supported accommodation presents an opportunity to develop new models including Housing First, Homeshare.

Invest to save opportunities

The whole service portfolio needs to be reviewed to identify opportunities for reducing the levels of and time needed for these services. This will require improving the housing, specialist community support and universal services offer (particularly housing, primary care and employment services) and putting recovery at the very forefront of assessment, review and case management.
Opportunity to develop an in borough innovative supported accommodation scheme with enhanced levels of housing support and dedicated mental health professional input. This would enable patients to be brought back from expensive out of borough placements reducing costs, improving quality of care and enabling people to be cared for in their local communities close to family and friends

ANNEX : Hammersmith & Fulham CCG

Local information and implementation plans for Hammersmith & Fulham CCG and Hammersmith & Fulham London Borough Council

1. Summary 2017/18

Hammersmith and Fulham is a small, but densely populated and vibrant borough in West London. The population is unusual in that it has a large proportion of young working age residents, high levels of migration in and out the borough, and ethnic and cultural diversity. Rich and poor live side by side, creating inequalities within small geographical areas.

Approximately 34,000 children and young people (CYP) live in Hammersmith and Fulham, making up 18% of the population, and 28,000 attend schools in the Borough. 1 in 10 children, or up to 3 young people in each school class, may at some time experience poor mental health in line with national prevalence rates. Prevalence by mental health disorder is close to or at the National and London average.

Whilst many residents are very affluent, there are also residents with poorer health in the areas predominantly focused in the North of the borough. These residents experience large health inequalities compared to the rest of the borough.

32% of CYP are from a BAME background and 29% of children under-16 in Hammersmith and Fulham live in poverty where there are higher referral rates to Child and Adolescent Mental Health Services (CAMHS) from GPs and schools.¹ We face many challenges, namely, the existence of entrenched health inequalities within our communities; with higher than average levels of child poverty. Local CAMHS data shows that BAME CYP access services less, and schools often report difficulties engaging parents because of a lack of available language support.

A 2016 Anna Freud Centre report found that access to mental health services within schools is a "post code lottery". Local CAMHS referral rates reveal that BAME CYP access services less. Youth offending rates for first time entrants is 142% higher than the London average. One third of young people in the youth justice system are estimated to have a mental health problem.

Our recent Joint Strategic Needs Assessment (JSNA) into Children with Special Educational Needs and Disabilities (SEND) shows that there are 3,257 pupils in Hammersmith & Fulham schools who have a special educational need (16% of school population). 5,060 children and young people in the Hammersmith & Fulham CCG boundary (9% of 0-25 CCG population) are known to their GP to have a SEND need (a higher figure than above due to including young people up to the age of 25). There are 3,900 children aged 3 and 4 that are benefitting from funded early education in Hammersmith & Fulham. Of these, 0.7% have an EHC plan and 8.1% are receiving SEN support. There are significantly more boys than girls with an EHC plan and SEN support, in line with London and UK.¹

HF has 125 CYP with Child Protection plans and 250 LAC.

¹ London Borough of Hammersmith and Fulham and Hammersmith and Fulham Clinical Commissioning Group, Children and Young People with SEND, Joint Strategic Needs Assessment Report, 2018.

1.2. Gaps in the current CAMHS provision

(a) Early Intervention

In order to support local CYP we need to increase provision at an earlier age and stage, particularly in regards to our support in schools and colleges. Our provision and resources are disproportionately skewed towards higher levels of provision. The British Child and Adolescent Mental Health Surveys in 1999 and 2004 found that 1 in 10 children and young people under the age of 16 had a diagnosable mental disorder, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age. 50% of mental health problems are established by age 14, and 75% by age 24. Despite excellent examples of promotion, prevention and early intervention work, our current mild to moderate provision through Primary Mental Health Workers (PMHW's), Child Welfare Practitioners (CWP's), and Voluntary Sector Providers is variable and should be more coordinated. Total investment continues to be low relative to need.

To address these gaps H&F CCG have undertaken an evidence based review of local provision, mapped in school provision, including direct school spend on EMWH (pupil premium). H&F CCG have made the introduction of a coordinated and enhanced early intervention and prevention offer a priority for the year ahead.

(b) Vulnerable Groups

While our support and provision for vulnerable groups improved in 2017/18, and continues to do so in 2018/19, we continue to have gaps in provision. H&F CCG are working together with our partners to provide more effective support for those children and young people with Child Protection Plan's (CPP's), Looked After Children (LAC), victims of Child Sexual Abuse (CSA) and those young people in the criminal justice system. For those with autism (ASD) and/or a Learning Disability (LD), the local system needs to be more joined up and operate at an earlier age and stage to be more effective. There is a specialist behavioural support gap in the H&F system. Delivering on these goals is at the heart of the Hammersmith and Fulham Joint Autism Strategy.

(c) Health Inequalities

Access to mental health services continues to be inequitable with lower access rates for BAME residents and poor outcomes for those in areas of high deprivation. H&F CCG are monitoring access to services and provision, and have taken action in 2017/18, and in the current year, to begin to address these deep seated inequalities. Specifically, we have introduced online counselling service Kooth which has a high take-up from BAME CYP, and this year refocused our transformation funded providers on schools and colleges with high-levels of need and deprivation.

1.3. Our Vision

Our vision is that by 2020, every child and young person in Hammersmith and Fulham is effectively supported in their mental health and wellbeing by: being able to access service at the right time, be seen in the right place, and access the right offer in a welcoming environment.

To achieve this H&F CCG will:

- Put children and young people and their families and carers at the heart of our service development.
- Ensure every child and young person has access to local help and support that promotes emotional wellbeing and builds resilience.
- When mental health issues do arise, that there is effective early help and intervention in schools and local communities that can be easily accessed, building confidence and supporting self-management, and that we have an easy to navigate system in place delivered by joined up services which are multi-agency.
- Work collaboratively with the Local Authority, partner agencies and other stakeholders.
- Foster a holistic approach to intervention; enabling children and young people to access appropriate support, no matter where in the system they access care.

In 2018, public services are facing unprecedented financial challenges, and to deliver our vision it is more important than ever that we work in partnership across sectors, and that resource is invested to support more children and young people at an earlier stage before their needs escalate.

2. Key Priorities 2018/19

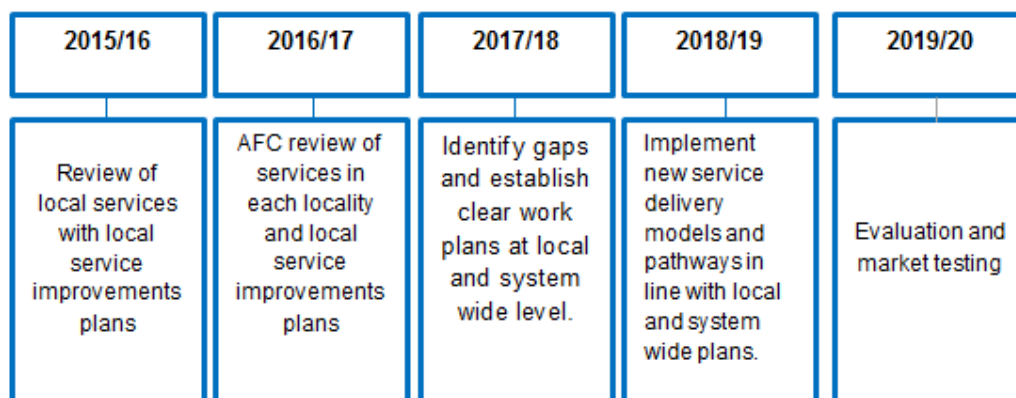
Within Hammersmith and Fulham we have 4 main areas of focus for CAMHS transformation in 2018/19 and beyond:

1. To continue to redesign children and young people's mental health services, with a focus on enhancing our early intervention and prevention offer.
2. To focus and enhance support for young people who are particularly vulnerable.
3. To further reduce waiting times to meet the planned 4-week target.
4. To further develop our model for crisis care.

Road Map and Approach

In 2017/18, H&F CCG's focus was identifying gaps, establishing clear work plans, and piloting models of provision both individually and together as 8 CCG's as part of the North West London collaborative.

In 2018/19, H&F CCG has begun to implement new service delivery models and extend provision following the outcome of largely successful pilots and initiatives and introducing system wide approaches.



3. Transformation Funding Allocation (anticipated) 18/19

CCG	Eating Disorders 17/18	Transformation Plan 18/19
H&F	£106,000	£421,000

4. Total Local Investment

	Hammersmith and Fulham Clinical Commissioning Group with WLMHT	H&F Local Authority	CAMHS Transformation including Eating Disorders and waiting list initiatives	Totals
15/16	£2,010,863	£522,680	£352,918	£2,886,461
16/17	£2,010,863	£562,180	£428,932	£3,092,975
17/18	£2,010,863	£574,996	£527,000	£3,112,859
18/19	£2,010,863	£574,996	£527,000	£3,112,859
Totals	£8,043,452	£2,234,852	£1,835,850	£12,205,154

CAMHS transformation spending includes spending on NW London Priorities and enablers.

5. Local Implementation of North West London Priorities

This is spending by NW London priority and does not include spending on enablers (co-production and workforce development).

Priority	Achievements 2017/18	Next Steps
<p>Eating Disorders</p>	<p>Total Investment 2017/18 : £106,000</p> <p>The West London Mental Health Trust (WLMHT) CAMHS Community Eating Disorders Service for children and young people was launched on 1st April 2016. The service has 8.8 Full Time Equivalent (FTE) staff. Young people can self-refer and will be seen within 1 week if urgent, and within 24 hours in an emergency. In 2017/18, there were 115 accepted referrals (Up from 85 in 16/17).</p>	<p>Total Investment 2018/19 : £100,744</p> <p>H&F CCG monitor and review the service to ensure that our providers are delivering the best possible service to the children and young people of Hammersmith and Fulham.</p>
<p>Waiting Times and Redesigning the System²</p>	<p>Total Investment 2017/18 : £234,437</p> <p>Waiting Times</p> <ul style="list-style-type: none"> • H&F CCG have undertaken a review of local CAMHS staffing, activity and productivity. • Over the last two years, waiting times for specialist CAMHS have fallen through considerable work by WLMHT and supported by CCG funding from transformation. This has enabled WLMHT to consistently meet the access target and 18 week target for referral to treatment. We still have too many CYP waiting between 5-11 weeks and over 11 weeks for treatment. 	<p>Total Investment 2018/19 : £224,000</p> <p>Waiting Times</p> <p>H&F CCG have a multi-pronged plan to reducing waits further and increasing access to Specialist (Tier 3) CAMHS. Our goal is to consistently and sustainably achieve the 4-week waits target through:</p> <ul style="list-style-type: none"> • Supporting productivity measures and CAPA informed working within H&F CAMHS • Implementing a CAMHS Early Intervention Strategy which will redirect need to earlier age and stage services, refocus Community CAMHS on casework within school, and work in partnership with referrers to enable them to make appropriate and timely referrals.

Average Wait for first and Follow Up Appointments	Fiscal Year	Tier 2 (days)	Tier 2 (weeks)	Tier 3 (Excl. NDS days)	
REF TO 1 ST FTF	2017/18	37.22	5.32	38.06	<ul style="list-style-type: none"> H&F CCG have expressed an interest with WLMHT in participating in the 4-week waiting times pilot and being a Trailblazer site.
REF TO 2 ND FTF	2017/18	63.60	9.09	79.03	<ul style="list-style-type: none"> Continued funding and increased capacity for CAMHS NDS Team and new Transitions Practitioner post (Please see 'Vulnerable Groups' section for more details on funding commitment). As a result of Rethink Mental Illness' CAMHS accessibility report, WLMHT proposing introduce text reminders for CAMHS appointments during 18/19 which should reduce DNA rates. H&F CCG commissioned a Service User Participation and Co-production Manager to work in H&F CAMHS to enable the service to better understand and meet the needs of Children and Young People. In 2018/19, WLMHT are to continue the work initiated in 17/18 and increase the number of psychiatrists and psychologists in the borough. This will help reduce the waiting times for specialist assessments and treatments for CYP with LD and ND.

² These two priorities have been combined as each depends in large part on the other.

	<p>Redesigning the System</p> <p>We have continued to place meeting the needs of CYP at the centre of our service design and provision and to move away from tiered services. To this end we have adopted the Thrive Model which was recommended to us by the Anna Freud Centre in their Hammersmith and Fulham CCG Final Needs Analysis Report.³</p> <p>We have continued to foster a culture of collaborative working with the Local Authority, across agencies and stakeholders to reduce fragmentation in commissioning and service delivery. Our key mechanisms have been:</p> <ul style="list-style-type: none"> • Hammersmith and Fulham Stakeholder Alliance Meetings, which have been enhanced through issue and service focussed meetings; • Regular consultation and co-production with Parentsactive, a support network for families of disabled children (0-25) living in the London Borough of Hammersmith and Fulham; • On-going co-production with CYP, their families, and other stakeholders on transformation plans, service reviews and needs assessments through Rethink Mental Illness and their Young Mental Health Champions. In 2017/18, we engaged 101 local CYP, 35 parents and carers, and 213 professionals in Hammersmith and Fulham. The diagram in Appendix 1 shows our co-production 	<p>Redesigning the System</p> <ul style="list-style-type: none"> • We have established a joint commissioning Board between the CCG and the newly sovereign Local Authority in order to improve our joint planning and service delivery. • Providing an effective early intervention and prevention service is a joint CCG and LA priority. We are currently in discussion with the LA, CAMHS and voluntary sector partners about enhancing, refocusing and coordinating EWMH support in schools and the community. We plan to have a new more coordinated and equitable offer agreed by the end of the current financial year. • During 2018/19, we plan to re-specify the Community CAMHS service to provide more effective and equitable support in schools. • We have refocused the low-moderate interventions in schools, provided by our voluntary sector provider MIND onto schools in areas of high-need in the North of the borough. • Our plans and approach will be significantly informed by the outcome of our Trailblazer application for a Mental Health Support Team (MHST) in H&F to work directly in schools and colleges, and outreach to vulnerable groups of pupils. • H&F CCG have re-focussed Health Education Partnership to identify, support and train Senior Mental
--	--	--

³ Final Report Children and Young People's mental health and well-being system review , Anna Freud National Centre for Children and Families, October 2016.

	<p>activity for Hammersmith and Fulham against the Thrive framework of need.</p> <ul style="list-style-type: none"> H&F CCG have re-commissioned the digital counselling service Kooth, following its successful pilot. It is now available to all secondary school children in Hammersmith and Fulham. <p>Kooth is used by 75% of CYP outside standard hours (9am-5pm). Further the service helps us address health and access inequalities as 64% of users are from BAME communities; against just 16% who access specialist CAMHS.</p> <p>We have also piloted providing Kooth in another area (through non-transformation funding) to care leavers and our evaluation revealed strong take up. Kooth will now be available to Care Leavers in H&F.</p> <ul style="list-style-type: none"> In 2017/18 the Community CAMHS team established a named clinician for all schools in the Borough. H&F CCG extended and enhanced provision for early intervention and prevention through voluntary provider Mind in local schools and colleges. Mind's 'Be Kind to Your Mind' team delivered services in 15 schools locally with strong outcome measures across all areas. The integrated programme is comprised of Learn Well psychoeducation, wellbeing advice, mentoring, and creative psychotherapy. Additionally, MIND provided Mental Health First Aid Youth workforce 	<p>Health Leads in local schools in preparation for the national rollout of measures in the Green Paper. Training will include Mental Health First Aid Youth as well as effective triaging and referrals.</p> <ul style="list-style-type: none"> Further schools in high-need areas will be targeted to receive the initial HEP 'Bronze award' setting a minimum standard of EWMH capacity and capability for local area education settings. H&F CCG are planning for a long-term CAMHS role in GP hubs, and elsewhere in the community, building upon the experience of our pilot alongside the Connecting Care for Children programme (CC4C) elsewhere in the tri-borough. We have re-commissioned the digital counselling service Kooth for a further year two years. We plan to materially improve access and usage of the service through a concerted campaign with the provider Xenzone and local partners and have established a robust shared communications plan to deliver. H&F CCG are also in discussion with Xenzone about directly integrating the online service with CAMHS and voluntary sector providers to provide more effective support to Hammersmith and Fulham children and young people, in what would be a ground-breaking partnership. We appointed a Service User Participation and Co-production Manager to make local CAMHS more responsive to meet the needs of Children and Young People.
--	--	---

	<p>training.</p> <ul style="list-style-type: none">• To enhance our early intervention and prevention offer in schools, H&F CCG commissioned the Educational Psychology service to train 24 Teaching Assistants in schools to become Emotional Literacy Support Assistants (ELSA's), roughly twice as many as had been trained in the previous year. H&F Local Authority are now providing mainstream funding for ELSA training.• The CCG continued up-skilling and directly supporting early years settings, schools and colleges through the Health Education Partnership. This has included schools establishing EWMH policies and appointing mental health leads.	
--	--	--

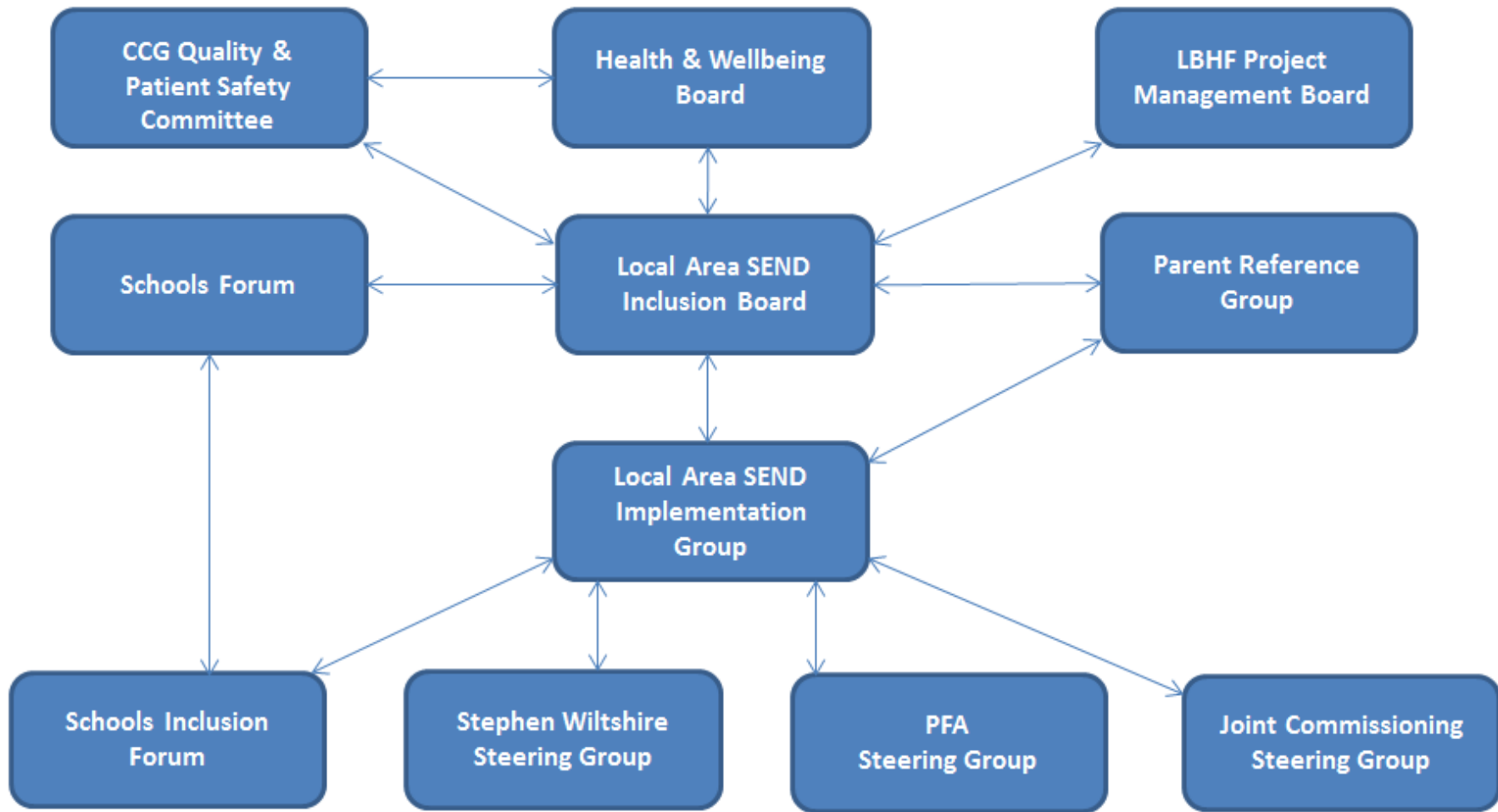
Vulnerable Groups	Total Investment 2017/18: £179,000	Total Investment 2018/19: £130,000
<p style="text-align: center;">CYP with neurodevelopmental disorders</p>	<ul style="list-style-type: none"> • HF CCG has invested in additional capacity for Learning Disability with mental health and autism assessments and treatment. WLMHT have received additional funds for young people in this cohort. This has been successful in reducing the majority of waiting times to NHS national guidance of 18 weeks. • In 2017/18, H&F ran a successful pilot for a Transitions Practitioner who supported CYP aged 14-25 with autism and or LD known to CAMHS in transition to adult services. The post was hosted by H&F Mencap and operated on an outreach basis, with a person centred approach. • We commissioned the Westminster Special Schools Outreach team to deliver a number of trainings and conferences to support children with neurodevelopmental disorders in 2017/18 in 2018/19 as follows: <ul style="list-style-type: none"> ○ Supporting emotional wellbeing of CYP with sensory loss (during transition) ○ Providing 'Mind Up', a mindful awareness programme for schools in Hammersmith and Fulham. ○ Supporting emotional engagement of CYP with PMLD and ASD through creative arts ○ SEND Conference- Neurodiversity and Emotional Wellbeing 	<ul style="list-style-type: none"> • In 18/19, H&F CCG have extended funding for the Transitions Practitioner role based with H&F Mencap. • H&F CCG has commissioned Rethink Mental Illness to deliver mental health training to parents of children with LD and ND. The training will seek to equip parents with a better understanding of mental health strategies and local area information for supporting their children. The training has been developed co-productively together with the Westminster Parent Participation Group as a Tri-Borough initiative. • During 2018/19, WLMHT are redesigning their NDS referral to treatment pathway with anticipated introduction of electronic screening tools and the introduction of skill mix to improve efficiencies. • In 2018/19, H&F CCG are working together with the Local Authority and CAMHS to explore an enhanced specialist therapeutic team for LD-ND that addresses the identified behavioural support gaps and high levels of school exclusion. This enhanced specialist therapeutic team is planned to be in place in 2019/20. • In 2018/19, WLMHT are to continue the work initiated in 17/18 and increase the number of psychiatrists and psychologists in the borough. This will help reduce the waiting times for specialist assessments and treatments for CYP with LD and ND.
CSA		

	<ul style="list-style-type: none"> A CSA Emotional Wellbeing Hub has been developed on a NW London basis, led by Hillingdon CCG, with EWMH support being provided by Barnados. 	<ul style="list-style-type: none"> We will continue to work with Hillingdon CCG on the model for the Emotional Wellbeing Hub and its implementation. We will specifically bring together our key local stakeholders (Local Authority Safeguarding, Social Care and MASH leads) who will refer into the service to ensure that the pathway is effective and supportive for these vulnerable children and young people.
CYP in the Youth Justice System	<ul style="list-style-type: none"> H&F CCG have commissioned Rethink Mental Illness (RMI) to carry out a review of the effectiveness of the Children and Adolescent Mental Health Services (CAMHS) worker role in the Youth Offending Team (YOT) with CYP, YOT staff and other professionals. While overall this review demonstrated a strong level of support from all three stakeholder groups that the CAMHS worker role in the YOT is an effective way to provide rapid access to CAMHS support for young people, we found that outcome measures needed to become further embedded into the service and that communication between the CAMHS worker and the rest of the service could improve. 	<ul style="list-style-type: none"> Following the recent co-produced (with Young Mental Health Champions) YOT CAMHS review, a longer-term vision for 2018-19 is for data on first time entrants and re-offending rates to be shared and cross referenced with the CYP engaged with mental health support from CAMHS. We are further embedding outcome measures into the CAMHS workers approach. Hammersmith and Fulham CCG is exploring how we can further support the EWMH needs of CYP as part of a more joined up delivery model for YOS services with CAMHS, prison services, Liaison and Diversion and transition to adult services. If we are successful in our trailblazer bid, our new Mental Health Support Team will work with YOS to provide targeted support for young offenders in our local schools.
LAC, Care Leavers and CYP with CPP's	<ul style="list-style-type: none"> We piloted providing Kooth (non-transformation funding) to care leavers with strong take-up. 	<ul style="list-style-type: none"> We are undertaking a review of the pathways for LAC, Care Leavers and CYP with CPP's to understand how we can better meet the EWMH needs of these vulnerable children and young

		<p>people. Review will conclude in 18/19 and new plans in place during 19/20.</p> <ul style="list-style-type: none"> • As part of our initial evaluation for our Trailblazer Bid for Hammersmith and Fulham CCG, we have identified in-school support for those with CPP's as a priority early intervention. • We will encourage and make available Kooth to LAC, Care Leavers and CYP with CPP's
Crisis & Urgent Care	<p style="text-align: center;">Total Investment 2017/18 : £145,000</p> <p>The crisis and urgent care model is a NW London initiative provided by CNWL and WLMHT. Additional funding was allocated in April 2017 to provide a fully integrated 24/7 CYP Crisis Service across NW London.</p>	<p style="text-align: center;">Total Investment 2018/19: £145,000</p> <p>H&F CCG plan to move away from providing care in A&E by assessing and reviewing CYP in more appropriate locations. To ensure current and future service delivery is seamless, the crisis pathway links to other NW London initiatives such as the New Models of Care Programme and the Crisis Concordat. There is a commitment by WLMHT to invest the savings from the New Models of Care programme into Crisis provision.</p> <p>To this end, commissioners and providers are currently evaluating a NWL wide-crisis triage line in order to effectively provide more crisis support and avoid unnecessary presentations at A&E.</p>

6. Governance

The diagram below shows our local governance structure.



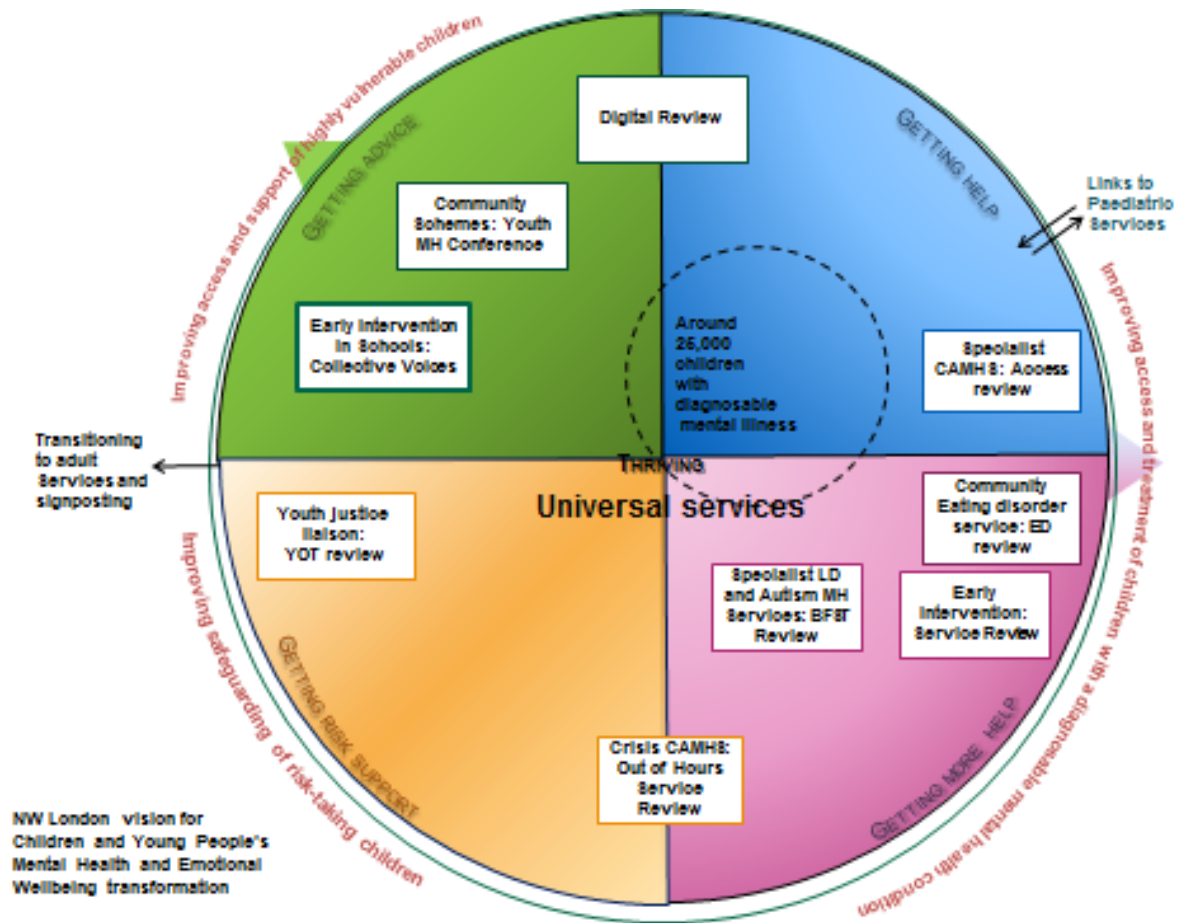
7. Glossary & Terminology

Please use the glossary below for any common acronyms and terminology referred to in this paper. It is organised alphabetically to help you find terminology more easily.

Term	Definition	Term	Definition
ADHD	Attention Deficit Hyperactivity Disorder	LAC	Looked After Children- children under the care of the local authority
ASD	Autism Spectrum Disorder	LBHF	London Borough of Hammersmith and Fulham
BAU	Business as Usual	LD	Learning Disability
CAMHS / CYPMHS	Child and Adolescent Mental Health Services/ Children and Young People's Mental Health Services	LTP	Local Transformation Plan
CCG	Clinical Commissioning Group	MH	Mental Health
CPP	Child Protection Plan	ND	Neurodevelopmental
CSA	Child Sexual Abuse	NHSE	NHS England
CWP	Child Wellbeing Practitioner	NW London	North West London- an alliance of CCGs working together to deliver better services
CYP	Children & Young People	PMHW	Primary Mental Health Worker
EHCP	Education, Health & Care Plan	PRU	Pupil Referral Unit
FTE	Full Time Equivalent	SEND	Special Educational Needs and Disabilities
Governance	A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care		

8. Appendix

The diagram below shows our co-production work with Rethink Mental Illness mapped against the Thrive framework.



Agenda Item 5

Social Isolation and Loneliness Event, 14 November 2018: Briefing for Health and Wellbeing Board

1. Attendees

1.1 35 people attended the event, representing a wide range of local organisations, mostly from the third sector, but also social enterprises, housing associations, the council, the CCG, libraries, a local business, a faith group and SOBUS. The large and diverse turnout demonstrates the significant interest in this issue locally, and interest in tackling it together.

2. Purpose

2.1 To kick start community-owned projects to tackle social isolation (SI) and loneliness locally, based on an 'asset-based community development' (ABCD) approach. This followed an event held in June – 'The Big Community Brainstorm' – which brought together some 70 cross-sector partners, a number of whom also attended this event, to define, discuss and agree approaches to addressing this issue in Hammersmith and Fulham. The central message from the June event was that 'We want to create something brave and radical that draws on our collective strengths as a community'. We were keen to explore how an ABCD approach might help us achieve this ambition.

3. Structure and activities

3.1 The event commenced with a presentation by Public Health. It covered risk factors for SI and loneliness, local data, current action on this issue, and innovative examples from across the country that draw on an ABCD approach, grouped under three key themes: 'working with', 'connecting' and 'empowering' communities.

3.2 Examples included 'Bristol Community Kick Start Fund', a micro-grant scheme to initiate activities to tackle SI and loneliness; 'Lewisham Walk and Talk' groups for new mums, founded by local women with lived experience of SI and loneliness and; 'Loneliness Connects Us', a project empowering young people to shape national action on SI and loneliness through youth-led research.

3.3 Working in smaller groups, participants were tasked with devising a community-owned micro-grant scheme for tackling SI and loneliness locally. They were also encouraged to consider non-financial means of supporting small, community-owned projects, such as use of community venues, networks and expertise.

3.4 The small groups pitched their ideas to the wider group, with a focus on real, tangible actions. Some innovative ideas were proposed which will be explored further with a view to potential implementation. These included:

- 'Is This It?' - An event to be held at Chelsea FC connecting 26-29-year-olds (an often-overlooked group) who have ideas for tackling SI and loneliness with small grants, expertise and resources from local business and organisations;
- 'Wellbeing on Wheels' – A Dragon's Den scheme to encourage frontline staff delivering Meals on Wheels to come up with new ways of combatting SI and loneliness among the people they support;
- 'Culture Club' - Connecting local cultural venues with people who are SI and lonely via volunteer 'Community Connectors' to open up cultural experiences to those who wouldn't normally access them;

- ‘Films with Benefits’ – An estate-based cinema club owned and run by the local community.

4. Issues raised

4.1 The task generated much discussion, including debate around the following questions:

- There are already many activities going on locally to address this issue; how can we build on the best activities and better connect them with those in need and those who want to help?
- How can we better publicise our local offer both amongst ourselves and to those in need?
- How we can grow empowerment from the ground up without telling people what to do?
- What is the role of local businesses and the council? Can they provide non-financial sources of support?

5. Feedback

5.1 Positive feedback included the opportunity to think differently and creatively about how to engage local communities in addressing this issue, and the opportunity to network, given that this is a multi-faceted issue that requires a collective response. Several attendees commented that the event made them think differently about community engagement in their own organisations, and sparked ideas for individual actions that they would take forward, as well as ideas for the group.

5.2 Rather than coming up with their own ideas from their organisational perspectives, the activity encouraged participants to think about how to support residents to co-produce their own solutions. This made the conversation challenging at times. Participants requested more clarity about the group task, and a number said they had anticipated more opportunities to share ideas arising out of their organisations’ own work. However, there was a lot of energy, debate and positivity in the room, and a strong desire to get things going, which we are now keen to build on.

6. Next steps

6.1 At the end of the event, the council committed to:

- Supporting the third sector and others to share what they are currently doing to combat SI and loneliness, as well as to exchange views and explore new ideas together, potentially through a live social networking site;
- Convening a separate meeting with local businesses to determine how they wish to engage with tackling SI and loneliness;
- Meeting the Youth Council to get their views and input;
- Reviewing how the council could best tackle SI and loneliness in its own interactions with residents, including through frontline staff; and
- Developing an action plan, to take forward at pace, the above actions and ideas put forward at this event and the Big Community Brainstorm. We will engage with stakeholders on the development and implementation of the action plan.

Charly Williams
Public Health Commissioner, Public Service Reform