

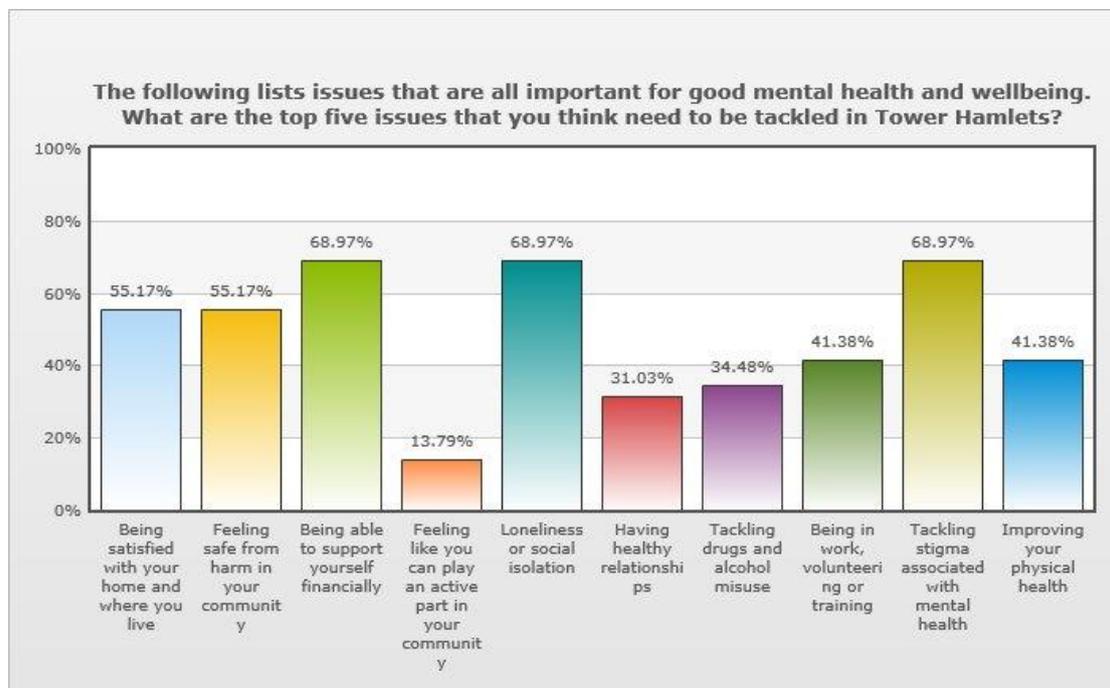
Appendix II: Mental Health Strategy - Feedback and Engagement

Background to the development of the Mental Health Strategy 2019-24

1. Online survey

1.1 Between 15th May and 15th June 2019, 56 people filled in an online questionnaire related to mental health. Five of the respondents worked in mental health services, with the remainder largely a mix of residents and people with experience of using mental health services.

1.2 Respondents were asked to identify the five issues they felt were most important for good health and wellbeing. The results are set out in the table below. This shows finances, loneliness and stigma as three key issues in terms of the wider determinants of mental health.



1.3 The impact of stigma and the need to tackle it was a running theme in responses:

“There is still a lot of work to be done to reduce the stigma and provide early support”

“Cultural attitudes and myths surrounding mental health needs to be addressed”

“I think that tackling the stigma associated with mental health is extremely important because stigma stops people from reaching out to other for help in all areas of their lives, exacerbates loneliness and makes it more difficult to work”

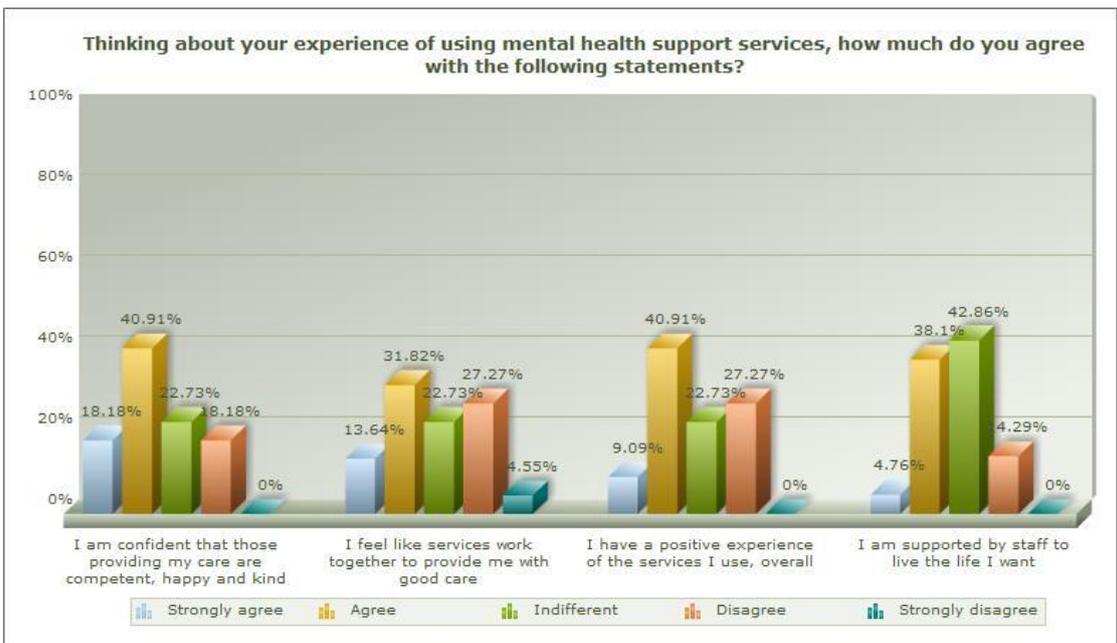
- 1.4 Most respondents knew how to care for their day-to-day mental health, and most knew where to go for help or felt confident they could find out if needed. A small group of respondents (4 and 5 respectively) said they did not know.
- 1.5 The interplay between mental health and employment was another key theme, with a number of people feeling that employers and managers need to understand more about mental health.

“In work - presently a total lack of understanding from some Managers shown to those who suffer, so training needed”

“Having a pleasant work environment and not working in fear of being disciplined or losing your job”

“Train the workforce and the community to be resilient, be aware of signs and symptoms”

- 1.6 In terms of mental health services themselves, feedback indicates that there is room for improvement in terms of joint working to provide care:



- 1.7 Other feedback on how to improve mental health services was:
 - Need to have a holistic approach
 - Need more trauma-informed services
 - Dual diagnosis should be managed better
 - More long term counselling for victims of sexual abuse, domestic abuse and childhood sexual abuse
- 1.8 Finally, the importance of coproduction was clear in feedback:

“Instill a culture where people with lived experience can openly speak and ask them to lead the change”

“Co-produced services. Really co-produce - not get a room full of people in a room and ask what do you think. Involve people from day 1, support them to understand what the process and their role in it, recruit new people to be involved not the same people over again, and value their time”

“Be sensitive to people with mental health issues around changing the whole system around tender for new services every 3 years. People with mental health issues need to be informed in advance that the whole system is being replaced by another company/charity. We all need to come together and make joint decisions”.

2. Consultation with stakeholders

- 2.1 As part of the development of the strategy we have met with 22 organisations and services, incorporating the views from the community and voluntary sector, housing associations, health service, employment support services, housing and substance misuse services and the findings have been used to inform this strategy.
- 2.2 During meetings with stakeholders we used a semi-structured interview approach based on three central questions;
- 2.3 (1) What are the links to mental health for your team/organisation and what do you see as the key emerging challenges?
- 2.4 (2) Do you have any deliverables/objectives/priorities relating to mental health in your current strategy/work plan?
- 2.5 (3) How do you see your work evolving in the next 3-5 years to better support people with lived experience of mental health conditions and your role in prevention?
- 2.6 The main themes emerging from the discussions were to improve the links between agencies, focusing on prevention, specifically supporting people with mental health conditions into employment and ensuring that the community and voluntary sector is sustainably-funded in order to promote community cohesion. This will also be fundamental in the future develop of other Council priorities, Social Prescribing in particular.
- 2.7 Agencies directly involved in the delivery of front-line services (ELFT, GP Care Group, third sector providers) also referenced the significant pressures that are emerging from the increasing population and the challenges of the ‘workforce churn’ within the sector,
- 2.8 Detailed feedback from these meetings is summarized in the table below;

- **DAAT;** *Dual diagnosis is the biggest priority for DAAT as such a high proportion of service users have mental health needs and 41% of service users are complex (compared with 30% nationally), it is a priority to have drug and alcohol and mental health services better working together and providing a single assessment, one individualized care plan and risk management plan.*

It was also highlighted that many service users are unable to engage with mental

health services until they have addressed or started to address their substance misuse. This shows the importance of having better joint working and clearer referral pathways for these service users with a dual diagnosis.

- **Dementia Services;** the key priority is to be a Dementia friendly borough with Dementia friendly businesses and services and having Dementia “friends” in the community. They are currently working on an action plan for making Tower Hamlets Dementia friendly.

Part of this is the goal to train Dementia workers to be able to train others so that knowledge can be spread in a more organic and community led way. The goal is to not have the Council leading every initiative.

- **GP Care Group;** a priority of the GP care group is to have more consistency in practices in terms of providing same day access and longer appointments. These are consistent with a more person and wellbeing centred focus. A programme called Equip (equality and Improvement) is trying to reduce variation in these areas.

Another priority is care co-ordination across the partnerships. It can be difficult to engage with all of the partnerships and can be difficult to obtain buy in and leadership over specific cases. The goal is to have a multi-disciplinary response where patients tell their story once and have one case manager. There is a working group that is looking at how to best share care plans.

- **East London Foundation Trust;** Highlighted anticipated population increase and workforce churn as key challenges over the next three to five years. Embedding employment within localities and increasing the number of Personal Health Budgets were seen as the key deliverables.

- **Community Safety;** highlighted a focus on improving front-line staff ability to respond to complex cases that involve mental health, through partnership working (for example with ELFT now sitting on MARAC)

- **HealthWatch;** identified a number of priorities including;
 - Ensuring that the focus is on prevention
 - Improve co-production of mental health services with public, especially young people
 - More opportunities for community engagement to combat loneliness and isolation, e.g. could be a good idea to set up walking tours of the borough and tea/coffee and chat clubs
 - Focus on getting people outdoors more, and the provision of green spaces
 - Focus on young people, especially in secondary schools dealing with academic pressures and anxiety about future – look at careers advice services and building vocational skills
 - Provide mental health in a more integrated way and setting, e.g. alongside physical health in community settings such as the Bromley-by-Bow centre to reduce stigma of going to mental health facilities
 - Look into the accessibility of services, i.e. how referrals work, how long treatments lasts, what happens to people after treatment

- **Housing Options (HOST);** noted the accommodation pathway as a key link to their

service. Currently the quota into settled long-term accommodation is 35 people per year, moving from mental health supported accommodation. A key challenge is the current increase in demand for supported housing (including mental health)

- Another priority is the delivery of Tower Hamlets' Housing First Initiative – pilot which started in 2019 (to be reviewed in June) to place rough sleepers directly into 5 units of supported accommodation and conduct review and support phases after, instead of the other way around to provide more immediate support for those in critical need. The intention is to expand this to include people with mental health conditions.
- **Idea Stores;** The Idea Store Health Strategy outlines a number of the links between the Idea Store and mental health. While they offer some therapeutic activities, many of the links are wellbeing based such as the benefits that come with learning, the provision of health information and the Idea store as a place where people meet and connect, including;
 - A shared, neutral, free community space in beautiful buildings open every day of the week throughout the year.
 - No exclusive rules or membership requirements.
 - A place where people gain a sense of belonging to a wider community
 - A place for engagement outside home \Opportunities for active engagement and participation in a range of free activities
 - Support for literacy, learning skills and employability contributes to wider determinants of health and wellbeing in the community
 - Idea Store offer on employability includes employability skills programmes as well as business and finance courses
 - Idea Stores have over 2 million visits a year. Health promotions reach a wide audience.
 - Health promotion days at all Idea Stores
- The Idea Store health strategy 'Medicine for the soul' breaks the idea store health offer into life stages (being born in Tower Hamlets, Growing up (early years and children and young people), being an adult in Tower Hamlets and growing old in Tower Hamlets).
- Another priority is around encouraging social prescribing to learning and community activities offered at the Idea Store. Currently, they are receiving no referrals from social prescribing. Unlike some services in the community and voluntary sector, the Idea Stores are not at all concerned about coping with increased demand from social prescribing.
- A challenge for the Idea Stores that they would like to try and address is how to best collect evidence. Many of their benefits do need fit neatly into an OBA model. They also do not have the resources to conduct their own research and the Council does not accept national studies as proxies for evidence around mental health and loneliness.
- **Look Ahead** who provide supported housing to young people, single homeless and people with health identified the following priorities;
 - A better understanding of what we mean by 'Mental Health' and the criteria needed to qualify for a CPA – i.e. what are the thresholds?
 - Review of CMHT assessments process – at the moment see a lot of cases where clients are being off-rolled before they are ready, possibly due to an belief that once they are in supported housing they are okay

- *Need to have a better understanding of those with 'chaotic lives' e.g. substance misusers and sex workers and that they will need an additional level of flexibility with their service provision – currently they find it difficult to engage with the current system being too inflexible and are at high risk*
- *Need for more dual diagnosis of mental health and substance misuse and treating them as related issues*
- *Need a 24/7 single point of crisis in cases of crisis, to help avoid emergency admissions due to MH needs as is currently happening*

- Public Realm

- *Love Your Neighborhood programme - improving the quality of the local environment for those who live and work in the borough through delivering street cleanliness, waste management, transport and infrastructure initiatives to create a more pleasant environment. (increasing use of outside space and impact on mental health). This includes street cleansing and increasing the number of community-led Clean Up events (cohesion/well-being)*
- *Liveable Streets schemes: traffic reduction / less congestion around 13 neighbourhoods means better air quality and improved health. The improved street design will better promote commercial activity and overall sociability. Overall objective is for residents to enjoy their local environment more.*
- *Liveable Streets & air quality: more School Streets and Play Streets – boosting children's opportunity to play and their wellbeing*
- *Maintaining parks and green spaces (including new pocket parks to be installed) - (increasing use of outside space and impact on mental health)*
- *Sustainability & Air Quality Initiatives incl. Co2 reduction, biodiversity initiatives and measures to improve air quality [Mayor's Air Quality Fund funding projects (green walls), enforcing anti-idling regulations leading to better AQ around schools]*
- *Street lighting: reviewing the coverage to ensure people feel safe (increasing use of outside space and impact on mental health)*
- *Private Sector Housing - Boost the number of landlords signed up to the licensing scheme, (improving conditions in the private rented sector / impact tenancy security on mental health)*
- *Licensing: continue work to reduce the sale of tobacco and alcohol to children and nitrous oxide (limiting impact of drugs on mental health)*

- Housing;

- *Meeting housing needs - Tackling homelessness and preventing rough sleeping (including singles and families, those suffering from DV, substance misuse, mental health problems, and ex-offenders), suitable housing options, reducing numbers in temporary accommodation, no families in B&B for more than 6 weeks. Housing allocations - housing for people with disabilities and long terms health conditions, priority bandings, medical grounds and succession rights, tackling overcrowding, downsizing and reciprocal moves to tackle under occupation, PRS – tenancy training, accreditation and resettlement, supporting vulnerable HMO migrants into suitable homes,*
- *Improving conditions and energy efficiency of stock – Good living conditions and environment, tackling ASB, delivering better neighbourhoods (external works), energy improvements, boiler replacements and tackling fuel poverty, school retrofitting projects, home improvements to help people live more independently (Disabled facilities grants), private rented sector charter (tenants' rights and landlord responsibilities), homes fit for human habitation, tackling the negative impacts of short term lets (air B&B etc), leasehold enforcement*

- *Housing costs – impacts of welfare reforms, rents, service charges, council tax and mortgage arrears, financial management support, risk of eviction and repossessions.*
- *Fostering a community spirit and transforming housing open spaces – community activities and communities driving change, outdoor gyms, community greening and growing projects and intelligence based planting to improve health and wellbeing, economic, social and environmental quality outcomes.*
- **Planning and Building Control**
 - *Planning and shaping the built environment so that it is conducive to positive mental health*
 - *Planning policy and Building regulation – light / ventilation of working and living spaces*
 - *Regeneration – having a coordinated programme in place and maximising the benefit of development and regeneration. Ensuring that any damaging effects are mitigated and that residents are involved in process*
 - *Fostering community cohesion through planning policies – e.g high density towers*
- **Tower Hamlets Community and Voluntary Service** *identified the following priorities;*
 - *With a move to social prescribing for mental health, it is even more important that the CVS is prepared for increased demand. Funding cuts to services is a serious challenge in this regard.*
 - *Supporting the sector to join together and co-produce enables them to better compete with the private sector. These organisations often provide more holistic services and better serve the needs of the BAME community. This is particularly so with mental health and wellbeing services. An example was given of the co-production of three organisations – an organisation that supports Somali women, a Bangladeshi counselling service and a financial counselling organisation. They joint together to create a partnership which offered a unique and holistic service that provides 18 weeks of support. These types of services would not be able to compete for funds and provide the service on their own.*
 - *Support for carers was also identified as an issue that should be considered by the strategy through promoting the joining up of services (ie mental health and carer support).*
 - *THCVS discussed their vision for a relationship between the Council and the CVS where the CVS is an equal partner and their work is properly acknowledged and remunerated.*
- **WorkPath** *see themselves is a facilitator within the community to support employment which includes a push towards non-judgemental service with increased awareness of the needs of clients, ensuring officers support individual needs and allow clients to find sustainable employment. In support of this they are keen to improve their Customer Relationship Management (CRM) process to record referrals, which will identify support services and refer client on as skills and barriers are identified for each person. As part of this work Workpath are looking to implement mental health checklists into client portal, meaning if a client discloses mental health issues, there will be an option for the officer to refer on. Currently there is a list of 48 illnesses/ailments on the registration form, but no specific recording around mental health. Consideration is also being given to co-locating with services who can support*

clients with greater needs (for e.g. CMHTs and GPs).

3. Consultation with service users and pre-strategy engagement

3.1 In preparation for the development of the Strategy SPP and the Mental Health Joint Commissioning Team met with a number of service user groups in October 2018 to identify what people with lived experience felt was important to them over the coming 2 years. The main points of feedback are summarised below;

People with lived experience of Mental Health, two year priorities;

- *Long Term (maybe life-long) access to continuous support without constant re application. E.g. a person with life-long conditions or in crisis may need support 3 or 4 times a year and shouldn't have to 'start from scratch' each time.*
- *Crisis out of hours support duty weekend support from GP, Psychiatrist and not focussed on A&E*
- *Psychiatry referrals should be instant.*
- *More regular contact with people who can support/follow up support whilst in-between support*
- *Better waiting times for therapy appointments*
- *When we are involved (consultation/co-production) in strategic decision making feedback and acting on that engagement needs to happen. – e.g. present somewhere about experiences we don't hear back.*
- *Understanding empathy about how other medical conditions can impact mental health and taking responsibility on routine appts and not referring back to MH practitioner or GP*
- *Better training for health care professionals (for example nurses) in mental health and mental health first aid.*

3.2 The above feedback was largely mirrored when a follow up discussion was held on 26th February 2019, this time particular reference to involvement in the delivery of the Mental Health Strategy;

3.3

Mental Health Partnership Board, 26th February 2019

- *If we have pre-agreed national and local priorities we shouldn't start with a 'blank slate'*
- *The refresh of the plan may not present many opportunities for co-production but it can set the agenda. For e.g. how co-production should be built into all future decisions affecting services (particularly commissioning)*

3.4 Following on from the Mental Health Partnership Board, SPP met with the **Community Options** service user group, to discuss service user roles within the MH Strategy Refresh. The main theme of the discussion was that the system and offer was overly complex and that people didn't always know what services they would be eligible for. The feedback is summarised below;

Community Options, strategy scoping meeting (10 people with lived experience of mental health)

- *The strategy should look at reasons that people first access services and see if these can be reduced (prevention)*
- *To confirm what services are available to people in the 'grey area' between services and community support. What is the offer for this cohort?*
- *More detail information on how can Safeguarding processes support people feeling safe*
- *I don't understand what is the employment offer is for people with MH*
- *I would prefer face to face meetings rather than phone calls. Could consideration be given to a navigator/peer navigator type role?*
- *Strategy should focus on ensuring 'Whole Systems Approach' and not just services (prevention and social determinants)*
- *I'm tired of providing the same information/telling my story to different professionals.*