

## MUNICIPAL YEAR 2017/2018

### MEETING TITLE AND DATE Health and Wellbeing Board

Director of

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<b>Agenda - Part:</b>	<b>Item:</b>
<b>Subject:</b>	
<b>Mental Health Co-Production</b>	
<b>Wards: ALL</b>	
<b>Cabinet Member consulted:</b>	
<b>Approved by:</b>	

### 1. EXECUTIVE SUMMARY

In December 2016, Enfield's Health and Wellbeing Board endorsed Healthwatch Enfield's latest thematic report, '*Listening to Local Voices on Mental Health*' (which can be accessed at <http://healthwatchenfield.co.uk/wp-content/uploads/2017/04/listeningtolocalvoices.pdf>). Articulating the voices of more than 220 mental health service users, professionals, and carers on their experiences of the support and services available within the borough, the report makes some 29 recommendations focussing on various aspects of service delivery and support; the report also calls for the development a local mental health co-production approach, as advocated by service users.

Enfield's Mental Health Partnership Board (which includes membership from all local stakeholders including commissioners; providers; voluntary and community sector organisations; Public Health representatives; MET Police, Housing Officers and others) has been identified as a vehicle to develop and pilot Enfield's co-production. The Mental Health Partnership Board considered Healthwatch Enfield's thematic report on mental health in December 2016 and, since then, it agreed new Terms of Reference that put co-production at the core of service design and delivery and established a work-stream focussing on developing an 'Experts by Experience' forum for Enfield.

Healthwatch Enfield has also been working with partners including Barnet Enfield and Haringey Mental Health NHS Trust, NHS Enfield Clinical Commissioning Group and Enfield Council to co-design an

action plan to pursue implementation of the recommendations of *'Listening to Local Voices on Mental Health'*.

Across the four themes outlined within Healthwatch Enfield's report, **62% of recommendations have either been implemented or work is in progress to implement** them. In some instances, work has been instigated by Healthwatch Enfield, while in others the voices that we have amplified have helped to accelerate plans that had been in development:

**(1) Theme 1: availability of support**

<b>Status</b>	<b>No.</b>	<b>Additional information</b>
Number of recommendations implemented	5	training for GPs, support for primary care through Primary Care Liaison workers, review of the Crisis and Resolution Home Treatment Team (CRHTT), provision of supported accommodation for people with long-term mental health needs and commissioning additional psychological input
Number of recommendations where work is in progress	3	Service user involvement in commissioning (co-production), awareness of mental health services within primary care, carers involvement
Number of recommendations, which will be implemented over longer-term	2	Review of the number of acute adult mental health beds available, in conjunction with a review of the availability of appropriate alternative intensive support in the community; embedding Triangle of care
Number of recommendations requiring additional support	1	Provision of support to carers through primary care

**(2) Theme 2: seamless integrated care**

<b>Status</b>	<b>No.</b>	<b>Additional information</b>
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Number of recommendations where work is in progress	2	Inviting service users to be integral to designing ways for people's support and care needs to be met in a way that is as effortless as possible for the service user; mental health services to ensure that the service user or patient is involved in drawing up and agreeing the plan to transfer them from one service into the care of another, including GP care
Number of recommendations, which will be implemented over longer-term	2	working together to commission services that enable service users to experience more holistic, seamless care; ensuring that GPs are offering regular physical and mental health reviews to patients who have an established mental health condition

### (3) Theme 3: a person-centred approach

Status	No.	Additional information
Number of recommendations implemented	1	improving interpreting services used for health and social care, including mental health – a new provider has been appointed and their performance is being monitored
Number of recommendations where work is in progress	3	review of mental health care in Enfield to determine what level of staffing would be necessary to provide appropriately person-centred care, particularly, but not exclusively, in acute settings; exploring with local BAME (Black, Asian and Minority Ethnic) community groups and service users how to build on good practice; working with deaf people on commissioning intentions
Number of recommendations, which will be implemented over longer-term	2	NHS England and NHS Improvement should work with any other relevant bodies to enable urgent investment in the St Ann's site; review of the care pathways for people who have both a learning disability and a mental health

condition

**(4) Theme 4: communications – 4 out of 8 are in progress**

<b>Status</b>	<b>No.</b>	<b>Additional information</b>
Number of recommendations where work is in progress	4	Service users and carers should be invited to be involved in developing clear and up-to-date information packs; Service users who are being transferred from specialist mental health services to the care of their GP should be helped to understand the reasons for this change; Service users and carers should be invited to work with professionals to draw up a protocol on what sort of information they would like to be recorded and passed on among staff to improve the seamlessness of their care; All providers of mental health services should ensure that the service user or patient receives clear communication around any changes to their care or support arrangements, including a clear explanation as to the reason for this change

Number of recommendations, which will be implemented over longer-term	2	Mental health professionals should be more willing to listen to informal carers and to communicate with them when carers express concern over the apparent deterioration in the mental wellbeing of a patient; Care coordinators and other professionals should make every effort to keep appointments, should always let service users and carers know immediately if an appointment needs to be cancelled at short notice, and should follow up promptly with a full explanation and a rearranged appointment
Number of recommendations requiring additional support	2	Care coordinators and other professionals should receive regular, up-to-date training to ensure they understand and can explain to service users the basics of personal budgets; working together to commission mental health awareness training for frontline staff of JobCentre Plus offices in the borough

## 2. RECOMMENDATIONS

Health and Wellbeing Board members are asked to:

- (1) consider any offer of support for areas where implementing the recommendations has not progressed as it requires additional input
- (2) help to accelerate the development of a local Experts by Experience forum e.g. through commissioning this as a service

## 3. BACKGROUND

Soon after its launch in late 2013, Healthwatch Enfield became aware of quite widespread concerns that existing mental health support and services were not satisfactorily meeting the needs of local people. The health and social care watchdog heard these concerns from colleagues in local voluntary and community sector (VCS) organisations, including members of our Reference Group who generously shared their views with. Healthwatch Enfield also heard directly from local people at events, such as a consultation on the draft Enfield Mental Health Strategy in January 2014. In 2013 and early 2014, reports by the Care Quality Commission on wards at St Ann's and Chase Farm Hospitals also revealed several

serious issues and the Care Quality Commission took Enforcement Action against St Ann's Hospital in January 2014.

With its explicit role as a consumer champion and having a wealth of information at its disposal (as outlined above), Healthwatch Enfield committed resources to engage with over 220 local people to ascertain individual's perception of mental health services in Enfield.

Following publication of its third thematic report, '*Listening to local voices on mental health*', Healthwatch Enfield asked Enfield's Health and Wellbeing Board to endorse the report, its recommendation and the proposal to co-design an action plan to

This report provides an overview of work carried out to develop local mental health co-production approaches, as recommended by Healthwatch Enfield's latest thematic report, '*Listening to Local Voices on Mental Health*'; a summary of progress against 29 of the report's recommendations is also outlined.

#### **4. ALTERNATIVE OPTIONS CONSIDERED**

Not applicable

#### **5. REASONS FOR RECOMMENDATIONS**

Healthwatch Enfield's report "Listening to local voice on mental health" amplifies voices of local residents and should be utilised to enhance mental health services provision within the borough to ensure the services are more person-centred and more effective in meeting individual needs.

Significant progress has been made in implementing the recommendations articulated by local mental health service users however, support from the Health and Wellbeing Board will accelerate the work as the Board:

- (1) has the influence and decision-making powers to impact service design;
- (2) has strategic influence over commissioning decisions.

#### **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

##### **6.1 Financial Implications**

Training and other costs associated with improving services in the ways indicated by service users and carers. Potential costs associated with developing the 'Experts by Experience' forum.

##### **6.2 Legal Implications**

Healthwatch Enfield has a statutory role to make people's views known to improve services.

#### **7. KEY RISKS**

The risk of failing to implement the Report is that the future design and commissioning of services is not reflective of the evidence base contained

within Healthwatch Enfield's "Listening to local voices on mental health" Report, making provision less effective, more costly to the wider health and social care system and unresponsive to individuals' needs.

A risk of developing a co-production approach to implementation of the Report is that public expectations of what can be delivered are excessively raised, compared to what is achievable. This risk would need to be mitigated during the co-production process by openness about any constraints, but also a genuine willingness by all parties to co-produce.

## **8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

**8.1** Ensuring the best start in life: – not applicable to the short, medium and long-term actions for this priority, as outlined within Enfield Joint Health and Wellbeing Strategy 2014-2019.

**8.2** Enabling people to be safe, independent and well and delivering high quality health and care services:

Implementing the Recommendations of "*Listening to local voices on mental health*" would contribute to the delivery of high quality mental health services, help to improve service users' and carers' mental health and wellbeing, and promote a move towards parity of esteem within Enfield.

**8.3** Creating stronger, healthier communities:

Through amplifying the voices, perceptions and opinions of local people "*Listening to local voice on mental health*" demonstrates the role that community cohesion plays in improving health and wellbeing. Promoting local people's wellbeing also helps to promote healthier communities.

**8.4** Reducing health inequalities – narrowing the gap in life expectancy:

People with mental health problems tend to have poor physical health outcomes and a significantly shorter life expectancy. Implementing the Recommendations in the Report would contribute to improved mental health within Enfield and therefore would contribute to a narrowing of one aspect of the life expectancy gap.

**8.5** Promoting healthy lifestyles: – although not specifically targeting this priority, supporting people to have better mental health does give them a better foundation on which to build a healthier lifestyle.

## **9. EQUALITIES IMPACT IMPLICATIONS**

Not applicable

### **Background Papers**

Healthwatch Enfield's report, '*Listening to local voices on mental health*'