

Adult Care and Health PDS Committee – Responses to Questions (13th November 2020)

Please see responses to questions in red.

Main document section 2.2 and in the Appendix on page 11 point 6.1:

Could people with physical and/or sensory disabilities and/or learning difficulties or disabilities be given specific mention as a "key group" please?

Yes, of course. The list of key groups provided in the Mental Health and Wellbeing Strategy was not intended to be all inclusive. The action plan has been amended to reflect this.

The remaining comments refer specifically to the Appendix:

Page 3 Section 1.3

Which service does the "adult wellbeing hub" refer to?

There are existing adult mental health and wellbeing services in Bromley, notably the mental health pathway in Bromley Well and the Recovery Works service provide by Bromley, Lewisham and Greenwich Mind. There has been some work to develop these services, with others, towards a single community hub. The Mental Health and Wellbeing Strategy adds momentum and structure to this work.

How and from where will the people "with a lived experience with mental health challenges" be recruited? Will their experiences be truly representative of the full range of mental health difficulties and experiences? How will they be utilised?

No final decision has been made at this time on how best to source people with a lived experience with mental health challenges to support the strategy. In the past commissioners have undertaken work with people who are accessing local services, including through workshops and other activities. This will be reflected on as, working with partners, we fully implement the action plan in the coming months.

Page 4 Section 1.4

Re. the development of a "mental health primary care model", I'd like to highlight that it's important to be aware of the diversity of needs and experiences of individuals, and avoid a "one size fits all" approach.

This is something that has been strongly raised by GP Practices also, in terms of the different communities across Bromley and how best to tailor services to each area.

Page 4 Section 1.5

Firstly, I'm not sure if this relates to the physical or mental health of people with mental health challenges or both. People with mental health problems are at a higher risk of physical health problems, for a variety of reasons, and also often have their physical health problems dismissed as being in some way due to their mental health. Addressing their physical health on a regular basis (and looking at the resulting data) should therefore be beneficial. GP practices are already severely burdened however, so if they are the organisations expected to carry this out (-this isn't specified) will they have the capacity?

Additionally, it's important that (mental health) problems can be addressed as and when they arise.

This action point relates to the provision of physical healthchecks to people with mental health challenges who, as the question points out, are more at risk of health conditions including diabetes and cardiovascular disease (CVD). GP Practices would be a key partner in the delivery of this programme and any new service would need to be appropriately resourced. This is already the case with healthchecks for adults and young people with learning disabilities, with funding available from the NHS for the delivery of these checks. The design of any healthchecks programme that targeted people with mental health challenges would need to ensure that an individuals' mental health condition was a key component in delivery.

Page 6 Section 2.4

The reference to a "*tailored* support service" is highly welcome!

However I have a couple of problems with the subsequent phrasing:

"people with mental health challenges and carers": Does this mean people with mental health challenges *and their* carers or people with mental health challenges *including* carers?

Likewise "people and carers" - aren't carers also people?

Apologies about the confusion in the wording of this. This means both (a) people with mental health challenges and their carers and also (b) carers who have mental health challenges. The wording of this will be amended to provide greater clarity.

Page 7 "MULTI DISCIPLINARY APPROACH TO TREATMENT"

I think there is a word missing after "mental health" in the sentence underneath.

Yes, apologies it should read "mental health challenges". We have amended the text.

Page 7 Section 2.6

A commitment to addressing the needs of the families and carers of those with dementia would be welcome at this point.

We agree – the text has been changed to specifically include families and carers.

Page 7 Section 3.1

Very pleased to see that IAPT services will be extended to include people with conditions such as psychosis, bipolar disorder and personality disorder. Until now people with such diagnoses have often been denied help from these services. This has led to them falling into a gap in provision when they are considered well enough not to need help from Oxleas.

Agree – there is, in fact, targeted work taking place at this time between Talk Together Bromley and Oxleas NHS FT to improve the uptake of IAPT for specifically this group.

Pages 8 & 9 Section 4.2

Whilst ensuring that the help given is that which is most appropriate is of utmost importance, and a psychiatric hospital is not necessarily the best place for someone experiencing a period of severe mental illness, is it certain that the required capacity (within Green Parks House) will be lessened, given the increased harm that COVID-19 and the ensuing measures are causing to mental health?

This action point relates to people in long-term placements in a hospital, residential or nursing care home. Greenparks House is not commissioned to provide long-term placements but is rather a place for a short stay in order to provide support and treatment. There are no plans to reduce services at Greenparks House. The action point is instead focused particularly on those people who have been in services for longer periods of time, often out of borough, in order to support these individuals, wherever safe and possible, to move to more independent living.

(Final paragraph in Actions column): "reduce the overall number in services" What is the purpose of this stated aim? Will it lead to more people being left without the help they need?

This relates to people in long-term hospital, residential care or nursing home settings. We believe that by making improvements across our integrated recovery pathway, more people will be able to live independently in their own homes, and there will be a commensurate reduction in the need for placements in hospital, residential care and nursing settings.

Page 10 Section 5.3 (Personal Budgets)

Is the end of 2020 timescale going to be achieved?

This is a typo, apologies. It should read "End of 2021".

Page 11 Section 6.1

This objective is absolutely vital. However it is important that it translates into genuine co-production (rather than services users being invited to comment on plans that have already been drawn up) and it is also important that any concerns or complaints are genuinely listened to and acted upon.

Furthermore, how will conflict with the equivalent action in **section 6.3** be avoided? I.e. when there is conflict between mental health professionals and service users in their views (a very common occurrence)? Whose opinions will win out?

Bromley Council and SE London CCG (Bromley) are committed to taking forward this strategy in the spirit of co-production. The delivery of the strategy is ultimately the joint accountability of the Council and CCG. In the delivery of this, the Council and CCG will consider the views of key providers, professionals and service users.

Page 11 Section 6.2

I'm often amazed that psychiatrists and other mental health professionals, etc, fail to realize that their patient's (or client's) problems result from them having been or currently being abused, or dismiss the harm caused by previous/ongoing abuse, so this is very welcome.

Also, I would be interested to know what help is currently available for the adult survivors of childhood abuse (in Bromley)?

There are a range of mental health and psychiatric services in Bromley that could support this cohort. Ultimately, the right service for them would depend on their specific needs and experiences.

Section 6.3 - see comments under section 6.1 above.

GENERAL POINTS

There doesn't seem to be much mention of older adults.

We will ensure that the needs of older adults with mental health challenges are taken forward as part of the Mental Health and Wellbeing Strategy. The Council and CCG have also agreed the "Ageing Well Strategy" which was specifically designed to meet many of the challenges of this group and provides details of actions that will be taken forward in this area.

People with comorbidities such as a combination of addiction, eating disorders, self harm and/or other psychiatric conditions are often poorly served as services can often only cope with treating these conditions in isolation and they sometimes end up unable to benefit from any treatment at all as a result. This is something that really needs to be addressed. Their issues are often intertwined, e.g., their addiction results from their mental health problems, or their eating disorder and/or addiction(s) and/or self-harming are all coping strategies and treating one in isolation can often only result in the worsening of another. (The statement in relation to substance abuse in section 5.1 is therefore welcome.)

Agreed – this is something that we will consider in the delivery of the strategy.

I'm glad to see that issues relating to housing are to be addressed in relation to mental health.

This is key and representatives from housing will be part of the membership of the group.

Waiting times - this is stating the obvious, but clearly long waiting times for treatment are detrimental so any efforts to reduce these would be more than welcome, to say the least.

Agreed. Waiting times are monitored on an ongoing basis by the different contract monitoring processes for Bromley mental health services.

With regards to the Mental Health overspend, to what extent has an increase in demand been factored into the Action Plan, and would any increased demand affect the Strategy.

The Strategy was provided to the Committee earlier in the year. The Action Plan had since been updated, taking into account the impact of the COVID-19 pandemic. The increase in demand had been factored into the Action Plan, and would be dealt with over the course of the Strategy.