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Overview and Scrutiny

Healthier Communities Select Committee Supplementary Agenda

Tuesday, 28 February 2023
7.00 pm,
Civic Suite
Lewisham Town Hall
London SE6 4RU

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This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

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Lewisham mental health estates and care model modernisation: engagement to develop a business case

Healthier Communities Select Committee, 28 February 2023

Case for change: NHS mental health estate in Lewisham

The **Ladywell unit is an unfit physical environmen**t for patients and staff alike

Little natural light or fresh air, very **limited access to outside space**

Long list of maintenance backlog, **projected to cost the Trust ~£3m each year simply to maintain** towards something approaching a minimum acceptable level.

Very **cramped and noisy, low ceilings** with **minimal communal areas. Poor line of sight** in the corridors

Locked doors throughout, requiring staff to open doors to bedrooms. Patients/staff report constant jangling of keys to feel like style of 'jailkeepers'

Only 2-3 toilets per 18 person ward, minimum standard is ensuite for all. Rooms smaller than modern minimum standards

Serious incidents that are a direct consequence of the poor estate.

There are regular problems such as **sewage floods, blockages.** Delays in fixing problems meaning wards can be left in a state of disrepair

We like many others are already spending **large proportion of the mental health budget caring for a small number of people in inadequate inpatient facilities.**

Much of the **community estate is very outdated, unfit for purpose** for staff and very few welcoming physical spaces for patients or staff

Very **little space for staff training, meetings, therapies, appointments or workstations**

Overheating in summer underheating in winter. Inability to control temperature

Case for change: the Trust commitment to address racial disparity

Lewisham is now the Borough with the **highest black population in the country**: **27%** of the population

Over representation on the wards: **50% of inpatient bed days in Lewisham acute and PICU are people with a black ethnicity.**

Black men account for **disproportionate number of long stays above 60 days**

45% of people detained under the mental health Act are Black / Black British.

Deep mistrust in black communities of statutory services

Levels of coercion, medication and police interaction cited as being key reasons that people do not wish to engage or trust mental health services

Communities report being fed up of being asked what is wrong with services again and again, with little meaningful action in response

We impose a **western/euro centric model of mental health care that does not always fit with how all cultures view mental illness**

Stigma within communities leads to concerns about asking for help early

The Trust cannot replicate or learn the cultural lived experiences in our black communities: should we hand power and money to communities and grass roots organisations to design and deliver services themselves?

Case for change: national concerns about acute mental health care

Putting a lot of people with expressed high emotion and distress in a small enclosed space. "**Putting everyone together in a 'mad house'**"

CQC repeatedly highlighted concerns about the current **model of care as being outdated, coercive, chaotic with too many instances of violence.** Concerns that people **stay in institutional environments too long**

Separation from family and community. **Why do you lock us away from society 'over there',** why can't we stay connected to our life?

Can **lose all your autonomy and get highly dependent** with no choice of when or what to eat, what to do. Can be **very hard to get back on your feet**.

Over emphasis on biomedical solutions to social issues. Medication often forced on people, with few alternatives available

The 'behind closed doors' nature of some **locked institutional environments can make them more susceptible to violence and human rights abuses**

Very little choice for patients, families or clinicians: either stay at home or admitted to a very restrictive psychiatric bed behind locked doors

Recent high profile incidents (Panorama, Dispatches) have reignited concern nationally around breaching human rights, with a **possible national inquiry into inpatient mental health care**

Lewisham already above 100% capacity. With projected **demand growth and current length of stay the current model is entirely unsustainable**

Community and social services have been historically neglected, with focus and investment disproportionately on crisis/acute services and medication

People have to be extremely unwell before they can access care which in turn leads to **very long lengths of stay**

System that **pushes professionals to view people through a prism of risk to be reduced by placing increasing physical restrictions** on them

National context: national inquiry and concerns about inpatient mental health care

Human rights of mental health patients violated amid crisis in care, regulator warns

Exclusive: 'The government is preoccupied and has a lot of things to do, but this issue is not going to go away' warns health ombudsman

Rebecca Thomas Health Correspondent • Tuesday 29 November 2022 10:32
• Comments

Mental health patients left in dilapidated wards amid £677m repairs backlog

Exclusive: Bradford District Care NHS Trust left with sewage on its wards and dozens of patients sharing bathrooms

'Toxic culture' of abuse at mental health hospital revealed by BBC secret filming

28 September

Dispatches: Hospital Undercover – Are Our Wards Safe? (Channel 4 Monday 10 October 2022)
Published 2 months ago on October 9, 2022

CQC reports serious concerns monitoring the Mental Health Act

Published: 1 December 2022   **Page last updated:** 1 December 2022

Panorama abuse: NHS chief urges mental health leaders to tackle 'toxic and closed cultures'

Provider bosses told to take 'this could happen here' approach in reviewing use of restraint, seclusion, whistleblowing and patient voice in wake of Edenfield Centre scandal

by **Mithran Samuel** on October 4, 2022 in **Adults**

The Care Quality Commission (CQC) is highlighting the ongoing impact of historic and current system pressures on mental health services, their staff and the people using them.

CQC's Monitoring the Mental Health Act (MHA) report 2021/22, published today (1 December 2022), raises concerns which have continued to escalate from previous years; mental health services and staff are struggling to recover following pressures placed on them during the pandemic and the resulting fallout.

The report stresses action is needed to resolve longstanding inequalities, particularly disproportionate use of sectioning and restrictive community treatment orders (CTO) on Black people and people from

Not enough progress has been made to address the recommendations made by the Care Quality Commission (CQC) in its 2020 'Out of sight – who cares?' restraint, segregation, and seclusion review. In a progress report published today, CQC finds that there are still too many people in hospital. Once in hospital they often stay too long, do not always experience therapeutic care and are still subject to restrictive interventions.

'Get off me, Get off me!' Shocking scenes as an anorexia patient is dragged along the floor and pinned down by five carers while being secretly filmed by a three-month undercover Channel 4 investigation into Britain's mental health service crisis

New mental health bill in parliament will require a significant shift in reducing coercion, detention and institutionalisation

Timelines for draft business case development

Sept to December 2022
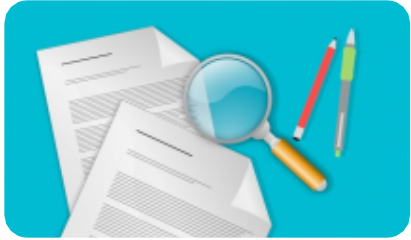
- **Desk-based research to review leading approaches to mental health care worldwide**
- Carry out **demand/capacity modelling**;
- **Detailed inpatient segmentation** and analysis of data to understand needs / profile of Lewisham's inpatient care population;
- **Intro meetings with local stakeholders** with local clinical, patient, carer, PCREF, system partners to introduce them to the project and ensure they feel sighted from the outset;
- Kick off **clinical and local system and community engagement via stakeholder workshops**

Jan – April 2023

- Continue **clinical and community engagement on service models and options**

- **Develop more specific estates requirements** aligned with the emerging options, commission estates to carry out exploratory work on feasibility, costings, locations etc

April – August 23 (TBC)

- Early **draft business case**
- **Develop phasing / implementation / pilots** to consider what can be implemented as early as possible, as the NHS capital business case process will then take many years

Any new build hospital site(s) not likely to be in place until **2026/27 at the earliest**

However, there may be the opportunity to implement or test aspects sooner than that.

There will need to continue to be more involvement beyond the first draft of a business case

Funding context for the business case

Seeking to attract **significant capital investment** to Lewisham

- Seeking to **bring significant investment in the long term future infrastructure of Lewisham's mental health services.**

- Long process with many approvals set by HMT. A lot of calls on limited capital funding. The case will have to be robust and compelling. Further **opportunities for charitable fundraising**.

- **Not just an 'NHS' or 'Trust' case**. Intention is to meet **shared aims of the LA, public health, primary care, voluntary sector, acute trust**

Some uncertainty about annual revenue budgets for NHS and LA mental health services

- Planning on assumption that NHS revenue funding for mental health will remain broadly as it is or grow in line with the Mental Health Investment Standard;

- We are **not considering any reduction in NHS mental health budgets as part of this process**, but the business case provides a rare opportunity to review whether annual running costs are being used in the best way;

- Govt is expected to publish a plan for social care reform in Spring 2023 which may offer some clarity on adult social care funding

- Whatever the context, the alliance working in Lewisham will help ensure we can continue to work together across NHS, LA, VCS and partners to plan available resources in partnership
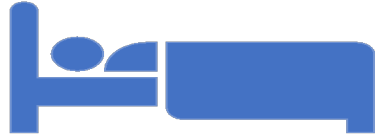
South East London ICB has the highest weighted mental health need in the country, according to NHS England's mental health needs allocation formula.

Using the previous CCG structure (2019)
Lewisham is weighted 5th of 195 CCGs for mental health needs

On 31 March 22, SLaM had **54 people per 100k** population **detained under the Mental Health Act**.

This is compared to **38 per 100k** nationally.

1.34% of Lewisham population has serious mental illness vs **0.95% nationally**.

New cases of psychosis per 100k:

48.6 in Lewisham vs **18.1 nationally**.

~235 mental health attendances to A&E each month. SE London **relies very heavily on A&E to meet urgent mental health needs** compared to the rest of the country

The Trust (and Lewisham) have the **highest length of stay nationally for people staying above 60 days.**

The Trust's investment and activity is **heavily skewed towards inpatient and acute care,** which has **left relatively little historically for community** and social based care

Some positive reflections and opportunities in relation to Lewisham's mental health services

Despite having:

- **among the highest rates of psychosis** in the country

- **among the boroughs with the most multiple inidcators of deprivation** in the country

- **poor estate** / inadequate physical working environment for staff

✓ **Waiting times at front door teams: 98% seen within 28 days in Dec 22**

✓ **Prone restraint** and **rapid tranquilisation has reduced** significantly; Lewisham implementing **SafeWards** to improve culture on wards:

✓ **Brilliant voluntary and community sector**

✓ Commitment from LA to commissioning the **supported housing pathway**

Lewisham:

- About as challenging a place as there is to deliver mental health care services with **high levels of serious mental health needs** – but that **means we should be aiming to have world-leading services here.**

- The Trust Board is now **keen to make Lewisham an exemplar, not just locally but nationally and internationally for a new model of mental health care**

- Is a place **full of life, charisma, energy, diversity, brilliant communities** - its never boring

The Trust has been researching leading mental health care models around the world
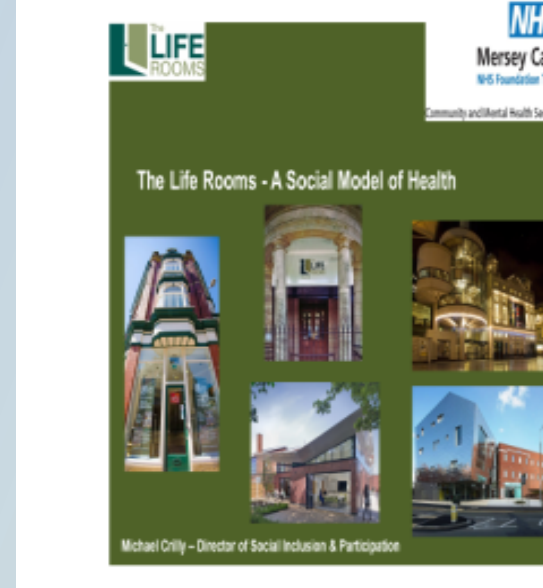
What principles should we aim for according to World Health Organization?

Heavy focus on social factors, housing, poverty, education, work, connections, meaningful activities

NHS MH services to be a trusted anchor institution that contributes to the social and human capital in each neighbourhood

Psychosocial needs to be as central as biomedical approaches. Psychotropic drugs have dominated treatment historically, with less focus on psychological and social interventions

Services and treatments that people want to use voluntarily rather than forced to use; services that people **trust**

Community inclusion and connectedness, not institutionalisation

Services based on problem-solving life situation and goals, not just diagnosis and symptom management

Continuity of care, professionals building longer term relationships with patients and families,

Open doors, safe spaces and 'hospitality' that people can access (and leave) if they wish to

A **range of care options and choice for people and clinicians**

These are common features in a number of WHO's examples of leading human-rights based mental health services

A rare opportunity to review with the community how the Trust's resources in Lewisham are spent

Each 🧍 = % of patients at any one time

At any one time **~58% of the adult NHS mental health budget in Lewisham is spent supporting ~4% of people**. The remaining 42% is spent on the other 96% of people in contact with SLaM

£48k per day

£34k per day

£

4% (~72 people)

96% (~2000 people)

🟦 Community 🟧 Inpatient
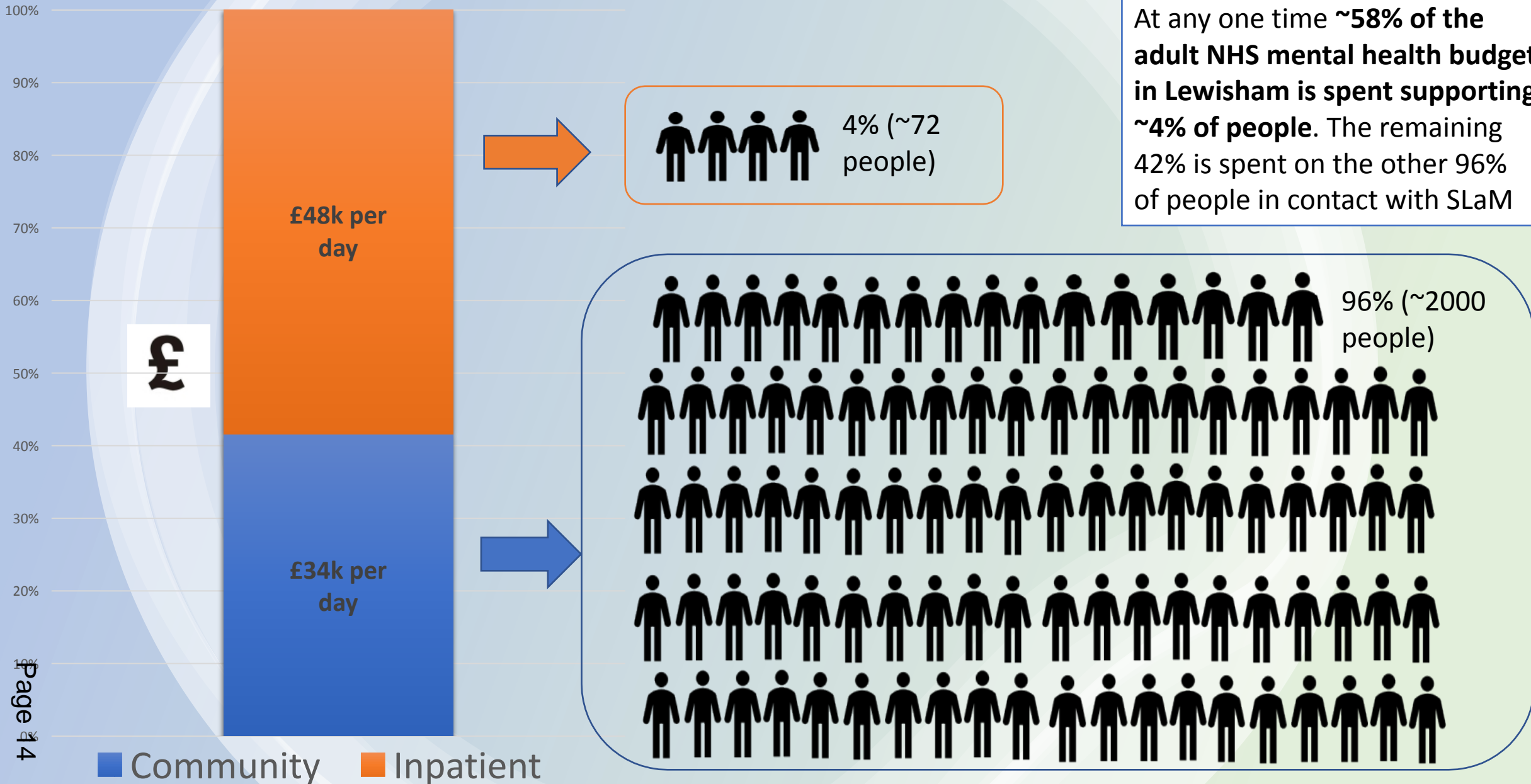
We are now engaging with patients, carers, clinicians and the community, initially covering

Inpatient design for therapeutic care that enables healing and recovery

Community premises to bring the community mental health transformation to life

Considering unmet needs and which needs can be better met in less restrictive beds in the community vs more restrictive locked hospital environments

What ethos do we want for mental health services and what interventions and physical premises support that

Balance of spend

Wider NHS context: an opportunity for Lewisham's mental health services?

- **If we were to design the health service today it would not look like it does**

- **NHS has evolved as an 'illness service'** designed for needs as they were in the 1940s with resources heavily skewed towards episodic care of acute needs in hospitals**, rather than a 'health' service** geared towards promoting good health

- **The model of care is now proving to be unsustainable** across the health service, not just in mental health. There is recognition we need shift resource from the 'white heat' of crisis/acute towards primary, community, public health and social care to meet modern needs.

- **Health creation, building human and social capital to create environments in which people can thrive:** while this is the role of local authorities, NHSE's Healthy New Towns guidance states that the NHS should radically rethink its traditional approaches, and **contribute more to shaping neighbourhoods** to promote health and wellbeing

- However, this shift is difficult while the significant majority of the NHS's funding is locked into the very acute end of care. However, in Lewisham we have the chance to design our ideal balance of services through this business case, **with encouragement at this stage from the Board to be as creative and ambitious as we want to be** – this is a once in a generation opportunity for Lewisham's population.

- Dept of Health and NHSE have been tasked with **developing a new national model of mental health care** and **are interested in our project in Lewisham**. We have potential to be among the **areas leading the way** with leading academics very interested in evaluating this project too