



Healthier Communities Select Committee

Report title: Development of Lewisham business case to replace the Ladywell unit and modernise the adult mental health care model

Date: 28 February 2023

Key decision: There are no proposals or decisions at this stage.

Class: Part 1

Ward(s) affected: Borough wide

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TBC at time of submitting the brief: James Lowell Chief Operating Officer, and/or Vanessa Smith, Chief Nurse and Lewisham place exec lead for the Trust to join the committee.

Outline and recommendations

The Committee is recommended to:

- Note the planned engagement process to support the development of a business case to bring significant capital investment to improve the mental health physical infrastructure in Lewisham.
- It is a very early stage of the process and no content of the draft business case has yet been developed. As such there are not yet any specific recommendations relating to the care model and subsequent estates requirements that will eventually be included in the capital investment case.
- We would appreciate the Committee's views on the process set out and any specific wishes for the engagement process with the local community and level of involvement the Committee would want in this.
- Reconvene on this topic in the summer/autumn when we aim to provide an update on specific proposals as they begin to take shape.

Timeline of engagement and decision-making

To note that the timeline below is for the development of a first draft of a business case. The need to progress it is pressing due to the long timescales of the NHS capital business case process and the urgent need to move out of the Ladywell unit as soon as possible. In practice, the engagement, partnership and implementation of the case (should it be successful) is expected to continue well beyond the first draft.

Oct 2022 –Dec 2023	<p>Desk based research on leading approaches to human rights based mental health services, as recommended by the World Health Organization. Meetings and visits to leading services nationally.</p> <p>Thorough analysis of local data relating to both people in contact with the Trust's Lewisham services and of the wider population. Early introductory meetings with range of clinical teams and local community.</p>
Jan – April 2023	<p>Wider engagement commencing through public workshops, focus groups with specific groups (eg patient/carer meetings, clinician-focussed meetings, Voluntary and Community Sector (VCS) and black-led VCS sector), meetings with people and professionals across the community.</p>
From March 2023	<p>Monthly progress updates added to the agenda of the Lewisham mental health alliance from March 2023</p>
March 2023	<p>Present project to Lewisham system-wide estates forum, ensure collaboration on estates requirements across the Integrated Care Board (ICB), Local Authority (LA), acute trust, primary care etc.</p> <p>Estates scoping work to commence as consensus on likely estates needs becomes clearer.</p>
April 2023	<p>Findings from engagement to date summarised.</p> <p>Early draft of proposed care model, with phasing/implementation plan developed for local discussion, including through Lewisham Mental Health alliance, the Trust Exec and Place Exec Group (PEG)</p>
May/June 2023	<p>Present draft care model and any emerging recommendations/proposals to HCSC.</p> <p>Continue work to complete all sections of draft business case</p>
June/July 2023	<p>Model confirmed by the Trust Exec Board, Lewisham Mental Health alliance, Lewisham PEG.</p>
Q2-Q4, 2023/24	<p>Commence process to take through the various stages as required by the NHS England (NHSE) strategic change and capital business case processes. (time for the process to be confirmed depending on size and nature of the business case).</p>
2024-25	<p>Explore potential to implement aspects of new care model sooner. For instance, to implement and evaluate any new approaches in one neighbourhood to start with.</p>
2026	<p>Depending on securing capital funding and approval of the case, final capital works of new inpatient unit(s) unlikely to be complete before 2026/27</p>

1. Summary

- 1.1. The Lewisham mental health alliance (via a project lead employed by the Trust), is commencing a process of engagement with the local community to help develop a business case that seeks to attract significant capital investment to modernise the adult mental health estate in Lewisham. There is near unanimous agreement locally on the need to urgently replace the adult inpatient mental health estate currently at the Ladywell unit, which is outdated and extremely unfit for purpose.
- 1.2. The business case presents a rare opportunity to not only develop a case for the best possible modern therapeutic inpatient facilities, but also potential for community-based facilities in each neighbourhood to further bring the aims of the community mental health transformation to life.
- 1.3. While the business case will be seeking capital investment via the NHS, we hope that its aims will be shared and owned by all partners in the local health and care system. For instance, we will be seeking views on how we might seek a shift in ethos in NHS mental health services which are currently heavily focussed on management of symptoms, individual diagnosis and containment of perceived risks, towards health creation, social inclusion and building community, human and social capital in the parts of the borough where there are most mental health needs. While such public health aims may traditionally be viewed as LA responsibilities, the engagement on the business case will explore whether and how the NHS mental health system can do more to improve the environmental context in which people live, in line with the principles of NHSE's *Healthy New Towns* guidance which encourages the NHS to radically rethink its traditional approaches, and contribute to shaping neighbourhoods and communities to promote health and wellbeing.
- 1.4. The Trust Board has requested that we research leading models of mental health care, with an aim to bring aspects from the best services in the world, adapted and tailored to meet the needs of Lewisham's population. This has so far involved desk-based research, meetings and visits with some of the leading services nationally and internationally, and a thorough analysis of local population and activity data.
- 1.5. This work is at a very early stage and as such there is little by way of concrete proposals to report to the committee at this time. We are now commencing engagement (more detail in section 4 below) to understand what the local community would like to prioritise. The Trust Board is encouraging the Lewisham alliance to develop a care model with the ambition to bring the very best mental health services in the world to the people of Lewisham.

2. Recommendations

- 2.1. There are no specific recommendations or decisions at this stage. We would appreciate the views of the HCSC on the process set out and any ambitions it would like us to consider as part of this work.

3. Policy Context

- 3.1. This case is being developed in a national context of significant concern about the model of inpatient mental health care in England from the Department of Health and Social Care, Care Quality Commission and NHS England. This has resulted in a national inquiry into acute mental health care. There is also a new Mental Health Bill (currently before Parliament) which is expected to require all areas to radically reduce instances of detention under the Mental Health Act in the coming years.

- 3.2. We will pay close attention to ensure our business case aligns with these national developments, and indeed the timing presents Lewisham with an opportunity potentially to lead the way nationally in pioneering a new approach/model for mental health care in England.
- 3.3. Locally, there have been some improvements in mental health services – notably through the community mental health transformation which in the latest month saw exceptional improvements compared to a year ago, with 98% of people having meaningful first contact within 4 weeks. We have also seen positive progress in reducing restrictive practices and increasing the therapeutic skill mix on inpatient wards.
- 3.4. However, we acknowledge that there remain significant areas of improvement that are required beyond the poor physical estate. For instance: our heavy reliance on A&E as the means of delivering urgent mental health care; a system that is heavily skewed towards acute care; among the highest rates of detention under the Mental Health Act, and among the longest stays in hospital nationally.
- 3.5. A priority will be the need for a radical shift in ethos to address the historic failure and mistrust of mental health services for many people in our many local black communities. More detail on this is set out in section 7 below.

4. Background

Engagement process

- 4.1. The intention is to carry out workshops, focus sessions and listening events with clinicians, patients, carers, academics and many others in the local community between Jan-April 2023, after which we hope to have sufficient sense of local priorities to begin an initial draft of the outline business case.
- 4.2. This engagement will build upon the extensive listening exercises that have already taken place as part of the South London Listens programme, and during the development of recent Trust strategy, Aiming High, Changing Lives. It could also be an opportunity to embed the new Lewisham People's Partnership Forum, which is being piloted and due to commence formally in 2023/24.

Governance

- 4.3. The governance of the business case will sit with the Lewisham mental health alliance, with the project due to become a standing agenda item from March 2023.
- 4.4. Various senior executive level forums will also eventually need to approve any business case, including Lewisham Place Executive Group, the Trust Board, the Ladywell Programme Board (jointly chaired by CEOs of University Hospital Lewisham and South London and Maudsley). Subject to wishes of the HCSC we would propose returning in the summer/autumn once proposals are more developed. We would of course be happy to keep engaging with the committee in the interim outside of formal committee meetings, should it wish to.

5. Financial implications

- 5.1. This project is seeking to attract significant long-term capital investment to Lewisham's mental health services (via the NHS). Development of the business case provides an opportunity to consider the overall balance of our current annual revenue budget in Lewisham's mental health services.
- 5.2. There are no specific financial considerations at this time, but we propose to bring

these back to the committee once plans are more developed.

6. Legal implications

- 6.1 The Mental Health Bill going through Parliament is likely to lead to legal requirements for a significant shift in current levels of coercive practice and detention under the Mental Health Act nationwide. The business case will therefore need to propose models of care that enable fewer detentions, and as far as possible are designed to provide options for clinicians and patients before patients are acutely unwell.

7. Equalities implications

- 7.1. Some of the equalities implications identified in the early review of data, including potential suggestions that could address these are set out in the following paragraphs.
- 7.2. Lewisham (as of latest Dec 2022 Census) now has the largest black population (27%) of any borough in the country. Currently **people with a black ethnicity in Lewisham are over represented in acute mental health services** (~50% of all admissions and detentions under the MH Act), and **black men in particular tend have disproportionately long stays/detentions**. This over representation has contributed to a deep rooted mistrust of statutory mental health services in Lewisham, and this is a major priority that the review of the care model will need to address.
- 7.3. A likely factor of this over representation, is that many primary and community services offered by the statutory sector are not tailored to the cultural needs of our communities or how people want to access mental health support. Early engagement on the business case has included discussion with local grass roots black VCS leaders, groups and patients/carers, with a view potentially seeking to find ways to share more power with these communities to own and design mental health support that people want to access.
- 7.4. The recent South London Listens programme identified a priority of improving **specific support for the migrant, refugee and asylum seeker population** in the borough, for example through community embedded workers.
- 7.5. The current inpatient units are noisy, crowded and chaotic – an extremely **unsuitable environment for people with Autism or Learning Disabilities** who may have co-occurring mental health needs. Any new spaces will for instance need to include sufficient calm and sensory spaces.
- 7.6. Lewisham has a **relatively young population, including those in contact with mental health services**. There may be a case to consider models which provide a 'softer landing' for younger adults and which support social inclusion rather than risk of institutionalisation at a crucial juncture in terms of future life chances.
- 7.7. Lewisham scores highly on **multiple indicators of deprivation, especially income, employment, crime and living environment**. Of the patient reported outcome measures from people in contact with NHS mental health services in Lewisham, the most explicit areas of dissatisfaction are in leisure activities and job situation: both crucial in addressing poor mental health. There may for instance be a case for greater emphasis on personal health budgets, more social inclusion-focussed and vocational mental health service offers. It should be noted that employment and income were also one of the 4 priority outcomes identified in South London Listens.

8. Climate change and environmental implications

We are not yet at the stage of estates specification, but we would assume that any new facilities are in line with the NHS zero carbon policy.

9. Crime and disorder implications

We will be engaging with colleagues working in the criminal and justice system as the project develops.

10. Health and wellbeing implications

As set out above, particularly see section 1.3

11. Report author and contact

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