

Transforming mental health services in Camden and Islington

Consultation Response from Healthwatch Islington & Voluntary Sector Partners

Healthwatch Islington is part of a national network of Healthwatch organisations. We are set up to influence how services are commissioned and provided. We want the best possible services for local residents, their families and carers, and the staff who look after us when needed. We work with local residents and community organisations.

Based on our on-going conversations with a diverse range of residents in our community we have composed the following response to this consultation. We invited other voluntary sector partners to be co-signatories, many did not have the time to respond, though they have a strong interest in mental health support in the borough. The following partners were able to contribute and support this response.

Manor Gardens Welfare Trust - a health and wellbeing charity based in North London. Founded in 1913 they work with and for the most vulnerable people in our communities, providing tailored services around physical and mental wellbeing and promoting community cohesion.

Holloway Neighbourhood Group - a vibrant charity providing opportunities to bring the community together in Holloway, north London. They run two great ventures, The Old Fire Station and Stress Project. They run a multi-purpose community centre, for people of all ages, at the Old Fire Station, and they provide low cost counselling services and complementary therapies for people with stress related illness and mental health problems at Stress Project.

And from our Diverse Communities Health Voices partnership:

Arachne - is a voluntary organisation and registered charity which established in 1984. Arachne aims to improve the quality of life and well-being of Greek Cypriot and Greek women and their families. It does so by providing drop-in advice and information sessions, adult education classes, employment and training, health and youth programs and recreational/cultural activities. They also encourage women's active participation in determining policies that affect their lives.

Islington Bangladesh Association - They are a grass-roots, independent charitable organisation set up in 1984 to tackle poverty, deprivation and isolation. They do work to raise awareness about mental health amongst community through a range of well-being activities.

Kurdish and Middle Eastern Women's Organisation - KMEWO is a specialist Black and Minority Ethnic organisation that works with women from Kurdish, Middle Eastern and North African backgrounds set up in 1999. They provide counselling for women in Arabic, Kurdish (Sorani) and Farsi.

Latin American Women's Rights Service - They are a user-led, feminist and human rights organisation set up in 1983 focused on addressing the practical and strategic needs of Latin American migrant women displaced by poverty and violence. They provide counselling for women in Spanish and Portuguese

What would local partners welcome?

Local partners, including those not able to take part in responding, would welcome stronger referral pathways, and the opportunity to develop dialogue, between the Trust and their organisations. When there is greater clarity about the hub model, Healthwatch Islington would welcome the opportunity to facilitate conversations between partners and the Trust about delivery options.

Our response to the consultation:

It is positive that the consultation document promises that 'no services will be cut under these proposals' particularly given the high levels of mental health needs in Islington. Furthermore, we welcome the opportunity to explore developing a site which enables the Trust to deliver services which are 'safe, more therapeutic and maintain individual privacy'.

We strongly welcome plans to take this opportunity to improve facilities for patients and staff, building en-suite bedrooms for patients and shared work spaces. We hope that staff, local residents and patients will be involved in designing these.

Q1. Having read our proposals do you agree or disagree that we need to make changes to the way in which mental health services are delivered across Camden and Islington.

Q1a. Agree or disagree?

Agree

Q1b. Explanation

We would welcome the opportunity to provide patients with a purpose-built hospital with better facilities and more outdoor space. Improving privacy with en-suite bedrooms will enhance the patient experience.

As Central Government policy does not allow for investment in buildings, the only way NHS bodies can afford these kind of improvements is by selling public buildings and land. At least the proposal means the Trust will maintain much of the land and lease it out, effectively keeping it in public ownership.

We believe a truly improved therapeutic environment is about more than just the physical space. The Trust will need to do more to reduce lengths of stay by improving the community and preventative offer, and to reduce huge health inequalities. The health inequalities spreadsheet attached to these consultation papers does nothing to analyse or address inequalities.

When considering the hubs we need to clarify how ambitious the Trust's vision is for changes to mental health services. We would welcome the most preventative approach possible.

With this in mind, it is not clear what evidence the Trust has to show that that people would come to Lowther Road for well-being services. It's possible that services could be more accessible and less 'medical' if based in other community locations. However, it may be that the Trust's vision is for the hubs to simply support existing patients 'stepping down' from acute services.

If services are to be consolidated across less sites, even though this is counter to the aim of 'care closer to home', bringing together a range of community services seems sensible (whether done at the St Pancras site or elsewhere). Saving staff time from travelling across sites should mean more time for patients and less stress for staff and we welcome that. We hope that staff, as well as resident feedback, will inform the design of these new facilities.

Creating a more welcoming and accessible environment

We would expect this of all NHS services. We do hope that service users with a wide range of sensory impairment, learning disability and physical disability and mental health needs such as dementia, will be involved in the design of the physical space to maximize the opportunity to make the new space more accessible to these groups.

We can see how the physical layout of a space can impact on the atmosphere of the environment. However, we also think that much of what makes services welcoming is the organisational culture and we would like to see some focus on how this will form an integral part of the proposed move. We feel it is important for the Trust to strengthen links with a wider range of community partners to help inform it's thinking on this.

More joined up physical care and mental health services

We know that patients with mental health needs are likely to have poorer physical health outcomes. We would like to hear more about how moving physical and mental health services next to each other will enable services to work together better. Geographical location can facilitate closer working, but the real driver for this will be organisational culture. Again, the more preventative the vision can be, the better for local residents.

It would be good to see what can be learned from the co-location of mental health services with GP practices (referenced on page 7 of the consultation). This learning could influence and support development of community services and also inpatient provision.

It would also be useful to know how the Trust are engaging with Whittington Health to facilitate this closer working for improved physical health outcomes.

Q2a. To what extent do you agree with moving inpatient beds from St Pancras to a new facility?

Q2b. Please add any further comments.

We back the move to a new site if this enables patients to be cared for in a better, more therapeutic environment.

Something that needs further explanation was around the bed numbers. It wasn't clear whether the calculations relating to numbers of beds relate to acute beds. Planning only goes forward to 2025. Once planning permission is granted and building starts, we will already be in 2020 at the earliest. As this site development is a once-in-a-generation opportunity, we want to be sure that we are opting for the best use of the available space. Will there be the potential for a different configuration of beds or greater flexibility of how these beds are configured. The Trust has talked publicly about reducing length of stay in the hospital. Is there an aim to facilitate quicker access to local acute beds whilst reducing inpatient and rehabilitation stays? If so, **urgent** investment in excellent community support will be required to ensure that there is sufficient community provision to support these changes.

We appreciate that calculations have been made up to 2025 but we also note that populations in North Central London are transient and that in recent years patients previously unknown to the Trust are presenting after the point where preventative services could support them. We also note that due to continuing austerity there are visible impacts on local people's well-being with, for example,

an increased number of homeless people with mental health needs in the Kings Cross area. Has this been sufficiently factored in to the calculations, because it appears that there are already more patients than spaces to care for them. We know that one of the ways the Trust plans to manage bed numbers is by reducing

the length of stay that patients have in hospital (as this is currently much higher than in comparable services) but we would like some reassurance that this will have happened in time to allow for maintaining, rather than increasing, bed numbers.

Q3a. What are the main reasons that travel to the new site could be an issue?

Q3b. Please provide more detail.

With any move some people may have a longer journey and others a shorter journey, but it is London and there are not many free sites available, plus public transport is much better in London than in other parts of the country.

As noted in the consultation document, the Archway area is not as well served by public transport as Kings Cross and the nearest tube station is not wheelchair or pushchair accessible. Being located on a hill also may make it difficult for some wheelchair users. However, overall, building a new facility seems positive.

Q4. Do you agree with the use of community hubs to deliver services?

Neither agree nor disagree (at this stage)

Q5a. Do you agree with the use of Lowther Road (Islington)?

Neither agree nor disagree (at this stage)

Q5b. Do you agree with the proposed mix of services at Lowther Road?

Neither agree nor disagree (at this stage)

Q6a. Do you agree with the use of Greenland Road (Camden)

Don't know

Q6b. Do you agree with the proposed mix of services at Greenland Road?

Don't know

Q7. Do you agree with the proposed mix of services at the St Pancras Hospital site

Neither agree nor disagree (at this stage) as benefits and implications not clear.

Q8. Any other suggestions for additional locations or any other comments to consider?

It is frustrating that these proposals to increase much needed, preventative, community-based services are being made at the same time as councils face increasing reductions to their preventative work meaning day centres are facing drastic cuts to their budgets. Community services as an umbrella term incorporates a broad range of services. Again we'd like to emphasise the importance of making these accessible to as wide a range of residents, with as wide a range of needs as possible, rather than focusing on clinical services, but this will require resourcing.

It is confusing to see services currently being delivered in the community potentially being moved in to hubs. This may make it easier for staff to work closely together but residents consistently tell Healthwatch Islington that one of the barriers to accessing mental health services is not wanting the stigma of attending. Hubs, will be part of the Trust rather than part of the community. Whilst it is helpful for some people to have integrated services in a single place, for others that will not be necessary and can medicalise their engagement at an early stage of on an ongoing basis. Whether one or more hubs will be developed, could affect how people feel about the value of developing these. Developing only one will limit choice.

One page 5 of the consultation there is a suggestion of joining up services with the voluntary sector. This should be done as part of the transformation plan, not at a later date. The Clinical Strategy could think more broadly than providing service in primary care settings as a way of taking service into the heart of the communities we serve (page 18).

Camden residents have a choice of two locations for access to I-Cope (St Pancras & Greenland St 'to give service users a choice of location' - page 22). Islington have just one location proposed for I-Cope (Lowther Road). An option could be considered for some provision to remain at Manor Gardens or a similar community setting. There seems to be a potentially more limited provision for South Islington, although we take on board that Islington is a small borough, and the North of the Borough is the area of higher prevalence and need.

Page 19 refers to community hubs hosting services delivered by other community organisations to treat holistically and not just in relation to mental health - it would be good to understand this further and we welcome the Trust starting this conversation now. We would like to know more about:

- Which voluntary sector organisations are being considered?
- What charging model would be used, this decision could cost the sector out. Could cost VCS out of this if prohibitive). Will a section 106 agreement be considered?
- Is there a desire to make these services less clinical/non-institutional?
- How will this truly be a part of the service offer and integrate voluntary sector support into provision, particularly in relation to: data sharing, risk assessment, lone working, etc.
- When would this be planned to become part of the offer at the hubs?

Q9. Do you agree that all the equalities impacts have been identified?

Disagree

Q10 Please state any further impacts and how to minimise those

This is a difficult question to answer as there isn't any analysis of who is using the service and who is not able to access, nor of who would be expected to be using the future service and how that would be expected to change.

Race/ethnicity: there is no explanation of how community services will be more accessible to BAMER residents when moved to new locations. The Health Inequalities Analysis isn't an analysis, just a spreadsheet of service user data (and it's not clear what time period that covers). More work is needed to fully understand why some residents are over-represented in acute services in order to reduce inequalities in this area, and it seems over-ambitious to suggest that moving to a new building will alleviate this. Is there under-representation in primary care services and does this link to presentation or to identification. Also, as already mentioned, some services currently offered in the community may end up moving in to hubs which could be counter-productive.

Human rights: Will all patients really have equal access to the service? What are the steps that will be taken to monitor, analyse and influence this?

Socio-economic factors: as referred to above, we talk a lot to BAMER residents from low-income households, they tell us that they don't want the stigma of accessing mental health services and so moving talking therapies from Manor Gardens to a hub could have a negative impact on both groups.

Social inclusion: we imagine there could be some benefits here if sufficient resources are invested in community-based, preventative services.

We are keen to see the Trust consider resident well-being in the widest sense when developing hubs. This would support the boroughs preventative health agenda.

We would welcome closer scrutiny of who is using services, and which communities may benefit from targeted out-reach work.

Q11 Any other comments or concerns.

We know the Trust works hard to include patients and carers in its planning. We would welcome the Trust extending this work to engage with a wider community, so that it is able to increase its own knowledge about what the local community needs from both from hubs and the services within the hospital.

We would also support engagement with wider community partners, and in particular the voluntary sector, a number of whom have joined together to consider the consultation and are motivated to consider the required transformation to respond to identified need in the Borough and provide an excellent integrated service offer to all.