

Enter and View:

Mental Health
Community Services
Summary Report

March 2017





Context

Mental health is a priority area of work for Healthwatch Lambeth. In 2015, we decided to take a closer look at community-based mental health services in recognition of the large numbers of people who rely on primary care and community services as an important means of support. Additionally, NHS Lambeth Clinical Commissioning Group are currently developing an alliance contract for all adult mental health services over the next 7-10 years, which will also emphasise delivering care in the community¹, reflecting the wider NHS England strategy².

Given this context, it is important to understand how effectively community based mental health services are currently supporting people with mental health concerns. Using our Enter and View power³, we set out to explore a cross-section of services, including those who provide employment support, supported accommodation and clinical treatment.

Methodology

In a series of six visits between March 2016 and November 2016, Healthwatch staff and trained representatives visited the following mental health services⁴:

¹ For details, see: <http://lambethcollaborative.org.uk/lwn-alliance>

² NHS England, 2014: Five Year Forward View. See <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> for further details.

³ Local Healthwatch organisations have the power to Enter and View publicly funded providers of social and health care services, so that authorised representatives can observe the environment and speak to patients and staff about their experiences of the service.

⁴ Click on service names to read our full reports.





Mental Health Community Services Summary Report

- **Mosaic Clubhouse**, March 2016 (Employment service)
- **Southside Rehabilitation**, June 2016 (Employment service)
- **Living Well Network Hub**, August 2016 (Clinical service)
- **Connelly House**, September 2016 (Accommodation service)
- **Penrose Housing**, October 2016 (Accommodation service)
- **Mood, Anxiety and Personality (MAP) Community Mental Health Team (CMHT)**, November 2016 (Clinical service)

Although we designed individualised checklists for each visit, we looked at common aspects across all six services:

- **Environment:** including the interior layout; the presentation and inclusion of information and signposting; how comfortable and hospitable the service felt.
- **Service user experiences:** including relationships with staff; how beneficial and supportive the service had been; goals and long term aspirations; experiences of other mental health services in Lambeth; whether service users could give feedback that led to change.
- **Staff experiences:** including job satisfaction, training and professional development; how well staff felt services in Lambeth work together; whether they would recommend their project to their own friends and family, and suggestions for improvements.

Our findings

The table below summaries a selection of common themes and areas of concern that we have identified from across our Enter and View visits to community based mental health services. As the sample for each type of service was small, we are unable at this point in time to provide broad recommendations for action to providers or commissioners. Instead we suggest that mental health system stakeholders should reflect on the following areas of interest.

Areas of importance	What we found...	What was missing?	What did we recommend to service providers?	System wide considerations
1. Goal setting and long term recovery	Goal setting was commonly being utilised across services.	We felt that some individuals had not internalised or processed their goals to the extent that they were fully communicable or identifiable. Within this, there seemed to be a lack of clarity around long term strategies to achieve goals, such as those related to employment.	In three reports, we recommended that goals should be consistently set up and revisited in such a way that makes them easily identifiable and promotes ownership.	<ul style="list-style-type: none"> i. Service users' goals could be shared across the different services and clinicians with whom they engage. This might help supporting staff to encourage ownership and goal-focussed behaviours. ii. There is a question around how long term goals should or can be set considering services are often time limited. Are goals reflecting realistic aspirations for individuals? iii. While employment projects focus on upskilling service users, there remain wider barriers for this population, such as a lack of employment opportunities or buy-in from employers. It would be useful to understand the borough's strategy to encourage and support Lambeth employers to create opportunities and embed reasonable adjustments for this population.
2. Emotional support and meaningful social connections	Across all services, we heard about the value of emotional support and empathy, frequently in the context of service users' relationships with staff or groups within the	One to one peer support schemes were infrequently mentioned by service users or staff. This was despite our sense that peer support could have been significantly beneficial to certain	In three cases, we made recommendations that services implement buddying systems; small group or peer activities, or strengthen sources of companionship and social	<ul style="list-style-type: none"> iv. Peer support services should emphasise how their method of support is unique and beneficial to service users, which will promote engagement.

	service.	individuals.	support.	
3. Information about services and referral pathways	We saw that information about and referrals into sources of support were being provided by individual clinicians and case workers, or via noticeboards.	Service users repeatedly told us they needed increased support around housing and benefits. Frontline staff echoed this, but some were not sure where to signpost to or whether that support was even available. Where this was not being provided, or where there were long waiting lists, it was placing increased strain on both service users and the mental health workforce.	Across four service providers, we made recommendations to improve the provision of information about external sources of support; either through increased collaboration with other services, better use of noticeboards or via case worker relationships.	v. NHS Lambeth CCG could review existing mechanisms for disseminating information about community services (including those relating to peer support and social and financial advice). The Community Connectors asset-based model may be an interesting approach to consider.
4. Staff development and wellbeing	The staff we spoke to were committed and emotionally invested in their work, but some were burnt out or felt under-trained/ invested in. Relationships with staff were key positive experiences of service users, and ultimately	Clinical and administrative staff told us they needed more specialist mental health training relevant to their role, as well as increased emotional and practical support on the job (e.g. from other mental health services, the police, SLaM, clinical supervision). Some staff felt	In three reports, we made recommendations around developing staff training, skills and knowledge. In another, we noted the importance of supporting mental health staff emotionally and practically, for instance through	vi. The feedback we collated, particularly from the MAP CMHT, indicates a need for increased emotional support for mental health staff across the borough. Additionally, services such as police and social services, may also need to review how they can more fully support community mental health services.

	their recovery.	they did not have the time to meaningfully support their clients and fulfil their roles.	increased supervision and reduced caseloads.	
5. Feedback and service design	We found examples of suggestion boxes and visual/ verbal prompts to encourage feedback from service users.	Across numerous services it was unclear how service users' feedback was being used to inform the design and delivery of mental health services.	In each Enter and View report we made at least one recommendation around strengthening feedback and/or complaints pathways.	vii. System-wide, there is a need to explore whether service users are being meaningfully invited to inform the design and delivery of community mental health services. On a commissioning level, is their input being required, heard and accounted for?

Conclusions

We intentionally conducted Enter and View visits to community based organisations which offered very different support services, including employment support, supported accommodation and clinical treatment. This was to gain insight into what they provided, how they worked and how service users experienced them, but also to identify specific areas within the community based mental health and care system that may need deeper investigation.

While we identified some common themes (as above), it is also important to note that there were significant differences in the design and delivery of support; the experiences of staff and service users; and the impact and scale of need the services were addressing. That said, by visiting a variety of services, we have been able to see how important it is that there is fluidity and communication across community mental health services, and the need for services to work together to holistically address the multiple needs of individuals.

The MAP CMHT provides critical clinical treatment to some of the borough's most complex service users. Of all the feedback we received, we were especially concerned by the issues of staff burnout, inappropriate referrals and assessments and long waiting times to receive appropriate treatments. This seems to indicate that secondary care services may be struggling to meet mental health needs in the community.

Next steps

Based on our work so far, we have decided to develop a new Enter and View programme focussing on NHS secondary care mental health services from April 2017.



Healthwatch Lambeth

336 Brixton Road London, SW9 7AA

Tel 020 7274 8522

Text 07545 211 283

info@healthwatchlambeth.org.uk

www.healthwatchlambeth.org.uk/enterandview