MENTAL HEALTH, THE VOLUNTARY SECTOR & THE NHS

The Community Living Well Service:
Self Care/Community Support (including non-mental health services) and Peer Support
For Adults with Long Term Mental Health Needs and Their Carers

November 2015
THE STRATEGIC INTENT

To create a vibrant, community integrated model of care which better secures the mental, physical and social health of people with long term mental health needs.
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INTRODUCTION

On 24 November 2015 Kensington and Chelsea Social Council (KCSC) brought together The Community Living Well Service project team from West London Clinical Commissioning Group (WLCCG) and almost 20 Voluntary Sector Organisations (VSOs) in the Kensington and Chelsea, and Queens Park and Paddington areas to discuss the Self Care/Community Support and Peer Support elements of The Community Living Well Service. This Report is a record of those discussions for use by the WLCCG Project Team.

The Community Living Well Service

Participants were given a brief outline of what is meant by Self Care/Community Support and Peer Support:

- A network providing access to a range of community based services, including non-mental health services such as leisure opportunities (e.g. swimming, gym, film and book clubs, walking or gardening groups),
- An online self care platform,
- Drop in to “Living Well Hubs”
- Peer Support means that people with lived experience will support service users and carers by providing human contact and lived experience expertise.

WLCCG explained, by way of background, that The Living Well Service will contain two other important service areas which were not the subject of discussion at the seminar:

- Navigation: Navigation towards a range of specialist, non mental health services such as housing, employment, benefits advice, and preventative social care
- Primary Mental Health Care: A service delivering specific expertise and experience in mental health assessment and treatment

The Community Living Well Service will group services but not people. A service user may be using services from one, or more than one group of services. The principle of The Community Living Well Service is not “either/or”. Nor is a hierarchy of need envisaged. An individual with long term mental health needs may be using services from all, or only one of the groups of services at any one time. Use of services by an individual may/will change over time. A person centred approach is the essence of The Community Living Well Service
Questions raised by WLCCG

WLCCG also provided five questions relating to the development of the Self Care/Community Support and Peer Support. Prior to the policy seminar selected, but representative, VSOs were contacted by telephone and the five questions put to them. A summary of their responses can be found on the final page of the Report.

These questions were:

- How can WLCCG create an effective network for Self Care/Community Support with a wide range of VSOs in Kensington and Chelsea, and the Queens Park and Paddington area?
- How can WLCCG make people aware of the Service?
- What do VSOs see as the key elements of supporting people to help themselves to manage their own care?
- What do VSOs see as the key elements of a peer support service?
- How can WLCCG ensure the Service meets the needs of people with long term mental health needs in all communities in Kensington and Chelsea, and the Queens Park and Paddington area?

These questions also informed the discussion at the seminar.

Facilitator

The seminar was facilitated and the report was written by Amelia Mustapha.

Amelia is currently Chief Executive of SMART, a Kensington and Chelsea based charity which promotes mental health through purposeful activity and social enterprise; She sits on the European Expert Platform on Mental Health (focus on depression) and is Chair of Trustees for Everyman UK, a charity which aims to widen access to health and social care for men and boys.
SEMINARY OUTCOMES

Purpose

- To co-create a strategy for involving the voluntary sector in the delivery of the Community Living Well Service

Objectives & Outcomes

- Develop a shared understanding of where primary care mental health and voluntary sector services are and what needs to change
- Develop a shared view of the direction and strategy for achieving the change
- Develop a shared sense of commitment to implement the change

Method

The discussion was divided into five parts so that the Objectives and Outcomes could be achieved.

- Strategic Goals
- VSO Unique Attributes
- Customer Offers
- Capabilities and Resources
- Operational Processes and Plans
STRATEGIC GOALS

- **Challenge the culture** around mental health to remove stigma – 4 in 4 of us, not just 1 in 4

- **Map and create referral pathways** between community services to create a truly collaborative, community service

- **Widen access to services** through excellent marketing, personalised support to enter services and by integrating mental and physical health needs
VSO UNIQUE ATTRIBUTES

Inclusive, client-led services that are good value and flexible

- Relationship-based services that are embedded in the community for the long-term

- Holistic approaches that reflect the diversity of the communities we serve e.g. through languages

- Values-based organisations that can train professionals in new ways of working
CUSTOMER OFFERS

- based organisations that can train professionals in new ways of working
- Information, advice & guidance (navigation, peer support, quality-assured)
- A wide range of free, mainstream activities
- Training and awareness-raising
- Cultural awareness of people and truthful, human relationships. Co-production
- Person-centred planning and vigilance
- A choice of models, shared learning (circle mentoring) and work, training and volunteer support
CAPABILITIES AND RESOURCES

- There are a lot of resources (PCLNs, voluntary organisations etc.) and activities
- More collaboration between all professionals and individuals is needed
- Space is an issue although there are buildings available
- On-line booking and ‘personalisation’ systems do exist (e-purse)
- A coordinating body or central point would be needed
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OPERATIONAL PROCESS & PLANS

- Relationships need to be renegotiated between community, individuals and professionals

- A coordinating body needs to maintain connections and encourage developments with transparency and making use of e-tools

- A structure must be developed that everyone buys into as equal partners

- Values and culture must be established

- Long-term funding and whole-systems commissioning is needed
CONCLUSIONS

1. Funding and commissioning

The WLCCG have presented an outline service that is both engaging and inspiring with the potential to transform the lives of those with long-term mental health need. The voluntary and community sector are ready to support the implementation of the new service but require:

- The renegotiation of contracts to ensure a whole systems approach to commissioning
- Long-term funding
- A mechanism for collaboration and communication

2. Membership, partnerships & alliances

Working collaboratively to respect and use the wisdom and experience of all those delivering and using the service as co-workers requires a shift in culture. Partnerships and pathways need to be developed that share values, information and systems. This will require:

- Mapping and mentoring of current and emerging services
- Training and re-education for everyone involved to arrive at mutually agreed values and goals
- Explicit contracting agreements with appropriate monitoring systems
- Shared database/on-line resource and operational practices

3. Leading the transformation of services

WLCCG is breaking new ground - eyes are watching and the whole environment will be affected. Co-production has been at the heart of the emerging plans and must be maintained so that constant feedback is embedded in the service. Additionally, there is a need to prove the service is quality assured and delivering good outcomes without this being too onerous. Key areas to consider are:
● Standardised quality targets and outcomes frameworks with regular monitoring and evaluation meetings
● Regular partner and stakeholder communication

In order to:
● Create a ‘Gold Standard’ for treatment, care and support
● Devise clear messages for lobbying and campaigning

4. Products
A host of possibilities making full use of digital space and social media:
● Peer support, navigation and self-help/self-management
● Access to a wide range of community activities that deliver on individual person-centred plans, reduce health inequalities and deliver better health and happiness
● Shared resources leading to more capacity and expertise in primary care, the community and voluntary sectors

NEXT STEPS
● Continue the conversation and write up output to include more detail.
● Onboard those not present (parallel conversations) to build commitment for future strategy and plans
● Map services and opportunities in the voluntary and community sector
● Develop costed ‘roadmap’ to be included in the business case submission (March 2016)

PARTICIPANTS
● Al-Hasaniya MWC
• BME Health Forum
• Chinese National Healthy Living Centre
• Clement James Centre
• French African Welfare Association
• Hestia RBKC Integrated Mental Health Service
• Kensington and Chelsea Mind
• Kensington and Chelsea Social Council
• Kensington Citizens Advice Bureau
• MAD Alliance/NSUN
• Migrants Resource Centre
• Open Age
• The Reader Organisation
• SMART
• St Cuthbert’s Centre
• Talking Talk Shop
• West London Action for Children
• West London Clinical Commissioning Group

VSO RESPONSES TO WLCCG QUESTIONS
How can West London Clinical Commissioning Group ensure an effective network for Self-care/Community Support and Peer Support with a wide range of Voluntary Sector Organisations?

West London Clinical Commissioning Group (WLCCG) is developing proposals for a new model of care for primary care based mental health services, the Community Living Well Service. The new service will be a vibrant, community integrated model of care which better secures the mental, physical and social health of people with long term mental health needs. In essence, the service will support people, through ‘navigators’ to access mainstream and specialist advice (e.g. around housing and employment) and activities as well as self-help and peer support.

The Voluntary Sector already provides many relevant services and those consulted very much wanted to support the Community Living Well Service.

Whilst some organisations work well together it was felt there would be a need to create a management group to ensure the network remained effective and cohesive. Careful management of areas of competition and acknowledgement that there are different ways of doing things would be needed. It was felt important not to lose specialist input from small organisations like Al-Hasaniya who have much to offer but less capacity than others and this could be addressed by allowing organisations to participate in ways they felt manageable and with the support of lead partners. A formal process of signing up to ensure commitment, possibly through a contract process would be needed as well as clearly defined roles and remits to avoid duplication (but not lessen choice). Sharing information and data needs to be addressed, potentially by having a single client database that all partners use. One organisation that works with the Whole Systems Older Adult service feels that organisations in Kensington and Chelsea (at least) work very well together within these kinds of projects and there is a wealth of experience and existing referral pathways that can be drawn on to ensure an effective network for mental health.

Funding also came up as an issue. In addition to organisations already being overstretched there are other issues where funding does exist e.g. Adult Social Care contracts are restrictive about the numbers of primary care clients that can be worked with but with the forthcoming review of day services there is an opportunity to address this and commissioners are already being written to on the subject.

A strong network would rely on good, responsive and accessible primary care services – the network could also do excellent prevention and early intervention work with the right support.
Existing Services and Community Bases

There are a plethora of community bases from libraries to theatres, schools to religious buildings and it is worth noting that the Community Champions and Health Trainers already make good use of these spaces and work well with Voluntary Organisations. In terms of services spoken to as part of the research for this fact book the following was noted:

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1 The BME Health Forum has a number of members who provide services but the BME forum itself has some building space too.
How can we make people aware of the service?

Organisations and individuals consulted all had excellent communications networks which could be used to raise awareness. An assertive outreach model was also put forward as a resource heavy but very effective method of communication, particularly for targeting socially excluded people.

The question of how to get GPs aware and using the service was raised as this has always been a stumbling block for the voluntary sector. Stigma amongst GPs and primary care workers was mentioned as an issue. The organisation working within the Older Adults Whole Systems service described how they have been able to train GPs and now have them ‘hand-holding’ people into their service – they have a very productive relationship.

Creating an on-line\(^2\), social media, print media, word-of-mouth and radio campaign would also be effective as would having the support of case studies and being able to promote marketing materials at events, in community spaces and to professionals.

**Key Elements of supporting people to help themselves to manage their care**

Choice came up as a key element in self-help support. People need to have access to a wide range of tools and social support in order to choose what they think will work best for them. Self-selection is seen as fundamental to the empowerment that comes from self-help and, ultimately, the success of the intervention.

Providing good quality information to people and their carers is key to helping people make the right choice for them and ensuring their social support network are also properly informed. The *Mental Health First Aid* programme was put forward as a good way of teaching people and community organisations about mental illness.

The *Expert Patient* programme is a proven intervention to help people manage their long term health conditions and there are plenty of trained peer tutors in West London, as well as community organisations with experience of delivering the programme. Guided self-help can take many forms and can be delivered in community settings e.g. books on prescription can be found in libraries or used in self-help group settings; CCBT can be delivered using community IT facilities and with the support of their tutors. Wellness and Recovery Action Plans work well as do Recovery Star reviews as holistic tools for managing care.

Concern was raised that people are being ‘stepped down’ to primary care that aren’t able to manage their care because of cost-cutting measures in secondary care. A working fast-track re-referral system to secondary care would be helpful. If secondary care could also support and use Community Living Well service providers that would promote smooth transitions as people move up and down the tiers of support.

\(^2\) The People First website was mentioned several times as a resource to be used.
**Key Elements of a peer support service**

Training and supporting peer support workers properly was seen as fundamental to a good quality service as was getting the right people involved to ensure they were committed. Some organisations use peer support workers in their navigator roles as it was felt they provided both useful lived experience and empathy. A directory of service user-tested resources already exists and it would be good to add to that as a communal resource for peer support workers to use.

Interestingly, there was evidence that people who come from specific communities wanted peer support workers from different communities so that their social networks would not know they were receiving support. It is important that different cultures, languages, gender, levels of education/literacy and sexuality are represented amongst the peer support workers.

**How can we ensure the service meets the needs of people with long-term mental health needs in all communities in West London?**

“Ask them and keep asking them” seemed to be the constant answer from those asked - co-production was emphasised several times. In particular having a complaints policy and encouraging feedback with peer support to help people make their views known was seen as very important.

Using the right language, promotional images and venues as well as offering the right mix of services would come from having good representation of the diversity of communities in West London within the peer support workers and on any management or steering committees. It is also important to take into account any other challenges, particularly responsibilities around dependents, working hours and physical health conditions/accessibility when providing a service.

It is important to understand the target group of service users by, for example, reviewing their data profiles and with reference to the Joint Strategic Needs Analysis. It was noted, however that data profiles are no substitute to having empathetic relationships and actually talking to people.

**What can and should Tiers 0 and 1 offer to carers?**

Carers need similar support to those they care for – information, peer support, advocacy, social networks, community activities, navigation and self-help/self-management – but it needs to come from a specific carers focus, taking into account their needs and wants. An exception could be self-help/self-management group support where the exchange between carers and service users can be helpful but this isn’t always the case. Respite was an extra service mentioned and that could be as simple as facilitating local trips and activities.