

# **Listening to Local Voices on Mental Health**

## Acknowledgements

We offer our sincere thanks to all the patients, service users, carers, professionals, including staff at Barnet Enfield and Haringey Mental Health NHS Trust, and volunteers who took part in our engagement events, meetings and Enter & View visits, and to those who shared their experiences and ideas with us, to enable us to co-produce recommendations contained within this report.

We would also like to express our utmost gratitude to the local Voluntary and Community Sector organisations, which opened their doors to enable Healthwatch Enfield's representatives to listen to the voices of local people so that we can tell their stories. We thank:

- **Enfield Carers Centre**, a local charity providing information, advice, training and other support services to people looking after someone who lives in Enfield
- **Enfield Clubhouse**, a small, independent charity set up to help people with a mental illness recover purposeful lives in the community
- **Enfield Mental Health Users Group (EMU)**, a registered charity providing group advocacy for people using Mental Health Services in the London Borough of Enfield
- **Enfield Saheli**, which offers support and advice to women in Enfield and neighbouring London boroughs
- **MIND in Enfield**, a local registered charity with a mission to promote and improve the psychological and social well-being of local people with mental health problems
- **One Housing Group**, which exists to help people to live better
- **Over 50s Forum**, who believe that by working in partnership with others they can make Enfield a better place for all and improve the quality of life for its senior citizens
- **Wellbeing Connect Services**, which offer a one-stop-shop care approach to families experiencing mental health and domestic abuse through variety of services such as independent advocacy, monthly support group workshops and training, support for schools regarding young people and a safe space for members of the community.

Finally, sincere thanks go to the tireless work of volunteers at Healthwatch Enfield who contribute so much to all that we achieve with and on behalf of local people.

We would also like to acknowledge Sarah Lee for her early work on this report and Lucy Whitman for meticulously going through every item of feedback that we had collected, to draw out key information, and for producing a draft of this document.

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# Executive Summary

More than 80,000 residents of Enfield will experience a mental health problem in the coming year<sup>1</sup>. However, planning and delivering sustainable services over time will require a new model of care for a number of mental health services locally and across North Central London. So what is the key?

For over two years Healthwatch Enfield sought the views of more than 220 mental health service users, professionals, and carers on their experiences of the support and services available within the borough. Through a robust methodology, we gathered an evidence base and identified key themes that should improve the provision of mental health services across Enfield. These themes included:

1. availability of support
2. seamless integrated care
3. a person-centred approach
4. communication

However, Healthwatch Enfield's analysis of the evidence base and themes is that they most strongly support the need for early engagement of service users, patients, carers and the public in designing and enhancing services and support. As the Five Year Forward View for Mental Health<sup>2</sup> put it: "There should be even greater emphasis put on

<sup>1</sup> Based on a statistic that 1 in 4 people in the UK will experience a mental health problem (Mind charity) for a population of 320,524 living in Enfield (Office for National Statistics (ONS), 2014)

<sup>2</sup> The Five Year Forward View for Mental Health: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

people's experience and how experts-by-experience can be seen as real assets to design and develop services."

Healthwatch Enfield recognise that, locally, there is a real commitment to improving the experiences of mental health patients, service users and carers. **Enfield Clinical Commissioning Group**, the main commissioner of adult mental health services within the borough aims, among other things, to co-design services with service users and carers.<sup>3</sup> As part of Enfield Clinical Commissioning Group's collaborative work on mental health issues with colleagues across **North Central London (NCL)**, the commissioning body aims to focus on prevention, awareness, early intervention and enablement. It is further supported by the **Healthy London Partnership**, which aspires to help London become the world's healthiest major global city and wants to increase the emphasis on prevention.<sup>4</sup> The London Borough of Enfield is a key partner in the strategic planning of local mental health services and acts as both a commissioner and a provider of services. In 2014, it published a joint mental health strategy with Enfield Clinical Commissioning

<sup>3</sup> See Enfield Clinical Commissioning Group's Commissioning Intentions 2016-17 document: <http://www.enfieldccg.nhs.uk/Downloads/Commissioning%20Intentions%20-%202016-17%20FINAL.pdf>

<sup>4</sup> See "Transforming London's Health and Care Together": <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/Indr-prospectus-upd.pdf>

Group for 2014-2019<sup>5</sup> that sets out a strong, positive vision for the experiences that local people with mental health needs should have. Among other good aspirations, Barnet Enfield and Haringey Mental Health NHS Trust, the main provider in the borough, aims to “put the needs of our patients and their carers first, and involve them fully in their care” and to support them all to “Live, Love, Do”.<sup>6</sup>

Healthwatch Enfield has no wand-waving solution to the crisis in mental health funding, care and support nationally, and we make no apologies for using our statutory role to raise some difficult and seemingly intractable issues around local mental health care and support. Nonetheless, we sincerely hope that this report will create a platform for ensuring that the limited resources available are applied in those ways that local people will find most helpful and therefore most effective.

### Healthwatch Enfield proposes:

1. with partners’ consent, to co-produce means of implementing and embedding recommendations contained within this report, with the aim of developing a local co-production approach to redesigning and improving mental health services in Enfield
2. to promote the concept of co-production through Enfield’s Health and Wellbeing Board and its member organisations

Let us work with the voluntary and community sector and statutory sector to break down the barriers, co-produce and create new models of care to meet the needs of more than 80,000 of Enfield’s residents.

<sup>5</sup> See the ‘Enfield Joint Adult Mental Health Strategy 2014 - 2019’: <http://www.enfieldccg.nhs.uk/Downloads/Policies/HHASC538%20Enfield%20Joint%20Adult%20Mental%20Health%20Strategy%202014-2019.pdf>

<sup>6</sup> See Barnet Enfield and Haringey Mental Health NHS Trust’s Vision and Values: <http://www.beh-mht.nhs.uk/our-vision-values-and-objectives.htm>





# Introduction

**“Mental health has not had the priority awarded to physical health, has been short of qualified staff and has been deprived of funds.”**

**“There is now a need to re-energise and improve mental health care across the NHS to meet increased demand and improve outcomes.”**

The Five Year Forward  
View for Mental Health



## Background

Soon after our launch in late 2013, Healthwatch Enfield became aware of quite widespread concerns that existing mental health support and services were not satisfactorily meeting the needs of local people. We heard these concerns from colleagues in local voluntary and community sector (VCS) organisations, including members of our Reference Group<sup>1</sup> who generously shared their views with us. We also heard directly from local people at events, such as a consultation on the draft Enfield Mental Health Strategy in January 2014.

In 2013 and early 2014, reports by the Care Quality Commission on wards at St Ann's and Chase Farm Hospitals also revealed a number of serious issues and the Care Quality Commission took Enforcement Action against St Ann's Hospital in January 2014.

We were aware that the concerns being raised were by no means unique to Enfield. It has been recognised, and frequently reported in the media, that mental health care nationally is underfunded, that services are overstretched and that many people with mental health conditions in all parts of the UK do not receive the care that they need.<sup>2</sup>

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1 Healthwatch Enfield's Reference Group members include: Southgate Rotary Club, Igbo Union UK, Enfield Asian Welfare Association, Mind in Enfield, Enfield Vision, North London Hospice, Enfield Mental Health Users Group (EMU), Enfield Somali Association, Diversity Living, Enfield Racial Equality Council, Enfield Turkish Cypriot Association, Enfield Saheli, Enfield Disability Action, Greek and Greek Cypriot Community of Enfield, Enfield Carers, The Federation of Enfield Residents' & Allied Associations, Kingdom of Life Chapel, One-to-One Enfield, Age UK Enfield, Over 50's Forum, Obay Community Trust and Age UK Enfield

2 These official reports include:

The Department of Health National Strategy for Mental Health, No health without mental health published in February 2011:

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

The Department of Health document Closing the gap: priorities for essential changes in Mental Health published in January 2014:

<https://www.gov.uk/government/publications/mental-health-priorities-for-change>

The CQC's 2015 survey of experiences of people using community mental health services:

<http://www.cqc.org.uk/content/community-mental-health-survey-2015>

The CQC's report on people's experiences of care during a mental health crisis care Right here, right now published in June 2015

[http://www.cqc.org.uk/sites/default/files/20150611\\_righthere\\_mhcrisiscare\\_summary\\_3.pdf](http://www.cqc.org.uk/sites/default/files/20150611_righthere_mhcrisiscare_summary_3.pdf)



## Purpose of this Report

This report seeks<sup>1</sup> to show how the provision of mental health services and support in Enfield look, through the eyes of local people who use them.

Based on two years of engagement work, the document offers local professionals involved in the planning and delivery of mental health services, including GPs, further insight into some of the issues experienced by residents of Enfield. Underpinned by the evidence base, Healthwatch Enfield's recommendations do not only give local people a strategic voice but can also be utilised to form a base for action planning to enhance provision of mental health services across the borough.

The report also highlights a few examples of good practice, which may help provide a focus around which local people and professionals can engage together.

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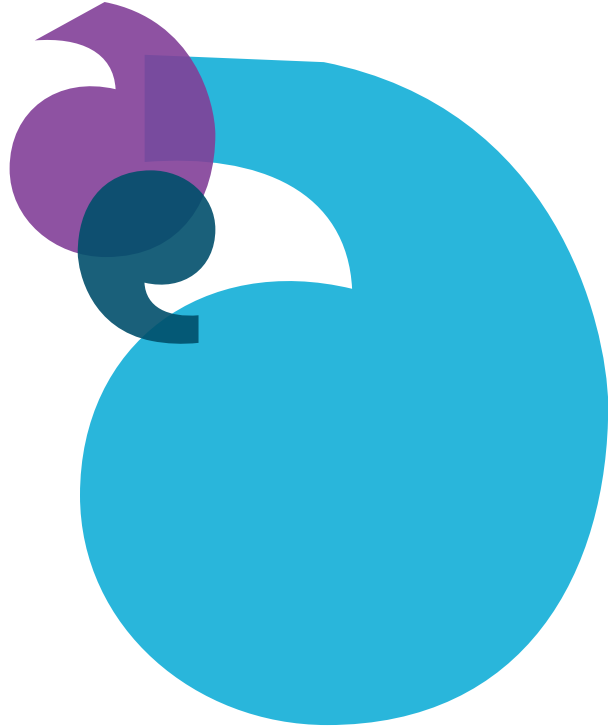
<sup>1</sup> Disclaimer: this report reflects the opinions of service users and carers who have spoken to Healthwatch Enfield in a variety of settings, but does not claim to present a comprehensive overview of mental health patients' experiences in Enfield. Comments included should be seen as snapshots of patients' views, which hopefully provide a good indication of some of the key issues.





## Methodology

To establish the evidence base, Healthwatch Enfield adopted a qualitative approach to data collection and grounded theory analysis engaging with more than 220 people. Throughout 2014 and 2015 we sought the views of mental health service users and carers on their experiences of the support and services available; we also collected feedback from staff working to provide mental health care.



We collected comments and feedback from local people with experiences of:

1. acute and tertiary care services
2. secondary services
3. community support

through:

1. focus groups and engagement events
2. online and print media including surveys and “Tell us your story” cards
3. indirect contact over the phone, via e-mail or post
4. Enter and View visits to mental health services

For details of all activities, please refer to Appendix A.

# Theme 1: Availability of Support

healthwatch



**“Admissions to inpatient care have remained stable for the past three years for adults but the severity of need and the number of people being detained under the Mental Health Act continues to increase, suggesting opportunities to intervene earlier are being missed.”**

The Five Year Forward  
View for Mental Health

## Strategic recommendations

- That mental health services are designed and available to meet patients' complex needs within a variety of settings i.e. community care, supported accommodation and acute wards
- That access to support and specialist services is made available through Primary Care / GPs
- That the role and importance of carers is recognised within Primary Care and specialist support settings

## Evidence base

### Concerns over the Availability of Adequate Support

The overwhelmingly most powerful concerns that were raised during our extensive engagement concerned instances where people with mental health problems are not receiving, or are no longer receiving, the level of support that they felt they needed. This was highlighted by service users, carers and professionals.

The issues raised ranged widely, from long-term support in the community, to support from GPs, to crisis care, to wider access to therapeutic treatments.

### Long-Term Support in the Community

**“Failure to provide care early on means that the acute end of mental health care is under immense pressure. Better access to support was one of the top priorities identified by people in our engagement work.”**

The Five Year Forward  
View for Mental Health

**continued...**

We heard from a number of regular Enfield service users that they felt anxious, or even abandoned, by what they experienced as a lack of ongoing support when they were living in the community. For example:

'Current mental health services are focused on the acutely ill. There is now almost no provision for people with long-term mental illness in the community.' (Service user)

'My social worker has told me they have to cut down the numbers of patients they see. Once they take someone off their patient list, 3 months after, the patient is in crisis again. Why are they being allowed to make people who are coping a bit better ill again 3 months later?' (Service user)

'My husband has been discharged from his support group and family counselling and feels very isolated now'. (Carer)

'I feel so let down by the way mental health services have deteriorated over the years. Self-harm and thoughts of suicide often come to mind.' (Service user)

### **Recommendation 1 on Long-Term Support in the Community**

Enfield Clinical Commissioning Group and London Borough of Enfield commissioners should invite service users and carers to work with them to co-produce commissioning intentions for adequate support services in the community for people with long-term mental illness. Service users and carers

should also be invited to help determine appropriate targets and success measures for the relevant services.

### **The Key Role of GPs**

**“GPs’ core role will be to provide first contact care to patients with undifferentiated problems, provide continuity of care where this is needed, and act as leaders within larger multidisciplinary teams with greater links to hospital, community and social care specialists.”**

Dr Arvind Madan, GP, Director of Primary Care, NHS England, in the General Practice Forward View

In the course of Healthwatch Enfield's engagement work we have heard concerns from local voluntary and community sector organisations that there are people with emerging or undiagnosed mental health issues not receiving any support from their GP, nor any guidance as to where else to seek help. We also found that longer term mental health service users were often either unaware that they could receive support and guidance via their GP, or lacked confidence in their GP's ability to give support or to make appropriate referrals. For example:

'There is a lack of experience of mental health on the part of some GPs, so the patient doesn't get appropriate help.' (Input from attendee at HW Enfield annual conference 2014)

**continued...**

'Most [service users] did not seem to see their GP as someone they would go to about their mental health.'  
(Notes from engagement event with service users)

'Do GPs pro-actively see their mental health patients periodically? If not, perhaps they should, just as they would expect to see their older, at risk, patients periodically?'  
(Service User)

There is plainly a need for GPs to provide a consistently good service that meets the needs both of people with emerging mental health issues and those with longterm mental health needs.

### **Recommendation 2 on Initial Access to Support via GPs**

Enfield Clinical Commissioning Group and London Borough of Enfield commissioners should invite service users and carers to work with them to co-produce commissioning intentions for adequate support services in the community for people with long-term mental illness.

Enfield Clinical Commissioning Group together with NHS England commissioners need to commission all GPs to identify early signs of mental ill health and to give guidance and/or make prompt, appropriate referrals. All GPs should be required to undertake adequate training to do so. Service users and other members of the public should be invited to be involved in providing the training and

in determining appropriate targets and success measures.

### **Recommendation 3 that GPs Need (Access to) Good Knowledge of Specialist Services**

Enfield Clinical Commissioning Group and NHS England commissioners must ensure that GPs are sufficiently aware of what mental health services are currently available, and of the pathways to these services, particularly for long-term mental health issues.

Alternatively, GPs should appropriately access a professional for prompt advice on services available, the referral methods, pathways, waiting times and expected outcomes.

Service users and carers should be invited to be involved in determining appropriate targets and success measures.





## Crisis Support

There is something of a crisis in mental health crisis care across the country. In its recent review of crisis care<sup>1</sup>, the Care Quality Commission found that only 14 per cent of adults surveyed felt that they were provided with the right response when in crisis, and that only around half of community teams were able to offer an adequate 24/7 crisis service. Enfield is by no means unique.

Throughout the data collection stage, service users, carers and professionals raised serious concerns with Healthwatch Enfield about the timeliness and quality of Barnet Enfield and Haringey Mental Health NHS Trust's Crisis Resolution and Home Treatment Team (CRHTT). These included lack of effective support and particularly issues caused by delays, for example:

‘The crisis people on the phone are useless, they don't know you, they don't know your background. There is no relationship there; they make you feel worse.

‘There are no proper plans for support that are followed through.’ (Service user)

‘In one case it took five hours before CRHTT arrived to assess a patient, whom they agreed needed to be admitted. After waiting over 24 hours, the family then took her to

hospital themselves. During the long wait for help, the patient was extremely disturbed, refused to eat, and the family were very worried for her safety.’ (From a carer during an Enter and View visit to an acute mental health ward)

‘Acute ward staff told us that they sometimes had to wait a long time (for example from 1pm to 6pm) for a response from the CRHTT when they were trying to organise a discharge.’ (From an Enter and View visit to an acute mental health ward.)

### **Recommendation 4 to Review CRHTT to Meet Patient Needs**

Enfield Clinical Commissioning Group and Barnet Enfield and Haringey Mental Health NHS Trust should together review the capacity and capability of the Crisis and Resolution Home Treatment Team (CRHTT) to meet patient needs.

Service users and carers should be involved in describing their recent experiences, in ensuring that the service specification is appropriate and in agreeing appropriate targets and success measures.

Many professionals, including managers of mental health wards and the mental health Recovery House, have also highlighted to Healthwatch Enfield lack of suitable accommodation in the community<sup>2</sup>.

<sup>1</sup> See the CQC report at: [https://www.cqc.org.uk/sites/default/files/20150630\\_righthere\\_mhcrisiscare\\_full.pdf](https://www.cqc.org.uk/sites/default/files/20150630_righthere_mhcrisiscare_full.pdf)

<sup>2</sup> The Recovery House has only 12 spaces for Enfield patients who have been transferred from acute care, and it can be hard to transfer people because of a lack of suitable accommodation to move on to.

**continued...**

Staff have told us of a severe shortage both of acute beds and of accommodation post discharge contributing to some of the delays that patients experience in being admitted in the event of an emergency. Maria Kane, Chief Executive of Barnet Enfield and Haringey Mental Health NHS Trust, has echoed the concerns of her teams further in BBC's Panorama programme<sup>3</sup>.

### **Recommendation 5 to Review Acute Beds and Community Support**

Enfield Clinical Commissioning Group and Barnet Enfield and Haringey Mental Health NHS Trust should review the adequacy of the number of acute adult mental health beds available, in conjunction with a review of the availability of appropriate alternative intensive support in the community.

Service users, carers and community groups should be invited to be involved in the review, to explain the impact that the non-availability of a bed or of appropriate alternative support can have on them.

**“NHS England should ensure that a 24/7 community-based mental health crisis response is available in all areas across England and that services are adequately resourced to offer intensive home treatment as an alternative to acute inpatient admission.”**

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View for Mental Health

<sup>3</sup> The Panorama programme is available to watch online until October 2016: <http://www.bbc.co.uk/programmes/b06n447l>

### **Recommendation 6 to Provide More Supported Accommodation:**

Enfield Clinical Commissioning Group should commission more supported accommodation for people with long-term mental health needs, including additional support of the type offered at Recovery Houses.

Service users and carers should be invited to be involved in the commissioning and procurement processes.

### **Access to Relevant Therapies**

NHS England will: “Invest in an extra 3,000 mental health therapists to be working in primary care by 2020 to support localities to expand the Improving Access to Psychological Therapies (IAPT) programme....which is **an average of a full-time therapist for every 2-3 typical sized GP practices.**”  
General Practice Forward View<sup>4</sup>

Despite the ongoing programme of Improved Access to Psychological Therapies (IAPT), which is due to be supplemented under plans set out in the General Practice Forward View, many people told us that there was insufficient access to therapeutic help.

<sup>4</sup> General Practice Forward View, published by NHS England in April 2016, in partnership with the Royal College of General Practitioners and Health Education England. <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

**continued...**

Of course, not everyone is eligible or appropriate for the interventions offered by IAPT, and local people have suggested to us that eligibility should be extended to people with dual diagnoses, such as a mental health issue and an addiction. We understand that some treatments can be regarded as ineffective until someone has begun to address an addiction, but we note that the Crisis Concordat Action Plan published by Enfield Clinical Commissioning Group in October 2015 appears to make no reference to dual diagnosis. Appropriate therapies and support need to be available.

In addition, service users have complained of a lack of other therapeutic interventions; for example:

‘There is strong support for increasing access to talking therapies.’ (Comments recorded at mental health strategy consultation)

‘There is a need for psychological therapies that have less restriction on who they can see, as IAPT are unable to see clients who have suicidal thoughts, have a history of drugs or alcohol abuse, or a history of longer-term mental health issues.’ (Carer)

‘Enfield’s Drug and Alcohol service is a “dumping ground” for people with a dual diagnosis of mental health problems and substance misuse, as they are not eligible for IAPT services.’ (Comment from a professional at a Healthwatch Enfield consultation event.)

‘There is a need for more innovation in supporting people with mental health needs, eg creative therapies such as art, poetry etc.’ (Service user)

### **Recommendation 7 on Wider Access to Community Therapies**

Enfield Clinical Commissioning Group, in partnership with London Borough of Enfield commissioners, should work with service users, carers and other members of the public to commission psychological therapies and other non-pharmacological treatments, including a range of talking therapies, creative activities and encouragement to exercise. These should be available to any service user or GP patient who could benefit from such treatment, including people with dual diagnoses.

Service users, carers and other members of the public should be involved in determining appropriate targets and success measures for these therapies.

### **Recommendation 8 on Therapies for Acute Wards**

Enfield Clinical Commissioning Group should commission appropriate Improved Access to Psychological Therapies (IAPT) or other one-to-one talking therapy, a range of creative activities, and exercise options for all those patients in acute wards or community settings who need it.

Service users and patients should be involved in determining appropriate targets and success measures for these therapies.

**continued...**

It has been suggested to Healthwatch Enfield that not all therapists at some services have enough patients to treat. Without commenting on the accuracy of this suggestion, it may be helpful for commissioners and providers to look into whether any of the therapists employed by different services could be shared across more than one service, where their skills allow this. Such additional flexibility could enable resources to be diverted to wherever they are most needed.

### Supporting and Listening to Carers

Carers can often feel ignored. Their concerns about the health and wellbeing of the person they care for can be ignored by professionals, as can the carers' own health and wellbeing needs.

According to an analysis by NHS England, quoted in *The Five Year Forward View for Mental Health*, the roles played by family and other unpaid carers in supporting people with mental health needs constitutes the single greatest contribution to the overall costs of dealing with mental health issues in England. The contribution of carers is valued at over £14 billion a year, with the NHS spending just over £9 billion. This underlines how essential it is, financially as well as therapeutically, to take carers seriously, listen to their concerns about their loved ones, and also pay attention to their mental and

physical health needs.

At the service users' conference convened by Enfield Mental Health Service Users (EMU) in autumn 2015, there were harrowing tales of professionals not heeding the concerns of family carers, worried that their loved ones' mental health was deteriorating severely. In at least one case, the person had subsequently committed suicide. We have also heard how the issue of patient confidentiality can sometimes prevent carers receiving information that would help them to care for their loved one, such as what the medication arrangements should be. Failure to comply with a medication regime can not only cause someone with a mental health problem to deteriorate or relapse, but can also create additional difficulties for carers.

'Professionals did not communicate important information to the carers, such as the fact that a patient had expressed suicidal thoughts.'  
(From notes of EMU conference)

'Mental health carers do not feel they are treated as "partners in care" as recommended by the Carers Trust Triangle of Care document.'  
(From engagement event with mental health carers)

Healthwatch Enfield recognises that it can be difficult for professionals to strike an appropriate balance between the potentially conflicting needs and preferences of those who are carers and those who are cared for, but encourages all professionals to involve or inform carers wherever possible.



### **Recommendation 9 to Listen to Carers**

All staff working with people with mental health issues should remember to find out about any carers, involve them wherever possible, and take notice and appropriate actions when the carers raise concerns about the person they care for.

Service users and carers should be invited to be involved in developing protocols for how this may work and for how it should be monitored. Carers of people with mental health needs have told us that they do not feel well supported. Family and other informal carers often play a vital role in the wellbeing of someone experiencing mental health problems, and yet their role may go unappreciated, or even completely unrecognised, by professionals.

‘Several of the carers are also suffering from depression and are in need of mental health services themselves.’ (From engagement event with mental health carers)

‘No, adult social care does not give me the support required for me to have a life of my own.’ (Carer)

‘Not all local GP practices are willing to cooperate with the Carers Centre. Some practices make lots of referrals to the Carers Centre, but others are not even willing to talk to the Carers Centre.’ (Carers’ support worker at engagement event)

‘We have a lot of service users who are discharged but I think that carers would be reassured if their

files were left open, but dormant, so that there is a team who is still responsible in an emergency, rather than the usual chasing different teams or arranging referrals in stressful circumstances.’ (Comment from local VCS representative)

### **Recommendation 10 on GP Support for Carers**

Enfield Clinical Commissioning Group should ensure that GPs provide proactive support to informal carers of people with mental health needs, including offering regular health checks, and referring carers to other sources of information and support, such as Enfield Carers Centre.

Carers should be invited to be involved in developing success measures for greater support for carers.

### **Recommendation 11 to Embed the Triangle of Care**

Barnet Enfield and Haringey Mental Health NHS Trust should work towards embedding the Carers Trust’s Triangle of Care<sup>5</sup> standards throughout the Trust, to ensure that carers are respected and supported.

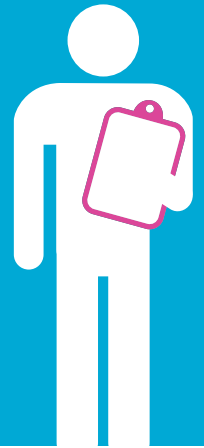
Carers should be involved in developing measures of success.

<sup>5</sup> The Carers Trust has produced a guide called The Triangle of Care, Carers Included: A guide to best practice in mental health care in England, which has recently been revised and updated. <https://professionals.carers.org/working-mental-health-carers/triangle-care-mental-health>

The guide is highly practical, and sets out how mental health professionals can work closely with family carers as partners in care, to provide the best support for patients and service users with mental health needs.

## Findings

# Theme 2: Seamless, Integrated Care



**“We should have fewer cases where people are unable to get physical care due to mental health problems affecting engagement and attendance (and vice versa). And we need provision of mental health support in physical health care settings - especially primary care.”**

The Five Year Forward  
View for Mental Health

**“Currently needs are addressed in isolation, if at all, which is not effective or efficient.”**

The Five Year Forward  
View for Mental Health

### Strategic recommendations

That services are co-produced, putting mental and physical health on a par, to ensure seamless integrated working and transfers of care

### Evidence base

Many people told Healthwatch Enfield that there was an urgent need for local residents with mental health issues to experience seamless support and care. This aligns with national and local initiatives to improve integrated working across professions, services and teams, and also fits well with a

more truly person-centred approach to care. With NHS England asking local areas to create fully integrated health and social care systems by 2020-21, there is an urgent need to make further progress in this area.

Service users and carers identified issues of poor linkages between inpatient and community mental health care; between GPs and other services; between physical and mental health care; between handovers from one shift and another, and even between different clinicians within the same service. This can cause anxiety to service users and also increase demands on the system if service users' health is affected; in severe cases, the person's health could be put at serious risk.

People told us:

“There is a lack of continuity of care, both in MH services and GP practices as there is a very high turnover of doctors and social workers. This is particularly disadvantageous to people with complex MH conditions, as it is important for professionals to be aware of their history, and also to build up trust between professional and patient.” (From engagement event with mental health carers)

“I have been in mental health since 1983 and there has never been cooperation between GPs and

**continued...**

clinics over blood test results, which makes the patient piggy-in-the-middle! I would like to see GPs share blood test results with clinics, and vice versa.” (Service user)

“Why do letters not reach the next professional?” (Community worker)

“There is no relationship between the Crisis team and Chase Farm hospital and no proper plans for support that are followed through.’ (Service User)

‘Mental health and social care services were slow to act in a crisis, and in making the assessment and then delivering the outcome. The community care needs assessment took 11 months and there is no plan in place after 1 year.’ (Carer)

### **Recommendation 12 on Seamless, Integrated Working**

Enfield Clinical Commissioning Group and London Borough of Enfield commissioners should work together to commission services that enable service users to experience more holistic, seamless care.

This is likely to require more integrated working and sharing of information across GPs, acute services, community mental health services, adult social care and voluntary sector organisations.

### **Recommendation 13 on Co-Production of Service Design**

Service users, carers and providers should be invited to be integral to designing ways for people’s support and care needs to be met in a way that is as effortless as possible for the service user. This should

also include all relevant stakeholders being involved in agreeing appropriate targets and appropriate success measures.

### **Recommendation 14 to Ensure that GPs Attend to Physical Health**

Enfield Clinical Commissioning Group and NHS England should ensure that GPs are offering regular physical and mental health reviews to patients who have an established mental health condition.

Service users and carers should be invited to be involved in determining what sort of health checks would suit most needs and how these should be delivered.

### **Recommendation 15 on Seamless Transfers of Care**

All providers of mental health services should ensure that the service user or patient is involved in drawing up and agreeing the plan to transfer them from one service into the care of another, including GP care.

**‘People told us [the Taskforce] that their mental health needs should be treated with equal importance to their physical health needs, whatever NHS service they are using - this is a fundamental principle of the Taskforce recommendations.’**

The Five Year Forward View for Mental Health

## Findings

# Theme 3: A Person-Centred Approach



A person-centred approach means treating each person as an individual and working with them appropriately on the aims, goals and needs that they identify. As well as taking account of cultural expectations and personal preferences, it should also include treating all patients, service users and carers with respect and dignity.

**“It goes without saying that people seeking NHS care need to be treated with compassion. But what is sometimes forgotten is that staff do too. The care they receive impacts on the care they are able to deliver.”**

The Five Year Forward  
View for Mental Health

## Strategic recommendations

That appropriate staffing levels are in place to ensure pathways reflect the requirements of individuals with complex needs and are tailored to individual circumstances and preferences

That the physical environment within mental health services is improved to improve patients' safety, confidentiality and respect

## Evidence base

We observed instances and heard local people' accounts indicating that staff shortages mean service users are not always treated with a person-centred approach that promotes their mental wellbeing. This is particularly true for patients on acute wards; for example:

“The incidences of aggression between patients that we witnessed and heard about, where staff apparently did not intervene effectively, suggested to us that not enough staff are available to give concerted one-to-one support to patients who are very disturbed or distressed.’ (Enter & View report)

‘I felt intimidated by another patient who entered my room and demanded money and toiletries. (The lock on my door was not working). I complained to staff and was ignored. I requested medication for my panic and anxiety - again ignored.’ (In-patient during an Enter and View visit)

“The system of allowing patients home on leave without discharging them, but not saving their place in the ward, appears to us to be an uncomfortable compromise that is likely to disrupt continuity of care and does not demonstrate a person-centred approach.’ (Enter and View report)



**continued...**

'If staff had more time to spend with patients, and patients had more opportunity to spend their time constructively in absorbing activities, it is possible that there might be a reduction in [this type of] challenging behaviour.' (Enter and View report)

The evidence base gathered by Healthwatch Enfield indicates that staff shortages in mental health services in Enfield are reducing staff capacity to provide person-centred care. Although this is particularly evident in acute settings, it is quite possible that it also plays a role in the nature and quality of care experienced in community settings.

**Recommendation 16  
to Review Staffing Levels to  
Improve Person-Centred Care**

Enfield Clinical Commissioning Group commissioners should work with London Borough of Enfield commissioners, providers, service users, carers and the Voluntary and Community Sector to build on the findings of the Carnall Farrar review of mental health care in Enfield to determine what level of staffing would be necessary to provide appropriately person-centred care, particularly, but not exclusively, in acute settings.

In addition, it is plain that the *poor physical environment* offered at the St Ann's site, in particular, is not conducive to providing person-centred care that responds to individuals' needs or treats them with dignity.

'We found that patient experience is compromised by the poor environment, with some patients

having to share four-bedded dormitories, and with limited access to secure outdoor space.' (From an Enter and View visit)

**Recommendation 17  
to NHS England and NHS  
Improvement to Improve the  
Physical Environment**

NHS England and NHS Improvement should work with any other relevant bodies to enable urgent investment in the St Ann's site, in particular, to allow patients to benefit from a modern environment more conducive to their recovery.

**Supporting minority  
ethnic groups**

It is well-known that people from certain ethnic groups tend to be over-represented among mental health service users and that cultural differences can lead to misunderstandings and even misdiagnosis. There is some concern locally that people with mental health needs from BAME (Black, Asian and Minority Ethnic) communities may not always receive culturally competent support. For example:

'It should be noted that people from the Caribbean community are often misdiagnosed and do not receive appropriate culturally sensitive treatment. The issue is not one of language but rather cultural barriers that exist in accessing healthcare.' (Comments from local voluntary sector representative)

'There are indications that people with mental health needs from BAME communities tend to

prefer to self-refer to community organisations offering support.’ (From mental health strategy consultation)

‘We need a strategy on how to roll out some of the good work done around race and mental health.’ (From Healthwatch Enfield annual conference 2015)

### **Recommendation 18 to Work with BAME Groups to Extend Good Practice**

Enfield Clinical Commission Group and London Borough of Enfield commissioners should work with providers to explore with local BAME (Black, Asian and Minority Ethnic) community groups and service users how to build on good practice so as to provide person-centred services that meet the needs of all sections of the community.

#### **Supporting people with learning disabilities**

Service users with learning disabilities as well as mental health needs do not always get timely or appropriate support. We were also told that there is no clear support pathway for people with high functioning autism who, it was said, currently fall between learning disability and mental health services. For example:

‘There was a long wait for an assessment from mental health services and learning disabilities. Complex needs are not considered – they only do one condition at a time.’ (Carer)

### **Recommendation 19 to Review Pathways for People with Complex Needs**

Enfield Clinical Commissioning Group and London Borough of Enfield commissioners should invite carers and service users to review with them the care pathways for people who have both a learning disability and a mental health condition, to ensure that people with complex needs receive appropriate treatment, and that their families receive appropriate support.

#### **Supporting Deaf people**

We have been told that there is no specific local provision for Deaf people who use British Sign Language (BSL) and who have mental health needs, nor for their families. Although we can understand that the numbers involved are small, such people could become very excluded and more ill, if their needs are not addressed; for example:

‘It is very difficult for Deaf people to access counselling services. There should be staff who are trained to use BSL to make communication easier for Deaf patients. Family and friends of Deaf people with mental health problems need help. Especially if they too are Deaf.’ (Comment at Healthwatch Enfield annual conference 2015)

With services increasingly being commissioned across the larger ‘footprint’ of North Central London (NCL), this may create opportunities to ask local people with more specialist needs, such as BSL users, whether or not they might prefer a pan-NCL service, if it were able to be more tailored to their requirements than a purely Enfield-based service.

### **Recommendation 20 to Review Person-Centred Support for Deaf Service Users**

Enfield Clinical Commissioning Group and London Borough of Enfield should invite Deaf service users and carers to co-produce commissioning intentions for local mental health services that are accessible and appropriate to Deaf people, whether across North Central London or just for Enfield.

#### **Interpreting services**

A number of local people have told us of problems with the accuracy of interpreting services when accessing health services, including mental health support, which can lead to misdiagnoses and mistreatments. Those using interpreting services - both the individual and the care professional - could be completely unaware of any inaccuracies or failings by the interpreter.

Healthwatch Enfield recognises that it may be difficult to ensure high quality interpreting at all times as there is no independent check on the performance of interpreters. At present, the only control is that interpreters are required to have appropriate interpreting qualifications, but this does not necessarily mean that they are competent to deal with potentially technical health matters, including mental health matters.

We propose that consideration be given to systematically collecting and acting on feedback from users about the interpreters provided to interpret. This should not involve much cost, and could improve the quality of

interpreting, if services decline to use interpreters who have received a number of poor ratings. Such an approach may be applicable across NCL and not just Enfield.

### **Recommendation 21 to Review How to Improve Interpreting Services**

Enfield Clinical Commissioning Group and London Borough of Enfield commissioners should work together with service users, carers and providers to agree on ways to try and improve interpreting services used for health and social care, including mental health.



# Theme 4: Communication



Poor communication can cause uncertainty, confusion and anxiety and could contribute to delays in people receiving the appropriate treatment or support. In the course of our work, we heard or witnessed ways in which communication could be improved across many aspects of the mental health 'pathway'.

## Strategic recommendations

That all means, channels and forms of communication within mental health services, including between staff, staff and patients, and between staff and carers, are reviewed to improve patients' and carers' experience

That mental health service staff have relevant knowledge, which is underpinned by availability of information materials for patients, their families and carers

That mental health awareness training is available to professionals working with people with mental health needs

## Evidence base

We heard that some service users would like more information when *admitted* to hospital, which they would then take in as soon as they felt able. During our Enter and View visits, Healthwatch Enfield found that the quality of information provided by acute wards to patients and carers was inconsistent and in some cases very poor, and this was reflected in feedback at engagement events. For example:

'Although some service users questioned the necessity or importance of giving seriously ill patients a written information pack, others thought it essential, even if the person could not absorb it initially.' (Notes from consultation event)

'It was stressed that it was important that providers not rely solely on written information, as some patients would not be able to read it or take it in, either because of their condition, or because they were not fluent in reading English etc. So speaking to patients about the information was also essential.' (Notes from consultation event)



### **Recommendation 22 to Provide Information Packs on Acute Wards**

Service users and carers should be invited to be involved in developing clear and up-to-date information packs that can be given and also explained to all patients when they arrive on a ward. All information provided to patients and families, including on noticeboards, should be regularly reviewed and updated.

Feedback from a wide range of service users, carers and community workers pointed to an even more pressing need for much better communication with patients and their carers when they are transferred (or discharged) from hospital to GP care, care in the community or other specialist services. For example:

'Patients being discharged from an acute ward should be given a plain English discharge plan explaining clearly what to expect next and how to get help if needed.'  
(Community worker)

'There is a need for much better communication over discharge arrangements; why people are being discharged, ongoing support such as mental health drop-in services and the support that people can access if they need to.'  
(Service User)

'There are concerns about discharge to primary care from secondary care and about the language that is used, i.e. that the word "discharge" may give the impression to the service user that they are being abandoned, rather than emphasising the continuity

of care they should receive from GP and community services when they leave hospital.' (Comments at mental health strategy consultation)

### **Recommendation 23 on Communication Around Transfers of Care**

Service users who are being transferred from specialist mental health services to the care of their GP should be helped to understand the reasons for this change, and should receive good information about sources of ongoing support in the community. Service users and, where appropriate, their carers should be involved in drawing up and agreeing any plan to transfer them into GP care, including a backup plan in case of need.

Feedback received by Healthwatch Enfield has also clearly demonstrated that many service users living in the community had no understanding of why their support arrangements had been reduced and/or changed; this was true even for some people still in regular contact with low level support services. For example:

'I don't understand why I only see my psychiatrist once a year as he is the only person who is in charge of my dosage of medication.'  
(Service user)

'Someone who had taken on a part-time job had been told that if they were able to work, they could not require so much support as before, but they could not accept this. The person felt they needed a "safety net" and feared ending up back in hospital if they had no ongoing support.' (From engagement event with service users)



### **Recommendation 24 on Communication Around Changes to Support**

All providers of mental health services should ensure that the service user or patient receives clear communication around any changes to their care or support arrangements, including a clear explanation as to the reason for this change. Service users and, where possible, their carers should be involved in drawing up and agreeing any plan to make changes to an individual service user's care or support arrangements, including a back-up plan in case of emergency.

In improving their communication with patients, it is essential that professionals do not overlook carers. We heard that patients and carers do not always feel listened to when they raise concerns. For example, on one of our Enter and View visits, where carers were dissatisfied with the patient's care, the family member felt that the 'patient was too scared to complain and that staff didn't want to talk to relatives.'

### **Recommendation 25 to Listen to and Communicate with Carers**

Mental health professionals should be more willing to listen to informal carers and to communicate with them when carers express concern over the apparent deterioration in the mental wellbeing of a patient. Carers and service users should be invited to be involved in drawing up good practice guidelines for professionals to follow and in determining measures of success in making improvements.

There were numerous comments about changes of staff across all services. While Healthwatch Enfield understands the reasons behind some of the staffing issues, we believe that more could be done to mitigate the impact on patients and service users.

### **Recommendation 26 on Improving Communication between Staff**

Service users and carers should be invited to work with professionals to draw up a protocol on what sort of information they would like to be recorded and passed on among staff to improve the seamlessness of their care.

Throughout our engagement work, service users and their carers expressed their discontent with poor communication about cancelled appointments, which could have an adverse impact on service users. It was noted that:

'Service users receiving these services are very vulnerable people, and professionals cancelling an appointment should always send a letter explaining the reason for the cancellation.' (Community worker)

### **Recommendation 27 to Inform People about Cancelled Appointments**

Care coordinators and other professionals should make every effort to keep appointments, should always let service users and carers know immediately if an appointment needs to be cancelled at short notice, and should follow up promptly with a full explanation and a rearranged

**continued...**  
appointment.

Service users and carers told us of lack of clarity around personal budgets.

### **Recommendation 28 to Improve Professionals' Knowledge of Personal Budgets**

Care coordinators and other professionals should receive regular, up-to-date training to ensure they understand and can explain to service users the basics of personal budgets and know who can provide them with more detailed information.

Although there has been a very welcome change in tone in the public debate around mental health in recent years, the problems of poor understanding and stigma remain. These can contribute to delays in people seeking help and to delays in recovery, as people may not feel able to communicate openly with others about their mental health problem.

As noted in The Five Year Forward View for Mental Health, "The employment rate for adults with mental health problems remains unacceptably low: 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population and 65 per cent of people with other health conditions." Poor understanding of mental health issues can cause specific problems for service users, for example:

"There is a mismatch between the sort of jobs suggested at job

centres to people in recovery from mental illness and the sort of jobs which would be appropriate, sometimes leading to people being sanctioned and having their benefits withdrawn because they were perceived as not making themselves "available for work". (Comments recorded at mental health strategy consultation 2014)

### **Recommendation 29 to Extend Mental Health Awareness Training to JobCentre Plus**

Enfield Clinical Commissioning Group and London Borough of Enfield commissioners should work together to commission mental health awareness training for frontline staff of JobCentre Plus offices in the borough.

Service users should be invited to be involved in designing, and possibly delivering, the training.

**"Employment is vital to health and should be recognised as a health outcome. The NHS must play a greater role in supporting people to find or keep a job."**

The Five Year Forward  
View for Mental Health

# Good Practice within Mental Health Services

Throughout the period of establishing an evidence base for this report, Healthwatch Enfield became aware of examples of good practice in mental health services within the borough and beyond.

We welcome a number of local initiatives and we would like to see these systematically spread to all relevant services. Enfield's good practice should not be a matter of individual initiative, but of sustained organisational effort; an effort that is underpinned by methods for spreading and implementing good practice within organisations, across boroughs and across providers. The greater involvement of service users and carers would support this.



Within this section, we also include examples of national initiatives not because we think that commissioners and providers will be unaware of them, but because they may be **worthy of exploration by commissioners and providers, working together with service users and carers in Enfield**, to explore the journey of co-production.

## Local Examples of Good Practice

### 1. Commendation for Barnet Enfield and Haringey Mental Health NHS Trust for Acting on Patient Concerns

During our Enter and View visit to Barnet Enfield and Haringey Mental Health NHS Trust's Downhills Ward, we were pleased to find that learning from **complaints from patients or residents about "staff attitude"** had been taken seriously and acted upon with the introduction of training on cultural awareness, communication and customer service skills.

### 2. Commendation for Rethink Mental Illness Recovery House re Service User and Staff Relationships

In the course of our Enter and View visit to Enfield's Recovery House on Green Lanes, run by Rethink Mental Illness we found that the **relationships between service users and staff in Suffolk House** appeared to be a model of good practice. A systematic training programme for staff helped to ensure a consistent and high quality experience for service users.

### 3. Commendation for Rethink Mental Illness Recovery House Welcome Pack

The **Rethink Mental Illness welcome pack** provided to patients arriving at the Suffolk House Recovery House appears to

Healthwatch Enfield to be a model of good practice that provides a range of practical information for service users and should be considered by other mental health services, in conjunction with their users.

### 4. Commendation for Enfield Council re Drop-Ins

Many of the service users we met at the women's drop-in and at the mixed drop-in at the Mental Health Resource Centre at Park Avenue expressed strong appreciation for these services. Service users valued the combination of **social interaction, food, advice, and encouragement** that they received. We include this as an example of good practice as service users' regular attendance, as well as some of the feedback received, suggests that this support service is well-regarded.

### 5. Commendation for Enfield Clinical Commissioning Group re a Willingness to Trial New Approaches

Enfield, along with other boroughs, has **trialled the 'Big White Wall'** online service where people with mental health problems can sign up for the support of an online community and also receive expert mental health advice.

Healthwatch Enfield **welcomes Enfield commissioners' willingness to trial new approaches** to supporting people with mental health problems.

## 6. Commendation for Barnet Clinical Commissioning Group re Co-Production

In Barnet which like Enfield is served by Barnet Enfield and Haringey Mental Health NHS Trust, an initiative by Barnet Clinical Commissioning Group called **Barnet Breakfast Club** brought together service users, carers, the London Borough of Barnet's councillors, mental health service providers from across the primary, secondary and community sectors, and clinical and social care staff. The purpose of the series of Breakfast Club meetings was to instigate a process of 'participative redesign' of the Borough's mental health service models. At the same time, work commissioned from UCL Partners by Barnet Clinical Commissioning Group clearly indicated that community-based, responsive services were essential to prevent escalation of conditions and to reduce emergency admissions.

Healthwatch Barnet has reported favourably on this initiative, which has apparently led to people from the Breakfast Clubs forming 8 co-design groups working towards developing and refining specific services, and work is ongoing on this.

Healthwatch Enfield welcomes the co-production at the core of this work in Barnet and would like to see co-production work developed further by commissioners and providers in Enfield.

## Examples of Good Practice from elsewhere

### 7. Good Practice in Co-Designed Mental Health 'Safe Spaces'

Across the country, co-production of services has led to the creation of 'safe spaces' where informal and formal support is provided for people experiencing mental health problems.

For example, 'Talking Shops'<sup>1</sup> in Doncaster and Scunthorpe enable members of the public to walk in off the street and receive information or advice about any mental health problems they may be experiencing, such as depression, panic or phobias. The service also refers people into the local IAPT provision and referrals have reportedly soared.

In Aldershot, on the Hampshire/Surrey border, service users themselves initiated the idea of the 'Safe Haven' café<sup>2</sup>. It is an evening drop-in where people can go if they need support. Anyone experiencing a mental health issue, diagnosed or not, can drop in for a cup of tea and a chat and be referred for more formal help, if required. NHS staff and third sector partners are on site to provide mental health crisis support.

1 <http://mentalhealthpartnerships.com/project/talking-shops-in-doncaster-and-scunthorpe/>

2 <https://www.england.nhs.uk/mentalhealth/case-studies/aldershot/>



**continued...**

Its success in 'de-escalation' is believed to have contributed to a one-third reduction in mental health hospital admissions in the area over a seven month period.

**8. Good Practice re Person-Centred Care**

A home treatment team (HTT) in Bromley<sup>3</sup> in South London, tasked with helping keep people with mental health crises out of hospital, says **its success is due to patients constantly helping them to improve their care.**

The Bromley Home Treatment Team, providing outreach care 24/7 to people in crisis, seeks to support people at home and avoid unnecessary admissions to hospital. Bromley was one of the pilot sites for the new Royal College of Psychiatrists' Home Treatment Team accreditation system. They use a **realtime "outcomes measurement" system** so professionals can see the severity of patients' mental health, monitor changes over short time periods, and use the information both to aid clinical decision making and to get a better understand of what is working well (and less well).

<sup>3</sup> <http://mentalhealthpartnerships.com/project/bromley-home-treatment-team/>

**9. Good Practice re Parity of Esteem**

According to NHS England, Leicestershire Partnership NHS Trust (LPT)<sup>4</sup> is one of just a few trusts in the country that is pursuing changes designed to ensure that the physical health of people with mental health illness is treated as importantly as their mental health.

Leicestershire Partnership NHS Trust has developed a physical health register to try to ensure that every adult on its mental health wards gets a 'physical MOT'; a set of checks including weight, blood pressure and blood tests and is asked about smoking, alcohol consumption, substance misuse and diet.



<sup>4</sup> <https://www.england.nhs.uk/mentalhealth/case-studies/leicester>

## Replicating Good Practice in Enfield?

Adopting new delivery models is never easy but the approach creates opportunities for innovating on the frontline, creating new partnerships and re-energising the local community.

It may be argued that implementing tested models for providing mental health support and services within Enfield requires additional resources. However, according to data published by the National Audit Office, **many Clinical Commissioning Groups are, like Enfield Clinical Commissioning Group, under-funded** compared to their target allocation<sup>5</sup>.

North-East Hampshire and Farnham Clinical Commissioning Groups, for example, where the 'Safe Haven' café was established, was 'underfunded' by some 3.7% compared to its target allocation in 2014-2015, using the National Audit Office figures. Both East and West Leicestershire Clinical Commissioning Groups were underfunded by 7.2% and 5.2% respectively. Bromley Clinical Commissioning Group was underfunded by some 8.2%. In the same year, Enfield Clinical Commissioning Group was underfunded by 6.7%.

Healthwatch Enfield takes heart from the fact that even in areas that are below their target funding allocations, it has been possible for good co-production work to take place, leading to interesting and positive initiatives. We hope that similar initiatives that build on the learning from their predecessors will also prove possible in Enfield.

<sup>5</sup> 'Funding healthcare: Making allocations to local areas. Allocations to local commissioners 2014-15' published by the National Audit Office (NAO).  
<https://www.nao.org.uk/wp-content/uploads/2014/09/Funding-healthcare-making-allocations-to-local-areas-Allocations-to-local-Commissioners-2014-2015.pdf>

# Conclusion and Next Steps

The message is clear. The voices of service users and carers should be at the core of designing and improving mental health services in Enfield.

For over two years, Healthwatch Enfield has listened to people's stories. Stories about their successes, struggles and challenges. Stories that helped us develop an evidence base for answering the basic question of "What works?"

Enfield's residents have told us...

... it is about embedding continuous co-production to ensure services meet the ever-changing needs of the ever-changing population within the borough

... it is about service users, patients, carers and the public working alongside mental health professionals, commissioners and decision makers having the voice of influence and power

... it is about flexibility, responsiveness, innovation and risk taking.

As recommended by the Five Year Forward View for Mental Health:

1. Decisions must be locally led
2. Services must be designed in partnership with people who have mental health problems and with carers
3. Inequalities must be reduced to ensure all needs are met, across all ages
4. Care must be safe, effective and personal, and delivered in the least restrictive setting

On behalf of Enfield's residents, as their statutory champion, Healthwatch Enfield is making the first step asking others to co-produce means of implementing and embedding recommendations contained within this report, with the aim of developing a local co-production approach to redesigning and improving mental health services in Enfield.

Only through working together and across all levels, can we co-produce truly responsive services, therefore Healthwatch Enfield's aim is to promote the concept of co-production through Enfield's Health and Wellbeing Board and its member organisations.

**"There should be even greater emphasis put on people's experience and how experts-by-experience can be seen as real assets to design and develop services."**

The Five Year Forward View for Mental Health

## Appendix A: Healthwatch Enfield's Collection of Evidence

Throughout 2014 and 2015 Healthwatch Enfield sought the views of mental health service users and carers on their experiences of the support and services available. We also collected feedback from staff working to provide mental health support.

We collected comments and feedback from local people with experiences of acute services, intermediate services, and support received in the community. We conducted four Enter and View<sup>1</sup> visits to mental health services, collecting detailed information, and also trialled a mental health service users survey in 2014. In all, we estimate that in our work on mental health over two years, we have engaged directly with and/or heard from more than 220 people:

- at least 130 mental health service users
- at least 28 carers of people with mental health needs
- at least 39 staff working with people with mental health needs
- plus a further number who sent us information or feedback for example by phone, email or survey

<sup>1</sup> Healthwatch Enfield has the statutory authority to carry out Enter & View visits to health and social care premises to observe the nature and quality of services. We can hold local providers to account by reporting on services and making recommendations. See <http://www.healthwatchenfield.co.uk/enter-view>

We undertook targeted focus groups and engagement events specifically around mental health issues with the following:

- Enfield Clubhouse
- MIND service users drop-in
- Enfield Mental Health Users Group (EMU) “speakers corner”
- Mental Health Resource Centre women’s drop-in
- Mental Health Resource Centre mixed drop in
- Emerald House (One Housing)
- Park Road (One Housing) house
- Saheli Asian women’s drop-in
- Carers Centre Mental health carers group
- Wellbeing Connect Services

We also collected feedback on mental health issues in the course of general engagement work with other groups, including:

- Carers Centre GP forum
- Chinese Community
- Over 50s Forum
- Turkish Community
- Parent Engagement Panel local meetings
- Other parent groups
- Healthwatch Enfield Annual Conferences 2014 and 2015
- The Healthwatch Enfield Reference group

By attending or participating in engagement events organised by other organisations, we also collected further helpful information:

- Enfield Mental Health Service Users (EMU) conference on Enablement and Wellbeing, September 2015, with over 100 attendees
- MIND-in-Enfield Annual General Meeting (AGM), September 2015, with over 60 attendees

In addition, we met staff at:

- Enfield Mental Health Users Group (EMU)
- MIND-in-Enfield
- Patient Experience staff at Barnet Enfield and Haringey Mental Health NHS Trust

Enter and View visits conducted:

**The Oaks Ward, Chase Farm**  
mixed ward for older patients (65 plus) needing inpatient mental health treatment (visit conducted jointly with Healthwatch Barnet, December 2014)

**Suffolk Ward, Chase Farm**  
adult female acute mental health ward (visit conducted jointly with Healthwatch Barnet, March 2015)

**Downhills Ward, St Ann's Hospital**  
adult female acute mental health ward (visit conducted jointly with Healthwatch Haringey, March 2015)

**Suffolk House, Palmers Green**  
mental health recovery house provided by Rethink Mental Illness with clinical support from BEH MHT Crisis Resolution and Home Treatment Team (CRHTT) (October 2015)

All published reports on our Enter & View visits to mental health services appear on Healthwatch Enfield's website.<sup>2</sup>

<sup>2</sup> <http://www.healthwatchenfield.co.uk/enter-view>







If you would like to discuss this report or its findings and recommendations, please contact Healthwatch Enfield

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