Mind & Body Social Care Engagement Report

Executive Summary

In July 2018, the Southwark and Lambeth Strategic Partnership (SLSP) Board approved funding for a 12-month plan to support and strengthen the Mind & Body programme’s out-of-hospital work. This programme of work began in October 2018 and included, amongst other initiatives, a focused engagement piece with the Southwark and Lambeth social care workforce.

Our engagement activities were designed to explore the views of the social care workforce, capture their experiences of delivering it, and identify any particular challenges or outstanding education needs. We also sought to engage with service users directly to capture their experiences of local care provision. A number of findings and recurring themes emerged, including:

• Many social care service users have both physical and mental healthcare needs, meaning that social workers commonly feel that mind and body care is a central component of their role
• Mind and body care is important as it improve service users’ care and the perception of their care, improve clinical outcomes and quality of life, help prevent yet further declines of health, and provide support for carers as well
• However, staff face frustrations from a number of barriers that can limit their ability to deliver effective mind and body care, such as:
  o Organisational barriers, including difficulties identifying and accessing other community or medical services
  o A lack of resources, funding, and staff capacity
  o Communication barriers with service users, due to challenges such as language barriers, sensory impairments, and learning disabilities
• Staff also raised that a lack of skills and confidence can hinder the delivery of mind and body care
• There is a strong desire to better recognise the importance of staff health and wellbeing, with many staff noting that efforts to reduce stress and increase resilience would allow them to be happier, more effective, more motivated in their roles
• Service users appreciate mind and body care, but experience frustration with time limited consultations and often feel a mismatch between what they believe to be important, and what healthcare professionals deem important.

The funding for this work runs to September 2019, but as a reflection of our commitment to maintain greater engagement with the social care workforce, we will continue to increase awareness of the resources we can offer to this sector, including the Mind & Body education offers and Health and Wellbeing Toolkit. We will also continue to raise awareness of the Mind & Body Champions network as a way for all staff to stay involved and up to date with mind and body initiatives taking place over south east London. Importantly, we will also continue to seek opportunities to engage with service users to build a wider understanding of their concerns,
**Background**

The mind and body are inseparable, and people's physical and mental health conditions are often connected. In recognition of this, the Mind & Body programme seeks to help join up mental and physical healthcare, research, and education.

Working across the King’s Health Partners - King’s College London, Guy's and St Thomas’, King’s College Hospital, and South London and Maudsley NHS Foundation Trusts - and with other organisations across south east London, the Mind & Body programme focuses on three key priority areas by:

- proactively identifying and assessing the physical, psychological, and social needs of service users
- enhancing or developing holistic services to fully embed a mind and body approach across our partnership
- offering learning and development opportunities to upskill our workforce with the knowledge and confidence to practice whole person care.

Throughout the development and implementation of all our activities, we are committed to engaging staff, patients, service users, their families and carers, and the wider communities we serve.

In July 2018, the Southwark and Lambeth Strategic Partnership (SLSP) Board approved funding for a 12-month plan to support and strengthen the Mind & Body programme’s out-of-hospital work - from 1 October 2018 through to 30 September 2019. Amongst other activities, this work included a focused engagement piece with social care staff across Southwark and Lambeth.

The importance of delivering care across traditional disease specialties and health and social care boundaries is becoming increasingly apparent as the number of people with multiple conditions rises.¹ ² In Southwark and Lambeth, around 140,000 people (one in five) live with at least one long-term condition, and just over 19,000 live with three or more.³ While there are numerous risk factors for developing disease, a person’s background and social context – their employment, housing, and education status for example – have an important impact on disease risk. Such factors also influence how a person experiences these conditions and how readily they can access care. Furthermore, while efforts to improve clinical outcomes are undoubtedly important, there is evidence to suggest that maintaining, or regaining, the ability to engage in day-to-day aspects of living is considered of equal importance by patients.⁴

In recognition of this, we used this engagement work as an opportunity to conduct a review of social care teams’ perceptions on mind and body care, and to capture their experiences of delivering it. We also explored the learning needs of the social care workforce and facilitated access to our existing and bespoke education and training courses where relevant. It is our ambition that this work will allow us to ensure future training offers are as relevant to all staff and, over the long term, identify opportunities to enhance existing services across South East London to support the delivery of bio-psycho-social care.

Since October 2018, we have contacted all social care teams across Southwark and Lambeth – a total of 15 teams in Southwark, and a further 14 in Lambeth. We took advantage of our initial contact efforts to provide all teams with a brief overview of the the Mind & Body programme and links to further information, ensuring that if we were unable to meet in person, staff would be aware of our work and the associated training offers.

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³ Guy’s and St Thomas’s Charity (2018). From one to many: exploring people’s progression to multiple long-term conditions in an urban environment.
⁴ Ben Collins (2019). Outcomes for mental health services: What really matters?
Mind & Body staff members have subsequently facilitated five in-person meetings across Southwark, and eight meetings in Lambeth. Some of these meetings were with discrete teams or day centres, while others provided an opportunity to present at manager meetings which are attended by staff from numerous teams and provided a platform from which to more widely cascade information about the Mind & Body work. We also attended forum meetings that included representatives from both social care and the voluntary care sector. Lastly, and where possible, we also spoke to service users to gather their experiences. Collectively, this has led to engagement activities with a total of 180 staff and service users. Full details of these meetings are provided in Table 1.

Each of these in-person meetings followed a similar agenda; after an introduction to the Mind & Body programme, staff were asked to complete a paper questionnaire of the following questions, before wider guided discussions provided an opportunity for staff to expand on their answers:

1. Before meeting with the Mind & Body team, were you aware of the crossover between mental and physical health needs of many patient?
2. How confident would you feel in addressing a patient/service user needs regarding interacting mental and physical health? [Very confident/Confident/Neutral/Unconfident/Very unconfident]
3. Why is mind and body care important to someone accessing social care services?
4. Why is mind and body care relevant to staff working in social care services?
5. What might be the benefits of taking a mind and body approach in social care services?
6. What are the challenges to providing mind and body care within social care services?

Not all teams discussed each question necessarily, and there was discussion about wider issues and topics which provided additional rich qualitative insight. Discussions were ultimately driven by what the teams’ themselves considered most salient. In recognition that not all teams had capacity to meet with us in person, we also circulated these questions as an online survey to allow others to input information at a time that suited them. The survey has also been included in the Mind & Body Champions newsletter, and social care newsletters in an effort to increase completion rates.

Table 1 - Overview of teams and patient groups with whom we engaged with

<table>
<thead>
<tr>
<th>Team or patient group</th>
<th>Number of participants</th>
</tr>
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<tbody>
<tr>
<td><strong>Southwark</strong></td>
<td></td>
</tr>
<tr>
<td>Southwark managers meeting</td>
<td>5</td>
</tr>
<tr>
<td>Learning disabilities and all-age disabilities service</td>
<td>6</td>
</tr>
<tr>
<td>Mental health service</td>
<td>20</td>
</tr>
<tr>
<td>Community Southwark mental health providers-led group meeting</td>
<td>7</td>
</tr>
<tr>
<td>(both social care and voluntary sector staff)</td>
<td></td>
</tr>
<tr>
<td>Southwark Wellbeing Hub information sharing meeting (both social care and voluntary sector staff)</td>
<td>20</td>
</tr>
<tr>
<td><strong>Lambeth</strong></td>
<td></td>
</tr>
<tr>
<td>Lambeth managers meeting</td>
<td>8</td>
</tr>
<tr>
<td>Learning disabilities service (via phone)</td>
<td>1</td>
</tr>
<tr>
<td>Substance misuse service</td>
<td>4</td>
</tr>
<tr>
<td>South and North older people teams</td>
<td>35</td>
</tr>
<tr>
<td>Reablement and admission avoidance</td>
<td>14</td>
</tr>
<tr>
<td>Lambeth Walk day centre</td>
<td>15</td>
</tr>
<tr>
<td>Central Hill day centre</td>
<td>12 staff, 4 service users</td>
</tr>
</tbody>
</table>
A detailed overview of the conversations held during these meetings is included below.

**Importance of mind and body care within social care**

The paper questionnaire staff were asked to complete included the question ‘*Before meeting with the Mind & Body team, were you aware of the crossover between mental and physical health needs of many patients*’?

100% of those who answered responded ‘yes’, with many adding that a clear majority of their service users have both a physical and mental health condition. Indeed, while staff did variably refer to ‘mind and body care’ by this term - or others such as holistic and person-centred care - most acknowledged that such an approach is simply part and parcel of their role within social care.

In wider discussion, it was clear that staff are acutely aware of the ways in which mental and physical health conditions can interact with one another. For example, many explained that a person’s mood and mental state can influence physical health by impacting on their ability and motivation to manage long-term conditions. Many held the view that a negative mental state can also reduce the rate at which people can recover from more acute physical concerns, with several staff describing a link between mood and the immune system. The strength and importance of this link led one staff member to argue that ‘feeling well’ should be considered just as important as ‘actually being well’.

Others explained how they often witness how physical conditions can cause a decline in a service user’s mental health, typically attributing this to symptoms such as tiredness and pain, and the burden – or ‘drain’ - of having to continuously manage their conditions. Many staff acknowledged that their service users often have a poor diet, do not exercise, engage in alcohol/substance misuse, or are socially isolated and notice how these circumstances can impact on both physical and mental health.

As such, staff were unanimous in their belief that there is a clear need for mind and body care in social care. We repeatedly heard that the mind and body are so interconnected that successful treatment will need to incorporate both - otherwise, many staff felt that their service users’ needs would simply not be met.

**Benefits of mind and body care to service users**

Staff routinely recognised that mind and body care can have wide-ranging benefits to their service users, with common themes including how it can:

- Improve service users’ clinical outcomes by allowing individualised care
- Improve service users’ quality of life
- Improve service users’ perception of care and satisfaction
- Reduce the burden experienced by service users’ due to multiple appointments with different staff
- Reduce yet further decline in health by allowing preventative steps to be taken.

<table>
<thead>
<tr>
<th>Sensory Impairments service user group</th>
<th>1 staff, 17 service users</th>
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</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>King’s College Hospital NHS Foundation Trust, hospital-based team</td>
<td>8</td>
</tr>
<tr>
<td>Guy’s and St Thomas’ and King’s College Hospital NHS Foundation Trusts Team, Lambeth Social Services</td>
<td>1</td>
</tr>
<tr>
<td>Additional online survey responses</td>
<td>2</td>
</tr>
</tbody>
</table>
Many staff placed a particular emphasis on the importance of mind and body care in improving quality of life. Staff explained that service users – especially those who experience both mental and physical healthcare needs - are often vulnerable and socially isolated. As such, they felt that a more holistic approach to care is an important way to improve self-esteem, confidence, and independence. One staff member explained that taking a ‘whole person’ approach to care (rather than focusing on specific concerns) can help service users feel reassured that their concerns will be addressed sensitively, and without negativity or judgement. Others added that a mind and body approach can encourage greater engagement in day-to-day activities and increase access to community activities, thereby promoting social inclusion and reducing isolation.

Staff also frequently felt that it is not only health outcomes that are important, but also the perception and experience of care. They noted that service users are more likely to be satisfied with the standard of their care if greater emphasis is placed on providing holistic care through multi-disciplinary working.

Another recurring theme was the importance of mind and body care in preventing a further decline in health. Staff felt that holistic care can frequently help service users adhere to therapies and lifestyle changes, which can improve their general wellbeing and reduce the (re)occurrence of injury and illness.

Of note, while we had explicitly asked staff to consider the benefits of mind and body care for service users, a recurring theme was that mind and body care also has important implications for their families and carers. Most staff explained that they are acutely aware that carers also often experience poor mental health, social isolation, or are elderly. Many staff felt reassured that by providing high quality mind and body care to service users, they are also providing respite for carers.

Relevance of mind and body care to staff delivering professional care

Discussions on the relevance of mind and body care for staff revealed several key themes, including how it is an important enabler for them to provide high-quality care by allowing:

- Individual staff members to develop good relationships and communication channels with service users
- Teams to make better use of limited resources and funds to increase the effectiveness of their services
- A more resilient workforce that experiences less stress and greater job satisfaction.

Almost all staff members emphasised that a mind and body approach can help them to develop personal relationships with service users, which leads to greater understanding and improved communication.

The perceived benefits of this were two-fold. Firstly, many staff felt that only by taking a mind and body approach to assessments could they identify and meet service users’ needs. As such, there was a strong sense that mind and body care is important for staff as it provides a way for them to perform their role effectively.

Secondly, many staff felt that mind and body care can help them perform their role as it can encourage greater engagement from service users. Several explained that service users can feel more valued and supported when they receive holistic care, which can contribute to higher levels of trust in staff. In turn, this can facilitate a more collaborative approach to care, which can increase engagement and adherence - ultimately allowing staff to provide effective care and help achieve better outcomes.

Reflecting on the importance of prevention, staff also noted that an emphasis on whole person care makes it easier to notice changes in behaviour or mood which might indicate a decline in physical or mental health. This was deemed particularly important for staff working with those for whom verbal communication is
challenging. Staff felt that this helps them to identify when additional services are needed to help prolong periods of good health.

Staff also raised that when a whole team takes a mind and body approach, they can collectively make better use of limited time, funds, and resources to more efficiently run their service. Staff also felt that a collaborative approach to care can improve their ability to signpost and refer to other services, which helps them feel confident that service users are receiving an appropriate level of care at all times.

More broadly, since staff typically felt that mind and body care is central to their role, many recognised that the ability to deliver it can have wider benefits in terms of increasing job satisfaction and reducing levels of stress. This was felt to contribute to more effective and efficient care provision, with the downstream effect of yet further improved outcomes for their service users.

**Benefits to staff in terms of their own health and wellbeing**

A common interpretation of the question ‘Why is mind and body care relevant to staff’ revealed the equal importance of acknowledging the health and wellbeing of the workforce as well as service users.

Indeed, discussions around staff health and wellbeing formed a predominant focus of many of our engagement meetings. Many staff explained that while they routinely take a mind and body approach to others, they often neglect to find the time to consider their own wellbeing. Others felt, at times, uncomfortable discussing personal concerns when ‘all staff are under pressure and face the same challenges.’

Nonetheless, there was a clear appetite to challenge these attitudes. Many emphasised that failing to recognise staff wellbeing is a ‘false economy’, as efforts to reduce stress and increase resilience would allow them to be more effective and motivated in their roles. One staff member succinctly stated that ‘as a healthcare provider, it is important that your own mental and physical health is the best it can be, as only then can you impart the same level of care and health to service users.’

As such, many felt that it is important for senior management staff to more visibly commit to the importance of staff wellbeing, more specifically explaining that this could lead to a culture change which would empower staff to dedicate time to reflecting on their own health as a valid priority. Others added it would be helpful to have greater access to resources and activities that are designed to help protect a person’s mental health before potentially more serious concerns become apparent.

In recognition of this need, we have strived to ensure that all staff have access to the [Mind & Body Staff Health and Wellbeing Toolkit](#). Each team has also been aware that they have access to bespoke training from the Mind & Body Clinical Education Lead, Dr Lindsay Ip (Senior Clinical Psychologist) who is able to deliver sessions to support staff wellbeing, in addition to those designed to aid staff in the delivery of their professional roles.

**Challenges to providing mind and body care within social care**

In addition to hearing about the perceptions of mind and body care within social care, we were keen to use this engagement work to provide a platform for staff to voice any challenges they experience. A number of distinct barriers emerged as recurring themes, as outlined below.
System and organisational barriers
There was a recognition amongst those we spoke to that to be most helpful, mind and body care requires joint working across teams and services. Therefore, staff repeatedly described difficulties in working with other services as one of the more common barriers to the provision of mind and body care.

Several teams, including the two day centres we spoke to, explained that, in many cases, difficulties arise due to a lack of clarity around what other community or medical services are available, or which service would be best suited for a particular concern. Many staff revealed they struggle with signposting, which leads to a sense of professional isolation and increased levels of stress. Many felt that they are unable to fully support service users, or their families for whom unmet needs are often apparent. The high levels of stress and time constraints already experienced by staff can make navigating the wider system almost prohibitively difficult.

Other staff noted that even in cases where additional services are known to them, accessing them can be challenging. One staff member described what he felt was a sense of ‘professional gatekeeping’, with even other social care services often reluctant to take on new referrals. Typically, this is due to a lack of capacity, but some teams felt that negative perceptions of certain service users – such as those with severe mental health concerns or substance abuse – can appear to limit to what degree other services are willing to engage. In some cases, staff raised concerns that this can lead to service users being ‘passed from pillar to post trying to find someone willing to provide the correct care.’

A number of teams expressed particular frustration that mental health services can be particularly hard to access due to long waiting times or a requirement for the service user to have a formally diagnosed mental health disorder, which is often not the case.

Others added that even when a successful referral has been made, service users can often be quickly discharged from a service due to a failure to attend an appointment. Several staff expressed frustration that this can imply a lack of understanding and sensitivity to the challenges faced by service users – examples including how severe anxiety, language barriers, and poor literacy often limit how easily a person can access care.

Many staff specifically raised the organisational separation of health and social care. More specifically, several staff explained that issues with fully sharing and accessing health records can impact on their confidence that they are able to provide service users with the necessary level of support. Others felt that greater efforts are needed to train staff to improve their understanding of the issues and terminology used within the health sectors, speculating that this would go a long way to mitigating the divide between health, social, and community care.

Without a complete understanding of how various aspects of healthcare are delivered, several raised concerns that complex patients can ‘get lost’ or ‘fall through the gaps’ as follow-up is challenging. Indeed, as explained by one staff member ‘while I may feel confident in my own ability to provide mind and body care, it is easy to lose trust that the wider system can do the same for the people I see’.

Lastly, while not a commonly raised challenge, one team expressed concern that there is an increasing emphasis on risk management and reaching performance goals that do not align to service users’ needs.

Lack of skills and confidence
Although all staff were aware of the important link between mental and physical health, there was some variability in the responses to ‘How confident would you feel in addressing a patient/service user needs
regarding interacting mental and physical health? Of those that answered this question (which included social care staff of varying roles and those from the voluntary sector):

- 29% felt very confident
- 42% felt confident
- 24% felt neutral
- 5% felt unconfident.

In wider discussion, several staff explained that while they may be confident in dealing with more common causes of low mood, they were less confident helping service users’ that were experiencing a mental health crisis or presenting with challenging behaviour. Conversely, staff working within mental health teams raised a desire to learn more about the appropriate management of long-term health conditions that they typically see in their service users, such as diabetes. Others also noted that while they may feel broadly confident in their role, difficulties can still be faced if they lack the knowledge required for caring for specific patient groups such as those with sensory impairments, learning disabilities, or experiencing other barriers to communication.

Where appropriate, we have sought to address some of these by increasing awareness of the Mind & Body education offers, which aim to upskill staff in terms of knowledge and confidence to practice across both mind and body. Since October 2018, social care staff have attended a number of our fully funded recurring and one-off training courses, including:

- **The Mind & Body e-learning module**, which has been embedded within both Lambeth and Southwark learning management systems. This interactive resource explains how physical and mental health commonly influence each other, and helps all healthcare professionals recognise the additional health needs of their patients, identifying appropriate services to refer them to
- **A one-day clinical skills training course**, which aims to equip all staff with the clinical skills to help manage both the physical and psychological needs of patients
- **A two-day Healthy Bodies, Healthy Minds, Healthy Lives simulation course**, which supports staff in having helpful health change conversations with patients and service users across all healthcare settings, including those who also have associated mental health conditions
- **A one-day ‘Managing Physical Health in Patients with Severe Mental Illness’ course** delivered with Maudsley Learning on 21 May 2019. This course aimed to provide staff with an update on the latest guidelines in the assessment and management of common physical health complaints reported in patients with severe mental illness
- **A one-day ‘Mental Health in the Workplace: for managers and HR professionals’ course**, delivered with Maudsley Simulation on 31 May 2019. This overview course was designed to provide for corporate managers and HR professionals to up-skill the managerial workforce on the importance of mental health in the workplace
- In addition to the above, all social care teams have been offered access to **bespoke training sessions** delivered by the Mind & Body Clinical Education Lead. While the focus of these sessions can be modified to the particular needs of the teams, the most common expressions of interest have included motivational interviewing skills and staff resilience training
- Through this bespoke offer, we have also already arranged for a Consultant Diabetologist to deliver some one-off training on diabetes for a mental health social care team.

Some concern was raised however, that a lack of time can mean that people often feel unable to take advantage of such training offers, despite a strong desire to so. To address this limitation, until end September 2019, we will continue to offer the short, bespoke training sessions to the social care workforce on topics that may be most relevant to their needs.
Lack of resources
Almost all staff noted that financial constraints and cuts to social care funding can also impair their ability to provide mind and body care to the desired level. Similarly, a lack of staffing and time were common challenges, with more than one person referring to their role using the phrase ‘fighting fires’.

Of note, financial constraints were also strongly felt by staff working in the voluntary sector, especially those in small charities, who felt that their services are poorly supported due to a preference to fund larger organisations and NHS services.

Communication barriers with service users
Staff noted that despite striving to deliver person-centred care, the effectiveness of such an approach can often be limited due to issues that make it difficult for service users to engage with the advice. For example, low literacy, poverty, housing issues, low confidence, and social isolation can impair how easily service users can access health information and sustain behaviour changes over the long-term. A range of communication issues – for example language barriers, sensory impairments, or learning disabilities – may also challenge how well service users can understand health related information.

In other cases, staff raised that service users can lack the motivation or desire to adhere to suggested lifestyle changes or medication. As such, while such suggestions may be predicted to lead to improvements in health, their effectiveness can be limited by a failure to act on the advice.

In recognition of this barrier, we have seen an increase in social care attendees at our two-day ‘Healthy Bodies, Healthy Minds, Healthy Lives’ simulation course, which supports staff in having helpful health change conversations with patients and service users across all health and care settings, including those who also have associated mental health conditions. Until September, we will also continue to offer teams the opportunity to work closely with our Education Lead who is able to provide bespoke training sessions on motivational interviewing (amongst other topics).

Perceptions and experiences of service users
Throughout this work we also aimed to capture the thoughts of service users around to what degree their social circumstances may influence their mental and physical health, whether they value an integrated approach to their care, and their experiences of local care provision. Where possible, we did so by semi-structured discussions using the following questions:

- What has been your experience of ‘mind and body’ care – has it been joined up, or not so joined up?
- Why is mind and body care important to someone accessing social care services?
- What might be the benefits of taking a mind and body approach in social care services?

We were not able to engage as many service users as we had originally intended, primarily due to time and capacity constraints. The feedback below is drawn from a sensory impairment group, and several services users of a day centre for older people.

Perhaps unsurprisingly, many of our interactions with service users naturally focused on their experiences of care. One of the main issues expressed by service users was a lack of time to speak to healthcare professionals, particularly GPs. Some service users appeared to accept this, whereas others expressed attitudes ranging from guilt that they might be wasting precious time, to frustration and feelings of being ignored or rushed.
Some felt that GPs are only permitted to focus on one issue at a time and felt that short consultations led to them ‘just being given medication’ with little consideration of why a problem may have arisen.

A number of service users felt that their physical conditions were often the main centre of attention, and discussions around mental health (or ‘feelings’, ‘worries’ etc.) came secondary. Interestingly however, despite staff describing a desire to routinely deliver holistic care, service users were often fully accepting of doctors only looking at one issue at a time, feeling that it is unnecessary to look at everything every time they see a doctor. Nonetheless, a number of service users suggested that they would talk more about their mental health if only ‘doctors asked more’, possibly reflecting a reluctance to raise such issues unprompted.

One source of frustration felt by many service users was an apparent mismatch between what they feel is important, and what healthcare professionals deem important. One elderly service user, who had several physical health conditions, explained that she was more upset about her hirsutism but because ‘it is only a little thing, no one cares about it and I feel silly to keep asking’.

**Conclusion**

As a result of a 12-month opportunity funded by the Southwark and Lambeth Strategic Partnership (SLSP) Board funding, the Mind & Body programme has been able to perform some focused engagement activities with the social care workforce across Southwark and Lambeth. This work aimed to explore the views of this sector towards mind and body care, capture their experiences of delivering it, and identify any particular challenges or outstanding education needs.

As a result of this work, several key themes have become apparent:

- Staff across the Southwark and Lambeth social care workforce feel that delivering mind and body care is central to their role
- Staff are aware that many service users have both physical and mental healthcare needs, and strongly believe that their outcomes and quality of life could be improved with a greater focus on holistic care
- Barriers to the delivery of joined up care are a clear source of frustration for staff, with many focusing on difficulties in accessing other services and the fragmentation of healthcare provision
- Funding cuts and pressures on time are also a common barrier to mind and body care
- Communication barriers with service users and their families – such as language differences, sensory impairments, and learning disabilities – can also impede the effective delivery of mind and body care.
- Similarly, staff can feel it is difficult to deliver fully joined up care if service users have low levels of internal motivation for change
- Efforts to protect the health and wellbeing of the workforce are vitally important, as a positive and effective workforce can have beneficial implications on the health of service users as well
- Service users appreciate mind and body care, but experience frustration with time limited consultations and often feel a mismatch between what they believe to be important, and what healthcare professionals deem important.

**Next steps**

The Mind & Body Programme’s funding for this work runs to September 2019. Throughout the remainder of this work, we will:

- Continue to liaise with all social care teams to offer introductory, or follow-up, meetings and to increase awareness of the education offers and Health and Wellbeing Toolkit
• Continue to raise awareness of the Mind & Body Champions network, and encourage others to sign up as a way to stay involved and up to date with mind and body initiatives taking place over South East London.

• Continue to seek engage with service users directly in order to build a wider understanding of their concerns, and endeavour to develop some blogs and/or videos to include on our website.

• Progress conversations with Partnership Southwark and Lambeth Together about the possibility of ongoing funding in order to enable us to continue this work beyond September 2019.