

2. Mental Health- Headlines

Mental health is a core part of the STP and is prominent in the clinical transformation pillar with our commitment of *“Improving quality and reducing variation across both physical and mental health”*

The key priorities for mental health across south east London are:

- Achieving parity of esteem between physical and mental health by maintaining the commitment to **mental health investment** across all our CCGs (slide 8);
- We are improving the provision of health-based places of safety by **rationalising section 136** suites across SEL, building on the SLaM experience, to provide faster access to s136 beds (slide 10);
- Very significant progress in reducing **out of area placements (OAPs) for acute inpatients** by tackling delayed transfers of care and length of stay. Also reducing specialist, rehabilitation OAPs by addressing community team provision and housing (slide 12);
- Continuing the progress of the **South London Mental Health and Community Partnership** and their work on new models of care working towards an ACS arrangement (slide 13);
- Developing a SEL **workforce approach** tackling the current difficulties with recruiting and retaining staff as well as the investment needed to meet the expected workforce expansion (slide 17);
- Leading the way on the integration of physical and mental health (slide 15).

2.1 Mental Health Investment Standard (MHIS)

The financial position in SEL is exceptionally difficult and the headroom for further mental health investment is very limited, meaning commissioners and providers are increasingly looking to new ways of working including pooled budgets as a way of securing the improvement of services.

- All SEL CCGs have met the MHIS for 2017-18 taking into account spend across all borough based mental health services (NHS Trusts, Supported Housing and Voluntary Sector providers) although system partners continue to assure themselves on the make up of the allocation and that it genuinely meets the standard.
- It is the intention of all CCGs to meet the investment standard for 2018-19, as set out in their 2 year Operating Plans, and work to refresh year 2 of contracts is currently underway with all boroughs assessing delivery of this intent. However, it should be noted that this will be particularly challenging in the context of both workforce constraints and the increased pressure/demand faced by the system across the range of CCG commissioning responsibilities. The STP in part is addressing this through its work on taking forward approaches to population health /new model of care.
- To mitigate this risk SEL providers and CCGs are developing joint strategies and plans to pool budgets across health and social care to maximise resources (learning from the successful delivery of SLaM and Oxleas New Model of Care across South London and new alliance contracting models taking shape across the sector)

2.2 Transformation Funding & Delivering the FYFV

5YFV area	Key Projects and areas of funding	Successful bids	Bids in progress	Update
Perinatal MH	Specialist Perinatal MH	Wave 1 funding awarded to Lambeth, Lewisham, Southwark Bromley have funded £271K pa 17/18	Bexley & Greenwich have a bid ready to submit for wave 2 funding	<ul style="list-style-type: none"> Funding has enabled a rollout of perinatal services across south east London to meet the aims and aspirations of the 5YFV targets. This has also enabled closer working with Primary Care on detection and prevention There has been a delay in wave 2 funding for perinatal mental health which may make meeting the March 2018 deadline for Bexley and Greenwich difficult.
Crisis pathways	Core 24	Lambeth Southwark Lewisham with SLAM	Bexley, Greenwich, Bromley	<ul style="list-style-type: none"> Core 24 services are up and running are making an impact on the crisis pathways Particularly on the interventions that prevent 12 hour breaches and identify appropriate step down provision outside of an ED setting. There have been issues in fully recruiting due to nature of 1 funding and 1 year fixed term posts. Provider considering recruitment substantive posts and discussions are underway with commissioners as part of 2018/19 financial agreements Range of crisis pathway improvements up and running across the sector supporting improved care and support and reduction in breaches (for example LGT, Oxleas and Greenwich CCG have reduced ED breaches from 41 in July to 7 in November)
CYP mental health	CYP crisis care	TBC all 6 CCGs	n/a	We were successful in an STP bid for 17/18 CYP crisis care funding to expand the capacity of clinical staff offering immediate telephone support and guidance to families, as well as referral for an immediate assessment or intervention if required in the community, away from A&E.
	Tier 4 services	n/a	n/a	Work undertaken at an STP level to review CAMHS crisis provision across the local acute trusts to influence the New Models of Care (NMC) pilot, which is overseen by the South London Partnership Programme Board. Key outcomes of the NMC approach include: improved resilience and recovery; and improved maintenance of social networks by reducing both the demand on T4 beds and the no of CYP being placed in inpatient units, outside of South London.
Serious Mental Illness (SMI)	Individual Placement Support (IPS)	TBC	TBC	We are developing an SEL bid to increase uptake to Individual Placement Support (IPS) services and enhance existing employment services to IPS status.
Psychological Therapies	IAPT	N/A	N/A	The SEL sector would welcome the opportunity to bids against any new IAPT funding streams

2.3 Transformation

Section 136 and Health Based Place of Safety (HBPoS)

SLaM opened a centralised Health Based Place of Safety (HBPoS) in January 2017. The new model of care, replaced four single occupancy HBPoS sites in Lambeth, Lewisham, Croydon and Southwark with one centralised HBPoS based at the Maudsley hospital. Findings from the first seven months of operation show a that access to a HBPoS has significantly improved in the following ways:

- The new site has accepted an average of 13% more s136 referrals each month than across the four sites under the old model
- Disruption to the service due to site closures has dramatically reduced, falling from 279 incidents of closure across the four sites in 2016 compared to just one closure in 2017
- Patients are also accepted into the site quicker, with 96% of patients admitted within 30 minutes of arrival, demonstrating the benefit of the dedicated team now on site 24/7
- In 75% of cases, police officers are able to leave the place of safety within 30 minutes of arrival (up from 67% in 2016), and the proportion of cases resulting in the police having to stay on site for over an hour has reduced by 50%

A capital funding bid for Beyond Place of Safety is being developed across SEL for submission in January 2018. This will bid for funding to refurbish Oxleas House in outer SEL to increase the 136 suite to 2 beds (as per the London/HLP work); provide a better environment as an alternative to A&E; and the refurbishment of 2 A&Es to provide a dedicated space for MH patients and establish two new crisis cafes in two boroughs. This bid is being developed via the SEL Mental Health Steering Groups with a membership of all providers and commissioners fully aligned.

2.3 Transformation

Bed management and the Oxleas acute and crisis pathway

In the last 18 months Oxleas have made significant changes in relation to their bed management practices. A key component of this work has included re-examining the emergency pathway.

Part-funded by property sales, Oxleas have:

- Established a pre-admission suite
- Reduced the number of external contract beds held with ELFT from twelve to three
- Developed plans to open two crisis cafes in two boroughs (linked to Beyond Place of Safety capital funding bid)
- Introduced next day appointments in the community
- Improved the offer of in-reach from CMHT into the wards
- Set up a QI programme around purposeful admission

The SEL STP recognise that in spite of these changes, the system is still under significant pressure.

2.3 Transformation

Out of Area Placements: Positive progress across Oxleas and SLaM Delivery Models

- **In the last 6 months SLAM has reduced a number of 60 OAPs in private providers to zero**

Other notable advancements include:

- SEL now has a Tier 4 eight bedded unit for CAMHS PICU and Adolescent HDU patients
- A pilot has taken place in Greenwich (QEH) to have more senior clinicians undertaking assessments within A&E to reduce admissions. A business case has been completed for 24/7 funding for band 7s to be based in A&E (currently twilight only)
- A business case for a crisis line has been submitted by Oxleas to CCGs and is currently being developed as part of the NHS 111 transfer plans

On-going challenges include:

- In SEL we have questioned the national definition of OAPs which currently means anyone in a Southwark bed, for example, (who is from a neighbouring SLAM borough – Lambeth or Lewisham) is classed as an OAP even if within the provider footprint
- Oxleas have identified that without female PICU provision they will always have OAPs. This has prompted an STP discussion about the possibilities of expanding SLaM's capacity to become SE London

2.3 Transformation

South London Mental Health and Community Partnership

Background

- This is an innovative partnership of the three mental health trusts in south London (SLAM, Oxleas and St George's). It is the first of its kind in England
- It brings together the clinical expertise of thousands of NHS staff to identify areas of best practice to share across south London to improve patient care.
- By working together we would like to create better and more consistent MH services across SL
- At the same time as improving patient care, we are seeking ways to work more efficiently together
- This partnership supports all three NHS trusts and does not replace any organisations structures or governance arrangements.

Priority Areas

New Models of Care in Forensics

- 95 patients (approximately 50%) assessed by the Out of Area Team.
- So far 32 people have returned to be cared for in South London. A total of 8 newly placed in the Independent Sector - net reduction of 24 out of area placements.
- The £1.7m QIPP will be delivered with no further repatriations required, but the forecast is to repatriate 15 additional patients by year end, generating an reinvestment fund of £750k, which will cover the cost of the partnership's investment into its commissioning and case management hub.

2.3 Transformation

South London Mental Health and Community Partnership

Priority Areas (cont.)

CAMHS Tier 4 services for South London

- More Treatment closer to home
- Investment in Community Crisis Teams
- Investment in Community Dialectical Behaviour Therapy Service
- Integrated Case Management

The Nursing Development Programme

- Aim: improve recruitment and retention through greater staff morale and clear pathways
- A career ladder defined with competency frameworks for bands 2-7, for a workforce of 5000
- Focusing on development programmes for Band 2, 3 and 4 staff, recruiting more staff to those grades and working with the current staff in these bands to encourage staff retention - moving on to work also with Bands 5, 6 and 7

Supporting clinical services

- Multiple joint procurements
- Shared services across a variety of support functions

2.3 Transformation

Integration of Physical and Mental Health

KHP Mind and Body programme

Builds on existing successful work over a 5 year period and has a number of interventions already in place or in development:

- Using the **IMPARTS screening tool** to identify co-morbid physical and mental health. The project is currently running in 36 outpatient services across GSTT and KCH and involves asking patients to complete a screening questionnaire while waiting for their appointment.
- **Support, upskill and train staff in essential mental and physical health.** Many staff do not have a foundation in both physical and mental health care skills often as a result of separated mental and physical health undergraduate curricula
- **Developing integrated care pathways for those with joint physical and mental health needs.** Responding to the identification of need from the IMPARTs project the programme aims to support new and enhanced service delivery models similar to those successfully trialled through the 'Three Dimensions for Diabetes' Project, and the current live 'Three Dimensions for Long Term Conditions' project

Three Dimensions for Diabetes (3DFD)

Set up in 2010 after diabetes team members began noticing that some people, with conditions like depression or isolation due to illiteracy or poverty, were not seeking help in parts of Lambeth and Southwark. 3DFD helps them get better integrated care more rapidly with professionals who can work specifically on the diabetes aspect of their problems, integrated with their diabetes care instead of sending them to external services. This model and its benefits has now been scaled up to three further long term conditions – heart failure, COPD and hypertension

Lambeth Living Well Network

A 7-10 year integrated alliance contract to improve outcomes for working age adult mental health services covering the £66m annual budget across health & care. Lambeth CCG & Council initiated a procurement process in March 2017 - one credible bid was received and negotiations are underway for a start in April 2018. The provider partners are SLaM, Lambeth adult care services and Certitude & Thamesreach - 2 voluntary sector providers - and Lambeth CCG & Council as commissioners. Final approval is subject to approval through the NHSE/I Integrated Support & Assurance Process. This builds on the successful Integrated Personalised Support Alliance for 200 rehab patients which over 2 and a half years reduced costs by 23% and has moved 77 people into personalised community support

2.3 Transformation

Integration of physical and mental health

Oxleas Integration

- From April 2017 , Oxleas moved to a new directorate structure. The new directorates focus on services in a geographical area - Bromley, Bexley and Greenwich. The purpose of this work is to drive closer integration of physical and mental health and ensure there is a very local focus around the delivery of services to local populations. Other benefits include enhanced relationships with local authorities, local acute providers, primary care and the third sector, and integrated access to patient information.
 - E.g. 50% of the older persons caseload are also seen in adult community services. Mental and physical health staff can now access a single clinical system, Rio, which means MH staff can see physical health plans.

Other work at the Trust includes:

- Programme of dementia training for adult community colleagues
- Dieticians and district nurses visiting MH wards
- Greater examples of MDT working and case conferences
- Single modern matron across dementia and intermediate care wards
- Closer working with the community provider to deliver the integrated vision.

2.3 Transformation

Workforce

Our workforce challenges are:

- In common with the rest of the country we have workforce gaps in Band 5 Nurses and IAPT recruitment challenges
- Because of the long lead time for professionals in training, we need to make the best use of the existing workforce through improved retention and new ways of working

Workforce progress

- Both SLAM and Oxleas have a range of initiatives in place to support recruitment and retention:
 - £800,000k awarded from HEE for nursing associate band 2 and 3 staff which includes piloting the use of physician associates across south London
 - Staff passports that keep the workforce within the three trusts and alignment of mandatory training
 - Action plan developed with NHSI for IAPT in Southwark particularly around workforce development.

Next steps

1. Reviewing existing MH provider workforce data - we have agreed to review data in relation to retention rates, vacancies and productivity and patient outcomes by staff group

2. Workforce planning model. We have reviewed our STP high level workforce planning model (“waterfall data”) from HEE and requested an additional breakdown of the data by service type to support SEL discussions.

3. Strategic level engagement will support the evolving workforce plan:

- Links with HEE South London via the STP workforce strategy and our shared London Workforce Action Board will allow strategic consideration of the issues and plans and exchange of key intelligence.
- Responding to the National MH Workforce Strategy. We will be developing a collaborative, first STP response, to the National workforce diagnostic by 22.12.17 as requested by HEE.