

**North East London Mental Health, Learning Disabilities and Autism
Collaborative Sub-Committee**

1 May 2024, 9.30am – 11.30am - MS Teams

AGENDA

	Item	Time	Lead Presenter	Attached/ verbal	Action required
1.0	Welcome & apologies	9.30	Chair	Verbal	Note
1.1	Patient story	9.35		Verbal	Note
1.2	Declaration of conflicts of interest	9.55	Chair	Attached	Assurance
1.3	Minutes of the meeting held on 21 March 2024			Attached	Approve
1.4	Actions log			Attached	Note
2.0	Senior Responsible Officer report	10.00	Lorraine Sunduza	Attached	Note
3.0	Deep dive				
3.1	Housing with support for people with mental health conditions review	10.10	Andrew Van Doorn, CEO, HACT Sheraz Ahmed, Consultant Psychiatrist	To Follow	Discuss
4.0	Strategy & Planning				
4.1	2024/25 Collaborative Planning update	10.35	Richard Fradgley	To Follow	Approve
4.2	Private sector bed plan	10.55	Jamie Stafford	Attached	Discuss
5.0	Assurance				
5.1	Performance report	11.10	Dan Burningham	Attached	Note

	Item	Time	Lead Presenter	Attached/ verbal	Action required
6.0	2024/25 Forward plan	11.20	Carys Esseen	Attached	Approve
7.0	Any other business and close	11.25	Chair	Verbal	Discuss
Date of next meeting: 3 July 2024					

- Declared Interests as at 24/04/2024

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
David Bridle	Member of a committee	Clinical Advisory Group Mental Health, Learning Disability & Autism Collaborative sub-committee	Financial Interest	East London NHS Foundation Trust	Chief Medical Officer for East London NHS Foundation Trust	2023-05-02		
			Non-Financial Professional Interest	British Medical Association	Member of the British Medical Association	2010-05-01		
			Non-Financial Professional Interest	Royal College of Psychiatrists	Member of the Royal College of Psychiatrists	2002-06-01		
			Non-Financial Professional Interest	Medical Protection Society	Member of the Medical Protection Society	1998-02-01		
			Non-Financial Professional Interest	General Medical Council	Registered with a licence to practice at the General Medical Council	1999-02-03		
Eileen Taylor	Joint Chair, East London NHS Foundation Trust and North East London NHS Foundation Trust	ICP Committee Mental Health, Learning Disability & Autism Collaborative sub-committee	Non-Financial Professional Interest	MUFG Securities EMEA PLC	Non Executive Director	2019-04-01		
			Non-Financial Professional Interest	North East London NHS Foundation Trust	Chair from January 1, 2023	2022-01-31		
			Non-Financial Professional Interest	Mid and South Essex ICS	Chair Community Collaborative	2023-07-01		
Henry Black	Chief Finance and Performance Officer	Acute Provider Collaborative Joint Committee ICB Audit and Risk Committee ICB Board ICB Finance, Performance & Investment Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee Primary Care Collaborative sub-committee Primary care contracts sub-committee	Indirect Interest	BHRUT	Wife is Assistant Director of Finance	2018-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	GSTT NHS Trust	Daughter employed as a	2023-09-01		

					graduate trainee		
Johanna Moss	Chief strategy and transformation officer	Community Health Collaborative sub-committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee Primary Care Collaborative sub-committee	Non-Financial Professional Interest	UCL Global Business School for Health	Health Executive in Residence	2022-09-01	
Zaeem Haq	NED	Mental Health, Learning Disability & Autism Collaborative sub-committee	Financial Interest	Save the Children	Global Medical Director	2019-04-03	
			Non-Financial Personal Interest		Spouse is GP in Redbridge	2018-01-01	
			Financial Interest	North East London NHS Foundation Trust	Non Executive Director	2023-07-03	

- Nil Interests Declared as of 24/04/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
Dan Burningham	MHLDA System Programme Director	Mental Health, Learning Disability & Autism Collaborative sub-committee	Indicated No Conflicts To Declare.
Richard Fradgley	Director of Integrated Care	Community Health Collaborative sub-committee Mental Health, Learning Disability & Autism Collaborative sub-committee Newham Health and Care Partnership Newham ICB Sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Tonia Myers	GP clinical lead CYP and CAMHS	Mental Health, Learning Disability & Autism Collaborative sub-committee	Indicated No Conflicts To Declare.
Dame Donna Kinnair	Non -executive director	Mental Health, Learning Disability & Autism Collaborative sub-committee	Indicated No Conflicts To Declare.
Darren McAughtrie	Sub committee member	Mental Health, Learning Disability & Autism Collaborative sub-committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Paul Calaminus	Board member. Sub-Committee member.	Community Health Collaborative sub-committee ICB Board ICB Population, Health & Integration Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee	Indicated No Conflicts To Declare.

		NEM Remuneration Committee	
Lorraine Sunduza	Interim Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee	Indicated No Conflicts To Declare.

**Draft minutes of the Mental Health, Learning Disabilities and Autism Collaborative
Sub-Committee**

Thursday 21 March 2024, 1000 – 1200 by Microsoft Teams

Members:	
Eileen Taylor, Chair	Joint Chair, East London NHS Foundation Trust and NELFT
Zina Etheridge	Chief Executive Officer, NHS North East London
Prof Dame Donna Kinnair	Non-Executive Director, ELFT
Paul Calaminus	Chief Executive Officer, NELFT
Zaeem Haq	Non-Executive Director, NELFT
Richard Fradgley	Director of Integrated Care & Deputy CEO, ELFT
Dr Mohit Venkataram	Lead Director for New Models of Care, ELFT
Dr Imrana Siddiqui	Primary Care representative – shared membership
Dr Tonia Myers	
Participant observers:	
Humaira Farhan	Lived Experience Leader
Gordon Moser	Lived Experience Leader
Marcella Cooper	Lived Experience Leader
Christopher Baker	Lived Experience Leader
Daljit Marway	Lived Experience Deputy
Ellanor Price	Lived Experience Deputy
DK Jonah	Lived Experience Deputy
Aurora Todisco	Lived Experience Deputy
Rachael Howison	Lived Experience Deputy
Attendees:	
Jo Moss	Chief Strategy and Transformation Officer, NHS North East London
Sue Boon	Director of Delivery, Waltham Forest, NHS North East London
Malcolm Young	Executive Director of Finance, NELFT
David Bridle	Chief Medical Officer, ELFT
Carys Esseen	Deputy Director of Integrated Care, ELFT
Sarah Khan	Chief of Staff to Chair of ELFT and NELFT
Robert Hunter	Collaborative People and Participation Lead, ELFT
Jamie Stafford	Programme Director, ELFT
Matthew Knell	Governance Manager, NHS North East London (Minutes)
Apologies received:	
Henry Black	Chief Finance and Performance Officer, NHS North East London
Lorraine Sunduza	Interim Chief Executive Officer, ELFT
Selina Douglas	Executive Director of Partnerships, NELFT
Darren McAughtrie	Director, Adult Care & Quality Standards, LB of Walthamstow
Dan Burningham	Programme Director
Not in attendance:	
Makala Wellington (MK)	Chief Nursing Officer, NELFT

1.0	Welcome, introductions and apologies
	The Chair welcomed everyone to the meeting including the newly appointed Lived Experience Leader – Humaira Farhan and the Lived Experience deputies who were attending the meeting for the first time.

1.1	Patient Story
	<p>The Lived Experience Leaders and their deputies introduced themselves and briefed members on their backgrounds and experiences and explained how they want to work and what they want to achieve as participant observers of the collaborative sub-committee.</p> <p>Members thanked the leaders and deputies for their contributions and the following key points were noted:</p> <ul style="list-style-type: none"> • The work that the Lived Experience Leads and their deputies are engaging in will help to improve our understanding of where people need to see service interventions and access. • Not all services are accessible to everyone and there is a lot of work that we need to do together with our communities across north east London (NEL) to ensure that everyone who lives in the area is aware of what is available to them and how to access the most appropriate services that they need. • Work needs to be done to build mutual understanding, to achieve transparency and to ensure we have a supportive system. • The Lived Experience Leaders and their deputies could help support and refine system communications going forward to enable quick improvements.
1.2	Declaration of conflicts interest
	<p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the sub-committee.</p> <p>The register of interests was noted. No additional conflicts were declared.</p>
1.3	Minutes of the last meeting
	<p>The minutes of the meeting held on 31 January 2024 were agreed as an accurate record, pending one typo and the following minor corrections:</p> <ul style="list-style-type: none"> • Reference to the pilot in Newham on page 6 of the circulated papers – to reflect that the pilot in Newham is about benefits to patients presenting to the emergency department in terms of improved quality in addition to any financial gains. • Reference to Auora Todisco's input - to reflect her contribution to improving the accessibility of the finance and performance reports.
1.4	Actions Log
	<p>There were no open actions that needed to be discussed at this meeting.</p>
2.0	<p>Senior responsible Officer report</p> <p>RF presented the report on behalf of LS and highlighted the following key points:</p> <ul style="list-style-type: none"> • Pressures on services, particularly crisis services continue across NEL and an overview of the recent critical incident procedure enacted by ELFT was given. • A rapid market review has been launched to explore and identify opportunities to commission housing support services to help relieve pressure with support from Housing Associations' Charitable Trust. It is hoped that there will be significant opportunities arising as part of this work and the collaborative will be kept updated. • Work is underway to assess how to best allocate the limited capital funding available within NEL to support emergency and urgent care services including a bid having been submitted to NHS England (NHSE) for additional funding. • The Inpatient Improvement Network has recently been launched to bring together partners to start developing a new commissioning strategy that would address the revised national requirements and future needs of people in NEL. • The Mental Health Diagnostic tool produced by PA Consulting has been finalised to help provide transparency on how funding is spent within NEL across Places and

	<p>patient cohorts. The final report will be shared as part of the discussions across the NEL system and with Place partners.</p> <p>Members discussed the report, and the key points were:</p> <ul style="list-style-type: none"> • In relation to the proposed work on housing, it would be help to assess the status of services and opportunities for accommodation and working support for people with learning disabilities and autism. • If successful, the housing related work could provide a good practice model for how the Collaborative approaches and delivers partnership working. • The diagnostic tool could help steer and support discussions on changes to the allocation model for mental health funding across NEL and address historic inequities. Members acknowledged that while this area of work was quite complex and technical, it is a positive opportunity to develop an alternative approach with partners that works for NEL in a fairer local approach, while recognising that the national allocation framework was unlikely to change.
3.0	Deep dive
	<p>3.1 Review of our achievements, challenges and progress made in 2023/24</p> <p>RF and CE presented the report. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The report will evolve in to a simpler, shorter statement on how the Collaborative has met the content set out in its ‘plan on a page’ in future years. In the meantime, the rich information and achievements set out in the report were useful for all partners. • Key achievements in the report included coverage of how Rodney Ward had provided an excellent example of ELFT and NELFT working together in partnership, along with the other partners to implement mental health support teams in NEL schools and build capacity in local children’s crisis care services. • The report also covered the development of appropriate governance arrangements to detail the environment the Collaborative was working in, including the links to Place. • The framework used in the production of the report has proven useful and the team are looking at how it can be rolled out more widely with the use of benchmarking promoted. The potential to undertake in-year monitoring of progress is also being looked at. <p>Members discussed the report, and the key points were:</p> <ul style="list-style-type: none"> • Whilst the Collaborative operates across NEL, there are also specific Borough/Place based arrangements to help support planning closer to communities where needed, both at the Borough wide level, but also down to specific neighbourhoods where appropriate, to target specific user needs. Members were reminded that a paper was discussed at the previous meeting setting these arrangements out. • The significant shift away from provider competition towards collaboration was acknowledged, which has been driven by the collaborative and those present at this meeting in particular. • Population health data and patient experience has been vital in identifying need and targeting services to achieve the most impactful results for local people. <p>Collaborative members thanked the team, and everyone involved in the work and for their efforts and achievements through the year.</p> <p>The Mental Health, Learning Disabilities and Autism Collaborative Sub-committee noted the report.</p>
4.0	Strategy and Planning
	4.1 2024/25 Collaborative Planning update

RF presented the report. The following key points were highlighted:

- Members were informed that the information on finance, workforce and planning for 2024/25 included in the report is subject to change as the full planning guidance from NHSE has not yet been received.
- The upcoming year will be challenging, and the proposals set out in the report will not be sufficient to fully fund all cost pressures. Addressing priority cost pressures in the first instance, will mean that the system is unlikely to be compliant with all the national priorities for mental health.
- The set of draft principles underlying the approach to allocation and spend in the upcoming year include that funding for children's services will be ringfenced and that Places allocations will be based on the previously discussed approach to help address historical inequalities. Broadly speaking, this will mean that Newham and outer NEL Places will see more funding than in previous years, with other Places seeing less funding as part of the 'levelling up' approach.
- Work to review child and adolescent mental health services (CAMHS) home treatment teams across NEL in partnership with the North Central and East London CAMHS Collaborative is due to take place in the coming months and the Collaborative will be kept updated.
- The plan is committed to eliminate the use of private beds by August 2024, accompanied with ring fenced funding to achieve this goal, which will be used to address and resolve blockages in the system and secure NHS beds.
- Further information and detail on the proposals contained in the plan will be presented at the next meeting in May. **ACTION: RF.**

Members discussed the report, and the key points were:

- It was noted that the plan does not take the likelihood of industrial action continuing into 2024/25 into account.
- Productivity is likely to be an increasing focus for NHSE and the system, with the plan covering a focus on ensuring that all patients are seen and cared for in the best care setting at first contact everywhere in NEL.
- The population health approach could also support efforts to secure productivity, with the Improvement Networks also having key roles to play in identifying and refining initiatives to address this work through the year.
- Underlying the productivity drive was a need to understand how the system has grown in the last 5 years and through the Covid-19 pandemic and how delivery has been impacted. Any assessment of productivity must be looked at alongside efficiency and value and quality impact assessments will become vital to support the direction of work and future decisions.
- There are some potential immediate opportunities that could be pursued, such as moving the current three different digital talking therapies systems within NEL into a single system.
- The team will need to look at the overarching infrastructure in place supporting the improvement networks and clinical leadership to balance the pressures expected in the coming year and also the need to resource the work of the Collaborative appropriately.

The Mental Health, Learning Disabilities and Autism Collaborative sub-committee noted the report.

4.2 Joint Response Cars options paper

JS explained that members were being asked to endorse the proposal, which would then move to the ICB's governance structure for approval.

The key discussion points were:

	<ul style="list-style-type: none"> • Concern was raised about the possible impact on emergency departments if this service is changed. Any risk that patients defaulted to seeking care in accident and emergency departments must be mitigated. • A plan must be drawn up to ensure continuity of care for patients who make regular use of the service and those who rely on it. • Members noted that work to assess the service model has been challenging and it was not clear what the best practice approach to this service should be. There were also issues in collecting and accessing data, including patient experience data, around the service to enable a full review of outcomes to be undertaken. • The experience around the current model will be used as a lesson learnt in how the team worked in the future, with the need for a clear mission, metrics and outcome measures which are vital to measure success. <p>Members were asked to endorse an approach for the team to start looking at an alternative model, service, or provider for mobilisation as soon as possible. Members agreed that the next steps should commence and welcomed an update at a future meeting with the recommended route forward, linking in with urgent and emergency care colleagues where needed.</p> <p>The Mental Health, Learning Disabilities and Autism Collaborative sub-committee:</p> <ul style="list-style-type: none"> • Endorsed the recommendation to cease the Mental Health Joint Response Cars pilot, recognising that the final decision would be taken within the ICB's governance structure. • Agreed that an update on the recommended route forward to replace the Mental Health Joint Response Cars service, having linked in with urgent and emergency care colleagues where needed would be presented at a future meeting. ACTION:JS
5.0	Assurance
	<p>5.1 Performance report and 5.2 Finance report</p> <p>RF and MY presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • Service performance in NEL was broadly in line with what is being seen in other areas across London, with emergency department measures having stabilised, although at a level where waiting times were longer than expected. • A new performance framework is being developed and work in this area will accelerate after the planning work has finished. Members recognised that the reports flowing to the Committee were improving each time. • NEL were on track to achieve the MHIS in 2023/24.
6.0	2024/25 Forward plan
	<p>The Chair thanked everyone for their contributions throughout the meeting, noting that work to populate the sub-committee's forward plan for the upcoming year is underway. Members were invited to suggest items/themes for discussion. The following areas were suggested:</p> <ul style="list-style-type: none"> • Housing and the care interface • A deeper exploration of the PA Consulting diagnostic work to concentrate on how population growth and changing demographics are impacting on NEL mental health services.
8.0	Any other business and close
	No further business was discussed.
Date of next meeting – 1 May 2024	

DRAFT

Mental Health, Learning Disabilities and Autism Collaborative Sub-committee - action log

OPEN ACTIONS

Action ref	Date of meeting	Action required	Lead	Due date	Status
035	21 March 2024	4.0 2024/25 Collaborative Planning update <ul style="list-style-type: none"> A further update will be presented at the next meeting on 1 May 2024. 	RF/ DB	May 2024	Agenda item
036	21 March 2024	4.0 Joint Response Cares option paper <ul style="list-style-type: none"> An update to be presented at a future meeting. 	JS	May 2024	Agenda item
037	21 March 2024	2024/25 forward plan <ul style="list-style-type: none"> Items suggested for future agendas: <ul style="list-style-type: none"> Housing and the care interface Deeper exploration of the PA Consulting diagnostic work concentrating on how population growth and changing demographics are impacting on NEL mental health services. 	RF	TBC	To be included in the forward plan for future meetings.

CLOSED ACTIONS

Date of meeting	Action ref	Action required	Lead	Due date	Status
030	31 Jan 2024	4.1 Adult Autism <ul style="list-style-type: none"> The Committee agreed to develop an adult autism improvement network. Carys E to follow-up the comments put forward during the discussion. 	CE CE	March 2024	Closed - Update - work is underway to further develop both the CYP autism improvement network and the adult autism improvement network, and to create an overarching NEL

					<p>community of practice to give us an all-age view.</p> <p>The groups mentioned above will take forward the helpful comments made by committee members about things such as data, workforce, transitions, early intervention, whole-family support and VCS collaboration.</p>
032	31 Jan 2024	<p>5.2 Collaborative Planning - 2024/25</p> <ul style="list-style-type: none"> Richard F and Selina D to oversee the next step recommendations set out in the report and bring an update back to the next meeting. 	RF/SD	March 2024	Complete – covered as part of agenda item - March 2024 meeting.
033	31 Jan 2024	<p>6.1 Place-based mental health partnerships</p> <ul style="list-style-type: none"> Richard F and Selina D to pursue the recommendations for next steps in regard to the development of Place-based mental health partnerships. 	RF/SD	November 2024	Complete - added to forward plan - agenda item for November 2024 meeting.
034	31 Jan 2024	<p>8.0 Any other business</p> <ul style="list-style-type: none"> 8.3 Intensive Support Teams (ISTs) – Richard F to bring a summary paper on learning disability program investment including ISTs to a future meeting. 	RF	July 2024	Complete - added to forward plan - agenda item for July 2024 meeting.

Mental Health, Learning Disability & Autism Collaborative sub-committee

1 May 2024

Title of report	Senior Responsible Officer Report
Author	Richard Fradgley
Presented by	Lorraine Sunduza, ICS SRO for mental health, learning disability & autism
Contact for further information	lorrainesunduza@nhs.net
Executive summary	<ul style="list-style-type: none"> An update on MHLDA Collaborative activity not otherwise on the agenda.
Action required	Note
Previous reporting	n/a
Next steps/ onward reporting	n/a
Conflicts of interest	n/a
Strategic fit	<ul style="list-style-type: none"> To improve outcomes in population health and healthcare To tackle inequalities in outcomes, experience and access To enhance productivity and value for money To support broader social and economic development
Impact on local people, health inequalities and sustainability	The report gives an overview of MHLDA Collaborative activity not otherwise on the agenda, the aim of the MHLDA Collaborative is to improve outcomes, quality value and equity or people with or at risk of mental health conditions in north-east London.
Impact on finance, performance and quality	n/a
Risks	n/a

1.0 Introduction/ Context/ Background/ Purpose of the report

- 1.1 The purpose of this report is to provide an update to the Committee on significant Collaborative developments and key issues, from the NEL ICS Senior Responsible Officer for mental health, learning disability & autism.
- 1.2 The Committee is asked to receive and note the report.

2.0 Operational update

- 2.1 Demand pressures on services continue to be exceptionally high, in particular on crisis and inpatient services, where both Trusts are continuing to use high levels of private sector inpatient services. We continue to have significant numbers of people who are clinically ready for discharge in our NEL inpatient services, and need to accelerate our whole system approach to ensure that all people get the right care in the right place through our developing “private sector bed” plan on the agenda today. In particular we need to work together to ensure there is rapid access to appropriate housing for people who are no fixed abode or who need housing with support, that we have arrangements in place to support people who are no recourse to public funds and have equity of access in all of our seven places to the Hospital Discharge Fund to support people with mental health conditions, in line with national guidance.

3.0 Planning

- 3.1 The planning process for 2024/25 has been extremely challenging. Whilst our teams have worked intensively to prepare Collaborative plans for submission to NHS England on 2/5/24, as per the planning paper later on the agenda, there remains a significant amount of work to do to ensure we are collectively managing quality and financial risks during 2024/25 and into 2025/26. During 2024/25 we will need to work together with all ICS partners to move towards greater parity of investment into mental health, learning disability and autism.

4.0 Launch of Perinatal Provider Collaborative

- 4.1 On 1/4/24, the North Central and East London Perinatal Provider Collaborative was launched, a partnership of NELFT, ELFT and Camden and Islington NHS Foundation Trust (on behalf of the North London Mental Health Partnership), with ELFT as the lead provider.
- 4.2 The overall vision of the NCEL Perinatal Collaborative is to design and deliver a sustainable, high-quality specialist perinatal mental health pathway to the population of North Central and East London, tailored to meet local needs with a focus on maintaining high standards, preventative and holistic, person-centred care in our Mother & Baby inpatient services.
- 4.3 The interface between community perinatal mental health services and specialist inpatient perinatal mental health services is key, and we will be working across Collaboratives to ensure we plan and improve together, initially through undertaking a needs assessment.

5.0 Launch of 111 press 2

- 5.1 I reported in March the imminent launch of the new 111 press 2 service, an integrated 24/7 crisis line providing a single service across NEL. I am pleased to report that the service has launched smoothly – an interview with the Associate Mental Health Practitioner that took the very first call is available here: <https://www.elft.nhs.uk/news/interview-first-nhs-111-mental-health-call-handler-north-east-london>

6.0 Community 24/7 pilots

- 6.1 NHS England have announced a national scheme to pilot 24/7 community mental health services, a next step on from the community mental health transformation programme and drawing heavily on a model of care developed in Trieste, Italy. NHSE intend to award to six pilots nationally, so the process is expected to be extremely competitive. NHS Trusts have been invited to put forward proposals, and both ELFT and NELFT intend to do so. There is significant clinical and care professional support and momentum to test the Trieste principles in NEL, and regardless of the outcome of the national pilot award process, Collaborative partners are aiming to support the approach, and to ensure that we learn from each other.

7.0 HSJ Awards

- 7.1 We will be submitting an entry to the “Provider Collaborative of the Year” category of the Health Service Journal Awards, based on the considerable progress we have made as a Collaborative over the past year, as discussed in the last Committee under the 2023/24 retrospective deep dive item. Committee members are invited to contribute their thoughts and are encouraged to endorse the application which is being coordinated by Carys Esseen and Sarah Khan. The deadline for entries is 31 May 2024.

8.0 Mental Health Learning Disability & Autism Diagnostic

- 8.1 We are now in the process of sharing the findings of the MHLDA diagnostic with broader partners, with presentations scheduled for place-based partnership executives over coming weeks, and through our improvement networks. We are also planning a session with the NEL Director of Adult Social Services group in the near future.

8.0 Appointments

I am delighted to welcome Clare Burns, Interim Executive Director of Partnerships at NELFT, to the NEL MHLDA Collaborative.

Mental Health, Learning Disability & Autism Collaborative sub-committee

1 May 2024

Title of report	Rapid review of accommodation with support for people with serious mental illness in North-East London
Author	Suman Barhaya, Mental Health Learning Disability and Autism (MHLDA) Deputy Director, NHS North East London
Presented by	Richard Fradgley, Executive Director of Integrated Care and Deputy Chief Executive Officer, East London NHS Foundation Trust
Contact for further information	Suman Barhaya, MHLDA deputy programme Director NHS North East London Suman.barhaya@nelft.nhs.uk
Executive summary	<p>This paper introduces the NEL MHLDA Collaborative Rapid review of accommodation with support for people with serious mental illness, which is currently underway and due to conclude 30/06/24. Andrew Van Doorn, Housing Association Charitable Trust (HACT) CEO, and Dr. Sheraz Ahmed, Consultant Psychiatrist and Clinical Lead for Rehabilitation, will be in attendance at the Committee to present the context for, and interim findings of the review to date, so that Committee members can contribute fully to the review whilst it is live. This paper is to be read as background to the review.</p> <p>The purpose of the review is to enable the NEL Mental Health Learning Disability & Autism Collaborative (NEL MHLDA Collaborative) and partners to more deeply understand opportunities for improving outcomes, quality and value for people with serious mental illness who need accommodation with support through designing, commissioning and supporting a new accommodation care pathway across and within the seven places in NEL.</p> <p>Key themes for the review include:</p> <ul style="list-style-type: none"> • Structure, scope and breadth of the current market and accommodation pathways • Quality and outcomes for patients (including risks/finances) • Current and future need for supported accommodation • Commissioning processes across the seven areas • The vision for NEL. <p>HACT (Housing Associations Charitable Trust – a housing sector expert) commissioned via a procurement process are working alongside the NEL MHLDA Collaborative and the seven place-based partnerships to deliver a clear, detailed and well-visualised description of the market for registered nursing and residential and supported living (both block and spot contracted), and housing related floating support in NEL.</p> <p>Based on the analysis obtained, HACT will synthesis the findings and make a number of recommendations for leaders within the system to consider.</p>

	It is anticipated that the review will support the development of a more strategic and intelligence-led approach to commissioning accommodation with support for people with serious mental illness across NEL.
Action / recommendation	To note and discuss
Previous reporting	NEL MHLDA Programme Board
Next steps/ onward reporting	NEL Wide event to receive and consider findings & recommendations Place-based mental health partnerships NEL Directors of Adult Social Services group MHLDA Collaborative Sub Committee next meeting for update and a presentation of draft plans.
Conflicts of interest	None at present.
Strategic fit	<ul style="list-style-type: none"> • To reduce unwarranted variation and inequality, in health outcomes, access to services and experience. • Improve resilience by, for example, providing mutual aid. • Ensure that specialisation and consolidation occur where possible.
Impact on local people, health inequalities and sustainability	It is intended that this report supports the development of a strategic approach to commissioning accommodation with support for people with serious mental illness that will deliver significantly improved, better quality, recovery-orientated support.
Impact on finance, performance and quality	There are potential opportunities to improve value through more effectively commissioning mental health accommodation across NEL.
Risks	Risks brought about by the fragmented nature of current commissioning arrangements to outcomes, quality, value and equity for people who need accommodation with support have prompted this review.

Mental Health, Learning Disabilities and Autism 2024-25

Review of Accommodation For People With Serious Mental Illness update

1. Introduction

In February 2024 HACT (Housing Associations Charitable Trust) were commissioned to carry out a rapid review of supported housing and registered care for people with serious mental illness, including s117 aftercare and services in NEL. It is intended that the review support further work to develop a more strategic approach to commissioning accommodation with support for people with serious mental illness across NEL.

A key principle of the review is to take a whole system approach, which includes both health and social care pressures and issues, across and within our seven places. Directors of Adult Social Services and their teams were invited to comment on the specification, and a local authority Director of Commissioning is on the steering group.

2. Context of Review

The NEL MHLDA Collaborative is commissioning this review in the context of:

- The proportion of people with SMI living in settled accommodation in NEL is comparatively low compared with national benchmarks – good quality housing is a core wider determinant of health and impacts on the mental and physical health of service users.
- Our Collaborative Rehabilitation Improvement Network (a network comprising clinical and care practitioners and service users from across NEL) has identified opportunities for improving our approach to designing, commissioning and supporting a more effective accommodation care pathway for people with serious mental illness across and within the seven places in NEL.
- Whilst there are some good examples of effective supported accommodation schemes supporting recovery, there are also many examples where the approach to supporting service users towards recovery could be more deeply embedded and realised.
- There is variation in the accommodation care pathways currently in place in the seven places, and opportunities for commissioning accommodation care pathways in a way that is more strategic and linked to our current and future understanding of need; there are also opportunities for designing more effectively across the whole pathway, with greater capacity to support flow (e.g. priority for general needs quota).
- There are likely significant differences in the nature and scale of the market within our seven places. For example, traditionally, inner London boroughs with higher land costs, have placed people in registered care and supported living in outer London boroughs, where land has been cheaper, and where as a consequence private and voluntary sector suppliers have had greater incentive to open new schemes.

- There is a mixture of approaches to commissioning across the seven places, with, for example, a number of block contracted supported living schemes and an NHS commissioned crisis and rehabilitation house in Tower Hamlets, to largely spot-purchased supported living in other places.
- There are significant issues in flow in mental health urgent and emergency care pathways at present, with significant numbers of people who are clinically ready for discharge where housing (both general needs and supported accommodation) is the primary reason for the delay.
- There is inconsistency in the way in which s.117 aftercare and continuing health care for people with SMI is assessed and planned for, commissioned and delivered in NEL, and an opportunity to consider how processes and infrastructure can be improved as part of a whole programme of work to improve outcomes, quality and value for people with SMI who have housing needs.
- Both local authorities and the NHS are carrying cost pressures associated with s.117 and CHC and accommodation more generally.

3. Scope of Review

The review is focussing on supported housing and registered care for people with serious mental illness commissioned by NEL NHS and local authority commissioners, and supported housing and registered care delivered in NEL.

It includes commissioned activity delivered outside of NEL, and the supported housing and registered care delivered, but not necessarily commissioned in NEL.

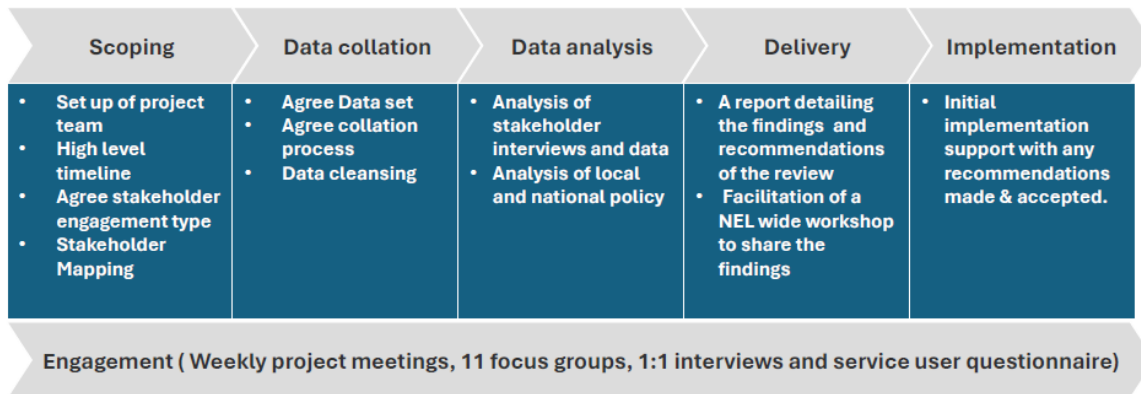
The places in scope in NEL are City & Hackney, Newham, Tower Hamlets, Barking and Dagenham, Havering, Redbridge and Waltham Forest.

The market in scope includes spot and block contracted registered nursing and residential care, and supported living. Whilst the impact of housing more generally as a wider determinant is not in scope (e.g. housing quality), access to general needs priority quotas will be in scope, as this is critical to supporting flow. Access to housing for people with serious mental illness who are homeless will be in scope.

The population in scope is service users aged over 18, and with either serious mental illness or complex emotional needs.

4. Review approach

The key review deliverables are detailed below:



The analysis will include both qualitative and quantitative analysis, and will include:

Market

- A description of the market for registered nursing and residential and supported living (both block and spot contracted), and housing related floating support in NEL
- Analysis of pricing arrangements, including benchmarking of pricing across places, and with regional and national comparators
- informed/expert reflection on the current configuration of the market by place and across NEL
- Examples of notable practice with the Integrated Care System and from elsewhere.

Commissioning & contracting strategy

- A description and analysis of the commissioning approach taken in each of the seven places, including overview and analysis of any commissioning strategies which include housing for people with serious mental illness, including the degree to which commissioning strategies are intelligence-led, based on a robust understanding of need in the population, projected forward.
- A description (visualised) of the accommodation pathway in each place, including an analysis of flow, for example into general needs housing.
- A description of contracting practice, including the nature of the contracting approach in each place, and the suitability of the approach to securing good outcomes
- A description and analysis of commissioner led quality assurance processes
- Analysis of spend by type/category of scheme in each place and across NEL, including local authority and NHS contributions
- Analysis of any pan-borough approaches to commissioning.

Population needs, activity & outcomes

- A description and analysis of total number of people resident in supported accommodation, including quality and experience and outcomes achieved; this will be both quantitative and qualitative
- This will include analysis of placements made by each commissioner in each place .
- This will include analysis of any unmet need, both current or anticipated.

Conclusion and Next Steps

The review is currently well underway, and the CEO of HACT, Andrew Van Doorn, and Dr. Sheraz Ahmed, Consultant Psychiatrist and Clinical Lead for Rehabilitation, will present the context and interim findings at the Committee.

A workshop for all stakeholders involved is being planned for June in order for the findings to be shared.

Mental Health, Learning Disability & Autism Collaborative sub-committee

1st May 2024

Title of report	Out of Area Placements Exit Plan
Author	Jamie Stafford, Programme Director
Presented by	Jamie Stafford, Programme Director
Contact for further information	Jamie.Stafford@nhs.net
Executive summary	<ul style="list-style-type: none"> • In recent years demand for inpatient services has resulted in extremely high occupancy on our wards, leading to an increasing use of out of area private sector beds to provide care for residents of North-East London • In February 2024 we took out a contract with the Priory Group to provide 30 private sector beds on the basis we would develop a plan to mitigate the need for private sector usage beyond August 2024 • This paper describes a high-level summary of our developing plan, including our theory of change and proposed project governance. Further detail will be provided in future once final financial and operating plans are agreed.
Action required	Note and comment
Previous reporting	NEL MHLDA Programme Board
Next steps/ onward reporting	Regular updates against the delivery of the plan will be brought to the Committee.
Conflicts of interest	None identified
Strategic fit	<ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	Reducing the number of people who are currently receiving care 'out of area'
Impact on finance, performance and quality	Significant financial risk associated with Out of Area Placements, and significant impact on quality of care
Risks	<ul style="list-style-type: none"> • Financial risk of unmitigated use of private sector beds • Risk of poorer experience and outcomes for those admitted to hospital beds a long way from their home

Out of Area Placements - Exit Plan for the Use of Private Sector Inpatient Beds

Background and context

In recent years the rise in occupancy and associated pressures on inpatient services across North-East London have been well documented. This is consistent with a rising occupancy of inpatient services across London. During the first weeks of 2024/25, bed pressures have continued to be highly volatile, with c. 80 people in out of area placements at any one time during April 2024.

Increased bed occupancy is not caused by an increase in the number of admissions (admissions have in fact reduced in recent years) but is instead due to increases in the length of time people are admitted on our inpatient units. In part this is driven by increasing numbers of people who are Clinically Ready for Discharge (CRFD) but facing some sort of delay before leaving hospital, usually associated with a housing or social care need. We also believe there to have been an increase in the acuity and complexity of need that people have when they are admitted to hospital, with a greater proportion now admitted under the Mental Health Act. There has been a significant increase in the number of people being admitted who are of no fixed abode.

The impact of this has been that we have increasingly resorted to the use of private sector inpatient provision to provide admission to residents of North-East London – out of area placements that mean people being admitted further away from home and away from their support network. To limit the likely quality impact for service users and reduce the cost of the use of this provision, a 6-month fixed-term block contract was agreed for North-East London residents to access 30 beds in the Priory inpatient units in Kent up until August 2024. This was on the basis that we would develop an 'exit plan' to mitigate the need to use further private sector provision beyond the end of this contract period.

In September 2023 a "Commissioning Framework for Mental Health Inpatient Services" was published by NHS England aiming to 'localise and realign' inpatient care, with guidance provided focussed on the principles of purposeful admissions, therapeutic inpatient care, and proactive discharge planning and follow-up support. An additional statutory guidance document on "Discharge from mental health inpatient settings" was also published in January 2024, laying out principles and responsibilities across different organisations in providing appropriate discharge from mental health inpatient units.

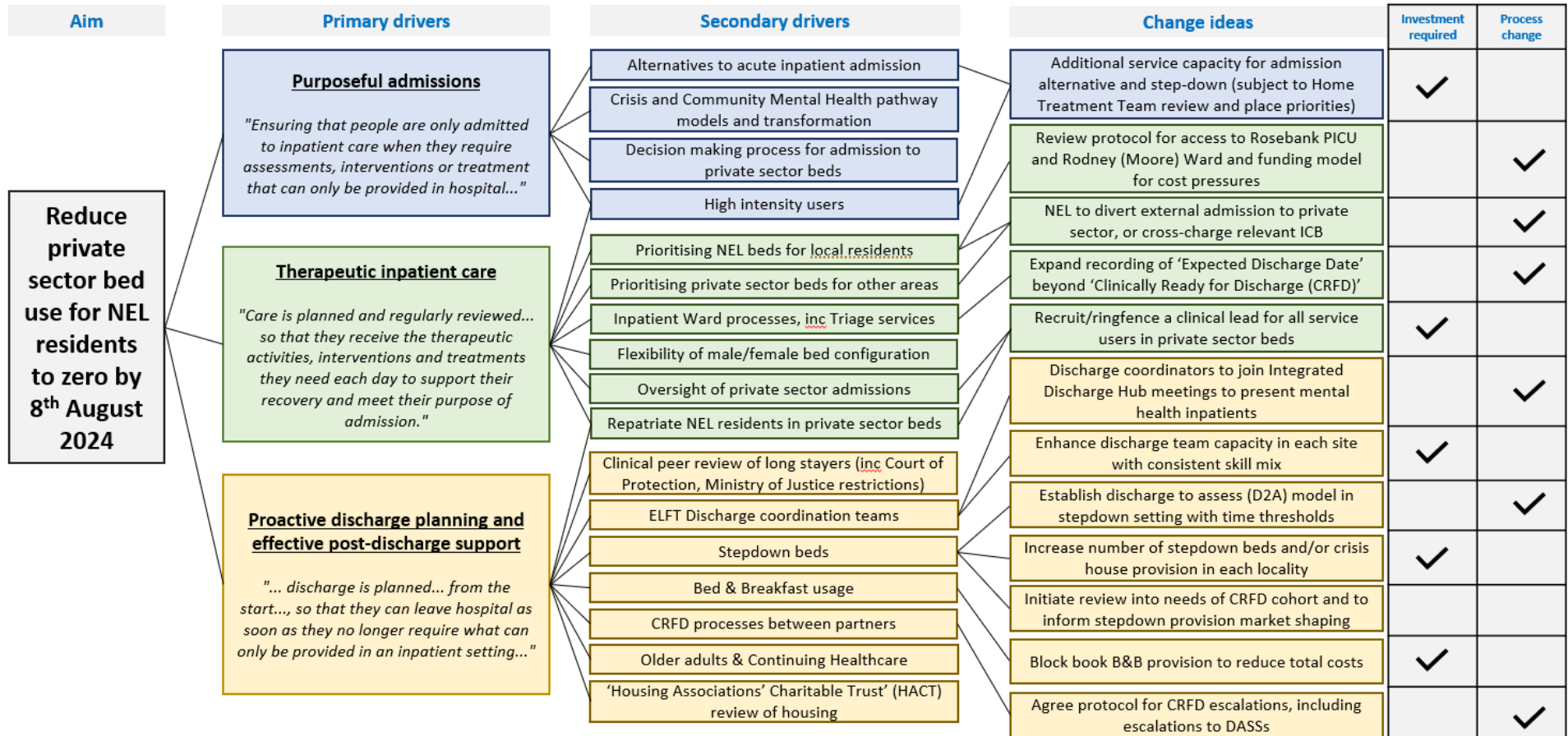
In March 2024 we launched our North-East London Inpatient Improvement Network to coordinate our improvement work locally aimed at driving up the quality of inpatient care, and also to lead on the development and delivery of the 'exit plan' from the use of private sector Out of Area Placements.

Developing our theory of change

Through reviewing evidence and guidance, consulting with other systems and trusts, and engaging with a wide range of local stakeholders (including service users, clinicians and operational managers), we are currently finalising a plan aimed at reducing inpatient occupancy to sustainable levels, such that private sector bed provision is no longer required, or significantly reduced, and flow into inpatient wards is achieved without current prolonged delays.

We have developed a programme of interventions that we believe will have a significant and cumulative impact, including schemes that require process and practice changes, schemes that require investment (for which business cases will be developed), and change ideas for testing using quality improvement methodology.

A driver diagram describing our theory of change and high-impact changes is included on the following page. While the driver diagram includes focused interventions relating to system capacity and processes underpinning good care, there is also a complex interplay between these factors and other things that drive practice and decision-making in services, including the vital role of leadership, and cultural norms within services (including attitudes towards risk).



Financial context

We are currently finalising the operating plan including the financial plan for submission to NHS England. We have at this stage reserved £4.4m in the plan, including £2.5m Mental Health Investment Standard non-recurrently to support private sector placements until the expiry of the Priory contract, and £1.9m Inpatient quality Service Development Fund to fund (part-year effect) schemes to reduce out of area placements.

In addition, the Hospital Discharge Fund is an important element of potential funding. National guidance updated on 12th April 2024 ([Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements](#)) makes it clear that in deploying the Fund, mental health should be on an equal footing to other areas:

As outlined in the 2023 to 2025 planning requirements, the BCF policy objectives apply to the provision of support for people with physical, mental health and learning disability and autism. All should be considered on an equal footing to physical health as plans are updated for 2024 to 2025.

In Inner North-East London in 2023/24 a total of £1,123,428 was allocated to mental health specific schemes from a total pot of £10,200,816 (approximately 11%). In Outer North-East London in 2023/24, £0 was allocated to mental health specific schemes. As part of planning for 2024/25, we have been able to secure in principle Hospital Discharge Funding in inner north east London, for ONEL boroughs this is under discussion.

Any additional funding required to support the plan should be considered in the context of:

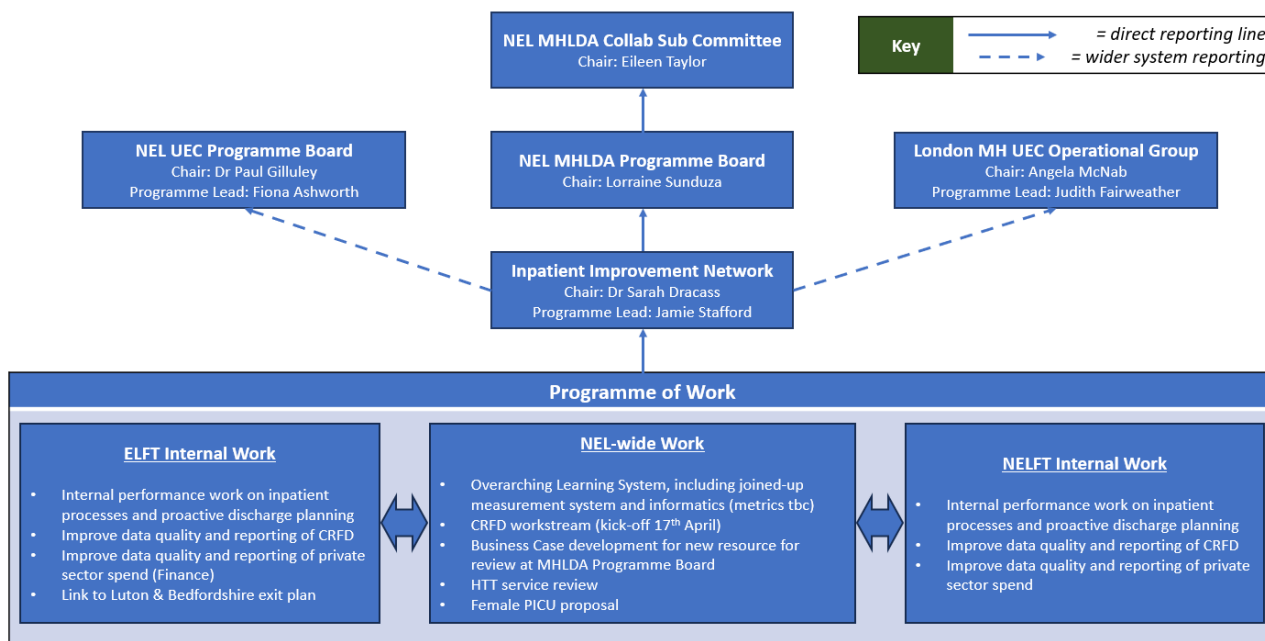
- New Inpatient Quality Service Development Fund
- Current planning round for Mental Health Investment Standard
- Current outlay of private sector provision
- Recouped spend associated with people from other areas admitted to NEL beds
- Hospital Discharge Fund planning with Local Authorities and the Integrated Care Board.

Execution & Governance

As a vehicle for driving forwards improvements across NEL services, we are establishing an improvement programme set to run across 2024/25. This will support the coordination of the multiple dimensions of work across the system, within trusts, at place and also at individual team level. We will use quality improvement methodology to bring structure to the work and will convene a 'learning system' around relevant people and teams engaging in the work locally to share learning and good practise.

We are also exploring how best to best coordinate the support of organisational corporate services, and to try and reduce duplication where possible.

The diagram below describes how we propose to organise the work, and key lines of governance and reporting.



Risks

There are significant risks associated with this work relating both to (1) the quality and experience of care of North-East London residents, and also (2) the financial implications of unmitigated or uncontrolled use of out of area placements.

- (1) Specifically, the experience of residents admitted to out of area placements is often worse, given that they are further away from their support network and communities. There is also a discontinuity in the care they receive, given that there is not existing relationships between inpatient and community care teams planning for their discharge. It also appears that people admitted to private sector beds have a longer length of stay in hospital.
- (2) The finance implications relate to the fact that we are effectively using more inpatient provision than that which is commissioned, and also the unit cost of a bed in the private sector is greater than that which is provided through the NHS.

It is also notable that while we are planning for a downward trajectory of the number of Out of Area Placements in the coming months, the pattern of recent months has been one of rising usage of private sector beds.

While we can have confidence that the schemes described in this plan will impact the number of out of area placements being used relative to an unmitigated position (and we will track this to evaluate), given the rising level of demand it is not yet clear that these schemes alone will be sufficient to wholly mitigate the need for private sector beds without further investment beyond what is already available in this year's financial envelope.

Next steps

A final detailed plan is in development to align with our system financial and activity plan for 2024/25. This will include a full breakdown of specific schemes to mitigate the use of out of area placements, and modelling on the impact of each scheme. This will be shared at a future committee meeting, and regular updates against the delivery of the plan will be provided.

Alongside this, work is underway to design an improvement programme within the trusts to drive the internal trust improvements through the annual planning cycles.

The work with system partners is already underway, with the Clinically Ready for Discharge Workstream now meeting regularly with ELFT, NELFT, ICB, Local Authority and acute partners, and with the support of the North-East London Urgent and Emergency Care Programme.

Mental Health, Learning Disability & Autism Collaborative sub-committee

1 May 2024

Title of report	Mental Health Performance Report
Author	Paul Isaacs, Senior Performance Improvement Manager North East London Integrated Care Board (ICB) Dan Burningham Mental Health Learning Disabilities and Autism (MHLDA) System Programme Director, North East London ICB Jamie Stafford, Programme Director East London NHS Foundation Trust
Presented by	Clare Burns, Director of Partnerships, North East London NHS Foundation Trust and Richard Fradgley, Director and Integrated Care and Deputy CEO, East London NHS Foundation Trust
Contact for further information	Dan Burningham Mental Health Learning Disabilities and Autism (MHLDA) System Programme Director, North East London ICB Dan.Burningham@nhs.net
Executive summary	<p>Mental Health Urgent and Emergency Care Performance Headlines</p> <ul style="list-style-type: none"> • Our 111 First for Mental Health service is now open and, according to a recent report has already received more than 4,000 calls including crisis calls • The number of mental health attendances to ED has been relatively stable over the last year, with approximately 300 attendances per week in North East London • The proportion of people waiting 12 hours or longer in ED during that time has remained consistent too (approx. 30%), with delays largely driven by availability of acute mental health inpatient beds for those requiring an admission. • Bed occupancy on acute inpatient wards remains static and close to 100%. • The number of admissions to mental health wards has fallen slightly, but the average length of stay on inpatient wards has increased, with the average length of stay now being slightly over 40 days. • We have seen a steep rise in the reported number of inpatients who are 'Clinically Ready for Discharge', but facing some delay owing to a social or care need. • Following the opening of the Section 136 Hubs, and changes in police practise through the implementation of the 'Right Care, Right Person' model across London, we have seen a steep reduction in the number of people detained under Section 136 (November and December

averages are 35% below the average seen in the baseline). Police are instead supporting people to access a range of alternative support offers. This has resulted in an increased use of Out of Area Placements in private sector beds, with a contract being agreed for fixed-term support from the Priory.

- We are developing an 'exit plan' to mitigate this, with focused work planned on reducing delays at the point of discharge, and expanding our discharge coordination teams and stepdown bed provision
- An additional mitigation was the opening of Moore Ward (now called Rodney Ward) on 11th March
- We also launched our inpatient improvement network, who will lead on coordinating efforts to reduce the number of Out of Area Placements, and are developing a 3-year improvement plan for publication in June 2024

Long Term Plan Performance Headlines

This report covers the position as at end of Feb 2024 and March 2024. Overall we continue to be amongst the top ICS's in London with an average position of 2nd out of 5.

- We exceeded our targets for physical health checks for people with serious mental illness, achieving over 70%. This demonstrates the importance of a NEL wide improvement network. Two years prior to the creation of the Physical Health for people with serious mental illness Improvement Network rates were below 50%.
- There has been a continued improvement (although a slight levelling off in February) in access rates to child and adolescent mental health services. We are achieving our locally agreed target. We have the highest access rate in London, although in common with other London Integrated Care Systems we are below our NHS Long Term Plan target. New investment in CAMHS will increase our access rate in 2024-25.
- Access to Perinatal Mental Health Services is the highest in London (on numbers) whilst falling short of our NHS Long Term Plan target
- While access to primary care Talking Therapies services has dipped slightly in February, the general trend is upward, and access is exceeding the trajectory and is on target to achieve the 28% by the end of the year. We have the highest access rate in London in terms of numbers
- We will achieve our community access targets due in part of more Primary Care Networks being registered as compliant with transformed community services criteria. We have the highest access rate in London based on Mental Health Minimum Data set data
- Dementia diagnosis remains below target and we are the lowest Integrated Care System in London

	<ul style="list-style-type: none"> • Early Intervention in Psychosis, and children and young peoples eating disorder services access remain good, all achieving their trajectories and on trend to achieve year end compliance. <p>Mitigating Actions</p> <p>Ongoing work within the Improvement Networks includes changes to service models to improve effectiveness and productivity, and to address health and social inequalities, as well as aligning investment and workforce planning. Examples include:</p> <ul style="list-style-type: none"> - Out of Area Placements. The exit plan from private sector bed purchase, involving investment in the discharge pathway should reduce numbers close to the zero target by Q4. - Talking Therapies Recovery and Reliable improvement – new metric requires a focus on quality as well on recruitment, increasing referral rates, and group therapy uptake - Child and adolescent mental health service access – increasing primary care access, improving digital access by service users, and increase access in schools via Mental Health support teams - Dementia Access: a Dementia Improvement Network has been established to disseminate best practice. The group have agreed increasing diagnosis is the top priority and strategies are being developed to increase diagnostic rates. However some of these will be dependent on additional investment. - Perinatal – increasing capacity through recruitment. - Physical health checks for people with serious mental illness – ongoing investment to improve peer support, secondary care primary care data flows and outreach higher risk, under-served people who have not had a health check for over 2 years. - <p>In line with the Hewitt review, the small range of LTP performance metrics listed above will be enhanced by a broader performance and quality reporting system. Workshops have been completed and 4 areas of focus have been agreed. A task and finish group has been established to conclude this work by end July 2024.</p>
Action required	Note
Previous reporting	April 2024 MHLDA Board
Next steps/ onward reporting	MH Planning and Performance Group, May MHLDA Board
Conflicts of interest	None

Strategic fit	<ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	<p>This report shows inequalities between boroughs in access rates, diagnostic rates. Our plans are focused on addressing these inequalities through sustainable changes in service delivery.</p>
Impact on finance, performance and quality	<p>Our plans to improve the performance against NHS Long Term Plan requirements will improve experience and outcomes for people who need mental health services.</p> <p>The improvements made in the last quarter in access rates for NHS Talking Therapies should reduce waiting times and improve recovery rates. The improvement in physical health check should impact on the physical health disparities between people with severe mental illness and the general population.</p>
Risks	<ul style="list-style-type: none"> • The plan to improve inpatient discharge pathway may fail to deliver timely reductions in length of stay resulting in double running costs i.e. private sector bed purchase plus investment in the discharge pathway and also a failure to achieve our OAP target • Dementia diagnostic rates are not achieved. Mitigated by creating an Improvement Network.

Mental Health – February 2024

SRO: Lorraine Sunduza RAG AMBER

	Metric	Latest Published				
		Feb-24	Trajectory	Actual	Change from prev. Month	6 Month Trend
Mental Health	IAPT Access (Rate)	✓	27.89%	28.66%	▼	
	Dementia Diagnosis (Rate)	✗	66.70%	60.38%	▲	
	SMI Physical Health Checks (Performance)	✗	70.00%	58.99%	▲	
	Perinatal (Rate)	✗	8.67%	8.45%	▲	
	CYP Access (Volume)	✓	24,580	25,280	▲	
	Early Intervention in Psychosis (EIP)	✓	60.00%	78.13%	▲	
	CYP Eating Disorders Urgent Referral (Performance)	✓	95.00%	100.00%	↔	
	CYP Eating Disorders Routine Referral (Performance)	✓	95.00%	98.00%	▲	
	Community Metal Health Access (Volume)	✓	21,825	25,970	▲	

KEY Latest monthly where appropriate are shown as RAG :
 ✓ ON ✗ OFF track vs. trajectory.
 Change from prev. month indicates movement from the previous month based on validated published data
 ▼/▲ deterioration ▼/▲ improvement

Governance

- Performance risk and recovery planning is managed at an ICB level via the monthly NEL Mental Health, Learning Disability and Autism Programme Board, and the fortnightly NEL Mental Health Planning and Performance Group meeting.
- This is also monitored by the NHSE London region through quarterly Delivery Assurance Monitoring, and Mental Health Programme Data Collection.

Key Headlines

- There has been a continued improvement (although a slight levelling off in February) in CYP access rates (which is achieving its target) and Perinatal (which is just below target), but a volatile trend in Dementia diagnosis rates where there remains a significant gap to target.
- While the SMI PHC target of 70% has been difficult to achieve during the first 3 quarters of 2023/24, local data indicated that the target has been achieved in Q4 at 71.2%.
- While access to Talking Therapies services has dipped slightly in February, the general trend is upward, and access is exceeding the trajectory and is on target to achieve the 28% by the end of the year.
- EIP, CYP Eating Disorders and Community Mental Health access remain good, all achieving their trajectories and on trend to achieve year end compliance.
- The NEL position compared with other London systems is mostly positive. For services such as Community MH access, SMI Physical Healthchecks, Perinatal and TT access, NEL is the highest in London. Dementia diagnosis however continues to be the lowest within London.

Workstream Issues and Risks

- SMI PHC SDF investment is currently paused pending a financial review.
- Perinatal access and Dementia diagnosis are at risk of not achieving targets.

Mitigating Actions and Next Steps

Ongoing work within the Improvement Networks includes changes to service models to improve effectiveness and productivity, and to address health and social inequalities, as well as aligning investment and workforce planning. Examples include:

- Talking Therapies access** – focus on recruitment, increasing referral rates, and group therapy uptake
- CYP access** – increasing primary care access, improving digital access by service users, and increase access in schools via Mental Health support teams
- Dementia Access:** establishing a Dementia Improvement Network to disseminate best practice
- Perinatal** – increasing capacity through recruitment, and establishing an Improvement Network
- SMI physical health checks** – SDF investment to improve peer support, secondary care primary care data flows and reach higher risk, under-served people who have not had a health check for over 2 years.

This work will be supported by an expanded and improvement performance reporting framework.

London Mental Health Delivery Headlines – latest performance

Programme Area	LTP deliverable	LTP deliverable for London	Date of most recent performance data	London		NCL		NEL		NWL		SEL		SWL	
				Performance	% Current Target	Performance	% Current Target	Performance	% Current Target	Performance	% Current Target	Performance	% Current Target	Performance	% Current Target
Community MH Transformation	Dedicated services will ensure at least 102,235 adults and older adults per year have greater choice and control over their care, and are supported to live well in their communities	Access (2+ contacts) to community services	Dec-23	98480	101%	16965	85%	25065	116%	24855	94%	20560	107%	11380	107%
		Access (2+ contacts) to transformed community services	Nov-23	61310	116%	16950	192%	11545	98%	25550	202%	4485	41%	3105	37%
	Community services will deliver 5% year-on-year growth		Dec-23	22%		14%		29%		11%		37%		25%	
	Test approaches to deliver a four-week waiting time standard for non-urgent adult and older adult care	Referrals with 2+ contacts recorded in 4 weeks	Dec-23	32%		38%		26%		43%		40%		44%	
Individual Placement Support	A total of 8,475 people a year will have access (1+ contact) to IPS services		Dec-23	4595	72%	275	26%	1010	71%	1490	98%	1005	76%	815	80%
Early Intervention in Psychosis	The 60% EIP access standard will be maintained		Dec-23	71%		48%		75%		84%		66%		67%	
	95% of EIP services will achieve Level 3 NICE concordance		Mar-23	64%		67%		71%		100%		75%		0%	
Physical Health Checks for SMI	78,153 people with SMI will receive all 6 PH Checks		Dec-23	65227	86%	11343	83%	14283	89%	19309	95%	10967	73%	9325	85%
Dementia	Achieve and maintain a diagnosis rate of at least two-thirds (66.7%)		Dec-23	66.7%		68.2%		60.4%		63.6%		69.6%		72.6%	
Talking Therapies	All areas will maintain the existing Talking Therapies referral to treatment time	6-week waits (75%)	Dec-23	93%		91%		98%		82%		95%		98%	
		18-week waits (95%)	Dec-23	98%		99%		100%		93%		100%		100%	
		1st to 2nd treatment >90 days (10%)	Dec-23	22%		47%		20%		11%		28%		22%	
	A total of 270,880 adults and older adults accessing treatment		Dec-23	13965	65%	1590	43%	3590	80%	3300	63%	3145	66%	2340	71%
	All areas will maintain the existing Talking Therapies recovery standards (50%)		Dec-23	48%		45%		47%		46%		50%		51%	
Out of Area Placements	Eliminate inappropriate out of area placements (OAPs)	Inappropriate bed days (CAP)	Nov-23	10040		435		2650		335		5170		1450	
		Inappropriate bed days (MHSDS)	Dec-23	17340		2690		3340		3805		6120		1385	
Children and Young People	129,462 CYP aged 0-25 will have access (1+ contact) to support via NHS-funded mental health services	CYP (1+ contacts) Access	Dec-23	101960	99%	17865	92%	24790	104%	18795	97%	19820	78%	21185	128%
		CYP Access - MHST team type	Dec-23	9965		1700		2650		2135		1435		2050	
		CYP Access - MH in education service team type	Dec-23	910		300		25		0		360		225	
	Test approaches that could feasibly deliver four-week waiting times for access to NHS support for CYP	Referrals with 1+ contacts recorded in 4 weeks	Dec-23	55%		65%		71%		76%		64%		69%	
	The 95% CYP Eating Disorder referral to treatment time will be maintained	CYP ED (Routine)	Dec-23	83%		97%		98%		59%		72%		92%	
		CYP ED (Urgent)	Dec-23	69%		50%		100%		60%		0%		0%	
Perinatal	At least 12,836 women with moderate to severe perinatal mental health difficulties will have access (1+ contact) to specialist community care.		Dec-23	7105	81%	760	80%	2045	76%	1865	84%	1265	66%	1245	79%
Data Quality	Achieving incremental improvement in coverage in line with annual trajectories to ensure full coverage by 2023/24		Dec-23	48%		60%		36%		62%		44%		42%	
	All mental health providers will achieve Data Quality Maturity Index scores of or above 95%		Oct-23	78.00		80.10		82.00		88.00		67.00		70.50	
	Patients in children and young people's, community perinatal and community mental health services having their outcome measures recorded at least twice.		Dec-23	33%		30%		32%		27%		35%		45%	
	100% of providers to be SNOMED CT compliant		Dec-23	66%		76%		84%		14%		87%		80%	

RAG ratings determined by number of metrics currently being achieved i.e. for London, 6 metric targets are being delivered (green) and 4 metrics are within 10% of their target (amber). Targets are based on 23/24 operational planning where available and Long Term Plan targets for all other metrics. CYP ED – following retirement of the SDCS collection in 22/23, waiting times are now being captured via MHSDS. Metric development is still ongoing for the official replacements for these metrics and the measure shown here is interim, therefore should be used with caution in performance management and assurance.

Mental Health Crisis / Urgent and Emergency Care

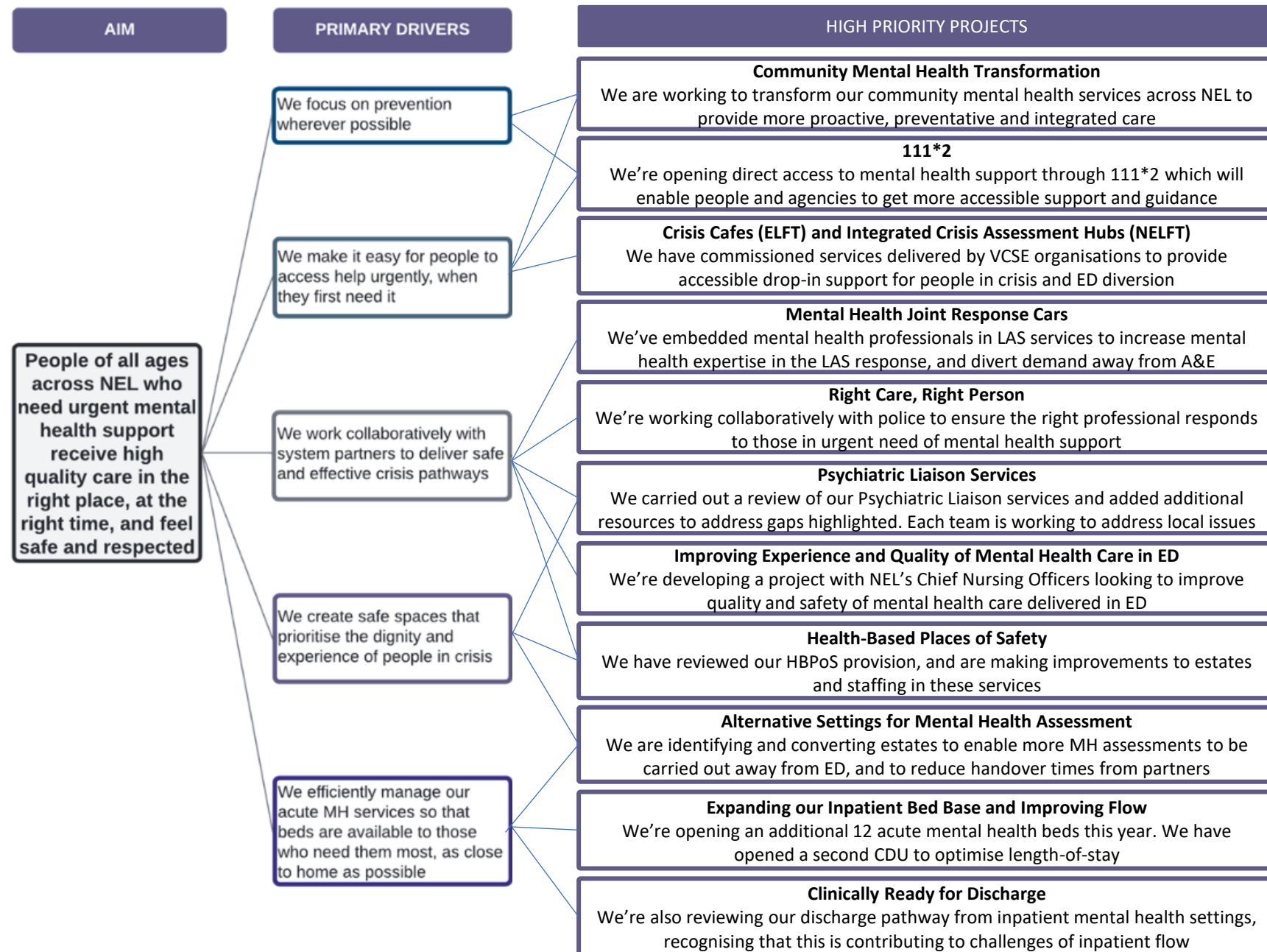
Programme Update
19th March 2024

NEL Mental Health Crisis / UEC Improvement Network - Strategy

Mental Health Crisis Improvement Network

We have established a NEL Mental Health Crisis Improvement Network within our provider collaborative.

This group, which combines clinical, operational and service user leadership from a variety of providers are driving forward a programme of improvement work across the whole pathway, and building opportunities to share learning and good practise.



NEL Mental Health Crisis / UEC Improvement Network – Status report

Developing Crisis Improvement Network

- NEL Crisis Improvement Network bringing together clinical and ops leadership across partners
- Programme of work aligned with NEL UEC Programme plan and reporting to UEC Board

Planning for 2023/24 & 2024/25

- UEC Capital bids for 2023/24 approved, MOUs in place, projects underway
- Bids submitted for 24/25 UEC capital

Other updates

- NEL moving to Tier 2 in UEC Recovery Programme – more comms coming soon
- A separate MH Inpatient Improvement Network has been launched to coordinate work across NEL
- Launch event held on 11th March, with 63 attendees good engagement across

Active projects		
Projects	Update	Impact
NHS 111*2	<ul style="list-style-type: none"> 'Go-live' of NEL Integrated hub scheduled for 2nd April 2024, delivered by ELFT 22/27 posts recruited Configuring clinical systems and telephony Reporting agreement not yet finalised 	<ul style="list-style-type: none"> Modelling forecasts this will receive 85k calls/year in NEL
MH Joint Response Cars	<ul style="list-style-type: none"> 3wte b7 Mental Health Practitioners in place for working in NEL MHJRCs, with contract in place for 23/24 Options paper reviewed by Programme board, now going to MHLDA Committee 	<ul style="list-style-type: none"> Fluctuating activity in 23/24, review ongoing
Right Care, Right Person	<ul style="list-style-type: none"> Met call handler protocols changed 1st Nov S136 Hubs also opened across London to provide advice to officers via 0300 number 	<ul style="list-style-type: none"> Across London a 34% reduction in S136 detentions
Improving Quality and Safety of MH Care in ED	<ul style="list-style-type: none"> Driver diagram developed with change ideas relating to workforce, care processes and environmental factors Improvement projects underway at each site too, taking forward learning from: <ol style="list-style-type: none"> PLS review Case note audit Flow event held 12th October PLS Report led to additional investment for HUH and KGH teams 	<ul style="list-style-type: none"> Audit highlighted process delays from ED assessment to referral to PLS (9hrs average at Queens), others from DTA to bed availability (17hrs at Newham)
Crisis Resolution and Home Treatment Team review	<ul style="list-style-type: none"> Scoping underway to carry out a review of CRHTTs across NEL to explore demand and capacity, performance, adherence to standards, and to better understand 'experience of access' as defined in service user priorities 	<ul style="list-style-type: none"> TBC

Active projects		
Projects	Update	Impact
Health Based Places of Safety	<ul style="list-style-type: none"> Plan for 23/24: <ol style="list-style-type: none"> Open 3rd suite at Goodmayes – NOW LIVE Safety alterations to C&H suite – WORK UNDERWAY Public engagement of Newham suite – In design phase, likely to run summer 2024 NEL HBPOS Steering Group overseeing and coordinating changes, inc. implications for CAMHS 	<ul style="list-style-type: none"> Main focus is improved safety and experience of care – but additional staffing aiming to improve flow too
S12 Solutions App	<ul style="list-style-type: none"> Reviewed by ELFT Digital Solutions Board in Dec 2023, now approved for use. Working with operational leads to plan go-live 	<ul style="list-style-type: none"> Reduced inefficiency in booking S12 Drs
Expanding Acute MH Bed Base	<ul style="list-style-type: none"> Additional beds at Rodney Ward (previously Moore Ward) opened 11th March 2024. Initially 7 extra beds, increasing to 12. Increasing use of private sector provision, work underway to develop an exit plan for current private sector contract 	<ul style="list-style-type: none"> Additional 12 male acute beds forecast to reduce occupancy by 5%
Clinically Ready for Discharge	<ul style="list-style-type: none"> Improved reporting across ELFT & NELFT, though data for NELFT not yet flowing externally Statutory guidance on 'Discharge from mental health inpatient settings' published Jan 2024 Planning for 24/25 Hospital Discharge Fund to be agreed with Local Authority partners Work underway to improve place-based CRFD processes and mitigations 	<ul style="list-style-type: none"> Currently 21 people CRFD in NELFT and 53 in ELFT London beds This is 13 fewer than last month in total
Crisis Assessment Centres	<ul style="list-style-type: none"> 'Crisis Assessment Centre - Principles and Standards' document published by NHSE in Nov 2023 Work underway to review ICAH Similar review to be scoped for INEL 	<ul style="list-style-type: none"> Enabling more MH assessments to happen away from A&E

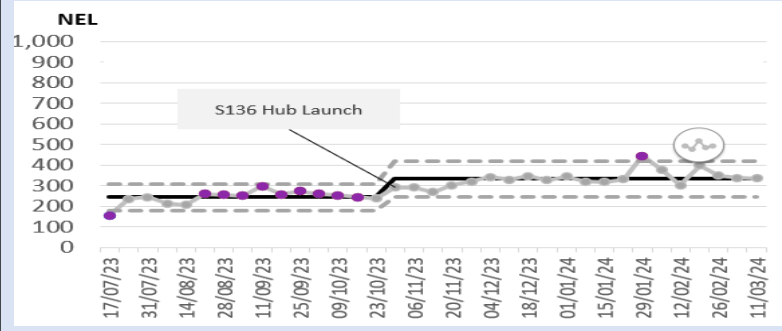
NEL Mental Health Crisis / UEC Improvement Network – Timelines

Area	Detail	Lead	Timeline					
			Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
111 for MH	Implementation of business case	ELFT Ops / BDU			Trust sign-off of digital solutions	Recruitment / procurement of additional roles	Testing and implementing of digital solution	Go-live 02.04.24
Increasing our bed base	Opening additional 12 beds on Moore Ward (2 specialist LD beds)	NELFT Ops / Clinical	Completion of estate works				Go-live 11.03.24	
			Recruit / redeploy MDT					
Health-Based Places of Safety	Additional all-age S136 suite and staff (Goodmayes), estates improvements and safer staffing (Hackney), consultation in Newham	NEL HBPos Steering Group	Estates works (Goodmayes)		Additional S136 suite open – 22.12.23		Estates works (Hackney)	
			Recruit additional staff (GH & C&H)					
			Design Newham consultation			Plan engagement for proposed closure of Newham S136 suite		
Psychiatric Liaison Service Review	Deliver recommendations of PLS review, deploy additional resources, hold learning events	NEL MH Crisis Improvement Network	Flow event 12.10.23					
			Deployment of additional staffing resource in Homerton and King George Hospital PLS teams					
Improving Quality of Care in ED	Scoping project work with CNOs focussed on improving quality of MH care in EDs	NEL Chief Nursing Officers		CNO Planning meeting 03.11.23		Place-based improvement work on quality and safety		
					Review of Crisis Assessment Centres			
Right Care, Right Person	Implementing 4 elements of RCRP model, with parallel work to scope expanded Street Triage model and coordinate training provision	NEL MH & Policing Working Group, system roundtable, and ELFT & NELFT Ops	New call handler criteria for welfare checks – 31.10.23			Scoping and delivery of wider RCRP model (including conveyancing and reduced handover times) – timelines TBC		
			Audit of police welfare check activity	Compile training resources				
Discharge pathway	Currently have stepdown beds in Newham (5) and Tower Hamlets (10)	ELFT Ops	4 Hackney step-down beds 02.10.23	Review of CRFD	Implement new CRFD processes, and design wider flow programme	Scoping with housing providers on expanding model for stepdown beds	Scoping 'discharge to assess' model for mental health	

NEL Mental Health Crisis / UEC Improvement Network – Impact measures

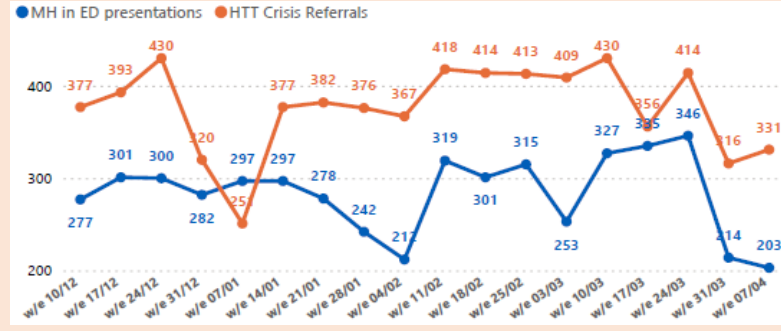
Work with system partners

111 calls for MH need in NEL (IVR)



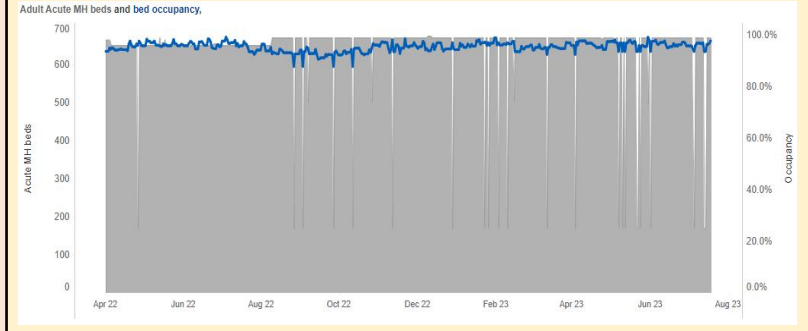
Mental Health care in ED

Number of MH attendances at ED in NEL (ECDS)

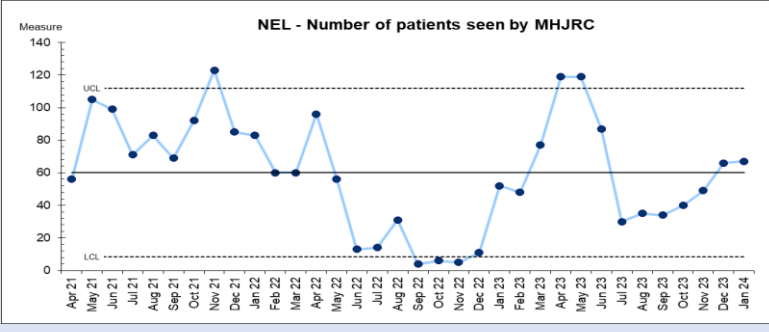


Mental Health admission

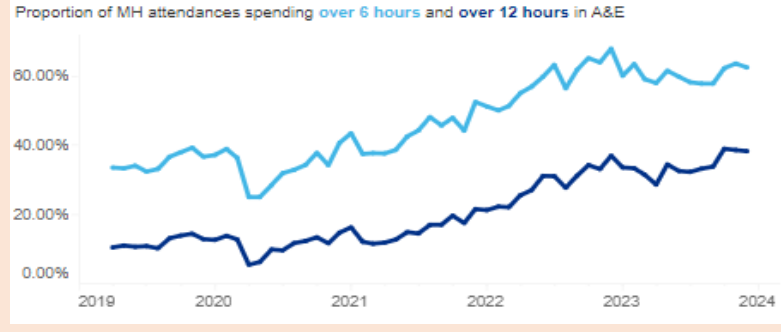
Mental Health bed occupancy in NEL (MHSDS)



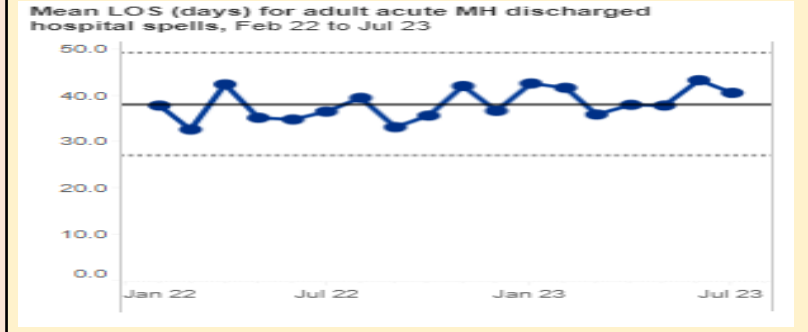
MHJRC activity in NEL (LAS reporting)



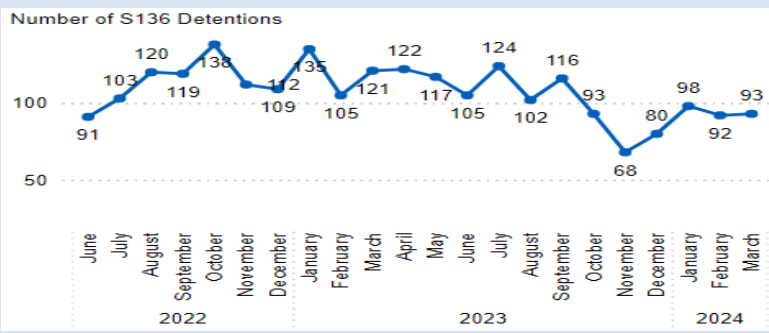
% 6hr and 12hr MH breaches in NEL (ECDS)



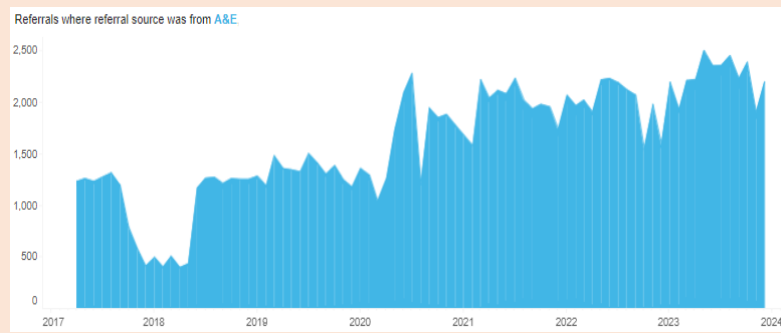
Mean LOS (days) for admissions in NEL (MHSDS)



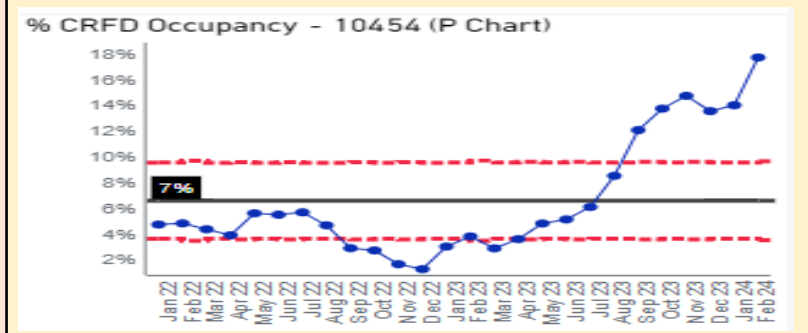
Number of S136 detentions in NEL (Thalamos)



Referrals to PLS via ED in NEL (MHSDS)



% Occupancy Clinically Ready for Discharge (ELFT)



MHLDA Collaborative sub-committee forward plan - April 2024 - March 2025

Agenda items	01-May-24	03-Jul-24	04-Sep-24	06-Nov-24	08-Jan-25	05-Mar-25
Standing items:						
Declarations of interest	✓	✓	✓	✓	✓	✓
Minutes of previous meeting	✓	✓	✓	✓	✓	✓
Senior Responsible Officer report	✓	✓	✓	✓	✓	✓
Deep dives and thematic reports						
Children and young people with mental health needs / transitions			Transitions			
Neurodiverse children and young people / transitions						
Children and young people with learning difficulties						
Autistic and neurodiverse adults					✓	
Adults who use inpatient services (MH and LDA)						
Adults with learning disabilities (inpatient review and IST update)		✓				
Adults with severe mental illness	✓					
Adults with common mental illness						
Parents with mental health needs during the perinatal period					✓	
Adults with complex social needs e.g rough sleepers						
Older adults with mental health needs				✓		
People living with dementia and their carers			✓			
Carers, including parent carers						✓
Housing (including supported housing)	✓					
Strategy and planning						
Mental health service user/carer co-production & priorities			✓			✓
Learning disability service user / carer co-production & priorities						
Learning disability programme investment		✓				
Neurodiverse service user / carer co-production & priorities						
Winter plans (including discharge planning)				✓		
Place and system priorities (emerging financial plans)					✓	
NEL operating plan						
NEL Joint Forward plan						
MHLDA Collaborative Plan for 2024/25		✓				✓
Mental Health Joint Response Cars		✓				
Governance						
Place-based mental health partnerships				✓		
Assurance						
Finance report		✓	✓	✓	✓	✓
Performance report	✓	✓	✓	✓	✓	✓
UEC update (incl. out of area placements / private sector bed exit plan)	✓	✓	✓	✓	✓	✓

Future topics 2025/26

Demographics & equity
 Prevention
 Medically unexplained symptoms