

We have been working together to consider what the requirements set out in the NHS Long Term Plan mean for our residents, staff and health and care partner organisations across north central London (NCL). We have a collective commitment to deliver changes that will improve the health and wellbeing of residents and have listened to what residents told us is important to them.

We have developed a draft NCL delivery plan for improving mental health outcomes and are now seeking the engagement and involvement of all local partners, stakeholder and residents to refine and finesse these plans. Over the next two months, we will cross-reference, financially cost and finalise our plan for submission in November.

If you have any comments, queries or think we have missed important points relating to any of the sections please get in touch with Chris Dzikiti (christopher.dzikiti@nhs.net).

Improving Mental Health Outcomes

Vision and Principles for Mental Health Care and Support in North Central London

North London Partners in Health and Care's vision for mental health support in North Central London is based on the principles established by our Expert by Experience (EbyE) Board. The EbyE ambitions set out below have informed the work to respond to the Long Term Plan and the continued development of the local care and support offer. These include;

Improved access to care and support

- Better access to care and support, embedding a "no door is the wrong door" approach.
- Address the significant areas of unmet need, and where people are on waiting lists for complex care treatment, provide support in the interim.
- Better coordination of access to specialist support once patients are discharged from secondary care, and specifically develop fast track access to specialist mental health teams in a crisis.

Service provision and development

- Similar support services will be available irrespective of their borough.
- A greater community support offer, and specifically Crisis Cafes. Stronger support and funding for the Voluntary and Community Sector as a care provider, while subject to the same outcome measures as statutory services.
- Transparency in how gaps in service provision will be addressed and how support will be provided to people who require "complex care/the level above IAPT but below crisis intervention".
- Support mental health workforce expansion particularly valued peer support roles.

Outcomes and monitoring

- Increased focus on patient-centred goals like patient recovery outcomes, housing and employment.
- Patient and public participation in evaluation and monitoring of services.

Strategic Approach to Mental Health Services

In 2016, a full pathway evaluation was undertaken to design the mental health strategy for the original STP plan. Creating the overarching vision that: "We will work with individuals and

communities to build a model of care and support that enables our population to live well". The plan was driven by three identified gaps; the health & wellbeing gap, the care & quality gap and the finance & efficiency gap. With the guiding principles to shift care from being delivered in an acute setting to an integrated community setting and home treatment where service users can have their mental, physical and social needs met in a coherent and coordinated way. This Long Term Plan response will acknowledge and build on the intensive work already undertaken to define and develop mental health programmes based on local population need, taking into consideration the population projections and funding trajectory set by NHS England and Improvement.

Through the FYFV and LTP ambitions the Mental Health programme will aim to provide a truly 24/7 mental health response that is equitable across the STP geography and to all age groups. Through increasing the system wide response across secondary, primary and community services the system will be able to de-escalate crisis by responding pro-actively to patient needs sooner and closer to home via home treatment and using community assets provided by the voluntary sector and the experience of peer support workers. We will do this by ensuring services and pathways are aligned through Psychiatric Liaison, CRHTT and community mental health services, for children and young people, adults and older adults, supporting the system to be less risk averse and deliver services, which are confident and able to support patients in the community.

Supported by Camden & Islington NHS Foundation Trust and Barnet, Enfield & Haringey Mental Health NHS Trust are working towards developing a mental health provider alliance, which seeks to increase integrated community support and standardise care across a wider geography, in order to realise a range of benefits including the more effective integration of mental health care with other services. It is intended therefore that the provision outlined in the NCL LTP will evolve to become increasingly uniform across the STP in future years, despite historic funding differences.

2.6.1 Provider Collaboratives

There are currently three NHS Provider Collaboratives in development in North Central London that are aiming to take over the NHSE Specialised Commissioning budgets. The main objectives for these collaboratives are to ensure:

- care closer to home through the elimination of external placements
- incentives for community care and not inpatient services
- opportunity to join up pathways with secondary/primary care
- providers in North London working as a system not in competition

North London Forensic Consortium is a provider collaborative covering inpatient and community forensic services, including Transforming Care. The consortium comprises of BEHMHT, CNWL, WLHT, ELFT and NELFT covering all North London inpatient and community forensic provision. BEHMHT is the lead provider for this collaborative.

NCEL CAMHS provider collaborative comprises of BEHMHT, ELFT, NEFLT, Whittington, Tavistock and Portman NHS Foundation Trust and GOSH. ELFT is the lead provider for this collaborative.

North London Eating Disorder collaborative comprises of BEHMHT and CNWL covering all North London. CNWL is the lead provider for this collaborative.

All three-provider collaboratives have had their interview with NHSE following the first stage of the approval process and are waiting feedback. If they all progress into the fast track, they will all need to submit a final business case by November with a start date of April 2020.

All three collaboratives will be engaging with five local authorities and five CCGs in the North Central London STP as well as the NCL Transforming Care Partnership (TC), as TC will be in scope of all three clinical groups (Eating Disorder/CAMHS/forensic). The plan is for NCL STP to be represented in the provider collaboratives mobilisation groups as well as in the on-going governance structure.

North London Forensic Consortium will be a wave 2 pilot site for the new specialist community forensic team model, which will be rolled out over a 2-3 year period, initially covering Barnet, Enfield and Haringey and expanding to Camden and Islington from 2022/23. The service will support the development of accommodation pathways by co-commissioning housing providers, which will enable the reduction of length of stay for forensic inpatients, improve housing pathways and increasing community resource in North Central London.

2.6.2 Stabilising and Expanding Community Teams

The implementation of a new digital system across North Central London will include a specific registry for Physical Health Checks for Adults with Serious Mental Illness, this digital system will automate the current process for identifying GP practices with low completion rates of health checks for this cohort, greatly improving the support available for these practices and their patients through existing QUIST initiatives.

Expansion of the primary care workforce and further upskilling including links to specialist support from mental health trusts, will enable the expansion of health checks and improvements in clinical outcomes. The PRIMROSE study by UCL will provide further evidence of effective interventions that can be facilitated in part with Personal Health Budgets for this group.

Individual Placement and Support (IPS) services are available across NCL following close working between health and social care, recently supported by a further two-year expansion through Wave 2 funding to extend the access through primary and secondary care. The access standard for Early Intervention in Psychosis (EIP) is already met across NCL and following the RCPsych CCQI survey in early 2019, Service Development and Improvement Plans are now in place to ensure all services achieve Level 3.

2.6.3 Initiatives via Additional Fair Share Funding

Children & Young People aged 0-25 services

One of the LTP deliverables is for 345,000 additional CYP aged 0-25 to have access to support via NHS-funded mental health services and school or college based Mental Health Support Teams (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21). NCL has already reached the 70,000 target; hence, the focus will be the 345,000 with a NCL focus on college populations (16-25 year olds).

NCL have good examples to learn from, including an open access / voluntary service models called 'HIVE' in Camden and 'Choice' in Haringey, with principles, which could be replicated across the STP.

(Awaiting additional input from providers / commissioners)

Expansion of access to specialist community perinatal mental health services in 2019/20

NCL STP is collaborating to deliver a specialist community perinatal mental health service, providing care for women with severe or complex mental health needs in the perinatal period. Both Wave 1 & 2 CSDF and individual CCG contributions have enabled this service. It went live with new staff in NCL in July 2017. The service built on existing small provision and expanded to cover all five boroughs, becoming one service that provides care and treatment for the whole STP geography. Both Waves 1 and 2 funding has enabled the service to see 5% of the NCL birth population (1,000 women). A business case was endorsed by the NLP STP Executive Team, which committed to continuing the Wave 1 and Wave 2 funds from 2019/20. Evidence-based care pathways operate locally and there are examples of initiatives that continue to inform the development of the new service:

- Haringey is a national site for Mums and Babies in Mind project hosted by Mental Health Foundation.
- IAPT Perinatal Leads in each borough and Perinatal Champions, raising awareness and promoting openness around perinatal mental health
- NCL are a Maternity Transformation Programme Early Adopter, paving the way for initiatives delivering more personalised care for women and babies, improving outcomes and reducing inequalities.

The service will continue to focus resources and develop approaches to engage people who find help harder to access including teenagers and mothers from some BME groups including those for whom English is not their first language. Women are identified by anyone involved in their care e.g. GP, maternity staff, health visitors, social care, mental health services or psychology services. Women can self-refer and referrals from partners, relatives or friends are considered, pending verification of the patient's consent.

24/7 adult crisis resolution and home treatment teams (CRHT)

There is 100% coverage of CRHT services which operate on a 24/7 basis and include Crisis Single Point of Access (C-SPA) functions in addition to Home Treatment and Assessment teams. Camden and Islington also have a specialised Older Adults Home Treatment Team.

CRHT provision across NCL in 2018/19 comprises approximately 1 qualified staff member per c.12k adult population, equating to 136.61 WTE staff members. Robust assessment of additional capacity needed to meet local mental health need identified 28.60 in 2019/20 and 27.60 WTE staff members needed in 2020/21. Using the transformation funding investment, CRHT provision will now be able to deliver a high-fidelity service by 2021, operating at 1 qualified staff per c.10k adult population. Maintaining high-fidelity coverage of UCL Core Fidelity scales to 2023/24. There is a current evaluation commitment to review Crisis Pathways in BEH and continued commitment as pathways develop. Strengthening CRHT Teams and providing care closer to home in the community will be critical to managing the increasing pressures on inpatient beds and to reducing out of area placements, particularly in Barnet, Enfield and Haringey.

CYP mental crisis services

NCL will develop a local integrated pathway for children and young people with higher tier mental health needs, which includes rapid community-based and out-of-hours responses to crisis. There will be investment in expanding the crisis workforce and training for the crisis response team, with a focus on Dialectical Behaviour Therapy (DBT) as the core treatment modality. This will result in admission prevention, reduced length of stay, support appropriate and safe discharge and a

reduction of admission to acute paediatric beds across the footprint. NCL will work closely with Specialised Commissioning and jointly with Health & Justice Commissioners to develop local integrated pathways including transitioning in or out of acute, specialist and secure settings. Over the lifespan of the LTP, the aspiration of NCL is to develop a comprehensive acute care pathway for children and young people experiencing a mental health crisis. The development of the acute care pathway will occur in phases as additional LTP investment comes on stream and savings are realised through the proposed CAMHS provider collaboratives for CAMHS Tier 4 across NCL and North East London (NEL). This is an iterative programme of work taking a long-term view of service development and delivery of the ambition to better meet the needs of those children and young people experiencing mental health crisis.

There is a pilot for an out of hours nurse led service covering NCL, which operates from 17:00 hours until midnight. The success and safety of the nurse-led OOH component is contingent on robust supervision from an on-call psychiatrist of senior-training grade or higher (consultant). Historically there have been a number of on-call psychiatry rotas operating across NCL with varying workloads and consultant remuneration for out of hours work is also variable. As part of the development of the 24-hours crisis offer, NCL is therefore proposing a single rota for consultants across NCL be developed. A particular focus for this work is to ensure parity of access across the sector, greater equity in workloads and responsibilities and more consistency in contracting arrangements for on-call psychiatry.

Extending mental health liaison for children and young people is a key deliverable for the NCL STP and reflects the priority within the Five Year Forward View and Long Term Plan to ensure that 'good quality mental health liaison services will be available more widely across the country'. Through the development of the NCL crisis care pathway, it has become apparent that there is significant variation in availability of and access to CAMHS liaison across the sector. The current model is based on historical arrangements that have been in place for many years; is unsustainable due to reliance on high numbers of trainees; and does not provide a consistent all-age offer, which has resulted in a lack of parity across the system.

Development of local mental health crisis pathways (alternative crisis service provision)

Due to historic funding differences, current alternative crisis service provision across NCL is varied. The planned transformation funding will evolve alternative crisis services to become increasingly uniform and equitable across the STP to all age groups for people, and their carers.

NHS-led crisis care in Camden and Islington includes Crisis Houses, an Acute Day Unit in Camden, 24/7 Liaison Teams, Voluntary Sector Organisation provision in partnership with the NHS provides a range of integrated alternative service provision, which varies according to local need. A new dedicated Health Based Place of Safety (HBOS) is scheduled to open in winter 2019. Barnet, Enfield and Haringey each have a Recovery House (providing crisis capacity focussing predominantly on early discharge from wards). The alternative crisis service provision transformation funding is targeted within these boroughs focused on crisis café provision and peer coaching.

2.6.4 Initiatives via Additional Funding Allocations Made To Individual Systems in Consultation with NHS England/Improvement Regions

Salary support for IAPT trainees

IAPT trainee numbers have been agreed across NCL, with contract variations in place to provide salary support in line with regional funding requirements.

IAPT access rates were met for NCL in Q4 2018/19 equivalent to an annual rate of over 19%. IAPT services are commissioned to meet the expected growth in targets, with funding committed to support each service to expand their workforce in line with the existing access trajectory.

IAPT Long Term Conditions (LTC) units were established in two boroughs as part of Wave 2 regional funding and have been sustainably funded with expansion into new clinical areas. The evaluation of these services has not demonstrated the previously expected system impact to enable reallocation of resources, but it has informed the continued development of LTC provision across NCL. Progress is expected with further development of the VCS offer, and further expansion of therapists co-located in primary care following successful deployment in all boroughs.

Recovery rate targets have been consistently met for the past year in all services, demonstrating the sustained quality of service provision. Remedial action continues to address challenges in referral to treatment and hidden waits in some areas.

CYP Mental Health Support Teams

All five boroughs in NCL had successful bids to be trailblazer sites for Mental Health Support Teams (MHSTs) in schools. Camden and Haringey were successful in Wave 1 and went live in late 2018. Islington, Barnet and Enfield all had successful bids in Wave 2. Enfield go live in September 2019. Islington and Barnet will go live in January 2020.

NCL plans to have an STP MHSTs shared learning group, this will enable sharing of best practice. The learning group will feedback to NCL STP CAMHS project board, who will provide the governance arrangements. The group will be established at the beginning of Q3 2019/20 with representation from health, care and education.

(Awaiting additional input from providers / commissioners)

2.6.5 Initiatives via Targeted Funding For Range of Smaller Initiatives And Pilots

Maternity outreach clinics in 2020/21 and 2021/22

(Awaiting additional input from providers / commissioners)

New models of integrated primary and community care for adults and older adults with SMI

New models of integrated primary and community care is central to the development of a joint clinical strategy by our Mental Health trusts over the next six months, which will be informed by the acute care pathway review at Barnet, Enfield and Haringey NHS Trust. The needs analysis that informed the original North London Partners STP specifically identified the development of enhanced community care as necessary to improve pathways and address the inpatient capacity challenges within our system that see too many people placed out of area.

Developments in community provision will continue to be made in the next two years, through transformation funding and utilisation of devolved specialised commissioning budgets, as well as the expansion of Primary Care Mental Health services across North Central London.

Mental Health Liaison Services

MHLS services are delivered 24/7 in all 5 Acute sites in NCL and report their performance against Core 24 targets. Supporting individuals presenting in mental health crisis to have timely access to inpatient care based on assessment, giving individuals a mental health assessment and care plan within 4 hours of arriving at ED and 24 hours on the wards. NCL have demonstrated a local commitment to the consolidation and expansion of MHLS, partners have adopted a joint MHLS Collaborative Agreement, Core 24 service specification and associated KPIs. This system wide approach to improving MHLS and have been successful in attracting joint Wave 2 MHLS transformation funding to enhance all provision and ensure all hospitals in NCL meet Core 24 Standards for adults and older adults by 2021. An additional 16.8 WTE staff members have been funded, equating to a total of 111.25 WTE in 2020/21. There is a local partnership commitment to maintain fidelity against core 24 standards.

Individual Placement Support

IPS Services are available across North Central London following close working between health and social care, and a further two-year expansion supported recently through Wave 2 funding to extend the access through primary and secondary care.

Testing of clinical review of standards in 2019/20

TBC

Model for problem gambling from 2019/20

NCL were not successful in the problem gambling 19/20 funding, problem gambling is considered a future ambition due to the established existing services and ability to expand the model.

Specialist Community Forensic Care and women's secure

North London Forensic Consortium will be a wave 2 pilot site for the new specialist community forensic team model, which will be rolled out over a 2-3 year period, initially covering Barnet, Enfield and Haringey and expanding to Camden and Islington from 2022/23. The service will support the development of accommodation pathways by co-commissioning housing providers, which will enable the reduction of length of stay for forensic inpatients, improve housing pathways and increasing community resource in North Central London.

Enhanced suicide prevention initiatives and bereavement support services

There are localised suicide reduction programmes in each borough, with multi-agency suicide prevention plans in place, led by public health, social care, the voluntary and community sector, public representatives, with healthcare commissioners and primary and secondary care. The plan has a zero suicide ambition in place, including mental health inpatient services. Services utilise a range of existing local health and voluntary sector partners for referrals. NCL will continue to revise suicide prevention plans in line with London Health and Care Vision (to be published in October 2019) refreshing our commitments to further reduce the suicide rate in NCL and support bereaved individuals.

NCL successfully bid for additional funding from Public Health England in support of local Directors of Public Health's commitments to develop a post-intervention suicide bereavement support service, providing timely and appropriate support to families and staff. Procurement of a local service will take place by March 2020 and the subsequent evaluation of two service models will take place to inform the long-term provision of this postvention service.

Mental health services to support rough sleepers

Haringey has been selected as a national pilot site for rough sleeping mental health services. The rough sleepers needs assessment including mental health fashioned board level commitment between CCGs, MH Trust, LA and VCS organisations, supported by joint commissioning to be able to move at pace to deliver mental health services to support rough sleepers.

An integrated multi-disciplinary approach was adopted to co-produce services for rough sleepers, the service will integrate existing homelessness services, a co-located outreach team including Homes for Haringey, employment support, financial/debt advice, Violence Against Women and Girls, VCSE partners, social care provision for rough sleepers, the team will further integrate GPs, Psychiatrists and Psychologists, occupational therapists, outreach workers, nurses, peer support workers via trauma-informed approaches, working in parallel with integrated substance use treatment pathways to ensure effective holistically support. The outreach team regularly link with hostels, day-centres, street outreach teams, hospitals and primary or secondary care.

Recognising the prevalence of rough sleeping in Camden and Islington, a MDT led by public health have developed a funding proposal, recently unsuccessful, but identified as a priority for future funding.

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