



**SOUTH
LONDON**

**Mental Health
and Community
Partnership**

NHS
Oxleas
NHS Foundation Trust

NHS
South London
and Maudsley
NHS Foundation Trust

NHS
South West London and
St George's Mental Health
NHS Trust

Contact us

Jeremy Walsh, Director
jeremy.walsh@slam.nhs.uk

South London Mental Health
and Community Partnership (SLP)

www.slpmentalhealth.com

Five Year Impact Report

*New services
Transformed care
Improved lives*


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Introduction

Five years may not sound a long time within the history of our much-loved NHS. But when we look back to 2017-18, no-one could have anticipated what was around the corner.

The pandemic, unprecedented service demand, financial and workforce pressures we haven't seen before - and a global mental health crisis. We have been through this together. But amongst these challenges there has been real progress.

Five years ago, south London's three NHS mental health trusts – Oxleas Foundation Trust, South London and Maudsley Foundation Trust, and South West London and St George's Mental Health NHS Trust - came together to form the pioneering South London Mental Health and Community Partnership (SLP).

For everyone who has collaborated, innovated and committed wholeheartedly to doing things differently to improve specialist mental healthcare via the SLP, it's been a special period in many ways.

We started with a vision of transforming some of the most specialist mental health services by working together. We planned to combine resources and expertise so we could take greater control locally of how care was planned and commissioned, by collaborating as clinicians and with our service users.

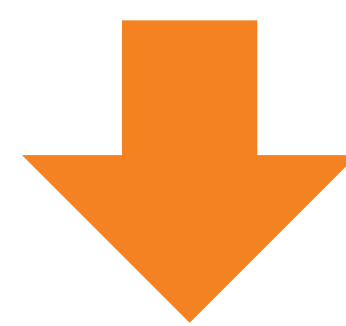
Our goals were to improve pathways, services and outcomes at scale - reducing inequality and variations in access and outcomes. Our work covers people with some of the most specialist, complex and challenging mental health needs.

This Impact Report looks at what we have delivered together, what that has meant for the patients in south London, and how 'Collaboration not Competition' has transformed people's experience and outcomes.

SLP impact a few highlights...

Care closer to home

Forensic patients
out of area



Child and Adolescent Mental Health Services (CAMHS) patients

out of area/
in private sector beds

Complex care patients out of area/in private sector beds



zero

Adult Eating Disorder (AED) patients
out of area

From inpatient beds to community-based care



fewer inpatient beds used by forensic patients



fewer inpatient beds used by AED patients

The SLP story *so far...*

£500 million
care budgets commissioned
locally and services designed
by south London clinicians
and service users

Transformational new models of care and clinical pathways

Our original vision and goals have always been led by achieving better outcomes for patients. We wanted to improve specialist mental health services so the most vulnerable patients could look forward to recovery and a better quality of life.

This Five Year Impact Review sets out many of the innovative, and often sector-leading, new services introduced in south London. It also highlights just what this has meant in terms of care outcomes - and better use of NHS budgets.

We have reduced unnecessary variation and raised the bar for these specialist services through combining resources, expertise and knowledge. The underpinning principles and processes, which have been so essential, could only be developed by working at scale and in partnership to best all of our south London population. These include:

- Shared, consistent clinical pathways: co-designed, combining best practice and innovation and consistently reviewed and improved, supported by clear Standard Operating Processes (SOPs)
- Consistent and new assessment standards: many of our most complex and challenging patients across various mental health conditions had been in long-term, restrictive settings, away from home and often a long way outside south London. When we took control of commissioning budgets and service developments, we instigated new, consistent case reviews, applying our new proactive pathways. It meant we could deliver major change from the outset: repatriating people to south London and stepping-down patients down to clinically-appropriate more independent care, wherever possible in community settings. This continues as a principle underpinned by rigorous processes

- Joint Single Point of Access: hubs and clinicians from the three Trusts combining to agreed pathways and individual care plans for people newly-referred into our specialist services
- Partnerships that work: creating the right culture, shared vision, aligned objectives, effective governance and delivery models. This collaboration at scale made effective local clinically-led, service user-informed commissioning a reality - and created high quality new models of care
- Reinvesting in local services: bringing patients closer to home and creating more proactive, community-focussed recovery and ongoing care pathways enables us to optimise use of south London beds, spend less on the private sector and out of area inpatient care, and reinvest savings in tailored local services. This includes investment in local south London NHS wards, which also helps reduce wider cost pressures from using out of area and private sector provision. We can therefore reduce Average Length of Stay (ALOS). Patients now get the assessment, support and care they need, from the right services, sooner
- Shared budgets: devolved shadow and full Provider Collaboratives budget from NHSE, now covering four previously nationally-commissioned specialist services. We have replicated this with locally devolved budgets from our two Integrated Care Boards (ICBs, previously CCGs) and Local Authorities
- Value and stability: the shared budgets for large-scale commissioning of highly specialist patient cohorts also minimises financial risk for the individual partner trusts, enabling them to operate with commissioning and financial stability

Bringing care closer to home – from inpatient care to the community

We have made a step-change in how very different specialist services are provided – moving care from inpatient wards to community-based services wherever possible.

- The new consistent pathways and assessment highlighted have underpinned admissions and ongoing more proactive care, rehabilitation and recovery, reducing Length of Stay (LOS) and wherever possible avoiding hospital admission and readmission
- A wide range of new community services have been introduced so clinical interventions can be provided earlier, outside inpatient care, and with proactive, regular monitoring
- Moving care from inpatient settings into the community: including 24% fewer south London Adult Forensic inpatient beds now being used overall. More people across all the services supported by SLP programmes now being cared for, recovering, and enjoying a better quality of life in the community and outside hospital wards and other inpatient settings
- Pan-south London teams bring consistent standards and access across the 3.7 million population footprint for services often previously too small or specialist for individual trusts' capacity
- Working together we deliver more tailored, specialist community mental healthcare cost-effectively and at scale. This helps reduce variation in people's experiences, and tackles some of the inequality and fairness in accessing services facing some of our communities

- New and expanded services (described in detail later in this Review) include:
 - o CAMHS Crisis Care: community, crisis response, and telephone helpline
 - o CAMHS Dialectical Behaviour Therapy
 - o CAMHS Forensic Service
 - o Adolescent Outreach Teams
 - o Community Forensic Outreach
 - o Community Forensic Learning Disability and Autism (LDA)
 - o Supported specialist Step-down accommodation for women in secure Forensic settings
 - o Community Forensic Support +
 - o Adult Eating Disorders Enhanced Treatment Team
 - o Supported step-down accommodation for Complex Care patients

Securing £500m+ budgets for the local NHS: commissioning, reinvesting savings, developing and launching pioneering new community services - in south London

- In early 2020 we secured devolved commissioning funds from NHSE for four years, totalling £412 million, for Forensic (Adult Secure), CAMHS (Tier 4) and Adult Eating Disorders

The SLP story *so far...*

140+

Registered Nursing
Associates trained and
entering workforce

These represented three of just ten Provider Collaboratives agreed by NHSE nationally

- £41 million specialist budgets for Complex Care patients managed centrally by SLP since November 2020
- Devolved Perinatal commissioning budgets, creating fourth SLP Provider Collaborative, initially inpatient care with plans to extend to community services
- £5m+ per annum investment by south west and south east London ICBs and NHSE in new crisis and urgent mental healthcare telephone services, benefiting the public, patients and partners across the system including Acute Trusts and the Police
- Better local commissioning, led by NHS Trust mental healthcare specialists in their own areas:
 - reducing use of private sector beds and overall use of independent providers, bringing care into NHS services to achieve best value, and reducing use of long stay units where people had often spent many years without significant proactive recovery support. Many of these were out of area – making it slower and more difficult to repatriate people and step-down to less restrictive settings, It also led to high LOS, reducing people’s quality of life and in many cases proving highly expensive and low value for NHS budgets
 - moving people’s care to community settings, and to the place they call home - outside hospital inpatient wards and restricted secure accommodation
 - proactive pathway management and active commissioning to speed up recovery and discharge and reduce ALOS - all enabling better patient outcomes!

- More than £26 million saved on NHS budgets and reinvested in local NHS services every year – the first time together we have been able to reinvest at this scale to improve how we support local people’s specialist mental health needs across 12 boroughs
- New teams, services and facilities for the NHS in south London, co-designed and delivered by three Trusts working together and in partnership with other services

Putting service users at the heart of change

From the very start, we made co-design a reality. Not only did we bring clinicians, operational colleagues and partner services together from teams working across all south London, but we involved patients, families and carers in workshops, meetings, research and development and made them central to new collaborative conversations.

This has shaped our approach as we have shifted from top-down centralised commissioning to local, clinically-led, service-user informed commissioning and service design.

- From in our first joint pathway development workshops, people with lived experience of Adult Secure Forensic services helped shape how we could better support their recovery and safe step-down to more independent living
- Children and young people addressed how crisis care approaches could be more relevant, empathetic and understanding to what they are going through, shaping new services - in-person close to, or, at their homes, and by telephone

- Service-user involvement embedded at outset of all new programmes. They sit on governance groups, informing operational and clinical planning, service design and wider decision-making
- New specialist inpatient wards, supported community accommodation, out-of-hospital services and strategic commissioning plans have all been co-designed with people with lived experience of services. Their fresh and expert perspectives are essential to understanding where and how we can improve services
- Paid Service User Lead roles have been appointed for all our clinical programmes, becoming members of governance meetings, co-designing new services at workshops, reviewing performance and linking with other to ensure wider voices are heard. They also sit on panels to appoint key new programme roles including at Clinical Director level. We are also working together to develop a structured best practice approach to embedding service user involvement and co-production
- Our CAMHS Family Ambassadors programme listened to what families and carers need and identified gaps. Ambassadors have improved understanding, expectations and the overall experiences of people whose children and young people needed to be admitted to inpatient care

Collaboration - from policy into reality in the NHS and beyond

Our core clinical programmes have shown how we can bring people within the statutory mental health sector, local government, the third sector and others together to improve care - creating a shared purpose, vision and aims and aligned objectives.

This culture of collaboration has been led by colleagues from all three SLP Trusts. This covers both formal SRO, Clinical Director, Programme Director, Clinical Lead or other project management roles - and the hundreds of staff who have joined workshops and workstream groups.

A small, focussed central SLP team has provided programme structure, support and space to empower clinicians, operational and corporate services colleagues to make transformation happen - planning, commissioning and delivering new models of care.

We have also spread collaboration into new areas. For example, South London Listens is a major programme led by the three Trusts in partnership with local authorities and community groups. It is helping people across south London’s diverse population with their mental health and well-being post-COVID-19. New community-led roles and projects have been co-design, co-produced and co-delivered with local people across our 12 boroughs.

Partnerships with seven south London-based universities and the registered housing provider sector have opened new opportunities to improve mental healthcare for specific cohorts and drive a more holistic approach.

Recently we have worked closely with the Metropolitan Police, British Transport Police and City of London Police to help improve better urgent and crisis care for the public when Police Officers are attending mental health incidents. This includes creating a new dedicated Section 136 Co-ordination Hub as the single point of contact for frontline Officers to get specialist advice and support when dealing with mental health incidents, guidance before applying S136 and referrals management, and signposting to other appropriate services.

The SLP story *so far...*

New Quality Assurance standards and focus for specialist services

Patients with often complex and challenging needs deserve the very high care quality standards from the private and independent sector, as well as the NHS.

We committed to raising that bar for Quality Assurance across SLP Provider Collaborative specialist services with a robust and inclusive proactive approach that adds value for patients and providers. Key initiatives include:

- Introducing a new Annual Quality Review Tool: drawing on best practice from CQC inspections, the NHSE Quality Network, and providers' internal reviews to develop the SLP model. We focus strongly on proper conversations with families and carers, patients and staff to build a deeper insight into the quality of care provided. The tool was co-produced and reviewed with input from people with current and prior inpatient experience

These annual audits cover the relevant specialist services delivered by the three SLP Trusts and those we commission from independent/private sector providers in south London. These annual in-depth reviews are then discussed openly with providers to assess strengths, weaknesses and opportunities to improve

- Weekly joint Quality Matters meetings bringing services and the small SLP Quality and Commissioning Team together to monitor areas such as safety, incidents and events reported, and consider operational and strategic actions needed

- Ongoing and fully embedded programme of monitoring, review and learning including Programme Quality Summits involving senior Trust leadership, and service and profession-specific workshops and learning events to consider Review results and other data, and plan future improvements

This robust and comprehensive assurance approach enables us to proactively monitor and manage performance, seek improvements, and tackle major issues together.

For example, we stepped up targeted monitoring and intervened, working in partnership with the independent sector provider, to take the tough decision to close an underperforming unit when it reached Level 3 of our framework. We put patients first throughout, co-ordinating with them, family and carers and SLP Trusts to ensure people received continuity of care, and were fully engaged and involved in their transfer to other settings.

Improving Data Quality to inform clinical and commissioning decisions and pathway developments

We have inherited many poor quality and inconsistent datasets from a variety of commissioners, reflecting a wider variety of placements - literally around the country - and individual patients' care pathways, often complex and multiple conditions, previous assessment and current clinical status.

Much of this data was old, inconsistent and featured significant gaps. This provided another challenge as we strived to undertake new assessments, and move patients onto more proactive, progressive pathways towards rehabilitation and recovery, with care closer to home, and increasingly outside of highly restrictive settings.

Alongside our clinical work, data quality was key to managing the specialist caseloads, and then developing and commissioning better care pathways. We have cleaned data and created individual patient-level databases for more than 1,000 patients in each of our Forensic (Adult Secure) and Complex Care programmes. This stronger data quality is managed ongoing, and informs commissioning decisions, and planning new services. It is essential to ensure patients receive regular placement reviews and clinical assessments – so they are no longer 'funded and forgotten'.

We have a single view of patient data for each of the specialist services we commission in partnership, also enabling better monitoring of overall commissioning outcomes and value.

Creating opportunities to develop and retain our brilliant workforce

The biggest workforce in healthcare is of course nursing staff. The pressures of recent years in mental health have made developing and recruiting our people ever more essential.

6

specialist south London accommodation and inpatient facilities developed / enhanced

The award-winning SLP Nursing Development Programme secured support from Health Education England to launch a series of innovative development initiatives – and since has supported hundreds of nurses to develop new skills, career opportunities and gain promotion, all within our Trusts. It has sought to tackle big challenges, and therefore improve our staff's working lives, and care for the thousands of patients we look after:

- We have invested in targeted staff development to help tackle recognised inequalities
- The first ever shared Band 2-6 nursing competency and skills framework across three Trusts provides clear progression routes
- Early investment in the new Registered Nursing Associate role brought new opportunities and expanded teams' clinical capacity
- Tackling inequality through a pioneering BME Nursing Leadership Programme which has seen 50% of participants gain promotion within a year

Many staff have benefited from formal roles and deep involvement in driving our partnership programmes. They have developed skills and experience in project management, clinical pathway design and development, leading across organisations, and much more.

We have appointed six Clinical Director roles across major programmes, all being given dedicated time to work on partnership programmes. Their leadership role is vital, including bringing clinical colleagues from the three Trusts together to work collaboratively.

The SLP story *so far...*

Best practice recognition includes: CQC, NHSE, King's Fund, NHS Providers, NHS Confederation

As recruitment and retention have become more recognised as essential to the NHS's future, this collaboration and increased opportunities has major benefits in attracting people to work within our three Trusts.

We came together for a special campaign to fill a number of specialist CAMHS roles in the existing new services being developed, alongside core Trust inpatient and outpatient care positions. This was the first joint recruitment campaign by our three Trusts, highlighting the benefits of working together at scale in expanding opportunities.

We also recruited together for new shared south London telephone urgent care services - the Section 136 Co-ordination Hub and the NHS 111 for Mental Health service.

Working together to tackle the most challenging care environments

Collaboration and combining knowledge, expertise and ideas has brought new solutions to bear on many previously unsolved and underserved mental healthcare challenges

- Our pioneering Complex Care programme has brought a new focus and approach to people with significant mental health issues and co-morbidities from south London. Together with partner local authorities, we have introduced a new assessment approach – including new reviews of almost 2,000 patients, progressive pathways and unique community so people often in restrictive care, miles from home, can be stepped down to local wards and community services. This cohort of patients was once described as 'Funded and Forgotten' in a major CQC report – and we have reversed this in south London

- Our clinical and operational teams across the Trusts have supported some of the most complex individual cases in the country by combining resources and new approaches. This has meant highly individualised care packages – sometimes with dedicated wards – to progress patients previously with little prospect of improvement to more independent living closer to, or even at home
- We have brought new focus on the underserved group of people with Learning Disability and/or Autism (LDA) diagnosis.

A dedicated community Forensic LDA service was developed to provide expert support and guidance to teams caring for LDA patients in secure settings and in helping step downs to community environment, and jointly managing a specialist caseload

- During COVID-19 we came together with other partners such as Acute Trusts and the third sector to safeguard some of the most vulnerable people in south London. Acutely unwell Adult Eating Disorders patients requiring nasogastric feeding were highly susceptible to infection and we worked across the region to keep them safe. We co-ordinated specialist mental health teams' join multi-disciplinary health services teams working in new shelters for homeless people. They undertook assessments, provided care and support, and made appropriate referrals, for homeless people as part of the Mayor of London's 'Rough Sleepers' initiative

- Clinical assessment teams from our Forensic and Complex Care programme worked intensively with colleagues on SLP Trusts' inpatient wards to identify and support quicker safe discharges with additional community support, helping relieve pressure on hospitals and staff. And we introduced a new out of hours dedicated crisis telephone service for children and young people, recognising just how much isolation, anxiety and other problems were affecting their mental health

Influencing the sector to collaborate not compete

Provider Collaboratives were first introduced under 'shadow' arrangements by NHSE. SLP secured three of just ten of the first wave of formal Provider Collaboratives announced in early 2020.

Covering £412 million of fully devolved commissioning budgets over four years.

We continuously and openly share our experiences and evidence with NHSE and provider peer organisations and mental health sector leaders. We have spread our experience, learning and approach, welcoming colleagues from provider collaboratives, ICBs, and overseas health authorities to share and discuss our programmes and how we work.

Together with our ICB partners, Local Authorities and NHSE we have broken down the 'purchaser – provider split' in commissioning. We have developed, funded and delivered new care models locally - and they have worked.

The NHS is littered with new policies which, despite all good intentions, fail to deliver public and patient benefits. By laser-focusing on outcomes, and monitoring them relentlessly, we have demonstrated the impact of doing things differently. We hope this has shown that good policy can be turned into great practice and actual delivery – and how this benefits the people and patients we serve.

National reputation for innovation to transform specialist services

Our work is recognised across the sector, most of all for the impact for patients. Major national reports by NHSE, CQC, The King's Fund, NHS Confederation, NHS Providers and others have highlighted SLP work. Our programmes have featured in NHSE best practice case studies for provider collaboratives, and in its Shared Atlas of Learning.

Many of our projects and initiatives have been featured positively in leading national media from the HSJ and Nursing Times to People Management and the Daily Mail. Our leaders have spoken regularly at national conferences on a wide range of issues.

SLP programmes and teams have won and been shortlisted for prestigious national awards including Health Service Journal (HSJ), Nursing Times, and the Royal College of Psychiatry.

SLP secured three of just ten of the first wave of formal Provider Collaboratives, covering £412 million of fully devolved commissioning budgets over four years announced in early 2020.

Our impact

innovation, collaboration and better patient outcomes

£26 million

savings reinvested in
south London services

Forensic (Adult Secure) Provider Collaborative

- Six new shared clinical pathways co-designed by clinicians and service users from our three Trusts, underpinned by consistent processes and standards to manage all patients' pathways. 60% fewer patients are now cared for out of area than when the programme was launched
- A collaborative culture introduced into commissioning and care of proactive rehabilitation and recovery, closer to home in people's local community, by NHS clinicians and partners, with the goal of helping people enjoy more independent living in the least restrictive clinical setting
- South London Case Management Team created to visit and undertake new assessment of patients placed out of area and/ or in restrictive private sector care, moving them onto our progressive new pathways
- Significant reductions in use of private/ independent providers, including long stay units – bringing patients back into NHS care, and stepping them down through progressive, proactive care pathways into less restrictive and increasingly more independent living
- Single Point of Access established for all new referrals: specialist pathway teams with member from each Trust assess new referrals and place into clinically-appropriate SLP commissioning and care plan

- Improved data quality, covering more than 1,000+ specialist Adult Secure patients since the programme began, including all new referrals. This enables better monitoring, pathway management and gives clinicians the information needed to deliver best possible care for individuals, and plan services at scale
- Embedded culture and pathways of helping patients prepare for independent living now includes preparation to help find work: an innovative third sector partnership with First Step Trust uses virtual digital technology to train people in motor mechanics
- A major focus on one of the most previously underserved Forensic patient cohorts - people with Learning Disabilities and/or Autism (LDA). Established a new Community Forensic LDA team of clinicians working with SLP inpatient and community Forensic teams to repatriate people back to south London, and stepdown patients to community-based supported living and discharge. This was followed by the first south London specialist Forensic LDA ward being opened, so we can bring more people back from out of area to inpatient care that is closer to families, friends and their communities

Pioneering new services co-developed and launched to enable more community-based care:

- Expanded Community Forensic Outreach Service
- Innovative dedicated Community Forensic Learning Disability and Autism (LDA) service launched to help people with LDA diagnosis step-down to supported community living and discharge

- Mariposa House: unique 10-bed step-down accommodation for women with specialist support to help patients unsuitable for general community placements prepare for discharge
- New Community Forensic Support+ service: transforming outcomes for male patients with high LOS in secure settings and very unlikely to be stepped-down. This new dedicated clinical team working with specialist housing providers across south London to create holistic community support and tailored step-down placements and support for the cohort. We have reinvested £1.8million per year in this pioneering service, giving people more independent community living than ever possible before
- Clinical Decision Unit introduced to assess urgent and crisis Forensic admissions in a safe, supported inpatient environment and enable long-term care planning, without automatically admitting to secure inpatient wards
- First NHS south London specialist ward opened for Forensic patients with Learning Disabilities and/or Autism (LDA)
- Specialist new Forensic Intellectual and Neuro-disability service (FIND) teams
- Investment in south London Forensic beds' capacity so we can care for more people closer to home, key to reducing out of area placements and reducing overall LOS

Results

- A remarkable 60% fewer patients overall cared for out of area
- Significant reductions in overall inpatient care, with more people now cared for in their communities and at the place they call home, enjoying increased independent living.

Many more of those who do need inpatient care are now in local south London NHS beds, closer to home. Overall inpatient bed base reduced as follows:

- All beds used by south London patients down 24% from 391 to 295
- Major reduction in new referrals who need to be cared for out of area – down from 84 in 2016-17 to just four in 2022-23
- 225 patients repatriated to south London community settings or SLP NHS beds from outside our area or private sector restrictive care settings since 2016-17
- More than 1,000 clinical assessments undertaken since we started the south London-wide programme, including existing patients cared for out of area and all new referrals
- 30 long-term male inpatient service users with complex needs supported to more independent community living by the Community Forensic Support+ team. This innovative new service provides highly specialist support in community settings for people with complex needs, who previously had limited opportunities for step-down to more independent living because of a lack of appropriate services
- Transformed care and quality of life for Forensic LDA cohort patients:
 - 50% fewer LDA patients cared for out of area
 - First south London specialist ward opened
 - Ten patients stepped down to community-based care and more independent living in last financial year alone

Our impact

innovation, collaboration and better patient outcomes

CAMHS (Tier Four) Provider Collaborative

- Integrated, centralised Bed Management Service introduced enabling consistent referrals assessment and admissions - local children cared for in local beds
- Adolescent Outreach Teams expanded to cover all 12 boroughs
- Psychiatric Intensive Care Unit (PICU) opened
- Specialist Dialectical Behaviour Therapy (DBT) service supporting patients across south London in local communities
- Crisis Line telephone service for young people, parents and carers, and professionals providing dedicated out of hours clinical support
- Forensic Community CAMHS service launched helping support young people at risk and reduce admissions and readmissions
- New CAMHS Eating Disorders Integrated Outreach Team, embedded within existing teams to provide additional and joined-up specialist community-based care and support capacity
- Continued support for other parts of the NHS: we helped other London Trusts and Provider Collaboratives to help keep their children and young people within the capital when they needed inpatient care, through making our beds available
- Pioneering Family Ambassadors programme improved liaison with parent and families and their understanding and experience of inpatient care

- Developing a new south London Autism and Intellectual Disabilities Intensive Intervention Team (AID-IIT)
- South London led audit and review of crisis presentations at all London's A&E departments, with improvement action plan

Results

- 50% reduction in annual total bed days outside south London and/or in private sector – meaning far more south London young people needed inpatient beds are cared for locally by the NHS
- No children at all placed in inpatient accommodation outside the local area in GAU (General Adolescent Unit) wards during 2022-23
- Outcomes for patients supported by community-based DBT include:
 - Almost 90% not self-harming for at least a week after treatment, compared to just one-third previously
 - A&E attendance reduced by 75%
 - Crisis line calls reduced by 90%
- Crisis Line handling 250+ evening and night-time calls per month
- Family Ambassadors supported 73 families via 900 hours' contact time in pilot - now established as permanent roles

50%

of BME nurses on development programme promoted inside one year

Adult Eating Disorders Provider Collaborative

- Launched as a new provider collaborative in late 2020, the programme has already launched innovative community services and interventions, so people can be cared for in community settings, reducing hospital admissions and length of stay, and improving patient experience
- Single point of referrals assessment process introduced to manage all new referrals to inpatient wards across south London, providing consistent, rapid and equal access to the right care
- Early challenge to keep patients safe during COVID-19, when infection was spreading on many hospital wards. Patients requiring nasogastric feeding were particularly vulnerable. SLP Trusts capacity was optimised, with staffing resources shared temporarily and discharges speeded up where clinically safe, with additional community support. Rapid access secured for all patients requiring nasogastric feeding, including urgent care. All patients placed on single ward during period of high staff sickness absence levels to optimise staffing and safety
- New Enhanced Treatment Team, co-designed by clinicians and patients: innovative new community service delivering specialist care and clinical treatment for people close to home. We have reduced hospital admissions and length of stay
- Expansion of proven MANTA integrative therapy as an intervention available for anorexia nervosa patients across all south London

- Joined-up working to improve children and young people's transition to adult services, with early support for Eating Disorders patients aged 17+ in CAMHS inpatient care to help prevent need to admission to Adult wards
- State-of-the-art new 18-bed inpatient and day hospital accommodation opened in south London
- Support for other parts of the NHS: patients from Kent, Surrey and Sussex cared for in SLP beds, keeping closer to home, and in NHS care - not private sector. New processes and joined-up pathways in place to better support referrers including commissioners and clinicians outside our area, and ensure their patients' length of stay can be optimised back to effective local community care

Results

- No south London patients now cared for in out of area inpatient beds - down from 491 overall bed days out of area in 2020-21
- No new referrals treated out of area since Single Point of Referrals Assessment introduced
- Enhanced Treatment Team impact:
 - 25 patients managed in first six months alone by the service
 - 68% of the patients avoided hospital admission
- 31% fewer inpatient beds used in south London (19 down to 13) already - more people are cared for in the community, remaining with families and friends
- Huge reduction in Average Length of Stay - people in hospital for 30% fewer days in 2022-23

Our impact

innovation, collaboration and better patient outcomes

**National HSJ,
Nursing Times, and
Royal College of Psychiatry
awards success**

Complex Care Programme

- A unique partnership programme to transform care and lives of the most complex patients, often with challenging behaviours, diagnosis of psychosis, and significant co-morbidities
- NHS, Local Authorities and other services working together across south London to improve outcomes for cohort of 1,000+ patients who were often in long-term high restrictive out-of-area placements - described as the 'funded and forgotten' by the CQC (Care Quality Commission)
- Formal transfer of care and new commissioning arrangements to SLP clinicians for more than 450 people in Phase One (100% health-funded placements)
- Completely new model of care and clinical pathways developed to proactively deliver repatriation, rehabilitation and recovery via joined-up inpatient and community services Shared commitment to new care plans for individuals focussed on people being in the least restrictive setting, and enjoying improved quality of life
- First ever such partnership across south London Local Authorities' Adult Social Care Teams, two ICBs (previously CCGs), private sector accommodation providers, specialist third sector care and support organisations, and housing providers
- Transformed Data Quality to complete hundreds of gaps in care, pathway progress, and information needed for clinical decision-making. Cleaning data from multiple sources including CQC, providers and commissioners to create a single view of the entire caseload down to individual patient level, which had never existed before
- Clinical Assessment Team created, comprising clinicians drawn from the three Trusts to visit and assess patients in all care settings, based across the UK often in long-term highly restrictive private sector settings with little or no proactive rehabilitation or care plans
- Consistent Single Point of Access (SPA) created to manage all new referrals, reducing variation and getting all south London patients onto the right pathway
- First ever Contracting Framework of south London specialist accommodation to inform placements and raise standards across statutory, third and private sector providers. 50+ providers now monitored against care quality and performance KPIs
- Quarterly Patient Recovery Outcome Measures (PROMs) in place for inpatient units and community services - first ever such outcome monitoring for this cohort
- More than £27 million of commissioning budgets transferred to SLP by CCGs (Now ICBs) for health-only funded patients
- Pilot transfer of £16 million health component of joint health-social care patient budgets to SLP in six Local Authority areas
- Improved model of care developed by clinicians and service users and introduced consistently across SLP Trusts' inpatient rehabilitation wards
- New team delivering targeted intervention for patients with dual diagnosis of substance misuse: COMHART team including people with lived experience supporting recovery on SLP Trusts' inpatient rehabilitation wards

- Innovative 12-bed community accommodation facility opened in partnership with specialist third sector housing provider Bridge Support. It aims to step-down patients from the private sector and SLP Trusts' wards to community living more quickly, and reduce overall LOS (target nine months). Multi-disciplinary staff aid patients' recovery and work towards independent living
- New targeted support for people with Complex Emotional Needs (CEN): three new clinical teams commissioned (one in each trust) to support these patients to stay well in the community, therefore helping avoiding hospital admissions

Results

- More than 1,980 reviews of patients completed by the Clinical Assessment Team, including new referrals, since the programme began
- 750 new referrals managed via SPA
- 257 patients stepped down to less restrictive settings
- 157 patients transferred from private sector inpatient units to SLP Trusts' care:
 - 25% has been in restrictive inpatient care for more than three years
 - One patient had been 'funded and forgotten' for 17 years!
 - 38% now in local residential/nursing care
 - 33% in supported community living
 - 24% to home or other local setting
- 74% fewer Complex Care patients cared for in private sector/out of area

- Data collated, cleaned and compiled for nearly 2,000 south London Complex Care patients for the first time. Data Quality innovations include detailed Borough level dashboards to individual patient level, and priority matrix for patient reviews
- Personal Health Budgets process co-produced with 60 service users. Personal health budgets awarded to personalise their care plan and give people more control over their care and independent living

Perinatal Mental Health Provider Collaborative

This new programme aims to improve services for mothers and families during their pregnancy and first year after giving birth.

- Clinicians, operational colleagues and corporate services colleagues including Data and HR teams already collaborating with service users to co-design new approaches.
- Key challenges identified include long-standing south London health inequalities, recruitment and retention of Perinatal services' staff, reducing average length of stay on inpatient wards, and increasing consistency and access of community-based care
- Four initial workstreams created: Community Services, Mother and Baby Units (MBU), Workforce, and Data
- Devolved funding from NHSE covers inpatient services, with options for devolved community commissioning budgets being considered with our two ICBs

Our impact

innovation, collaboration and better patient outcomes

Nursing Development Programme

- Launched after a huge consultation and engagement session involving more than 340 nurses at 35 different sessions to understand people's concerns and goals
- Introduced consistent Career Development Pathway for Nursing role at Bands 2-6 across south London, with consistent Job Descriptions, competencies, training needs, and clear career progression routes
- Innovative Employee Passport enabling quicker moves to new roles in a different SLP Trust. It removes the duplication of basic checks and MAST (Mandatory and Statutory Training) by benchmarking standards
- Reducing Restrictive Practice QI (Quality Improvement) programme brought colleagues together across Trusts to share best practice, pilot new approaches and underpin our shared commitment to quality care
- Provided support for professional post-graduate study to 18 nurses, so they could develop specialist skills areas and undertake new research
- Pre-pandemic, across our Trusts the nursing vacancy rate had reduced by more than 5% and the spend on temporary agency staff cut by some 32% from 2017 to the end of the 2018-19 financial year
- New roles introduced to boost the workforce and patient care
 - Nursing Associates (Band 4): increasing skills, clinical input and support to more senior nurses, and creating a new career development path. 70+ staff joined the first ever Trainee Nursing Associate programme in its first year, including existing Healthcare Support Workers and new recruits. More than 140 TNAs have gone through the two-year programme to become Registered Nursing Associates with RCN status
 - Professional Nurse Advocate role: recognising how the vital, and hugely stressful role of our nursing workforce was further extended during COVID-19, we have been at the forefront of delivering a national NHSE initiative to further support colleagues' well-being. We have trained people to create a new network of 50 qualified Professional Nurse Advocates across the three Trusts. They are providing valuable additional support to peers, such as holding new career conversations, and enabling restorative supervision and opportunities to develop new QI projects
 - Advanced Clinical Practitioners (Band 7+)
- Pioneering new training and development programmes bringing nurses together from SLP Trusts and creating new careers and skills growth opportunities:
 - BME Leadership Programme: recognising inequalities across the NHS workforce - and making a direct impact for our Global Majority nurses as more than 50% of the first cohort gained promotion inside a year. Numbers joining the course increased in its second year, with more than 50 nurses having now benefited. The programme continues to make a real impact on increasing diversity in nursing leadership across our Trusts, giving BME nurses the skills, confidence and opportunities to realise their potential

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specialist services created:
innovative new clinical, assessment,
quality and data teams

Urgent, Emergency and Acute Care Programme

This emerging programme has already undertaken a number of targeted projects. These are helping to improve experience for people in urgent mental health need and crises situation, including standardised processes and multi-agency working.

Our goals are to help people receive the right urgent mental healthcare support, when they need it. This includes more timely help for vulnerable people experiencing mental health crises, which can help reduce attendances at Acute Trust Emergency Departments and admissions to mental health inpatient wards, keeping people safe and out of hospital wherever clinically safe to do so.

Key projects delivered:

- Developing consistent Crisis Resolution and Home Treatment Teams (CRHTT) tools and care model
- Common digital access for Approved Mental Health Practitioners to contact Section 12 doctors to arrange Health Act assessments more quickly and easily
- Standardised framework for diverting NHS111 calls to mental health trusts
- New Trusted Assessment Framework for all urgent care transfer conversations to reduce waits in Emergency Departments
- Launching a new Section 136 (S136) Hub providing dedicated telephone 24-7 support to frontline Police Officers when they are attending mental health crisis incidents. Specialist practitioners provide advice and guidance before S136 referrals are applied, including signposting to appropriate alternative services, and manager all referrals in south London.

Our impact

innovation, collaboration and better patient outcomes

Key projects delivered, cont':

This pilot service in partnership with the Metropolitan, British Transport, and City of London Police Forces aiming to provide quicker support to members of the public, reduce S136 referrals, and ensure people get the right mental healthcare they need, sooner. Early impact includes reductions in S136 referrals, patients taken to A&E by Ambulance under a S136 order and Police time dealing with mental health crises incidents - all helping to improve service user experience and getting people the right care, sooner

- NHS 111 for Mental Health (NHS 111 MH) service managing urgent mental health telephone calls from the public to NHS 111 who choose the 'select Mental Health option' in south London (initially 8am - 7pm)

Specialist practitioners undertake triages and can signpost callers to other services where appropriate, including to clinicians within the NHS 111 MH to provide immediate interventions and support by phone. This was previously delivered by the main physical health providers for NHS 111. This major investment by south east and south west London ICBs in our new service is enabling us to add more capacity into south London's urgent mental healthcare support for local people.

COVID-19 Response

- Forensic and Complex Care programmes' Clinical Assessment Teams provided focussed support to SLP Trusts' inpatient wards to speed up safe discharges, including increased community support plans in place, to reduce people living in potentially contagious ward settings
- Optimised Adult Eating Disorders inpatients' wards, accelerating safe discharges and keeping highly vulnerable patients to infection requiring nasogastric feeding safe and close to key clinical facilities
- Speeding up discharges from CAMHS inpatient wards and optimising use across our Trusts to reduce infection risk, with extra community care and support plans
- Working with Mayor of London's Office's 'Rough Sleepers' programme so mental health assessments and care was provided at emergency housing locations across south London to people often with highly limited access to mental healthcare services
- New out of hours CAMHS Crisis Line launched, staffed by specialist children and young people's crisis care practitioners providing advice, clinical interventions and helping de-escalate crises and prevent A&E attendances and admissions
- South London Listens launched by three SLP Trusts in partnership with the area's 12 Local Authorities, other public services, local politicians, community groups and the public. Together we have researched, co-designed and introduced new community-based and led mental health and well-being prevention and recovery programmes

