

# Transforming mental health care in London

## Introduction

We know that two million Londoners will experience mental ill health this year. 13 people on every bus. More than 100 people on every tube.

London has the highest demand for child and adult mental health services of the whole country, the highest rate of compulsory psychiatric admissions in England and the highest rates of schizophrenia.

Unfortunately, mental illness remains underdiagnosed and under-treated. A quarter of people with mental illness receive treatment compared to 92 per cent of people with diabetes and over 75 per cent of people with heart disease. To make matters worse, the physical health of people with mental illness is often poor so people with severe and enduring mental illness die 17 years earlier than the rest of the adult population.

There are many excellent and innovative services in London that support people who are experiencing a mental health problem. However, too many services are often poor and fragmented, with limited communication between the different organisations involved in a patient's care.

Transformation is required at all stages of the pathway – from prevention, self-management and self-care to crisis services and treatment. There needs to be support for people with the most severe mental illness, at all levels of the health and care system, from very local to London-wide.

When care is required we want people to be able to easily access services and be treated promptly. We want mental and physical health needs to both be met and to ensure individuals experience high quality integrated and seamless care across all settings. Through this we aspire to eliminate the inequality in life expectancy of those with severe and enduring mental illness.

We also want to fundamentally shift from focusing on treatment of mental health issues to prevention and helping Londoners stay emotionally, mentally and physically well at all ages.

The NHS in London works together under the umbrella of the Mental Health Transformation Board to deliver the vision for transforming mental health care for Londoners and the progress in 2017/18 is outlined in this report.

# Prevention and early intervention

## Thrive LDN – Are we OK London?

Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners of all ages.

It is supported by the Mayor of London and led by the London Health Board. During 2016/17, London leaders from Greater London Authority, London Councils, the NHS and Public Health England convened a process for Londoners, experts, academics, clinicians, charity and business leaders to develop aspirations and actions for London.

On 4 July 2017, the Mayor of London, along with the Thrive LDN Chairs and London Health Board colleagues, launched Thrive LDN: towards happier, healthier lives; which was a summation of the work to date and identified six aspirations for London as a city...

- where individuals and communities take the lead;
- free from mental health stigma and discrimination;
- that maximises the potential of children and young people;
- with a happy, healthy and productive workforce;
- with services that are there when, and where needed; and
- A zero suicide city.

In conjunction with the launch of the publication, Thrive LDN launched the Are we OK London? campaign, to begin an open conversation with Londoners about mental health and wellbeing.

So far the campaign has reached over 15.5 million people living in London and over the summer of 2017 we attended more than 150 external meetings and events and engaged with over 2,500 Londoners.

A breakdown of Thrive LDN's activity and more details about the next phase of the campaign is available in the [Findings Report](#).

## Reaching Londoners with digital mental wellbeing tools – Good Thinking

We know that 75 per cent of Londoners with depression and anxiety do not receive any treatment at all.

Good Thinking has been commissioned by all 32 London NHS Clinical Commissioning Groups and a majority of London Borough Councils. The delivery of Good Thinking has been facilitated by Healthy London Partnership, NHS England and Public Health England. Good Thinking is supported by the Mayor of London.

Good Thinking is a prevention and early-intervention digital wellbeing service. It uses digital marketing to direct people who identify as having issues around sleep, anxiety, low mood and stress towards personalised digital interventions.

It actively finds and guides those in need to clinically- and behaviourally-endorsed digital apps and other beneficial resources. It is available to people in London 24/7.

It offers a wellbeing self-assessment to support the personalisation of self-care offerings. It has e-safety, safeguarding and clinical risk management at the core of the service, but in a non-intrusive way – with a focus on behavioural change and self-management.

We carried out digital listening and in-depth interviews in over 23 boroughs during its development and it's held up as an example of best practice in co-design with users.

In 2017/18 the Good Thinking Digital Wellbeing Service moved into live beta phase [www.good-thinking.uk](http://www.good-thinking.uk). It offers whole-population access to evidence-based self-managed digital interventions and has the potential to improve the mental wellbeing of all Londoners and reduce pressure on local services, saving London and health and care services money.

## **Eating disorder services for children and young people**

In 2017/18 we undertook a baseline mapping exercise against the NHS England access and waiting standards for children and young people with eating disorders. We found there is inconsistency in achieving these standards across London.

We have developed summary guidance, derived from NICE, NHS England and B-eat (Beat Eating Disorders) guidance, to provide primary care professionals with an evidence-based resource they can use to support children and young people who have (or are suspected of having) an eating disorder.

We are also developing an eating disorders campaign to raise awareness of the signs of eating disorders and referral pathways for the NHS and other professionals.

The aim is to have better outcomes and quicker access to care for people with suspected eating disorders, increased use of community eating disorder services and reduced use of inpatient facilities.

## **Mental health in schools**

In 2018 we initiated a mental health in schools project, in collaboration with the Greater London Authority and NHS England, to improve mental health provision in schools across London. Feedback from schools has highlighted gaps in provision, variability in school approaches with earlier intervention and prevention remaining a challenge.

The project will provide guidance on effective practice in supporting good mental health within senior schools across London, and use the learning to develop a toolkit which will be disseminated to senior schools, colleges, Health and Wellbeing Boards, CCGs and Local Authorities.

The toolkit is expected to guide future commissioning at borough and STP level as well as support schools and colleges to deal with common issues such as challenging behaviour and anxiety.

## Early intervention in psychosis

1 to 3 in 100 people will have a psychotic episode at some point in their life. Psychosis makes people perceive or interpret things differently from those around them.

Treating people as early as possible is important. Research shows early intervention can improve long-term outcomes, and reduces people's reliance on emergency and inpatient services. London mental health trusts support approximately 5,500 people experiencing first episodes of psychosis with caseloads expected to increase.

The NHS has agreed that 50 per cent of new referrals of suspected first episode of psychosis or at risk mental state should be assessed within 14 days, and 60 per cent of people will start NICE recommended treatment with a specialist Early Intervention in Psychosis (EIP) service within two weeks of being referred.

In 2017/18 we have:

- provided system coordination and secretariat function for the EIP Clinical Reference Group;
- produced and disseminated London EIP workforce capacity and demand modelling reports;
- held a series of clinically led planning and implementation workshops to support STPs to develop EIP workforce capacity and demand action plans and to share examples of best practice;
- supported development of training for EIP services;
- produced London wide materials designed to support families and carers.

## Treatment

### Improving access to psychological therapies

One in four people will suffer from mental health problems at some point in their life.

This can range from mild conditions such as anxiety to severe depression or complex conditions such as bipolar disorder. Talking therapies can help people work out how to deal with negative thoughts and feelings and make positive changes.

The NHS Five Year Forward View for Mental Health set out a commitment to increase access to psychological therapies for an additional 600,000 people with common mental health problems by 2020/21. This would be achieved by recruiting and training an extra 4,500 clinicians, 3,000 of whom would be based in primary care.

In 2017/18 London Clinical Networks established a clinical reference group to support services to address the key issues identified; funding pressures, variation in performance and integrating IAPT with primary care.

We are providing support for commissioners to implement the targets through the sharing of good practice, learning and experience.

The network has delivered a range of improvement events and an educational programme to improve the understanding of IAPT data and the quality of data submissions. The IAPT network is also working with a number of digital teams to see what opportunities there are to increase access and productivity.

## Improving mental health services in primary care

Providing high quality care in a primary care setting makes a huge difference to people living with mental health conditions.

Receiving mental health care in a GP practice or other primary care setting is perceived as less stigmatising than receiving care in a hospital and means that both physical and mental health needs can be treated in the same place. We can also improve the efficiency and safety of pathways between primary and acute care, deliver care closer to home, and reduce the pressure on acute services.

In 2017/18 we published a set of guiding principles for CCGs and GPs. They were developed with input from service users, GP clinical leads and Mind to ensure experience is at the heart of what we do. This will help to increase the confidence and capability of professionals working within primary care mental health in London.

These documents included:

- a literature review of primary care mental health models;
- scoping document to review the current status of model development in London; and
- commissioning guidance covering key good practice components of a primary care mental health model.

Also included in the guidance was a fidelity tool to enable commissioners and providers to review their model against the guidance.

## Improving services for women and families during pregnancy and the first year after giving birth

Having a baby should be a joyful time for families. However around 20 per cent of women in London experience mental ill health during pregnancy or in the first-year post birth. Whole families are affected, and post-natal depression has links with depression in fathers and family breakdown.

Access to specialist perinatal mental health teams across London is variable, as is awareness of the needs of women and their families with health professionals.

To address these issues, London established five Perinatal Clinical Networks bringing together professionals from maternity, mental health, social care and local commissioners with people with lived experience of perinatal mental health issues, to increase access to specialist services and raise awareness of the issues.

Key achievements in 2017/18 include:

- successful bidding for £5.4million to establish three new community perinatal mental health teams. After the first six months, the teams are on track to surpass yearly access targets;
- providing support to STP areas to prepare for Wave 2 national funding bid submissions - all areas have prepared high standard bids for submission in March 2018;
- providing face-to-face training to over 200 professionals and co-producing an online training tool with Health Education England;
- delivering workshops and workforce modelling tools to trusts, CCGs and STPs to help partners create workforce plans. The tools provided each area with information on the required number of staff and skill mix needed to provide evidence based care;
- building capacity in IAPT teams by training and supporting perinatal leads across all 32 London IAPT services;
- delivering training to designated perinatal champions from a variety of relevant professions. The key role of the champions is to increase awareness of perinatal mental health issues, and to share information with peers and other professional colleagues on how to access support;
- producing a suite of useful documents for professionals, including a Neonatal and Tokophobia (fear of child birth) protocol.

## **Psychological support for people of all ages affected by London terrorist incidents**

We have supported the response to major incidents (Westminster Bridge, London Bridge and Finsbury Park terrorist attacks) and the Grenfell incident.

LAS, police forces, voluntary sector organisations, public health leaders and academics were gathered from across all incidents to commission a coordinated mental health response to the incidents and:

- developed agreed pathways for victims, bereaved, and witnesses, including children and young people;
- developed an outreach and screen service with SLAM awarded the contract with support from Camden & Islington.
- worked with the Thrive LDN team to raise awareness of the service.

This has meant that those affected by and/or who witnessed major incidents are now able to access screening and treatment for potential mental health problems. The effectiveness will be evaluated during 2018/19.

## **Reducing the mortality gap for people with severe mental illness**

In London over 100,000 people are living with a severe mental illness like schizophrenia or psychosis. People living with serious mental illness die 10-20 years younger than people without one – this is known as the ‘severe mental illness mortality gap’.

Many of the physical health conditions seen in people living with a severe mental illness are associated with preventable risk factors like smoking, physical inactivity, obesity, substance

misuse and the side effects of psychiatric medication. While their conditions are mostly preventable and treatable, they are less likely to be diagnosed.

By 2020/21 the NHS has agreed that 280,000 people with a severe mental illness will have a physical health assessment and a treatment plan. Evidence shows early detection and preventative measures help improve physical and mental health outcomes.

The partnership's stolen year's programme is working to overcome this mortality gap.

Working with partners we have developed online resources and are publishing guidance for commissioners. This will help improve consistency of care, detection and treatment.

## **Effective diagnosis, treatment and care for people living with dementia**

In London, there are approximately 67,000 people living with dementia, with an estimated total cost of £2.4 billion per year. The national ambition states that at least two-thirds of people predicted to have dementia should have a diagnosis. Currently, diagnosis rates across London vary from 60-92 per cent and seven CCGs are under the ambition.

The NHSE dementia implementation guide states that services need to increase the proportion of people receiving a diagnosis and treatment within six weeks of referral to a memory service. Across London waiting times vary from five to 23 weeks.

In line with the Prime Minister's Challenge on Dementia 2020, our vision is that everyone with dementia in London receives high quality care from diagnosis through to end of life.

This includes:

- all CCGs have a diagnosis rate above 70 per cent;
- 85 per cent of people receive a diagnosis and initial treatment plan within six weeks of referral to a memory service;
- everyone living with dementia has a named care coordinator; and
- everyone with dementia has a care plan from diagnosis through to end of life

In 2017/18 the Dementia Clinical Network has:

- held clinical advice meetings with all CCGs with a diagnosis rate below 70 per cent and helped to get local action plans in place;
- mapped memory service pathways;
- published streamlining memory services guidance;
- held meetings with 80 per cent of London's memory services to support implementation of guidance;
- written to mental health trust medical directors about memory services lack of access to view brain scans;
- collated resources for professionals working with black, Asian and minority ethnic communities hosted on Alzheimer's Society website;
- established a dementia GP leads network with network meetings and an online forum;
- completed a peer review project on nutrition and care in first 48 hours of hospital admission;

- promoted different models of care coordinators with commissioners;
- began work with Coordinate my Care on ensuring care plans are appropriate for people with dementia at all stages of the condition; and
- clarified the gap in end of life care and developed a proposal for 18/19.

# Crisis care

## Improving crisis care for all Londoners

Over 5,000 Londoners will be detained under section 136 of the Mental Health Act and taken to a health based place of safety or A&E each year. The care people receive and the standards vary across London.

In 2016/17, working with our partners across the health, care and justice system, we brought together everyone involved in looking after someone in a mental health crisis to publish London's section 136 pathway and health based place of safety specification. These standards aim to help the most vulnerable in our city, to make sure they are treated by the right people, in the right place, at the right time.

In 2017/18 South London and Maudsley Trust (SLAM) was London's first place of safety' to pilot London's section 136 pathway and health based place of safety specification by providing a 24/7 dedicated staffed site for adults and children detained under section 136.

We evaluated the pilot and found that 76 per cent of those who used the site gave incredibly positive feedback about their experience. Saying they received a more respectful, more responsive and less fragmented experience from all agencies involved.

We found better access with quicker handovers, less pressure on A&Es and fewer onward inpatient admissions potentially saving the hospital up to £1.2 million each year.

We are now working with CCGs, trusts and other key partners to implement the new model of care in other parts of London.

In 2017, an independent investigation into a homicide case concerning a mentally ill patient absconding from an emergency department in London was finalised. A key recommendation from the investigation was the need for 'an appropriate handover of the patient with appropriate health professionals' when police attend an A&E department with any mental health patient, voluntary or detained.

In partnership with the Metropolitan Police we successfully piloted this process in four emergency departments across London in late 2017. Positive feedback was received from NHS staff and police officers as partnership working significantly improved, particularly through information sharing and identifying risks of the patient. Notably, the A&Es taking part showed an 82 per cent reduction in reports of patients going missing from A&E before assessment or treatment had taken place.

Following the successful pilot, London's Urgent and Emergency Care Transformation and Delivery Board approved a London roll out of the form in March 2018. The pilot also led to buy-in

with London's other police forces and the wider roll-out will include the City of London and British Transport police.

## Setting standards for children and young people in crisis

Access to paediatric liaison psychiatry for children and young people in crisis is variable across London, particularly out of hours.

In 2016 the programme published the Children and Young People Mental Health Crisis Care guidance to set standards for London around crisis care for young Londoners.

During 2017/18 the programme has:

- undertaken a baseline mapping against the standards and published a summary report of findings;
- developed a peer review process (desktop review and nine panel visits) to support local pathway development;
- shared summary reports for each crisis pathway following peer reviews.

Following completion of the peer review process we will work with CCGs, trusts and other key partners to support the development of STP level action plans to meet all of the recommendations.

The aim is for 10 per cent of children and young people with a mental health condition to have access to a digital safety and coping plan by March 2019, leading to a 10per cent reduction in frequent attenders to A&E.

## Joining up NHS 111 to crisis care services

Each month, around 150,000 people in London contact NHS 111 for help or advice about urgent health symptoms. If they are experiencing a mental health crisis, they are often involved in long telephone assessments and advised to attend A&E – even when they have a crisis plan in place, or could receive a community-based response. Although NHS 111 staff are highly trained, they find these calls challenging. In addition, they may not have access to patient records, crisis plans or information about appropriate local services.

Staff at mental health trusts also face challenges when accessing support for individuals detained under section 136. They often have no information on the availability of health-based places of safety suites in London, and may spend hours phoning round neighbouring trusts regarding their current section 136 bed availability. This can cause long delays for service users and police officers, and all to frequently results in them going to the nearest A&E where further waits are likely.

For callers in a mental health crisis, NHS 111 is working on delivering 'Parity of Esteem' with those callers who have physical symptoms. This means that NHS 111 staff have access to:

- a crisis plan, where the caller is already known to services;
- accurate and up-to-date information about appropriate local services via the London Directory of Services (DoS);

- direct transfer to a health care professional for a specialised assessment, with access to patient records (where available).

We are also aiming to provide visibility of section 136 'real time' capacity across London. This will support adherence by mental health trusts, London Ambulance Service (LAS) and police to the London pathway and the new legislation. We are also offering these agencies access to NHS 111's information about appropriate local pathways of care and services.

In 2017/18, we have:

- agreed key principles and a standard operating process for direct transfer of crisis calls from NHS 111 to mental health professionals;
- set up a task and finish group for introducing the direct transfer process across London;
- engaged with mental health trusts on identifying known service users and accessing their crisis plans via the Patient Relationship Manager platform (used by all NHS 111 providers in London);
- provided access to service and pathway information via the MiDoS© search tool to LAS staff, initially to LAS Clinical Hub users and subsequently to over 3,700 paramedics for their mobile devices;
- improved the range of mental health service information available on the DoS and MiDoS©, e.g. IAPT, homeless services and other voluntary sector organisations;
- implemented the capacity module of the MiDoS© search tool at six out of the nine mental health trusts in London, for updating and viewing section 136 bed availability in real time.

## Enabling improvements

### Supporting the system to improve services for children and young people

#### ***Support to refresh the Local Transformation Plan***

CCGs are expected to refresh their Local Transformation Plan every year to show how they are transforming mental health provision for children and young people. The mental health system is complex and often efforts are duplicated.

In 2017/18 we have supported CCGs by publishing information and resource packs, running themed meetings to support CCGs through the assurance process and supported the development of STP level Collaborative Commissioning Plans with the specialised commissioning programme.

#### ***Improving data and data flows***

This annual process, along with a survey of CCGs, has highlighted a lack of children and young people mental health data and that data flowing to the Mental Health Services Dataset (MHSDS) is not consistent. This makes it difficult to benchmark services across London.

In 2017/18 we published guidance for commissioners on using outcomes to improve services by working in collaboration with the London and South East Children and Young People IAPT

Learning Collaboration. We also ran a joint workshop with NHS England and NHS Improvement to support trusts and CCGs with data and information.

We have also increased the number of children and young people metrics included within the London Mental Health Dashboard to twenty (from four at publication in 2016). Inclusion of further metrics is planned, including NHS England Specialised Commissioning data.

### **Workforce and training**

There is a national requirement for at least 3,400 more staff to be trained to improve access to evidence based treatments.

In 2017/18 we published a children and young people mental health training compendium, an overview of workforce planning tools and a list of children and young people mental health websites for GPs.

## **Mental Health Dashboard**

With poor mental health on the rise, there is an urgent need to articulate the contribution services make.

Services are commissioned on block contract arrangements, with no unified approach for capturing outcomes to inform patient care.

Mental health clinicians and staff capture a significant amount of information from patients accessing services. However, this information has not historically been easily accessible or presented in a way that supports system transformation. It has also often been limited in scope. We have worked with NHS Benchmarking, our partners and service users to develop a mental health dashboard.

The mental health dashboard seamlessly brings together a wide range of sources, creating a one-stop data shop. It provides CCGs and trusts with a benchmark of their local and STP system and helps expose variation across London.

Over the past year we have grown the user base of the dashboard from 200 to over 950 users and increased the level of included metrics from 100 to over 150 metrics. The dashboard has become a rich data-source growing from 11,000 to over 40,000 data items. We have also focused on identifying new sources of data that will help shed light on the broader impacts of mental health across public services, alongside including new data feeds from agencies such as the London Ambulance Service.

To help encourage transparency and accountability, the London Mental Health Transformation board and the Cavendish Square group have agreed to make the dashboard available to the general public in 2018/19.

## **Payment and outcomes**

We are working to drive standards up through payment reform and measuring outcomes in mental health. The programme has provided regional leadership to help providers and

commissioners work collaboratively to improve how mental health treatment is delivered and paid for across London.

We have acted as a regional voice on issues such as HONOS (the designated national clinical rated outcome measure); clustering (the existing mechanism for mental health tariff) and payment reform with bodies such as the Royal College of Psychiatrists and the national teams within NHS England and NHS Improvement.

During 2017 our partners have agreed a common approach to creating a clear mental health outcomes framework for London. We have also undertaken research to gain a baseline understanding of the use of outcomes in mental health services across the capital.

## Improving delays in transfer of care

Delayed transfers of care in mental health trusts account for a higher proportion of occupied bed days in London than in the acute sector.

Longer stays in hospital can lead to worse health outcomes for individuals, reduced bed availability for people in crisis and add cost pressures to both NHS and social care budgets.

The NHS Trusts and local authorities, supported by Healthy London Partnership, have together to identify and agree the root causes for mental health delays and produce 10 indicators of best practice. This 'Top tips' publication is now being used across London and is also being adopted nationally.

The main issues that remain to be addressed to reduce the numbers of delays are:

- unclear referral systems and processes between health and social care and differing views on care needs and who funds care;
- access to the full spectrum of housing options (including nursing homes); and
- patients with co morbidities, no recourse to public funds and patient or family choice.

Last year the Department of Health and the Department of Communities and Local Government revised the delayed transfers of care targets and set a target for London of 2.4 per cent, which posed a challenge for providers as the overall rate of delays in London was 6.8 per cent at that time.

During 2017/18 the mental health systems, through partnership working and an improvement collaborative approach, focused on reducing delayed transfers of care and met the overall target for the first time in December 2017, with five out of the nine mental health trusts significantly below target..

Despite having met the overall target for London in December, there is more work to do to provide assurance of sustainability and ensure the systems with specific challenges, receive intensive support to achieve the targets set.

# Conclusion

## **Healthy London Partnership and London Clinical Networks - Working together to transform health and care in London**

It is unarguably a challenge to deliver the ambitions to improve mental health in London, as set out in Better Health for London and in the Five Year Forward View for Mental Health. However, after two years working to deliver the forward view for mental health, London is proudly making good progress. We have good local plans in place that are being implemented according to local priorities with local partners.

Healthy London Partnership and London Clinical Networks have made a solid contribution to that change.

All organisations working to improve the lives of Londoners experiencing mental illness will continue to face real funding and workforce challenges in 2018-19. The strong partnerships fostered and supported by the London Mental Health Transformation Board, and the programme of London level work the board sponsors, is well placed to support London and Londoners to improve the mental health of our city.

Credit and thanks is due to all those involved, including experts by experience, who are working tirelessly to improve mental health services for Londoners.

For more information about our work plus access to all our tools and resources visit:  
[www.healthylondon.org](http://www.healthylondon.org)