South East London
Integrated Care System

Vision

To ensure our residents receive mental health and emotional wellbeing support across their life course, which is timely, culturally appropriate, anti-discriminatory, trauma- informed, co-ordinated and holistic, and enables the development of resilient communities in which more people live longer, healthier and more independent lives in their community.

Deliverables / Improvements since 2023/24

- **Expansion in NHS mental health bed capacity following an independent review into crisis and acute care:** We have expanded our NHS bed capacity to support timely access to inpatient care.
- **Moving towards elimination of 52 week waits for community CAMHS:** Despite ongoing challenges with waiting times, there has been significant focus on those CYP waiting the longest for access to care and a reduction in the total numbers waiting over 52 weeks. This has been facilitated by the transformation of care pathways, including development of support offers for CYP and their families whilst on the waiting list.
- **Adult Community Mental Health Services:** Community mental health transformation has continued to progress in line with the national roadmap, increasing the opportunity to intervene earlier and provide tailored intervention which meets the needs of the different populations. Strong working relationships have been developed and embedded through LCPs which offer opportunities for diversification of roles, and the support offer integral to local communities.
- Strong working relationships have been formed with the voluntary and community sector and enable to diversify roles and the support offer integral to local communities.

Key Challenges / Opportunities Remaining

- Known disparities in access, outcomes, and experience of care for mental health continue. For example, children from black and mixed heritage backgrounds are poorly represented in CYP mental health services, yet black men are overrepresented in adult inpatient services.
- Significant mortality gap for people with severe mental illness with these individuals living 10-15 years less than the general population.
- Continued high dependency on the acute care pathways across SEL including reliance on private sector bed usage. Furthermore, waiting times for inpatient admission (from various settings, including emergency departments) remain long.
- Delivery of national access ambitions for several mental health service lines, coupled with long waiting times for services due to high demand. Furthermore, some services continue to have high caseloads making it difficult to provide meaningful ongoing and timely contact.
- Workforce availability – challenges in workforce availability and retention across health and care staff working in mental health services.
- Wider systemic issues, eg Cost of Living Crisis that impacts our communities' mental health and emotional wellbeing.

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What are our priority areas for 2025/26 (Max 4)	Why has this been identified as a priority areas?
1 Community based support offers for adult mental health, including improved delivery of care for those who require assertive and intensive outreach care.	• Community-based mental health services are key to well-being, offering early intervention, vital support and making services more accessible. • Development has been slow and stagnated in some parts of the system, but transformation and expansion offers an opportunity to provider tailored, local neighbourhood-based care for people with severe and enduring mental illness.
2 Integrated, holistic and consistent mental health care for children and young people (0-25).	• Almost 50% of lifelong mental health conditions develop by the age of 14 years of age and so intervening early can offer most the benefits across the life course of an individual. • In SEL increases in demand have resulted in high and long waits for secondary care services.
3 Improve quality of care and timeliness of care for inpatient services across all ages with the aim to improve patient outcomes.	• In 21/22 SEL had the third highest rate of detentions under the mental health act for any area of England. • Bed occupancy is consistently above 100% for the system with high lengths of stay and long waits for inpatient admissions.
4 Working across the sector and with partners, sustainably improving care pathways for people who are neuro-divergent.	• Inequity in access to assessment for local population due to significant disparity of waiting times, which are high across the sector for both ADHD and ASD. • Lack of early support for patients and families where there is an identified need and whilst waiting for a diagnosis and post-diagnosis.

Mental Health – All-age (3/6)

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Priority Area:

Community based support offers for adult mental health, including improved delivery of care for those who require assertive and intensive outreach care.

Priority Area:

Integrated, holistic and consistent mental health care for children and young people (0-25).

What are the actions we will deliver in 2025/26

- Focus on delivering value and impact from our community transformation programme including consolidating learning from the programme and local evaluation to date and ensuring delivery of value for the population.
- Supporting local models of care and piloting new model of care in Lewisham providing 24/7 care and support in the community.
- Reduce waiting times, moving towards the 28 day standard.
- Explore opportunities to provide stepdown care via primary care to provide care closer to the individual and reducing the stigma of mental health care.

What are the actions we will deliver in 2025/26

- Continue to transform community CAMHS to further reduce waiting times, eliminating all 52 week waits, and moving towards the new 28 day standard.
- Develop a clear/consistent offer for CYP crisis care across the sector.
- Deliver co-produced and targeted interventions for children in primary schools with a specific focus on CYP from Black and Mixed Heritage backgrounds, working in partnership with the voluntary and community sector and building on the national Connectors approach.

Population Health and Inequalities Impact

- Ensuring our residents have access to timely mental health care in the community, providing earlier intervention and support.

Population Health and Inequalities Impact

- Delivering improved access to community CAMHS (as per the CYP CORE20PLUS5 framework).
- Early mental health care and intervention to CYP, reducing the mental health burden over an individual's life course.

System Sustainability Impact

- Providing pro-active community based care. This in turn will result in people presenting crisis.
- Reducing dependency on inpatient mental health services through more effective and pro-active community-based care.

System Sustainability Impact

- Intervening earlier in the life course of an individual preventing escalation as adults.
- Appropriate and adequate use of secondary care resources.

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Priority Area:	**Priority Area:**
Improve quality of care and timeliness of care for inpatient services across all ages with the aim to improve patient outcomes.	Working across the sector and with partners, sustainably improving care pathways for people who are neuro-divergent.

What are the actions we will deliver in 2025/26	**What are the actions we will deliver in 2025/26**
• Improving access and flow through inpatient services. This will include reducing length of stay and reducing the waiting time for an inpatient bed/admission from different settings including from emergency department. • Ensuring inpatient services offer effective, holistic and therapeutic care. This will include focusing on providing a range of non-clinical interventions in inpatient settings (such as art and music therapy), developing the mind and body approaches within mental health inpatient settings and providing effective psychiatric intensive care across inpatient pathways.	• Open a new ADHD Singe Point of Access for Adults by Summer 2025, followed by further pathway developments for assessment and treatment. • Test and pilot a new integrated offer for CYP requiring neurodiversity assessments bringing together a new front door across community paediatrics and mental health, with a needs led approach. • Focus on reducing waiting times across all age services, for both ADHD and ASD.

Population Health and Inequalities Impact	**Population Health and Inequalities Impact**
• To enable care to be offered in the least restrictive environment and for the shortest duration as possible. • Ensure patients are being cared for as close as possible to home. • To offer care that is patient-centred and culturally appropriate.	• Ensuring all patients have equal access to timely assessment and treatment to then enable access to other support services. This is particularly the case for CYP where a delay in diagnosis and support can impact development and educational attainment.

System Sustainability Impact	**System Sustainability Impact**
• Reduction of spend on private bed usage (particularly spot purchases) through better flow, including improved length of stay.	• Ensuring appropriate use of secondary care services. • Reducing spend on non-contracted activity (particularly for ADHD).

Mental Health Care – All-age (5/6)

Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring impact?
1. Community based support offers for adult mental health, including improved delivery of care for those who require assertive and intensive outreach care.	• Enabling access to patient-centred, trauma-focused, culturally appropriate care and support as close to home as possible. • Providing early intervention to prevent escalation to crisis point. • Improved patient outcomes through access to early intervention and treatment.	• DIALOG score for patient outcomes • Community caseloads and contacts. • Reducing inpatient admissions for patients known to community teams. • Delivery of the 28 day community waiting times standard.
2. Integrated, holistic and consistent mental health care for children and young people (0-25).	• Providing early intervention to prevent escalation to crisis point both as a young person and as an adult. • Timely access to secondary care services for assessment and treatment.	• Delivery of the 28 day community waiting times standard and other waiting times measures (e.g. total numbers on the waiting list, elimination of all long waits). • DIALOG score for patient outcomes, and other feedback direct from CYP/parents/schools. • Reducing inpatient admissions for patients known to community teams.
3. Improve quality of care and timeliness of care for inpatient services across all ages with the aim to improve patient outcomes.	• Improved patient experience of inpatient admissions • Enabling treatment and care to take place in the least restrictive environment as close to home as possible, and for least time as possible. • High quality care to be offered in a therapeutic environment. • Integrated and holistic approach to care, preventing readmission and enabling people to recover well in their local communities.	• Number of Out of Area Placements • Length of Stay • Number of patients clinically ready for discharge • Time spent waiting for an inpatient admission, including waiting times from emergency departments • DIALOG score for patient outcomes • Staffing measures – including satisfaction, retention rates.
4. Working across the sector and with partners, sustainably improving care pathways for people who are neuro-divergent.	• Enable equity of access to services • Ensure high quality and timely assessments and treatment. • Reduce waiting times from referral to assessment, and then to treatment. • Improve timely access to support services, including in educational settings.	• Referrals for ADHD and ASD assessment. • Waiting times from referral to assessment and then treatment. • Local patient experience and satisfaction surveys, and feedback from other professionals (e.g. teachers, social workers).

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What do we need from enablers and partners to deliver?

- High quality data submissions to Mental Health Services Dataset (MHSDS) by all NHS-funded mental health care providers. This will enable us to build a better picture of demand for mental health services across the sector and to understand who is, and more importantly, who isn't accessing care.
- Organisational development support to build integrated teams across primary, secondary and tertiary care settings.
- Training and support to build awareness of mental health and emotional wellbeing needs across all health and care staff and enable better detection and recognition and earlier intervention.

How will we work in collaboration with our system?

- We will work effectively as part of LCPs to enable best Interoperability and the ability to better share data between primary and secondary health care services e.g. to support the completion of physical health checks and reporting of these health checks.
- Ability to share data and information across health and care providers and voluntary and community sector providers to support effective crisis management and develop integrated community mental health teams

How will we engage with our population?

- We will ensure that all our service re-design and transformation programmes have meaningful service user and lived experience input.
- We will continuously gather service user feedback on our services and review this in the context of service developments.
- We will work in partnership with local partners including our local voluntary and community sector providers.
- We will monitor data through a population health management lens.

How will we monitor and share progress?

- Using MHSDS to develop a core, common dataset for SEL to evidence the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality and outcomes. This needs to be able to provide data and outcomes at both a system level and through Local Care Partnerships.
- Expansion of business intelligence data, with knowledge of MHSDS, to build and develop population health management approaches across system partners.