

Adult Mental Health Services

Mental Health, Learning Disabilities and Autism Inpatient Quality Transformation Plan

October 2024

Status: Final

Version: 1.0

Introduction & Purpose

- Launched in February 2023, the mental health, learning disabilities and autism inpatient quality transformation programme is a national initiative focused on improving the quality and safety of care in mental health and learning disabilities and autism services. By partnering with patients, families, clinicians, systems, providers, and other stakeholders, the programme builds on existing good practices to enhance care.
- As part of the national programme, each integrated care system (ICS) has been tasked with developing a three-year mental health, learning disabilities and autism inpatient quality transformation plan to set out how they will deliver the ambitions and aims of the national programme for their local population.
- This is the first version of South East London’s mental health, learning disabilities and autism inpatient quality transformation plan, published in October 2024.
- This plan specifically focuses on:
 - Acute mental health inpatient services including those services for people with a learning disability or who are autistic.
 - Psychiatric intensive care units (PICU).
 - Mental health rehabilitation inpatient services including services for autistic people and people with a learning disability – open and ‘locked’.
- The plan should be read as an iterative working document. It is anticipated that the plan will be updated on regular basis.
- Although this plan is being published as a standalone document, it builds on the commitments set out within our annual ICS operating plan and the commitments within our existing system strategies including the [ICS Strategic Priorities](#), [South London and Maudsley NHS Foundation Trust Five Year Strategy 2021-2026](#) and [Oxleas NHS Foundation Trust Strategy 2021 – 2024](#).

The National Programme

- Although many mental health services are delivering good care and outcomes, some part of the country still rely on certain types of poor quality and outdated bed-based provision, as demonstrated in the shocking and deeply distressing care scandal at Edenfield Centre in Greater Manchester, revealed in October 2022.
- The national programme aims to challenge local systems to support cultural changes and introduce a bold, radical, reimagined model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings.
- The national programme is built on the upon the principles of good mental healthcare; continuity of care, therapeutic relationships and a relentless commitment to mental health care meeting the needs of all citizens. The programme has five objectives:

Localise and realign inpatient services



Improve culture and support staff



Support systems and providers facing immediate challenges



Make oversight and support arrangements fit for the sector



Support the least coercive care



- Further information on the national programme is available on NHS England's website:- <https://www.england.nhs.uk/mental-health/mental-health-learning-disability-and-autism-inpatient-quality-transformation-programme/>

About South East London

- South east London has a population of approximately 2 million people and covers the London boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. NHS South East London Integrated Care Board (ICB) is directly responsible for a recurrent NHS budget of £3.9 billion and the combined annual resource allocation of the NHS partnership that makes up the ICB is £7.2 billion.
- We have a diverse and vibrant population, but a population who experiences significant health inequalities. We have a growing population who are living for longer with multiple long term conditions and demand for care, treatment and support is increasing.
- This pressure has shown itself in different ways and at different times on services, ranging from increases in waiting times and waiting list sizes, through to the need to use expensive non-NHS mental health beds when capacity is full to try to get people the care they need.
- There are five major NHS Trusts in south east London providing acute, mental health, community and specialist services to the population of south east London and wider for some services.



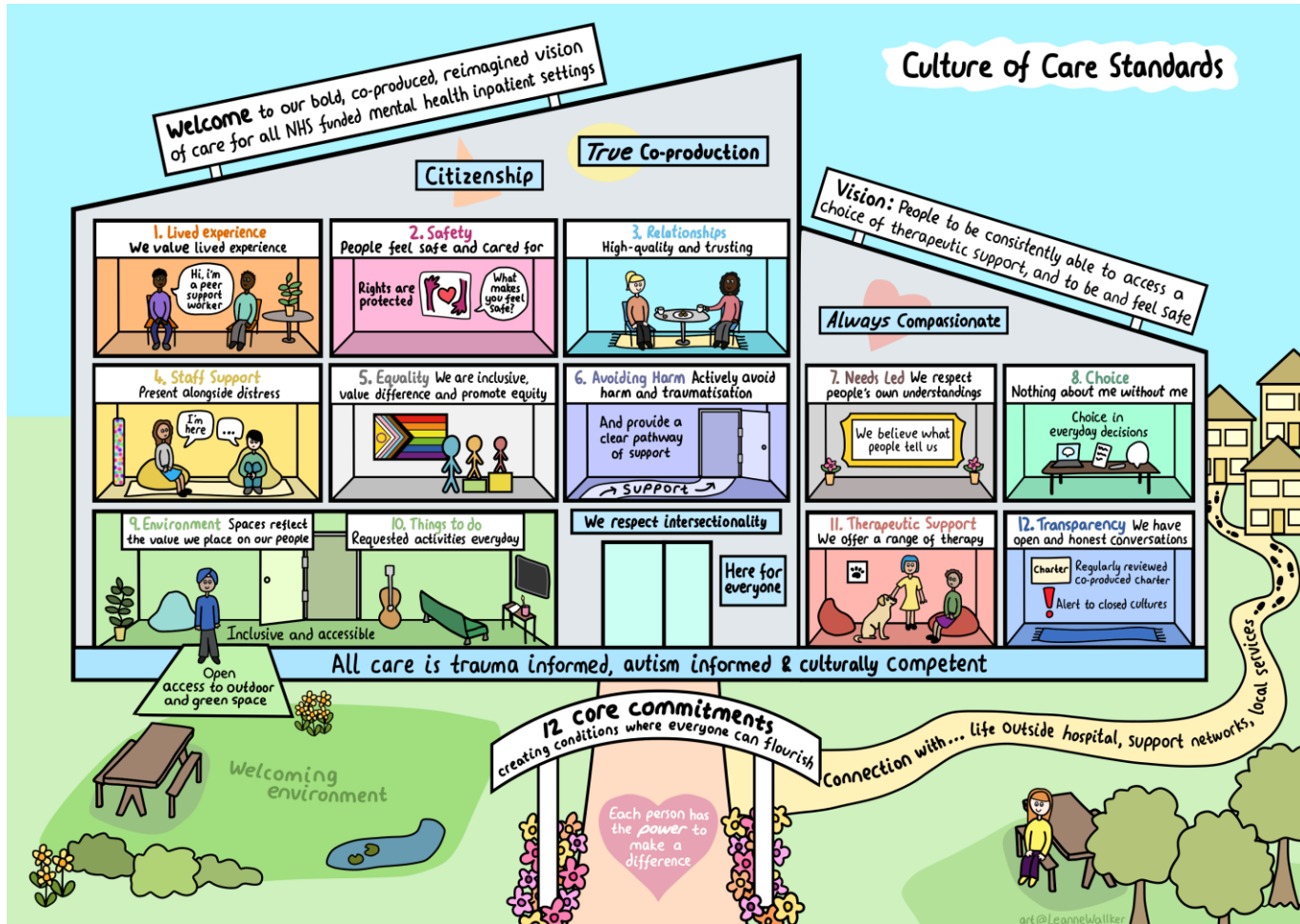
NHS provider landscape in South East London

Our Mental Health System

- Adult inpatient mental health services and learning disability and autism services are provided by two NHS Trusts in South East London:
 - South London and Maudsley NHS Foundation Trust (SLaM). This Trust provides inpatient mental health services primarily for the boroughs of Lambeth, Lewisham and Southwark. The Trust also provides these services in Croydon which forms part of the South West London ICS.
 - Oxleas NHS Foundation Trust. This Trust provides inpatient mental health services primarily for the boroughs of Bexley, Bromley and Greenwich.
- Although need and demand for mental health services varies across our six boroughs, our mental health index is the highest of the five ICS' in London. There are circa. 20,000 known people with a diagnosis of a severe mental illness (SMI) in South East London and the mortality gap (the life expectancy gap of 10-15 years lower than the general population) is higher in five out of the six SEL boroughs, when compared to the London average.
- In 2021/22, we had the third highest rate of detentions under the Mental Health Act for any area of England, suggesting a high number of people reaching crisis point. This results in high demand for our inpatient services with bed occupancy being consistently over 100% for our system, high reliance on independent sector capacity, increasing lengths of stay across our inpatient units, and long waiting times in our emergency departments for admission to inpatient beds.
- As of August 2024, we have a total of 496 inpatient beds (including PICU) in our two mental health trusts serving the six boroughs of South East London (SLAM: 259 adult and older beds and 30 PICU) (Oxleas: 195 adult and older adult beds and 12 PICU beds). Furthermore, we have commissioned an additional 56 inpatient beds from the independent sector for 2024/25, however, we continue to purchase independent sector capacity above this for individual patients.
- There are 10 specialist beds in South East London for Autistic males. Under the mental health south London provider collaborative, there is access to low secure learning disability and autism beds in an NHS Trust in South West London.

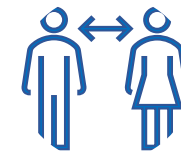
Our Vision & Principles for Inpatient Services

Our vision for inpatient services is based on national culture of care standards



Principles

In taking forward this vision we will ensure we build on the following principles with the person at the centre of their community:



Citizenship
Know your people



Localisation
Bring them home



Continuity
Keep them close



Belonging
Value everyone 'all means all'

Our Key Priorities for Inpatient Services 2024 - 2027

Aligned to our existing ambitions, the South East London mental health, learning disabilities and autism inpatient quality transformation plan has three key priorities over the next three years:



Priority 1: Improving access and flow through inpatient services.



Priority 2: Ensuring inpatient services offer effective, holistic and therapeutic care.



Priority 3: Developing community-based offers of support.

Delivery of these priorities will be underpinned by:

- The **voice** of people with lived experience.
- A culture of **continuous improvement**.
- Effective **partnership working** and pathways between services
- Developing a **skilled and competent workforce**.
- A clear, consistent and evidence based **therapeutic offer**.

Priority 1: Improving access and flow through inpatient services (1/3)



Aim:

- To ensure patients receive appropriate, purposeful and timely access to inpatient care.
- Reduce out of area placements and reliance on independent sector provision, ensuring our residents receive care as close to home as possible

Our We Statements

- We will work collaboratively to ensure that admissions are appropriate, purposeful, therapeutic, and timely so that no-one is inappropriately admitted to hospital or experiences delays in their care.
- We will plan discharge with each person from the very start of their admission, mitigating the risk of delays and ensuring that transitions between services are carefully considered.

Key outcomes and measures over the next three years

Patient Outcomes

- Zero inappropriate out of area placements for South East London residents.
- Patients who require an inpatient admission (whether in emergency departments or in home treatment team/community team caseloads) are allocated a bed within 4 hours of identification of need.

Provider/ICB Outcomes

- Average length of stay for both providers consistently within national benchmarks.
- Patients clinically ready for discharge and occupying mental health beds less than 5% of the total South East London bed base.
- Bed occupancy rate at 85% and reduction in overall Occupied Bed Days (OBDs).
- Reduction in spend on independent sector provision.

Staff Outcomes

- Increased staff satisfaction.
- Improved staff retention rates.

Priority 1: Improving access and flow through inpatient services (2/3)

Key Actions for Year 1 of the Programme (2024/25)



- **Bed Capacity**

- Expansion of NHS bed capacity for working age adults to reduce reliance on independent sector beds throughout the course of 2024/25 and reduce out of area placements.
- Dedicated contracted independent sector capacity across the system to support timely access to inpatient care and admission. This will be supported by robust oversight and governance support with enhanced clinical leadership to oversee placements in the independent sector and strong partnership working to involve housing and social services in the management of care for any patients or residents placed in independent sector beds.
- Completion of robust bed modelling to identify gaps in current inpatient bed provision across south east London including for working age adults, older adults, PICU and step down care.

- **Length of Stay:** Demonstrable reductions in length of stay by at least 1 day by the end of 2024/25 across working age adult inpatient services through a series of actions led by each individual mental health Trust. This includes:

- Developing a continuous flow model to enable early discharges and admissions onto inpatient wards.
- Embedding the principles of effective discharge resulting in early discharge planning and a reduction in the number of people clinically ready for discharge.
- Focused work on pre- and post-admission Care Treatment Reviews (CETRs) and actioning CTR recommendations in a timely manner.

- **Step down care:** Working in partnership with the voluntary and community sector, to develop and pilot alternative models of step-down care (specifically for the boroughs of Lambeth, Lewisham and Southwark).

- **Repatriation:** The development of the low secure beds by the mental health south London provider collaborative to continue to support bringing people closer to home and supporting step-down from secure services.

Priority 1: Improving access and flow through inpatient services (3/3)



Key Actions for Year 2 of the Programme (2025/26)

- Implementation of any agreed actions as result of the bed modelling work for completion in 2024/25. This may involve:
 - Ongoing contracting of private sector capacity with strong clinical and operational oversight from our mental health trusts.
 - Development of a consistent and sustainable model for the delivery of female PICU across the sector.
 - Further expansion of step down capacity to support flow across different inpatient units and services.
- Further improvements in length of stay across the two mental health trusts.

Key Actions for Year 3 of the Programme (2026/27)

- Ongoing implementation of any agreed actions as result of the bed modelling work for completion in 2024/25. This may involve:
 - Ongoing contracting of private sector capacity with strong clinical and operational oversight from our mental health trusts.
 - Development of a consistent and sustainable model for the delivery of female PICU across the sector.
 - Further expansion of step down capacity to support flow across different inpatient units and services.
- Further improvements in length of stay across the two mental health trusts.

Actions for years 2 and 3 of the programme are subject to change and will be further re-iterated in future versions of the plan.

Priority 2: Ensuring inpatient services offer effective, holistic and therapeutic care (1/4)



Aim:

- Ensure inpatient services are purposeful, personalised, therapeutic and effective, avoiding unnecessary admission and ensuring patients are only in inpatient services for as long as they need enabling effective recovery for mind and body.

Our We Statements

- We will ensure that admissions are appropriate, purposeful, therapeutic, and timely.
- We will commission and deliver inpatient services that are least restrictive and where people are not confined in conditions of greater security than required.
- We will pay attention to our hospital environment and the impact it has on the wellbeing of people experiencing inpatient services and the staff working within them.
- We will work with people (and those who know and love them) to identify 'what matters to them' and make sure that the care they receive is personalised, needs led, respects their human rights and responds to people's distress with compassion.
- We will invest in inpatient services that demonstrate a holistic, strengths based, integrated approach to care and make sure that mental and physical health conditions are considered, managed, and monitored.
- We are committed to delivering services that demonstrate therapeutic benefit. This includes continuous improvement of the inpatient pathway, co-producing service developments, making best use of data and using quality improvement methodology.

Priority 2: Ensuring inpatient services offer effective, holistic and therapeutic care (2/4)



Key outcomes and measures over the next three years

Patient Outcomes

- Reduced time spent on inpatient wards.
- Improved occupational activity and relaxation with patient view captured on DIALOG.
- Choice and changes offered to every patient on antipsychotic medication
- Reduced transfers to emergency care.
- Increased engagement in relevant population screening programmes and prevention programmes.
- Reported patient confidence in self-management of long-term conditions.
- Reduction inequalities faced by people with severe mental illness in terms of physical health care, ultimately improving life expectancy.

Provider/ICB Outcomes

- Average length of stay for both providers consistently within national benchmarks.
- Bed occupancy rate at 85% and reduction in overall Occupied Bed Days (OBDs).
- Increase in the proportion of health screens carried out for inpatients.
- Wider system benefits in terms of long-term condition management for people with severe mental health illness (across primary care and acute physical health services).
- Reduction in spend on independent sector capacity.

Staff Outcomes

- Additional resource to provide pastoral, and alternative therapies for inpatient services.
- Increased staff satisfaction at work resulting in increased staff retention.
- Increased staff competency amongst inpatient staffing group with regards to physical health with increased staff numbers in mental health trusts trained in phlebotomy, electrocardiograms (ECGs) and glucose monitoring.
- Less staff time spent away from mental health clinical areas.

Priority 2: Ensuring inpatient services offer effective, holistic and therapeutic care (3/4)



Key Actions for Year 1 of the Programme (2024/25)

- **Purposeful Admission Criteria:** Development and implementation of purposeful admission criteria for mental health services across south east London.
- **Intensive Care Pathway:** Development and pilot of a PICU outreach service across both mental health trusts. This will involve piloting the creating of a new multi-disciplinary team who would provide outreach to inpatient wards across the two mental health trusts. These teams will provide specialist assessment, support, and recommendations on management strategies for all patients referred to PICU, with the aim of managing the patient's care in the least restrictive environment, preferably in their original location/ward/unit.
- **Care Pathway for Females:** Development of an inpatient pathway that is more responsive to females with activities more tailored to the needs of women, including women with learning disabilities and autism. This will include commissioning of local, grassroot voluntary and community sector partners to provide alternative therapies as part of the care pathway.
- **Physical Health Service Offer:** Development and pilot of a new agile inpatient physical health team that supports parity of esteem between physical and mental health and to offer a comprehensive physical health care offer, including healthy lifestyle interventions such as physical health checks, physical activity, healthy food choices, and other interventions.
- **Rehabilitation Services:** Consolidation of the current 'locked' rehabilitation services in south east London onto one single site to support delivery in the consistency of care across units. This will result in a reduction in the number of beds that fall into this category. Development of an options appraisal on how to redeliver rehabilitation services, working in partnership with the voluntary and community sector.
- **Sensory Environments:** Implementing reasonable adjustments utilising consultation and advice to inpatient units.

Priority 2: Ensuring inpatient services offer effective, holistic and therapeutic care (4/4)



Key Actions for Year 2 of the Programme (2025/26)

- Based on evaluation and feedback, to expand and scale the following offers from 2024/25:
 - Intensive care pathway outreach MDT.
 - Physical health service offer.
- To review care pathways for Under 25s with a view to develop alternative therapeutic models of care, building on the learning and partnership approaches for the female care pathway in 2024/25.
- To develop and test alternative models of rehabilitation services in partnership with the voluntary and community sector, with the aim and ambition to cease commissioning of 'locked' rehab services by the end of 2026/27.

Key Actions for Year 3 of the Programme (2026/27)

- Based on feedback and evaluation to expand and scale key initiatives from 2025/26.
- To decommission 'locked' rehab services by the end of the financial year. In order to do this, new models of rehab will be expanded from 2025/26 and there will be the relevant consultation with partners and the public.

Actions for years 2 and 3 of the programme are subject to change and will be further re-iterated in future versions of the plan.

Priority 3: Developing community-based offers of support (1/3)



Aim:

- To ensure there are a range of services to support people within their local communities providing early intervention and prevention, avoiding unnecessary hospital admission and enabling people to stay and live well in their communities.

Our We Statements

- We will work in partnership across our system to ensure that locally, there is a range of services to support people within their local communities.
- We will employ interventions designed to avoid unnecessary admission to hospital
- We provide services that are needs led and accessible to all who need them, and we are proactive in facilitating choice.

Key outcomes and measures over the next three years

Patient Outcomes

- Reduction in inpatient admissions.
- Increase in choice in where patients to choose to have their care.
- Increase in patient satisfaction as reported via patient reported outcomes and DIALOG.
- Increase in patients in employment.

Provider/ICB Outcomes

- Reduction in the number of patients presenting to emergency departments in mental health crisis.
- Reduction in the number of patients requiring inpatient admission, resulting in bed occupancy rates of 85% and reduction in overall Occupied Bed Days (OBDs).
- Increase in voluntary and community sector service provision across the sector.

Staff Outcomes

- Increase opportunities for staff to work in different settings across the sector, developing new skills resulting in improved staff retention rates.

Priority 3: Developing community-based offers of support (2/3)



Key Actions for Year 1 of the Programme (2024/25)

- Embedding community mental health transformation, in line with the national roadmap. This will include ensuring there are clear plans in place for each Primary Care Network (PCN) that is not yet fully transformed in line with the national standards/expectations, supported by peer review and sharing of best practice across the sector.
- Improved data recording and capture through the Mental Health Services Dataset (MHSDS) to then develop a consistent local dashboard to track progress with delivery of community mental health transformation. This enable better oversight of caseloads and waiting times for community mental health services.
- Development of a new model of care in Lewisham as part of the national 24/7 community mental health services programme. This will include testing a new community model of care which brings together community mental health services with a stronger wrap-around offer from home treatment and crisis resolution teams.
- Targeted work in the boroughs of Bromley, Bexley and Greenwich reviewing attendances at emergency departments with a view to understand this from the perspective of different communities and population groups. Following analysis of the data, to work pro-actively with the local communities and voluntary and community sector providers to develop proposals for alternative models of care.
- Enhancing intensive support services for people with a learning disability and community autism only support services to support discharge and prevent admission alongside effective Dynamic Support Register (DSR) Management
- Fully implement the Learning Disabilities and Autism Pathway Strategy and Panel in partnership with the south London mental health provider collaborative who are responsible for secure inpatients and their discharge to the community as the least restrictive environment; including development of the Forensic Intellectual and Neurodevelopmental Disabilities (FIND) service to meet needs in the community.

Priority 3: Developing community-based offers of support (3/3)



Key Actions for Year 2 of the Programme (2025/26)

- To continue to expand the community mental health transformation programme in line with local evaluation and national expectations.
- To continue to pilot the new 24/7 community mental health services offer in Lewisham borough with ongoing evaluation to consider what could be tested and implemented elsewhere in south east London.
- To pilot and test new models of community care using population health management approaches and targeted to local communities in partnership with voluntary and community sector providers.
- To continue to work collaboratively to implement community housing and accommodation options for secure and non-secure patients, including bespoke options.

Key Actions for Year 3 of the Programme (2026/27)

- transformation programme in line with local evaluation and national expectations.
- To continue to pilot the new 24/7 community mental health services offer in Lewisham borough with ongoing evaluation to consider what could be tested and implemented elsewhere in south east London.
- To pilot and test new models of community care using population health management approaches and targeted to local communities in partnership with voluntary and community sector providers.

Actions for years 2 and 3 of the programme are subject to change and will be further re-iterated in future versions of the plan.

Programme Governance & Oversight

- The mental health, learning disabilities and autism inpatient quality transformation programme will be core to our mental health transformation agenda across the ICS, building on the existing aims and ambitions for mental health services in south east London.
- The programme will involve strong oversight from the Executive Teams within the two mental health trusts and the ICB.
- Senior responsible officer (SRO) leadership for the programme will be provided by the Chief Medical Officers at the two mental health trusts and system oversight will be provided jointly by the ICB's Chief Nursing Officer and Executive Director of Planning/Deputy Chief Executive. These individuals will be responsible for ensuring their relevant Boards are kept informed of programme delivery.
- Key to our work in south east London is partnership working whether that be with the acute trusts providing physical health and community services or with our local authority and voluntary sector partners. The programme will embed into existing structures across the ICS that include these partners whether this be via Care Pathway Boards within the ICS (supported and co-ordinated by the ICB) or Local Care Partnership forums.

Involving our Services Users, Families, Carers and Communities

No decision about us, without us

- At the heart of this programme is the voice and views of people with Lived Experience including patients, service users, families and carers, as well as the wider views of our communities in south east London.
- All the key actions in this plan have been developed based on several years of feedback collated via:
 - **Insights collected by the ICB over the last 12 – 24 months and shared on our [Insights Platform](#).** This includes feedback and insight from the South East London People's Panel, insighted gained as part of the development of the ICS strategy from April – December 2022, and insights from particular community groups included the Act for Change Report for gathering views from our Afro-Caribbean communities.
 - **Direct service user, carer and family feedback on services.** This includes our LDA User Patient Carer Forum, weekly ward community meetings where staff and patients come together to raise and address issues of concerns, and patient experience groups with learning from complaints and patient experience feedback. This feedback has shaped our priorities in developing plans to access alternative therapeutic activities.
 - **Engagement and co-design of individual, bespoke projects.** In developing our 24/7 community mental health services pilot, we have run bespoke workshops with people with lived experience and members of our communities, ensuring we have representation specifically from people from our Black communities.

How to get involved going forward?

As we further develop our programme into years 2 and 3, we will develop an engagement approach with an aim to co-produce solutions and service improvements. Engagement will include a mixture of outreach and face to face activity, as required. All information will be published on our ICB online engagement platform ([Let's Talk Health and Care in South East London](#)) and NHS Trust platforms.

Appendix 1: Glossary & Definitions

- **Access and flow** – this refers to the processes that move inpatients through a hospital from the moment they arrive to when they leave and their care transitions to the community.
- **Clinically ready for discharge** – sometimes referred to as medically ready for discharge, this term means that patients/service users have been assessed as no longer needing treatment in hospital and are ready to be discharged or have their care transferred to another team. Sometimes there are delays in the onwards transfer of care which may mean that some people stay in hospital for longer than required.
- **Integrated Care System ('ICS')** – legally established in July 2022, ICS' are responsible for joining up care across the NHS, councils, voluntary sector and others with an aim to improve health and care services across a defined geography. There are 42 ICS' across England. Further information can be found here:-
<https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>
- **Integrated Care Board ('ICB')** – also formally established in July 2022, ICBs are NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices.
- **Inappropriate out of area placements** – an inappropriate out of area placement (OAP) is defined as when a person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of their usual local network of services, usually due to a lack of availability for a mental health bed in their usual area. Inappropriate out of area placements are usually associated with poorer patient experience and outcomes.
- **Length of stay** – a metric that measures the time between a patient's admission and discharge.

Appendix 1: Glossary & Definitions (Cont.)

- **Local care partnerships (LCPs)** – sometimes referred to as ‘Place’, this term is used to describe a model of joined up team working to improve health and care for a local population. There are six LCPs in South East London, aligned to the six local authority boundaries. Each LCP is different but usually includes representation from the local NHS trusts, primary care, public health, social care, voluntary and community sector providers and Healthwatch.
- **Locked rehabilitation (‘rehab’) services** – this type of rehabilitation services prevent service users from leaving the unit at will. The new commissioning framework for adult inpatient mental health services states that mental health rehabilitation inpatient services should not be ‘locked’ and a new approach needs to be found to delivering this care.
- **NHS Trust** – an NHS organisation who provides NHS health and care services across either a geographical area or a specialised function.
- **Occupied bed days** – this refers to the number of days that inpatient beds are occupied by patients. It is used a measure to understand and define how much beds are used.
- **Older adults** – generally this refers to adults aged over 65 years of age.
- **Operating Plan** – an annual document that sets out the NHS’ priorities for the upcoming year across various domains including finance, performance, activity and workforce.
- **Psychiatric Intensive Care Units (‘PICU’)** – specialist wards that provide inpatient mental health care. These wards are secure, meaning that they are locked and entry and exit of patients is controlled. Staffing levels are usually higher than on an acute inpatient ward.

Appendix 1: Glossary & Definitions (Cont.)

- **Primary Care Networks ('PCNs')** – these are groups of GP practices that work together, and with other health and care providers, to deliver a wider range of services to the local population than might be possible within an individual practice.
- **Working age adults** – generally this refers to adults aged between 17 and 64, regardless of employment status.
- **VCSE** – VCSE stands for voluntary, community and social enterprise. It's an umbrella term which encompasses a diverse range of organisations from voluntary and community groups, social enterprises, charities, and nonprofit organisations.