

# The North East London Mental Health, Learning Disability and Autism Collaborative

July 2023

# Introduction to the Mental Health Learning Disability and Autism Collaborative

- The North East London Mental Health, learning Disability and Autism Collaborative is a partnership between **NEL ICB**, **ELFT**, **NELFT**, and the **seven place-based partnerships** in close collaboration with service users and carers, communities, local authorities, primary care, the voluntary and community sector and other services.
- The **aim** of the collaborative is to work together to improve outcomes, quality, value and equity for people with, or at risk of, mental health problems and/or learning disability and autism in North East London.



Service users and carers across NEL co-designed this image as a way to help describe the collaborative

# Adult mental health service user priorities

- We have worked together through the NEL MHLDA Collaborative to support lived experience leaders to design and facilitate a NEL mental health summit in September 2022 to define the priorities for the NEL Integrated Care Strategy. The **seven priorities identified by service users and carers** are now front and centre in the NEL Integrated Care Strategy and Joint Forward Plan.
- We have **championed lived experience leadership** as key members of the NEL MHLDA Collaborative Committee. We have now formally recruited four lived experience leaders to be members of the Committee, alongside three deputies. We are the only Collaborative or place-based Committee to have such extensive lived experience leadership baked into our governance in NEL, and perhaps in the country.
- We have a long way to go, but our championing of lived experience leadership and people participation in everything we do would simply not have been possible without NELFT and ELFT working together

1. **Put what matters to service users and carers front and centre** so that people with lived experience of mental health conditions have an improved quality of life, with joined-up support around the social determinants of health
2. **Enable and support lived experience leadership** at every level in the system so that service users and carers are equally valued for their leadership skills and experience as clinicians, commissioners and other professionals
3. **Embed and standardise our approach to peer support across NEL** so that it is valued and respected as a profession in its own right, and forms part of the multi-disciplinary team within clinical teams and services
4. **Improve cultural awareness and cultural competence** across NEL so that people with protected characteristics feel they are seen as individuals, and that staff are not making assumptions about them based on those characteristics
5. **Providing more and better support to carers** so they feel better cared for themselves, more confident and able to care for others, and are valued for the knowledge and insights they can bring
6. **Improve people's experience of accessing mental health services**, including people's first contact with mental health services, reducing inequality of access and improving the quality of communication and support during key points of transition
7. **Understand and act upon local priorities for mental health**, through data and engagement with communities to understand the needs, assets, wishes and aspirations of our borough populations, and the unmet needs and inequalities facing specific groups

# Children and young peoples' mental health service user priorities

**Fairness** - "I want the same chances at life as my peers no matter how difficult my journey has been"

**Coproduction** - "I want to be actively engaged and supported to get involved and see changes that I have influenced"

**Equality** - "I want the same experience of care and range of support regardless of where I live or go to school"

**Joined up care** - "I want professionals to work together so that I tell my story once and be involved in deciding what support will suit me and my family's goals and needs"

**Easy access to services** - "I want to be able to see all support available to me, my family and friends in one place"

**Different types of help** - "I want to access support in different ways that suits me and my goals, including helping me to recognise the early signs of an issue"

**People who help me** - "I want to be able to access different support from different people, including those with lived experience, when and where I need it"

**Big changes in my life** - "I want to feel like professionals care as I move between different stages of my life"

**Language** - "I want professionals to use language that makes sense to me, and stop the acronyms!"

**Culture** - "I want professionals to know about my culture and to respect my culture"

**Choice, control and support** - "I want to be able to decide how my family are involved in my support, and they might also need support"



- Through a series of coproduction events with children and young people (CYP) and carers called **All About Me for the Benefit of Everyone**, young people have identified a set of clear priorities for health and care services, and have defined the outcomes they wish to achieve (see above).
- The latest event, held on the 29 April 2023 at the London Stadium, asked CYP how they want to be involved in leading change in mental health services. Overwhelmingly, CYP told us that they want to participate actively in improvement projects and initiatives, and not just act in an advisory capacity. Our first coproduction steering group met on 8 June 2023 to identify clear opportunities for CYP to get involved.

# Working collaboratively across the system and within places

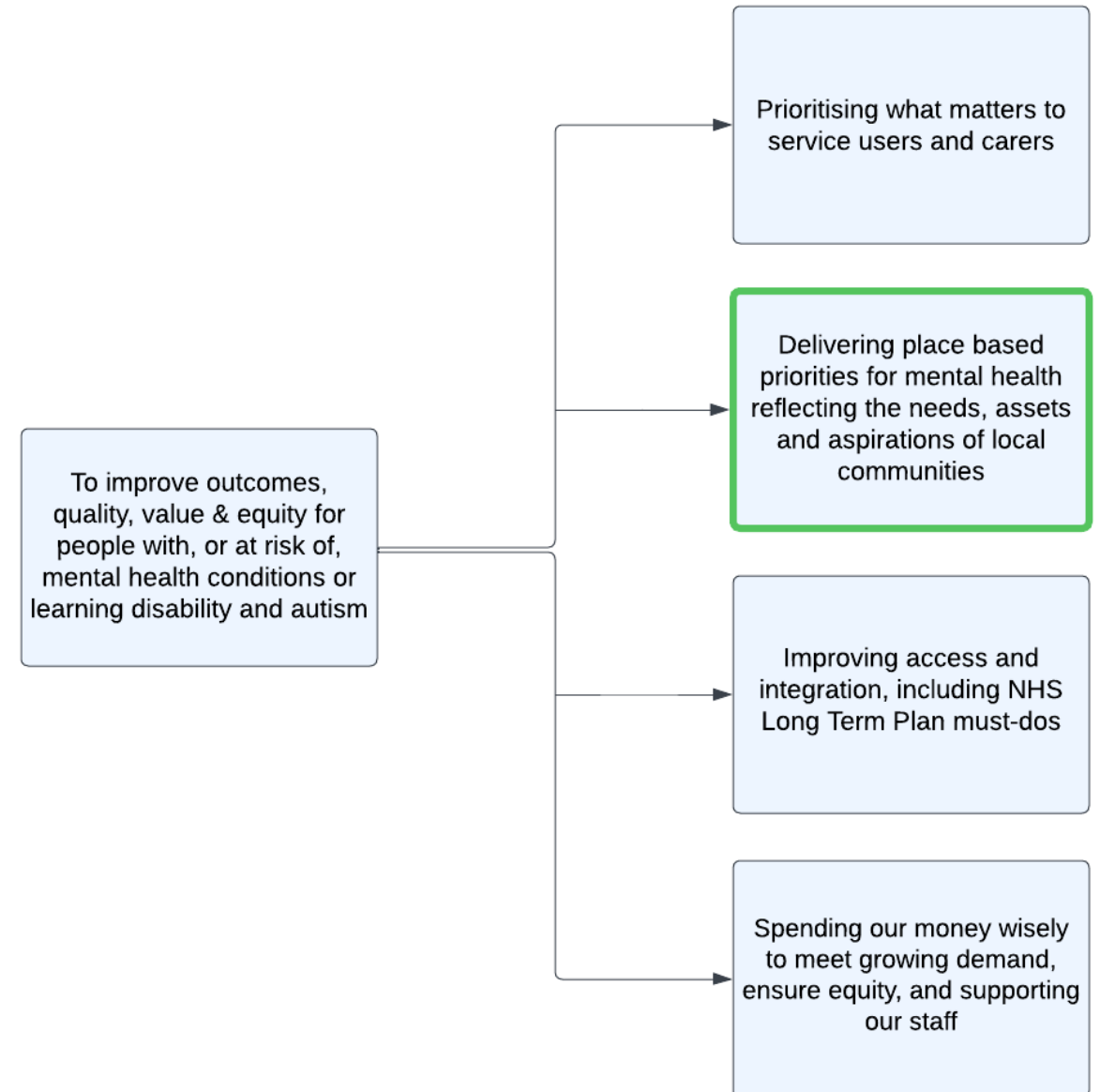
The North-East London Mental Health Learning Disability & Autism Collaborative structure includes:

- A joint committee of the ICB, NELFT and ELFT, carrying responsibility for the functions associated with the Mental Health Investment Standard, and other NHS mental health and learning disability & autism funding, with accountability to deliver the NHS Long Term Plan, with delegated responsibilities from the ICB and the two trusts
- Supported by an MHLDA Collaborative Programme Board and Executive Group, which will bring executives from partners together to lead, develop and deliver the Collaborative programme, with a PMO in place to coordinate key functions
- Working with **place based mental health partnerships**: within NEL wide allocation and planning and delivery parameters established by the Joint Committee, we will work with place-based partners on developing and delivering place-based priorities, informed by a deep understanding of the needs and assets of the local population, and local priorities established by the Health & Wellbeing Board and borough-based executive, including public mental health and tackling health inequalities
- Improvement networks/learning systems (see next slide)

The MHLDA Collaborative approach is purposefully designed to have a horizontal dimension – working across the seven places in NEL where required – and a vertical dimension – working into and out of places where required.

Connection into the other NEL collaboratives is also key – through the place based leadership committees, the ICB Population Health & Integration Committee, and the improvement networks led by both the MHLDA Collaborative (e.g. physical health of people with SMI) and other collaboratives (e.g. maternity).

The MLDA Collaborative Strategy has four main elements:





# Improvement networks

- We are **bringing clinical leads and social care professionals together with service users and carers** from across the two Trusts, primary care, and other partners around key improvement priorities across North East London. These include:
- **Primary care talking therapies (or “IAPT”)**: our clinical leads across the two Trusts and the Homerton are working together to share learning and develop our services. On 3<sup>rd</sup> March they held an improvement network away day event, attended by members from all of our teams across the whole of NEL – it was a warm and joyful event, with a deep sense of collaboration and some very creative and thoughtful ideas on how we can collaborate more deeply across our services to promote better outcomes, access and equity. Some of these ideas are now already taking shape – for example the network is intending to launch **our first NEL wide in-person group therapies** for residents facilitated by our Bengali and Albanian staff in Bengali and Albanian in the early Summer.
- **Children & young peoples mental health**: Our children and young people’s mental health improvement network is also progressing well. On 29<sup>th</sup> April the network organised a co-production workshop with 40 children and young people and their families to develop our priorities and design our approach for lived experience leadership.
- We are now in the process of launching improvement networks for **perinatal mental health, dementia** and **rehabilitation**.
- **Our improvement networks are generating real energy**. They are:
  - Wherever possible being organized around identifiable populations (rather than services).
  - Understanding need, assets, demand, outcomes, quality and value, including inequalities.
  - Focusing on improvement, sharing learning and deploying where appropriate triple aim/quality improvement.
  - Being led by a lead clinician, along with a service user leader, with identified management support – a triumvirate leadership approach.
  - Linking to other NEL programmes, including the primary care collaborative, acute collaborative, children and young people’s programme.

# Planning together for 2023/24

- We have **collaborated more deeply than ever before** in developing our operating plans for mental health, learning disability & autism for 2023/24, developing together plans that see c. £27m new investment into mental health and £4.4m into learning disability & autism
- The plan has led to c. £14.5m new mental health funding and £2.4m of learning disability & autism funding to services in Barking & Dagenham, Havering, Redbridge and Waltham Forest and c. £12.5m and £1.9m of learning disability & autism funding to City & Hackney, Newham and Tower Hamlets
- The plan has **explicitly recognised inequalities/variation in funding across our seven boroughs**. This is something that the Collaborative is uniquely placed to do, given it involves the two Trusts working together to plan with the knowledge of variation across boroughs from our clinical and service user experts, and the ability to influence/determine how money is allocated through our partnership director leads. For **CAMHS funding in particular**, we have been able to recognise under-investment in Barking & Dagenham, Newham, Redbridge and Waltham Forest and invest more heavily in those places.
- The plan has also explicitly recognised urgent & emergency care pressures in outer boroughs and **recurrently funded the Goodmayes Clinical Decision Unit and the community crisis services**
- We have also secured **c.£1.5m capital investment** into our urgent & emergency care services for 2023/24
- **None of the above would have been achievable** if the Collaborative had not been in place with our leadership teams across NELFT and ELFT working very closely together.

# Urgent and Emergency Care (UEC)





- We have experienced **considerable and sustained pressures** in urgent & emergency care services over the last twelve months, in particular people with mental health conditions attending A&E departments and waiting for a long time for care to be put in place for appropriate discharge, including inpatient beds.
- The reasons for this are complex, but include growing complexity in the problems people are experiencing, in the context of the pandemic. The particular pressure on A&E departments includes, but is not limited to, people with mental health conditions – in fact the number of people with mental health conditions attending A&E with mental health as the primary issue is proportionately very small, however we are absolutely **committed to ensuring people with mental health conditions do not have to wait a long time in A&E**.
- Together across NELFT and ELFT we are working together to develop and implement our plans to ensure this is the case:
  - Working together to manage beds across North East London, with NELFT and ELFT **providing beds to each other when available** and necessary, so we do not have to use the private sector or place people out of area.
  - Undertaken an audit of people waiting longer than 12 hours in all of our A&E departments and we are **working across psychiatric liaison and A&E teams to improve A&E care processes**, with a NEL-wide event planned in June to bring all of our teams together.
  - Planning to open up **additional patient capacity at Goodmayes** later this year.
  - Providing **local female psychiatric intensive care beds for NELFT service users** at Rosebank Ward, Mile End Hospital (up until this year, all NELFT service users requiring female PICU were admitted to the private sector).
  - Planning to invest in and develop our **Health Based Places of Safety**, opening up an additional room at Sunflower Court later in the year.
  - Planning to invest in our **psychiatric liaison teams**, following on from a review which is currently underway.
  - Planning to invest in and develop our **crisis line services** in readiness for a new service to be in place early next year.



# Deriving insights from data: system diagnostic for MHLDA

- We are currently undertaking a “diagnostic” of mental health, learning disability & autism across north east London
- The purpose of the diagnostic is to support the North East London Mental Health, Learning Disability and Autism Collaborative to develop a clear understanding of the outcomes and quality and value we achieve in our MHLDA programmes for the money we spend
- The intention is that the diagnostic will:
  - ✓ Help the system to understand the need for mental health, learning disability and autism services, including the relative complexity of need across places, unmet needs, inequities in access and outcomes, and likely future demand
  - ✓ Cover all ages
  - ✓ Create a compelling evidence base to underpin future plans
  - ✓ Support sustainability of services
  - ✓ Support a fair allocation of system resources
  - ✓ Provide a common planning framework and tool for ongoing use
- An expert supplier (PA Consulting) has been secured to support the diagnostic, with contract commencement in January 2023, and project completion expected in autumn 2023.

## Our analytical framework will seek to answer high level strategic questions, whilst providing service-level insights

|   | System-level output  | Service-level output  | Insights and recommendations   |
|---|--|---|--|
|  <b>Equity and Funding</b><br>Is money being spent equitably across boroughs and services?   | A review of current system allocation taking into account population need            | Where services are receiving higher or lower levels of funding compared to current need | <ul style="list-style-type: none"> <li>• Recommendations on reallocation of funds</li> </ul>   |
|  <b>Value and Best Practice</b><br>Are we achieving the best outcomes based on spend?  | Overview of areas of the system achieving the best outcomes                          | A view of services delivering the optimal outcomes                                      | <ul style="list-style-type: none"> <li>• Recommendations for future service models</li> </ul>  |
|  <b>Demand and Capacity</b><br>Where are the biggest demand pressures and where does demand exceed capacity?                             | Understanding of areas with growing demand, workforce / finance capacity constraints | A view on fragile services where demand will exceed capacity                            | <ul style="list-style-type: none"> <li>• Recommendations on reallocation of funds</li> </ul>   |
|  <b>Equality of Access</b><br>Are services currently equal in access and availability for different cohorts across and within boroughs? | A review of protected characteristics and areas where there is inequality of access. | Understanding where services have the highest inequalities                              | <ul style="list-style-type: none"> <li>• Recommendations for new/different services</li> </ul> |