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*2024/25-2026/27*

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# Programme context and requirements

As part of the NHSE Mental Health and Learning Disability and Autism Quality Transformation Programme (QTP), Integrated Care Boards (ICBs) are required to co-produce a 3-year plan to localise and realign mental health, learning disability and autism inpatient services.

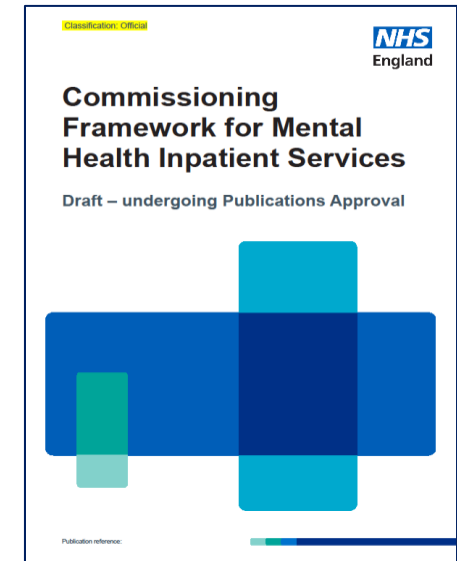
The Commissioning Framework for Mental Health Inpatient Services is designed to support ICBs with developing their local plans. It has been developed for use by those who have commissioning responsibility for the mental health needs of their local population and its scope covers:

- Adult acute mental health inpatient services, including services for people with a learning disability or who are autistic, and psychiatric intensive care units.
- Adult mental health rehabilitation inpatient services including services for autistic people and people with a learning disability.

The South West London (SWL) system response has been co-developed between the ICB and the 2 SWL MH Trusts – South West London and St George’s (SWLStG) and South London and Maudsley (SLaM). Our submission comprises the following:

- This summary slide pack
- Appendix 1 – self-assessment scores
- Appendix 2 – detailed assessment against national principles and Key Lines of Enquiry (KLOEs)

This submission complements the aims and ambitions for mental health, learning disability and autism transformation described in the SWL Joint Forward Plan and our SWL MH Strategy.



# Section 1: SWL context

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# Overview of the SWL system

SWL ICB brings the NHS and partners together to improve the health of people in SWL, manage the NHS budget and arrange SWL's health services. We work with our partners across the six boroughs of SWL:

- Our acute and community providers: Central London Community Healthcare, Croydon Health Services NHS Trust, St George's and Epsom and St Helier Hospital Group, Hounslow and Richmond Community Healthcare, Kingston Hospital NHS Foundation Trust, Royal Marsden Foundation Trust, St George's NHS Foundation Trust and Your Healthcare
- Our two mental health providers: South West London and St George's Mental Health NHS Trust (covering Kingston, Merton, Richmond, Sutton and Wandsworth) and South London and the Maudsley NHS Foundation Trust (covering Croydon)
- Our 39 primary care networks
- The GP Federations in each of our six boroughs
- The London Ambulance Service
- Our six local authorities: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth
- Our six local Healthwatches: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth
- Our Voluntary, Community and Social Enterprise (VCSE) Alliance and our diverse VCSE sector partners and community groups.

Our goal over the next five years – as described in our Joint Forward Plan – is to enable South West Londoners to Start Well, Live Well and Age Well.

**Mental health:** More than 1 in 10 of our residents are living with a mental health condition, including severe mental illness and depression. 68,500 people use our mental health, learning disability and autism services. Adult mental health admissions were below the London regional average, however admissions for intentional self-harm were higher. Sutton, Richmond, and Kingston have the highest rates of suicide of the South West London boroughs (11, 10 and 9 per 100,000 population respectively). These rates are above the London average (8 per 100,000 population) .

### **Our ambitions are to:**

- Prevent ill health and support people to self care
- Reduce health inequalities
- Keep people well and out of hospital
- Provide the best care wherever people are accessing our services
- Use technology to improve care
- Manage our money
- Make South West London a great place to work
- Deliver the NHS' requirements of the Integrated Care Partnership Strategy.

SWL has a dedicated focus on mental health and learning disability and autism (LDA) transformation. This is reflected in our ICS Strategic Priorities and our Joint Forward Plan, in which we have dedicated care pathway sections for both mental health and LDA.

## Mental health governance and partnership working in SWL

We have robust and well-established arrangements in place to support MH governance and partnership working in SWL. The SWL MH Partnership Delivery Group (PDG) was established in October 2022. This is a senior system leadership group featuring representation from:

- SWL ICB
- The six SWL places
- SWLStG and SLaM
- The SWL VCSE sector
- SWL Healthwatch
- Lived experience members
- The South London Mental Health and Community Partnership (SLP)
- Director of Adult Social Care for local authorities

The group has overseen the development and launch of the first ever SWL MH Strategy (in July 2023). The Strategy describes a vision and an ambitious set of goals – developed following significant stakeholder and service user engagement – for mental health across all 6 SWL boroughs.

PDG provides senior oversight of Strategy delivery as well as mental health planning, SWL Mental Health Provider Collaborative (MHPC) development, performance and key work programmes. PDG also has a range of collaborative sub-groups to progress specific workstreams. Critically, the group acts as a single united voice for MH in SWL and facilitates aligned decision-making as well as fostering constructive discussion and debate.

PDG has a direct reporting line into the ICB Senior Management Team (SMT) and onwards to the ICB Board. PDG also has a system of sub-groups to support delivery. These range from pathway-specific steering groups to working groups in key areas (such as co-production, planning, race equity and performance oversight).

# Our aims and ambitions for mental health over the next ten years

## SWL Mental Health Strategy (July 2023)

<https://www.southwestlondon.icb.nhs.uk/wp-content/uploads/2023/07/Our-Mental-Health-Strategy-Executive-Summary-NHS-South-West-London.pdf>

Whilst we have high quality mental health services across our six boroughs, we have many challenges to tackle. We know that our services don't always meet the needs of our local communities and we have unequal service availability, access and outcomes; rising demand, acuity and complexity; and workforce gaps.

In South West London we don't spend as much as some other areas on mental health – 10% of our NHS budget compared to nearly 14% as an average across England – and we want to address this, investing more in prevention and early support and in mental health for children and young people specifically.

The aims of this strategy are to:

- Prevent mental illness and provide early support for recovery as we know this promotes good recovery and reduces the burden of ill-health.
- Increase equity of access, experience and outcomes for all South West Londoners – reducing unwarranted variation and ensuring a fair and sustainable allocation of resources.
- Design a new model for the mental health workforce including voluntary and community sector and peer support to tackle mental health recruitment and retention issues.
- Expand bio-psycho-social care to address the mortality gap and the opportunity to increase years of quality life.
- Co-produce delivery of this strategy with service users and residents in South West London, putting partnership with those who use services and those in our communities at the heart of everything we do.

Our Strategy will link to wider South West London Integrated Care System (ICS) programmes especially around workforce, population health management and digital technology.

By 2032/33 we will have ...	
Population	Services
<ul style="list-style-type: none"> <li>• Increased equity of service access to reflect community demographics with no unwarranted variation in outcomes</li> <li>• Improved mental and emotional wellbeing for residents in SWL</li> <li>• Reduced the 'mortality gap' between those with serious mental illness and the general population</li> <li>• Eliminated racial inequality around overrepresentation of black people in detention, inpatient and crisis care</li> <li>• Ensured no person known to mental health services presents to A&amp;E unless for physical health issue</li> <li>• Eliminated restrictive practices</li> <li>• Zero suicide</li> <li>• Significantly reduced self-harm</li> <li>• Eliminated inpatient stays outside of South West London for South West London residents</li> <li>• Closed unneeded acute inpatient beds</li> </ul>	<ul style="list-style-type: none"> <li>• Fully integrated mental health care in place for people with serious mental illness and physical health needs, social care needs (including supported living), Learning Disabilities and Autism, homelessness and substance misuse</li> <li>• Allocated resources based on need</li> <li>• Redirected mental health investment with the majority of spend occurring in primary care, Voluntary and Community Sector Enterprises and community settings</li> <li>• Increased funding into mental health benchmarked with other areas nationally and increased the proportion of funding spent on CYP mental health specifically</li> <li>• Fully staffed services with new roles in our workforce and positive staff wellbeing, satisfaction and morale</li> <li>• Embedded research and evaluation of services, operational models and initiatives as standard practice using meaningful recovery and experience measures</li> <li>• Services responsive to population health needs and flexibly delivering changes</li> </ul>

# Section 2: development and oversight of the QTP

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### Methodology

This plan was co-developed between SWLStG, SLaM and SWL ICB with a collaborative approach to gathering the baseline position/gaps, agreeing self-assessment ratings and developing the resulting actions.

Due to time and capacity constraints, the plan has not been co-produced with people with lived experience or communities. These time constraints have also meant that we have not yet engaged with external stakeholders (beyond those who attend our SWL MH PDG (see slide 6)). Programmes of work referenced in slides 14-16 already benefit from co-production and involvement along with significant stakeholder and partnership working. We will ensure that new areas of work defined in our action plans are effectively co-produced with service users, carers, families and frontline staff.

This plan has been reviewed and endorsed by the ICB Senior Management Team as well as our two Trust Executive Leadership Teams.

### Leadership

The key leaders involved in development and delivery of this plan include:

- Lucie Waters – Director of Integration (SWL ICB) and **Senior Responsible Officer (SRO) for the QTP**
- John Atherton – Director of MH Transformation (SWL ICB)
- Amy Scammell – Chief Strategy Officer (SWLStG)
- Kate Lillywhite – Director of Strategy and Transformation (SLaM)

Programme management for ongoing delivery will be provided by specific programme management capacity sited within the trusts and reporting through to PDG.

### Oversight

QTP delivery will be reviewed on a quarterly basis through the SWL MH PDG (described on slide 6). This includes lived experience representation. PDG also has a co-production sub-group which can support oversight and ensure co-production opportunities through the life of the QTP are considered. As described on slide 6, PDG reports directly to the ICB Senior Management Team and onward into the ICB Board.

# Section 3: current state

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### **SWL MH inpatient services (in scope):**

- SWLStG and SLaM both have a number of adult acute inpatient wards and a Psychiatric Intensive Care Unit (PICU).
- SWLStG has two adult inpatient rehabilitation environments: Phoenix and Burntwood Villas. SLaM has three inpatient rehabilitation environments: Westways, Tony Hillis Unit (locked) and Heather Close (locked).
- SLaM has a National Autistic Unit (this is a national service – not commissioned by ICBs).
- SWLStG has no designated in-scope inpatient facilities for LDA (with the exception of Oak Unit, which is a forensic service and hence out of scope for the QTP).

Both Trusts commission external capacity to supplement SWL NHS MH acute bed capacity. SWLStG currently commissions 30 adult acute beds via a block contract with an independent sector provider and 2 (shortly to become 3) female PICU beds through other NHS Trusts. SLaM commissions 7 adult acute beds via block contracts with the independent sector for Croydon.

Placements into independent sector inpatient rehabilitation services are coordinated by the SLP Complex Care Programme (described in more detail on slide 15). There are currently 11 independent sector providers providing inpatient rehabilitation beds for SWLStG and SLaM patients (*NB figures include SLaM's South East London patients*).

*Our SWL QTP submission has been developed with a focus on the following 3 areas: a) acute inpatient environments, b) inpatient rehabilitation environments and c) LDA within these environments.*

### **Profile of people accessing SWL MH services**

Both Trusts have good core datasets which can be manipulated to extract a range of demographic information, including age, ethnicity, gender and borough. This data can be used to understand health inequalities within our pathways. For example, we know that for adults, those from black population groups have more contact with secondary care mental health teams, are more likely to be admitted once seen by crisis teams and once admitted have a longer length of stay.

In addition, the ICB has a dashboard showing those diagnosed with certain mental health related conditions, and how they compare demographically to the rest of the South West London population. The Mental Health Activity Dashboard uses MHSDS data that is submitted by mental health providers to analyse the demographics of patients accessing mental health services, as well as the referrals and contacts that occur. A comprehensive approach to manipulating and utilising this data is being developed to inform our strategic developments and our approaches around health inequalities – key actions to support this are being agreed in line with the ICB Data Strategic Plan.

# SWL performance and oversight approach



## South West London

### Service performance

Performance is tracked across a range of key performance indicators including:

- Access to community services
- Out of area placements
- Primary care metrics: SMI Physical health checks, GP appointments, learning disability health checks
- Emergency Department (ED) metrics: 12 / 72 hour waits

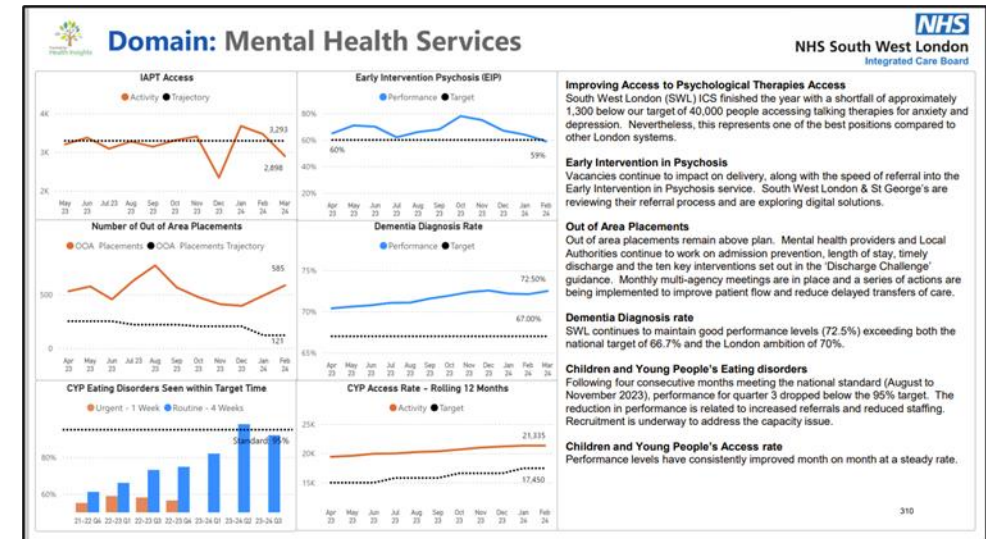
### Governance

Performance related to mental health service KPIs is reviewed across a range of forums including:

- Provider contract meetings – focus on delivery of contractual targets/ outputs.
- The Mental Health Performance and Oversight Group – the group focuses on the broad range of metrics and undertakes ‘deep dives’ into service and thematic areas.
- The Mental Health Partnership Delivery Group - a quarterly performance report includes operating plan trajectories and is reviewed at the PDG to agree any areas for onward focus.
- The South London Partnership Complex Care Programme Partnership Group and Executive Portfolio Board provide oversight to rehabilitation pathways.
- The ICB Board - the ICB presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place level indicators.
- NHS Provider Trust Boards – both SLaM and SWLStG produce detailed performance reports covering an expansive range of areas including access, flow and quality of care.

### Areas of focus

Delivery of the annual national operating plan metrics is the principal area of focus however all programmes of work are supported by a set of performance measures to track implementation and delivery. Significant areas of adverse variance are discussed at the Mental Health Partnership Delivery Group.



# SWL system strengths and challenges

### Strengths

- The SWL MH PDG provides aligned system leadership across all partners and fosters collaborative working. There have been significant achievements through PDG including the launch of the first ever SWL MH Strategy and developing aligned system priorities for investments.
- System-wide work on the urgent and emergency care pathway demonstrates strong collaboration across all partners. There is a well-established work programme and there have been coordinated approaches to key elements such as the 100-day discharge challenge. Linked to this, several years of improvement activity around both flow and restrictive practice have helped to develop an improvement culture and structures to deliver change within inpatient settings.
- The SLP Complex Care Programme is a well-established and very successful programme with the aim of ensuring that patients requiring MH rehabilitation are placed in the most appropriate and least restrictive setting (see detail on slide 15).
- Significant work has been undertaken around health inequalities focused on ethnicity. This includes the establishment of the Ethnicity in Mental Health Improvement Project (EMHIP) as well as SLaM being a national pilot site for the Patient and Carer Race Equality Framework (PCREF), which SWLStG is now rolling out.
- National exemplar ‘Seni Lewis Training Programme’ being rolled out within SLaM. This focuses on knowledge and skills in the prevention and least restrictive management of behaviours that challenge, such as violence and aggression.
- Both Trusts have workforce plans/strategies in place to support key workforce challenges.
- Co-production approaches are very well established in both Trusts.
- The ICB and Trusts are working together to design and implement Community Intensive Support Team pilots for autistic adults across the 6 SWL boroughs.
- Dynamic Support Registers (DSR) across SWL have been centralised to provide better visibility and joined up working to support reduction in preventable admissions of autistic people and people with learning disabilities.
- SLaM has developed a comprehensive Autism Strategy with an LDA Strategic Plan in place at SWLStG.
- Both Trusts have a major improvement programmes underway around inpatient environments – in SLaM, new inpatient units with improved facilities and opportunity to embed new ways of working and continuous improvement approach open in 2024 and 2025. At SWLStG, the first phase of new developments is complete at Springfield Hospital and development at Tolworth is expected to complete by 2027.

### Challenges

- Despite ongoing system-wide work around flow in the acute pathway, there are still too many patients experiencing long delays in Emergency Departments, too many patients being placed out of area and significant issues with delayed transfers of care. This has a detrimental impact on quality as well as causing financial pressures within the Trusts.
- Average acute length of stay in SWL is the highest of the 5 London ICBs and is significantly longer than the London average. The factors impacting on system flow are complex and multi-factorial – for example, many of our delayed discharges are due to housing.
- These operational pressures inhibit our ability to focus on – and to invest in – other key strategic priorities such as community, preventative and early support services.
- Community transformation to date has not yet impacted on reducing crisis and impatient care demand.
- Skills in physical health and management of the deteriorating patient do not match population need.
- Vacancy rates remain high in our inpatient environments. Recruitment and retention of experienced staff is challenging, especially in light of national skills shortages and for sites that attract the outer London weighting.
- There are challenges in releasing staff for training due to operational pressures. This impacts on our ability to upskill and develop our workforce – impacting both on roll out of new/best practice approaches and on our ability to retain staff.
- The environments of our mainstream mental health wards do not always match the diverse needs of the people who access inpatient provision including autistic people and people with learning disabilities.
- There are challenges with ensuring we have enough staff with the right skills and expertise to support autistic people and people with a learning disability.
- There are significant challenges in progressing with transformational work due to lack of resource across all system partners – this is impacted both by the ICB restructure and by operational pressures within the Trusts.

# Existing system-level work programmes (1): Urgent and Emergency Care (acute care and flow)

## Context

SWL has an established work programme to support mental health acute care and flow – this is led through a collaborative approach across the ICB and SWL places, NHS acute and mental health trusts and local authorities.

Mental health presentations to SW London Emergency Departments (EDs) account for approximately 3% of total attendances, however around 30% of mental health attendances to ED exceed 12 hours in the department and we know that we have too many delays in our pathways. SWL also has a high level of 72-hour ED breaches. Both SWLStG and SLAM have developed improvement programmes to address known pathway challenges and to support people who attend SWL EDs in crisis. These internal programmes complement our system-wide coordinated workstreams.

The SWL Urgent and Emergency Care (UEC) Steering Group is overseeing delivery against a range of identified actions in the short and long-term to improve flow and reduce pathway delays. SWL is seeking to meet or exceed the London average in terms of performance metrics for urgent MH access.

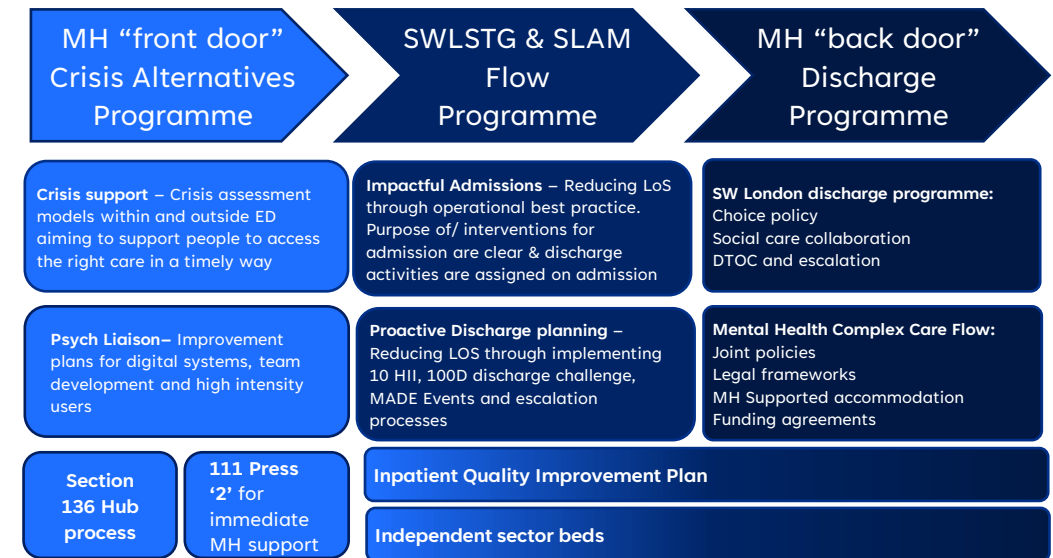
## Aims and ambitions

The SWL MH UEC programme aims to ensure:

- Purposeful community care and prevent crisis
- Robust crisis support, alternatives to ED and timely assessment and diversion
- Prompt access to acute MH inpatient care
- Proactive and timely discharge.

## Key work areas

The programme is arranged across 3 major workstreams as shown in the diagram below:



# Existing system-level work programmes (2): South London Partnership (SLP) Complex Care Programme (MH rehabilitation)

### Context

The SLP Complex Care Programme (CCP) is the vehicle for delivering improvements to mental health rehabilitation across south London. SLP – which is a collaboration between SWLStG, SLaM and Oxleas – leads the CCP on behalf of the 3 south London Trusts and 2 south London ICBs. The CCP commenced in 2018 and focuses on a specific ‘complex’ sub-group of mental health service users. This cohort of people are those who are eligible for Section 117 aftercare resulting from compulsory treatment in hospital under certain sections of the Mental Health Act. The CCP works closely with local authorities, ICBs and Trusts to put in place robust systems to enable shared, patient centred decision making about care and placements. The programme is led through SLP governance, which includes a Programme Partnership Group (PPG) for south London and a SWL Programme Board.

In November 2020, the CCP received delegation of 100% health only funded placement budgets across south London (to support 465 people who were mainly in inpatient settings). In July 2023, the CCP received delegation for the health only component of shared care placements for the 6 SWL boroughs. This budget commissions people in nursing, residential care and supported living settings.

### Aims and ambitions

The CCP aims to ensure service users:

- Are placed in the most appropriate and least restrictive setting
- Are placed as close to home as possible
- Have an outcomes-based care plan to meet their needs.

### Key work areas:

The CCP has made significant improvements to the MH rehabilitation pathway in a range of areas. Examples include:

- Improving access through the establishment of a Single Point of Access (SPA) with clear eligibility criteria as a gateway to accessing inpatient rehabilitation. This ensures that people wherever possible are considered for community alternatives to an inpatient setting.
- Establishing a Clinical Assessment Team which has completed 1982 reviews across south London (as of Jan 2024).
- Reducing the south London inpatient private sector bed base by 96 (from 135 to 39) and stepping down 245 people to less restrictive settings.
- Reducing length of stay from an average of 2 years in NHS rehabilitation inpatient settings to 11 months.
- Putting in place 47 Personal Health Budgets (PHBs) to support attainment of personal recovery goals to enable independence.
- Establishing integrated working panels in each of the 6 SWL boroughs to agree placements and look at needs.
- Developing a contracting framework across 115 providers.

### Context

In previous years the LDA programme has been led and held at place level. As a result of the ICB restructure, a new centralised MH and LDA team has been established at system level to lead and coordinate work across the 6 SWL places and provider organisations. As a system, we are developing a multi-agency approach to LDA which will support the development and delivery of the below aims and work areas. We are also undertaking work to connect the SWL LDA programme to our SWL MH Strategy to ensure an aligned strategic approach.

### Aims and ambitions

The SWL LDA programme aims to:

- Build the right support in the community, reduce reliance on mental health inpatient care and improve community support for people with most complex needs
- Improve autism diagnostic assessment, including waiting times and pre and post diagnosis support
- Tackle health and care inequalities for autistic people and people with learning disabilities including reduction of mortality and preventable deaths
- Improve health and wellbeing
- Improve quality of inpatient care.

### Key work areas

The LDA programme has a wide range of workstreams underway. These include:

- Development and mobilisation of Community Intensive Support Team pilots for autistic children, young people and adults in both SWL MH Trusts. The pilots will support the development of a future SWL system model.
- Implementation of pilot approaches around autism post diagnostic support for some SWL boroughs.
- Roll out of the Oliver McGowan Training programme.
- Development of an autism dashboard to support strategic commissioning through better understanding of specific population needs.
- Development of supporting housing pathway and model for people with a learning disability and autistic people stepping down from adult secure services to live in the community (this work is led through SLP).
- Development of the Forensic Intellectual and Neurodevelopmental Disabilities (FIND) service including working to address service gaps for autistic adults in the community.
- Mobilisation of a new digital platform for SWL Dynamic Support Registers (DSRs).
- Establishment of senior Care (Education) and Treatment Review oversight panel for cases of concern (national policy requirement).
- Extension of the Children and Young People (CYP) Keyworker Service to 18-25 year olds.



# SWL self-assessment ratings

We have rated ourselves as a SWL system against the 8 domains contained within national guidance. Detailed definitions of these themes along with rationale for scoring can be found in Appendix 1. Domains are scored from 1 (lowest) to 5 (highest) across the 3 areas in scope of the QTP: adult acute inpatient services, adult inpatient rehabilitation services and LDA within these environments.

Overall, scores are similar in many domains across the 3 areas. Importantly, the majority of domains score a '3' or above – this reflects the breadth and depth of existing workstreams both across the SWL system and within the individual Trusts. However, there are some important observations to note:

- Inpatient acute services are a continual area of focus both at system and Trust level. Despite major and well-established workstreams to improve flow through the urgent care pathway, we know that too many patients continue to be placed out of area and there continue to be delays in our pathways. The scoring here reflects the system-wide collaborative working approaches that have been established while also recognising that as a system, we have not yet achieved the desired outcomes for our service users and their families.
- Inpatient rehabilitation is scored highest overall. This is because the SLP Complex Care programme is well-established and has delivered a number of benefits to date in terms of ensuring timely access to services and stepping service users down into least restrictive settings. There has also been a significant reduction in service users being placed out of area and the programme has been able to reinvest into services due to cost efficiencies delivered to date.
- LDA scores lowest overall. While there is significant work underway to support improvements in this area, we know there is more work to do to ensure that mainstream mental health services are accessible to service users who are autistic or have a learning disability and that reasonable adjustments are identified, implemented and effective. There is also a need to refresh our system-wide collaborative working approaches for our LDA programme.
- Across all areas, there are some key lines of enquiry that are not yet met. Many of these work areas are complex, developmental and long-term.

Theme	Inpatient Acute	Inpatient Rehab	LDA
Valuing	3	3	3
Accessible	3	4	2
Humane	3	3	3
Equitable	3	3	3
Therapeutic	3	3	3
Collaborative	4	4	3
Support people as citizens	3	3	3
Co-production / lived experience embedded	4	4	2

	Ratings guidance
1	Limited evidence that principles are embedded
2	Emerging and growing evidence of principles within the system
3	Evidence of principles within the system. But not consistent / embedded
4	Strong evidence that principles are evident within the system
5	Strong evidence that the principles are fully embedded within and across the system

# Section 4: Three year delivery plans

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### **Overall vision**

We believe that everyone in south west London should have access to local, inclusive, personalised services that deliver safe and therapeutic care.

We want our inpatient services to better be able to meet population needs, addressing inequalities that exist, so that all service users and their families experience high quality care in terms of access, outcomes and experience.

We have ambitions (and programmes of work to deliver these) to prevent deterioration and admissions to inpatient wards, but where admission is necessary we will ensure that care is:

1. Purposeful
2. Least restrictive
3. Recovery focused.

We want discharge to be timely and effective and delivered in partnership with service users and their families, and wider organisations with expertise in out of hospital support. We want hospital stays to be therapeutic, with timely assessments, multidisciplinary team input, meaningful engagement with staff and comprised of positive, goal-oriented interventions. Our inpatient environments need to be suitable for those with a range of physical, sensory and social needs and supportive of trauma-informed care and health inclusion principles. We want to make improvements with input from service users, their families and advocates and ensure that coproduction is a lived experience.

### **Vision for Adult Acute Mental Health**

We aim to put the person at the centre and ensure that acute treatment is therapeutic, humane and accessible. We will support people in the community wherever possible and always use the least restrictive options where inpatient care is required. Across SW London we will ensure purposeful admissions and timely discharge with teams across community and inpatient setting working in collaboration to anticipate and address any delays. Inpatient care will be trauma-informed, and utilise true partnership with communities and the VCSE sector to respond to the whole person.

### **Vision for Rehabilitation**

We aim to ensure that rehabilitation services maximise an individual's quality of life and support their ongoing recovery through promoting independence. Services in SWL will be recovery focused and offered in the least restrictive environments with regular reviews and step down opportunities across the rehabilitation pathway. The aspiration across the ICS is to reduce and decommission locked rehabilitation units and reduce the use of inpatient rehabilitation where possible as we work towards additional community based provision and the achievement of national guidance. We will continue to support and expand the SLP Complex Care Programme as the primary delivery vehicle for improvements in mental health rehabilitation.

### **Vision for LDA**

We recognise that autistic people and people with learning disabilities are a heterogeneous group and we aim to ensure we can support each individual's needs. We recognise that people will have different needs at various life stages. We aim to build the right support in the community and reduce reliance on mental health inpatient care while improving community support for people with most complex needs. We also aim to tackle health and care inequalities for autistic people and people with learning disabilities including reduction of mortality and preventable deaths while improving health and wellbeing. We also are committed to ensuring when an autistic adult requires inpatient care for their mental health, this is provided in a responsive, person-centred way that supports therapeutic care and treatment in "mainstream" acute mental health units.

### What will success look like?

We believe that it is important to co-produce measures of success with service users, carers and families and this work will be taken forward in each of our transformation programmes.

As we move forward with co-production in this area, we will also measure progress using a set of recognised metrics as listed below:

- Increased levels of inpatient care plans co-produced with service users and their carers/ families.
- Reduced levels of restrictive practices on wards.
- Increased AHP and peer support roles in inpatient settings.
- Increased availability of activities that foster community connection on wards.
- Improved service user, carer and family feedback around inpatient services.
- Improved staff survey feedback on wellbeing, morale and quality for inpatient services.
- Improved transition between services.
- Improved physical healthcare provision for inpatients.
- Reduced admissions for service users known to mental health services.
- Reduced level of out of area and independent sector acute and rehab beds *(NB. SWL has an Operating Plan trajectory to reduce acute out of area placements to 5 by the end of 2024/25)*
- Optimised lengths of stay for all service users.
- Reduced levels of clinically ready for discharge service users on wards.
- Reduced readmission rates within 30 days.
- Increased levels of step downs for rehab service users.
- Redesigned rehabilitation pathway in place with reduced use of inpatient rehab and cessation of locked rehab (by 2026/27).

### Funding

Developed collaboratively with SWLStG and SLAM, £1.2m of QTP funding will support the existing inpatient workforce with new/ flexible roles to support patient flow, further strengthen links with community teams and deliver additional specialist care where required. In 2024/25 a proportion of the MHIS and SDF has been invested in programmes of work to support acute flow through ensuring purposeful admissions to inpatient units and addressing discharge delays. This QTP funding further complements this.

Our formal, annual mental health financial planning considers local pressures, national and regional mandates and the priorities in the SWL MH Strategy.

Financial planning is managed through the SWL MH PDG which receives recommendations from a finance & planning subgroup and makes decisions on the use of both MHIS and SDF. The ICB Chief Financial Officer is a member of PDG.

# 3-year action plan: acute inpatient services (1)

Theme	Year	Actions	Lead
Valuing	1-2	Working with the SWL MH Partnership Delivery Group and the Co-production and Involvement Sub-Group, develop and implement an approach to co-production and involvement for strategic planning and transformation across MH in SWL	SWL ICB
Valuing	1-2	Review co-production and involvement in acute inpatient delivery and developments within each trust and ensure lived experience members are part of all	Trusts
Valuing	1-2	Share learning on co-production and involvement approaches between providers to ensure best practice is implemented	Trusts
Accessible	1	Fully understand and share the profile of service users of inpatient acute services and develop a more systematic approach to this expanding away from only looking at gender, age and race/ ethnicity	SWL ICB
Accessible	1	Providers to review inpatient environments to identify potential buildings issues that may make wards unsuitable for people with trauma or sensory needs. Move this work forward to make improvements	Trusts
Accessible	1	Implement UEC transformation programmes and deliver on key access improvements including (crisis support and assessment models within and outside of EDs, psychiatric liaison improvements - high intensity users, digital systems, for example).	Trusts
Accessible	2	Utilise public health, local and system data (alongside the data that formed the SWL MH Strategy development) to fully understand SWL demographics, communities (inc those at risk) and link annual planning round and funding use to ensure needs are being met	SWL ICB
Equitable	2-3	Ensure outcomes, experience and access data is available and shared and is also broken down by demographic indicators	Trusts
Equitable	2-3	Develop clear plan for addressing health inequalities in MH across providers and in collaboration with the ICB HI team	SWL ICB
Equitable	2-3	Agree approach to measuring HI and impact of initiatives on these	SWL ICB
Therapeutic	1-2	Raise profile of Culture of Care programme and link to this QTP plan to align intentions and improvements to ensure delivery of impacts	Trusts
Therapeutic	1-2	Review allied health provision (OT, SLT, physio, psychology) levels on inpatient acute wards and develop clear expectation with funded trajectory to reach this over an agreed time period. Agree approach to ensuring assessments and interventions are offered and delivered	Trusts
Therapeutic	1-2	Complete focused GIRFT acute review and implement actions (SWLSTG only)	Trusts
Therapeutic	1-2	Confirm provider approaches for releasing inpatient acute staff for training and ensure training (both MAST and additional areas) are monitored via standard quality assurance routes	Trusts
Therapeutic	1-2	Progress discussion with and within providers to ensure acute inpatient staff have meaningful dialogue with patients to support recovery focus	Trusts
Therapeutic	1-2	Review approaches to meeting physical health care needs of individuals admitted to inpatient wards (considering NCEPOD report) and develop any additional support to ensure needs are being met	Trusts
Therapeutic	2-3	Fully embed Trauma Informed Care work in providers addressing environmental, service provision and skills issues	Trusts
Therapeutic	2-3	Clarify career pathways for AHPs to support professional development and staff retention	Trusts
Therapeutic	2-3	Review arts therapies provision on inpatient acute wards and consider approach to these in line with national guidance; agree funded trajectory to meet this if needed	Trusts
Therapeutic	2-3	Review Complex Emotional Needs support funded through SLP Complex Care Programme for effectiveness and adapt for the future	Trusts & SLP

## 3-year action plan: acute inpatient services (2)

Theme	Year	Actions	Lead
<b>Humane</b>	1-2	Deliver on adult flow transformation programmes discharge, length of stay elements to support least restrictive care.	Trusts
<b>Humane</b>	1-2	Confirm and clarify approach for quality monitoring of spot purchased ISP acute beds and ensure this is implemented	SWL ICB
<b>Humane</b>	1-2	Raise visibility of acute ward feedback within quality assurance structures enabling a more strategic and focused approach to identifying any issues around closed cultures or patient and staff feedback and tackling these across the system	SWL ICB and Trusts
<b>Humane</b>	3	Review 'acute in-reach worker's provision supported through the SLP Complex Care Programme and assess effectiveness.	Trusts and SLP
<b>Collaborative</b>	1	Agree approach for ongoing engagement with partners around strategic plans and initiatives with communication, listening and input within place fora and via the SWL MH Partnership Delivery Group	SWL ICB and Trusts
<b>Collaborative</b>	2	Develop strategic approach to commissioning and implementing peer support across inpatient acute provision and ensure this is recurrently funded/ resourced.	SWL ICB and Trusts
<b>Citizenship</b>	1-3	Continue to support activities for community integration as part of the SWLSTG and SLaM estates development programmes.	Trusts
<b>Citizenship</b>	1-3	Continue to actively champion and deliver on the pledges made in the South London Listens Programme	SWL ICB and Trusts
<b>Citizenship</b>	1-3	Deliver commitments in the SWL MH Strategy and the SWL ICP Strategy 'Positive Mental Wellbeing' priority area around anti-stigma, listening to communities and increasing inclusion.	SWL ICB and Trusts
<b>Citizenship</b>	1-3	Develop a strategic alliance between NHS and VCSE partners to further expand the infrastructure and support for hearing people's voices and inclusion.	Trusts
<b>Citizenship</b>	1-3	Continue to support work around the development of integrated care (integrated neighbourhood teams with primary care, social care, community physical healthcare and mental health, for example) and specific services for people with multiple or co-morbid issues (homelessness, substance misuse issues, for example) ensuring that Health Inclusion is at the heart of what we do.	SWL ICB and Trusts

# 3-year action plan: inpatient rehabilitation services (1)

Theme	Year	Actions	Lead
<b>Valuing</b>	1-3	Build on and continue to develop successful coproduction and involvement approaches in the SLP Complex Care Programme to ensure inclusion of the voices of people within inpatient rehabilitation settings.	SLP
<b>Accessible</b>	1-2	Share service level, SLP and population level data on the need for, and access to, rehabilitation services across partners. Ensure this includes breakdowns by race, sex and age and then expand this to include all protected characteristics.	SLP
<b>Accessible</b>		Providers to review inpatient environments to identify potential buildings issues that may make rehab wards unsuitable for people with trauma or sensory issues.	Trusts
<b>Accessible</b>		Confirm reasonable adjustments processes for SWLSTG and SLAM for people on rehab wards and review impact of reasonable adjustments made.	Trusts
<b>Accessible</b>		Review rehab bed and flow management approach for effectiveness and make adjustments to process to support access and also discharge	SLP
<b>Accessible</b>	3	Use data to confirm expected provision that should be in place across SWL and our gap from this. Develop approaches to ensure capacity is available should gap be material	SLP
<b>Accessible</b>	3	Review market provision for rehab placements and develop market management approaches to ensure appropriate range of high quality placements and network of provision exists.	SLP & Trusts
<b>Equitable</b>	1	Review current scope of the SLP Complex Care Programme to ensure it benefits all people in the s117 system. (This will involve reviewing NHS and local authority data to support future commissioning decision making and priority setting.)	SLP
<b>Equitable</b>	1	Ensure outcomes, experience and access data is available and shared and is also broken down by demographic indicators	SWL ICB
<b>Equitable</b>	3	Investigate options for future commissioning of support for priority groups that are outside of the scope for the SLP Complex Care Programme at present but would benefit from wider system level approach (eg neurodevelopmental disorder, learning disability) and ensure this is connected to the LDA Programme of work in SWL.	SLP and SWL ICB
<b>Equitable</b>	3	Explore the opportunity to develop specialist accommodation for specific groups - eg MH/ substance misuse, 18-25 year olds	SLP
<b>Therapeutic</b>	1	Agree approach to move away from locked rehab, reduce the use of inpatient rehabilitation and work towards achievement of national guidance and begin stakeholder engagement around this.	Trusts and SLP
<b>Therapeutic</b>	1	Support providers to ensure care plans for individuals on rehab wards are clear around independence skills and goals which support discharge planning and recovery.	Trusts and SLP
<b>Therapeutic</b>	2	Design pathways and specific plans to move away from locked rehab, reduce use of inpatient rehabilitation and work towards achievement of national guidance.	Trusts and SLP
<b>Therapeutic</b>	2	Work to increase specialist rehab knowledge for staff across provider trusts ensuring an increasing expertise that can be used to support this patient group effectively.	SLP and trusts
<b>Therapeutic</b>	2	Further reduce use of ISP inpatient provision to 20 placements (currently at 39).	SLP
<b>Therapeutic</b>	2	Develop robust education/ training and employment offers for individuals within rehabilitation placements.	SLP
<b>Therapeutic</b>	2	Expand use of personal budgets to support independence.	SLP
<b>Therapeutic</b>	3	Implement changes in line with national guidance, including move away from locked rehab and reduced use of inpatient rehabilitation where possible.	Trusts and SLP

## 3-year action plan: inpatient rehabilitation services (2)

Theme	Year	Actions	Lead
Humane	1	Utilise non-recurrent funding within the SLP Complex Care Programme to review placements funded totally by local authorities. (This will support ensuring placements are correct for individuals' needs and support wider approach to least restrictive care.)	SLP
Humane	1	Work with wider flow and adult pathway programme leads to ensure delays to discharge for rehab patients are minimised.	SLP
Humane	2-3	Complete coproduction of existing draft s117 SWL wide protocol, agree how to support people who require a Court of Protection process in hospital and complete a review of step down approaches. All of these will support people to remain in the least restrictive setting and maximise independence.	SLP
Humane	2-3	Continue to develop joint working with local authorities including joint assessments of individuals's needs and involvement in borough placement panels to ensure least restrictive care is prioritised.	SLP
Humane	2-3	Make improvements to decision making processes to optimise approaches and ensure consistency.	SLP
Humane	2-3	Review opportunities to expand 'trusted review' approaches and implement as necessary	SLP
Humane	2-3	Continue development of community rehabilitation provision across SWL to support people at discharge from rehab wards. This will involve reviewing newly implemented community rehabilitation units and substance misuse service for those discharged and ensuring rehabilitation support within community mental health services is in place and operating effectively.	SLP
Collaborative	1	Collaborative health and care leadership across SWL to strengthen partnership approaches throughout all stages of the pathway and increase personalised approaches that support people to remain close to family and social networks - supporting ambitions to achieve greater value for money and financial sustainability for health and care.	SLP and trusts
Collaborative	2	Work with Housing Association Charitable Trust (HACT) to support people to access independent accommodation.	SLP
Collaborative	3	Review and build upon existing peer support services on NHS rehab wards	SLP
Collaborative	3	Continue to develop and build on engagement approaches within the SLP Complex Care Programme including stakeholder events for clinicians working in NHS rehab units, strategic development sessions for local authority, NHS and VCSE partners and liaison with ISPs.	SLP
Citizenship	1-3	Continue to support activities for community integration as part of the SWLSTG and SLaM estates development programmes.	Trusts
Citizenship	1-3	Continue to actively champion and deliver on the pledges made in the South London Listens Programme	SWL ICB and Trusts
Citizenship	1-3	Deliver commitments in the SWL MH Strategy and the SWL ICP Strategy 'Positive Mental Wellbeing' priority area around anti-stigma, listening to communities and increasing inclusion.	SWL ICB and Trusts
Citizenship	1-3	Develop a strategic alliance between NHS and VCSE partners to further expand the infrastructure and support for hearing people's voices and inclusion.	Trusts
Citizenship	1-3	Continue to support work around the development of integrated care (integrated neighbourhood teams with primary care, social care, community physical healthcare and mental health, for example) and specific services for people with multiple or co-morbid issues (homelessness, substance misuse issues, for example) ensuring that Health Inclusion is at the heart of what we do.	SWL ICB and Trusts



## 3-year action plan: LDA (1)

Theme	Year	Actions	Lead
Valuing	1-2	Develop and implement an approach for co-production and involvement for the developing SWL LDA programme. (This will involve working with providers to review their existing approaches, working with VCSE partners who have expertise in this area and with local authorities.)	SWL ICB
Valuing	2-3	Share learning on co-production and involvement approaches between partners to ensure best practice is implemented and set up co-production and involvement methods.	Trusts
Accessible	1	Share existing data to ensure all parties have full understanding of LDA population in SWL – both those accessing MH services and at a population level. Ensure this data is expanded with demographics including all protected characteristics.	SWL ICB
Accessible	1	Implement improvements to current Dynamic Support Register (DSR) and CETR across SWL boroughs and ensure this is used proactively to support people with LDA and avoid admission wherever possible	SWL ICB
Accessible	1	Providers to review inpatient environments to identify potential buildings issues that may make wards unsuitable for people with LDA (this may be sensory related but could also be related to wider elements).	Trusts
Accessible	1	Confirm reasonable adjustments processes for SWLSTG and SLaM for people with LDA and review impact of reasonable adjustments made on people with LDA.	Trusts
Accessible	1	Complete assessment using Green Light Toolkit from National Development Team for Inclusion in SWLSTG and SLaM	Trusts
Accessible	1	Review learning from implementing FIND team and consider for other cohorts.	Trusts/ SLP/ ICB
Accessible	2	Use data to confirm expected provision that should be in place across SWL and our gap from this. Develop approaches to ensure capacity is available should gap be material	SWL ICB
Accessible	2	Implement Green Light Toolkit identified improvements to inpatient environments and inpatient care for people with LDA.	Trusts
Equitable	1	Ensure outcomes, experience and access data is available and shared and is also broken down by demographic indicators	SWL ICB
	1	Building on work already in place, develop robust and strategic LDA plan for SWL outlining current provision (inpatient and community) and plans to ensure equitable provision across all 6 boroughs	SWL ICB
Equitable	3	Implement recurrently funded new and revised services to support people with LDA across SWL ensuring that historic variation between boroughs is removed and people with LDA and their families can access community intensive support, discharge support and wider health and wellbeing input. (This will involve autism pre-post diagnostic support, Functional Behavioural Assessment and Positive Behaviour Support provision.)	SWL ICB
Therapeutic	1	Develop and implement arrangements to improve early intervention and prevention access to low-level practical support, information and advice, peer support, to mitigate occurrence and severity of mental health problems. This includes executive functioning skills / problem solving early help and prevention, social prescribing, psychoeducation	SWL ICB
Therapeutic	1	Review training needs for workforce around LDA and complete roll-out of Oliver McGowan across providers and any other further identified specialist training requirements	Trusts
Therapeutic	1	Review connection between existing LDA specialist teams at present and identify and implement any improvements to improve connection with mainstream MH services	Trusts
Therapeutic	1	Work with clinical teams to review position around Positive Behaviour Support and develop plan for future implementation	Trusts
Therapeutic	1	Review, and if necessary expand, STOMP and STAMP approaches to preventing over-medication and ensure these principles are embedded in each provider	Trusts
Therapeutic	1	Review approaches to meeting physical health care needs of people with LDA are highlighted and being met	Trusts
Therapeutic	2-3	Progress discussion with and within providers to ensure inpatient staff have meaningful interactions and dialogue with people with LDA to meet their needs and support recovery	Trusts
Therapeutic	2-3	Develop further specialist support around physical healthcare for people with LDA	Trusts
Therapeutic	2-3	Once commissioned and funded, deliver extended autism pre-post diagnostic support, Functional Behavioural Assessment and Positive Behaviour Support provision	Trusts

## 3-year action plan: LDA (2)

Theme	Year	Actions	Lead
Humane	1-2	Review community and residential placement availability across SWL and, using population and service data, define needs for future	SWL ICB
Humane	1-2	Raise visibility of feedback from people with LDA and their families within quality assurance structures enabling a more strategic and focused approach to identifying any issues around closed cultures or patient and staff feedback and tackling these across the system	SWL ICB and Trusts
Humane	3	Work with partners to develop and commission community and residential placement provision for people with LDA.	SWL ICB
Collaborative	1	Review peer support and lived experience approaches for people with LDA and agree approach to make improvements to this	SWL ICB and Trusts
Collaborative	1	Set up system wide LDA board and through this define and agree approach for ongoing engagement with partners around strategic plans and initiatives with communication, listening and input within place.	SWL ICB
Collaborative	2	Implement pilots around LDA peer support roles and review these to support development of strategic plan in this area	Trusts
Collaborative	3	Implement peer support/ lived experience roles for people with LDA across inpatient acute provision and ensure this is recurrently funded/ resourced	Trusts
Citizenship	1-3	Continue to support activities for community integration as part of the SWLSTG and SLaM estates development programmes.	Trusts
Citizenship	1-3	Continue to actively champion and deliver on the pledges made in the South London Listens Programme	SWL ICB and Trusts
Citizenship	1-3	Deliver commitments in the SWL MH Strategy and the SWL ICP Strategy 'Positive Mental Wellbeing' priority area around anti-stigma, listening to communities and increasing inclusion.	SWL ICB and Trusts
Citizenship	1-3	Develop a strategic alliance between NHS and VCSE partners to further expand the infrastructure and support for hearing people's voices and inclusion.	Trusts
Citizenship	1-3	Continue to support work around the development of integrated care (integrated neighbourhood teams with primary care, social care, community physical healthcare and mental health, for example) and specific services for people with multiple or co-morbid issues (homelessness, substance misuse issues, for example) ensuring that Health Inclusion is at the heart of what we do.	SWL ICB and Trusts

# Risks and mitigations

Description	Impact of risk	Owner	Controls / mitigations
Lack of capacity to implement QTP programme of work	Inability to lead QTP programme and drive transformational changes.	SWL ICB and Trusts	Identification of programme leadership across ICB and Trusts and building oversight into SWL MH Partnership Delivery Group; identification of development opportunities for staff who may wish to gain experience in strategic and transformational work.
Increases in demand, complexity and acuity	Inability to reduce delays to admission and discharge; inability to meet service user needs or to tailor services; burnout of staff; poor service user and family/ carer experience.	SWL ICB and Trusts	Implementation of UEC and adult pathway transformation plans in SWLSTG and SLAM; continued development and implementation of SLP Complex Care Programme; connection of SLP Complex Care Programme to acute and LDA action areas to provide additional adult flow support. To note – some elements of flow are outside of our control and are national issues.
Lack of sufficient funding to implement all required changes and actions	Inability to invest in additional staffing or service areas meaning quality improvements cannot be delivered or equity cannot be achieved.	SWL System	Improved approach to annual planning to include QTP requirements; development of case for investment in mental health for future funding.
Lack of available workforce to deliver key areas of service	Inability to recruit additional roles (AHPs, peer support workers, specialists in rehab, for eg) to support expanded and increased service delivery.	Trusts	Build on focused recruitment and retention plans within SWLSTG and SLAM; development of new roles and enhanced career pathways; development of further preceptorship, apprenticeship and training opportunities.
Lack of data to support population health and health inequalities changes	Inability to understand population and community needs and to tailor services to meet needs; services will remain	SWL ICB	Development of strategic data approach to MH across SWL ICB health partners; implementation of population health management and public health approaches in all programmes and in SWLSTG and SLAM.
Lack of engagement and involvement from wider partners	Inability to co-produce work and drive change at system level	SWL ICB and Trusts	Build on partnership work through SWL MH PDG and SLP Complex Care Programmes which see local authorities, VCSE and service user involvement already in place; develop messaging and communication around value of QTP and connection to resolving system wide issues.
Fixed term contract posts become permanent employees after two years	Trusts may be left with a liability if the individuals have employment rights and the funding supporting the post runs out	Trusts	Through programme management approach ensure that there is a comprehensive exit strategy for the initiatives in the QTP. This may include mainstreaming through recurrent funding, redeployment of staff or managing vacancies through the end of the programme.