Integrated Care Systems in Mental Health

The South London Mental Health and Community Partnership approach

Dr Matthew Patrick
CEO South London and Maudsley NHS Foundation Trust

@SLP Mental Health
South London Mental Health and Community Partnership (SLP) – who we are

• In 2015, three leading mental health trusts in south London formed a hospital group, the first of its kind in London.
• The South London Mental Health and Community Partnership (SLP) is a collaboration between Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, and South West London and St George’s Mental Health NHS Trust, between them delivering mental health services to a population of more than three million people.
• The partnership brings together clinical expertise, experience and innovation, aiming to improve quality, use resources most effectively, and deliver best practice consistently to all patients.
Where – our area

12 London Boroughs, 2 STPs, 12 CCGS and 31 Members of Parliament

3.2 million

Total SWL population

91 different nationalities and communities, speaking 200+ languages

9 hospitals

With a combined resource of:

+ 9 hospitals

£800m income

10,300 staff

A PARTNERSHIP BETWEEN OXLEAS NHS FOUNDATION TRUST, SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST AND SOUTH WEST LONDON AND ST GEORGE’S MENTAL HEALTH NHS TRUST
Why – Our Goals

- Right care, right time, right place
- Equal access to consistent best practice patient care and experience
- Work at scale and in collaboration to:
  - solve problems
  - drive greater efficiencies than possible at Trust level
  - make best use of resources
  - maximise the difference we make in transforming specialist services
- Reduce out-of-Partnership beds use - caring for patients closer to their homes and communities where appropriate
- More innovative, clinically-led, patient-centred community services
- System-wide commissioning - best value and outcomes from commissioning budgets with new pathways and approaches
- Retain staff in a rewarding environment; develop future workforce
How – our core enabling principles

- Partnership not a merger – integration, joined-up working and pan south London impact without creating new bureaucracies
- Equal share of savings realised and risk – regardless of starting point
- Reinvestment strategy - investing in new services where it makes most difference and delivers outcomes
- Not one size fits all - solutions tailored to local populations and needs and Trusts
- Open and transparent with staff, stakeholders, partners and patients
- Focussed, clinically-led key programmes with clear aims: Forensic New Models of Care, CAMHS New Models of Care, Nursing Development, Complex Care, Quality Improvement (inc Medicines Optimisation), Efficiency and Productivity
A model for a Mental Health Integrated Care System
Specialist services

We propose that SLP could play a key role in co-ordinating and operationalising the mental health care system. SLP is well positioned to work with NHS England to agree an overarching single budget and contracting mechanisms for specialist services. We have already achieved this for forensic services, where we have a great opportunity to improve the quality of care, reduce out of area placements and improve the corresponding capacity for step down and community services. We intend to extend this across all specialist services. In doing so, we recognise that private and third sector provision plays a great part in a flourishing mixed economy and supply chain of provision, which is vital for the accountable care system.

A new model for Forensic Care – responsibility for total budget and associated patient activity

The service includes all medium secure, low secure, and community outreach forensic NHS England specialised commissioned services across South London, including patients who are South London residents but treated in out of area forensic services (only 58% of inpatients were receiving care from local NHS providers).

The new model of care creates a single South London Adult forensic Service with a commitment to repatriate around 150 service users over time. Key aspects of the model include a commissioning hub to manage patients and contracts across the network, a single point of access and capacity strategy, a quality improvement programme of work to eliminate pathway inefficiencies, increased specialisation of care to deliver improved patient outcomes and a focus on shifting care to lower intensity settings wherever clinically appropriate including supported housing and community forensic services. It is estimated that there will be significant savings, which will be reinvested into community forensic and step down facilities and cross pathways interventions.

This service was implemented in April 2017, and to date the benefits already seen include the repatriation of 11 to date (June 2017) and plans for a further 6 by the end of the quarter.
## Examples of Borough-based services

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<th>Service</th>
<th>Description</th>
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<tr>
<td><strong>Bexley Care</strong></td>
<td>As of April 2017 provision of integrated mental health, community health and adult social care has been brought together through a partnership between Oxleas and Bexley Council to form Bexley Care. The services operate under a single management structure and shared budget through a section 75 agreement, with spending focussed on addressing the gaps in the system. Staff remain employed by their original organisation, but teams are multi-disciplinary and cross-organisational. Local care networks are developing across Bexley, each with a GP lead and a linked senior manager from Bexley Care to deliver integration within the locality. An example of improvements include the introduction of a discharge to assess model at the Queen Elizabeth hospital, where social care assessments are done at home. The number of patients classed as ‘ready for discharge’ have fallen from an excess of 250 to under 50.</td>
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<td><strong>Lambeth Integrated Personalised Support</strong></td>
<td>Since April 2014 South London and Maudsley NHS Foundation Trust, Certitude (not-for-profit social care for learning disabilities, autism and mental health), Lambeth Adult Social Care and Thames Reach (charity for homeless) have been working with commissioners to support ~ 260 people with serious mental illness to live sustainable independent lives within the community. Key developments and transformations include integrated panels offering expert advice to staff, multidisciplinary rehab teams, a shift to a supported living model of care, medication administration at home and culture change around prevention and community-based therapy. By February 2017 the Alliance achieved financial saving of £1.5m (c18%), 21% reduction in complex care placements and 83% reduction in inpatient rehabilitation Occupied Bed Days. A 20 bed rehabilitation ward has also closed as it is no longer required.</td>
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<td><strong>Wandsworth Coproduction Reference Group</strong></td>
<td>This partnership is made up of Wandsworth NHS CCG, South West London Mental Health NHS Trust, Wandsworth Council and Wandsworth Community Empowerment network. The group seek to address socio-cultural factors that result in poor uptake of health and well-being services. There was a programme of Church based family therapy, with phase one in 2014 focusing on training of black pastors in the framework of family therapy. Pastors found the experience overwhelmingly positive, and an evaluation of the training highlighted the importance of individuals able to act as ‘bridges’ between therapeutic and non-therapeutic spaces was clear.</td>
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Central co-ordination and shared resources

All three organisations have made an explicit commitment and investment to quality improvement as an approach to driving value in healthcare. Collectively we have started to create a unified culture for quality improvement across South London, and believe that this is a key purpose of the MHACS moving forwards. In addition we have demonstrated the ability to bring back office functions together to enable efficiencies.

We are partners within the largest mental health biomedical research centre in the country. Our clinical and operational leads are well positioned to develop central best practice and policies using our research and academic expertise. There has also been significant investment into informatics and we will host central informatics capabilities to deliver information that both commissioners, as well as providers in the system need to run an effective and financially sustainable system.

### Quality improvements

- New protocol for antipsychotic prescribing for complex psychosis and schizophrenia
- Reduced out of area placements and review of currently commissioned complex care pathways
- Reduction of violence
- Reduce admissions and length of stay
- Joint working on medical rotas and training programmes for nurses

### Large scale resource sharing strategies

- Savings across the three HR functions and ‘invest-to-save’ schemes including employee passport across SLMHCP
- Finance collaboration including shared payroll service and potential for joint Accounts Payable and Receivable teams
- Estates efficiencies such as disposals by increased utilisation of other sites
- Alignment of IT non-pay spend through joint systems and procurement

### Research and informatics

- Recently hosted a global mental health and Psychosocial Support conference with 590 international delegates
- Centre for Translational Informatics led by SLaM and the Institute of Psychiatry, Psychology & Neuroscience
- CogStack – a bolt on to information systems that allows live data analytics
- CRIS system which automatically pseudonymises patient level data to allow research and analysis
Mental Health Integrated Care Systems - Key enablers

- A relentless focus on improve quality and safety
- Ensuring governance is sufficient to get stuff done but not burdensome
- Strategies for developing a shared workforce with the right skills, values, behaviours and culture
- Informatics: harnessing technology and innovation to improve patient access to care, including by ensuring accountable care partners operate under single or aligned systems
- Strategies for accessing a shared estate and, in time, developing a fit for purpose estate across each local economy
- Ensuring the contracting approaches are fit for purpose
Our impact - Year One Achievements include

- Transformed care of Forensic Patients
  - 60 patients repatriated/stepped-down/discharged – 2.5 x times
  - 26% fewer patients in out of area placements
  - 17 new placements in non-Partnership beds v 84 in 2016-17

- South London Children and Young People cared for closer to home
  - 38% reduction in out of area Occupied Bed Days
  - Average out of area distance from home down 73 to 44 miles

- Developing and retaining Nursing Workforce for the Future
  - 70+ staff (previously Band 3) on Nursing Associate programme
  - Better career development opportunities - shared competencies, career pathway, job descriptions, more flexibility
  - 18 nurses funded for post-graduate study

- Pharmacy QI community prescribing programme reducing admissions, cost and improving outcomes for schizophrenia patients
- Improved procurement and ways of working, eg Legal Services
Our impact – £4.63m investment in improvements

- New services and approaches
  - South London-wide Forensic Out of Area Assessment Team and Operational Hub (referrals management); new clinical pathways
  - Central commissioning hub
  - Adolescent PICU Unit
  - Enhanced CAMHS Crisis Care teams for all Trusts
  - Shared CAMHS bed management
  - Increased DBT services (south east London)
  - Expanded Adolescent Outreach Team (south west London)
  - New female forensic step-down accommodation
  - CAMHS Forensic Service
- New Models of Care success - system-wide commissioning
- Culture change: three providers collaborating not competing