

# London Mental Health Transformation Programme

2018/19 Annual Report

Published July 2019

# **About Healthy London Partnership**

Healthy London Partnership formed in 2015. Our aim is to make London the healthiest global city by working with partners to improve Londoners' health and wellbeing so everyone can live healthier lives.

Our partners are many and include London's NHS in London (Clinical Commissioning Groups, Health Education England, NHS England, NHS Digital, NHS Improvement, trusts and providers), the Greater London Authority, the Mayor of London, Public Health England and London Councils.

All our work is founded on common goals set out in <u>Better Health for London</u>, <u>NHS</u> <u>Five Year Forward View</u> and the <u>Devolution Agreement</u>.

# About this document

The NHS in London works together under the umbrella of the Mental Health Transformation Programme and Board to deliver the vision for transforming mental health care for Londoners and to make London the mentally healthiest global city.

The Mental Health Transformation Programme draws on a range of resources from NHS England and Healthy London Partnership (HLP).

This report describes some of the collective achievements of the London Mental Health Transformation Board and Programme in the past year through collaboration and partnership working to tackle London-wide challenges to mental health and care.

For further information about the Mental Health Transformation Programme, please contact <u>england.healthylondon@nhs.net</u>.

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#### Foreword

It is with great pleasure that we share with you London's Mental Health Transformation Programme 2018/19 Annual Report.

Mental Health is everyone's business and the vision of the London Mental Health Transformation Board is to make London the mentally healthiest global city. With an increasing population and on-going economic challenges, there continues to be constant pressure on health and care services across the capital. However, we have seen our system show resilience through steady improvement delivered through the London Mental Health Transformation Programme.

The London Mental Health Transformation Board provides regional system leadership for improving mental health care by delivering ambitions outlined in The Better Care for London's mental health objectives, The Five Year Forward View for Mental Health (FYFVMH) and Thrive LDN. The Board has a specific role in supporting London's Sustainability and Transformation Partnerships (STPs) deliver upon the FYFVMH ambitions through the Mental Health Transformation Programme. The Board works closely with NHS England & Improvement, both regionally and nationally, the Parity of Esteem Delivery Group and the STP Mental Health Delivery Group.

In accordance with national policy drivers, London's Mental Health Transformation Programme has been working in collaboration with the London Clinical Networks, Healthy London Partnership and other key strategic partners to make positive progress in tackling mental health care issues for Londoners. These relationships have enabled us to make positive contributions to meet our mental health ambitions by driving transformational change across London together.

The strong partnerships fostered through the London Mental Health Transformation Board and the programme of work the Board sponsors is well placed to improve mental health outcomes for service users across the sector.

The achievements that have been delivered in 2018/19 are a testament to the shared efforts, expertise and commitment of our partners. We are confident that the London Mental Health Transformation Programme will continue to drive key improvements through system leadership and delivery.

We would like to extend a sincere thanks to everyone who has committed their time and knowledge through events, board membership and engagement, working groups and meetings. This contribution has been invaluable to ensure we deliver change, and we are equally grateful to staff and the many experts by experience involved who work hard to make our transformation efforts a reality.

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#### Who are we?

The NHS in London works together under the umbrella of the **Mental Health Transformation Programme and Board** to deliver the vision for transforming mental health care for Londoners. The programme is comprised of a matrix of mental health work streams including Adult Mental Health, Children and Young People's Mental Health, Good Thinking, Crisis Care - Section 136, Homeless Health and Thrive LDN.

Some programmes have dual accountability within Healthy London Partnership (HLP) and statutory organisations across London. Pan London programmes and projects funded in part or entirely by the NHS are accountable to the London Mental Health Transformation Board.

NHS England (London Region) is responsible for delivering the national requirements of the Mental Health Clinical Networks to support implementation of the FYFVMH and Long Term Plan. The Board assures the alignment of programmes of work with those requirements.

The Mental Health Transformation Programme draws on a range of resources from NHS England and HLP. The employees of these organisations and their corresponding funding are managed through their employer organisations.



Figure 1: Mental Health Transformation Programme and Board timeline

#### London at a glance

- **10%** of children aged 5-16 suffer from a clinically significant mental health illness, and only 25% of children who need treatment receive it.
- **One in five mothers** suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.
- Over **900,000** adults in London are affected by a mental health disorder such as anxiety or depression.
- People with severe and prolonged mental illness in London are at risk of dying on average **15 to 20 years earlier** than other people.
- An estimated £7.5 billion a year is spent combatting mental ill-health in London.
- Mental health problems account for **22.8%** of health conditions in the UK cardiovascular disease is 16.2% and cancer 15.9%.

#### Key areas of London mental health improvement include:

The percentage of IAPT caseload that showed improvement has increased in the last year with a performance now showing 65.1% of patients improving.



An increase in the number of CAMHS community contacts, from 20,123 per 100,000 population in 2016/17 to 24,220 per 100,000 population in 2017/18.



Achievement of the 2-week waiting time for referral to treatment for first episode psychosis.



An increase in the number of London women accessing perinatal community care, from 56.7 per 100,000 population in 2015/16 to 75.4 per 100,000 population in 2016/17".

# **Perinatal Mental Health**

Perinatal mental illness will affect one in ten women in London. Untreated, this can have a devastating impact on them, their children, and their families. Better Births highlights the need for evidence based interventions. In delivering the FYFV, the NHS has made a significant investment in ensuring all women in London have access to specialist mental health services during pregnancy and in the first year after giving birth. These services ensure women and their babies get a healthy start in their new life together.

The London Perinatal Mental Health Networks bring together professionals across the perinatal pathway including maternity, mental health, social care, local commissioners and people with lived experience of perinatal mental health issues. In 2018/19, perinatal mental health services across London focused on expansion, improving both operational and clinical practice, and addressing unwanted variation for a more consistent approach to delivering care.

# Looking back at 2018/19...



**350 professional network members** brought together alongside 25 service users to provide multi-disciplinary expertise towards improving perinatal mental health care across London.



**300 hours of engagement** with stakeholders to transform perinatal mental health provision across London.



**26 perinatal mental health network meetings** held across all STP areas, including pan-London meetings.



**3 toolkits and 1 IAPT guidance** produced and disseminated for healthcare staff to better provide perinatal mental health care to service users.



796 professionals across Maternity, Social Care, Children Centres, Perinatal, Liaison, Home Treatment and General Practitioners will have accessed perinatal specific training from **£250k worth of funding secured by the programme**.



Supported trusts to **recruit 79 additional WTE staff** across London as a result of Wave 2 Community Services Development Funding.

# **Serious Mental Illness and Physical Health**

More than 100,000 Londoners are living with a severe mental illness, such as schizophrenia or bipolar disorder. It is estimated that 2 in 3 deaths among people with severe mental illness are from physical illnesses that can be prevented. Major causes of death include chronic conditions such as cardiovascular disease, respiratory disease, diabetes and hypertension.

The commitment to tackle the mortality gap was expressed in the Five Year Forward View for Mental Health. The target was set for CCGs to offer NICE-recommended screening and access to physical care interventions for 60% of the population of people with severe mental illness in 2018/19 and until 2020/21. This is to be delivered across primary and secondary care. The London Mental Health Transformation Programme has taken decisive steps to support the achievement of the Five Year Forward View target and to support improvements in the physical health of people with severe mental illness.

# Looking back at 2018/19...



**Over 20 Physical Health Leads** from all the mental health trusts in London met on a bi-monthly basis while also maintaining a virtual network for the sharing of good practice, resources and for problem-solving.



**300+ hours of direct support to STPs and CCGs**, delivering workshops, producing bespoke resources, spreading good practice and providing tailored advice to commissioners.

**Produced Stolen Years, an online resource** providing information and advice for commissioners and service providers on how to deliver improved physical health for people with SMI, the resource has been **viewed over 5,400 times** since its launch in May 2018.



An **expert by experience** participates in the improvement collaborative and the physical health leads network.

Stolen Years online resource **presented to over 200 healthcare professionals** through public events, workshops and professional conferences.



**Over 80 participants engaged** in an event to share best practice on the physical health of people with SMI.

### **Increasing Access to Psychological Therapies**

The FYFVMH set out a commitment to increase access to psychological therapies for an additional 600,000 people with common mental health problems by 2020/21. This includes access to integrated long term conditions (LTC) evidence-based psychological therapies, significantly improving waiting times and increasing recovery rates to 50% for eligible referrals.

With investment, workforce and estate challenges, services continue to require additional support to achieve these targets. In 2018/19, the London IAPT Clinical Network set objectives to work with commissioners and services to address variability and facilitate the sharing of good practice, learning and experience. A key enabler to this was the expansion of the IAPT Clinical Reference Group to include wider stakeholders such as commissioners, forming what is now known as the London IAPT Partnership Board.

### Looking back at 2018/19...



**32 pairs of providers and commissioners** brought together to share successful approaches to common challenges across boroughs, STPs and London to meet FYFV trajectories.



Created **activity guidelines for 19%, 21% and 25%** based on London benchmarking informed by 2017/18 investment and KPIs.



**12 peer review visits** to identify challenges and solutions and share effective approaches between services.



Co-produced and disseminated the **National IAPT Manual v.2** and tools for providers and commissioners to benchmark best practice.



**8 Commissioner Learning Collaborative Events** to prepare for IAPT- LTC planning and implementation working with complexity (IAPT-Plus) Alliance models.



**Quantified staffing and cost requirements** (aggregated by region, STP and borough) for expansion through direct engagement with HEE, CCGs and providers to enable sustainable solutions to Low and Hi Trainees Salary Support.

# **Children and Young People's Mental Health**

Nationally, one in nine children and young people aged between 5 and 19 years have a mental health disorder. Girls in London aged between 5 -19 years have been identified as a high risk group where emotional disorders are found to be much more common. 9.6% of girls show signs of an emotional disorder compared to 3.5% of boys. London also has the second highest rate of 5 -19 year olds with three or more mental disorders (14.9% compared to national average of 12.4%). Half of all mental health problems are established by the age of 14 years, which rises to 75% by the age of 24 years.

The HLP CYPMH programme looks to Future in Mind, NHS Five Year Forward View for Mental Health and the NHS Long Term Plan for the strategic vision to improve and transform mental health services for children and young people. In 2018/19 the programme focussed on mental health in schools, eating disorders and crisis.

# Looking back at 2018/19...



**Mental Health in Schools Toolkit** (joint enterprise with the GLA) published with **11,767 page views** (7,721 unique users) since the launch in November 2018.



**Eating disorder guidance** for primary care professionals published. Beat (eating disorder charity) circulated 3,000 copies of guidance to all General Practices in London. Other regions (West Midlands, Wessex and Thames Valley, and North East England) are in the process of utilising the guidelines.



Facilitated **9 crisis pathway peer** review visits. Summary findings reports, including recommendations, shared with each pathway and overall findings report published.



**Children and Young People's Mental Health Compendium published** on HLP website provides an overview of training resources and additional opportunities available for CYPMH in London.



Funding received following successful HEE bid to develop a **London CYP mental health workforce strategy** aligned to STP mental workforce plans. Engagement with stakeholders including CYP, parents and carers undertaken and the strategy was published in May 2019.



Funding received from NHS England to deliver a **CYP Mental Health Commissioning Leadership Development Programme**. 36 commissioning delegates on the programme and three modules completed by May 2019.

# **Early Intervention in Psychosis**

Psychosis has a life-long impact on those who live with it, their family and loved ones. The illness also accounts for the bulk of NHS expenditure on mental health and the need for inpatient services, as well as driving significant costs across public services. It doesn't need to. The current cost of psychosis to society is estimated to be £11.8 billion per year resulting from direct healthcare costs, lost productivity due to unemployment or death and informal costs to families and carers.

The NHS Five Year Forward View for Mental Health (FYFVMH) outlines that the NHS should ensure that 60% of people experiencing a first episode of psychosis have access to a NICE approved care package within two weeks of referral by 2020/21. Implementing this evidence based NHS national standard will ensure Londoners, (especially those impacted disproportionately, i.e. Black Caribbean and African communities), can receive the treatment and care they should rightly expect to recover. The standard was introduced in April 2016 and London has made good progress with waiting times. However, London services vary in quality (the second part of the standard) according to the latest national clinical audit conducted by the Royal College of Psychiatrists.

# Looking back at 2018/19...



**30+ professional network members** met bi-monthly to provide multi-disciplinary expertise to maintain and improve Early Intervention in Psychosis (EIP) care across London.



**300 hours of direct engagement** with stakeholders supporting, reviewing and sharing good practice whist ensuring that EIP was on the agenda for Trust/CCG's and STPs.



**EIP My Health London webpage** reviewed and updated providing a one-stop online resource for staff, carers and service users.



Co-produced **two service user led projects** with a physical health focus, client and staff survey and development of peer support roles.



Produced pan London and local reports following completion of EIP Deep Dive surveys to provide a narrative to the CCQI results and a stock take of services.



**Workshops held with over 150 professionals** to improve data collection and reporting, NICE concordant care and share learning.

### **Mental Health in Integrated Care Systems**

As the Integrated Care System landscape develops, the London mental health system needs to clearly articulate the value and contribution of Mental Health within Integrated Care Systems (MHICS).

The FYFV emphasises the need to reform payment and incentives by moving away from unaccountable block contracts. It recommends national and local outcomes measures should be used as part of the payment system resulting in a more unified approach to how outcomes are captured, analysed and utilised to inform patient care.

In 2018/19, the London MHICS programme worked in collaboration with representatives from across London and nationally to increase readiness for mental health within Integrated Care Systems through improving consistency, transparency and sharing best practice to demonstrate the value of mental health.

# Looking back at 2018/19...



**1,350 stakeholders engaged** from across London and nationally, working to increase readiness for Mental Health within Integrated Care Systems (MHICS) through improving consistency, transparency and sharing best practice to demonstrate the value of mental health.

Increased readiness for Mental Health within Integrated Care systems -

CCGs, Trusts and STPs within London:

- Have a better understanding of their baseline
- Can benchmark finance, activity and outcomes including draft 'system outcomes'
- Are able to demonstrate and articulate overall impact of mental health across the wider system



#### Improved consistency and reduction in unwarranted variation:

- HONOS promote its use as a clinical outcome measure and to drive improvements in data quality
- Outcomes opportunity to understand the care provided, consistent outcome measures and analytical approach



#### Sustainable services:

- Meet acute inpatient demand through greater understanding of drivers of demand, best practice interventions and capacity
- Understand variation in Early Intervention in Psychosis services, and share best practice

#### **Homeless Health**

Health outcomes and access to services are significantly poorer for people who are homeless.

The Homeless Health Programme is working with the whole system in London to improve access to healthcare and the capacity and capability of the system to respond to the needs of people who are homeless, to improve their health and reduce their hospital admissions.

The programme this year supported trusts to ensure safe, effective discharge and to meet the duty to refer homeless patients to the local housing authority for support. Information sharing allowed for an integrated approach to meeting the health needs of transient homeless people, frequenting multiple services.

### Looking back at 2018/19...



Homeless health **needs assessment toolkit developed and commissioning guidance updated**, supporting commissioners to assess need and plan services appropriately within their areas.



Circulated homeless **hospital discharge guidance and checklist** to all London NHS Trusts, CCGs and LAs to support safe, effective discharge and meeting the duty to refer homeless patients to the local housing authority for support.



Distributed an **oral health poster and guidance to 450 sites** in London and over 70 thousand 'right to access' primary care cards across London to improve access to primary care.



Conducted a consultation on behalf of the London Safeguarding Adults Board on **safeguarding guidance for rough sleepers** (to be published May 2019).



Carried out an audit with the GLA to **improve the recording of mental health needs on the rough sleeping database**.



Secured NHS E **agreement to roll out 'right to access' primary care cards nationally**, building on HLP's work distributing over 70k cards in London.

# **Crisis Care: Section 136**

The number of people detained under s136 of the Mental Health Act is increasing, creating significant pressure on the NHS, local authorities, police and London Ambulance Service. Londoners repeatedly say the care they receive when detained under s136 does not meet their basic expectations of dignity, respect and high quality compassionate care. The aim of the crisis care programme is to support local areas to implement London's section 136 pathway, which sets out the agreed minimum standard of care for people detained under s136. This includes the provision of 24/7 dedicated specialist staffing at place of safety sites, robust pathways between A&Es and MH Trusts, improved facilities at sites, physical health competencies of mental health staff and clear roles and responsibilities of all professionals involved in the pathway. We are doing this through direct implementation support to local areas as well as progressing work streams that support changes at a pan London level; this includes evaluating the s136 model of care, improved data reporting across partners and front-line multi agency training sessions at all London A&Es.

# Looking back at 2018/19...



Pan-London **place of safety business case for service change**, which set out a preferred 9 site s136 new model of care, was finalised and endorsed by the UEC/MH Transformation Boards and NHSEL Parity of Esteem Board.



**Success measures for s136 new model of care** were agreed across London and an evaluation plan has been developed, together with a programme process evaluation and gualitative London baseline.



An updated South London and Maudsley centralised place of safety evaluation showed positive patient and system benefits a year on from implementation of a new model, including an **average time of 15 minutes from arrival to admission**, **improvement in AMHP response within 4 hours, and a 15% reduction in admissions** compared to the old four site model.



Almost 600 staff from 23 EDs, MH trusts, police and LAS received bespoke multiagency training from an independent legal expert on the Mental Health Act and Mental Capacity Act. 94% of attendees felt satisfied with the training overall and several EDs have requested additional sessions.



Three MH Trust and ED partnerships have completed pilots of rotational nursing programmes between the EDs and Place of Safety sites with over 40 clinical staff involved; all are exploring ways to continue the programme going forward due to the benefits in terms of skills and relationships.



The pan London rollout of **London's handover process for voluntary MH patients attending A&E** won the HSJ patient safety award for best patient safety initiative in ED, national rollout was recommended by College of Policing and the process will now to be included in national RCEM guidance.

# **Thrive LDN**

Poor mental health is one of the biggest challenges facing London and prevalence is often much higher in the communities facing most inequalities. Thrive LDN is a citywide movement to ensure all Londoners have an equal opportunity to good mental health. We are supported by the Mayor of London and London Health Board partners.

# Looking back at 2018/19...



The **Thrive LDN Champions Network** has brought together Londoners who are passionate about improving mental health and wellbeing and who want to lead change in their communities. This year, we co-developed a leadership development programme with Champions that is being delivered by Sheila McKechnie Foundation.



The 2018 *Are we OK London*? campaign and mental health festival engaged with a more diverse audience. It grew Thrive LDNs followers and subscribers and increased discussion and action around how inequality can affect Londoners' mental health and wellbeing. The campaign achieved a potential reach of over 23 million and over 1,000 Londoners attended cultural events in October.



In partnership with Mental Health Foundation, published the *Londoners Said* report, which summarises the findings from the community conversations delivered in half of London boroughs and were **attended by over 1,000 people.** The report makes 10 recommendations for local action to tackle inequalities and improve mental health.



Supported the publication of an independent report from HEAR Network about the impact of intersectional stigma on mental wellbeing. The report suggests **13 recommendations to reduce mental health inequality in London.** 



The **Thrive LDN Employment Network** established a learning collaborative to support London STPs to successfully bid for funding to **increase the provision of Individual Placement Support** (IPS).



The **Thrive LDN Suicide Prevention Network** developed and tested the Suicide Prevention Information Sharing Hub and launched a partnership with Papyrus to deliver suicide prevention awareness training to over 2000 staff and students in the education sector.



Thrive LDN's **Youth Mental Health First Aid programme**, supported with funding from the Mayor's Young Londoners Fund, trained **over 100 Youth MHFA instructors** who began delivering training in London schools in January 2019. The **Young London Inspired programme**, in partnership with Team London, has awarded 30 grants to voluntary sector organisations to create volunteering and social action opportunities for young Londoners at greater risk of poor mental health.

# **Armed Forces Network**

There are close to 290,000 members of the Armed Forces community in London. Approximately 150,000 are serving personnel and their families who reside mainly in the boroughs of Westminster, Hillingdon, Lambeth, Hounslow, Woolwich and Greenwich. London is also home to approximately 136,000 veterans\*.

The NHS constitution articulates the commitment of the NHS to the Armed Forces Covenant stating that: "the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside".

The London Armed Forces network helps raise awareness of the needs of the Armed Forces community. It helps identify unmet needs, spread best practice and develop potential solutions to the issues faced by the local Armed Forces community. Through its activities the network facilitates improved provision for the London Armed Forces community across health and social care, employment and housing.

\*The Armed Forces community includes: regular personnel, reservists, veterans, the families of veterans, regular personnel and reservists. The AF community also includes the immediate family of service personnel or veterans who have died.

# Looking back at 2018/19...



**70+ members of the Armed Forces community** participated in quarterly London Armed Forces Network meetings, including commissioners, third sector, Armed Forces community members, NHS Services (TILS), MoD, academics and providers.



**100+ hours of engagement** with national and local stakeholders to embed consideration of Armed Forces communities into HLP and NHSE programmes.



Local **perinatal mental health plans** monitored to ensure consideration of women and families from Armed Forces communities.



**Information leaflet on specialised MH services for veterans** (TILs service) and new **integrated commissioning framework for veterans** communicated to commissioners, GPs and Mental Health Providers through NHSE and Healthy London Partnership channels, reaching 3,000 people.



**New pathway agreed** regarding transition of service personnel into palliative care as a result of service user feedback received at a London Armed Forces Network meeting.



Veteran status included as data field as part of the suicide prevention information sharing hub project.

# **Response to Major Terrorist Incidents**

Over the last fifteen years there have been several major terrorist incidents in London (and the UK). The impact of these major incidents includes not only physical injury, but also a wider psychological impact on affected persons such as victims, witnesses and first responders, along with support services and the wider population. While much of the psychological impact is temporary, there is a sub-set of affected persons (circa 40%) who are at risk of developing more severe psychological conditions such as Post Traumatic Stress Disorder (PTSD). By the nature of these conditions, sufferers tend to avoid contact with health services and therefore need early engagement & monitoring, along with screening, assessment & treatment following emergence of symptoms.

The Mental Health Transformation Programme continued the work it commenced in 2017, in ensuring the regional response to those affected by the terrorist incidents of 2017 was continually seeking to identify patients dispersed across the capital. The focus of the programme was to undertake a number of media and communications campaigns to raise awareness of the available support. Equally, work commenced to support those involved in the inquests during this period and undertook a principal evaluation of the work to date. This work was governed by the clinical reference group made up of clinical experts, a variety of providers (both statutory and non-statutory) and had senior regional executive oversight.

# Looking back at 2018/19...



Undertook a series of regional **communication campaigns** to raise awareness of the MH support offer following the terrorist incidents of 2017. These campaigns had over 10 million impressions and reached **1.6 million Londoners.** 



Completed an **evaluation and review of the NHS mental health response** following the terrorist incidents of 2017 with Res-Consortium and Cataylze engaging 26 stakeholders.



**4 Clinical Reference Groups and events** organised to mobilise and monitor the regional MH response to the major terrorist incidents of 2017.



**3 positive media coverages** through news outlets including the BBC and Evening Standard and **890 Twitter engagements** related to the NHS MH Response.



**30 professional network members** brought together to provide multi-disciplinary expertise towards improving the mental health of those affected by the major terrorist incidents of 2017.



**406 users have accessed the specifically designed mental health pathways** of the different tiers of individuals affected by terrorist incidents.

#### **London Digital IAPT**

By 2021, the number of Londoners accessing IAPT to address their mental illness should rise from 153,000 to 260,000 on the way to delivering the NHS LTP target of 30% access. There are challenges around the workforce, estate and investment required to do this. The nature of the difficulties lends themselves to digital solutions which have not yet been achieved in London due to the fragmented approach to IAPT technologies.

London Digital IAPT Programme was mobilised in July 2018 and the London Digital IAPT Steering Group was established in September 2018. This group is made up of IAPT Clinical Leads, an expert by experience, STP Mental Health Commissioners and key partner leads from NHS England's National IAPT Programme, NHS Digital, NHS.UK, Good Thinking, LHCRE (One-London) and suppliers of disruptive technologies. The group provided clinical and digital leadership in shaping the vision and strategy of IAPT technology for London.

Developing a digital IAPT solution for London, with potential for national application, requires careful consideration. The digital IAPT solution works to deliver the following impact:

- One access point to psychological therapies, round the clock self-help and out of hours therapist support.
- Mainstreamed digital therapy care pathway in London IAPT services reducing transaction costs for providers.
- Significant reduction in unit cost (est. £2m) of digital therapy products through market management.

# **Primary Care Mental Health**

Over 50% of people with serve and long term mental health needs and 90% of people with common mental health needs are treated and supported by their GP practice. Some primary care services do not have the capacity and confidence to treat people struggling with mental health. As a result there can be an unnecessary reliance on emergency or secondary care services. Primary Care Mental Health models aim to enable mental health treatment and support delivered locally in a less stigmatised environment.

Healthy London Partnership established a steering group in 2017 to look at how the mental health care needs of Londoners could be better supported within a primary care setting. The group coordinated a comprehensive review of evidence and models currently in use.

Last year, the Primary Care Mental Health (PCMH) Programme published the Commissioning Guidance for primary care mental health services and the economic evaluation of four London primary care mental health models. The guidance document identifies and promotes the service components that are essential to delivering effective PCMH services. It will support the development of integrated health and care systems (ICSs) and be an aid for providers and commissioners in the planning and development of their primary care mental health services.

# Looking back from 2017 to 2019...



**160 unique page views from 2018-19** to access the Primary Care Mental Health Commissioning Guidance.



Project Steering Group established facilitating **100's of hours of engagement** with primary care practitioners, commissioners and other stakeholders to develop and review guidance document.

The Programme hosted a **GP Leadership Event** which allowed for learning and sharing amongst practitioners across London.



Conducted **literature review and produced a scoping document** in preparation for the development of commissioning guidance.



Quantitative research report produced **examining the cost effectiveness** of new models of primary care pan London.

### **Good Thinking**

Good Thinking is London's Digital Mental Wellbeing Service. It uses digital marketing tools to reach Londoners who are looking for advice or want to take action when experiencing any of the four most common mental wellbeing concerns: anxiety, stress, sleep and low mood. It provides them with safe, proactive and early intervention tools that are appropriate to their level of need around-the-clock 24/7. It includes a clinical self-assessment tool that will advise users if the symptoms they are experiencing warrant further investigation and signposts appropriate services based on their needs.

The programme aims for 75% of local authorities and NHS organisations to adopt Good Thinking as a source of self-care for employee wellbeing, as well as expanding the service to 16-17 year olds and investigating opportunities with online communities. The GT team has established a resource evaluation process which focusses on evidence based resources and is helping to improve the quality of the product and shape best practice.

# Looking back at 2018/19...



**163,000 new users** visited Good Thinking Apr 2018 – Apr 2019. We now **have 230,000 new users in total** and this continues to grow.



Working with experts in the field to **expand the service to children and young people** and online communities.



Started **public sector rollout campaign** to NHS, Local Authorities and universities across London including developing resources to support <a href="https://www.healthylondon.org/resource/good-thinking-org-promo/">https://www.healthylondon.org/resource/good-thinking-org-promo/</a>



New app partners brought onto the Good Thinking platform helping us **share data to demonstrate impact** e.g. reductions in stress and low mood.



Launched landing pages for **Digital IAPT and Psychological Trauma Support Service** for the London terrorist attacks 2017/18.

### **Mental Health Programme Evaluation – Key Highlights**

#### **Purpose and scope**

The evaluation of the Mental Health Transformation Programme sought to review the effectiveness of delivery, support provided to system partners and the impact the programmes are achieving, both at system and patient levels. The below areas were also considered:

- Coherence and governance of mental health transformation programmes
- The extent to which the mental health programmes are supporting and developing skills and capacity across local systems and communities
- The appropriateness of the mental health programmes' change model(s) and methods for achieving their priorities
- The scope of the review included The Child and Adolescent Mental Health (CAMH) Programme; The Adult Mental Health Programme; The Crisis Mental Health (Urgent and Emergency) Programme; Urgent and Emergency Care (UEC) Programme; and Thrive LDN.

#### Summary of main findings

- Strong support for the continuing existence of a mental health development function in London
- Strong support for the professionalism and expertise of Healthy London Partnership's staff
- A wide recognition of the difficulty of trying to coordinate mental health development across London
- Strong alignment between HLP's mental health work and national priorities, with some concerns that this alignment is too close, and limits work on local priorities
- Mixed support for the importance of specific programmes, with every programme having both strong supporters and critics, and very differing levels of recognition of programmes across London
- Limited coherence of the range of work into an overall programme of mental health development
- Governance processes which provide good networking opportunities, but less effective practical oversight, in particular of the processes of starting and stopping programmes

- Mixed progress in supporting and developing skills and capacity, but little support for this as a key role of HLP
- Overall, good evidence of monitoring of programme activities, and reasonable evidence of monitoring service impact – although with scope for further development
- Weak understanding of any differential impact across different communities
- A change model which relies on, and achieves successes with, formal and informal evidence-spread, but is less well connected to financial and commissioning processes

#### Recommendations

- A more rigorous process should be introduced for approving and initiating programmes
- The range of programmes undertaken should gradually be reduced, to permit more detailed work on a smaller range of programmes
- HLP should strive to maintain a balance between work in support of national priorities, and work which is responsive to local priorities
- Options for programme delivery should be discussed and documented, including options for partnerships and pilots across London
- Financial feasibility and practicalities of implementation should be a greater consideration in work, ensuring that advice is practicable and affordable
- Work on mental health dashboard should be developed further, including work to understand better why variance is seen to the current extent
- Commissioners, at local authority, CCG and STP level, should play a stronger role in HLP's governance
- It should be regarded as acceptable to undertake programmes only in parts of London not every project needs to impact across all of London
- Further work to ensure programmes understand within the constraints of available data the impact they are having at the patient level
- Significant further work to ensure programmes respond appropriately to, and understand impact on, the range of different communities within London.