

North East London Inpatient Improvement Network

‘Localising and realigning inpatient services’:
Our 3-year inpatient improvement plan 2024 - 2027

November 2024

Background and Context – Inpatient Commissioning Framework

As part of the MHLDA Quality Transformation Programme, ICBs are required to co-produce a plan to localise and realign mental health, learning disability and autism inpatient services.

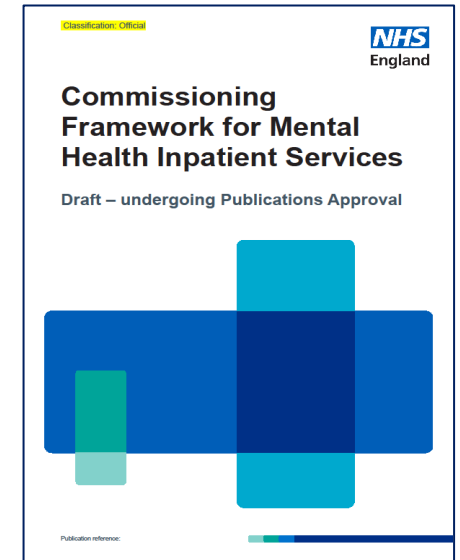
The Commissioning Framework for Mental Health Inpatient Services is designed to support ICBs with developing their local plans. It has been developed for use by those who have commissioning responsibility for the mental health needs of their local population, and its scope covers:

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

Aims of the Framework

- To support and provide guidance to those responsible for the commissioning of mental health inpatient services. Within this, to advance the system wide requirement to ensure that services are local, inclusive and deliver safe, personalised, and therapeutic care.
- To enable and support systems to develop local plans for change, so that inpatient provision better fits the needs of the population, makes more effective use of the funds available, and protects and improves the lives of citizens in their locality.

To access please double click the below icon:



ICB 3-Year Plans to localise and realign inpatient care in development. Year 1 priorities and workstreams for North East London described on the next slide

Engagement to develop a 3-year improvement plan for NEL

Year 1 focus

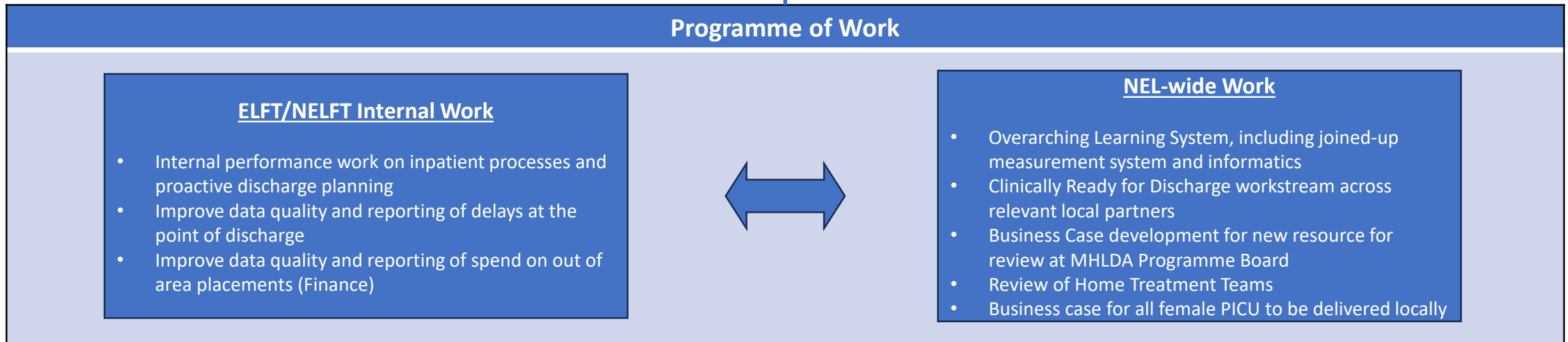
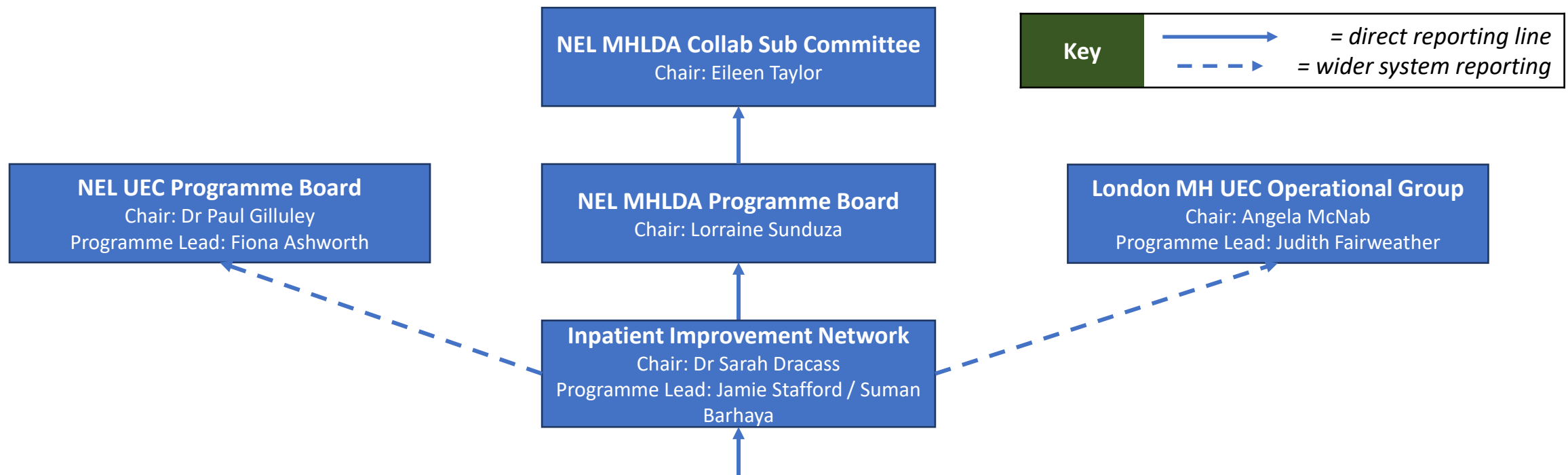
Launch NEL Inpatient Improvement Network – In March 2024 we launched an improvement network within our Mental Health, Learning Disability and Autism Collaborative to bring together service users and staff from across NEL to coproduce a portfolio of improvement work aimed at driving up the quality of inpatient care. Through this group we have developed three key initial workstreams:

- 1. Eliminate out of area placements** for residents of North East London through the reduction of inpatient ward occupancy (by expanding our admission alternative support and step-down provision and pathway), recognising the significant disruption that admission further from home can have in someone's care. We also want to explore ways to reduce the length of stay on inpatient wards which has risen in recent years, particularly through reducing unnecessary delays at the point of discharge from hospital.
- 2. Mainstreamed mental health care for adults with a learning disability or autistic people.** Following a deep-dive review of the care and experience of people with a learning disability or autism accessing inpatient care in NEL, we have identified a range of areas where we want to make improvements, including work to improve compliance to standards (e.g. CETRs, DSR, etc), the skill and confidence of staffing teams to care for these groups, as well as environmental changes to our wards to enable better sensory environments (including capital projects).
- 3. We are developing a workstream to improve the acute pathway for women,** where we recognise there are areas for improvement, noting a smaller PICU bed base as well as other disparities in provision.

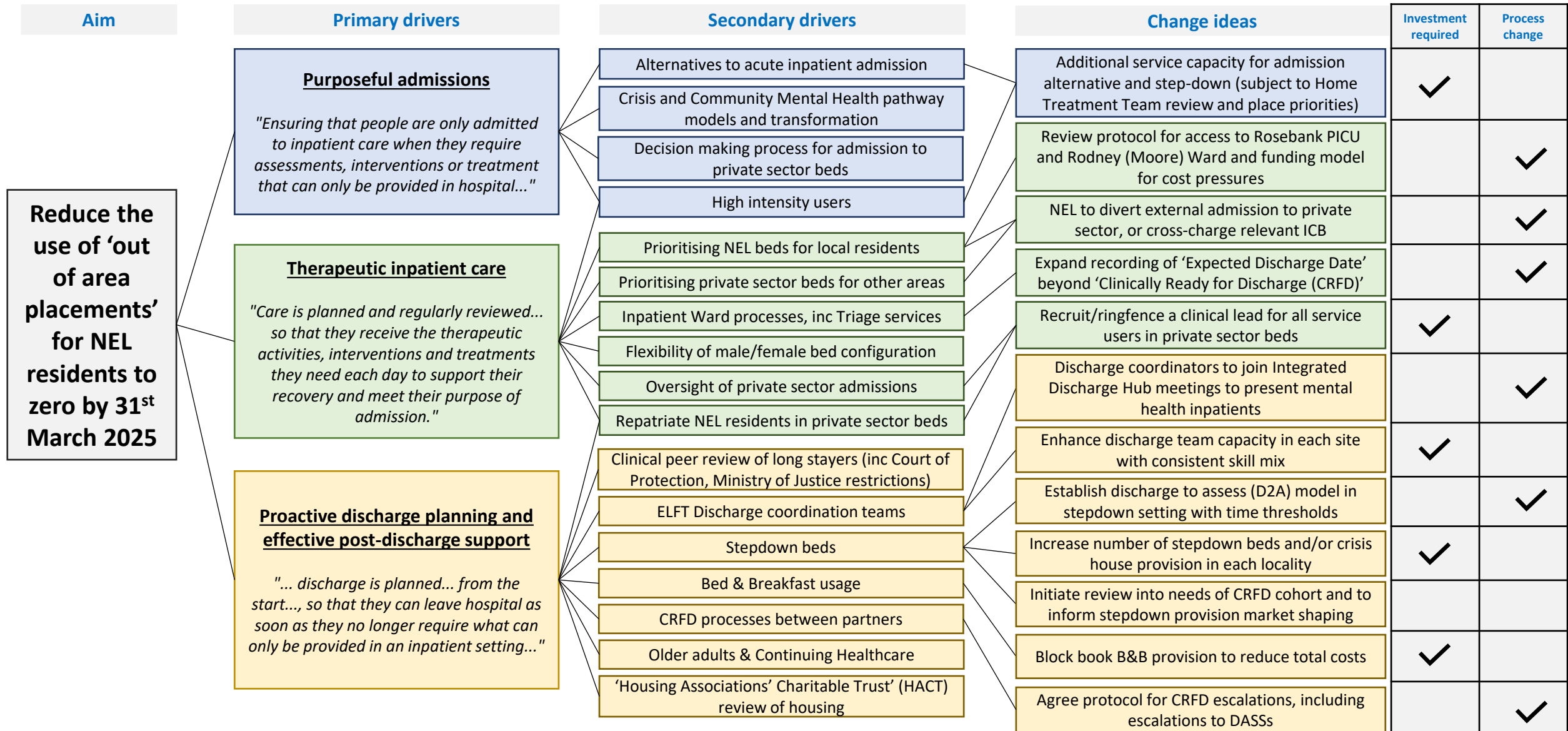
Alongside this we are piloting **new models of community and crisis MH care** with a greater emphasis on continuity of care, including through our pilot and associate sites developing 24/7 Community mental health centres, offering integrated crisis care. We are also engaging with the **Culture of Care** programme with four wards in North East London's Quality Improvement pilot.

To provide focus for this work, there are a group of service users who are leading on the creation of a collection of **Patient Personas** to describe some different specific patient group needs and preferences. These personas will be used to help us think through any changes we're proposing to make, and hopefully lead to better patient outcomes and overall satisfaction.

NEL Inpatient Improvement Network governance and delivery model



Year 1 priority: Inpatient Mental Health Flow – Theory of change



Year 1 priority: Inpatient Mental Health Flow – New investment

Through a variety of funding streams we are allocating additional investment in 24/25 to improve flow in our acute MH pathway.

As a system we have prioritised our new Inpatient Quality SDF to support the schemes below each aimed to reduce pressure on inpatient units, reduce the use of Out of Area Placements, and support improved flow:

Scheme	Location	Value
Additional contracted Stepdown bed provision	City & Hackney, Newham, Tower Hamlets	£680k
Commissioning of crisis House with enhanced CEN offer	NELFT-wide	£850k
Inpatient Discharge coordination staffing	NELFT-wide	£220k
No-Recourse to Public Funds Specialist support	City & Hackney, Newham, Tower Hamlets	£120k
	TOTAL	£1.87m

Additionally, in some of our boroughs we have agreed to deploy Hospital Discharge Funds, Physical Capacity Funds and also S256 funds to take forward a range of similar schemes.

We are also using our Mental Health Investment Standard (MHIS) funds to support, with investment into safer staffing levels inpatient units among other things.

We are also working with NHSE to progress a range of capital projects funded through the NEL MH UEC Capital allocation. Those schemes are as follows:

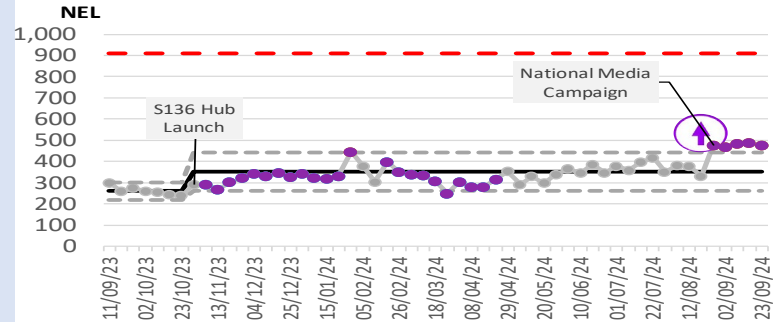
Scheme	Location	Value
A modular building to enable additional therapeutic space on inpatient units	Goodmayes Hospital	£761k <i>*pending approval</i>
Environmental changes to enable safer environment for CYP receiving MH care	Homerton Hospital	£71k
Creation of additional capacity to provide 1:1 assessment and intervention	Newham Crisis Cafe	£14k
Conversion of inpatient wards to enable service users to lock and unlock their doors with wristbands	ELFT-wide	£158
Environmental changes to improve the experience and safety of the CAMHS PICU de-escalation room	Coborn Adolescent Unit	£55k
Digital funding to enable configuration of Adastra clinical system in 111*2 service	Tower Hamlets / NEL-wide	£97k
Enabling digital works in Coventry Road project, for 24/7 Community MH pilot	Tower Hamlets	£60k <i>*pending approval</i>
	TOTAL	£1.22m

There are further schemes that we wish to pursue if additional capital funds are made available, including converting our Integrated Crisis Assessment Hub (ICAH) to enable 24hr care.

NEL Mental Health Crisis and Inpatient Improvement Networks – Impact

Crisis pathway

111 First for MH activity (NHSE data)



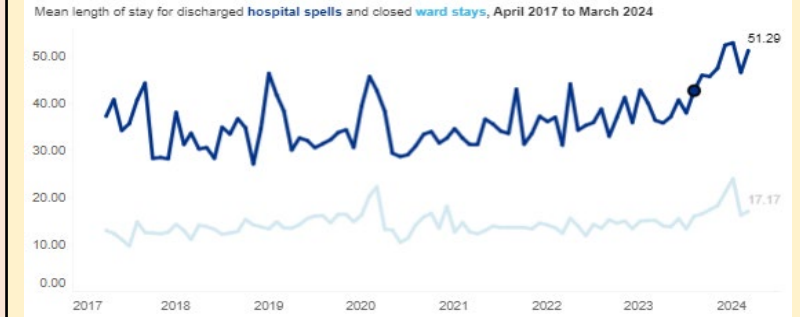
Mental Health care in ED

Number of MH attendances at ED in NEL (Sitrep)



Inpatient pathway

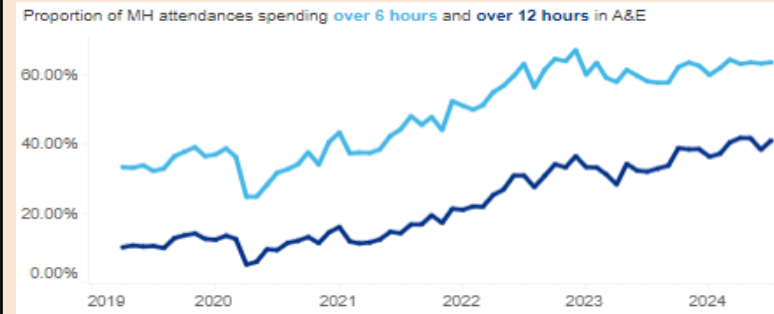
Average Length of Stay (MHSDS)



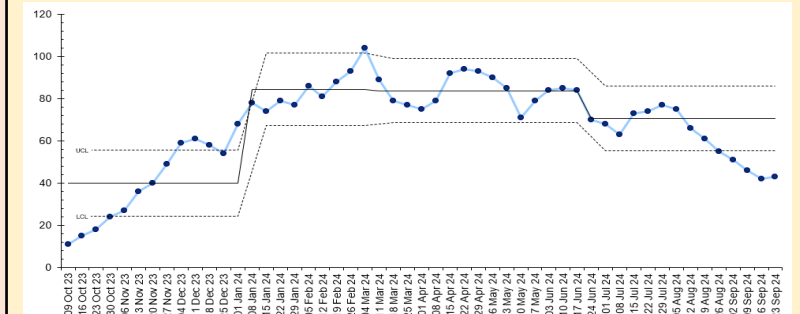
Mental Health Joint Response Cars activity



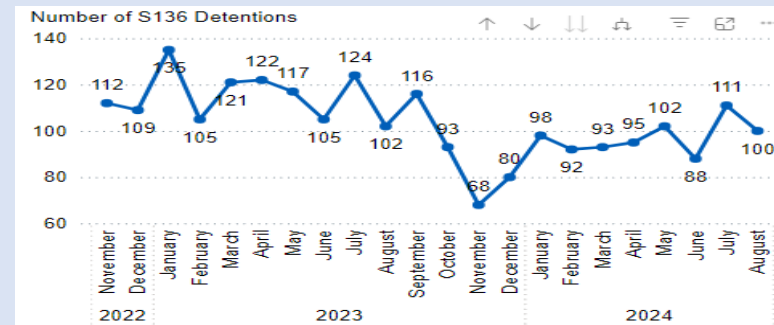
% 6hr and 12hr MH breaches in NEL (ECDS)



Number of OAPs (RiO)



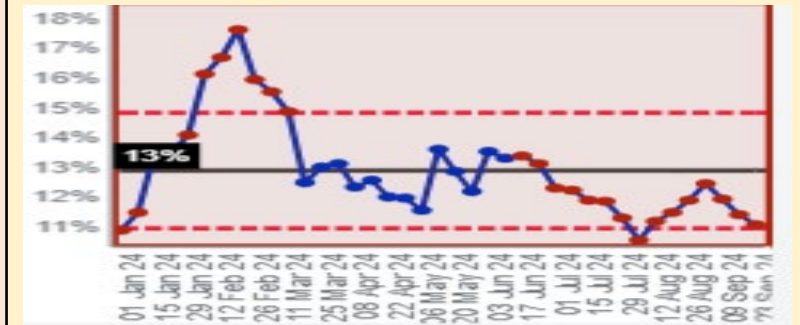
Number of S136 detentions in NEL (Thalamos)



Referrals to PLS via ED in NEL (MHSDS)



% Occupancy Clinically Ready for Discharge (ELFT)



Ongoing engagement work to develop a 3-year improvement plan for NEL

Year 2&3 focus – *under development*

Subject to evaluation of year 1 and further coproduction with our inpatient improvement network, but early engagement highlights potential work in following areas:

- **Continued focus on relational security** on inpatient wards, and the wider rollout of DIALOG+
- Increased numbers of **peer support workers** across all-age mental health services, with a coordinated approach to training, recruitment, support and retention across the system
- To review and develop the **skill mix** of staff on inpatient wards so are providing better therapeutic intervention.
- Equity of access to **physical health checks** for people with severe and enduring mental illness, in particular for people from minoritized communities and people living in the most deprived communities
- Improved offer of pre-diagnostic, diagnostic and post-diagnostic support for people with **neurodevelopmental support needs particularly when in crisis or admitted to hospital.**
- Further work with VCSE partners to improve **community connection** for people admitted to our inpatient wards
- Wider roll-out of **Personal Health Budgets** on our inpatient wards
- **Staff support:** development opportunities, support for mental and physical wellbeing, opportunities for reflective practice and away days
- Review of estates for **older adult/Frailty** wards to ensure a NEL wide approach and community of practice.