



Camden and Islington NHS Foundation Trust

Report Prepared for:
Islington Council Health and Social Care Scrutiny Committee
15 October 2024

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1. SUMMARY

This report was prepared at the invitation of Islington Council's Health and Social Care Scrutiny Committee to provide an update about the Camden and Islington NHS Foundation Trust (C&I). We last provided an update to this committee in October 2023.

North London Mental Health Partnership (NLMHP) is the partnership between Camden and Islington NHS Foundation Trust (C&I) and Barnet, Enfield, and Haringey NHS Trust. We have been working with our borough partners in delivering place-based care in line with population health priorities.

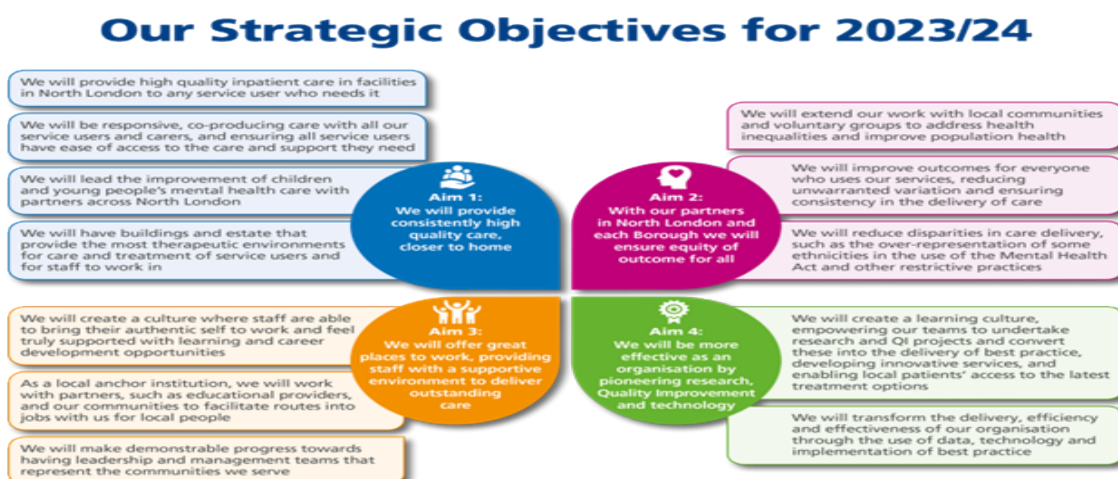
Whilst this paper will focus on the Camden and Islington part of NLMHP, there are some services which operates across the NCL footprint such as our inpatient services and perinatal mental health services.

This report gives an overview on performance over the last 12 months, the challenges we face and actions we are taking to address these challenges. We also update on the next step of our NLMHP, progress on the community mental health services transformation and estates transformation programme, all aimed at improving access, experience and outcomes for Islington residents seeking support from our mental health services.

The Islington Council's Health and Social Care Scrutiny Committee is asked to note the content of the report and provide comments.

2. INTRODUCTION

C&I is the largest provider of mental health and substance misuse services to people living in Camden and Islington. We have approximately 2,200 employees who work in multi-disciplinary teams providing a holistic approach to recovery. The Trust has delegated responsibility for the provision of social care in both Camden and Islington under the Section 75 agreements.



The sections of this paper will be presented under the following set of headings:

- Our services
- Our performance against Key Performance Indicators (KPIs)
- Service developments updates.
- Challenges
- Appendix 1: List of our services

3. OUR SERVICES

C&I provides high quality, safe and innovative care to our service users in the community, in their homes or in hospital. We provide services for adults of working age, adults with learning difficulties, and older people in the London area. We currently deliver the majority of our care to residents in the London Boroughs of Camden and Islington.

In addition, we have specialist programmes which provide help and treatment for: veterans living in London, young people caught in the cycle of gang culture and perinatal mental health conditions.

There are three divisions in Camden and Islington NHS; two are geographical – Camden and Islington, while the Hospital Division provides inpatient care across both Camden and Islington.

These are:

- Hospital

- Camden community
- Islington community

This structure is helping shape and support our transformation programmes and has put us in the best place to deliver our priorities, place-based care, and population health priorities.

For a list of our services see Appendix 1

In Islington, a number of our services are delivered in partnership with LBI Adult Social Care, VCS and the Whittington Hospital. We work closely with other agencies such as housing, police and probation services.

Partnership working between C&I and BEH (NLMHP) has continued to progress through 2023-24, with a single Partnership Executive Team in place across both Trusts.

Next steps for the North London Mental Health Partnership:

Our progress towards our new Trust, to be called the North London NHS Foundation Trust, continues. The final stage in the NHS England review process was a formal Challenge meeting with NHS England and representatives from the North Central London Integrated Care Board, which took place on 8 August. The feedback was very positive and was supportive of our application. Our formal application has now been submitted to the Secretary of State for Health and Social Care for final approval, which we expect very soon.

The new North London NHS Foundation Trust is due to come into being on 1 November 2024. We will keep all our external stakeholders updated once the merger process is completed and will keep you updated on our plans to continue to improve our services for local people and to make our new Trust a great place to work for all our staff.

4. OUR PERFORMANCE

OUR PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS

The contents of the report are defined by the NLMHP's priorities which are informed by nationally defined objectives for providers - the NHS Constitution, the NHS Long Term Plan, the Oversight Framework for Mental Health, Adult Social Care Outcomes Framework, and Integrated Care Systems (ICS).

The report provides an update on the Partnership's operational and quality performance against national and local standards.

Below is a summary of performance against KPIs which relates to access and flow and the measures we are taking to improve and sustain our performance. This performance summary is based on the May 2024 board report and covers the following key performance indicators:

- 2+ Attended contacts - Community Mental Health Teams
- Talking Therapies – Recovery Rate
- Memory Service - % of patients diagnosed within 6 weeks of referral.
- Number of women accessing Perinatal services
- Psychiatric Liaison Service Response Rates
- CRT – 24-hour response rates
- Adult Acute Average Length of Stay
- Adult Acute - Over 60 days length of stay on discharge.

- NCL – Inappropriate Out of Area Placements
- 72-hour Follow-Up Post Hospital Discharge.

2+ Attended contacts - Community Mental Health Teams

The 2+ contact metric is a measure of how many people are accessing adult community mental health services and receiving help and support in new integrated model across the core and dedicated service provision including primary care, VCS, and MH services.

Current Performance

The C&I target for end of 24/25 is 8,005 2+ contacts. Performance in May 2024 was 7,570. Positive and sustained improvement has been delivered through 2023/24 and continues into 2024/25. The SPC charts indicate that we are failing to meet the target, with this due to the target line being the 2024/25 end of year out-turn figure – i.e. where we are working towards. We have an agreed monthly trajectory that we are tracking progress against. For April and May BEH did not meet the monthly trajectory, however they are continuing to increase towards it. C&I have exceeded the monthly trajectory in those periods and as a consequence the Partnership position is of meeting the agreed performance.

Actions to sustain and improve performance.

A continued focus on accurate activity recording alongside improvements in freeing up time to care to increase the number of contacts our workforce can deliver are contributing to the improvement. We have focussed programmes of work around seeking further ways to free up more time to care and the delivery of meaningful contact which this metric measures is an ongoing focus of our Community Transformation work. Where individual teams or Divisions are achieving positive results, the insights as to what has worked are shared across the Partnership, with an example being the Quality Improvement work carried out in Camden to reduce the numbers of unoutcomed appointments – a contact recording issue that has a direct impact on the number of reportable contacts. Additionally, pathways are being reviewed to ensure that we are better able to get people the help they need in a timely and meaningful manner which will have a positive impact as measured through this metric.

Talking Therapies – Recovery Rate

Talking therapy recovery rates refers to a measure used to evaluate the effectiveness of talking therapies (like cognitive behavioural therapy, counselling, etc.) in helping individuals with mental health issues who complete treatment (2 attended appointments) and who are moving to recovery. Specifically, it usually looks at the percentage of patients who report a significant improvement in their mental health after receiving treatment. High recovery rates can indicate that the therapies being offered are effective, while lower rates may prompt a review of treatment approaches or service delivery.

Current Performance

In May 2024, Camden's and Islington's Talking Therapies have met the 6 and 18-weeks wait time targets, however, the recovery rate target is not met. There was only a temporary deviation from this trend in April, October, and November and December 2023. Since C&I is currently falling short of their NCL access targets, recovery plans are being actively implemented to address this shortfall. An operations manager has been recruited to support the transformational change across the Partnership to improve performance.

The target for recovery rate is 50%, for May this was slightly below target at 48% - down from 50% for March and April. This remains within the normal range of variance.

Actions to sustain and improve performance.

Work is being undertaken to monitor this during supervision and with staff training to ensure accurate coding and prompt error correction. Regular data reviews will also help identify issues, especially in step 2 or step 3 variations. Referrals are assessed to accept only suitable cases. Priority is given to reducing waiting times for step 3, which directly influences overall recovery rates. Note that going forwards the recovery KPIs are changing to 'Reliable Improvement' (target 67%) and 'Reliable Recovery' (target 48%). This roughly equates to a Recovery Rate of 52% (so an increase in the current target of 50%). To achieve enhanced consistency of service delivery across the Partnership, all Talking Therapies services are now being overseen by a single Managing Director (Camden). An Operations Manager has also been recruited to support this approach and lead the transformational change required to deliver on the new access and outcomes requirements.

Memory Service - % of patients diagnosed within 6 weeks of referral.

This indicator measures the percentage of patients diagnosed with memory-related issues, such as dementia or other cognitive impairments, within six weeks of being referred to the service. It highlights the memory service's effectiveness in delivering prompt and efficient dementia diagnoses while reducing wait times.

Current Performance

Memory Services Recovery - Partnership wide performance across all boroughs in the Partnership has been challenged and as a result a Partnership wide recovery plan is being led by the C&I Older Adults Clinical Director and new Camden Division Managing Director. Collectively there is a renewed focus on performance improvement in this area including a full analysis of the waiting time profile across all 5 boroughs. This work is ongoing and will be reported along with proposed mitigations.

Target performance is 85% Performance with C&I performance in May at 45%.

Actions to sustain and improve performance.

Performance across all boroughs has been challenged and is a cause for concern that has triggered a Partnership wide review, and Recovery Plan that is being led by the C&I Older Adults Clinical Director and Camden Division Managing Director, in collaboration with service and clinical leads from all boroughs. There has been continuous improvement within the Haringey division over the past three months, but this has been offset by a decline in performance in other boroughs. The learning from Haringey will be shared across the Partnership to help improve the overall position. However, there does remain concern about the availability of staff to deliver the model. Alternative initiatives to deliver change that is sustainable are being considered. The team are utilising Power BI to highlight those who have been seen and diagnosed as not having dementia to give a fuller understanding and narrative as this valuable activity (where other needs are identified) has an impact on this metric. It is anticipated that it will take some time for the performance to recover to the 85% standard, but there is an aim to improve performance by summer 2024. While improvements are yet to be reflected in the performance against this target, we are seeing improvements in 18-week performance which is an indication that patients are being seen earlier. The May '24 data unavailable (this was based on April 24 data) N.B: at the time performance was impacted by the industrial action by trainee doctors.

Number of women accessing Perinatal services

Up to 20% of women experience a mental illness during pregnancy or in the first year after delivering their baby. Specialist PMH services offer evidence-based psychiatric and psychological assessments and treatment for women with moderate to severe/complex mental health problems during the perinatal period. The number of women accessing specialist Perinatal Mental Health services represents the number of women utilising SPMH services during pregnancy, childbirth, and the first year postpartum. This metric sheds light on access to care, service demand, and the quality of maternal health, as higher numbers indicate greater awareness and availability of services, while lower numbers may highlight barriers to access.

Current Performance

Over the past ten months, there has been a steady uptick in the utilisation of NCL Perinatal services by women. With the supplementary funding secured for the service, the performance is progressing in the right direction, ultimately aligning with the target of 10% by March 2025. Managers are proactively promoting early planning for staff annual leave to minimize operational disruptions. The timely outcome of appointments is actively pushed through a divisional Quality Improvement (QI) project, with our dedicated analyst consistently monitoring progress and proactively engaging with the team to ensure prompt action.

The partnership remains on track to reach 10% by March 2025. Performance in May was 8%.

Actions to sustain and improve performance.

New investments and role adjustments within the service have expanded the capacity. Furthermore, MMHS (Maternal Mental Health Services) service was launched in the south patch in October and there is already a noticeable rise in assessments and treatment activities.

Psychiatric Liaison Service Response Rates

Current Performance

Target performance is 95%. Performance in May 2024 was 92% against a benchmark of 66.7% – Q3 23/24 (NHS MH Dashboard). There is an improvement in the overall C&I response rate from 90% to 92% from April to May. The Whittington has seen a 34% increase in referrals in both April and May which has made it challenging to meet the target response time due to the volume of referrals. Despite this, there is a trajectory of improved response times in the latter weeks of May.

Actions to sustain and improve performance.

Engagement with agency staff has seen an improvement in effective documentation of response times and MHCAS staff continue to support the Whittington ED with high acuity to support with achieving the response target. The RFH ED response rate has improved due to increased staffing now in place, the 95% target has been met in 4 out of the 5 weeks in May, it is expected that the response rates will continue to improve, and the target routinely met. Senior leads are meeting with Team managers to review weekly response rates to identified trends and offer solutions to improve the response rates.

CRT – 24-hour response rates

The metric measures how often Crisis Resolution and Home Treatment (CRT) teams respond to mental health crisis referrals within 24 hours. These CRT teams offer urgent support to individuals in crisis, often aiming to prevent hospital admissions. A high response rate within this timeframe indicates the service's effectiveness in providing timely assistance during emergencies, which is crucial for stabilising individuals and supporting them in their homes.

Current Performance

The target is 90%. In May 2024 Performance was 86%. Response times within 24 hours has dropped below target and was 86% for the month.

Actions to sustain and improve performance.

The expansion of the pilot programme that includes a mobile assessment team, which will be operational across all Crisis Teams continues to roll out and it is anticipated that this will impact positively on response times. Additionally, we are in the process of creating a new role for Band 6 Practitioners who may not have traditional qualifications but can significantly contribute to our Crisis Teams, thereby addressing the persistent recruitment challenges for qualified personnel. These posts will be advertised imminently. N.B: performance continues to be impacted by the ongoing industrial action by trainee doctors.

Adult Acute Average Length of Stay

Length of stay (LoS) in our inpatient services is a key driver in reducing inpatient bed occupancy rates. There have been several factors that affect the LoS including the complexity of people's needs and acuity of presentation, highlighted by the numbers of people in our hospital beds who are detained under the Mental Health Act. This metric is calculated by dividing the total number of patient days by the number of admissions over a specific period. Another key factor contributing to the increased average length of stay is the number of individuals who are Clinically Ready and Fit for Discharge (CRFD) but are unable to leave the hospital. This often results from challenges related to finding suitable housing or support services.

Current Performance

Patient Flow - Partnership Wide While the North Central London's (NCL) goal of capping Out of Area Bed Days (OBDs) at 372 was not achieved in May, there has been a noticeable improvement in the utilisation of out-of-area beds overall since February 2023. The Patient Flow Improvement Programme was launched in April 2024 to focus further on making improvements.

The target is 32. Performance for C&I is 52 against a benchmark: 44 – 2022/23 (NHSBN)- C&I

The North Central London Integrated Care Board (NCL ICB) aims for an average length of stay (LoS) of 32 days. Presently, the current average LoS for C&I stands at 52 days for the reporting month along with a 12-month rolling average of 48 days. LoS has been impacted by the recovery and discharge of some service users who have had extended periods of inpatient care on C&I wards. LoS has continued to be impacted by the number of patients who are Clinically ready and Fit for Discharge (CRFD) which we remain heavily focussed on. Internal waits for the rehabilitation pathway, mainly due to delays in step down facilities continues to affect acute bed capacity and LOS particularly in C&I.

Actions to sustain and improve performance.

The Patient Flow Improvement Programme commenced in April 2024 has a specific focus on internal rehab waits alongside 7-day flow, reduction of OAPs and CRFD reduction. The FLOW tool is now being used across all acute inpatient settings and is coordinated by the single Patient Flow team to promote effective bed utilisation and support the work of the patient flow improvement program discussed in depth at QSC.

Adult Acute - Over 60 days length of stay on discharge.

This includes all patients discharged from an adult acute mental health bed who had a total hospital stay of over 60 days, remaining hospitalised longer than may be clinically necessary. A longer length of stay in the hospital can improve patient experience and contribute to better long-term outcomes, but in an acute care setting, a length of stay (LOS) exceeding 60 days is quite long, as these environments are typically designed for shorter stays. Such extended stays may indicate that the patient had complex medical needs, complications, or required prolonged treatment and observation.

Current Performance

Performance in May was 15 against a benchmark of 14 – Q3 23/24 (NHS MH Dashboard). The Partnership remains committed to measuring and monitoring the number of patients discharged with a length of stay of 60 days or more, including instances of leave during their stay. Both BEH and C&I hold weekly MADE event looking at every patient with a length of stay over 40 days. The data is showing that there is starting to show a reduction in on both sides of the partnership.

Actions to sustain and improve performance.

All Clinically Ready for Discharge (CRFD) numbers and escalations are now reported to the system and discussed on the daily bed management and Patient Flow calls. Access to accommodation, complex care packages and waits for rehab are the key blockers in CRFD for which divisions are in contact with system partners to help unblock systematically. A new CRFD dashboard has been designed and is being made widely accessible to colleagues to give accurate visibility of all CRFD patients and their LOS. Meetings are being arranged with the London Boroughs to help improve pathways and processes for discharge. Industrial Action both within the Partnership and elsewhere in the system over the last few months has further contributed to delays as well as impacted the flow.

NCL – Inappropriate Out of Area Placements

"Inappropriate Out-of-Area Placements" (OAPs) occur when mental health patients are admitted to hospitals outside their local area due to a lack of local capacity. These placements can disrupt patient care by separating them from their support networks and limiting access to personalised care. Reducing OAPs is a priority to ensure patients receive treatment closer to home and improve overall care outcomes.

Current Performance

Performance in May was 672 recorded number of OBDs for the month against a goal of 372. This measure excludes clinically appropriate Out of Area Placements (OOA), i.e., placements for safeguarding reasons. Throughout the present year, there has been a notable decrease in the utilisation of out-of-area beds; however, March saw a surge due to the closure of some beds in Enfield for two weeks and an annual peak in demand.

Actions to sustain and improve performance.

Data quality has remained a key focus especially around Estimated Discharge Date (EDD) and CRFD recording. This is allowing teams to have a forward view of flow and escalate any blocks in a timely manner. The focus on CRFD discharges is also freeing up bed days which will further reduce the reliance on OOA placements. The Patient Flow improvement programme launched in April 2024 and has initiated a number of workstreams that are creating the conditions for positive flow and maximising bed availability across 7 days which will be the key enablers for sustainably reducing and then eliminating the use of out of area placements. Work is also being undertaken to maximise digital capabilities to create organisational preparedness for peak periods to help sustain a zero OAP ambition. QSC considered the impact of the work of the Patient Flow Improvement Program which is key to the improved performance in this area. N.B: performance continues to be impacted by the ongoing industrial action by trainee doctors.

72-hour Follow-Up Post Hospital Discharge.

The 72-hour Follow-Up Post discharge involves contacting patients within 72 hours after they leave an adult acute mental health inpatient bed and return to their home, a care facility, residential housing, or a non-psychiatric care setting. This prompt follow-up by the responsible clinical team supports a safer transition, especially for those with mental health needs or complex conditions, by allowing any emerging issues to be addressed early and reducing the likelihood of readmissions.

Current Performance

The target performance is 80%. Performance in May was 63%. The decline in performance in our southern boroughs has been an area of particular focus and has been compounded by a lack of available monitoring systems to track progress. Additionally, there have been a number of issues that have impacted the correct recording of information which in turn leads to these errors being recorded as failure to meet the target despite the person having been seen within the timescale.

Actions to sustain and improve performance.

To provide additional assurance that people are being seen within the 72-hour period and that all people are followed up following discharge a temporary system has been established whilst a longer-term resolution is pursued. Additionally, community leads are meeting with Hospital site colleagues to improve communication to crisis in-reach teams for out of area discharges and making sure that the correct discharge destination is selected when a patient is being transferred to a secure hospital site.

5. UPDATE ON SERVICE DEVELOPMENTS

BOROUGH PARTNERSHIP KEY PROGRAMME UPDATE

a) Community Mental Health Care Transformation

Our mental health teams have adopted the new care planning approach called DIALOG+ making it much easier to co-produce a personalised care and support plan with our service users and/or their carers.

Our new working arrangements with our Voluntary and Community Sector (VCS) partners are established aligning with our vision of an expanded and transformed community mental health service in partnership with Primary Care Networks (PCNs), the Voluntary and Community Sector (VCS), local authorities, physical health providers, service users, families, carers, and

communities and in line with The Community Mental Health Framework for Adults and Older Adults.

We are looking to strengthen the interface of core mental health teams and intensive mental health services. This will enable a smooth pathway for people who use our services.

Our largescale programme of work is divided into seven key workstreams:

- Community Mental Health Core Teams
- Younger Adults 18-25
- Adult Eating Disorders
- Older Adults
- Personality Disorders
- Community Rehabilitation
- DIALOG+ Care plan.

The feedback from people who use our services is encouraging. The Trust continues to seek feedback through our Friends and Family Test (FFT) survey in line with the principle that people who use NHS services should have the opportunity to provide feedback on their experience, for us to continue to improve. In May 2024, the overall FFT score was 88%, slightly below the benchmark target of 90%. Comments of negative experiences are reviewed by teams and actions taken where possible and learning shared.

b) Borough Partnerships Updates

We work in partnership with Adult Social Care, Primary Care Networks and voluntary sector providers in delivering a number of services such as employment support, physical health checks for those with Serious Mental Illness (SMI) and Mental Health Social Work interventions.

IPS / MH Employment Support

The IPS provider Hillside Clubhouse have been working with C&I to provide employment support in our mental health teams through their specialist employment advisors. Through funding from the DWP, Hillside Clubhouse's Employment Advisors work within IAPT services to deliver employment support.

Serious Mental Illness (SMI) Health checks

The Islington SMI Health checks service, delivered in partnership between C&I and Islington GP Federation, has been a valued services by G.Ps. This highlights the team's proactive and flexible approach and how they have built strong partnerships with GP Practices. The SMI Health checks service has been able to encourage people with SMI to receive annual health checks and focus on population approaches to improve outcomes.

Section 75 Agreement

We continue to work in partnership with the London Borough of Islington with LBI social workers co-located with and part of the mental health multi-disciplinary teams. We report on progress at the Islington's Mental Health Social Care Board.

UPDATES ON ST PANCARS TRANSFORMATION PROGRAMME

Highgate East

The Highgate East is a brand-new NHS mental health inpatient building on the Camden, Haringey and Islington border, next to the Whittington Hospital, opened in March 2024.

The building's cutting-edge design provides 78 all single en-suite rooms, replacing ageing inpatient facilities at St Pancras Hospital and providing a purpose-built environment which will support the recovery of service users and significantly improve the working lives of staff.

The new building has outdoor space from each ward, therapy spaces and a sports' hall. Highgate East will also be a valuable community asset with a café open to the public helping to destigmatise mental health.

Lowther Road Community centre

The state-of-the-art integrated community mental health centre at 1 Lowther Road opened its doors in March 2024. The centre provides a modern, welcoming space in the heart of the community offering integrated mental and physical health services and an enhanced working environment for staff.

Lowther Road is home to the majority of NLMHP's Islington Community Services including Complex Depression Anxiety and Trauma, Personality Disorder Service, Community Rehabilitation and the Islington Clozapine and Depot Clinic. A community café on the ground floor will make Lowther Road a place which everyone can use and enjoy.

On 18 April 2024, Arsenal Academy Manager, Per Mertesacker, joined staff and service users to officially open Lowther Road. Our Islington team has close links with the Arsenal in the Community project which delivers sport, social and education programmes to over 5,000 individuals each week including many with mental health diagnoses. The opening of the new community centre – less than a mile from the Emirates Stadium – will further strengthen those bonds and enable even more effective community working.

New Mental Health Crisis Assessment Service:

The Mental Health Crisis Assessment Service (MHCAS) opened in new location at Highgate West. This 24/7 emergency mental health care across North London offers much better alternative to A&E for those in a mental health crisis, really transforming service users' experience. At least 5 to 10 patients a week no longer needing mental health admission than was the case before MHCAS. This was an innovative national pilot, so successful it is now being replicated elsewhere.

Launched Section 136 pilot with the Metropolitan Police.

This is one of two pilots pioneering new approach providing specialist advice to Police about people detained with a mental health need. This has had a major impact in reducing inappropriate detentions, particularly reducing detentions of BAME service users, helping reduce inequalities, reduction in people attending A&E and reduction in Police time spent attending mental health emergencies.

Launched new 24/7 111 Think Mental Health service.

This is for anyone in North Central London in mental health crisis. It adds dedicated mental health option to NHS 111, improving ease and speed of access. The volume of 150 – 200

calls per week, with an average waiting time to get through to specialist help of only one minute, 11 seconds.

6. CHALLENGES:

Prevalence of Serious Mental Illness

As reported last year, we continue to have a high prevalence of serious mental illness and prevalence of common mental disorders in Islington. This includes high demand for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) assessments leading to longer waiting times for assessments.

Our ambition is that the community mental health transformation work, with a place-based focus and harnessing on opportunities to work across NCL as one mental health trust will help reduce inequality and improve access, experience and outcomes for people who use our services.

NCL have put some additional investments over the past couple of years to increase assessment capacity in our specialist Neurodevelopmental Disorder Services.

Camden and Islington remain two of the highest boroughs for Dementia prevalence across London. While improvements are yet to be reflected in the performance against the target of patients diagnosed within 6 weeks of referral, we are seeing improvements in 18-week performance which is an indication that patients are being seen earlier and there is an opportunity to learn from other services across our mental health partnership.

Recruitment

Overall vacancies are within expected targets. However, we have struggled to fill some vacant qualified nursing roles within our crisis services and often relying on bank shifts.

We are continue to look at creative ways of to reach a wider audience to improve our recruitment and advertising roles through various media platforms. One of our priority areas is to increase the number of staff employed from a postcode within the five NCL boroughs. We have seen some success in Islington IAPT services through working with the Islington health and social care academy where they successfully recruited Psychological Wellbeing Practitioners from NCL. There is an opportunity for other services to learn from the IAPT service in recruiting into these entry level roles. We are aiming to increase the number of apprenticeships, targeting local people to undertake an apprenticeship. We have offered success placement for apprentices in roles such as Clinical Associate Psychologists in our Core Teams, Graduate Management Programme trainee, and Psychological wellbeing practitioners in IAPT services and now in Better Lives SMS services.

CONCLUSION

We continue to build on the strength of our Islington borough partnership and the NLMHP. This is enabling us to take system wide approach in responding to the mental health needs of Islington residents and addressing inequalities.

This work is supported by our clinical strategy, embedding of community transformation and our recent estates developments will enable us to sustain and improve on our performance.

Key areas of focus for us remain on improving of memory assessments and perinatal mental health services.

APPENDIX 1: SERVICES BASED IN CAMDEN AND ISLINGTON NHS TRUST

Community Services

Assertive Outreach teams

Crisis Response Team and Crisis Single Point of Access

Clozapine wellbeing Clinic

Community Rehabilitation services

Substance Misuse Services

Women's crisis unit

Out of Area and Assessment Team

Réhabilitation and Recovery Teams

Serious Mental Illness (SMI) Nursing Team

Core Teams in Primary Care

Trauma Stress Clinic

Neuro developmental Disorder service

Psychotherapy Service

Complex Depression, Anxiety and Trauma (CDAT)

Personality Disorder Service

Veterans Services

Young people's services over 18-25

Early Interventions in Psychosis Teams

Services for Ageing and Mental Health

Community Learning Disability Team

Whittington Psychology Services

Perinatal Mental Health

Mental Health Crisis Assessment Service (MHCAS) and our acute hospital liaison services

Health Based Place of Safety

Inpatient Services

Acute Mental Health for working age adults

Older Adults wards

Rehabilitation wards

Psychiatric Intensive Care Units
