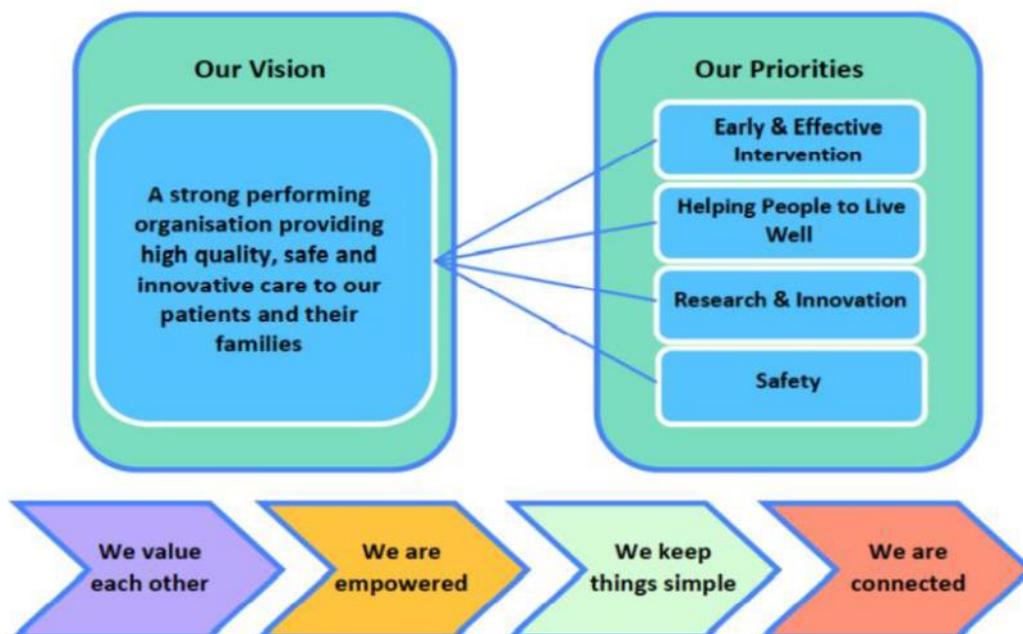


Camden and Islington NHS Foundation Trust

Report Prepared for:
Islington Council Health and Social Care Scrutiny Committee
04 October 2022



Reporting Officer: Prosper Mafu, Managing Director - Islington Division

1. SUMMARY

This report has been 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 a report to this committee in October 2021. The committee asked for an overview on performance over the last 12 months, the challenges we face, and our plans for future developments in service.

Since our last report C&I has reviewed its divisional structure from clinical specialties to three divisions -Camden, Islington, and Hospital divisions. This new 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.

Our utmost priority in everything we do is to ensure that people who use our services are safe, the care and treatment they receive works for them, and they have a positive experience of using our services.

An inherent function of all our services is to address the inequalities experienced by people who use our services. We continue to work with our system partners at NCL, neighborhood and place to help address inequality.

C&I will remain agile and adapt its strategy to meet the challenges faced due to high prevalence of serious mental illness, common mental disorders, population growth, and any lasting legacy of the covid pandemic.

C&I are working on transformation of community mental health services, transformation of estates and strengthening our partnership with Barnet, Enfield, and Haringey NHS Trust (BEH). This is enabling us to improve outcomes and address inequality through strengthened timely access to services and delivery of holistic interventions.

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

2. INTRODUCTION

Camden and Islington NHS Foundation Trust (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.

This report will be presented under the following set of headings:

- Introduction
- Our services
- Our priorities

- CQC inspection 2019
- Our performance against Key Performance Indicators (KPIs)
- Our key highlights
- Challenges
- Addressing inequality
- Appendix 1: List of our services
- Appendix 2: Detailed performance report
- Appendix 3: Improving physical health and mental health, key areas of focus

3. OUR SERVICES

Camden and Islington NHS Foundation Trust (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.

Under the previous structure there were five divisions, based around clinical services:

- Acute
- Community Mental Health
- Recovery and Rehabilitation
- Services for Ageing and Perinatal Mental Health
- Substance Misuse Services

We replaced the five divisions with three; two are geographical – Camden and Islington, while the Hospital Division provides patient care across both Camden and Islington. These are:

- Hospital
- Camden community
- Islington community

This new 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.

Previous Divisional Structure	New Divisional Structure
Acute Division	Hospital – all inpatient areas Psychiatric Intensive Care Unit (PICU), acute, older adults and rehabilitation) plus our Mental Health Crisis Assessment Service (MHCAS) and our acute hospital liaison services and a Health Based Place of Safety
Community Mental Health (CMH)	Camden - also hosts cross-borough services for Ageing Mental Health and Perinatal Mental Health
Recovery and Rehabilitation (R&R)	
Services for Ageing and Perinatal Mental Health (SAPMH)	Islington - also hosts cross-borough Mood Disorder and Substance Misuse Services
Substance Misuse Services (SMS)	

For a list of our services see Appendix 1

4. OUR PRIORITIES

The safety and quality of the care we deliver at Camden and Islington NHS Foundation Trust is our utmost priority, and is reviewed by assessing whether;

- Service Users are safe (patient safety)
- How well the care and treatment provided works (clinical effectiveness)
- How service users experience the care they receive (patient experience).

Our two main areas of focus over the next few years are:

- Developing a model of integrated core community mental health services
- Improving patient flow and experience

Our clinical strategy is the central strategy that guides the wide range of the Trust's work and how to work together to progress these two priorities. All other strategies and plans must demonstrate how they support and deliver the requirements of clinical strategy.

5. CQC inspections

CQC rated the Trust as ‘Good’ overall in the last full inspection in 2019, reported in 2020. All actions from our full CQC inspection in 2019 and from the MHA visits are monitored, and we continue to sustain improvement, and implement change where required.



Overall trust quality rating		Good ●
Are services safe?		Requires improvement ●
Are services effective?		Outstanding ☆
Are services caring?		Good ●
Are services responsive?		Good ●
Are services well-led?		Good ●

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Requires improvement ↓ Jan 2020	Good →← Jan 2020	Requires improvement ↓ Jan 2020
Long-stay or rehabilitation mental health wards for working age adults	Good →← Jan 2020	Good ↑ Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020
Wards for older people with mental health problems	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Community-based mental health services for adults of working age	Requires improvement ↓ Jan 2020	Outstanding Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good →← Jan 2020
Mental health crisis services and health-based places of safety	Requires improvement →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020
Community-based mental health services for older people	Good Mar 2018	Outstanding Mar 2018	Outstanding Mar 2018	Outstanding Mar 2018	Outstanding Mar 2018	Outstanding Mar 2018
Community mental health services for people with a learning disability or autism	Good Mar 2018	Outstanding Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Substance misuse services	Good Mar 2018	Good Mar 2018	Outstanding Mar 2018	Outstanding Mar 2018	Outstanding Mar 2018	Outstanding Mar 2018

6. OUR PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS

The Trust reports on a bi-monthly basis to the Board on the Trust’s operational, quality and safety, workforce, and financial performance against national and local standards. The focus is defined by the Trust’s priorities, which are informed by nationally defined objectives for providers – the NHS Constitution, the Long-Term Plan and NHS England and NHS

Improvement's Oversight Framework, which provides the framework for overseeing providers and support where there is a need.

The Oversight Framework for 21/22 was built round five national themes:

- Quality of Care, Access, and Outcomes
- Preventing Ill Health and Reducing Inequalities
- Finance and Resources
- People
- Leadership and Capability

These five themes are monitored through a series of service performance targets. These include:

- People who should be followed up within 72 hours of discharge from an inpatient unit
- People experiencing a first episode of psychosis being treated with a NICE-approved care package within two weeks of referral,
- Patients placed in an inpatient bed out of the Trust's catchment area.
- There are also several Mental Health Services Data Set metrics and tiers of targets covering recovery rate of Improving Access to Psychological Therapies (IAPT) services.

Despite the challenges the Trust has faced around staff sickness, self-isolation, and the shift of resources to clinically urgent services, most of the performance indicator thresholds were met in the 12 months ending 31 July 2022.

Below is a summary of performance against KPIs and measures we are taking to sustain improvement. For detailed performance report see Appendix 2.

- The Trust has consistently performed above target in ensuring that *people with first episode of psychosis receive treatment within 2 weeks of referral*.
- In Islington IAPT the *waiting time for people to begin treatment within 6 weeks of referral* have fallen slightly below the 6-week target. This was predicted due to vacancies. This problem is being tackled by ongoing recruitment and piloting an e-booking system for High Intensity referrals. Once indicative waits improve, we expect the 6-week waiting time KPI to improve after another 4-5 months.
- *Our bed occupancy* remains below 100% but above our ambition to reduce our occupancy to 85%. Our occupancy is at an average of 93%. Although this figure is high, it has allowed us to ensure people are admitted to their local services, keeping links with family, friends, and the local community. Medium to long term actions are managed with the local Patient Flow strategy linked to the related NCL workstream.
- The *Average Length of Stay (ALoS)* in our adult acute mental health wards for the period 2021-22, was 44 days. This is above our target of 37 days. However, it is acknowledged that the ALoS is impacted by the need to carefully consider the discharge plans for people with complex needs with a longer length of stay. A new partnership forum has been established to oversee patient flow workstreams chaired by the Chief Medical Officer (Acute Inpatient Pathway Oversight Group meeting).
- We aim to sustain low to zero performance in terms of *inappropriate out of area admissions for adults*. This improvement in reducing inappropriate out of area

admissions means that people can be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning. This also enabled people to be treated in a location where they can maintain contact with family, carers, and friends, and to feel as familiar as possible with their local surroundings.

- The *follow up for people discharged from mental health hospitals within 72hours* is an area we have identified as requiring improvement. We are working with the Quality Improvement (QI) team and have plans to streamline the process and embed into the teams. We're reviewing BEH performance and processes to ensure that the revised C&I process is as optimised as possible.

7. Our Key Highlights:

Update on the Community Mental Health Care Transformation

The Community Mental Health transformation is one of the core programmes for the Islington Fairer Together partnership. The key objective of the community mental health transformation is about improving equity of access and a holistic approach to care and treatment.



We have made good progress developing and implementing 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 creating and implementing a new, flexible, proactive model of community-based mental health care for people with moderate to severe mental illnesses across a range of diagnoses and needs, focussing on prevention and population health management. This

represents a radical change and full implementation of this new model across all areas by 2023/24 is a key deliverable in the NHS Long Term Plan, with ringfenced new investment.

By 2024, an additional 10,000 people across North Central London will be receiving mental health care and support.

The new model was co-produced with patients, residents and partners in Camden and Islington. The aim is to provide:

- More timely, personalised, and proactive care and support to help people recover quickly and stay well.
- Everyone will be able to co-produce a personalised and flexible care and support plan, ensuring services are designed around their own unique needs. They will have a designated key worker who will manage their care and who they can contact if their needs change.
- Their mental health, physical health and social needs will be addressed together. For our areas of focus in improving the physical health for residents of Islington see Appendix 3.
- Care will be coordinated to ensure people don't have to repeat their story.
- There will be more support to help people to get into work and new bespoke programmes to tackle mental health inequality and ensure everyone can get help when they need it.
- People will receive care within four weeks of being referred.
- The new neighbourhood services will be delivered by NHS, social care, and voluntary sector experts. New frontline workers – community outreach specialists, people with lived experience, psychiatrists, psychologists, occupational therapists, social workers, and specialist nurses — are being recruited to deliver the new and expanded services.
- By 2024, new neighbourhood teams will offer one-stop holistic mental health care and support for adults including mental health checks and advice, physical health checks and follow-up care, psychological therapies, medication, social prescribing, social care including Care Act assessments, practical support for social needs like housing, accessing benefits and managing debt, support to get into work, help to connect with others in the community and wellbeing advice and support.

Progress update:

Launch of Core Teams across Islington: Multi-agency, multi-disciplinary workforce made up of traditional NHS roles, non-traditional NHS roles and non-NHS roles (20+).

Islington Central – went live July 2021 and Islington North and Islington South – went live in September 2022.

Brand new roles e.g., Population Health Nurses with clear job plans aligned to preventative agenda, physical as well as mental health.

Expanded range of interventions including Dialectical Behavioural Therapy (DBT)

Collaboration across North Central London not just in designing and delivering a consistent model, but also tackling specific focus areas jointly in eating disorders and personality disorders pathways.

Areas we are focusing on:

Recruitment into the service has been slow and therefore we have not been able to offer all interventions from day one. Recent recruitment successes show that progress is being made.

Estates – finding space within the community for all staff has been difficult. Estates options are being explored to support the development of core teams.

There are opportunities to improve on wider stakeholder engagement across Islington.

The next phase should focus on strengthening our specialist ‘intensive’ teams that work with people with the most complex needs.

Update on Partnership working between C&I and BEH

We continue to build a strong, working partnership with our neighbouring mental health Trust, Barnet, Enfield, and Haringey (BEH). This partnership will make a real difference to our service users, residents, and staff.

We want to:

- Reduce health inequalities
- Eliminate unwarranted variation and inconsistencies across our services
- Improve outcomes for service users, and
- Create a sustainable workforce model

This partnership is already helping us to work more effectively together and to drive the changes we need to see to improve care still further. Through a series of meetings during the summer and autumn with service users and staff, we co-produced nine priority areas that we will focus on to realise our ambitions for the partnership shown below. These priorities will be the drivers to help us achieve our overarching Trust priorities.

Emerging priorities



As part of our partnership, we have also introduced a new model for our crisis houses and this is now operating across our whole area. We also plan to open local crisis cafes in the boroughs. One of our priorities is to have a single bed management process across our two organisations so that we will be able to support each other with bed capacity. We want to avoid sending anybody who needs to be admitted, to a hospital outside our area, far from where they live.

We will soon have a new digital system in place to help us achieve this objective. We are also getting specialist support to build a single patient tracking list across both our trusts so that we can support each other in making sure that people get the right care at the right time.

We are confident this partnership will have huge benefits for those who use our services and make both our trusts organisations where staff want to work and build their careers.

Update on the St Pancras Transformation Programme



How our estate is organised and the quality of our facilities, has a direct impact on how care is delivered, service accessibility and service user experience. By redeveloping our key community sites, we can create larger, modern facilities that provide the space we need to co-locate our clinical teams and allow partner organisations to run wellbeing and support services, to deliver joined-up, holistic care for our service users. Increasing capacity in the community will also further support our ability to provide the care people need early on in their illness.

The St Pancras Transformation Programme is one of the most ambitious projects in the Trust's history. It focuses on replacing our ageing facilities that are unsuitable for modern mental health care.

C&I has recognised for a long time, that the estate infrastructure at St Pancras, which represents 40% of the Trust's accommodation, is no longer fit for purpose and could have an impact on its ability to deliver a full range of services and improvement targets. We have an estate transformation programme underway, which runs in parallel with our community transformation programme.

Our estate transformation work includes redeveloping the St Pancras Hospital site, building a new hospital in Highgate East opposite our existing Highgate Mental Health Centre, and creating integrated community mental health centres in Camden and Islington. All Camden and Islington NHS Foundation Trust inpatient mental health services will move from St Pancras Hospital to our new campus in Highgate.

We will maintain a flagship presence on the St Pancras Hospital site, in a new facility for specialist and regional community services. It will be shared with the Institute of Mental Health to enable us to translate the latest research into care and treatments for our service users.

Subject to approvals, Project Oriel (a joint initiative between Moorfields Eye Hospital NHS Foundation Trust, the UCL Institute of Ophthalmology and Moorfields Eye Charity) will use a portion of the site for their new centre for advancing eye care. The remainder of the site has been long leased to our development partner, the King's Cross Central Partnership (KCCLP), for redevelopment. This part of the site will include some housing and commercial space.

Once our new hospital at Highgate East is built, all inpatient wards from the ageing St Pancras buildings will move to Highgate.

Having our hospitals located opposite each other will create our single inpatient campus, allowing us to organise staff cover, and utilise our resources, much more efficiently across the two facilities. Each of our new facilities is co-designed with service users, carers, and staff to create non-stigmatising, therapeutic environments that support mental health recovery and improve patient experience.

As an NHS organisation, we have a significant stake in our boroughs. Our Anchor Programme goes beyond the care and wellbeing of our service users and focuses on playing our part to build healthier communities. The Anchor Programme aims to create a 'sense of place' in the community. All our new facilities will have spaces that local people can share to support their wellbeing and maintain social connections. For example, our café spaces will be open to all and we will allow access to our meetings rooms and gym at allocated times. Our aim is to create buildings that local people will see as valuable community assets and improve their understanding and interest in mental health.

Progress update:

St Pancras site: We are on track to vacate the buildings within the Project Oriel footprint. This has meant the relocation of a number of C&I teams within the St Pancras site, along with the movement of external partners who leased space from the Trust. To enable this to be completed safely, a new outpatient clinic facility in South Wing has been developed and will open in September 2022. This provides high quality consultation room space in South Wing for teams continuing to operate from the St Pancras site. In addition, two of our wards are moving from Ash House to facilitate the Oriel development. The wards will move to their destination at the Highgate Campus late 2023.

Highgate Campus: Works are progressing well to update and improve the accommodation at our current Highgate West facility. The programme will be completed summer 2023. This not only results in upgrades to our existing wards but also improves the communal space, kitchens, and gardens. We have already moved our female psychiatric intensive care unit into their new accommodation, so that some of our most acutely unwell patients can benefit from a modern and welcoming environment. Our new inpatient unit at Highgate East is on track for completion October 2023. Highgate East will have five wards and will focus on rehabilitation and recovery, with Highgate West being our acute centre. We also have plans to locate our Mental Health Crisis Assessment Service on the Highgate West site, although this is currently subject to funding approval.

Islington Hub: Our new Islington Hub at Lowther Road is under construction and on track to be completed by December 2023. This will act as our main community hub for mental health services and facilitate closer working with partners and between teams.

8. CHALLENGES:

Prevalence of Serious Mental Illness

The pandemic has had an enormous impact on mental health services and will shape the future of services. We do not know what the lasting legacy of the pandemic will be. We will remain agile and adapt our strategy to meet these changes.

In England, Islington has the third highest prevalence (about 3,886 people) of serious mental illness and the 5th highest prevalence (about 45,000 people) of common mental disorders. 25% of the Islington Crisis Team caseload are students. With population growth, there will be approximately 117 more people with serious mental illness by 2029. There are 1103 people over 65 registered as having dementia. The alcohol-related mortality rate is 49.2 per 100,000 (the national average is 46.5 per 100,000). Alcohol dependency rates are 18.07 per 1000 people (national rate is 13.65 per 1000). Opioid and crack use is also above the national average with an estimated 6658 users. There are 1,042 people (0.4% of the population) on GP registers as having a learning disability with about 675 people getting long term support from the Local Authority.

This includes the prevalence of neurodevelopmental disorders for which Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) assessment waiting times are high.

Recruitment

Recruitment into the expanding and transformed core teams has been slow and therefore been unable to offer all interventions from day one. With the support of our recruitment specialist the Islington Division is looking at more creative ways to reach a wider audience to improve our recruitment. Recent recruitment successes show that progress is being made.

Carenotes Outage

On Thursday 4 August 2022, Advanced, who provide digital services to a range of NHS trusts nationally was subject to a cyber-attack. Products affected include Carenotes, the C&I electronic patient record system.

This incident was managed nationally by NHSE who worked closely with Advanced to establish a plan for the restoration of services. The Trust declared an internal Critical Incident and business continuity arrangements were implemented.

Our staff have managed the carenotes outage exceptionally well. The trust did everything it can to mitigate impact on patient care and partnership working. Whilst the outage has not caused disruption to service delivery there were delays to processes that would normally be speedy and automated. There is also an impact on some of our external performance reporting as we now implement a temporary EPR solution. Our commissioners and partners have been updated of this.

9. ADDRESSING INEQUALITIES

An inherent function of all our services is to address the inequalities experienced by people who use our services. Some of our services can be highlighted as being more specific including the following:

- Veterans' Mental Health Transition, Intervention and Liaison (TIL) Service (disability).
- 10/10 Project (Gangs) and the Integrated Gangs Team Islington (disability, race, sex).
- The Hive (age); Minding the Gap and Islington Transitions Team (age).
- Ward Chaplains (faith/belief) will see patients of all faiths or none and organise celebration of the main Faith Festivals.
- The community transformation is our cornerstone in moving to population health management at PCN level. There is extensive engagement with community groups, including Voluntary Action Camden, Bengali Workers Association, African Health Forum, Mind in Camden, Kings Cross Brunswick Neighbourhood

Association. Leaders from minority groups are included in working groups that are developing integrated care.

- IAPT services are addressing how to improve waits and recovery rates for people from ethnic minority communities.
- We have a well-established women's acute pathway with Drayton Park Women's Crisis House, single gender wards and a women's Psychiatric Intensive Care Unit.
- Our women's lead along with the Women's Strategy Group lead on sexual safety, awareness and response to domestic and sexual abuse network and our Trauma Informed Approach.
- Perinatal services across NCL are now in place and growing their offer (gender).
- Trans and non-binary patients are supported to be admitted to the gender ward of their choice.
- We are committed to tailored services for older adults which is linked into the Frailty Network.
- We have specialist older adult CMHTs and inpatient wards that are dementia friendly and disability accessible.
- A dedicated Home Treatment Team for older adults supports discharge from hospital and does community crisis intervention.
- We have dementia services that offer a range of NICE approved interventions and with follow up from diagnosis to death. A QI project is being done in the memory services to address the engagement and needs of people from different ethnic groups more effectively (age, ethnicity, disability).
- Better Lives (disability) is an integrated adult substance misuse service in partnership with the VCS. This includes GRIP Club Drugs Service (sexual orientation).
- Cultural Programme Advocacy (disability, race, sex) in conjunction with Islington Mind, supports transition back into the community; community groups to promote wellbeing; and individuals and families to look after their mental health.

We will continue to ensure co-production and consultation regarding Equality, Diversity, and Inclusion (EDI) through a range of local networks.

APPENDIX 1: SERVICES BASED IN CAMDEN AND ISLINGTON

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

Rehabilitation 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

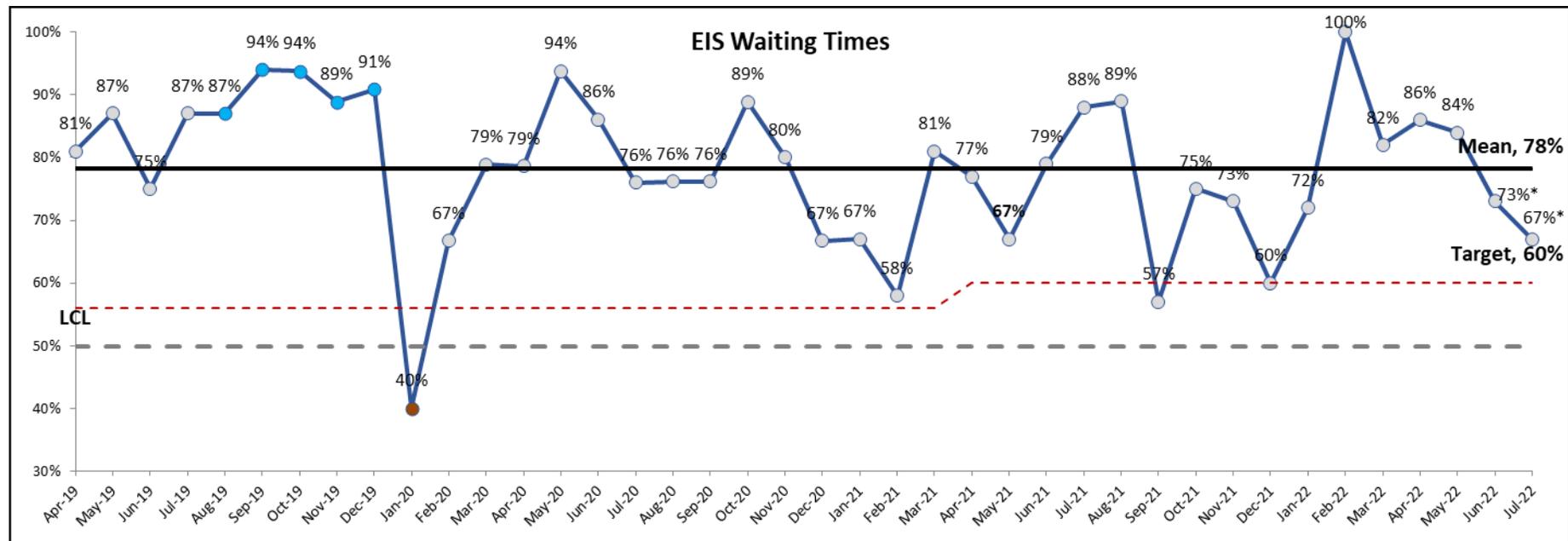
APPENDIX 2: Detailed Performance Report

Proportion of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral

The Five Year Forward View for Mental Health states that at least 60% of people with first episode psychosis starting treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service do so within two weeks of referral.

Proportion of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral – The Trust has consistently performed above its target of 60%.

The EIS service is currently experiencing significant pressures due to the high rate of vacancies and turnover which will impact on performance including waiting times. A range of measures are being implemented to improve the staffing situation and reduce the team caseload.



Improving access to psychological therapies (IAPT): The data for the two key indicators are waiting time to begin treatment (from IAPT minimum dataset) and proportion of people completing treatment who move to recovery (from IAPT dataset), is derived from our internal performance systems.

The table above shows the performance of our three boroughs for last year (NHSI published performance numbers are usually three months retrospective).

Waiting times for Islington have fallen below the 6-week target. This was predicted due to vacancies. The KPI is calculated at the point of discharge so there is a lag of several months (2-6) from when the problem occurs to it showing on KPIs. In Islington the indicative waits (at assessment) were below target from October 2021 and showed up on KPIs in Feb 2022 (4 months later). This problem is being tackled by ongoing recruitment and piloting an e-booking system for HI referrals. Once indicative waits improve, we expect the 6-week waiting time KPI to improve after another 4-5 months.

All IAPT services are meeting the 18 week waiting times target.

Currently average Recovery Rate for Islington is 49%. Performance is closely reviewed at services, staff group and practitioner level to identify areas for intervention and improvement. As the target is an average of 50% you would expect there to be variation above and below this every month – with half the months being below 50%.

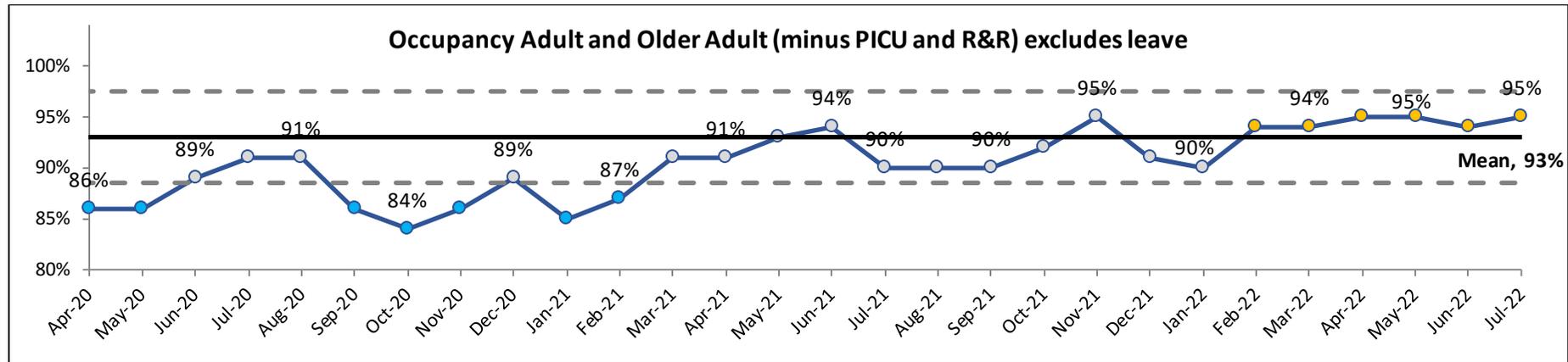
The service looks very closely at fluctuations in recovery rates to try and understand some of the drivers for changes and what can be done to maximise recovery rates going forwards. All services have noticed an increase in clinical complexity of people referred this year (reflected in higher average scores on clinical measures). Staffing changes also result in more coding errors and services are doing more staff training to address this. Camden and Islington are re-introducing recovery rate consultations for individual clinical staff members to look at individual factors affecting recovery rates.

Performance Indicator	Target	Area	Source	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22		
Waiting time to begin treatment within 6 weeks of referral	75%	Camden	Local	92%	92%	94%	90%	79%	84%	84%	81%	78%	78%	76%	72%	79%	79%		
			NHSD	92%	92%	93%	88%	80%	83%	83%	82%	78%	80%	77%	74%				
		Islington	Local	83%	85%	86%	80%	83%	82%	79%	80%	73%	71%	72%	71%	71%	63%		
			NHSD	83%	85%	86%	81%	83%	81%	79%	80%	74%	72%	72%	72%				
		Kingston	Local	96%	94%	89%	86%	85%	81%	79%	78%	71%	69%	76%	62%	70%	58%		
			NHSD	95%	95%	88%	87%	86%	83%	82%	80%	74%	69%	78%	65%				
Waiting time to begin treatment within 18 weeks of referral	95%	Camden	Local	100%	100%	99%	100%	99%	99%	99%	97%	99%	97%	99%	98%	98%	97%		
			NHSD	100%	100%	99%	99%	99%	99%	99%	97%	99%	97%	99%	98%				
		Islington	Local	100%	100%	99%	100%	99%	99%	99%	99%	98%	95%	95%	97%	92%	96%		
			NHSD	99%	100%	99%	99%	99%	99%	99%	99%	99%	96%	96%	96%				
		Kingston	Local	99%	99%	99%	99%	99%	98%	99%	99%	98%	98%	100%	98%	100%	99%		
			NHSD	99%	99%	99%	99%	99%	98%	99%	99%	98%	98%	100%	98%				
Proportion of people completing treatment who move to recovery	50%	Camden	Local	48%	47%	45%	52%	51%	46%	52%	48%	48%	46%	51%	46%	40%	49%		
			NHSD	49%	49%	45%	51%	49%	46%	50%	45%	48%	46%	49%	48%				
		Islington	Local	50%	45%	54%	51%	51%	45%	43%	46%	45%	52%	53%	56%	51%	45%		
			NHSD	53%	46%	51%	50%	49%	43%	44%	47%	45%	51%	49%	54%				
		Kingston	Local	54%	53%	50%	47%	55%	51%	50%	63%	58%	56%	52%	55%	57%	55%		
			NHSD	55%	54%	52%	48%	56%	54%	50%	64%	59%	55%	52%	55%				

Bed occupancy National data indicates that bed occupancy in acute mental health NHS facilities is often close to 100%

As an organisation, we have been at an average of 93% over the past two years. Although this figure is high, it has allowed us to ensure service users are admitted to their local services, keeping links with family, friends, and the local community. Our organisational aim is to reduce bed occupancy to 85% or below during the next 12 months.

Occupancy in July was 95% (Adult 95% and OA 98%). It has remained 6 points above the mean which shows a special cause variation that will continue to be monitored and appears to have led to increased waits for admissions. Medium to long term actions are managed with the local Patient Flow strategy linked to the related NCL workstream.

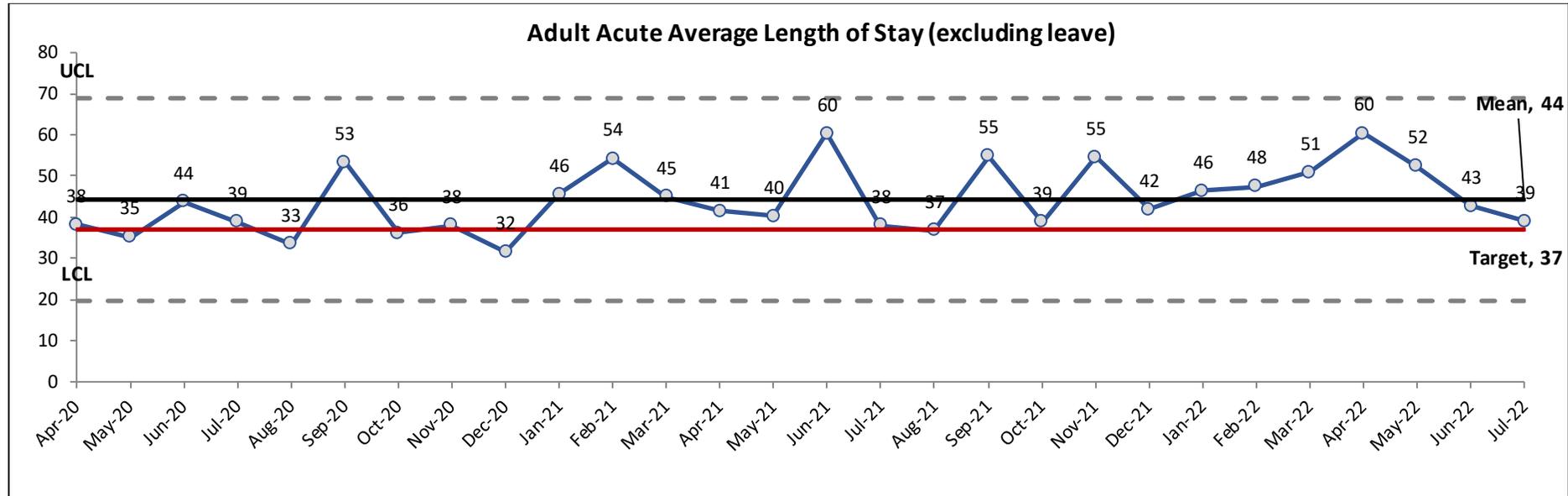


Average LOS for Acute Wards

We are aware that a person’s length of stay (LOS) in our inpatient services is a key driver in reducing inpatient bed occupancy rates. Estimating discharge dates is key and includes multiple factors including the person’s primary diagnosis, physical health, any substance misuse concerns, housing, relationship and employment status, functional and social impairment.

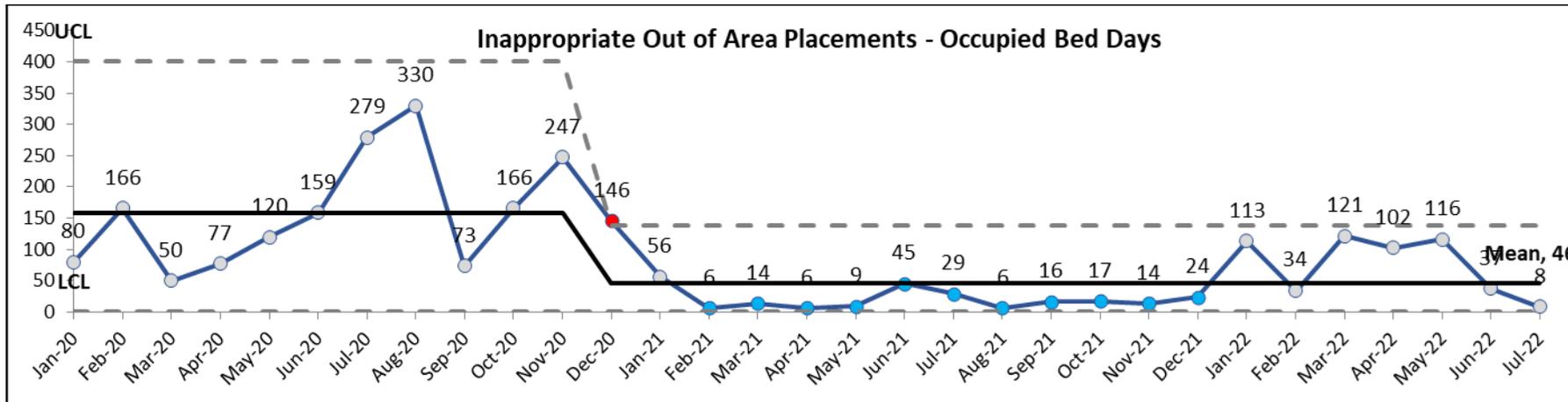
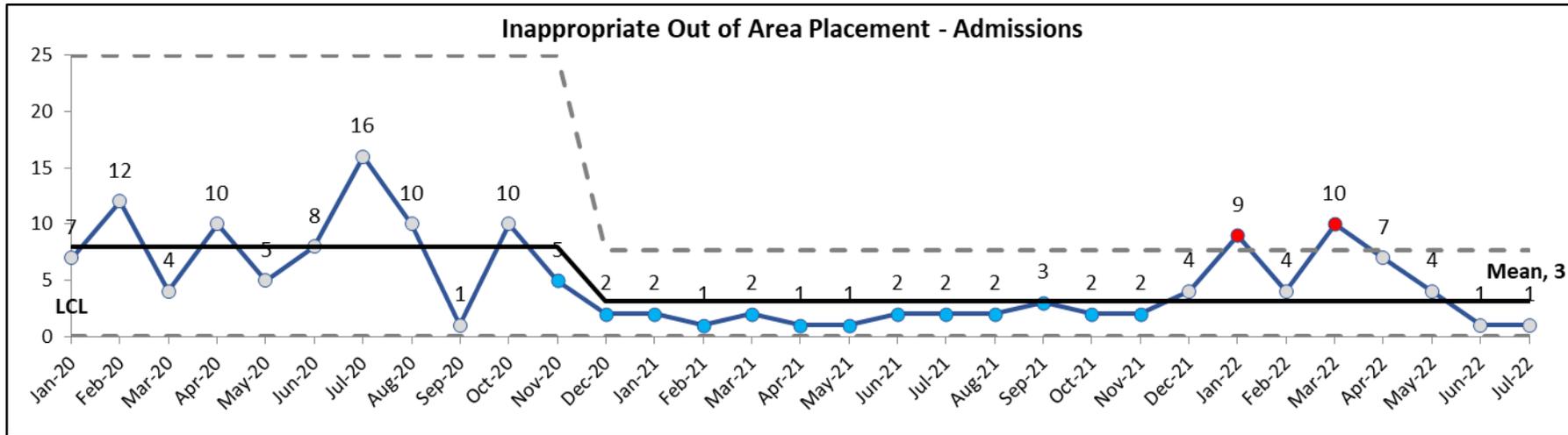
The Trust completed a focused piece of work on expediting discharges with the involvement of both the Discharge Facilitation Team and Home Treatment teams. The Trust has worked proactively, establishing an expected date of discharge soon after admission to ensure that service users are receiving safe and effective care, shaping their journey to make everyday count, and giving tangible hope at a time when they are acutely unwell. Having this expected date of discharge facilitates shared decision-making conversations with the service user, family and carers and supports the wider patient flow and bed management systems. One of the NHS Long Term Plan ambitions is that 32 days would be the average time for a person to be an inpatient. For the period 2021-22, our average length of stay was 44 days

The ALOS SPC chart only includes adult acute discharges. ALOS for July was 39 days with 7 patients staying over 100 days. Discharging patients with complex needs with a long length of stay is a success but does impact on ALOS calculated on discharge. A new partnership forum has been established to oversee patient flow workstreams chaired by the Chief Medical Officer (Acute Inpatient Pathway Oversight Group meeting).



Inappropriate out-of-area placements for adult mental health services

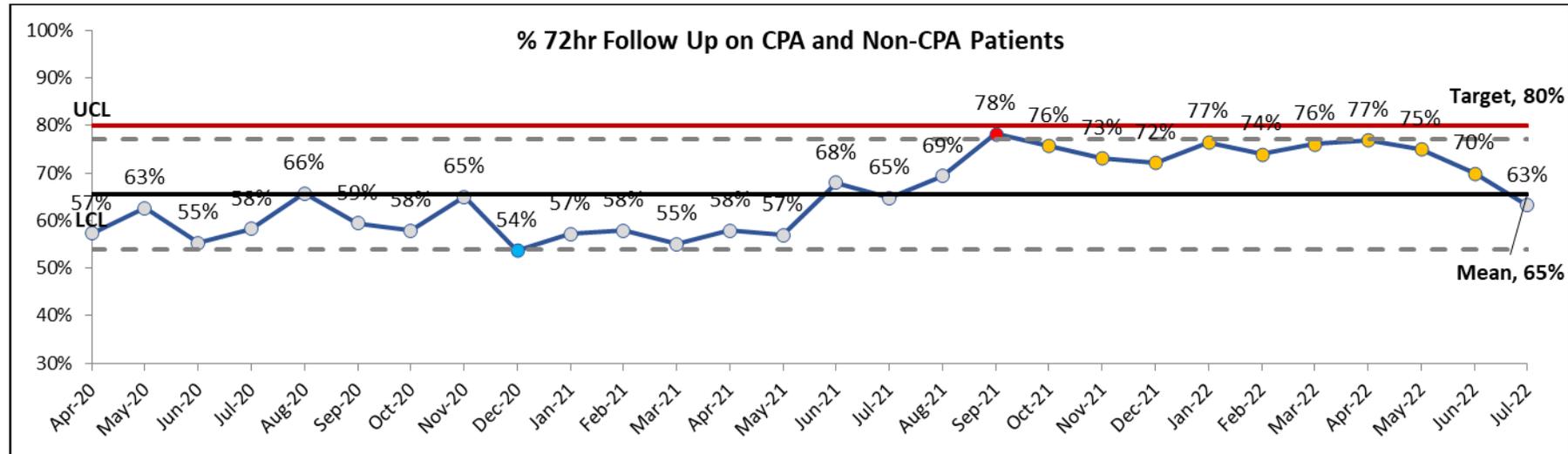
Camden and Islington NHS Foundation Trust derives this data from our internal performance system (figures include Acute/PICU and OAP placements) The NHS-England target for inappropriate out of area placements is zero. This measure excludes clinically appropriate out of area placements, for example, OOA placements for safeguarding reasons. There was one new admission in July and 8 OBDs for a female PICU bed. Aim to sustain low to zero performance. This improvement means that the service users can be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning. This also enabled service users to be treated in a location where they can maintain contact with family, carers, and friends, and to feel as familiar as possible with their local surroundings.

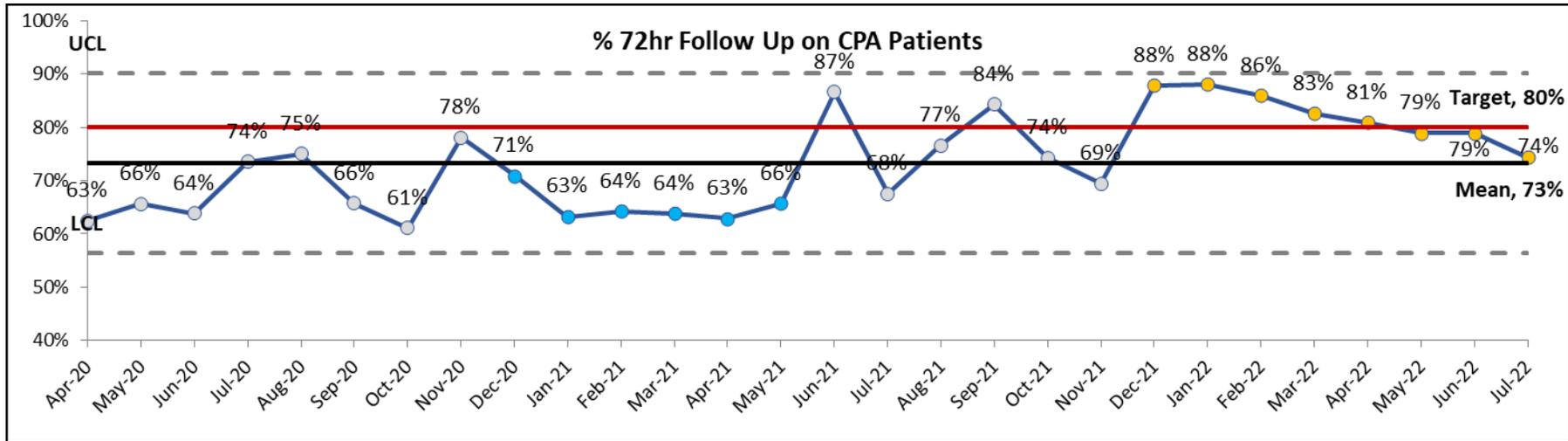


72 Follow up following hospital Discharge

(All) 72hr follow-up in July was 63%. Non-CPA was 56% and CPA was 74%.

A QI Hub facilitated workshop took place in July to transition the 72hr follow-up process from the Hospital Division to Community. We aim to streamline the process and embed into the teams. A follow up meeting has been scheduled to finalise the process. We're reviewing BEH performance and processes to ensure that the revised C&I process is as optimised as possible.





APPENDIX 3: Improving Physical Health and Mental Health Key Areas of Focus

