



North Central London  
Health and Care  
Integrated Care System



# Mental Health, Learning Disability and Autism Inpatient Quality Transformation Plan

2024 – 2027



# Introduction and Purpose



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In February 2023, NHS England launched the **Mental Health, Learning Disabilities and Autism Inpatient Quality Transformation Programme**, a national initiative aimed at enhancing the quality and safety of care across inpatient services.

To support this initiative, local systems have been tasked with developing a three-year plan that aligns with the **Mental Health, Learning Disability and Autism Inpatient Commissioning Framework**.

This document outlines North Central London's (NCL) revised Quality Transformation Plan. It has been co-produced with patients, families, clinicians, providers, and key stakeholders. The plan builds upon existing best practices to further improve care, focusing on the following three strategic priorities:

**Priority 1:** Improve access and flow through inpatient services

**Priority 2:** Enhance community services for autistic individuals

**Priority 3:** Develop a skilled and competent workforce

**This plan is a living document and will be periodically updated to reflect evolving system priorities and service developments.**

# The National Programme



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## Key Objectives:

Localise and realign inpatient services

Improve culture and support staff

Support systems and providers facing challenges

Make oversight and support arrangements fit for sector

Support the least coercive care

The national programme encourages local systems to foster cultural change and adopt a bold, reimagined model of care for the future.

It is underpinned by core principles of high-quality mental healthcare: continuity of care, strong therapeutic relationships, and an unwavering commitment to meeting the needs of all individuals.

Further information on the national programme is available on NHS England's website:-

[NHS England » Mental Health, Learning Disability and Autism Inpatient Quality Transformation programme](#)

# About North Central London



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North Central London (NCL) serves a diverse and relatively young population of nearly 1.8 million residents across five boroughs: **Camden, Islington, Barnet, Enfield, and Haringey.**

While over half the population identifies as White, around 20% are of Asian heritage and another 20% of Black heritage. The area contains significant contrasts between affluent and deprived communities, with more than one in five residents living in the 20% most deprived areas nationally.

NCL is a complex healthcare system with an annual income of approximately **£5 billion**, comprising:

- 12 major healthcare providers
- 5 local authorities
- 33 Primary Care Networks (PCNs)
- 280+ domiciliary care services
- 220+ care homes
- Numerous voluntary, community, and social enterprise (VCSE) organisations<sup>4</sup>

# Mental Health in North Central London



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Adult mental health, learning disability, and autism inpatient services in North Central London (NCL) are primarily delivered by **North London NHS Foundation Trust (NLFT)**.

In NCL there are:

- **22,921** individuals diagnosed with serious mental illness (above London and national averages)
- **29,017** adults with learning disabilities (17% of the London total)
- **12,153** adults with autism spectrum disorder (17% of the London total)

Post-COVID, demand for mental health support has risen significantly. In response, we have developed strong **community-based mental health services** so that people can get help quicker, closer to where they live, reducing reliance on inpatient care.

NLFT currently operates **405 adult and older adult inpatient beds**, including acute and psychiatric intensive care units (PICU). In some instances, we commission independent sector beds where there is no local capacity due to high levels of demand. Usage of **independent sector** beds has significantly declined over the past year.

# Developing the plan and our objectives



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In Spring 2024, NCL Integrated Care Board (ICB) engaged stakeholders through workshops and focus groups to shape its 3-year Mental Health, Learning Disabilities, and Autism Inpatient Quality Transformation Plan (MHLDA IQTP). The plan emphasises the need to improve care in our mental health inpatient settings as well as enhance community support for autistic individuals to reduce unnecessary hospital admissions.

The plan was co-produced with stakeholders to ensure the initiatives align with the needs and priorities of the community. It also aligns with national objectives to transform inpatient care for mental health, learning disabilities, and autism services

## **This plan focuses on three priority areas:**

**Priority 1:** Improve access and flow through inpatient services

**Priority 2:** Enhance community services for people who are autistic

**Priority 3:** Develop a skilled and competent workforce .

**We are committed to ensuring that Service User and Carer Involvement is a golden thread through the development and the implementation of our plan.**

## **Key Objectives of the NCL MHLDA IQTP**

- 1. Community-Based Therapeutic Interventions:** Deliver trauma-informed care closer to home, minimising the need for inpatient admissions.
- 2. Reduction in Admissions and Out-of-Area Placements:** Implement proactive strategies to decrease hospital admissions and avoid placing patients in facilities far from their communities.
- 3. Early Community Treatment:** Increase early intervention efforts within community settings to address needs promptly.
- 4. Enhanced Inpatient Care:** Improve the quality of inpatient services through therapeutic environments and proactive discharge planning.
- 5. Post-Discharge Support:** Ensure effective support systems are in place following discharge to maintain patient well-being and prevent readmissions.
- 6. Develop a well-trained workforce:** Ensure our staff and partners have the right skills to support our communities

# NCL MHLDA QTP: 3-Year Plan on a Page



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		Year 1	Year 2	Year 3
Initiative	Summary	Progress		
<b>Priority 1: Improve access and flow through inpatient services</b>	<p>Implement the Brilliant Basics framework which is a quality improvement programme that ensures the fundamentals of care are delivered brilliantly every day.</p> <p>Ensure admissions are purposeful, environments are therapeutic and there is proactive discharge planning and effective post-discharge support.</p>	Started	Ongoing	Continue & Sustain
<b>Priority 2: Enhance community services for people who are autistic</b>	Enhanced community support for autistic people so that care can be delivered closer to home preventing the need for people needing a hospital admission.	Not Started	In progress	Continue & Sustain
	Evidence based post diagnostic psychological support for autistic people providing therapeutic interventions in the community to enable people to thrive.	Started	Ongoing	Continue & Sustain
<b>Priority 3: Develop a Skilled &amp; Competent Workforce</b>	<p>Embed the culture of care standards in mental health inpatient settings promoting a positive workplace culture to improve patient outcomes.</p> <p>Ensure staff have the right level of knowledge and skills to provide effective care for people in Mental Health, Learning disabilities and Autism settings</p>	Started	In progress	Continue & Sustain

# Priority 1: Improve access and flow through inpatient services (1/2)



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<b>Aim:</b>	To ensure purposeful admission, therapeutic inpatient care, proactive discharge planning and effective post discharge support.
<b>Principles:</b>	<ul style="list-style-type: none"><li>• <b>Community-Based Care First:</b> Hospital admission should only occur when care cannot be safely provided in a community setting.</li><li>• <b>Timely and Purposeful Admissions:</b> Ensuring that individuals receive the right care, in the right place, at the right time</li><li>• <b>Holistic, Person-Centred Care:</b> Interventions should meet the individual's holistic needs (pharmacological, psychological, social, cultural and practical). Reasonable adjustments should be considered for each patient depending on need, such as providing one-to-one support to enable participation in care and treatment for people with a learning disability and / or autism.</li><li>• <b>Trauma-Informed Approach:</b> Care should be delivered in a way that is sensitive to the individual's experience, avoiding re-traumatisation and promoting recovery.</li><li>• <b>Shortest Time Necessary:</b> When people are admitted to hospital, they stay for the shortest time possible.</li><li>• <b>Early and Collaborative Planning:</b> Discharge planning should start on admission, involving the patient and their family/carers.</li><li>• <b>72-Hour Follow Up:</b> People should be followed up within 72 hours of discharge to ensure continuity of care and address any immediate needs.</li><li>• <b>Physical and Mental Health:</b> Both physical and mental health issues are considered in care planning, with a physical health check and plan completed as soon as practical, involving the patient and their carers.</li></ul>



# Priority 1: Improve access and flow through inpatient services (2/2)



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Key Actions		
Year 1 2024/5	Year 2 2026/7	Year 3 2027/8
Mobilise a 7-day flow process to improve flow on weekends.	Agreed and fully embedded escalation protocols for those clinically ready for discharge (CRFD).	Create system capacity to support 12-hour breaches in acute settings.
Ensure care planning formulation completed within 72 hours of admission.	Increase capacity in home treatment teams to prevent admission and reduce length of stay.	Predictive digital capabilities to ensure adequate planning for peaks periods of demand.
Increase bed capacity to support out of area placements.	Maximum utilisation of crisis houses.	Audit of inpatient physical / clinical environment by people with lived experience to ensure they are sensory-friendly and accessible.
Provide additional weekend senior clinical cover in high demand sites.	Improved flow within rehab pathway to reduce delays in access to rehab treatment.	Adopt the ' <i>It's Not Rocket Science</i> ' Sensory Friendly Wards Principles List
Embed the Brilliant Basics Programme.	Safe and Therapeutic Environments: continue work on ligature risks and improving sensory environments.	Implement calming sensory spaces and rooms for patients (green light toolkit).
	Admissions to inpatient services are screened for autism using an evidence-based tool (i.e. AQ-10)	Review and refresh the Brilliant Basics Quality Improvement Programme.

# Priority 2: Enhance community services for people who are autistic (1/2)



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<b>Aim:</b>	<b>Ensure robust and effective community services are in place for people who are autistic to prevent hospital admissions.</b>
<b>Principles:</b>	<ul style="list-style-type: none"><li>• <b>Person-centred and strengths based:</b> Services should focus on each individual's unique strengths, preferences, abilities—and not deficits.</li><li>• <b>Person-centred planning:</b> Build support around what truly matters to the person and their vision for life, involving family/friends/professionals.</li><li>• <b>Co-Production and Leadership:</b> Involve autistic people as active partners—co-designing, commissioning, delivering, and evaluating services. Support autistic leadership as well as participation.</li><li>• <b>Reasonable Adjustments and Sensory-Aware Environments:</b> Provide clear, unambiguous information (e.g., visual schedules, symbols). <b>Modify physical environments:</b> Adjust lighting, noise, and colours. Offer quiet spaces, breaks, and longer meeting times.</li><li>• <b>Accessible Information and Effective Communication:</b> Meet '<i>Accessible Information Standards</i>'. Provide materials in easy-read formats, with visual supports, assistive tech, or communication aids.</li><li>• <b>Access:</b> Autistic people who are assessed as high risk on the Dynamic Support Register (DSR) should have access to dedicated key worker support for as long as they need it. People who are autistic should also have access to timely, and evidence-based post diagnostic psychological support in the community.</li></ul>

# Priority 2: Enhance community services for people who are autistic (2/2)



Key Actions		
Year 1 2024/5	Year 2 2026/7	Year 3 2027/8
Commission access to evidence based psychological support for autistic people with a formal diagnosis of autism. Proof of concept to be piloted in an NCL borough.	Evaluation of psychological support for autistic people programme (assess impact on the well-being and quality of life for autistic individuals)	Expand psychological support programme for autistic people across NCL to ensure equity of offer.
Map community services for autistic people across the system.	Commission additional community provision for autistic people to reduce hospital admissions.	Develop peer support services for people who are neurodiverse.
	Develop and co-produce an improved service specification for community services for people with a learning disability and / or autism.	

# Priority 3: Develop a skilled and competent workforce (1/2)

Aim:	Ensure staff in both inpatient and community settings have the right skills and training to appropriately support people with Mental Health, Learning Disability and/or Autism.
Principles:	<ul style="list-style-type: none"><li>• <b>Training should be co-designed</b> and co-delivered by people with lived experience including those with autism and learning disabilities. Follow-up training with supported practice, reflective supervision, competency assessments, and case review should be the norm.</li><li>• <b>Use outcome measures</b>, documentation, and peer learning to embed and evaluate skills.</li><li>• <b>Training should be continuous</b>, refreshed, and reinforced in practice.</li><li>• All appropriate staff must undertake the nationally recognised <b>Oliver McGowan Mandatory Training</b>, designed to deliver core competencies via blended delivery and lived-experience engagement.</li><li>• <b>Training should promote empathy</b> for mental health, autistic and learning-disabled perspectives and nurture a culture of dignity and respect.</li></ul>

# Priority 3: Develop a skilled and competent workforce (2/2)



Key Actions		
Year 1 2024/5	Year 2 2026/7	Year 3 2027/8
Identify training needs from system partners	Identify a suitable provider to develop a training programme to support staff who provide care for people with a learning disability and/or autism.	Support partner agencies to embed a sustainable training programme.
Embed the Culture of Care standards of safe, therapeutic and equality focused Mental Health Inpatient Services in North London NHS Foundation Trust, led by an Expert by Experience.	Ensure staff within the mental health trust are trained on the Dynamic Support Register and Care and Treatment Review process.	Partner agencies to identify champions in their own organisations to mentor and support generalist staff.
	Make training available to partner agencies (including the police and criminal justice system) so they can support people neurodiverse people with mental health issues.	Review the impact of the Culture of Care Programme and share learning across the system.

# How we will measure success



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Outcomes will be tracked through:

- (1) Mental Health Service Data Set (MHSDS). MHSDS collects data from individual mental health service records.
- (2) North Central London's outcomes framework (Dialog+ measures)
- (3) North London Foundation Trust's quality reporting process

Service Outcomes	Aim	Measure of success
	Reduce the number of people admitted to a mental health bed by developing effective community services	<ul style="list-style-type: none"><li>Reduce admissions by 15%</li><li>Increase provision in community services enabling 1000 more people receiving early help</li></ul>
	Reduce the length of time people stay in hospital by providing trauma informed, culturally competent personalised care	<ul style="list-style-type: none"><li>Reduce length of stay by 4 days from the current baseline</li></ul>
	Reduce bed occupancy levels to 85% eliminating the need for inappropriate out of area placements	<ul style="list-style-type: none"><li>Reduce inappropriate out of area placements to 0</li></ul>
Patient Recorded Outcomes	People including carers report a positive experience of care during admission including productive therapeutic relationships with staff	<ul style="list-style-type: none"><li>95% of people report a good experience of care upon discharge from hospital</li></ul>
	People report positive outcomes and feel they are reaching their treatment goals	<ul style="list-style-type: none"><li>75% of people report progress in reaching their treatment goals</li></ul>
	People report having timely access to the right service first time	<ul style="list-style-type: none"><li>80% of people report timely access to the right service</li></ul>
Staff Outcomes	Improved staff retention and reduce locum/agency workers	<ul style="list-style-type: none"><li>Increase staff retention by 13%</li><li>Reduce nursing agency staff by 100%</li><li>Reduce Psychiatry locum staff by 50%</li></ul>
	Staff report feeling equipped with the right knowledge and skills to provide effective support to people	<ul style="list-style-type: none"><li>90% of staff feel equipped to provide effective care</li></ul>
	Staff feel they have the right practical and emotional support to remain compassionate	<ul style="list-style-type: none"><li>90% of staff feel supported and have the appropriate level of supervision</li></ul>

# Programme Governance



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- The Mental Health, Learning Disabilities and Autism Inpatient Quality Transformation Programme will be central to our mental health transformation agenda across the integrated care system, building on the existing aims and ambitions for mental health services through our Core Offer.
- Oversight of the programme will be led by two Senior Responsible Officers (SROs) from North Central London Integrated Care Board (NCL ICB), Executive Director of Strategic Commissioning and Population Health and the Chief Nursing Officer.
- The Chief Nursing Officer from North London NHS Foundation Trust (NLFT) will be the Senior Responsible Officer (SRO) for leading the Culture of Care programme supported by the Chief Nursing Officer at the ICB.
- A system partner steering group will have oversight and leadership in the development of the programme and ensure key objectives are met. People with lived experience will form part of this group.
- The Director of Service Development at the ICB and the Chief Operating Officer at NLFT will be responsible for ensuring relevant internal boards are kept up to date with programme delivery.
- A review of the programme will be discussed and agreed with Senior Officers and relevant boards on an annual basis.
- The ICB will keep NHS England informed of the programmes progress at relevant regional boards.

# Involving our communities



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**We are committed to ensuring that the voice of people with lived experience and their carers is a golden thread through the ongoing development and implementation of our plan.**

**We take several approaches to engaging with and involving local residents.**

There are many different ways that people living and working in North Central London (NCL) can tell us what they think and influence our plans. Our ideas, proposals and plans are all shaped by feedback from patients and residents.

We carry out workshops, events and other activities to create opportunities for people across our community to get involved in our work. You may be a carer, patient, local resident or provider of health and care services. You may be a member of the public with a view on how things could work better. Whoever you are, we would like to hear from you.

## **How do I get involved?**

- You can get involved by:
- Joining your local Patient Participation Group (PPG)
- Joining our [Community Voices Panel](#)
- Taking a look at the Conversations section of this website
- Contacting us on [social media](#).

If you would like further information about our work, how you can get involved or more details about the programmes we work with, please contact us on [nclicb.communications@nhs.net](mailto:nclicb.communications@nhs.net)