



# London's Mental Health Strategy

## A ten-year strategy for mental health services in London

### Our vision for London

London will be the best global city in which to access mental health care and support.

*We will focus on prevention and enabling our communities to live well, providing a clear and consistent service offer across our London footprint. Mental Health services in London will be co-produced, culturally competent and tailored to support the wellbeing of our diverse population. When people in London need to access mental health services, they are kept safe, free from harm and able to access the support they need in a timely manner, regardless of where they seek help. Improving access for children and young people, advancing mental health equalities, and reducing racial disparities are central to our ambitions for London's mental health services.*

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## Foreword

### A lived experience perspective: Lee, member of the London mental health Board:

Over the past ten years, it has been heartening to see more people than ever before accessing mental health services in London. Not only are more people accessing services, I have also noticed the narrative shift around mental health, from a place of stigma towards greater awareness. Mental health services are now widely promoted and are part of the mainstream conversation like never before, including expanding our CYP pathways, offering much needed support to this section of society. However, there is still so much work for us to do if we are to achieve parity of esteem with physical health services. The mental health offer in London can often feel confusing and it isn't always easy to access, especially for people with co-occurring needs or pre-existing health inequalities. With an ageing population, we also have more work to do to capture this broad section of society and meet their needs effectively. We also know that waiting times for more intensive mental health input are increasing, which is further compounding health inequalities across our capital. My vision for the future is a mental health system in London which has parity of access, one where we can break down inequalities and barriers that exist within our communities. I hope that we can further break down stigma, particularly around suicide. I hope that by shining a light here we can reach those in the darkest of places. In particular for those with co-occurring substance use needs, and older adults who are all too often excluded from accessing mainstream services.

### A carer's perspective: Faith, member of the London mental health Board:

As a carer, it has been encouraging to see that there is now an increased awareness of mental health needs in London. Mental health is now being spoken about more than ever, and it is great to see how we are aiming to deliver parity of esteem with physical health. In general, I am finding that carers are being listened to in a more open and supportive way, and I value all the spaces I am able to raise issues in my regional roles. In order to see further improvements in access, experience and outcomes I would now like to see further diversity of senior leadership across the mental health landscape, so that we can truly start to tackle the long-standing inequalities across our sector and reflect the population that we serve. It would also be beneficial if we could start to provide even more opportunities for people with lived experience and carers to truly sit alongside decision makers for mental health in London so that all decisions are co-produced with those who access them. I would also like to see us share more examples of positive practice in mental health services, all too often we hear what has gone wrong and rarely take the time to step back and reflect on all of the positive progress and growth in our mental health sector in London.

## Caroline Clarke, London Regional Director

Over the past decade, London's mental health services have supported more people than ever before to access vital support. Our workforce has grown, services have been transformed, and new services have been established, all with the aim of improving access to high quality mental health services in London. Much of this expansion and transformation has taken place during the pandemic, which placed unique pressures on both our services and those who access them. Post pandemic, we are seeing significant shifts in the needs of our ever changing, and diverse population, with growing demand exacerbating a longstanding treatment gap, resulting in people being unable to access the support they need, when they need it. It is vital that we prioritise appropriate investment in mental health services to meet the needs of our population.

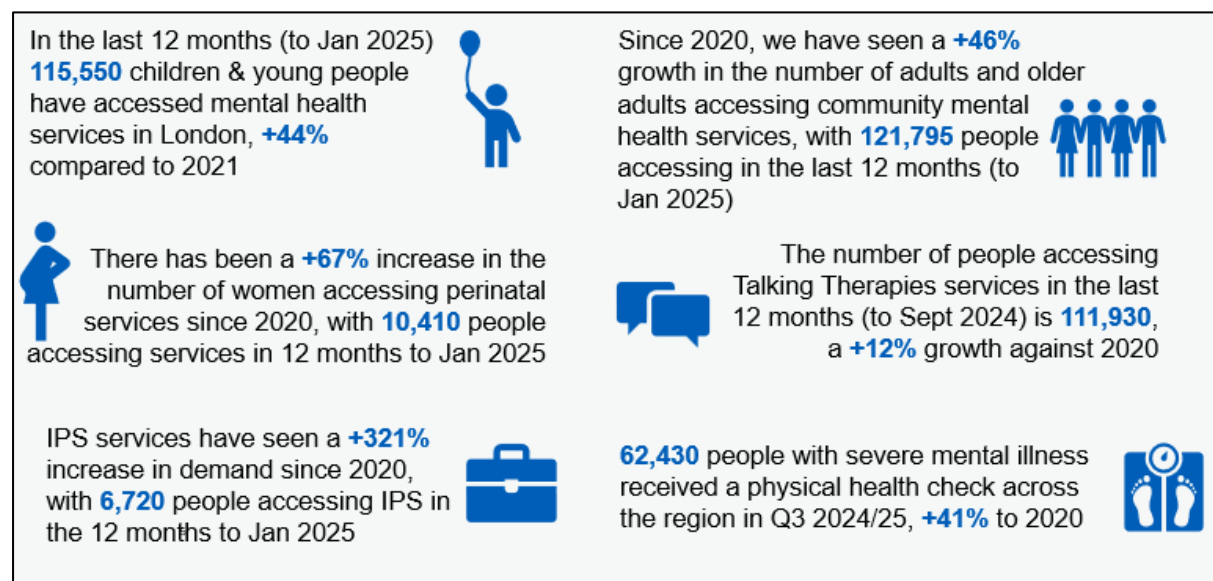
Although we have seen significant improvements in our core mental health offer over the past decade, there is still significant work to be done if we are to achieve true parity of esteem with physical health. This ten-year strategy for mental health services in London, sets out our vision for improving our services or all, and builds on previous national and regional commitments to improve mental health services. The strategy shares close links to the wider transformation vision for London, and has received ICB backing, as well as aligning with the recommendations from the [Independent investigation of the NHS in England](#), the forthcoming ten year plan for the NHS.

We have established a strong shared leadership model across London's ICBs and Mental Health Providers who will take forward our strategy, with the London Mental Health Board as our vehicle to hold ourselves accountable for delivery. In this way we can, I believe, realise our ambition to deliver the best services possible for our population.

## Executive Summary: a mental health strategy for London

Since the launch of the mental health Long Term Plan in 2017, London has made great strides in increasing access to mental health services across the capital. More Londoners than ever before are accessing vital services to support their mental health and wellbeing.

During the NHS Long Term Plan period, we have supported significant numbers of people to access mental health services in the capital, specifically<sup>1</sup>:



Whilst we have made some great progress in London over the past decade, we need to go further with hope and ambition, building on achievements made, addressing areas where our ability to offer the care that we want to is compromised, responding to new and emerging needs, and prioritising the people most underserved by our mental health support and care offer. There are still far too many areas where people face inequitable access to our services, and poor experience and outcomes, with certain populations disproportionately affected.

This strategy re-affirms our commitment to delivering timely access to high quality mental health services in our capital, providing equitable access and treatment for the most vulnerable, addressing health inequalities in doing so, both now and in the future. This strategy will allow us to future proof our services and enable us to adapt to any upcoming changes such as Mental Health Act reforms.

<sup>1</sup> Data sources:

CYP, CMH & Perinatal: [UKHF\_Mental\_Health].[Monthly\_MHSDS\_Data1] - Table in UDAL & Perinatal Dashboard as of January 2025

TT: [TTAD Dashboard](#) as of September 2024

IPS: [MH Core Data Pack](#) as of January 2025

PHSMI: [Physical Health Checks for Severe Mental Illness, Q3 2024-25 Reference Tables.xlsx](#) as of Q3 2024/25

Our strategy for delivering better mental health care in London has a specific focus on improving access to mental health support for children and young people and advancing mental health equalities for our diverse city, closing equity gaps that all too often exist. Our children and young people are our future, and it is imperative that we tackle the treatment gap and challenges within our CYP mental health services.

This strategy has been co-designed with key stakeholders from London's Mental Health Board<sup>2</sup>, and tested with colleagues at the London MH Strategy event in September 2024, it is designed around delivering seven key outcomes:

1. We will work to strengthen implementation of **primary and secondary prevention** with the aim to stop mental health problems before they emerge.
2. London's mental health system provides **equitable and timely access** to support early intervention and crisis prevention, with **consistent and clearly understood access points** across the city.
3. In every area of mental health provision, we adopt a **proactive focus on tackling inequalities** in access, experience and outcomes, **integrating effectively with physical health care** and prioritising the most underserved groups and communities.
4. We provide care, which is **high quality**, provided in the **least restrictive setting, close to home** and **builds on the significant personal and community assets** in London.
5. Data and insights allow us to track the positive impact of care and recovery - **we understand access and experience** for the communities we serve, and **we pursue opportunities to innovate and drive efficiency** in our use of resources.
6. We work in partnership with stakeholders to **address the wider determinants of mental health**, and to ensure that pathways of care respond to population health needs and reflect the interests of communities we serve.
7. Our mental health **workforce is supported to progress and thrive in their roles, reflects the communities we serve**, and as an anchor institution the NHS seeks opportunities to diversify.

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<sup>2</sup> Membership of the London Mental Health Board can be found in Annex 2

To support delivery of these strategic outcomes, actions have been identified within priority focus areas aligned to our regional work programmes, all underpinned by the vision of London being the best city in the world to access mental health services, with Advancing Mental Health Equalities and Prevention cross cutting across all programme areas:



The strategy and associated priority focus areas share strategic alignment with the 10-year health plan shifts of:

1. Hospital to community
2. Analogue to digital
3. Sickness to prevention<sup>3</sup>

The priority focus areas mentioned above, also share strategic alignment with national priorities, the London transformation strategy, and ICB mental health strategies.

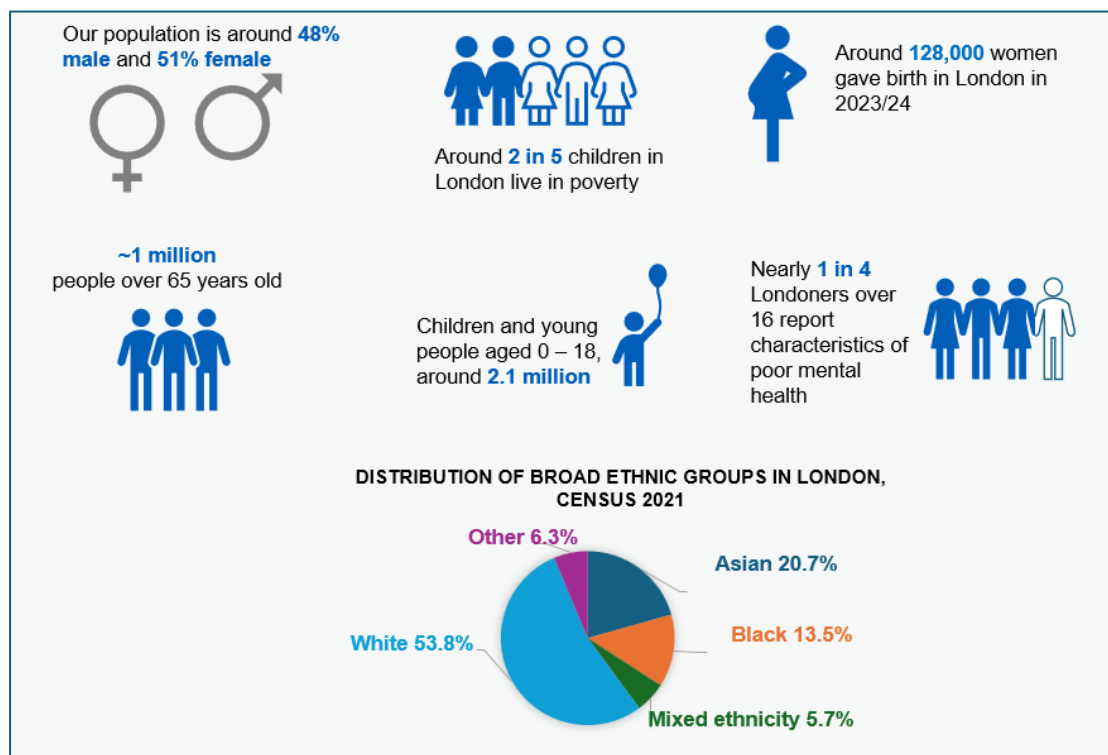
By focusing our attention and resource, and collectively working towards our 7 key outcomes, positioned across our priority focus areas, which our London Mental Health Board will hold us all accountable to, we can make London the best city in the world to access mental health services.

<sup>3</sup> Taken from [Government issues rallying cry to the nation to help fix NHS - GOV.UK](#)

## The case for change: why do we need a mental health strategy for London?

While we have achieved much over the life of the Long-Term Plan, there remains a significant treatment gap, low levels of overall investment, and inequity in access, experience and outcomes across London's communities. By agreeing a strong shared vision and strategic statement of intent for mental health in London, we have created a framework to inform our future plans on delivery, improvement and transformation of mental health services in the capital. The strategy will continue to be iterated when required to respond to the needs of our population and reflect the forthcoming 10-year health plan.

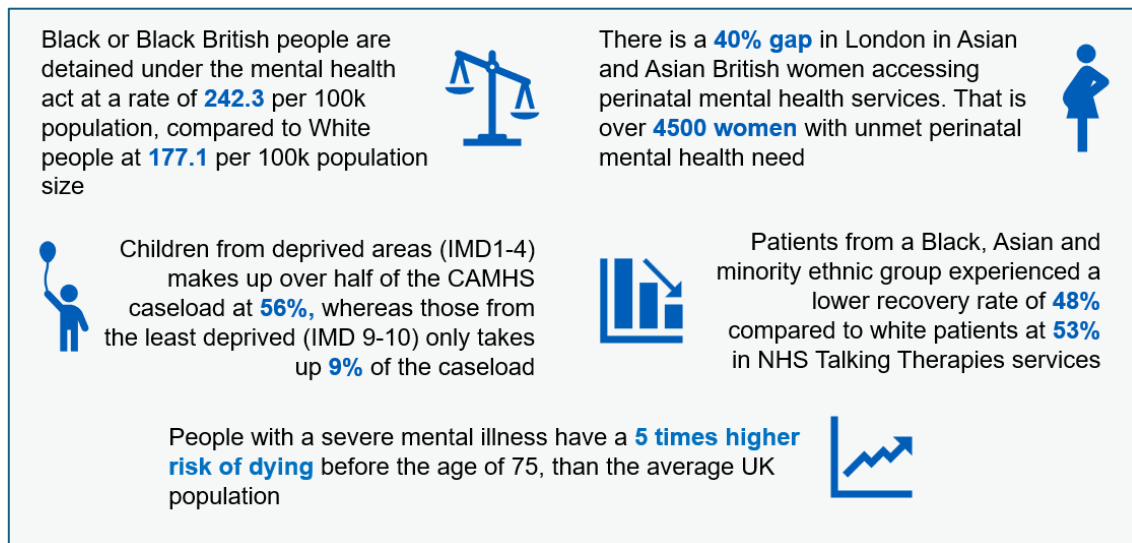
London is a diverse city; the 8.8 million Londoners in our city include a population that is<sup>4</sup>:



<sup>4</sup> Population data for London derived from the 2021 Census, Office of National Statistics. Maternal data based on 23/24 maternity statistics data set and perinatal mental health service caseload in mental health service data set in 23/24. Mental head prevalence data is based on Adult Psychiatric Morbidity Survey, 2014 (APMS 2014) and Health Survey for England 2019 (HSE 2019) for conditions not included in APMS.



Inequalities in access, experience and outcomes continue to exist across our diverse population. For example, we know that <sup>5 6 7 8 9</sup>:



Therefore, Advancing Mental Health Equalities is a cross-cutting enabler to our Mental Health Strategy, and integral to the successful delivery of our priority focus areas.

### What we've achieved so far:

Colleagues across the system have been working rapidly to design and deliver new and transformed mental health services to cater to the needs of our population, including:

- ✓ **120 mental health support teams** to provide early intervention prevention and support for children, young people and their families in their education setting.
- ✓ **Maternal mental health services in every ICB** to provide timely support to parents in the first 24 months post conception.
- ✓ **Pan-London roll-out of the 111 for Mental Health** crisis telephone service which enables timely access to Londoners experiencing crisis, with 79,000<sup>10</sup> calls answered since the service launched in April 2024.
- ✓ All 5 Integrated Care Systems in London have undertaken work to **transform community mental health services**, with over 357,000 people accessing transformed CMH services since June 2020<sup>11</sup>;

<sup>5</sup> Ethnicity statistics based on data from NHS Digital's Mental Health Act Statistics, Annual Figures, 2023-24. Available [here](#).

<sup>6</sup> Perinatal data based on ethnicity data in 23/24 maternity statistics data set and perinatal mental health service caseload in mental health service data set in 23/24.

<sup>7</sup> Talking Therapies recover rate based on the NHS Talking Therapies dataset for Q4 2023/24. NHS Digital. August 2024. Available [here](#).

<sup>8</sup> CYP deprivation based on data in the CYPMH dashboard – CYP Demographics tab. NHS England. Available [here](#).

<sup>9</sup> SMI life expectancy: [Big Mental Health Report 2024](#)

<sup>10</sup> Data source: IUC BI Team, data correct as of 24/03/2025

<sup>11</sup> Data Source: MHSDS CMH Dashboard, data correct as of January 2025

- ✓ **Dedicated employment advisors** funded by the Department of Work and pensions (DWP) have provided employment support to 8,338 people in our NHS Talking Therapies services in 2023/24.
- ✓ To-date, **£22m** has been allocated for **Mental Health UEC Capital schemes**, spanning 43 projects.
- ✓ Each London ICB has developed a 3-year plan to deliver a **boldly imagined model of inpatient care** for their mental health, learning and disability and autistic patients.

Whilst systems have made great progress with the above initiatives, we know there is more to do for us to achieve our vision for London.

## Focus on Prevention

Prevention of mental health problems is key to helping all of us live well, whether we currently have good mental health or otherwise. Estimates suggest that for certain mental health conditions need is rising. For example, depression and anxiety prevalence is projected to rise by 16% by 2040 in England<sup>12</sup>. [The Mental Health Foundation](#) lists three types of prevention, which we hope to address through our ambitions and focus areas of the London Mental Health Strategy:

- Primary prevention: stopping mental health problems before they start, e.g. through working with wider public health and local authority partners to reduce risk factors in developing mental illness.
- Secondary prevention: focusing on early detection, and prompt intervention to manage mental illness at an early stage, e.g. through MHSTs in schools, timely access to CMH services.
- Tertiary prevention: helping people living with mental health conditions to stay well, e.g. ongoing support for severe mental illness, consistent offer for co-occurring substance use.

The wider economic cost of poor mental health has been equated to £14.7 billion a year for London. The failure to invest in prevention and early intervention has been shown to increase demand elsewhere. For example, preventing just one Londoner a month from taking their own life, over the course of a year, could save up to £20.4m in direct and indirect costs<sup>13</sup>.

Thrive LDN, has developed a Citywide Mission for Prevention, focussing on how the mental health and wider system could be rebalanced towards mental health prevention. Given the significant challenges currently faced by the health and social care system, Thrive LDN have reframed approaches around what is possible and what can be achieved in the short to medium term, developing three actions to breakdown the complexity of prevention and embed prevention:

<sup>12</sup> Health in 2040: projected patterns of illness in England. REAL Centre and The Health Foundation. July 2023. Available online [here](#).

<sup>13</sup> Data from [ThriveLDN A Citywide Mission for Prevention Driving change for a mentally healthier London through energy, action, and movement](#)

- A **shared framework** for understanding and developing prevention in London.
- An **iterative toolkit for integration** to future-proof London and ensure prevention is part of business as usual at all levels of the health and social care system.
- A series of **direct-action areas** which require urgent attention and application of the framework.

For the region, systems, and providers to continue to support Thrive LDN and Good Thinking in mobilising around the following initiatives:

- Citywide Mission for Prevention.
- [Population Mental Health Consortium](#);
- Embedding signposting to Good Thinking resources within mental health pathways.

We will also establish a set of key performance indicators for the coming 3 years and undertake an Equity Impact Assessment.

**We will measure success in this area by:**

- ✓ Better understanding and tracking level of investment in mental health preventative interventions, with the aim of increasing this over time.
- ✓ Using the [toolkit](#) for integrating prevention across multiple levels to benchmark progress, and highlight increasing integration of the shared framework over time – in particular for the series of direct-action areas.

## Advancing Mental Health Equalities

Strategic Ambition:	London actively tackles health inequalities in mental health, by understanding people's experiences of our services, and acting to change.
What we will do to deliver this ambition	<ol style="list-style-type: none"> <li>1. Agree and implement <b>ambitious targets for improved access and outcome</b> targets for those currently underserved by London's mental health care and support offer.</li> <li>2. Support the development of a <b>representative workforce</b> at all levels, equipped with the skills and knowledge to advance mental health equalities and deliver <b>culturally competent care</b>.</li> <li>3. Identify and share <b>innovative schemes that target inequalities</b>.</li> <li>4. All London mental health trusts will <b>embed the Patient Carer Race Equality Framework</b> (PCREF)</li> <li>5. All providers to <b>flow protected characteristics data to MHSDS</b> to support accurate understanding of disparities in access, experience and outcomes.</li> <li>6. Establish clear and consistent <b>digital access to mental health support</b></li> </ol>

## The current picture

The prevalence of poor mental health is higher among people who face existing disadvantage and marginalisation<sup>14</sup>. Tackling health inequalities is long overdue, and key to improving access to services, health outcomes, and improving the quality of services and the experiences that people have, we must see a culture shift across our system and provide equitable and effective services for all.

NHS England published the [Advancing Mental Health Equalities Strategy](#) in 2020 which includes a commitment to implement the Patient and Carer Race Equality Framework (PCREF) and is focused on three areas: supporting local systems, data and information, and workforce.

Addressing health inequalities in our mental health services in London is an urgent priority and we plan to do this by:

- Establishing a leadership and governance model that represents the diversity of stakeholders and organisations across the mental health system in London, ensuring health services and government agencies work together effectively to support our population.
- Helping to address common gaps and exclusions in monitoring data and share and disseminate data and insights with diverse audiences across the capital.
- Launching [Listening Project Report](#) and take forward targeted action plan based on recommendations to tackle the inequalities faced by children and young people from Black, Asian and Latin American communities in London.
- Embedding the Patient and Carer Race Equality Framework (PCREF) - an organisational competency framework that values the voices of 'racialised and ethnically and culturally diverse communities'. Acting as an anti-racism, race equity and accountability framework, supporting mental health trusts and mental health service providers to demonstrate how they are meeting their core legislative requirements and how they can improve the cultural competence of their organisation. This cultural shift will aid improved access, experience, and outcomes for racialised and ethnically and culturally diverse communities.

## How will we know we are successful?

- ✓ All mental health trusts in London to have PCREF action plans, encompassing the three core components: leadership and governance; organisational competencies and patient and carer feedback).
- ✓ London systems to report a reduction in the gap between recovery rates for BAME and white patients across all MH services.
- ✓ Reduce inequalities in access, experience and outcomes to mental health services. With a specific focus on; increasing access to culturally competent

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<sup>14</sup> Marmot Review report – 'Fair Society, Healthy Lives'. Institute of health equity. Available online [here](#).

and appropriate community mental health services, reducing disparities in access to children and young people's mental health services, improving recovery rates for people from Black Asian and Minority Ethnicity (BAME) groups.

## Priority Focus Areas:

### Children and young people's mental health (CYPMH)

Strategic Ambition:	<i>We focus our efforts on ensuring all children and young people can access timely prevention and early intervention support in London with a standardised core offer for CYP in London.</i>
What we will do to deliver this ambition:	<ol style="list-style-type: none"> <li>1. Work with systems and stakeholders to <b>agree a timeline and trajectory for all children requiring support</b> from CYPMH services to access timely meaningful help, within four weeks.</li> <li>2. Continue working closely with Partnership for Young London to inform the development of our mental health offer for children and young people.</li> <li>3. Work with stakeholders to <b>agree a core and consistent offer for all children and young people</b> from 0-25 to access mental health support in <b>education</b> and in <b>community</b>, prioritising the needs of those CYP most underserved by our current offer.</li> <li>4. Develop an <b>improved offer across Local Authorities and health care providers</b> for children and young people in complex situations.</li> <li>5. Identify opportunities and implement changes to <b>improve eating disorders pathways</b> for children and young people.</li> <li>6. Establish clear and consistent evidence based <b>digital access</b> to children and young people's mental health support</li> </ol>

### The current picture

The estimated prevalence of mental health need in children and young people was 12.8% in 2017, this is estimated to have increased to over 20% in 2023<sup>15</sup>. Our children and young people are our future, and it is vital we focus our efforts on ensuring they can access timely prevention and early intervention support.

We have seen:

- 120 (by end of 2024/25) mental health support teams established within schools and colleges to provide support for mild-to-moderate mental health issues
- 71% increase in numbers of people accessing CYPMH services since April 2020

<sup>15</sup> NHS Digital data on the mental health of children and young people in England. Available online [here](#).

Evidence shows us that when children and young people access support early, they have a better chance of recovery, a lower chance of reaching crisis point<sup>16</sup>, and a lower chance of needing help from adult services later in life<sup>17,18</sup>. However, data also tells us that despite significant progress over the past decade, children and young people in our capital are still waiting too long to access mental health support. In March 2024, the median waiting time for accessing help in London's CYPMH services was 15 days.

### **What do we want to achieve and what are our key commitments?**

Over the next decade, we will:

- Continue to expand coverage of Mental Health Support Teams so that every child in London can access mental health support in schools.
- Proactively tackle inequalities in access to CYPMH services, taking forward the recommendations from the [Listening Project](#).
- Ensure all CYP in London requiring access to mental health services can access meaningful help within four weeks.
- Support for children in complex situations with multiple needs who need and integrated personalised and holistic approach across agencies to keep them safe and well.
- Provide high quality and timely hospital-based and specialised care for those children and young people who need it.

### **How will we know we are successful?**

Over the next decade, we will see:

- ✓ Increased, timely access to children and young people's mental health services.
- ✓ Improved data and digital access to CYP services.

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<sup>16</sup> Care Quality Commission . (2017). Review of children and young people's mental health services: Phase one report. Care Quality Commission

<sup>17</sup> Fraser M., Blishen S. (2007). *Supporting young people's mental health* (pp. 1–18). Mental Health Foundation.

<sup>18</sup> All-Party Parliamentary Group on Mental Health. (2018). Progress of the five year forward view for mental health: On the road to parity. All-Party Parliamentary Group on Mental Health

## Inpatient Quality Transformation Programme

<b>Strategic Ambition:</b>	<i>London's trusts deliver a bold, reimagined offer of inpatient care for people with mental health needs, people with learning disabilities and autistic people</i>
<b>What we will do to deliver this ambition:</b>	<ol style="list-style-type: none"> <li>1. Ensure <b>all patients</b> in NHS funded mental health inpatient care will be able to <b>access inclusive care that is trauma informed, autism informed and culturally competent</b> by ensuring 3-year plans are being delivered according to set milestones. Delivery progress will be updated through the quarterly QTP steering group.</li> <li>2. <b>Share spread and scale innovation</b> and learning from new approaches as appropriate e.g. 24/7 community pilots</li> </ol>

### The current picture

We know that too often people spend time in inpatient services that are far from home and/or deliver poor quality care and outcomes. To address this, NHS England has launched a national mental health, learning disabilities and autism inpatient quality transformation programme (IQTP), developed in partnership with people with lived experience, clinicians and service providers. The programme seeks to drive a transformation of our current offer of inpatient care which places the patient at the centre in their own communities, and is centred on the principles of **Citizenship, Localisation, Continuity and Belonging**.

### What do we want to achieve and what are our key commitments?

- All systems to have a co-produced IQTP plan in place for adults, and children and young people's mental health inpatient pathways.
- Improving the culture of care in London's inpatient services so they better reflect the hope and aspirations of patients, and are places where our staff are proud to work and are supported to deliver high quality care.
- Pan-London approach to reviewing the piloting of two community mental 24/7 models, with a view to sharing learning, good practice and outcomes with other systems.
- Embed early warning signs with enhanced oversight arrangements in place.
- Reduce restrictive practices as per the [Use of Force Act guidance](#) and ensure all staff receive relevant training around restraints.

### How will we know we are successful?

Aligned to the national Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme, key measures of success will be:



- ✓ a greater proportion of people with mental health needs, including those with learning disability or autism, will be supported in their community, in ways that promote their citizenship and human rights.
- ✓ a greater proportion of those who do need hospital support will access it closer to those who know and love them.
- ✓ improved patient experience
- ✓ improved staff experience in mental health, learning disability and autism inpatient services.
- ✓ more timely, expert and co-ordinated support for services when they need it, with feedback from people, their families and staff enabling earlier identification of challenged services.

In London:

- ✓ All systems to have a co-produced IQTP plan in place for adults and children and young people's mental health inpatient pathways.
- ✓ All commissioned inpatient providers in London will participate in and share learning from the culture of care programme, using this to support demonstrable improvements within organisations and at ward level.
- ✓ We will use learning and good practice from the community mental health pilots, using this to benefit all services and to improve the community-based care offer.
- ✓ We will see a reduction in risk factors, adverse outcomes and poor practice in psychiatric care, and an increase in positive outcomes and experience as defined by service users.
- ✓ We will use early warning sign arrangements effective quality escalation routes, which will be embedded in the system, so patients are not waiting for extended period for appropriate care/support.



## Community Mental Health:

<b>Strategic Ambition:</b>	<i>We deliver a standardised, transformed offer of community care for people with mental health needs, through timely &amp; equitable access to culturally competent care</i>
<b>What we will do to deliver this ambition:</b>	<ol style="list-style-type: none"> <li>1. Undertake a <b>pan-London evaluation</b> of the community mental health transformation programme to date.</li> <li>2. Work with people with lived experience, and learning from the evaluation of the programme to date, to <b>agree and embed new standards for Community Mental Health</b>, including a core offer for adults and older adults accessing CMH services in London.</li> <li>3. Work with system partners to ensure that all Londoners requiring access to CMH services access <b>meaningful, timely help</b> with a focus on improving <b>patient experience and outcomes</b>.</li> <li>4. Working with systems and stakeholder to identify opportunities to <b>reduce inequalities</b> and tackle disparities for adults accessing community mental health services and NHS Talking Therapies services</li> <li>5. Establish clear and <b>consistent digital access</b> to community mental health support</li> </ol>

### The current picture

Community mental health services play a crucial role in the delivery of mental health care, providing vital support to people with mental health needs when they require it. Since 2019, all five London Integrated Care Boards have been focussing on transforming community mental health services in line with the [community mental health framework](#). Additional investment has supported expansion of key services to ensure that more people than ever are able to access the support they need, including employment support through Individual Placement Support (IPS), Early Intervention in Psychosis (EIP), core community services and community rehabilitation services. The estimated prevalence of severe mental illness in London varies depending on the condition, but conservatively, there are over 109,000 people on the severe mental illness (SMI) register in London. Community mental health services that support adults and older adults with severe mental health problems saw an increase in access of 24% since April 2020.

However, we know that people are still waiting too long to access ongoing support following their first appointment with community mental health services, with the current median waiting time of 98 days<sup>19</sup>. We also know that service users and carers can find our services difficult to access in a timely manner, and complex to navigate when they need to access support from the core community mental health offer. Overall, our vision for London is that people with a mental health need are supported to live well in their communities, in line with the shift from hospital to

<sup>19</sup> As of December 2024, data source: MHSDS, Median time (days) for open CMH referral-spells waiting for a 2nd contact at the end of the reporting period

community, access culturally competent care when and where they need it, move easily through the care system, and work towards individualised recovery.

In [London's Crisis Care Concordat](#), we set out a shared commitment to prevent crisis, by supporting people to live well in their communities, and work to tackle inequity of access, to community mental health services, and disparity in outcomes

## **What do we want to achieve and what are our key commitments?**

We will:

- Continue to maintain focus and investment in the expansion of community mental health services.
- Work collectively with system leaders to identify an optimal model for community mental health services in London. This will include a pan-London evaluation to measure the impact of community mental health services, with a view to developing a core offer for adults and older adults accessing CMH offer services in London.
- Support shared learning and best practice from the 24/7 community mental health pilots in London and nationally.
- Ensure that all community mental health services routinely capture and record outcome measures to allow us to track progress, understand patient experience and reduce the recovery rate gap for BAME patients within the system.

## **How will we know we are successful?**

- ✓ We will continue to focus on monitoring the commitments set out previously to improve CMH services:<sup>20</sup>
  1. Achieve an overall 5% year on year growth in access to community mental health services<sup>21 22</sup> (noting that while it is not possible to currently track outcomes associated with community mental health services, we have a shared ambition for all CMH services to record and use outcome measures with a view to measuring outcomes in CMH services at a later date).
  2. Achieve an increased proportion of underrepresented groups accessing and engaging with community mental health services<sup>23</sup>
  3. Secure a downward trend in total number of known mental health patients presenting to an Emergency Department in crisis<sup>24</sup>

<sup>20</sup> As previously set out in the [London Crisis Care Concordat](#), and [2024/25 NHS Operational Planning Guidance](#)

<sup>21</sup> [PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf \(england.nhs.uk\)](#); Baseline 2020/21.

<sup>22</sup> From Q2 2023/24, NHS England will publish data on the "longest waits" (median and 90<sup>th</sup> percentile) data for community mental health (based on the proxy metric (time to 1+ contact for CYP and 2+ contacts for AMH)). From end Q4 23/24, NHS England will publish the full waiting time metric as described in [waiting time guidance](#): "the clock starts when the first request for mental health services is received and is stopped when: the person is seen (face to face, telephone or video); a meaningful assessment is completed; baseline outcome score is recorded and a clinical intervention is started (e.g. psychological therapies) or a social intervention is started (e.g. social prescribing/ peer support) or a co-produced personalised care plan is completed.

<sup>23</sup> To be measured via either "access" to CMH services broken down by ethnicity or via "caseload". Data source: MHSDS, to be confirmed.

<sup>24</sup> To tracked using SPC charts to identify when activity breaches the process limits.

4. Secure a downward trend in the number of known mental health patients presenting in a mental health crisis within 7, 14, 21 & 28 days following a mental health inpatient spell, or a previous attendance to an Emergency Department<sup>25</sup>
5. Achieve improved experience and outcomes for minoritised groups accessing appropriate community services<sup>26</sup>
6. Eliminate the number of people who are waiting 104 weeks + for access (2+ contacts) to community mental health services and reduce the median waiting time for access to services.
7. Review community mental health services to ensure there are clear policies and practice in place for people with severe mental illness, who require intensive community treatment and follow up, but where engagement is a challenge.

## Urgent and Emergency Care Mental Health

<b>Strategic Ambition:</b>	<i>People experiencing a mental health crisis in our capital should have access to safe, timely, and appropriate support, when they need it, where they need it.</i>
<b>What we will do to deliver this ambition:</b>	<ol style="list-style-type: none"> <li>1. Addressing challenges in <b>patient flow</b> to optimise MH inpatient capacity – (<b>Reduction in Length of stay</b> and <b>eliminating 72hr waits</b>)</li> <li>2. Reducing and ultimately eliminating <b>inappropriate out of area placements (OAPs)</b></li> <li>3. Collaborating with stakeholders to <b>expand the use of alternative</b> interventions to <b>decrease reliance on Section 136</b> detentions, while optimising London's Health-Based Places of Safety (HBPOS) capacity and reducing conveyances to Emergency Departments</li> <li>4. Developing a <b>common framework for crisis care</b> delivery across London.</li> <li>5. <b>Optimising</b> and <b>widely promoting NHS 111*2</b> as the primary point of access for patients in crisis</li> <li>6. Successful <b>allocation of funding</b> and <b>implementation of schemes</b> for future urgent and emergency care mental health capital rounds</li> </ol>

### The current picture

People experiencing a mental health crisis often require urgent support. All people experiencing a mental health crisis in our capital should have access to early support, which is safe, timely, and appropriate, in the least restrictive environment when they need it. Crisis support should be open-access, culturally appropriate, available without referral, and, delivered close to home.

<sup>25</sup> To be tracked using SPC charts to identify when activity breaches the process limits.

<sup>26</sup> To be tracked at a provider level as no national data sets/ collections for tracking outcomes and patient experience. To be regularly reviewed at London's Crisis Care Concordat Steering Group.

Whilst we strive to provide people with suitable alternatives to presenting to an Emergency Department in a mental health crisis, we will continue to see a proportion of people attending our Emergency Departments across the region in need of mental health crisis support. In these instances, it is our collective duty to ensure people receive timely care, proportionate to their needs; and where appropriate an alternative to admission is provided. We share a collective commitment that there is “no wrong door” and it is our duty to ensure that people receive safe, effective, and holistic care wherever they experience a crisis. People attending Emergency Departments should receive a personalised assessment for their needs, and where required, signposting to relevant follow-up support.

The [Mental Health Clinically-Led Review of Standards](#) provided clear recommendations to embed urgent & emergency mental health in waiting time standards for the first time. As a London system we endeavour to ensure 95% of patients categorised as very urgent, and urgent, requiring an assessment, are seen within the four hour and 24-hour Crisis Resolution Home Treatment Team targets set out in the standards. Additionally, a face-to-face assessment should commence within one hour of a referral from the Emergency Department to liaison psychiatry services.<sup>27</sup>

Current data highlights that the UECMH pathway is under significant pressure, including:

- The average length of stay in the emergency department for people with a mental health need is ~12 hours, with increasing numbers of people waiting 72 hours or more.
- Only 39% of patients with a mental health need are seen and discharged within four hours in emergency department, against a target of 78%.
- Increasing numbers of people being sent out of area for inappropriate acute Out of Area Placements, increasing by 217% over the past year from March 2023 to March 2024.
- Only 2.4% of 111 patients are using 111 for mental health, against an ambition of 5%.
- Challenges with flow as over 200 beds are occupied by people who are clinically ready for discharge.

Over the past five years, we have seen:

- **Pan-London roll-out of 111 for mental health** crisis telephone service which enables timely access to Londoners experiencing crisis.
- The development and update of the [London & Surrounding Counties Compact](#), between Mental Health and Acute Trusts, Local Authorities, ICBs, NHS England, London Ambulance Service and Police services setting out

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<sup>27</sup> (NHS England, 2021)

cross-agency working to ensure high quality care for people in mental health crisis;

- A refresh of [London's all-age mental health crisis care concordat](#) - a commitment to ensuring seamless care and support for people of all-age in crisis, accessing care in London's mental health system, first launched in 2014;
- A refresh of the **Mental Health Crisis Care for Londoners section 136 pathway** and [Health Based Place of Safety specification](#) operational guidance;
- **Implementation of a centralised Mental health clinical advice line** – to assist the three police forces across London in their decision-making process in the application of Section 136 of the Mental Health Act and provide suitable alternatives where appropriate.

### What do we want to achieve and what are our key commitments?

Our regional plan aligns with the [National Recovery Plan for Urgent and Emergency Care](#) and we will continue to deliver on the commitments set out in [London's crisis care concordat](#), specifically:

- Ongoing delivery and development of **111 for Mental Health programme** to support increased access to mental health services for patients experiencing mental health crisis.
- All ICBs to provide **culturally competent** and **easily accessible** front door alternatives; including community crisis cafes and other services with self-referral capacity.
- Continued support and improvements to the **Centralised Mental Health Clinical Advice Line**, providing timely advice to police officers when someone is potentially subject to detention under Section 136 of the Mental Health Act.
- Roll out of the **Mental Health Response Vehicles** to reduce conveyance delays associated with patients detained under the MHA.
- Implementation of **London's Mental Health Compact Principles**, ensuring consistent, high-quality crisis care across London.
- **CORE 24 Compliant Mental Health Liaison** in all Emergency Departments, ensuring timely and effective mental health support within ED.
- Timely access to **Crisis Resolution Home Treatment Team Services**, providing rapid support to prevent unnecessary admissions.
- **Reduction in length of stay** and **eliminating 72h waits**. Looking to establish a London LoS Learning Improvement Network to support this ambition
- **Eliminating out of area placements**, with all ICBs to implement plans to eliminate OAPs for acute inpatient care, with associated cost reduction plans

## How will we know we are successful?

- ✓ Overall we want to see improvements in London's urgent and emergency care mental health pathways and we will continue to focus on monitoring the commitments set out in [London's crisis care concordat](#), including:
  1. An overall 20% year on year reduction over 3 years in the number of people placed on S136, with a specific focus on tackling the disproportionate use of the act in minoritised communities.
  2. Downward trend in numbers of people detained under S136 of the Mental Health Act following 0300# consultation.
  3. 95% of patients categorised as requiring a very urgent, or urgent assessment are seen within 4hrs and 24hrs by the crisis/home treatment team.
  4. Consistent operation of the 6 MHJRCs 7 days per week.
  5. Reduction of average Length of Stay (LoS) to national target of 40 days for hospital spell stay.
  6. Downward trend in percentage of beds occupied by people who are Clinically Ready for Discharge (CRFD), with a definitive target to be scoped.
  7. Reduction in 60+ and 90+ day long LoS to national averages.
  8. Bed occupancy operating at 85%<sup>28</sup>;
  9. Reduction in OAPs to support achievement of LTP plan of eliminating inappropriate out of area bed usage.
- ✓ Further building on the commitments set out in London's Crisis Care Concordat, we also plan to:
  1. **Increase utilisation of the All-Age 111 for Mental Health Crisis Telephone Service:** to deliver the overall ambition that 5% of callers to 111 in London are accessing the 111 first for mental health service.
  2. **Implementation of a crisis text service** – outlined in the 2024/25 NHS operational planning guidance [systems are asked to roll out an integrated 24/7 crisis text line](#).
  3. **Reduction in ED waiting times:** Specifically, a reduction in the number of patients waiting more than 12 hours and elimination of patients waiting in excess of 72 hours.
  4. Increase in the % of patients who present in ED with a MH crisis **seen and discharged within 4 hours** from the time of arrival.

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<sup>28</sup> Service capacity in England. Royal College of Psychiatrists. 2019. Available [here](#).



## Data, Digital and Productivity

### Data

<b>Strategic Ambition:</b>	<i>We use data and insights to track impact, experience and outcomes for those accessing mental health services in London.</i>
<b>What we will do to deliver this ambition</b>	<ol style="list-style-type: none"><li>1. Provide <b>one to one support with providers</b> to ensure data is consistent and complete. This includes:<ul style="list-style-type: none"><li>• <b>onboarding support</b> to non-NHS providers</li><li>• creating <b>data submission guides</b> so systems can derive metrics and submit data completely/correctly.</li><li>• <b>development of SQL scripts</b> to support alignment between local and national published data</li></ul></li></ol>

### The current picture

Improving data and insights in mental health will give us a clearer understanding of who is accessing our services, what their experience is and what outcomes we have supported them to achieve.

There are currently three key issues preventing us from doing this effectively in London:

1. **We don't always have the data we need:** currently only 46% of in-scope London mental health providers submit to the Mental Health Services Data Set (MHSDS).
2. **London's mental health data quality is poor:** it is not always possible to align nationally published data sources with what systems believe is being delivered locally, and many data fields, including critical outcomes data is not always captured. London's current Data Quality Maturity Index (DQMI) is 76%. The DQMI is a monthly publication about data quality in the NHS<sup>29</sup>.
3. **We can't currently use the data we collect to measure the impact of our service provision across the mental health pathway:** currently only 66% of care contacts are using clinical code concepts and only 32% of all activity recorded in the MHSDS have two outcome measures recorded.

### What do we want to achieve and what are our key commitments?

- All in-scope NHS funded providers of mental health services to flow data to the Mental Health Services Data Set (MHSDS).
- We will work to ensure accurate data flow, ensuring that minimum requirements for mental health data flow submission are met.

<sup>29</sup> More information on NHS Digital's Data Quality Maturity Index can be found on their webpage [here](#).

- All NHS funded providers will capture patient experience and outcome data, with consistent use of clinical codes for assessment, intervention and outcomes.
- All providers to flow relevant inequalities data fields to support a coherent understanding of inequalities in access, experience and outcomes for mental health in London.

### How will we know we are successful?

- ✓ All in scope providers flow accurate data to the MHSDS and we have a single version of the truth for mental health activity in London.

## Digital

<b>Strategic Ambition:</b>	<i>Londoners can access mental health services through a digital front door for London</i>
<b>What we will do to deliver this ambition</b>	<ol style="list-style-type: none"> <li>1. Design and deploy a <b>single, digital front door for mental health care</b> and wellbeing support in London.</li> <li>2. Work to <b>increase digital maturity within Mental Health services</b>, seeking to achieve <b>digital parity with physical health services</b> and improve patient choice</li> </ol>

### The current picture

Currently London does not have a digital single point of access to the mental health system, meaning service users and carers need to navigate their local services online in isolation or via alternative access routes e.g. telephone. A single digital front door for London would ensure we continue the focus on shifting from analogue to digital, and can help prevent Londoners from reaching crisis, by providing access and support in a timely manner.

Our vision is to have one 'true' digital single point of access, via the NHS App/website, to the London Mental Health System, which will enable Londoners with a mental health need to access tailored support appropriate to their needs. This would be underpinned by a clinical assessment/triage process completed online, which would then guide users around the system based on MH clinical pathways embedded within it. Where an individual does not feel ready to speak to, or connect with a service, or does not wish to provide their details they will still have the opportunity to safely and securely access digital online support.

This work will be underpinned by ensuring equity of access to mental health services for all, and not putting those without access to digital services at a disadvantage.

### What do we want to achieve and what are our key commitments?



- We will explore opportunities for a single, digital front door for mental health and work to increase digital maturity within Mental Health services, and to achieve parity with Physical health services.

### How will we know we are successful?

- ✓ Deployment of a comprehensive, MH clinical pathway driven, digital service to allow all Londoners with a MH need the option to access support, care and services in one, online place.

## Productivity

Strategic Ambition:	<i>Mental health providers, systems, and region will be able to discuss productivity advancement.</i>
What we will do to deliver this ambition	<ol style="list-style-type: none"> <li>1. Identify and <b>drive forward local productivity improvement</b> pieces of work, underpinned by <b>principles of quality, outcomes and equity</b>, driving programmes of work to deliver these.</li> <li>2. Explore <b>digital solutions to utilise technology to unlock productivity</b>, such as the opportunities for AI to support services from an access or administrative perspective<sup>30</sup></li> </ol>

### The current picture

The London mental health system definition of productivity is making the best use of mental health interventions and resources to equitably improve the mental health of Londoners.<sup>31</sup> The aim is to review and identify areas of innovation and improvement to optimise current models of care by reducing variation and consistently implementing best practice across the NHS. The development of a pan-London approach to mental health productivity represents a first step in a journey towards data quality improvement to support productivity review and improvement.

### What do we want to achieve and what are our key commitments?

- A co-developed approach to reviewing and reporting on mental health productivity across the region.
- A set of mental health productivity and contextual metrics.
- To gather good practice and existing experience with tools that could support innovation and productivity.

<sup>30</sup> [Independent Investigation of the National Health Service in England](#)

<sup>31</sup> As defined by the London mental health productivity steering group. Our ambition is to develop an approach that included outcomes, which alongside workforce and activity, would allow us to truly discuss productivity and care optimisation, and to keep service users at the heart of our work.

## How will we know we are successful?

London's systems will continue to focus on delivering the key recommendations from the regional productivity programme, which include:

- ✓ Services and systems will work towards improving data quality, including accurate and updated workforce data and complete and accurate mental health services data set (MHSDS) submissions.
- ✓ Increases in the number of outcome measures used and reported.
- ✓ Mental health providers, systems, and region will be able to discuss productivity advancement, and the next steps for the work.

## Co-Occurring Substance Use

<b>Strategic Ambition:</b>	<i>London has a core and consistent offer for people with co-occurring substance use and mental health needs; there is no wrong door, and the offer is holistic, and patient centred</i>
<b>What we will do to deliver this ambition</b>	<ol style="list-style-type: none"> <li>1. Work with stakeholders to <b>agree a core and consistent offer</b> for people with co-occurring substance use and mental health needs which spans <b>Local Authority, VCSE and health sector</b>.</li> <li>2. Work with systems to <b>ensure there is no wrong door</b> for those with co-occurring substance use needs, the offer is <b>holistic</b>, and <b>patient centred</b>, and there is <b>clear and consistent digital access</b> to support</li> </ol>

## The current picture

There is a significant mental health treatment gap for people with co-occurring substance use needs. People with co-occurring needs are often excluded from mental health services until they resolve their substance use problem and are excluded from substance use services until their mental health problems have been addressed. In the UK between 2022 and 2023, 71% of people starting substance use treatment also had a mental health treatment need; and approximately 30-50% of people with serious mental illness have co-occurring substance use conditions, associated with poor health and social care outcomes<sup>32</sup>. We know that co-occurring mental health problems and substance use are associated with a number of adverse health and social consequences. Specifically, co-occurring substance use was identified in 48% of suicides between 2010-2020<sup>33</sup>.

The ten-year drug strategy [from Harm to Hope](#) set out an ambition of creating a world class drug and alcohol treatment and recovery system, and additional funding

<sup>32</sup> Harris et al., 2023

<sup>33</sup> National Confidential Inquiry into Suicide and Safety in Mental Health, Healthcare Quality Improvement Partnership (HQIP), Annual Report 2023. Available online at: [display.aspx \(manchester.ac.uk\)](#).

of £523M over three years is available to Local Authorities to increase capacity and quality of drug and alcohol treatment services.

Too often, people with co-occurring substance use and mental health needs do not receive the joined up, person-centred care they need. If we are to see improvements in care and outcomes, services must change and address the treatment gap experienced by this cohort. Tackling this inequality is a shared problem, with shared solutions. It is important this is everyone's job and there is no wrong door for people who need support.

The current offer for people with co-occurring needs is disjointed, inaccessible and inequitable. Through a strategic focus on improving pathways for these patients we want to ensure there is no wrong door for this cohort through providing a holistic offer of care.

### **What do we want to achieve and what are our key commitments?**

- Improved quality and effectiveness of care that people receive, to support better outcomes including reduced overdose and suicide rates.
- Increased joint working between drug and alcohol and mental health services to ensure people's mental health and drug and alcohol needs are addressed in a coherent and integrated way.
- Better implementation of services at a local level, including "no wrong door" and "everyone's job".
- Shared ownership across health, Local Authorities and VCSE sector to improve outcomes and experience for this cohort.

### **How will we know we are successful?**

- ✓ There will be a pan-London partnership approach to improving access, experience and outcomes for people with co-occurring substance use and mental health needs.
- ✓ This will include cross sector commitment across health, Local Authorities and the VCSE to appropriately invest in, and deliver services to support people who all too often fall through the gaps.

## Neurodevelopmental Pathways

<b>Strategic Ambition:</b>	<i>There is a core offer for people accessing neurodevelopmental pathways in London</i>
<b>What we will do to deliver this ambition</b>	<ol style="list-style-type: none"> <li>1. Undertake a <b>review of current neurodevelopmental pathways</b> across all London systems and <b>collaborate on redesign and improvement work</b> to deliver an improved and consistent offer of care across London, including meeting the needs of those waiting for diagnosis/support.</li> <li>2. Scope opportunity to <b>conduct a listening exercise</b> for adult ADHD assessment and treatment, resource dependent</li> </ol>

There is currently variation in access to adult ADHD assessment and treatment in London which is driving disparities across the capital. There is currently insufficient capacity in secondary mental health services to provide timely assessment and treatment for adults with suspected ADHD in London. There is an opportunity to explore innovative opportunities to enhance assessment and treatment pathways in London working collaboratively with ICBs, providers, primary care and voluntary and community sector organisations.

### What do we want to achieve and what are our key commitments?

- We will summarise current pathways and provision of ADHD services in London, with an aim to identify gaps, challenges and areas of good practice, sharing learnings across the region.
- We will work with the national mental health team to ensure representation of London based challenges in any solutions developed, and access national insights, learnings and good practice.
- We will scope the appetite for a listening exercise for adult ADHD to take forward.

### How will we know we are successful?

- ✓ Developing a report of existing pathways and provision in London, with system engagement in a community of practice session
- ✓ Adults in London receiving timely access to ADHD across London
- ✓ Reduction in variation in access to ADHD assessment and treatment for adults in London

## Next Steps

Following extensive engagement with colleagues across the London Mental Health system, including CSG leads, MH leadership collaborative, ICB leads and London MH Board members, we have full support from the system to deliver on our priority focus areas and strategic ambitions. Additionally, there is broad alignment between local ICB mental health strategies, and the priorities set out within the London MH Strategy.

Implementation plans have been developed for each priority focus area with key stakeholders, and we will work collaboratively to take forward the actions identified across 2025/26, in order to get closer to our outcomes. We will work together with our MH leadership community in London to drive this strategy forward; holding ourselves accountable through the London Mental Health Board, and ensuring we continue to keep the voices of experts by experience, clinicians and those delivering care central to our work.

## Annexe one: metrics

There is expectation for systems to continue to track the below published metrics, and work towards achieving any associated targets, standards and expansion.

Policy area	Metric (s)
Children and Young People Mental Health (CYP MH)	<ul style="list-style-type: none"> <li>• Number of CYP aged 0-17 (+ 364 days) have had at least one contact from an NHS funded mental health service.</li> <li>• CYP ED: 95% of urgent cases seen within one week.</li> <li>• CYP ED: 95% of routine cases seen within four weeks.</li> <li>• Increased completeness of outcomes</li> <li>• Achieve/Maintain 100% coverage of mental health crisis care provision for children and young people.</li> <li>• Outcomes: assess the number and proportion of closed CYP referrals with at least two contacts and any perspective paired outcome scores</li> <li>• CYP waiting times: Median/90th percentile waiting time between referral start date and first contact in days for referrals for CYP aged under 18 supported through NHS funded mental health.</li> <li>• Increase access to timely support</li> </ul>
Community Mental Health Services	<ul style="list-style-type: none"> <li>• Number of adults and older adults with severe mental illness (SMI) who accessed transformed NHS or NHS-commissioned community mental health services.</li> <li>• Improve patient-reported outcome measure recording in community mental health services.</li> <li>• Increase number of people accessing evidence-based psychological therapies</li> <li>• Eliminate extremely long waits for access to services (104ww+).</li> <li>• Increase access to timely support<sup>34</sup></li> <li>• Reasonable expansion in the number of people accessing employment support for people with Severe Mental Illness (Individual Placement and Support) (IPS)).</li> </ul>
Out of Area Placements	<ul style="list-style-type: none"> <li>• Reduction in number of people sent out of area for acute inpatient care – Out of Area Placements (OAPs).</li> </ul>
Length of stay	<ul style="list-style-type: none"> <li>• Average length of stay for closed hospital spells – adult acute mental health beds.</li> <li>• % of hospital spells discharged over 60 days – adult and older adult</li> <li>• % of hospital spells discharged over 90 days – adult and older adult</li> </ul>

<sup>34</sup> CMH waiting times: Increase % of people receiving assessment, baseline outcome score, and social/clinical support OR personalised/co-produced care plan

Data Quality	<ul style="list-style-type: none"> <li>• Coverage - The proportion of providers who have made a submission to the MHSDS in the performance window.</li> <li>• Outcomes - The proportion of open and closed referrals where the same outcome measure has been used at least twice.</li> <li>• SNOMED CT - The proportion of care contacts recorded using SNOMED CT concepts.</li> <li>• DQMI - The MHSDS DQMI score is an overall assessment of data quality for each provider, based on a list of key MHSDS data items.</li> <li>• Improve capture of protected characteristics data</li> </ul>
Talking Therapies for Anxiety and Depression (TTAD)	<ul style="list-style-type: none"> <li>• Number of adults and older adults receiving a completed course of treatment (2+ contacts and discharged)</li> <li>• Reliable Improvement rate for those completing a course of treatment.</li> <li>• Reliable Recovery rate for those completing a course of treatment.</li> <li>• Recovery</li> <li>• 6 week waits.</li> <li>• 18 week waits.</li> <li>• 1st to 2nd treatment waits.</li> <li>• Access (1+ contact)</li> </ul>
Perinatal Mental Health (PMH)	<ul style="list-style-type: none"> <li>• Number of women accessing specialist community PMH and Maternal Mental Health Services (MMHS) services in the previous 12 months</li> </ul>
Physical Health Checks for People with Severe Mental Health (PHSMI)	<ul style="list-style-type: none"> <li>• The proportion of people on the General Practice SMI registers who have received a full physical health check in the 12 months to the end of the period to the total number of people on the General Practice SMI registers by quarter</li> </ul>
Dementia	<ul style="list-style-type: none"> <li>• Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations</li> </ul>
Early Intervention in Psychosis (EIP)	<ul style="list-style-type: none"> <li>• Improve NICE concordance for people accessing EIP services within two weeks of referral.</li> <li>• Increase % of people experiencing first episode psychosis to start a NICE-recommended package of care with a specialist EIP</li> </ul>

## Annexe two: LMHB Membership

### Core Membership

- Regional ICB Accountable Officer Representative (co-chair)
- Provider nominated Mental Health Trust CEO (co-chair)
- x5 ICB representatives
- Service User and Carer Representatives
- London BAME Advisory Group Chair
- Regional NHSE SRO
- Regional Clinical Directors for Mental Health
- Nursing representative
- National mental health programme representative and regional programme representatives to attend as required
- Secretariat provided by NHSE Regional Mental Health Team