King’s Health Partners Mind & Body Programme:

Progress Update – June 2018

Summary

People are not separated into minds and bodies, and their health does not conform to medical specialties or disease-specific diagnoses. Now, more than ever before, we know that the mind and body are inseparable and that people have multiple, interacting health conditions. Yet too often we diagnose, treat and care for patients and service users in a disconnected way. The transformation of our local care system to deliver joined up mental and physical healthcare is potentially the single most powerful and innovative improvement we could make to improve health outcomes and experience for people locally and to make significant cost savings for our local NHS.

King’s Health Partners Academic Health Sciences Centre is committed to joining up mental and physical healthcare, training and research to improve health outcomes for our patients and service users. We have a great opportunity afforded through our locality and the integration of physical and mental health – or ‘mind and body’ – has been a cross-cutting theme of King’s Health Partners since its original accreditation. Our partners – Guy’s and St Thomas’, King’s College Hospital and South London and Maudsley NHS Foundation Trusts along with King’s College London – provide a unique and powerful combination of complex clinical specialties that cover a wide range of physical and mental health conditions and a breadth of research expertise including the world-leading Institute of Psychiatry, Psychology and Neuroscience (IoPPN).

The vision of the Mind & Body Programme is for an ambitious and collaborative programme, co-designed and co-delivered with our partners and our patients and communities, with the aim of making the advancement of integrated mind and body care a reality. We are focused on those with co-morbid physical and mental health conditions – both people with severe mental illnesses, such as bipolar disorders or schizophrenia, who have co-existing physical health conditions, and also those with at least one long-term physical health condition and co-occurring mental illness, such as depression or anxiety.

In April 2017, having worked with stakeholders to define the programme vision and delivery workstreams, the King’s Health Partners partner organisations agreed to fund £500k for Programme activity, running 1 July 2017 through to 30 June 2018. This has enabled early mobilisation of the Programme’s ambitions, from set-up and design, to delivery of a range of projects. This short report aims to present a summary of achievements through to June 2018.

Context

The Programme team was formalised in July 2016, enabled by seed-funding from the Guy’s and St Thomas’ Charity and King’s Health Partners central budget. A 0.4 full-time equivalent Clinical Director
and a full-time Programme Lead were appointed to design and develop a coherent system-wide programme. Much of our early work in 2016/17 was focused on mapping existing best practice and projects from across our partner organisations, carrying out a broad and comprehensive period of stakeholder engagement, and developing a series of focused communications designed to raise awareness of the mental and physical health integration agenda across our local workforce.

Our partner organisations already have a strong record of delivery in this area. A critical first step was to collate learning and link with expertise from previous and/or ongoing projects. These notably include [this list is not intended to be exhaustive]:

- **Three Dimensions for Diabetes** (Doherty & Ismail): a patient-centred multidisciplinary service integrating psychological and social support with diabetes care, which has demonstrated improved psychological, social and medical outcomes for patients with multi-morbidity who are at risk of diabetes complications.
- **Medical Liaison pathway** (Gaughran & Srivastava): data linkage between South London and Maudsley and the hospital episode statistics database revealed around 17% of South London and Maudsley admissions included one or more emergency department attendance. An innovative pathway between South London and Maudsley and King’s College Hospital for medically deteriorating patients significantly reduced length of stay within general hospitals, and increased same day discharges.
- **Psychosis and Diabetes Study, PODS** (Ismail & Gallo): integration of diabetes care within a community mental health team to improve glycaemic control in patients with psychosis.
- **Integrating Mental & Physical Healthcare: Research, Training & Services** (IMPARTS) (Hotopf, Rayner, Simpson): set up originally in 2012, IMPARTS is a package for physical healthcare settings designed to support clinical teams in providing timely, tailored, evidence-based psychological and psychiatric care to patients presenting at King’s Health Partner’s acute trusts.
- **Education Review** (Attoe & Cross): a cross-partner training needs analysis resulted in the development of a series of training recommendations to embed Mind & Body care through learning and development.
- Extensive expertise and experience through embedded trust psychology teams at **Guy’s and St Thomas’** (Thomas & colleagues) and King’s College Hospital (Hutton, Adult Clinical Psychology & Morris and Khan-Bourne, Neuro-psychology).
- **Persistent Physical Symptoms Reduction Intervention: a system change and evaluation, PRINCE** (Chalder, Husain, Willis): building on the evidence base for Cognitive Behavioural Therapy’s (CBT) effectiveness as a treatment for health anxiety and medically unexplained symptoms, the PRINCE trial evaluated delivery of specialist CBT in both primary and secondary care settings.
- **Sexual and Reproductive Health Rights, Inclusion & Empowerment, SHRINE** (Covshoff and Pittrof): providing a targeted sexual and reproductive health service for vulnerable groups including those with serious mental illness (SMI).
- A wide range of research from: South London Collaborations for Leadership in Applied Health Research and Care (CLAHRC) Psychosis Theme, King’s College London Institute of Psychiatry,
Psychology & Neurosciences (IoPPN), National Institute for Health Research (NIHR) Maudsley Biomedical Research Centre and, South London and Maudsley Research and Development Directorate.

Programme Definition and Design

Through the initial mapping and development work with a wide range of experts and stakeholders, we built momentum and buy-in, at both strategic and operational levels, on the need to enhance our screening and diagnosis processes, treatment pathways, and education offer to support improved mental and physical health integration.

This led to the definition of three broad workstreams and a suite of enabling activity.

**Figure 1: Mind & Body Programme workstreams**

1. **Proactive identification and assessment of a person’s physical, psychological and social needs**
   - Roll-out routine use of mind and body holistic assessment & screening through multi-provided approach: IMPS; existing screening questionnaires where well evidenced; Physical Health Checks & Care Planning.
   - Informatics infrastructure fit for purpose to support scaling of holistic assessment—including interoperability with clinical systems, 4G functionality to support access within any setting, improved data downloads to support clinical review of individual/service level outcomes
   - Ability to interrogate patient/service user data, via IG-compliance and fully consented research database.

2. **Enhancing or developing holistic service & system infrastructure to fully embed a mind and body approach**
   - Strengthen service model & links with primary and community services (including IAPT)
   - Where clinically appropriate, test and embed MDT stepped care model across relevant pathways and services, including emerging IHP Institutes
   - Mental Health Liaison team enhancement to ‘comprehensive’ standard
   - Improved understanding of and links to personalised support available from local communities and voluntary services
   - Portfolio of bespoke self-help materials, tailored to specific multi-morbidities to support effective self-management

3. **Learning and development to upskill our system workforce to have knowledge, skills and confidence to practice across both mind and body**
   - Provision of a suite of learning and development opportunities, both for staff (for example, building skills and competencies around care navigation) as well as for patients and service users
   - Maximise use of digital learning to increase reach, e.g. through use of video, webinars and online learning
   - Informal and formal ‘on the job’ training and ongoing supervision from embedded specialists
   - Cross system awareness raising initiatives (including development of Mind and Body animation & ‘intro to Mind and Body’ e-learning)
   - Staff Health and Wellbeing

Importantly, the Programme is not purely focussed on care delivery, but also the wider infrastructure required to create sustainable change. For example, engaging patients and the public on our work, supporting our staff to feel more confident and competence to practice mind and body care, providing the tools for clinicians to better identify, support and monitor the complex needs of patients, and working with academia, public health and commissioners on population health intelligence.
Enabling activity essential for successful delivery:

- **Patient and public engagement**: to ensure that our Programme delivers in a way that is meaningful and transformative for our patients and service users, along with their carers and families
- **Evaluation**: to understand clearly what works, taking a broad, inclusive perspective on benefits realisation including economic, social and health impacts
- **Informatics**: supporting integration and service transformation through sharing of clinical data and care plans, Electronic Patient Record improvements, and interoperability of multiple systems to develop a single record
- **Communications and awareness**: to more effectively engage frontline staff on the importance of Mind & Body, to raise awareness and understanding, increase uptake of training opportunities and, ultimately, change behaviours
- **Research**: to establish a continuous feedback loop between patient data, treatment outcomes, and service improvement and commissioning.

The Programme’s workstreams and enablers provide the principles and structures for embedding a Mind & Body framework across the multiple services, pathways, and organisations with whom we work. However, we retain flexibility in our approach to the development of solutions and implementation that is co-designed with clinicians, managers and patients, families and carers, to remain impactful, clinically relevant and operationally pragmatic, given the wide variety of contexts across our local patch.

**Figure 2: Workstream and enablers matrix**
Engaging the Experts

There is no more powerful way to make the case for why mind and body matters and to shape our improvement efforts than to hear from those who are experts by experience. The Programme is committed to engaging patients, service users, their families and carers, and the wider communities we serve in the development and implementation of the Programme. Our patient and public engagement work is a continuous process of working together with patients, service users, carers and other stakeholders, to design, develop and deliver, high quality integrated care in a way that best meets their needs. Over the last year, we have captured some of these stories and shared with our partners and networks — for example, Billie’s experience of recovering her mental health after a diagnosis of blood cancer, Shawn’s journey through our ‘Three Dimensions for Long-Term Conditions’ service, and, Fiona describing how IMPARTS has supported her recovery after limb reconstruction.

Similarly, if we are to achieve our ambition to improve the integration of physical and mental health, our 32,000 NHS staff are our greatest asset. Through the day-to-day practice of our staff, both those on the frontline and in supporting functions, we can have an immediate and significant positive impact on the outcomes of the local populations we serve and improve patient and staff experience. In November 2017, to harness the enthusiasm of our staff, we set up the Mind & Body Champions Network with the aim of identifying around 50 members. However, the level of interest and engagement from staff has been such that, as of June 2018, we have 480 Champions signed up. They provide a fantastically experienced and expert cohort to help spread and embed mind and body care across the Partnership. The Champions framework for engagement shapes the contributions of the Network and its members by describing the types of activities which Champions can lead locally in their teams, services and directorates, mapped across the domains of awareness raising, advocacy, professional practice, and leadership.

Governance

The emergent Programme design and set-up was shaped and overseen by a set of refreshed governance structures:

- *the Mind & Body Programme Board* to act as strategy shaper and advisory group across the breadth of programme delivery for strategic engagement, challenge and scrutiny, and decision making. The Board is chaired by the three NHS trust Chief Executives in rotation, with representation from staff across King’s Health Partners, our local Clinical Commissioning Groups, and primary care. The membership includes trust governors (who can be patients/service users, staff or members of the public) as well as those involved in our patient and public engagement work

- *the Mind & Body Operational Group* to provide day-to-day planning, management and issue resolution/escalation of risks to programme delivery, chaired by either the Clinical or Programme Director

- *the Mind & Body Education Academy* (linked to the wider King’s Health Partners Education Academy) to advise on the development, implementation and promotion of educational initiatives.
Programme performance and progress is also reported on a bi-monthly basis to the King’s Health Partners Joint Boards.

First Phase of Delivery

The Programme received inaugural funding from King’s Health Partners covering 12 months’ activity from July 2017 – June 2018, to facilitate mobilisation of the vision and workplan. The Programme’s operating model is two-fold:

i. Direct funding for a small core Programme team, a limited number of key projects and the Programme’s cross-cutting enabling work, and

ii. Provision of strategic leadership and support for a range of mind and body related projects across the partnership. This support includes identification of available funding and grant writing, joint leadership and guidance on project set up and monitoring, cross-system communications and facilitation of strategically advantageous partnerships, dissemination of exemplars, evidence and best practice, and a route through which operational issues can be escalated and performance reviewed.

Programme capacity: creation of a core team

In July 2017, the Programme recruited a Programme Support Officer followed by a 0.5 full-time equivalent Project Manager in September 2017. This provided the basis for a small Programme team, the purpose and function of which is broadly described below:

Figure 3: Programme team functions

<table>
<thead>
<tr>
<th>Centre of Expertise</th>
<th>Portfolio Management Office</th>
<th>Engagement &amp; System Alignment</th>
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<tbody>
<tr>
<td>Leadership &amp; direction</td>
<td>Project management</td>
<td>Organisational engagement: multiple levels e.g. team, service, business unit, senior management</td>
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<tr>
<td>Collation and dissemination of best practice &amp; lessons learnt</td>
<td>Programme oversight and standardised reporting processes</td>
<td>Non-statutory partners: voluntary and community sector</td>
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<td>Buddying with other innovative sites</td>
<td>Advice &amp; guidance (including templates)</td>
<td>Wider health system: Clinical Commission Groups, Primary Care, Local Authorities, Local Care Networks, Sustainability &amp; Transformation Partnership</td>
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<td>Strategy development</td>
<td>Budget/resource management</td>
<td>Communications</td>
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<td>Credentialing</td>
<td>Benefits tracking &amp; realisation</td>
<td>Inter-professional Networks (inc. Mind and Body Champions)</td>
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<td>Support to scope, design and delivery mind/body interventions on request (consultancy model)</td>
<td>Risk management, dependencies &amp; interdependencies</td>
<td>Payment &amp; quality incentives</td>
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<tr>
<td>Strategic funding &amp; return on investment</td>
<td>Governance</td>
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<tr>
<td>Enabling streams: patient &amp; public engagement, evaluation, informatics, research</td>
<td>Lessons learnt &amp; quality improvement methodologies</td>
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<td>Data analysis</td>
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Programme Delivery Highlights

A summary of our projects is set out in the table below, with a set of corresponding metrics to measure progress and benefits where applicable. Those which are directly funded by King's Health Partners’ financial contributions or resourced by the Programme team are noted (as per (i) above); other work has been resourced either through successfully securing external funding from outside NHS organisations, or through the discretionary in-kind investment of time, oversight and advice from a wide range of staff across the partnership and beyond, with facilitation and support from the Mind & Body Programme team.

<table>
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<th>Project/Enabler</th>
<th>Progress Update</th>
<th>Delivery Metrics (where applicable)</th>
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| Integrating Mental & Physical Healthcare: Research, Training & Service (IMPARTS) [directly funded by King’s Health Partners] | • Significant expansion of service coverage in acute outpatient clinics – more than 25% increase from end 2016/17  
• IMPARTS platform informatics work completed to allow completion on 4G networks enabling access in community and primary settings  
• Small scale pilot for use in acute in-patient settings underway in King’s Adolescent Outreach Service to scope changes required to operating model  
• Physical Health Plans (PHP) project using IMPARTS informatics platform launched, a six-month pilot in Psychosis Low Intensity Treatment team to support co-produced physical health care plans  
• Collaboration with the Children and Young People’s Healthy Partnership programme to launch primary care cloud-based portal  
• Initial scoping for IMPARTS-Intellectual Disabilities feasibility study ongoing (two strands: development of new intellectual disabilities screening measures, and reasonable adjustments required to facilitate use of existing tool)  
• External funding (£10k) secured from South London Small Grants for development of depression and anxiety ‘massive open online course’ (MOOC) and registration launch for course to begin in Sept 2018 | ➢ At 30 June 2018: live in 56 clinics & 34 clinics in pipeline/set up  
➢ Between July 2017 – June 2018: 17,221 screens  
➢ Cumulatively 50,000 screens since implementation began in 2012 |
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| Three Dimensions for Long Term Conditions (3DLC) | • Funded by £500k from Health Foundation, co-led by Dr Carol Gayle, Prof Khalida Ismail and Mind & Body  
• Service launched in January 2017 for 2 years  
• Mid-project interim evaluation with University of York demonstrated positive findings  
• Prevalence data in line with national evidence – c.30-40% of all those screened require follow up on psychological/psychiatric parameters  
• Most common social issues on which support provided by social support worker include housing, benefits, transport and immigration advice | ➢ External funding secured: £500k  
➢ Between Jan 2017 – June 2018:  
  o 1,800 patients screened  
  o 600+ referrals to 3DLC team (including 65 social support cases)  
  o 200 patients consented for research  
  o 500 staff trained |
| Resource for Electronic Development of Interventions for Talking Therapies in Long-Term Conditions (RE-EDITT) [directly funded by King’s Health Partners] | • Development of an online cross-diagnostic CBT platform, tailored for long-term conditions – branded as ‘Compass’  
• First phase development of prototype complete, including development of online sessions/modules  
• Therapist supported model of delivery with regular face to face appointments, supplementing online programme over a period of roughly 12 weeks  
• In depth user-testing on platform wireframe and content with range of clinicians & patients  
• Implementation plan defined including parallel pilots with Southwark ‘Improving Access to Psychological Therapies’ (IAPT) services and Congenital Heart Disease pathway at Guy’s and St Thomas’ NHS trust.  
• Link established with IAPT data system (via Mayden) to ensure system interoperability and seamless data transfer/collection | ➢ Between July 2017 – June 2018:  
  o 11 online sessions designed and created – one core introductory session plus 10 sessions  
  o Interviews with 14 staff and 25 patients exploring mental health screening in LTC services  
  o Patient and public engagement: regular input from PPI group of 16 people, supplemented by Mind & Body Expert Advisory Group input  
  o Staff engagement with IAPT therapists and management on therapist platform |
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| **King’s Health Partners Haematology Institute: Mind & Body Project**                                                                                                                                                | • Jointly with the KHP Haematology Institute, submitted successful grant funding application of £460k to Leukaemia UK for two-year project  
• Project will deliver embedded psychiatry, psychology and social support within haematological multi-disciplinary teams  
• Team recruitment underway in preparation for service to launch in autumn 2018  
• Official public launch of project in January 2018 jointly with KHP Haematology Institute & Leukaemia UK | ➢ External funding secured: £460k  
➢ Service to go live: autumn 2018                                                                                                                             |
| **Men’s health services at King’s College Hospital**                                                                                                                                                    | • Burdett Trust grant funding of £200k to enhance the provision of integrated care in men’s health pathways at King’s College Hospital.  
• Mental health nursing and psychology input to be recruited to embed routine screening, develop mind and body care pathways, and provide education and training to staff | ➢ External funding secured: £200k  
➢ Service to launch: autumn 2018                                                                                                                             |
| **Improving Access to Psychological Therapies (IAPT) & secondary care link project**                                                                                                                      | • Scoping of secondary care clinics where clinical need for enhanced embedded psychology support which can be provided by IAPT workforce led to pilot of IAPT in-reach clinic in King’s College Hospital gastroenterology and mental health liaison services  
• Interest from other services to adopt similar models, e.g. diabetes  
• Fostering links with Local Care Networks, supporting IAPT-Long Term Condition groups run in partnership with local voluntary and community organisations | ➢ Six-month pilot ongoing, providing 26 weekly clinics, embedded as part of wider multi-disciplinary service                                                   |
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| Learning & Development [resourced by Programme team] | • Education & Training strategy and implementation plan developed and launched  
• Range of training developed, launched and promoted, including digital (eLearning and Massive Open Online Course (MOOC)), 1-day and 5-day courses on mind & body interface, and several simulation courses provided in partnership with Maudsley Simulation.  
• Mind & Body Programme content and eLearning embedded within all trust corporate and medical inductions  
• Re-launched Mind & Body 1-day Clinical Skills courses available for all community and secondary care staff – proving hugely popular  
• 100% increase in Mind & Body eLearning uptake – from a range of sectors, including primary, community, secondary care and King’s College London staff  
• Fully funded places for IMPARTS 5-day ‘Mental Health Skills for Non-Mental Health Professionals’ course made available to GSTT and KCH senior nursing staff  
• Staff Development Fund dedicated to supporting mind and body related professional development for KHP workforce | ➢ Between July 2017 – June 2018:  
  ▪ Induction content reached more than 2,400 staff (of which 800 in Q1 18/19)  
  ▪ Attendees cross all training interventions: 1,289  
  ▪ eLearning accessed by 355 people  
  ▪ 4 deliveries of the 1-day Clinical Skills Course, with 100+ participants |
| Patient & Public Engagement [resourced by Programme team] | • Developed and launched the Mind & Body Patient and Public Engagement (PPE) strategy and implementation plan  
• Expert Advisory Group (a 19-member group comprising those with lived experience of mental and physical ill-health and carers) established and inaugural meeting in early February  
• Linking to system wide engagement via Southwark & Lambeth Strategic Partnership to ensure a joint approach to maximise resources and capacity, as well as sharing opportunities for collaborative events | ➢ Between July 2017 – June 2018:  
  ▪ 5 events (including two Expert Advisory Group meetings and the Strategic Partnership People’s Assembly)  
  ▪ 280 patients, families, carers and members of the public engaged (cumulative since Nov 2016: 510)  
  ▪ Feedback loop established to ensure meaningful and impactful engagement |
## Project/Enabler: System Engagement and Alignment

- With the Lambeth & Southwark Local Care Networks, launch of several small-scale ‘mind and body’ learning partnerships to pilot care co-ordination for those with SMI and physical long-term conditions in primary care
- Mental Health Boards established within acute trusts to drive operational delivery and trust level strategic plans for enhancing integrated care
- Initial scoping work with colleagues from social care and primary care, specifically around scaling education and training needs and potential clinical use of IMPARTS
- Ongoing engagement with the Sustainability and Transformation Partnership (STP) Mental Health Steering Group and workstream – specific links on E&T and IAPT

## Progress Update: Communications including Champions Network

- Champions network launched, and successful first networking event focussing on staff health and wellbeing
- Engagement of staff at range of conferences/events, including King’s Health Partners Annual Conference, Mind & Body Physical Health at South London and Maudsley Workshop, and GP Educational days
- Launched new Mind & Body animation on YouTube and Twitter, which has been promoted across King’s Health Partners and Clinical Commissioning Group partners
- A mini-series of ‘Mind & Body in 60 seconds’ films, launched during World Mental Health Day 2017
- News, information and blogs about Mind & Body and Champions Network routinely carried in all partners comms channels and newsletters
- Six engagement stalls across all three trusts for World Mental Health Day, engaging predominantly staff, but also visitors
- For Mental Health Awareness Week (May 2018), published seven blogs, patient stories, and promoted animation and ‘60 seconds on Mind & Body’ compilation

## Delivery Metrics (where applicable)

- Between Nov 2017 – June 2018:
  - 480 Champions recruited
  - Three Champion’s event with 190 attendees
- Between July 2017 – June 2018:
  - Conferences and events – 90 staff engaged
  - Animation >3,700 views
  - Mini-series of 60-second videos >2,200 views
  - 26 news stories and 29 blogs promoted via comms channels
  - World Mental Health Day roadshows reached 629 staff
  - Busiest month on Twitter: May 2018 with 73,000 impressions
## Research

- Examples of current grants include, major informatics projects such as the IMI2’s RADAR-CNS programme (£21M in all, 23 research entities) which explores the use of mobile technology in depression, multiple sclerosis, and epilepsy.
- Mind-body research programme has dependencies with other King’s Health Partners strengths including clinical informatics – we are using Cogstack and CRIS, and multiple linkages between CRIS and other databases (including Hospital Episode Statistics, Lambeth Datanet and cancer) to identify health inequalities.
- IMPARTS project database facilitates research through the routine collection of patient reported outcomes in medical settings. Research publications in 2017 included a focus on anxiety and depression in people with psoriasis, improving distress in dialysis, the use of mental health screening for patients with temporomandibular disorders, and smoking and common mental disorders in patients with chronic conditions.
- Wider work by Prof Moss-Morris’ group (lead for RE-EDITT:LTC project as above) also included mind and body research in renal, inflammatory bowel disease, irritable bowel syndrome and MS.

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<td>Research</td>
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<td>➢ Research funding for projects relating to integrating physical and mental health of £17m</td>
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Next Steps – Programme Mobilisation

To build on the first phase of delivery of the Programme, we are working to fully mobilise programme resources and maintain the momentum that has been built across the system (and which is mirrored by national priorities and interest).

The Programme’s priorities for the coming year:

- **Operational delivery**: focused clinical projects to embed mind and body practice as ‘business as usual’ in physical and mental health primary, secondary and community settings supported by clear communications, management protocols and pathways across settings, and facilitated by transparent and reliable data sharing arrangements.

- **Systems grip**: continuing to scope and build systems-approaches to mind and body which respond to clinical need including: enhancing existing collaboration with local care networks (LCNs); collaborations with borough social work teams; discussions with commissioners based on emergent findings from effectiveness (including costs) and implementation evaluations; and working with public health colleagues on population health approaches.

- **Extending programme scope**: formalising programme activity on holistic assessment and screening and education and training with primary care and social care partners under the guidance of the Southwark and Lambeth Strategic Partnership (which includes clinical commissioners, local authorities, and GP Federations).

- **Cultural change**: maintaining and maximising staff, partner and patient engagement in the broadest sense through a comprehensive communications and engagement strategy, including the promotion of exemplar integrated initiatives and models of delivery.

- **Strategic funding strategy**: in discussion with external funders, aim to secure upwards of £2m from a range of non-NHS partners.

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