Putting Mind, Body, and Soul in Long Term Conditions

London Clinical Senate

Population health management opportunities:
the importance of effective mental health care to address long term conditions and improve physical health outcomes

8th November 2022

(Final v1.0)

Executive Summary- Key Themes

NHS
London Clinical Senate

The London Clinical Senate forum on 8th November explored the topic of mental health and long term conditions.

Discussions were informed by population, patient and service perspectives; underpinned by research evidence; and brought to life with practical, actionable, best practice examples. The event created significant energy and a desire to galvanise others to action.

Key emerging themes were:

- “I am ONE person with ONE life; my messy narrative does not fit into linear pathways, compartmentalised systems and care structures”.
- We need to provide “one health”, that encompasses mental and physical wellbeing
- The link between long term physical conditions and mental distress is well evidenced and we can significantly improve peoples overall health and wellbeing by addressing mental and physical health at the same time. This also makes much more efficient use of resources and can reduce demand on the system.
- For this to be realised, patients must be at the centre of our service planning; improving care for all requires that services are designed to be accessible for the most marginalised from the outset.
- This must be enabled through financially integrated care models, combined commissioning, IT systems, professional learning and multi disciplinary reflective practice, care coordination and removal of “red tape”.
- Our evaluation of success should be whether patients feel empowered and monitored through outcome measures that include social outcome measures.

Next Steps

- London Clinical Senate will develop a high impact summary of 1-2 page with key messages, evidence and data, signposting to tools to support the development of business cases to improve and enhance mental wellbeing and mental health care.

Call to action

- NHSE London and the London Clinical Senate to maintain the energy, momentum and encourage the findings to be discussed by NHS Boards in London and agree actions to be taken. This should be across the whole system including:

✓ Regional

✓ ICB

✓ Acute

✓ Mental Health Providers

✓ Primary Care

- This discussion should recognise and incorporate the patient and public voice perspective shared here. Namely, that their needs and wishes inform the care pathway.
- Follow up to support, enhance and to share improvements to be agreed

Contents

London Clinical Senate

Introducing the London Clinical Senate Forum

- The London Clinical Senate regularly hosts forums on topical issues for Londoners to bring together a collective voice and create movement and momentum around a particular theme.
- It is independent body, hosted by NHS England providing early, patient focussed clinical advice to proposed service changes and final assurance to NHS England regarding the clinical aspects for proposed major service redesign.
- Overall leadership is provided by a diverse multi professional council, which includes representation from the Senate Patient and Public Voice group.
- The topic of this form was proposed by our Patient and Public Voice group and co produced by a small working group of council members, PPV members and subject matter experts.
- The forums are undertaken on behalf of the NHSE Regional Medical Director and Director of Nursing. This forum was chaired by Martin Machray, Regional Director for Performance, Regional SRO for Mental Health and member of the London Clinical Senate Council.
- The forum was attended by c100 individuals professionals, patients, citizens and voluntary and community groups. A graphic designer was present throughout the forum and was able to capture a live visual representation of the meeting, to highlight key areas of discussion and capture the key learnings from the day in an easy digestible way. These feature throughout the report
- We are grateful to the many contributors who provided input to the planning, gave such rich presentations on the day and to those attending for their thought creativity and energy.
- This slide pack provides an account for the day, sharing key information, themes and ideas.

Why *Putting Mind, Body and Soul in Long Term Conditions?*

- The Covid pandemic heightened health inequalities and exacerbated mental health issues.
- There is clear evidence showing that addressing mental health within Long Term Conditions can improve not only mental health and wellbeing, but also physical health outcomes.
- When citizens **better understand their conditions and are better able to engage and inform treatment this can lead to** more active and happier lives.
- There is also potential for improved outcomes (physically and socially determined) to reduce demand in the NHS and social care in the medium to long term.
- This forum was designed to explore the opportunities for population health management within the emerging ICSs, in line with recommendations of the Fuller report, with the aim of providing:

    - Opportunity for thinking and sharing ideas and discussion in this space between health professionals, patients and carers
    - Generation of innovative ideas and possibilities
    - Learning from best practice models- the art of the possible

Forum Agenda

09:20-09:30	**Chair's Welcome and Call for Action** *Martin Machray, Executive Director of Performance, NHS England – London*
Session 1 : **Population, patient and service perspective. Building the case for change for effective mental health care to address long term conditions and improve physical health outcomes**	
09:30-09:50	**Population perspective: Opportunities arising from integration with reference to the Fuller report** *Thirza Sawtell, Managing Director/ Integrated Care, St Georges and Epsom and St Helier Hospitals and Health Group*
09:50-10:05	**Patient perspective** *Lucy Brett, Deputy Chair London Patient and Public Voice Group, London Clinical Senate*
10:05-10:20	**Service provision perspective** *Mary Docherty, Deputy Medical Director and Consultant Liaison Psychiatrist, South London and Maudsley NHS Trust*
10:20-10:30	**Group discussion - What would you like to come away with today?** *Facilitated by Natasha Curran, Medical Director, Health Innovation Network*
10:30-10:45	**The evidence base and building the case for change** *Michael Holland, Medical Director, South London and Maudsley NHS Foundation Trust* *Phil Moore, GP Mental Health Clinical Co-Director, NHSE (London)*
10:45-11:05	**Panel Q&A** *Chaired by Martin Machray, Executive Director of Performance, NHS England – London*
11:05-11:25	**Refreshment break**
Session 2	**Learning from innovation and best practice**
11:25-12:35	**World café case studies** **3 rounds of 20-minute presentation and discussion per table - to hear the case study, ask questions and consider learning** *Introduced and facilitated by Natasha Curran, Medical Director, Health Innovation Network*
Session 3	**Implementing change. Facilitated discussion in ICB groups**
12:35-13:25	**What are the most impactful and achievable actions that we can take individually, in our team, in our ICS or across London?** *Facilitated by Natasha Curran, Medical Director, Health Innovation Network*
13:25-13:35	**Summary & Next steps** *Martin Machray, Executive Director of Performance, NHS England – London*

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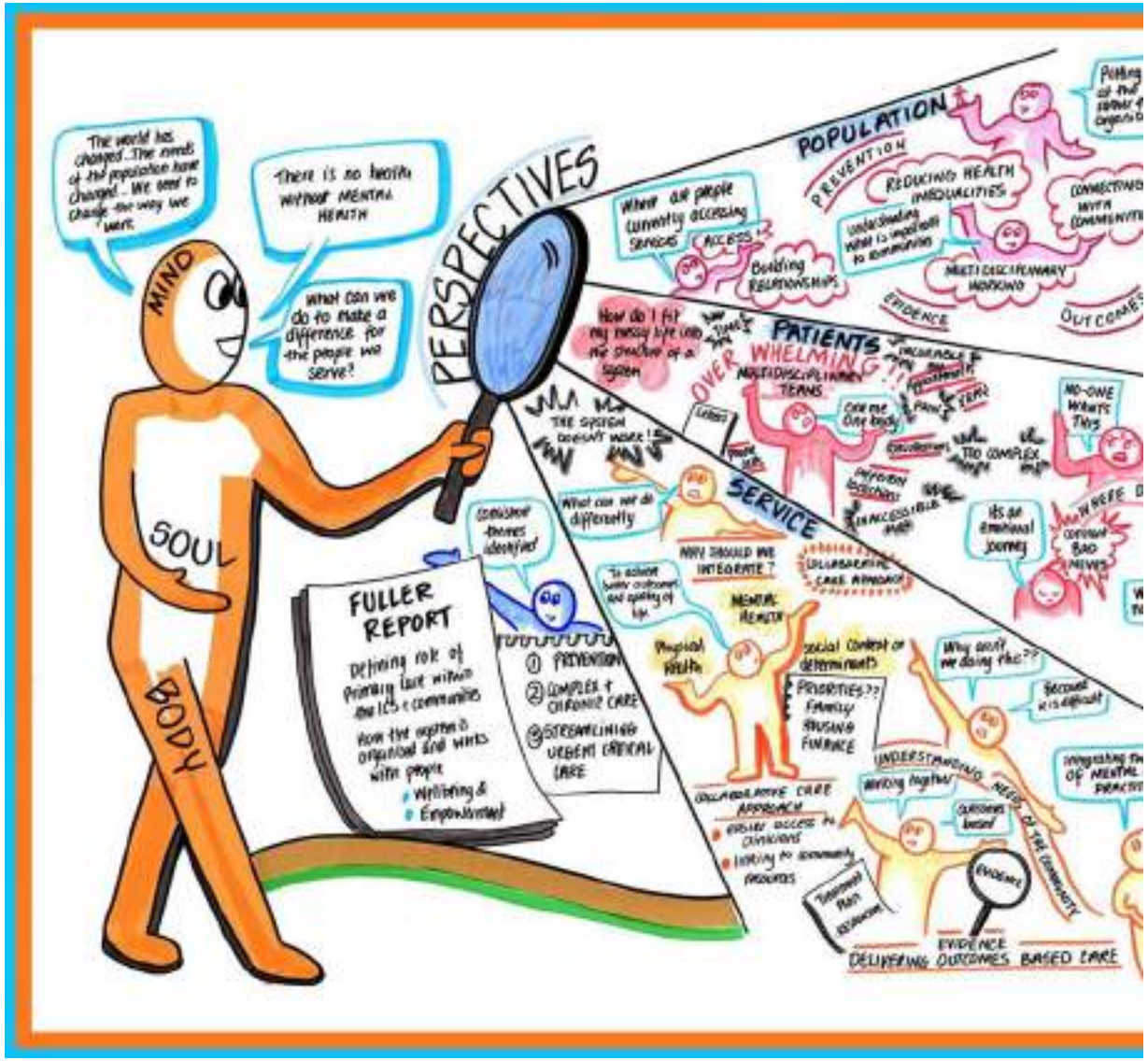

Session 1

Population, patient and service perspectives. Building the case for change for effective mental health care to address long term conditions and improve physical health outcomes

Key Messages. Session 1

Population perspective, Thirza Sawtell

- The benefits of effective mental health care to address long term conditions and improve physical health outcomes are clear. This is a longstanding professional and personal commitment and there is a unique opportunity to make progress.

Service Provision Perspective, Mary Docherty

- The case for integrating mental, physical and social care has been strongly made in research and policy
- Potential to avoid **To *fall through the cracks" …*** to remain unnoticed or unaddressed, not receive the help that one needs, to be overlooked".
- The Collaborative Care Model can be applied in a wide range of care settings and there is clear evidence of impact on mental and physical health outcomes, social functioning and quality of life
- Yet there are barriers to implementation *Enablers and barriers to implementing collaborative care for anxiety and depression: a systematic qualitative review. Gritt Overbeck, Annette Sofie Davidsen and Marius Brostrom Kousgaard* Implementation Science 11, Article number 165 (2016)
- Case example of integrated psychosocial service for heart failure or respiratory disease in secondary care in Southeast London with some deviation from the model and notably benefits in outcome and impact assessment
- Discussion points on transferability: Who to treat. Ethical considerations. Cost versus quality. Cost effectiveness? Important population differences across different medical conditions which may limit extrapolation of 'benefits' to different conditions

There are significant human & economic consequences of siloed physical, mental & social care

"To *fall through the cracks" …* to remain unnoticed or unaddressed, not receive the help that one needs, to be overlooked"

Key Messages. Session 1

The evidence base and building the case for change, Michael Holland and Phil Moore

- There is an impact of both additional long-term conditions and deprivation on people with depression and/or anxiety
- There is a higher proportion of people with long-term conditions, more complex prescribing and higher rates of unplanned care use among people with depression and/or anxiety living in more deprived areas
- However, rates of primary care consultation and planned secondary health care are not higher in more deprived areas than less deprived areas
- This suggests people with more complex needs in more deprived areas may not be using the most appropriate care
- It is the task of people developing models to understand and address these inequalities
- Evidence for integrated models is very well established and shows us how to do it better
- Models of care must consider **bio-psycho-social** interventions. The formal literature on *triple integration* utilizing a Collaborative Care Model is less developed (and probably behind ground level efforts…)
- Priority areas for investment and attention must include socioeconomically deprived areas
- Those seeking to develop newer models must understand the populations they are designing them for and with
- Implementing these complex interventions is (extremely) challenging
- There is a substantial body of literature on barriers to implementation and strategies to overcome them
- Upcoming sessions today offer equally important experiential knowledge to learn from

Patient perspective, Luce Brett

- Luce gave a patient perspective on the interaction between long term conditions and mental health conditions by looking very specifically at the overwhelm, confusion and disjointed effects of having multiple long-term incurable conditions.

- She looked at contradictions in communication, the impact of multiple care givers, systems, methods of communication, options, interpretations of accessibility, and differently shared patient information and results.

Her key messages:

- I am ONE PERSON with ONE LIFE.

- My messy narrative does not fit into linear pathways, compartmentalised systems and care structures that the NHS in London offers.

- I have multiple conditions and multiple consultants, care pathways and treatment centres. I am juggling multiple complexities - from pathways to contradictory treatment plans.

- Validation is so important. Mental health and wellbeing concerns can feel taboo and embarrassing. It can be transformative for someone to note that they are common amongst those with LTC, not something shameful and aberrant/unusual or a sign of someone not coping ‘well enough’.

Patients are people. They are tired and rarely get continuity. Their health is one aspect of their life.

They need support that is optimistic, joined-up, clear and kind, doesn’t minimise. Care needs to see the wider picture of personal impact, be explicit about frustrations and unknowns, and be realistic, actionable, honest and fair.

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Session 2

Learning from innovation and best practice

Delegates at the forum had the opportunity to explore case studies. visit in small groups, listen, ask questions and consider learning. The reflections from session 1 and session 2 of the day leading to messages emerging from the day.

A summary of the case studies is included on the next slide with further details provided in the appendices.

Best Practice Case Studies

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Topic	Presenter
Improving Access to Psychological Therapies (Appendix A)	Dr Judy Leibowitz, Clinical Psychologist Camden and Islington NHS Foundation Trust
The Wren Project: free, ongoing listening support for people with autoimmune disease (Appendix B)	Kate Middleton, Chief Executive Officer and Founder, The Wren Project
Learning from Long Covid (Appendix C)	• Dr Melissa Heightman, Consultant Respiratory Physician, Clinical Lead for Post COVID services and for Integration in Medical Specialities, University College London Hospitals NHS Trust and National Speciality Adviser, Long COVID program, NHSE • Chinea Eziefula Clinical Psychologist, service user involvement & long-term health conditions lead for iCope Camden. Long COVID strategic manager for Camden, Islington & Haringey Improving Access to Psychological Therapies (IAPT) services
Assessing Mental Health Outcomes in secondary care (Appendix D)	• Dr Toby Garrood**,** Consultant Rheumatologist, Guy's and St Thomas' NHS Foundation Trust
We Are Undefeatable- national campaign to support the 15 million people who live with one or more long-term health conditions in England (Appendix E)	• Michelle Roberts, Physical Activity and health programme lead for Richmond group of charities
Five to Thrive Project- Using five ways as a conversation opener to talk about working on being happy and the benefits for long term condition management (Appendix F)	• Rhiannon England GP Clinical lead for Mental Health and Homelessness • Martina Agho, Five to Thrive Project Lead
Fast Track Cities community projects- Working towards zero HIV in London through an improvement community partnership (Appendix G)	• Simon Jones, CEO from Connect Well • Jo Manchester, Service User • Maria Vidal-Read, Senior Programme Manager and Communications and Engagement Lead, Fast-Track Cities London

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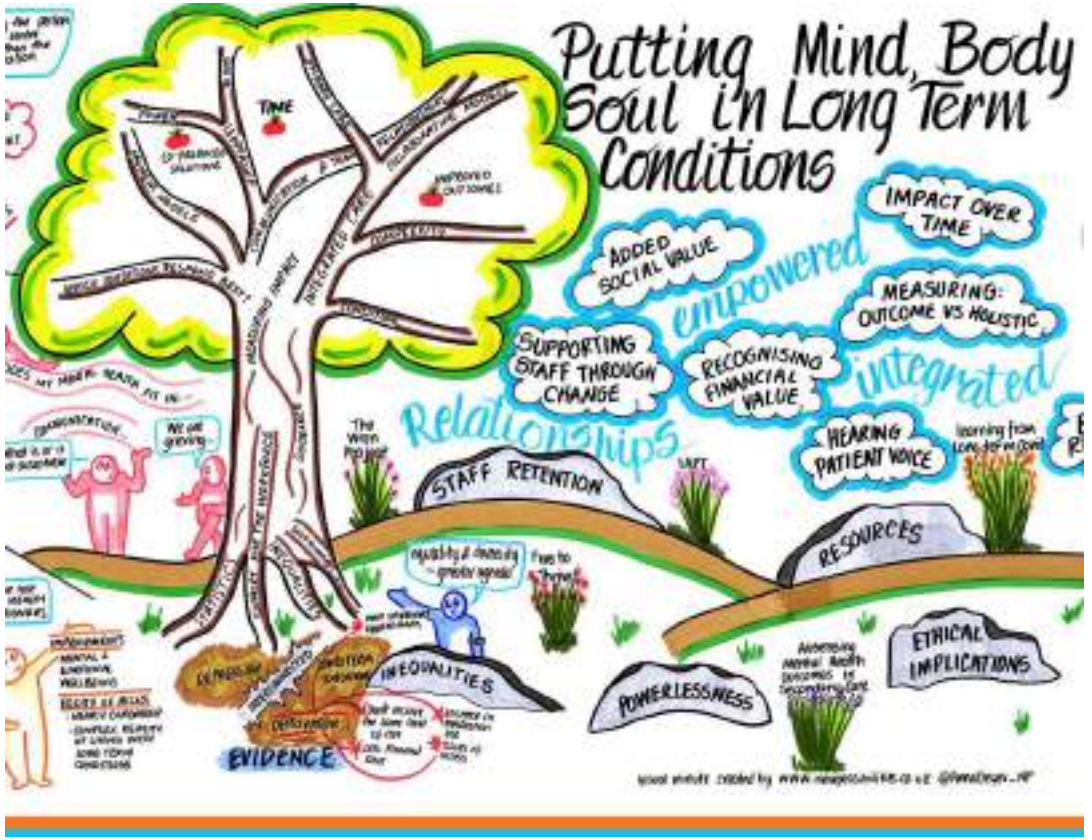
Session 3

Implementing Change. Facilitated discussion in ICS groups

Facilitated by: Natasha Curran, Medical Director, Health Innovation Network

Emerging messages:
What did you hear, see or notice?

- This is incredibly simple in concept and difficult in implementation
- This is not just funding but about how we organise ourselves
- We are still not doing this after 40 plus years but there may be opportunities with Integrated Care Systems
- We are already converted here. Many people in the room from mental health background. What about others?
- This is part of a wider agenda on equality and diversity to ensure equity across conditions. Additionally, differential commissioning in local areas can lead to inequality
- Listening can make a difference. Simply asking: “how are you” is an important start to explore feelings and thought.



What did you think was think was important? What took you by surprise?

Important

- Do not forget that mental health and wellbeing can also be positive
- Ensure strategy really reflects the population especially in areas of deprivation
- The conversation should be around uptake of services, not access
- Design services at the beginning to be accessible for the most marginalised, and then the services will be better for us all.
- We must fit services around people, treating the person not the condition
- All new projects must consider mental health and not just Severe and Enduring Mental Illness. The focus on A&E waiting times between acute and MH can unhelpfully dominate the conversation
- Empower staff with a permissive management structure to give increasing ownership e.g. of budget within clinical teams
- Qualitative research as well as quantitative should be considered. Common sense should be applied against gold standards and evidence base. It would be good to NICE guidelines to also look at social impacts.
- It is important to do something. Start with the willing and start small.
- Change will involve risk

Surprise

- Doing this has a bigger financial value that we anticipated.

Future vision: What would you like to be different in 5 years time?

One health for mental and physical health.

Person centred care with patients truly part of service design and delivery.

A genuinely integrated, proactive system with social care and community promoting health and well-being.

Consistent, and equitable across London with particular improvements in deprived areas.

Supported/ enabled by financially integrated care models, combined commissioning, IT systems professional learning and multi disciplinary reflective practice, care coordination and removal of “red tape”

System level issues and ideas. What does it make you wonder?

There is willingness for innovation and passion to improve. We need to have equalities at heart and centre. There is the potential that by focussing on empowerment and culture change the rest will follow.

Ideas for consideration

- Is there a role for hospital coordinators for patients with multiple Long Term Condition appointments across multiple specialities?
- Can education/ training on mental health be better embedded into undergraduate training?
- Can we offer training in emotional wellbeing and how to support people with Long Term Conditions?
- Guidelines may be helpful- how to make use of psychiatric/ mental health resource within physical health teams?

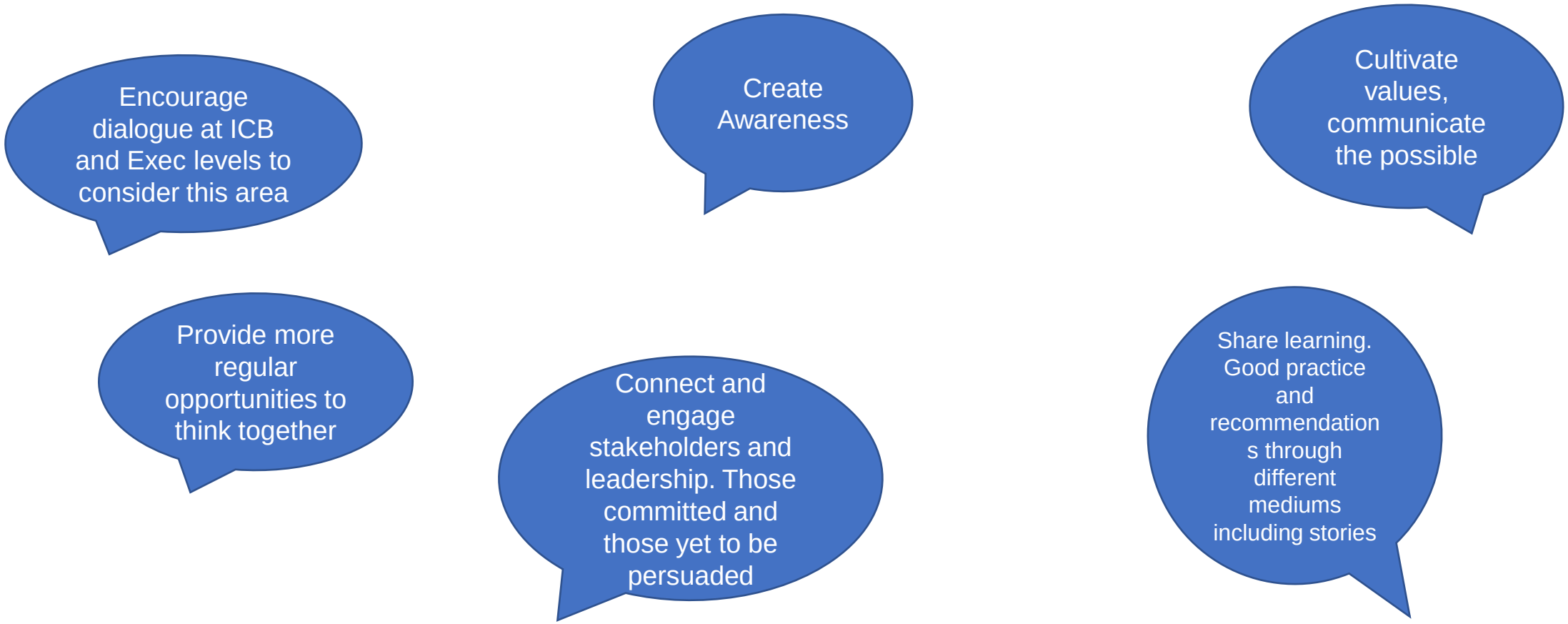
Enablers for further reflection

- How can we co design with GP leadership given pressures on them?
- How do we find capacity within the system to implement e.g. working with AHSN
- How can we scale up creativity and ingenuity? How do we ensure value is not lost?
- How do we ensure that great ideas are picked up and not left to luck/ chance/ opportunity?
- How do innovations get supported and sustained? Tools, resources?
- How to better understand other services and roles to reduce duplication?
- How to build into provider contracts?
- Is there increased value of volunteers?

What are the most impactful and achievable actions that we can take individually, in our team, in our ICS or across London?

Name one action you are going to take forward straight away	Name one idea you are going to take away and think more about
Share Enthusiasm with colleagues. Communicate and connect. Ask people: “How are you” Highlight at team, clinical and executive meetings what I have heard, thought and wondered today Communicate with wider systems	**Build Relationships** Build relationships e.g. with IAPT and LTC and ensuring true patient focus in these pathways
Promote collaborative care models Ensure the patient voice is at the forefront and heard through all levels and aspects of my work	**Ask and empower patients** Move the focus from prescribing and what patients “should” do to and enabling their empowerment. Always ask people what they want first. Integration of budgets Ask how are you?
Promote social outcome indicators Discuss outcome measures in my team Ensure outcome measures are meaningful, consider patient experience and lead to a change in clinical offer Ensure outcome measures consider social value, qualitative research and embed equality.	**Embed social value** Consider how best to embed social value in our assessment of service, workable performance indicators. Surface non RCT evidence based guidance with guideline setters i.e. more pragmatic evidence on patient and social impact
Promote Equalities Encourage Mental Health and inclusivity is embedded across all programmes.	**Improve communication** With patients with Long Term Conditions Consider their journey to clinics
Implement best practice 5 to thrive for mental health- engage with, share, promote, embed, co design and produce Wren Project- Follow up, connect and support	**Implement best practice** Five to thrive- use personally, professionally. How to personally engage more with the my community. Better understand the “We are undefeatable campaign”

Thematic feedback on how the London Clinical Senate or the London Region can assist.



Evaluation and feedback

- Well attended by c100 people despite train strike previous day
- Of those completing the evaluation. All scored satisfaction 4/5
- Overwhelming majority were highly satisfied considering the length was just right and Ideal opportunities to interact
- People liked: interesting topics, opportunity to interact, passionate intelligent speakers, well planned and organised with technology that worked
- Ideas for improvement: There were no key themes.
- Ideas for future forums: More patient experience, obesity and Learning Difficulties, Voluntary and Community Sector engagement and collaboration, creating connections for mutual benefit
- Many expressed enthusiasm to attend future senate forums and to hear more about the senate and its activities

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Summary- Key Themes

This was an incredibly rich day with a plethora of information, the key emerging themes were:

- “I am ONE person with ONE life; my messy narrative does not fit into linear pathways, compartmentalised systems and care structures”.
- We need to provide “one health”, that encompasses mental and physical wellbeing
- The link between long term physical conditions and mental distress is well evidenced and we can significantly improve peoples overall health and wellbeing by addressing mental and physical health at the same time. This also makes much more efficient use of resources and can reduce demand on the system.
- For this to be realised, patients must be at the centre of our service planning; improving care for all requires that services are designed to be accessible for the most marginalised from the outset.
- This must be enabled through financially integrated care models, combined commissioning, IT systems, professional learning and multi disciplinary reflective practice, care coordination and removal of “red tape”.
- Our evaluation of success should be empowered patients and captured through outcome measures that include social outcome measures.

Next Steps

- London Clinical Senate will develop a high impact summary of 1-2 page with key messages and evidence, with tools to would support the development of business cases to improve and enhance mental wellbeing and mental health care. Key areas that this might include:
- Scaling up the **“5 to thrive”** campaign.
- Encouraging the further development of Care coordinators for patients with multiple Long Term Condition appointments across multiple specialities
- Embedding further education/ training on mental health in people with Long Term Conditions into undergraduate training of all Health and Social Care Professionals
- Including training in emotional wellbeing and how to support people with Long Term Conditions in all teams looking after these patients.
- Encouraging providers to develop most effective use of psychiatric/ mental health resource within physical health teams

Call to action

- NHSE London and the London Clinical Senate encourage the findings to be discussed by NHS Boards in London: Regional, ICB, Acute and MH Providers and Primary Care and agree actions to be taken.

Appendices

Appendix A: Improving Access to Psychological Therapies.
Dr Judy Leibowitz, Clinical Psychologist Camden and Islington NHS Foundation Trust

Appendix B: The Wren Project: free, ongoing listening support for people with autoimmune disease Kate Middleton, Chief Executive Officer and Founder, The Wren Project

Appendix C: Learning from Long Covid
Dr Melissa Heightman, Consultant Respiratory Physician, Clinical Lead for Post COVID services and for Integration in Medical Specialities, University College London Hospitals NHS Trust and National Speciality Adviser, Long COVID program, NHSE
Chinea Eziefula Clinical Psychologist, service user involvement & long-term health conditions lead for iCope Camden. Long COVID strategic manager for Camden, Islington & Haringey Improving Access to Psychological Therapies (IAPT) services
Appendix D) Assessing Mental Health Outcomes in secondary care
Dr Toby Garrood**,** Consultant Rheumatologist, Guy's and St Thomas' NHS Foundation Trust

Appendix E) We Are Undefeatable- national campaign to support the 15 million people who live with one or more long-term health conditions in England
Michelle Roberts, Physical Activity and health programme lead for Richmond group of charities

Appendix F) Five to Thrive Project- Using five ways as a conversation opener to talk about working on being happy and he benefits for long term condition management
Rhiannon England GP Clinical lead for Mental Health and Homelessness and Martina Agho, Five to Thrive Project Lead

Appendix G) Fast Track Cities community projects- Working towards zero HIV in London through an improvement community partnership
Simon Jones, CEO from Connect Well
Jo Manchester, Service User
Maria Vidal-Read, Senior Programme Manager and Communications and Engagement Lead, Fast-Track Cities London

Appendix A

Improving Access to Psychological Therapy

Overview

IAPT provides brief, focussed NICE recommended psychological interventions for people with **depression and/or anxiety disorders**, using a structured **step-care** model set out in the **IAPT manual.**

Treatments include cognitive behavioural therapy (CBT), interpersonal therapy (IPT) and behavioural activation (BA).

IAPT Long Term Conditions

IAPT services also provide support for people with long term conditions and/or medically unexplained symptoms.

IAPT LTC services are:

- **Co-produced** and implemented with service users and families
- **Co-located** and **integrated** with physical healthcare pathways
- **Work jointly** with the **wider system** including liaison psychiatry services, *clinical and health psychology services and specialist physical health services*

IAPT is not appropriate for people:

- At immediate risk of self-harm or suicide
- Whose main problem is drug or alcohol dependency
- Experiencing acute psychosis
- Receiving psychological intervention from another service

IAPT LTC and Physical Health Pathways

Below are some of the common physical health pathways that IAPT services are co-located and integrated with:

- **Diabetes**: Talking Therapies Southwark are integrated with Southwark's Community Diabetes pathway. Kingston IAPT service are co-located with the diabetes day unit that deals with complex diabetes patients at Kingston hospital
- **Cancer**: IAPT-LTC services work with psycho-oncology services to develop integrated services for cancer patients
- **Chronic obstructive pulmonary disease (COPD) and cardiac rehab:** Waltham Forest Talking Therapies is co-located within COPD clinics. Merton and Wandsworth IAPT services are integrated into community cardio –respiratory pathways and set targets of how many patients with these conditions they should be seeing every quarter.
- **Musculoskeletal (MSK) conditions**: Islington iCope run a chronic pain group programme with a community MSK physio and pharmacist

Judy Leibowitz
Consultant Clinical Psychologist
Head of Psychology Camden Borough Division
Head of Trust IAPT Services
Email judy.leibowitz@candi.nhs.uk

Appendix B

the wren project

- **Positively impact an individual's life;** ongoing listening support reduces isolation, improves mental health, & builds autonomy.
- **Complement their medical support**; Patients that feel more in control manage their disease better. Patients are more able to engage with their medical treatment.
- **We bridge the gap to psychological services.** We don't have a waiting list and are able to support people waiting for professional help.

the wren project

Listening support for people with autoimmune disease

wrenproject.org

The Wren Project **provides** free, ongoing listening support to people with autoimmune disease in times of distress.

We offer **fortnightly 50 minute sessions over video call with the same volunteer.** We review every 6 sessions and measure our impact.

Our support lasts on average **6 months.** Following 1:1 support, patients join a lifelong community space for people living with autoimmune disease. We have supported **over 300** people with our 1:1 sessions.

We currently support **60 people with fortnightly sessions.** We work with hospitals, GPs, autoimmune charities, patient groups, mental health organisations, universities.

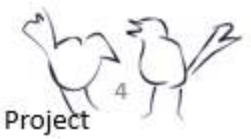
92% of Wren Project service users report they feel less **Lonely**

83% of Wren Project service users report they feel less **Distress**

98% of Wren Project service users report they feel more **Resilient**

"Talking to someone who cares, week on week, it helps. It has been calming and helped me engage with what my disease means. It all feels a little easier."

Kate Middleton, CEO Wren Project



Appendix C

Learning from Long Covid. Oct 22

Our Services

iCope Camden and Islington and Let's Talk Barnet, Enfield and Haringey are primary care psychological therapies services based in North Central London that form part of the NHS England Improving Access to Psychological Therapies or IAPT programme that aims to help individuals to overcome their depression and anxiety, and better manage their mental health. This programme has expanded to support people with long-term health conditions, a proportion of whom also struggle with mental health challenges.

University College London Hospital (UCLH) are the commissioned North Central London Post COVID Syndrome service that coordinates biomedical investigations and appropriate signposting for COVID rehabilitation and support for patients with long COVID.

There are various community rehabilitation providers all over North Central London. We will focus on the collaborations between iCope Camden and Islington, Let's Talk Barnet Enfield and Haringey, UCLH and the Camden Community COVID rehabilitation service based at Central and North West London NHS Foundation Trust.

Long COVID collaborations

Since December 2020, iCope Camden and Islington, Camden Community COVID rehabilitation service and the UCLH Post COVID service have worked with healthcare partners, including voluntary sector services, NHS clinicians, senior managers and commissioners as part of the North Central London Post COVID Syndrome Working Group. Along with Let's Talk Barnet, Enfield and Haringey and community COVID rehabilitation services in the respective boroughs, our three services have played a key role in advocating to seek support for patients with long COVID in North Central London from very early on during the pandemic. A London region allied health professionals long COVID learning network was also developed, this is a regional network but has national reach. This network aims to share learning, best practice, challenges, and models of care to treat long COVID. The membership of the Network is currently over 500 clinicians representing multidisciplinary professionals including (but not exclusively) Physiotherapists, Occupational Therapists, Psychologists, Dieticians, Speech and Language Therapists, Arts Therapists, Nurses, and Support Workers.

Our key learning about long COVID:

- Long COVID is ***not*** a psychological illness, it has a multi-systemic physical health presentation that can have a significant bio-psycho-social impact in the lives of the people living with this condition.
- Long COVID is a condition that varies in presentation between individuals, including a multidimensional, fluctuating, and unpredictable nature of symptoms, impairments and functioning.
- People living with Long COVID are experts in their lived experiences of this condition, and it is important for this expertise to be recognised and for this knowledge to play a critical role within any treatment or supportive approaches.
- A personalised approach to care and understanding what is important to people living with long COVID; a holistic medical and therapeutic model (a bio-psycho-social model) is essential to enable positive rehabilitation outcomes and satisfaction with the NHS care journey.
- A person's long COVID experience can affect their overall wellbeing, which encompasses physical, financial, social, environmental, spiritual, and psychological health. It is important for clinicians to recognise the interplay between these many aspects of wellbeing, including psychological and emotional wellbeing, with the recognition that this can influence and/or be influenced by physical symptoms.
- It is important for those involved in helping people with long COVID to understand, promote and provide support to improve financial, social, environmental, spiritual and psychological health; this can aid physical recovery.
- We have identified notable training needs and skill-sharing models, which can be developed and promoted to support people with long COVID.

Appendix C ctd

Our ongoing activities

1. **LiFT-LC (Living, Feeling & Thinking better with Long COVID) North Central London providers online multi-disciplinary programme:** This is a 6-week 45-60minute webinar series that provides self-management information to individuals with long COVID. It includes a Q&A panel alongside long COVID specific education on long COVID, fatigue, breathing, sleep, nutrition, psychological health, brain fog and vocation.
2. **10-session Living with Long COVID psychology group** roll out across Camden, Islington and Haringey IAPT & **LTC groups roll out** across Barnet and Enfield IAPT.
3. Community & UCLH clinic-based **symptoms management groups**
4. **Psychologically informed personalised care training** for staff members working with long COVID
5. **Long COVID multidisciplinary meetings** in all North Central London boroughs with specialist medical, community rehabilitation and psychology presence.

Key challenges and future ambitions

- Recruitment, retention and workforce sustainability (importance of professional peer support and psychological reflective practice models)

- Formalising and developing training competencies within the long COVID workforce

- Expanding timely access to psychology

- Establishing consistency in the use of patient reported outcome measures for the psychosocial impact of symptoms

- Development of self-management peer support models for people with long COVID

Dr Mel Heightman, UCLH
& Dr Chinea Eziefula, iCope Camden

Appendix D

Assessing mental health outcomes in secondary care

Dr Toby Garrood, Joint Medical Director, South East London ICS

Consultant Rheumatologist, Guy's and St Thomas' NHS Foundation Trust

With the NHS facing unprecedented waiting lists and every increasing financial pressures there is an urgent need to ensure that we get the best possible value out of limited resources.

Measuring patient outcomes should be a priority in achieving this, and yet we still rely largely on process measures to incentivise providers. This is a major challenge, and in seeking to address this we should identify key outcome measures that a relevant to people's health across the spectrum of care.

Mental health problems are common and predict poorer outcomes in long-term inflammatory conditions. Furthermore, they are overrepresented in some cohorts of patients with long-term conditions and in more deprived parts of the population.

In this session we will discuss the case for universal screening and measurement of mental health outcomes in patients receiving ambulatory care.

We will cover the potential benefits of early identification and the importance of a holistic approach to patients' management. We will also discuss the potential barriers, challenges and opportunities of introducing this into routine clinical care.

Appendix E

Five to Thrive: a conversation opener on improving mental wellbeing and the benefits for long term condition management

Rhiannon England
GP Clinical lead for Mental Health and Homelessness

Martina Agho
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Connect

Keep Learning

Be Active

Take Notice

Give

5 TO THRIVE

NHS
North East London

Appendix F

Our journey and future ambition

Five to Thrive (FTT) is used locally by GPs, pharmacies, health organisations, schools, voluntary and community sector organisations as a frame work for LTC conversations

- Identified key stakeholders and formed a FTT steering group
- Developed FTT information pack and provided training to stakeholders

- Incorporated in the depression review template for GPs
- Embedded in Core Arts lifestyle programmes for people with SMI
- For people with LTC, FTT is a useful conversational tool to discuss wellbeing

- Used by Mind as an early intervention/prevention tool

KEY Message

Service users' involvement important from the outset

Currently being revived due to:

- Low uptake
- Lack of service users involvement
- Message not disseminating to the wider population

- Focus groups with service users to repackage the FTT message
- Promotion to key public places including lamp posts and buses
- Dedicated outreach coordinator to engage communities and promote FTT message widely

- To be used by all commissioned provider organisations as as a prevention tool
- To be embedded into Patient Knows Best care plan
- FTT to become a household name -everyone talking about it!

Appendix G

Mental health and people living with HIV:

39,000 people with HIV in London

People living with HIV are still stigmatised

People living with HIV 63% greater risk of mental illness

Suicide rate twice that of the general population

FAST-TRACK CITIES LONDON

- HIV improvement community launched in March 2020
- 13 projects led by 22 voluntary sector organisations working with 9 NHS trusts in London
- £3m investment over 3 years
- Radically different approach needed, fully embracing expertise of people living with HIV and the voluntary sector
- Projects supporting mental health and wellbeing are reporting huge improvements for people living with HIV; better care, retention in care, engagement with clinicians, people staying on medication, increased number of people now undetectable, better physical and mental health outcomes and better quality of life (support with housing, benefits and food poverty issues)

Users of the service say:

I feel more... confident **87%**

connected and less isolated **77%**

My physical health has improved... **48%**

www.fasttrackcities.london/our-work/improvement-community