

Transforming mental health services in Camden and Islington: Proposals for change to the Camden and Islington NHS Foundation Trust Estate

Care model and expected benefit

Care Model

The Trust's Clinical Strategy 2016-2021 sets out the clinical model for services provided at the Trust, both currently and in the future. This model has been designed to keep community teams at the heart of service delivery; ensuring care is provided as close to patients' homes as possible. This model and its constituent parts are unchanged by the proposed relocations, however its delivery will be greatly enhanced by the improved quality and location of services, as evidenced below.

As described in the previous section, the Trust's Care Model forms part of the broader NCL STP 'stepped' model of care for mental health. This overarching model supports the focus of services wrapped around individuals within their communities, with increasing levels of more intensive, specialist care provided according to increasing need.

The development of a new inpatient facility 2.5 miles away from the existing site, alongside new community facilities on the existing site and development of two new community hubs, supports the improved delivery of the North Central London STP in a number of ways:

Improving facilities

Due to current inadequacy of the facilities at the St Pancras site, and the location of some community services at this site, the Trust is unable to sufficiently deliver on a number of aspects of the STP Model. This includes the delivery of high quality specialist services close to home (Step 3) and elements of the more intensive levels that stipulate services should support recovery at home and in the community (Step 4).

Furthermore, one of the enablers of the STP is the estates strategy, which lists the redevelopment as key to delivering more therapeutic and recovery focussed surroundings.

Increasing access to mental health services

The STP's focus on delivering more accessible and extensive mental health support within primary care services is aligned to the planned roll out of the practice-based mental health (PBMH) to all practices and increased access to Improved Access to Psychological Services (IAPT) to 25% of the indicated population by 2021.

All Islington CCG registered patients are now able to access PBMH service. However, some patients need to be seen at an alternative venue to their GP practice due to the limitations of this estate. Camden CCG will expand their residents' access to PBMH by building on their current Team around the Practice model from 18/19, which too will add pressure on the primary care estate.

Currently there are a high number of secondary care community teams located across multiple sites, which includes some teams based on the St Pancras site. The development of Community Hubs will allow the re-location of some of these services to more accessible local sites for residents, away from hospital and closer to home. It also brings teams from the

same Division onto a single site, which improves closer working between professionals. Community delivered services are expected to increase in levels of contact time with patients as care is re-directed away from inpatient services, this requires a larger community estate to accommodate additional activity.

Service users will continue to have access the community services at new developed St Pancras facilities, as well as services at the community hubs, giving services users greater choice of where they wish to access services.

Community Hubs may also be able to bring opportunities for a wider range of in-reach work for physical health services to patients with mental health to help improve accessibility to physical health services.

Improvements to access within Camden

- South Camden iCope (IAPT) and Assessment and Advice Team moving from St Pancras to Greenland Road;
- South Camden Recovery Team to move into Greenland Road;
- Community Recovery Service for Older People to Lowther Road in Islington (most patients are seen at home).

Improvements to access within Islington

- Islington Practice Mental Health Team (where there is no capacity for patients to be seen at their GP practice) to move to Lowther Road;
- Islington Assertive Outreach Team to move to Lowther Road;
- Islington North iCope Team to move to Lowther Road;
- Community Recovery Service for Older People to Lowther Road (most patients are seen at home).

Moves from St Pancras to sites other than the community hubs

- Rivers Crisis House is likely to be moved off the St Pancras site, however plans for where this will be located are not finalised;
- Pharmacy services to move to HMHC to support inpatients at both inpatient sites.

Improving the acute mental health pathway

The proposed relocation and development of Community Hubs does not involve the provision of any extra inpatient beds, which aligns with the STP vision to develop alternatives to hospital admission by strengthening crisis and home treatment teams. As part of the acute pathway improvements, the STP also identifies the investment needed in supported living arrangements, providing users with a supported, and longer term arrangement for effective discharge.

Patient pathways

Practice Based Mental Health Teams

PBMH based in primary care is a key component of the NCL STP, the Trust's Clinical Strategy and the CCG commissioning intentions. PBMH was piloted in Barnet and found to reduce the need for referral to specialist care pathways by 60-65%. Subsequently it has been operating across nine of the 33 practices in Islington for two years and has been rolled out to all practices in 17/18, and across Camden from 18/19.

Service users are able to access locality based services, which include consultant psychiatrists, psychologists, social workers and nurses. These services aim to:

- Increase access to high quality assessment and early intervention;
- Provide a supporting role to GPs and primary care staff to help manage patients at the primary care level, avoiding deterioration of health and the need to refer to secondary services; and
- Reduce demands on a range of secondary services including Crisis Teams, secondary care teams, and acute inpatient admissions.

Healthy London Partnership has commissioned an economic evaluation of PBMH models used across London. Islington PBMH service will be one of the sites which is expected to deliver its findings in summer of 2018. The economic evaluation will look at a range of factors including the impact of the service on secondary care and acute bed utilisation.

PBMH also helps to reduce the stigma of accessing services specifically for mental health and they have been found to be effective in managing mental health in Primary Care settings. By continuing to invest in PBMH, more individuals requiring mental health services can be identified and supported early on, thereby reducing the impact of undiagnosed and untreated conditions on long term health and wellbeing. For the majority of service users, PBMH will be the entry point to more specialist support, however other entry points include the Urgent Care/Acute pathway and A&E.

PBMH complements IAPT services where people with common mental health services can access care and support without the need to meet secondary care thresholds of care.

Specialist Care Pathways

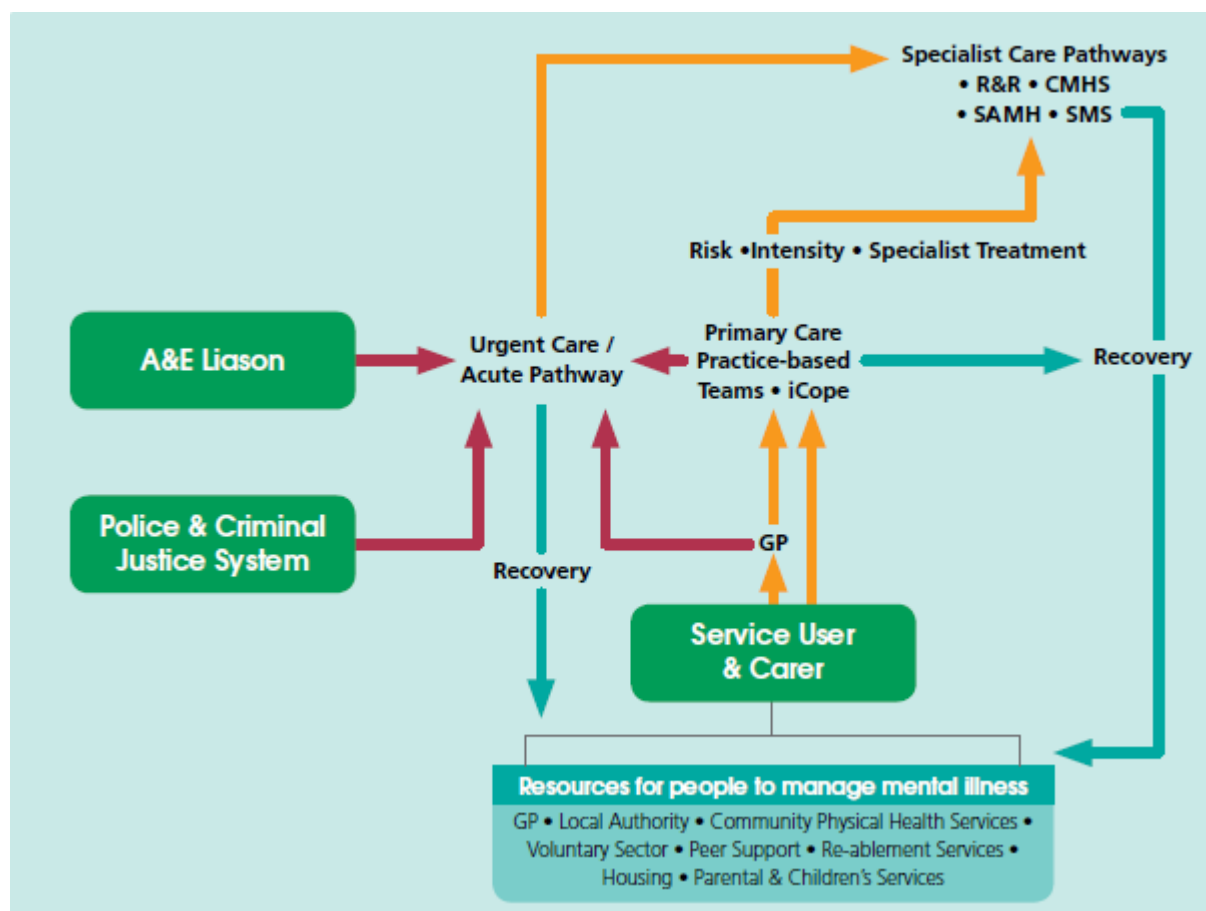
Service user access to specialist care pathways depends on a number of factors, including; risk level, intensity of interventions required and the need for a specialist treatment only available via these pathways. There are four divisions currently in place focused on particular user cohorts and providing specialised, tailored support depending on user need and these continue to be developed by the Trust.

- Community Mental Health (CMH) Division;
- Rehabilitation and Recovery (R&R) Division;
- Services for Ageing and Mental Health (SAMH) Division;
- Substance Misuse Service (SMS) Division.

In addition to these four divisions, the Trust also provides an Urgent Care/Acute Pathway (Figure [5.1]) that service users may enter if they are experiencing a crisis in their mental health. For some service users this may be their initial entry pathway to services. However, service users on this pathway are moved as soon as possible onto less intensive and more tailored pathways.

A service user will often move among or between pathways and specialist sub-divisions as part of their therapeutic journey and teams work collaboratively across pathways to ensure users are supported throughout by a team that knows and understands their needs.

Figure [5.1] The Trust's Clinical Model



Workforce

As the current care model moves to a focus on community provision of services, workforce requirements will need to change in line with this. The NCL STP Mental Health Workforce programme recognises that all NCL mental health providers will face the following key issues:

- **Portability** to enable staff to work across traditional boundaries (organisational and health and care settings);
- Improving **staff experience** of providing care; and
- **Career planning/development** to support a lifetime career in NCL.

To address these issues, there is a dependency on two other NCL, STP programmes:

- Care closer to Home: to provide more care from integrated primary and community settings; and
- Workforce: to ensure the workforce can meet the above expectations.

The aims of the programmes are:

- To provide analytical support in designing the workforce elements across work streams to address the key issues above, including providing an understanding of the impacts and benefits of introducing new roles and ways of working;
- To provide a common approach to recruitment across the 10 NHS Trusts in North London Partners (NLP) which will cover common recruitment policy and processes

that will support collaborative recruitment and retention initiatives for provider trusts; and

- Enable 'portability' of staff between providers and into primary and community care settings.
- To deliver these aims and address the issues, the NCL STP proposes a range of measures which will impact the workforce considered as a part of this proposal:

Recruitment initiatives

General STP workforce recruitment initiatives are:

- The "CapitalNurse" (CN) programme is trialling a joint approach across NCL and NEL by giving an employment guarantee to all locally educated student nurses in September 2018. This will provide a core offer to all students including access to a CN branded preceptor ship programme. The NLP are keen to understand whether this approach would be of value to other staff groups.
- There will be a joint approach and a common policy to facilitate collaboration in NCL to training Nursing Associates and using apprenticeships to grow the workforce.
- NCL has led the way in identifying overseas educated nurses who do not have a UK registration but are working in support roles in the NHS and social care in NCL. Whilst the new funding arrangements at HEE mean that the funding approach will change this is a great route to identifying more new nurses.

The development of a shared staff bank in NCL. Some mental health specific initiatives that are directly applicable to the Trust are:

- International nurse recruitment from the Philippines.
- Participating in local, London-wide and national careers fairs as well as engaging with local schools.
- Streamlined recruitment process has improved time to hire and had a positive impact on our vacancy rate.

Retention initiatives:

- A Retention Study is being conducted across the STP by IPSOS Mori, with the results available in May 2018. Once the retention issues have been identified initiatives can be designed and delivered to tackle those problems.
- Reviewing flexible working and flexible retirement options and introducing new package of non-pay benefits for staff.
- Buddy scheme for new starters.
- Current action planning to address issues identified in staff survey.
- Over 30 Quality Improvement projects focussing on staff wellbeing, reducing violence and aggression in wards, improving patient experience.
- Identifying training needs across NCL in order to inform a programme of joint training that can be utilised across the STP. This has recently been done with Dialectical Behaviour Training running across NCL.
- Training to be provided for adult MH colleagues in CAMHS and vice versa in order to enhance skills and enable a more joined up workforce across the sectors.

Development and use of new roles:

- Piloted nursing associates in 2017/18 and seeking to expand cohort in 18/19.
- Working with Skills for Health to identify new roles/existing roles suitable to be adapted to our workforce and activities (e.g. advanced practitioner)
- Working in partnership with Inclusion Barnet to identify roles, which benefit from being held by people with lived experience of mental health issues. This follows a

two-year experience of employing community engagement workers who all have lived experience.

- The development of Children and Young People crisis services that will work across NCL – a children and young people’s Out of Hours crisis team and bid to develop a new Health Based Place of Safety at Highgate Mental Health Centre (HMHC) – will create new roles and posts.
- The potential devolution of Tier 4 CAMHS and the development of the acute care pathway across NCL will result in further enhancement of the workforce and create new roles by 2020/21.
- Expansion of IAPT services is seeing a growing workforce that requires better career development and support.

Up-skilling current staff:

- Recruited Physical Health Leads to improve skills of our mental health workforce.
- Apprenticeship programme to enhance technical and management skills of staff.
- Nursing associate and nurse degree apprenticeships commencing autumn 2018.
- Dialectical behaviour therapy (“DBT”) training is being undertaken by 23 staff across NCL to further enhance the acute care pathway.
- The development of a CAMHS out of Hours crisis team will create opportunities for staff to work in different settings and developing their skill set.
- Opportunities are being explored to develop joint training across adult mental health and CAMHS in order to upskill staff in both sectors.
- Mental Health First Aid Training for 200 non-mental health staff and current Peer Support Workers to be delivered by June 2018.
- 200 Primary Care and Social Care Staff to receive Suicide Prevention Training
- A further 250 primary care and community staff will receive training through integrated IAPT programme.

In accordance with the care model, many staff at the Trust are already more community based than they have been previously, and the preferred option does not call for any staff to transfer out of the Boroughs of Camden and Islington.

These proposals are not expected to have negative impacts on the workforce. Any workforce changes will be consulted on in-line with the Trust’s agreed Change Management Policy and sufficient time will be allowed to ensure appropriate notice is given of any changes.

Furthermore, the Trust’s devolved structure encourages clinically led divisional autonomy, within the Trust’s overarching policies, procedures and values. Each division will be responsible for managing their workforce changes, supported by the Human Resources & Organisational Development Team. The Trust Strategic Development Committee will have oversight of workforce plans, with ultimate accountability being held by the Trust Board.

Staff engagement sessions have been on-going since April 2017, to gather workforce views and listen to feedback. This has included engagement with clinical leads, senior managers, community staff, and ward staff, as well as open sessions that all staff members have been encouraged to attend. Whilst some members of staff would prefer to remain in their current working locations, there is wide acceptance that facilities are not as good as they should be and that the redevelopment programme is an opportunity to improve both service user experience and the working environment for staff.

Commercial principles

There is no activity shift expected between the different providers of the services being consulted on.

In fact, the commercial structure around the payments to the Trust from the CCGs is such that there would be no negative financial impact on the CCGs as a result of the proposed service changes. This is because of the block grant payment mechanism which is set out in more detail in Section [9].

Activity, Volume and Capacity Modelling

The table below sets out the overarching activity figures for the Trust over the period April 2014 to March 2017.

Figure [5.2]: Trust Total Activity and Admissions April 2012 to March 2017

	2012/13	2013/14	2014/15	2015/16	2016/17
Admissions	1,216	1,316	1,315	1,397	1,363
Inpatient and Community Episode Caseload (Total distinct patients)	20,020	21,567	22,584	23,274	23,823

The Trust currently has 235 beds (84 on the St Pancras Hospital site) used for acute admissions, treatment of adults and older people.

Over the past decade or more, changes in the way mental health services are delivered have consistently reduced the use of inpatient beds. The Trust has closed approximately 130 beds (acute and continuing care) in the past 10 years, through the development of increased alternatives to hospital care and improvements to the arrangements and working practices in inpatient care.

Over the last couple of years, the Trust has experienced consistent pressure on its remaining beds and an increase in numbers of people admitted and those treated by the Crisis system. This reflects both demographic growth and the nature of the local demographic, which is highly transient and includes many people accessing mental health services for the first time (and who therefore often require greater support). There has been an increasing number of Overseas Visitors to the UK who require urgent and emergency care, often resulting in an inpatient admission, before they can be re-patriated to their home country.

In 2016, commercial advisors were commissioned by NCL STP to undertake bed modelling for the area. The advisors predicted an increase in the overall requirement of inpatient beds to increase from 236 to 268 in the Trust by 2021, an increase of 32 beds based on an 8% demographic growth if services remained as they were with no operational efficiencies or clinical improvements. The advisors also suggested that if the STP mental health work stream was delivered, it would remove the need for many of the additional inpatient beds required estimating that the Trust bed base would need to increase to 246, a much smaller growth of 10 beds.

The STP mental health work stream and progress on it in Camden and Islington is detailed in section [4.4.2], these are to a large extent based on reducing the demand for inpatient beds and meeting people's needs in the community. In addition to this there have been a range of changes to the Trust bed utilisation since the commercial advisors' modelling as the STP initiatives and Trust initiatives have advanced.

Trust initiatives on inpatient beds usage

In 2017, the bed situation specifically length of stay had worsened for Male PICU and acute wards. Due to this and the already high length of stay for older people and rehabilitation wards, the Trust embarked on an ambitious plan to reduce the length of stay of all of its wards which is showing real progress and has enabled some significant changes.

The commercial advisors' review detailed that the average length of stay in 2015 for acute wards was around 49 days, and 55 for male PICU. The Trust acknowledged that they were an outlier compared to other Trusts for length of stay, which contributed to high occupancy levels and meant that they often had to use private beds to accommodate needs; this included a length of stay for older adults of 135 days. The commercial advisor found that bed occupancy was at 97-98% for acute and 99% for older adults, the Trust's ambition is to achieve 95% by March 2018.

To achieve the overall aim of 95% bed occupancy by March 2018 the Trust programme was to:

- Free up 12 beds across the system by 31 July 2017 to enable the opening of a Women's PICU by 1 November 2017;
- Fully utilise new community resource to step down some long staying rehabilitation patients by September 2017;
- Reduce the number of people staying beyond the agreed median Length of Stay (LoS) by 50% by the end of 2017;
- Convert 4 older people's continuing care beds to acute beds by 31 March 2018.

This was achieved in a range of ways including:

- Re-assessment of number of patients who were outliers in terms of LoS;
- Closer links with Islington's voluntary sector Crisis House to better utilise this service, the Trust is a partner in the newly re-commissioned service which started in April 2018;
- Greater social care presence in acute wards to strengthen links to the community and supported accommodation to facilitate move on. The clinical strategy is in line with local social care plans for Camden and Islington Councils. Both Councils have introduced a Strengths Based Approach, which emphasises support for individuals to develop self – reliance, resilience and make greater connections with their community. Developing services that put community provision at the heart of our vision is in clear alignment with social care ambitions.
- Senior clinical review of patients to support reduction in LoS, including older adults with a target of reducing stays to 60 days;
- Introduction of Red to Green which is a daily analysis of the treatment and care delivered to inpatients; red days being days where the treatment given could have been provided in the community. Therefore, working towards ensuring that every inpatient day is fully utilised and that patients are supported to discharge ensuring that they are treated in the least restrictive setting.

The Trust has made significant progress on these targets with the following having been achieved:

- Reconfiguration of bed base to allow the opening of an 11 bed women's PICU in November 2018 (this included one bed closure due to the restrictions of the SPH estate);

- Reduction in Continuing Health Care beds by four as planned, but increases acute bed base to support demand;
- Increased flow to rehabilitation beds which in turn supports reduction in length of stay in acute beds;
- Utilisation of all types of beds has reduced in the last year (Appendix [25])
- Utilisation of acute beds has reduced from 99% to 96% in the last year;
- Length of stay for acute beds for 17/18 is 67 days including PICU wards;
- Utilisation of older adult beds has reduced from a high of 648 bed days in June 2017 to 502 in March 2018, a reduction of 33%
- Length of stay for older adult for 17/18 is 118 days;
- Utilisation of rehabilitation beds has reduced from 99% to 97% over the last year
- Length of stay for rehabilitation for 17/18 is 721 days;
- Occupied bed days (OBD) for private sector placement for acute care and PICU are now on a significant downward trajectory, following sharp peaks between July – Dec 2017¹, and are now on a zero trajectory by March 2021 (submission to NHSE) (Appendix [25])²;
- Total OBDs for private sector placement acute and PICU placements fell from a high of 2065 in quarter three of 2017/18 to 330 in the following quarter;
- New admissions have reduced from 591 to 474 between 15/16 and 17/18 representing a 20% reduction.

Refreshed bed modelling

Further bed modelling has been developed for the Trust which forecasts further in to the future. In this updated bed modelling local demographic trends have been extrapolated into short term and long term growth scenarios. The forecast suggests population growth of 8.29% in the years 2017 to 2025 with the population of Camden and Islington rising from 509,594 in 2017 to 551,855 in 2025.

Growth in Islington is forecast to be higher than Camden over this period (9.24% compared to 7.43%). The trajectory of demographic growth from 2017 – 2025 on the projected bed requirement in would be 254 beds from the current bed base of 235, with no mitigation of efficiency or service development. In short there would be a requirement of 19 additional beds.

The Trust has the second highest number of acute beds per head of population and is within the upper quartile of mental health trusts for acute admissions and length of stay (Appendix [24]). The Trust has around 70 beds more than the crude arithmetic mean of all Trusts. 40 of these beds result from a higher than average propensity to admit. 30 of these beds result from a higher than average length of stay.

There are some local factors that account for a proportion of this higher admission and length of stay, such as the need for higher dependency bed usage, and for admissions of people with a diagnosis of psychosis (above upper quartile for Cluster 10-16, and near to it for Cluster 17). London similarly has much higher proportion of psychosis patients. However, figures suggest that this may account for as many as 29 beds. There are high relative levels

¹ This was due to closure of a 12 bedded acute ward during the re-configuration to women's PICU, since opening of the PICU (November 2017) both PICU and acute bed admissions to private sector have fallen to under 100 per month, compared with highs of 500 (PICU) and 400 (acute) per month.

² STP trajectory is not zero but C&I trajectory is and this is likely to be achieved ahead of schedule.

of homelessness in Camden that analysis suggests could account for 8 beds, plus the ongoing need of high levels of funded overseas visitors, again an additional 8 beds.

Thus 45 excess beds can be explained by clinical need, (from the identified 70), leaving opportunity for improving bed utilisation that could result in bed savings of 25. This reflects the difference between the existing and remodel of care figures, and mitigates against the 19 forecast additional beds demographic change suggest should the care model not change.

The Trust has around the median number of older adult beds per head of population and is in the lowest quartile of mental health trusts for older adult admissions (Appendix [24]). Both Camden and Islington have relatively young populations compared to London and England. Length of stay in the Trust is fifth highest nationally and the longest in London. The Trust has a much lower propensity to admit but a higher length of stay, with overall fewer than average beds (circa 2 beds) per head of relevant population. Analysis suggests that the lower propensity to admit accounts for 12 beds fewer than the mean, whilst the higher than average length of stay accounts for about 10 beds. There is little to suggest any capacity to reduce the bed base in this area³ and would need to reflect demographic growth in the future.

With regard to rehabilitation beds there is a predicted growth of eight beds. However, significant work has been done to reduce the length of stay for these patients including the opening of a new resource which has allowed the opportunity for patients to step out of rehabilitation that had previously had very long stays. Therefore, the need for additional beds is mitigated, and a further review of rehabilitation across inpatient and community wards' will be undertaken in 2018/19 to ensure optimised care pathway to reduce length of stay where possible.

The evidence above with regard to the progress made so far both in terms of delivery of the STP and Trust initiatives suggests that this requirement will not be needed. For example, through earlier diagnosis and intervention; and greater support and capacity to enable patients to receive care in the community, as well as continuation of the Length of Stay project to absorb demand as admission and treatment length are reduced. Some of these initiatives are difficult to quantify exactly, for example, there is yet to be an established evidence base on the impact of PBMH on inpatient beds. However, this, combined with initiatives in crisis services, is the prevailing good practice model and one being followed by all mental health Trusts.

Consequently, the CCGs are confident that maintaining the current bed base at 235, will be sufficient to meet demand in 2025, and the new build will actually allow one additional bed to 236 due to the removal of the estate compromise that saw one bed close in 2017. The CCGs believe that this is a conservative proposal based on the clinical efficiencies postulated within the STP, the service developments being delivered in the Trust's Clinical Strategy and improved practice that is already in track. These movements are set out in more detail in Figure [5.3].

³ Source: 2016 NHS Mental Health providers' benchmarking club

Figure [5.3]: Bed modelling

Type of Bed	Current Location	No of Beds (Feb 16)	No of Beds Predicted by STP due to demographic growth and no service developments (Feb 21) McKinsey	No of Beds Predicted in STP with demographic growth and Service Developments (Feb 21) McKinsey Mitigation	Current No of beds (Feb 18)	No of Beds Predicted in OBC due to 8% demographic growth and no community developments (Feb 25)	No of Beds Predicted in OBC due to demographic growth with Clinical Strategy implemented community developments (Feb 25)
Service Developments Assumed / Delivered		(15/16) full year data available to McKinsey	Assumptions are 13.3% demographic growth from 15/16 - 20/21 (5 years) steady length of stay and occupancy	As detailed in the STP Increased CRHT Teams / Perinatal/Primary Care	Service Developments from Feb 17 include: Women's PICU	N/A	As detailed in the Clinical Strategy
Men's PICU	Total	12	13	13	12	13	12
Length of stay MPICU		55			89		
Women PICU	Total	0	0	10	11	12	11
Length of stay WPICU					36		
Acute	Total	152	173	140	140	151	130
Length of stay Acute		49		38	67		
Older Adult	Total	28	32	27	28	30	30
Length of stay Older Adult		135		37	118		

Rehabilitation	Total	44	51	66	44	48	52
Length of stay Rehab		1103			721		
	Total number of beds	236	269	246	235	254	235

Expected benefit

The benefit impact of the proposed development of facilities is focused around the improved therapeutic environment for service users. This is in line with the current clinical strategy to promote recovery, resilience and independence via easy access to community-based services and specialist care-pathways.

The main benefits that have been identified are as follows:

- Improve quality of care by enabling transformation of service models;
- Support the delivery of the Trust's clinical strategy and STP by increasing accessibility to community services;
- To create fit for purpose, therapeutic inpatient wards;
- Enable the Trust to fully comply with CQC requirements without the need for high numbers of adaptations – both hospital regulations and standards and statutory regulations;
- Improve the Trust's status as a research and development centre of excellence through e.g. better facilities and partnerships with other organisations;
- Promote equality through improved access to 'disability friendly' facilities;
- Improve sustainability through improved efficiency of facilities and enablement of better and more efficient care models;
- Enable greater alignment of Trust services with the needs of service users through improved access to safer facilities;
- Reduce stigmatisation of Mental Health service users by facilitating easy access to new facilities and open spaces;
- Improve service user experience with the ability to access integrated physical and mental health services in line with the 5YFV and national NHS Mental Health strategy "No Health without Mental Health";
- Enable greater proximity to services for a high proportion of service users by locating services in Camden and Islington;
- Attract and retain high quality staff by providing a high level of staff support including improved engagement and facilities;
- Contribute to the local community by promoting community health services and improving staff's workplace;
- Support the movement or maintenance of the current location of others Trusts as set out in the STP; and
- To allow the development of joint Mental and Physical health care by the proximity of the Whittington health site.

Impact on service users and benefits

Of the 25,000-30,000 people seen by the Trust on average per year, just under 9,000 were seen at the St Pancras site last year. Of these 9,000 users, over half were visiting services that will remain at the St Pancras site and so the number of users expected to be affected is around 3,100 (see Figures below).

Figure [5.3]: Affected service users by service - Inpatients

Name of service	Proposed new location	Number of service users affected (based on attendances 1 Jan-31Dec 2017)
Dunkley Ward (mixed sex with	New in-patient facility	165

4 learning disability beds)		
Laffan Ward (mixed acute mental health)	New in-patient facility	168
Ruby Ward (female PICU)⁴	New in-patient facility	20
Rosewood Ward (female acute mental health)	New in-patient facility	115
Montague Ward (mixed high dependency rehab ward)	New in-patient facility	32
Sutherland Ward (mixed long-term complex care ward)	New in-patient facility	27
Total number of service users		527

Note: The Approved Mental Health Professional Service and Pharmacy services are addition to those listed above that form part of the proposal (see Appendix [1]). However, these two services support services listed above and are therefore covered in their numbers of service users.

Figure [5.4]: Affected service users by service - Community

Name of service	Proposed new location	Number of service users affected (based on attendances 1 Jan-31Dec 2017)
Camden Mental Health Assessment and Advice Team	Camden Hub	720
Islington Practice Mental Health Team⁵	Islington Hub	15
Islington Assertive Outreach	Islington Hub	101
South Camden Recovery Team	Camden Hub	720
iCope North Islington Team	Islington Hub	2,179
Community Recovery Service for Older People (Camden and Islington)	Islington Hub	99
South Camden iCope	Camden Hub	2,450
Total number of service users		6,284

These users will see a number of significant benefits depending on the service they access:

Community based care

Over two-thirds of the users likely to be impacted are attributed to the South Camden iCope service, which is a low intensity service providing guided self-help interventions alongside psychological interventions such as Cognitive Behavioural Therapy (CBT). For these users, the relocation of this service to the Camden hub offers the opportunity to access services at a more welcoming community based, non-acute setting. This will not only provide easier, more direct access to services but also reduce the stigma attached with accessing mental health services.

⁴ Part year effect opened in November 2017

⁵ Those not able to be seen in GP surgeries – figure based on March 18 only when full roll-out was achieved.

Improved therapeutic environment

For inpatients at the St Pancras site, moving to a newly built facility ensures they receive care in a high quality, specialised building with state of the art facilities. The current site was deemed unfit for purpose following a CQC report in June 2016, with some wards having serious health and safety concerns, including ligature points and blind spots. The latest CQC inspection published in March 2018 noted that the Trust had sufficient mitigations in place, however the overall rating for Safety remained as “Required Improvement”. Furthermore, this most recent report highlights the staffing difficulties facing the St Pancras site, with the vacancy rate over 20% on all wards. This not only increases workload for staff but also increases the reliance on agency and bank staff, which increases the likelihood of protocol not being followed and staff training shortfalls.

By transferring these services to a purpose-built facility, critical safety improvements will be seen alongside drastic improvements to the general therapeutic environment. For example, the new site will improve on the poor quality of available outside space at the St Pancras site and improve lines of sight for monitoring of patients.

Improved access

When rated for disability access, the current site’s 2016 PLACE rating is a significant outlier at only 65.57% accessible when compared to the national average of 78.8%, and the even higher rating for comparative MH Trusts at 93.32% accessible. By relocating to a newly built site that meets modern accessibility requirements, this will increase equality of access for users, staff and visitors.

Parity of esteem for mental and physical health

By co-locating the new purpose built facility alongside the Whittington Acute Hospital, service users are able to receive specialist mental health treatment from the same site as users of the acute physical health care service. This helps reduce the stigma attached to mental health facilities and is a key aim of both the Trust and the STP clinical aims.

Improved integration between acute and mental health services

In addition to the reduced stigma, by having mental health inpatient and acute facilities on the same site, it is expected that users transferring between the two services will receive a quicker and more streamlined transition. For service users being ‘stepped-up or stepped-down’ from the acute pathway, there will be a minimal physical transfer required and this will be able to occur more quickly between the two providers, improving treatment and service user experience.

By continuing to deliver a model of care that is primary care and community focused, the proposed relocation of some services does not impact upon the majority of service users’ access to services. The ongoing roll out of practice-based teams ensures all service users are able to access mental health professionals and receive treatment and support close to their homes.

Better working initiatives for staff:

By developing new facilities and implementing the workforce plan as per the STP, it is expected that the local health organisations are more likely to attract a higher quality staff by providing a high level of staff support including improved engagement and facilities. There will also be a naturally higher retention rate due to the higher quality buildings.