

Mental Health Acute Day Units Consultation Outcome Report

Thursday 22 February 2018



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Mental Health Acute Day Units Consultation

Background to the consultation

Camden Clinical Commissioning Group (CCG) sought views on a potential change to the Mental Health Acute Day Units (ADUs) we fund in Camden. We ran a consultation from 6 November 2017 to 10 January 2018. Camden and Islington NHS Foundation Trust (C&I) supported the consultation process.

Camden CCG currently commissions C&I to run two Mental Health ADUs; one at the Jules Thorn unit on the St Pancras Hospital site and one at the Daleham Gardens unit in Belsize Park.

The units provide intensive structured day support over a period of around six weeks to patients experiencing an acute mental health crisis. Both units can support 30 patients at any one time. The support helps patients with acute mental health needs avoid being admitted to hospital (around two third of patients referred to the unit) and to leave hospital sooner (around one third of patient referrals).

Throughout England, the rising cost of healthcare coupled with an increase in demand for services has put immense pressure on NHS budgets. In 2017-18 Camden CCG must make savings of circa £18m to balance our budget, and the 2018-19 financial savings requirement will be higher. This is a substantial challenge and means that we are scrutinising all of our costs to ensure the most effective delivery of services within the money that is available.

It requires making difficult decisions about reducing our spending in some areas to ensure our health service is sustainable for the future. Although the CCG is having to look for significant savings, the majority of these will be to physical health care services.

Camden has very significant mental health needs and the CCG has identified mental health as a priority area for investment for many years. Comparison shows that Camden spends more than other areas, including boroughs with a similar level of need, yet outcomes are similar but not generally better.

Camden CCG has a statutory duty to ensure that commissioned services offer high quality, yet cost effective care in order to ensure we commission care within the financial envelope available to the CCG. Where possible we will always look for opportunities to change services in ways that improve or maintain patient outcomes at less cost; for example, by investing in prevention or early intervention; using data more intelligently to target services; supporting people to reduce use of expensive and crisis services or ending services that are underused or ineffective. Through transforming the care pathway for Mental Health ADUs we believe there are opportunities to make it easier for patients to be referred sooner to the most appropriate setting, while achieving efficiencies to ensure the financial sustainability of these services in the future.

Our consultation explored local people's views on whether Camden CCG should reduce the number of Mental Health ADUs to deliver financial efficiencies. As part of our consultation, we proposed to increase support available in the remaining settings so that patients receive a better, more responsive service from there, and strengthening links between ADUs and support in the community, such as the Wellbeing Hub; Healthy Minds and the Recovery College. In doing so,

savings of around £248,000 per year would be delivered, without a detrimental effect on patient care.

To gather views we ran a formal consultation on two options:

- Option One - Strengthen acute care at the Jules Thorn unit, support more people to access Highgate Day Centre and close the Daleham Gardens Unit. (This was identified as Camden CCG and C&I's preferred option).
- Option Two – Strengthen acute care at the Daleham Gardens unit, support more people to access Highgate Day Centre and close the Jules Thorn unit.

Camden CCG undertook a full programme of consultation to gather feedback on these options, to inform our decision, which is summarised in this report.

Part 1: Decision and Actions

Following the public consultation and after careful consideration the CCG has confirmed that it intends to take forward the preferred option: *To strengthen acute care at the Jules Thorn unit, support more people to access Highgate Day Centre and close the Daleham Gardens unit.* This change will take effect from 30 April 2018.

In taking this decision the CCG considered the consultation responses which highlighted that:

- This was the most popular of the options consulted on (47% support) and significantly more popular than maintaining the Daleham Gardens unit (and closing the Jules Thorn unit).
- No alternative options that would achieve a similar level of financial saving were developed through the consultation.
- The response to the consultation did not demonstrate any major issues or risks in the proposed preferred option.

Nevertheless, the response to the consultation did provide valuable ideas about how to ensure that the changes are well planned and implemented effectively and that we maximise usage of ADU and wider mental health services in response to this change. The breadth and detail of engagement activity undertaken through the consultation has significantly strengthened our proposal.

Camden CCG and C&I will implement the following 12 actions in response to the consultation responses that we believe strengthen our proposal:

1. C&I and the CCG will monitor the usage of the Jules Thorn unit in the future and will take action to ensure that it retains sufficient capacity to address the needs of the borough.
2. C&I and the CCG will develop accessible information about the changes and ensure that this is shared as widely as possible.
3. C&I will host an open day at the Jules Thorn unit ahead of the changes.
4. C&I will consider accessibility of services in any St Pancras Hospital site redevelopment, including the location of Jules Thorn unit.
5. C&I will develop referral criteria and processes between the Jules Thorn unit and the Highgate Day Centre and to ensure that Highgate Day Centre's free 12 week service is well publicised.
6. Both ADU teams will discuss with patients the impact of changes and provide spaces to discuss this. Individual plans will be made with any patient with particular concerns.
7. C&I will ensure current and former regular users of the Daleham Gardens unit are invited to the open day at the Jules Thorn unit.
8. C&I will develop an example timetable for the Jules Thorn unit to help people understand what the offer will be.
9. The CCG and C&I will engage the Camden Borough Users Group (CBUG) to see whether they would like to visit the Jules Thorn unit after the changes have been made.
10. C&I will develop individualised care planning within the Jules Thorn unit.
11. The CCG will promote the website <http://www.mentalhealthcamden.co.uk> for wider use and will work with C&I to promote greater awareness of wider community resources, including in discharge planning.
12. The CCG and C&I will develop an engagement plan with residents, service users and carers to think about the future shape of mental health support in the context of challenging funding.

Part 2: Consultation Response Analysis

This section provides detailed analysis of responses – both quantitative and qualitative - to the consultation carried out by Camden CCG, working with C&I.

Consultation Methodology

The consultation took place between 6 November 2017 and 10 January 2018.

In line with Camden CCG principles for consultation, we sought to:

- Be honest, transparent and open about the challenges the CCG is facing and reasons for proposed changes.
- Reach out widely for responses and to give different options to feedback.
- Ensure that we explained the changes and the impact on patients clearly and concisely.
- Ensure that we clearly responded to questions as part of communicating our decision.

In line with these principles, we developed a range of materials including a summary letter, a full consultation document, a consultation questionnaire and a set of Frequently Asked Questions. We ensured that a range of feedback options were provided. To ensure the consultation was robust commissioners engaged with the Institute for Public Consultation and Healthwatch Camden to help design the approach.

Consultation activity:

Across November – January, the following consultation activity was undertaken:

- All groups: There was online information that included a summary of proposals, the detailed consultation paper, Frequently Asked Questions (published in December) and the questionnaire for people to respond. There were also two public meetings held, one in November and one in December.

In addition to the above we undertook the following targeted work:

- Service users: a meeting was held with current service users at both Mental Health ADU; current or former service users were offered individual meetings; and the other opportunities to feedback (e.g. questionnaire) were publicised widely to current and former users of the units.
- People with lived experience of mental ill health: a meeting was held with CBUG; additional opportunities for feedback were also publicised to this group plus other mental health networks in Camden, including people that have signed up to the Council and CCG's mental health network mailing list. IBUG (Islington Borough User Group) also submitted feedback on the proposal.
- Community groups: the consultation was promoted to Carers, Black and Minority Ethnic (BME) groups and via the voluntary and community services (VCS). Members of Camden's Resilience Network were given information of the consultation and invited to respond.
- Public: we presented the consultation to the CCG's Camden Patient and Public Group (CPPEG) and invited approximately 1,200 residents' representative of Camden's population to respond (via our Citizens Panel); the consultation was publicised through the website and CCG social media channels regularly. The Camden New Journal and the Ham and High local newspapers also reported on the consultation, including details of the public meetings.

- Staff: meetings were held with staff teams at both units; and C&I featured the consultation prominently on both the intranet for staff and their website.
- We also facilitated some service users and staff from the ADUs to visit the Highgate Day Centre to better understand the new 12-week service offered (as enhancing the service at Highgate Day Centre is part of this proposal).

Number and type of responses:

We received 58 responses to the questionnaire (online and post); four individual email responses from residents and around 75 people attended the public meetings. In addition, we met with both staff teams which totalled around 12 staff members and there were a number of email responses and exchanges with members of the staff teams.

This level of engagement was extremely helpful in refining proposals and we thank anyone that took part.

Demographics of questionnaire respondents

Responses to the questionnaire came from people across a wide range of ages with people identifying in all age groups from 16-24 to 75+. The majority were slightly older with around 2/3rds of respondents aged over 45.

| Age of consultation respondents | Total | Percentage |
|---------------------------------|-------|------------|
| 16- 24 | 1 | 1.72% |
| 25- 34 | 7 | 12.07% |
| 35- 44 | 9 | 15.52% |
| 45- 54 | 12 | 20.69% |
| 55- 64 | 8 | 13.79% |
| 65- 74 | 10 | 17.24% |
| 75+ | 5 | 8.62% |
| Prefer not to say | 4 | 6.90% |
| Not answered | 2 | 3.45% |

69% of respondents identified as female and over 50% identified as heterosexual; whilst 38% either didn't answer the question or preferred not to say. 8% identified as LGBTQ.

In terms of ethnicity 53% identified as white British and 24% either didn't answer or said prefer not to say, while Black or Black British; Asian or Asian British; Mixed and White other were also represented.

Just under 1 in 3 people identified as having a disability; a similar number identified as not having a disability and 2 in 5 did not answer the question.

50% identified themselves as a local resident and 34% as a service users of the centres. Four people identified themselves as a carer or relative; whilst around 21% respondents were health care professionals, including those from the ADUs that responded.

We did not record detailed demographic information on attendees at the consultation public meetings. However, the majority were local residents, the majority of whom identified as having mental health conditions and / or caring responsibilities. A proportion of staff members from the ADUs also participated.

Consultation questionnaire responses

We undertook a full analysis of all consultation questionnaire feedback and have summarised it in this section in three different ways:

- Quantitative findings: e.g. “62% of people agreed the reasons for the consultation were clear”.
- Selected participant comments: e.g. “I fully understand that the NHS is under intense pressure”.
- Free text questionnaire answers grouped into topics and categorised under common themes.

Q. I have read the consultation paper and think the reasons why Camden CCG is exploring a reduction in the number of Mental Health Acute Day Units is clear.

The majority of respondents to the questionnaire (62%) agreed whilst 29% disagreed. This shows that most found the information provided was clear and concise; meeting our aim of ensuring the consultation was accessible.

Attendees at the public meetings and the sessions at the ADUs also agreed that the rationale was clear. At public meetings there was the opportunity to ask questions that further aided understanding.

It was notable, both at public meetings and through the questionnaire responses, that even where people disagreed with the options being presented they felt the rationale why savings were being sought was clear.

Participant comments

‘I fully understand that the NHS is under intense pressure.’

“This seems the best of a bad situation. Funding should be available for all the day centres.”

Q. I think the different options to reduce the number of Mental Health Day Units is clear in the consultation paper:

Around 7 in 10 questionnaire respondents (69%) felt the different options put forwards were clear. This was also checked in the group sessions where, as with the previous question, the large majority of attendees agreed with this statement.

| Number and proportion of consultation responses that feel the different options are clear | Total | Percentage |
|-------------------------------------------------------------------------------------------|-------|------------|
| Strongly agree | 10 | 17.24% |
| Agree | 30 | 51.72% |
| Don't know | 6 | 10.34% |
| Disagree | 7 | 12.07% |
| Strongly disagree | 6 | 10.34% |
| Not answered | 0 | 0% |

Q. Do you have a preferred option? Select only one of the options and provide the reasons.

There was no clear consensus to this response, although the largest proportion (47%) supported the CCG's preferred option to maintain services at the Jules Thorn unit. A smaller proportion preferred maintaining Daleham Gardens unit (14%), while (33%) recommended neither option.

It should also be recognised that some people selected a preferred option while expressing regret or concern. The free text answers below show that there were a wide range of reasons why people chose different options.

In summarising the group discussions, a slightly larger proportion felt that neither service should be closed than in the questionnaire responses, albeit more felt that if one was to remain the Jules Thorn service presented the stronger plan (i.e. the preferred option).

Participant comments

'No ideal options really but seems something has to change and what you suggest sounds like the better option, especially if you're strengthening the Jules Thorn service.'

'Jules Thorn unit already supports more people. No need to close it.'

"Highgate day centre is not equipped to deal with acute patients."

"Daleham Gardens is a special place."

| Summary of questionnaire written responses | | | |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----|-----------------------------------|
| Preferred option | Description | No. | Theme |
| Jules Thorn unit | Better used centre and / or easier to access / better located with other services (e.g. Recovery College) | 11 | How day units work |
| Jules Thorn unit | Quality of service | 5 | How day units work |
| Jules Thorn unit | Increasing managerial and medical time at Jules will make it a better service | 1 | How day units work |
| Neither | High / increasing need for crisis services / quality of service / will increase costs for other services | 9 | Wider mental health service views |
| Neither | Funding for mental health services should be prioritised | 4 | Funding of services |
| Neither | Concerned about increased complexity of service users at Highgate Day Centre | 2 | How day units work |
| Neither | Travel distance | 5 | How day units work |
| Neither | Provision for Islington residents | 1 | Funding of services |
| Neither | Should be able to run both if services were more efficient | 1 | Wider mental health service views |
| Daleham Gardens unit | Quality of service | 3 | How day units work |
| Daleham Gardens unit | Location; quieter part of the borough; accessibility | 4 | How day units work |
| Don't know | Larger community support may reduce acute needs | 1 | Wider mental health system views |

Q: Do you have an alternative idea as to how we could change the proposals to make them stronger and still deliver savings?

60% either said no or not able to answer which may indicate that within the constraints of seeking to achieve savings the majority felt the proposal was understandable and reasoned. Nevertheless 29% felt there were alternative options that would deliver savings.

There were a wide range of proposals put forwards across a number of themes that are summarized in the table below. Some responses focused on specific actions that could save funding; whilst others looked more generally at the quality and delivery model of mental health services. A number looked at options to save money in the wider mental health system. These are discussed in Part 3 and we will work with residents to explore wider opportunities further.

A number of people raised exploring joint funding opportunities with Islington CCG; whilst people also raised questions around whether the Highgate Day Centre was equipped to work with this

patient group. Referrals between services was discussed within the consultation document and was a theme reflected in some questionnaire answers. As set out in the proposal, the CCG and C&I will be working together to improve referrals between services, especially on discharge.

Participant comments

‘Both sites have lots of space unused at weekends. The trust could rent out the space.’
‘There are almost 10,000 homeless who don’t have a guaranteed hot meal, potentially suffering with mental health problems. Have we explored all the ways of including them in the recovery programs?’

‘Review patient pathways and the role of the ADUs in the Trust as a whole.’

| Summary of questionnaire written responses | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------|
| Description of comment | No. | Theme |
| Move teams from other buildings (e.g. the Hoo Building in Belsize Park) into Daleham Gardens unit for closer working with the crisis team and to be efficient | 1 | Efficiency of organisations |
| Develop more efficient services generally, including less use of agency staff; reduced management; streamlining IT | 1 | Efficiency of organisations |
| Reduce the management structure at the acute day units; rent the space at weekends and change lunch provision | 1 | How day units work |
| Focus on longer term public health to keep people well | 1 | Wider mental health service views |
| Improve referral pathways between services to make crisis pathways more efficient | 2 | Wider mental health service views |
| Consider the impact of changes proposed on Highgate and whether it needs further resource and whether it should be free at the point of access | 2 | How day units work |
| Closing the centres will increase costs on other crisis services | 1 | Wider mental health service views |
| Seek funding from Islington for access to the ADUs | 3 | Funding of services |
| Protect mental health services from savings | 3 | Funding of services |
| Develop more person centred care at the units to be more efficient (e.g. including mentoring) | 1 | How day units work |
| Reduce costs on purchasing private beds | 1 | Wider mental health services views |
| Increase community team resources to reduce need for crisis services | 1 | Wider mental health services views |
| Offer the services to support efforts to address homelessness | 1 | Wider mental health services views |
| Plan carefully and engage people in planning | 1 | Planning changes |

Q. Do you have any ideas about how we could make other savings in mental health services that would protect patients?

24% of people answered yes. It was notable that a number of people that answered no (40%) or not able to say (22%) still provided free text responses to either explain their reasoning or to suggest areas to explore, demonstrating a level of engagement.

Responses ranged from very specific proposals to general opportunities for efficiencies or quality improvements, described below. The most popular answer was to protect mental health services from funding cuts, while a number proposed: reducing management posts and other overheads; increasing funding for community teams and / or VCS; alongside awareness raising of services to promote early intervention. A number of people stated that they were not aware of other services operating at under capacity.

Participant comments

'It is difficult to comment on this without knowledge of how all the money is currently spent.'

'Move the day unit then bring R&R [Rehabilitation & Recovery service] into Daleham Gardens and close the Hoo [building] for more holistic care for community teams working together in same building which is easier for patients to access and get appropriate support'

'Experts, like yourselves, should be able to "juggle" your finances, to ensure that Mental Health should become a priority.'

'What I am suggesting is that you do not use a tick-box method of "8 weeks". No two patients present the same symptoms across a varying range of mental health issues and so the length of time and / or intensity of the programme there should differ from patient {service-user} to patient'

'Perhaps you could restructure your management.'

'Increase the staffing provision of the Reablement Team so that they are able to have the capacity to work with people in the community earlier whose mental health may be deteriorating due to practical and social issues thus reducing hospital admission.'

| Summary of questionnaire written responses | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------|
| Description of comments | No. | Theme |
| Integrate other services into Daleham Gardens (e.g. North Camden Rehabilitation & Recovery) after making changes to save further funding | 1 | Efficiency of organisations |
| Prioritise funding of mental health services | 5 | Funding of services |
| Vary length of stay and treatment plans at ADUs based on patient need so the service is more effective | 2 | How day units work |
| Raise awareness of the range of mental health services so more people have access to the right help at the right time | 2 | Wider mental health service views |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------|
| C&I to work with other Trusts to purchase (e.g. insurance) at bulk | 1 | Efficiency of organisations |
| Restructure to reduce management costs | 5 | Efficiency of organisations |
| Increase the staffing provision of the Reablement Team so that they are able to have the capacity to work with people in the community earlier thus reducing hospital admission. | 1 | Wider mental health service views |
| Reduce purchasing of private beds | 2 | Wider mental health service views |
| Increase investment in the crisis teams to save wider system costs | 1 | Wider mental health service views |
| Increase investment in support in the community before people reach acute crisis, including through the VCS and peer support | 4 | Wider mental health service views |
| Support people to be discharged earlier from wards, including referring to ADUs and other services whilst people are on wards | 1 | Wider mental health service views |
| Use funding from other projects, such as estate development of the Centre of Excellence | 1 | Efficiency of organisations |
| Develop two smaller units to support people closer to home | 1 | How day units work |
| Reduce building and running costs e.g. purchasing from cheaper suppliers; installing room thermostats; reduce corporate travel and expenses; improve administration | 3 | Efficiency of organisations |
| Close one of the crisis houses | 1 | Wider mental health service views |
| Support more people to take control of their medication | 1 | Wider mental health service views |
| Review other mental health contracts to find savings / seek reductions in contract prices with all services | 1 | Wider mental health service views |
| Joint commissioning and joint funding the service with Islington | 1 | Funding of services |
| Reduce spend on GP budgets | 1 | Funding of services |

Q. Do you have any suggestions as to what else we can do to support people affected by the proposed change?

A higher proportion answered yes (36%) to this patient-focused question than to questions about savings, and 26 people provided further comments. The most common response was not to make changes and / or to protect mental health budgets. A theme raised both in questionnaire responses and at the public meetings was that if one unit closed, advice and support with transport would be key. Another repeated theme was accessible information about the changes and the range of support available, which links with previous answers around improving referral pathways.

Two individuals felt the consultation was not widely advertised or inclusive enough. However, the overall level of engagement, and in-depth feedback received from responders, was positive and provided valuable insights to inform the CCG recommendation to proceed with the preferred consultation option. All feedback will be used to inform detailed mobilisation plans for the service change. This is outlined in more detail in Part 3 of this report.

Participant comments

'Excellent information about pathways for users, families and supporters.'

'Perhaps a support group to offer patients a safe space to talk about their concerns. Give them the chance to make their case as to why they would not like this change to be so drastic.'

'Provide clear directions to the new centre well in advance of the move.'

'Please don't forget the vulnerable quiet individuals who may not be able to make their voice heard and contribute to this kind of survey. I am an advocate of more community support.'

Summary of questionnaire written responses

| Description of comments | No. | Theme |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------|
| Provide transport / support and advice around transport for people living further from Jules Thorn | 2 | How the day units work |
| Staggered closure with warning for those patients that may find changes hard and reaching out to more isolated patients; accessible information in advance of changes and honest information about impact of changes | 4 | Planning changes |
| Integrate other services into Daleham Gardens unit | 1 | Efficiency of organisations |
| Do not make the changes proposed / maintain or increase funding for MH | 9 | Funding of services |
| Make sure remaining unit is as strong as possible with access to therapeutic and wider support (e.g. benefits, employment) that is tailored to individual need | 1 | How day units work |
| Increase support available through the reablement team | 1 | Wider mental health service views |
| Ensure access to Highgate Day Centre is free | 1 | How day units work |
| Joint commission and fund with Islington CCG | 2 | Funding of services |
| Increased community support and improved information about support available | 2 | Wider mental health service views |
| A support group for patients worried about the impact of changes | 1 | Planning changes |
| The consultation wasn't sufficiently well advertised and well written | 2 | Planning changes |

Q. Do you have any other comments?

Further comments were received from 24 people, summarised below, which spanned a wide range of views. These have been considered as part of the final CCG decision regarding the Mental Health ADU, and will be used to inform future local mental health service planning. It is notable that there is strong views around future savings and overall funding of the NHS.

| Summary of written responses | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------|
| Description of comments | No. | Theme |
| Sorry to hear about more cuts and / or I think mental health services should be protected | 5 | Funding of services |
| Compare funding of the NHS with other countries | 1 | Funding of services |
| I'd really appreciate answers to my questions | 1 | Planning changes |
| I'm not sure the data of usage reflects my experience and if services are underused isn't this due to problems with referral pathways? | 1 | Planning changes |
| I think people need a longer service and more community care to stay well and out of hospital | 1 | Wider mental health service views |
| Some people can't go to Highgate Day Centre as they aren't supported to complete the social care assessment | 1 | How day units work |
| Improve the service and referrals at ADUs so people leave crisis services more quickly | 1 | Wider mental health service views |
| The service at the ADUs have been important to me and my family | 2 | How day units work |
| Whilst attendance figures have been low this doesn't take into account wider caseloads and lots of work is around people that don't attend | 1 | Planning changes |
| Consideration needs to be given to Camden crisis house service users that are currently linked to an ADU in close proximity | 1 | Planning changes |
| Many people struggle to access transport to ADUs and this will make it harder for some people | 1 | Planning changes |
| The Daleham Gardens unit is a more modern building and has better sight lines for managing risk | 1 | How day units work |
| Improve administration | 1 | Efficiency of organisations |
| If a unit is closed consider retaining the building so it can be reinstated if additional funding is identified in the future | 1 | Planning changes |

Part 3: Use of Consultation Results to Inform CCG Final Decision and Planning

This section sets out how Camden CCG used the consultation response to reach a final decision and identify further actions to strengthen our plans. In analysing the consultation responses to reach a decision regarding whether to proceed with reducing from two to one Mental Health ADU in Camden we considered the following questions:

1. Are there alternatives to making these savings that offer better quality of service or less risk?
2. Are there greater risks than the CCG and C&I identified that mean making these changes should be reconsidered?
3. Which of the options is preferred and how can changes be well implemented?
4. Are there other opportunities to make improvements in the proposals or wider mental health services?

In answering these questions Camden CCG reached the view that the preferred consultation option should be taken forwards with 12 actions identified to strengthen our planning.

The response to each of the four questions is considered below.

1. Are there alternatives to making these savings that offer better quality of service or less risk?

No viable alternative proposals were identified through the consultation exercise. However, the feedback generated will be used to inform future mental health planning, including the need for Camden CCG to focus on increased community support.

The most common response was that mental health services should be prioritised and protected. Whilst this is an understandable response, the savings the CCG needs to realise are so significant that it is necessary to look across all budgets.

A number of alternative change proposals were suggested. However, the CCG determined that either these would not generate sufficient savings or they are already being undertaken in some form by Camden CCG. For example, around organisational efficiency, C&I has a significant programme to reduce the number of patients being placed out of area, improve flow through beds, reduce the amount of costly buildings to facilitate the creation of hubs and reduce agency staffing, while the CCG has made significant staff savings in recent years.

There were various proposals about reducing the need for crisis services through developing more preventative approaches, such as a focus on public health, increased investment in community teams or the voluntary sector, which could mitigate spend on crisis services. Both organisations are fully committed to this approach, which is reflected in the CCG's Local Care Strategy and C&I's Clinical Strategy and we are committed to working with residents to move care in Camden in this direction. However, to note, recent investment by the CCG into alternatives to inpatient care / admission (such as a Crisis telephone line, increased voluntary sector services, increased employment support and Peer Mentoring) has not delivered a reduction in demand for inpatient services.

Finally, one area of proposals was for Islington CCG to part fund the ADUs to make a saving for Camden, whilst providing a funded service for Islington patients. As requested, we wrote to Islington Commissioners who responded;

“Islington CCG has different arrangements and care pathways to Camden, while we share some of the same services, local community provision is quite distinct. In discussions with C&I there is not perceived to be a service gap in Islington with regard to not having an ADU as our community pathway has been designed without one. Examples of this include the roll out of Practice Based Mental Health where service users no longer receiving care from the Trust can have their medication and care reviewed by their GP with support from a C&I multidisciplinary team if they start to feel unwell; the provision of open access Day Centres provided by MIND and the intermediate care provided by Isledon Road and the Reablement service. Together with other community services this provides an equivalent structured psychological, social and medical support. As such Islington CCG are not inclined to invest in Camden ADUs as we have made decisions to invest in other ways. C&I will ensure that community support services for Islington residents is widely promoted to all crisis and in-patient teams.”

“Islington will be reviewing some of its community pathways in 2018 particularly those that support service users to step down from hospital and avoid hospital admission. We started this work in 2018 and it will continue over the next few months, there will be further opportunities for service users, the voluntary sector and C&I to input into the design of the services before they are re-commissioned and we would very much welcome feedback in relation to any thoughts on service gaps.”

Where Islington residents are under the care of Crisis Houses provided by C&I they will still be able to use the Camden ADUs, as these services work as an integrated model.

In analysing the range of feedback there are no alternative proposals that would make the quantity of saving required. Nevertheless, proposals that respondents suggested confirm the need for CCG and C&I strategic focus on increased community support.

2. Are there greater risks than the CCG and C&I identified that mean making these changes should be reconsidered?

There were some concerns highlighted by respondents and staff members that either had not been directly addressed in the consultation document, or that people felt had been understated. These are summarised below but, overall, the CCG and C&I felt that these could be managed – through the actions set out below.

Unintended increase in-patient demand:

One concern articulated was that making changes to the ADU could see an increase in demand for other crisis services, including additional need for inpatient beds, which would end up costing more than the estimated savings. The CCG and C&I did not deem this to be a significant risk given the ADU services are currently significantly underused and that there are a range of services available to prevent admission, such as crisis home treatment teams and the crisis call centre. For this to be a risk there would need to be a significant increase in demand for the ADU above the usage experienced over the last two years.

Accessibility / travel:

Another area of concern identified was that when people are particularly unwell, travelling, and the motivation to leave the home, can be difficult and those who live further from the Jules Thorn unit may not travel there. We accept that this is a risk for a minority of people. However, it was clear from the consultation that maintaining the Jules Thorn unit was the preferred option partly because people feel it is more accessible to most of the borough. As part of the C&I estates strategy, the Trust will look to promote good access to services provided at a range of venues across the borough. Some respondents suggested having an open day at the Jules Thorn unit, developing accessible information around the changes and ensuring that care coordinators and acute day unit staff support people to plan transport, including through phone calls to encourage attendance, would help mitigate this risk and we plan to take all of these recommendations forward.

Appropriate care:

Respondents asked whether the Highgate Day Centre would be able to work with service users with complex needs. The Highgate Day Centre is an excellent day service that works with people with complex needs and it is an appropriate option for people leaving the Jules Thorn unit that still need support at a lower intensity service.

Through the consultation it became clear that few people were aware that Highgate offers a 12 week free service as well as a longer term social care service. In addition, staff at Highgate Day Centre and the ADU have been meeting to ensure that people are supported to access the right service, at the right time. Should a service user at Highgate Day Centre require a more intense service, a process will be in place for swift entry to the Jules Thorn unit.

Current use of day units:

Some respondents felt that the data on Daleham Gardens unit usage referenced in the consultation was inaccurate. The CCG explored this and can confirm that a further review of data showed the Daleham Gardens unit has been significantly underused, endorsed by senior management at C&I.

In response to the concerns identified, the CCG will undertake the following actions:

Actions:

- 1. C&I and the CCG will monitor the usage of the Jules Thorn unit in the future and will take action to ensure that it retains sufficient capacity to address the needs of the borough.**
- 2. C&I and the CCG will develop accessible information about the changes and ensure that this is shared as widely as possible.**
- 3. C&I will host an open day at the Jules Thorn unit ahead of the changes.**
- 4. C&I will consider accessibility of services in the St Pancras re-development, including the location of the Jules Thorn unit.**
- 5. C&I will develop referral criteria and processes between the Jules Thorn unit and the Highgate Day Centre and to ensure that the Highgate Day Centre's 12 week service is well publicised.**

3. Which of the options is preferred and how can changes be well implemented?

It was clear from the response that the largest proportion of people preferred that the Jules Thorn unit remain open. This informed the CCG decision to proceed with this option.

A small proportion felt the Daleham Gardens unit was preferential, generally because it is in a quieter part of the borough or because they had experienced a good service there. Whilst one staff member noted that in building configuration the Daleham Gardens unit could be seen as preferential as it has better sight lines for staff to manage risks.

Whilst these are valid points, in the view of the CCG they are outweighed by the fact that for most of the borough the Daleham Gardens unit is significantly harder to access and would likely see fewer people access the service.

To ensure that the changes are well implemented we have already committed to not transferring any patient from one unit to another. Therefore, we will stop making new referrals to the Daleham Gardens unit in coming weeks.

Respondents gave a number of ideas on the theme of planning the changes to enable a smooth transition for patients (further to those around transport and information above). These included developing support structures for current patients to discuss the changes and ensuring people using the Daleham Gardens service have the opportunity to visit Jules Thorn unit in case they need the service in the future. A few people at the public consultations also suggested ensuring that the remaining unit offers more varied activity sessions for service users. We commit to taking all of these suggestions forwards.

We will also seek to work with CBUG to see whether they would like to visit Jules Thorn unit after the changes have taken effect to see how the service is working.

Actions

- 6. Both ADU will discuss with patients the impact of changes and provide spaces to discuss this. Individual plans can be made with any patient with particular concerns.**
- 7. C&I will ensure current and former regular users of the Daleham Gardens unit are invited to the open day at the Jules Thorn unit.**
- 8. C&I will develop an example timetable for the Jules Thorn unit to help people understand what the offer will be.**
- 9. The CCG and C&I will engage Camden Borough Users Group re: visiting the Jules Thorn unit after the changes have been made.**

4. What are other opportunities to make improvements in the proposals or wider mental health services?

There were a number of responses that proposed changing how the Jules Thorn unit works to develop more individualised care planning, including varying length of stay based on individual need and preferences. C&I has confirmed that it will put this in place.

Respondents also agreed with the consultation document that it would be useful to look at links between crisis services and wider community services, such as Healthy Minds; the Wellbeing Hub and the Recovery College to enable people to take actions to promote their own recovery. We will also take this forward.

There was a significant level of concern from respondents about the wider funding of the NHS and what this would mean for local services. Out of this a group came the request whether it would be possible to set up a wider conversation on the future of mental health services to develop more collaborative approaches to planning changes. We felt this was an extremely positive conclusion to a process that is challenging and we will be exploring how we might take this forwards shortly.

Actions:

- 10. C&I will develop individualised care planning within Jules Thorn acute day unit.**
- 11. The CCG will promote the website www.mentalhealthcamden.co.uk for wider use and will work with C&I to promote greater awareness of wider community resources, including in discharge planning.**
- 12. The CCG and C&I will develop an engagement plan with residents, service users and carers to think about the future shape of mental health support in the context of challenging funding.**

Final Comments

The level of participation and the valuable feedback generated through the consultation will significantly strengthen the CCG proposal. Useful wider feedback was also received around other areas of resident experiences. Throughout the consultation, people were thoughtful, committed and creative in engaging with the proposal, demonstrating the real value of engaging proactively with Camden residents and mental health service users on an ongoing basis to shape future plans. Camden CCG and C&I would like to thank everyone that took part.