



**Healthy London  
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# London's Mental Health Crisis Care Programme Update

April 2018

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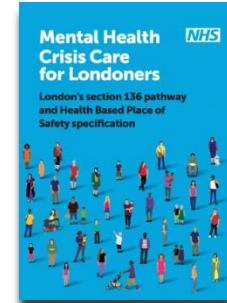
**MAYOR OF LONDON**

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

# London's crisis care programme overview

## 2016 - Case for change and collectively agreeing the standards

- ✓ **Strong case for change** led by service users, carers, acute and mental health trusts, the police, LAS and local authority within London's crisis care system
- ✓ Establishment of a multi-agency group to lead the development of the pan-London s136 pathway and specification for Health Based Place of Safety sites. **Significant engagement across the crisis care pathway** to develop the pathway which was endorsed by all organisations and pan-London governance groups
- ✓ **Launched by the Mayor of London in Dec 2016**, the Mayor continues to support the programme and is regularly updated on progress by his Health Advisor.



## 2017 – Delivery plan to support implementation of the pan-London s136 model of care

- ✓ **Establishment of the Crisis Care Implementation Steering Group** to steer the implementation of the pan-London s136 pathway and place of safety specification, chaired by MH commissioning and Trust sponsors. Steering Group includes service users, STP representatives from the five footprints and senior representatives from all partner organisations
- ✓ Steering Group has had oversight of the crisis care delivery plan, the main focus being the **HBPoS options appraisal** to identify how London's place of safety sites can meet the specification, a key component being a 24/7 dedicated staffed service.
- ✓ The **options appraisal identified the optimal pan-London place of safety configuration** including the required number of sites, capacity and optimal locations across London, this has since informed the development of a pan-London pre-consultation business case.
- ✓ In parallel to the options appraisal an **evaluation of SLaM's centralised HBPoS site (which piloted the London guidance) was undertaken** with support from HLP. The results of the pilot site were significantly positive in terms of patient experience, outcomes and system benefits for example reductions in inpatient admissions, improved access and handover times for the LAS/Police and a reduced dependency on emergency departments.

# London's crisis care programme overview

## Late 2017/18 – Local engagement and finalising the business case

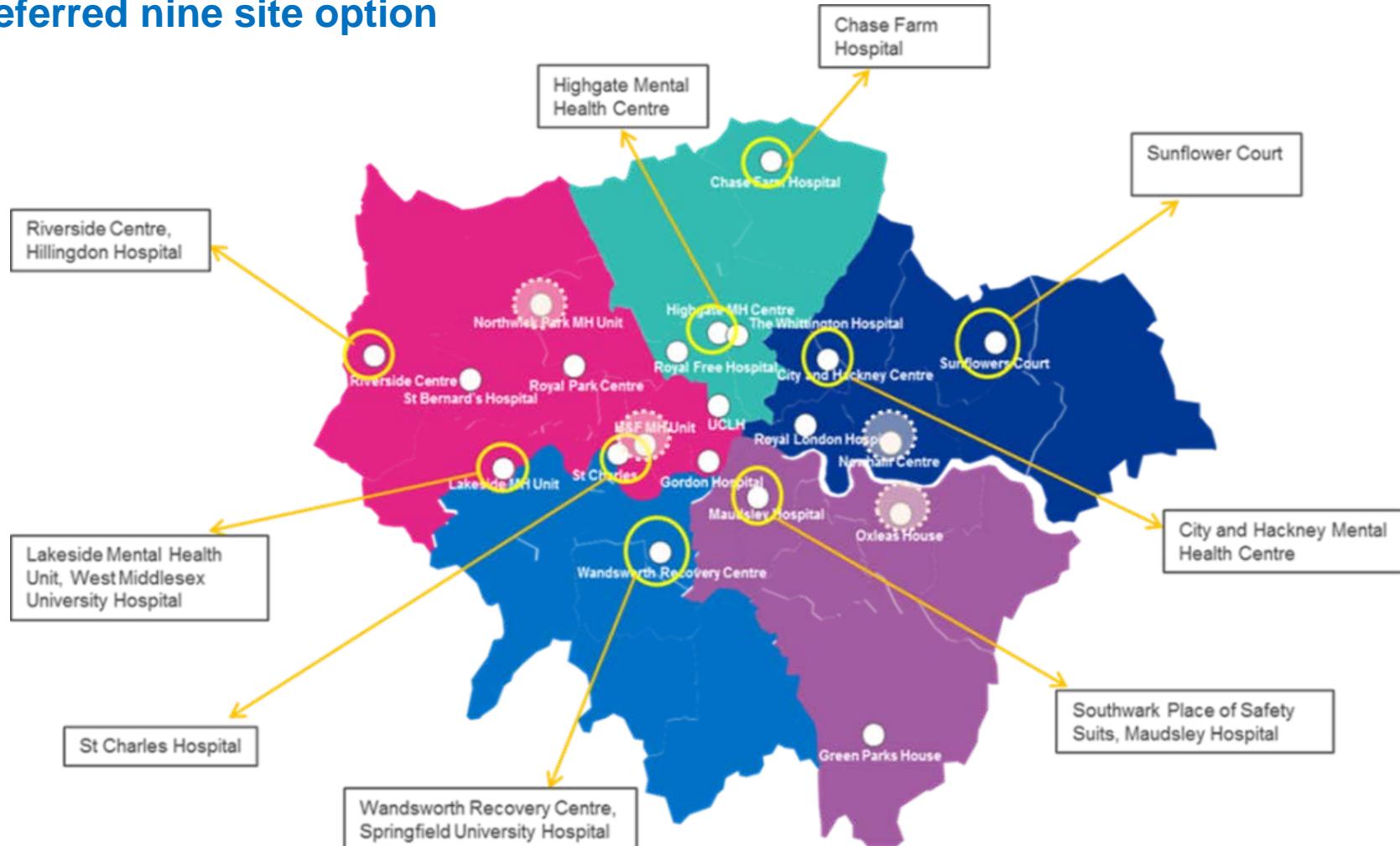
- ✓ The short-list of configuration options, as the result of the options appraisal process, concentrated on **nine sites across London (including five sites in each STP footprint that provide an all age service)**.
- ✓ **Programme STP leads tested the proposed short list locally in late 2017**, this included significant engagement with commissioners, Trust representatives, service users, Directors of Adult Social Services and Approved Mental Health Professionals as well as the London Ambulance Service and London's three police forces.
- ✓ The engagement process resulted in some STPs confirming sites that would be included in a pan-London nine site model, **whilst others required more time to develop local plans to reflect their other crisis care services and understanding the impact of patient flow across local systems**.
- ✓ Given these challenges the business case presents both the **nine site preferred configuration option in addition to a transitional 13 site phase**. The 13 site transitional phase largely focusses on transitional arrangements in NWL, SEL and NEL.
- ✓ Both the nine and 13 site option propose a **dedicated all-age service in each STP for those under 18**. Following the objective analysis, significant engagement with CAMHS clinical leads and services users occurred which strongly supported that a more local approach is required for CYP rather than a 2 site model in London.

## Late 2017/18 – Wider system support

- ✓ A workshop was recently held to discuss the **priorities of London's mental health transformation programme for 18/19**. All 18/19 pan-London proposals were presented to a panel of senior leadership from CCGs and Cavendish Square Members (e.g. Chief Executives, Chief Operating Officers, Directors of Nursing and Medical Directors).
- ✓ The **Health Based Place of Safety programme was acknowledged as a priority to continue** (above other programmes) and it was mentioned that this programme 'must be seen to completion'.

# Pan-London nine site HBPoS configuration

## Preferred nine site option



\*Sites in the transitional 13 site phase are identified by faded circles.

# Benefits and costs of the new model of care

## 2018 – Benefits and costs of the new model of care (as outlined in the business case)

- Key benefits of the nine site model as outlined in the business case are:
  - Improved access to care, approximately **45% and 23% reduction in police and ambulance conveyance times**
  - **29% reduction in the amount of time patients spend at the HBPoS**
  - Improved **treatment environment and staff expertise** in both mental and physical health to support improved patient experience and outcomes
  - **Reduction in approximately 531 ED attendances** due to improved access and improved physical health competencies of HBPoS staff; this equates to resources for 5310 additional patients or **12,744 extra hours of patient care**, which would become available to treat other patients.
  - Treating a s136 patient in ED takes on average the same resource as treating 10 physically ill patients and patients are significantly more likely to breach the ED 4 hour standard and 12 hour standard. In an average ED, **seeing 300 non-s136 patients a week, 10 patients equates to 3.3% of standard daily activity** and therefore by treating s136 patients in a more appropriate environment frees up ED resource and would positively impact on performance against the ED standards.
  - **Decreasing the overall rates of inpatient admissions and s136 readmissions**, 20% (1061 admissions reduced) and 48% (2547 readmissions prevented) respectively.
  - Reduction in LAS handover times; **LAS estimate a nine minute improvement** in the handover of s136 patients, it is clear that this will have a positive impact on the majority of waiting and handover times across London.
  - **NHS financial savings total £14,384k** (£795k cashable / £13,589k non-cashable).
- The overall costs include:
  - The **baseline pathway cost of the pathway is c. £20.6m p.a.** compared to the **nine site configuration of c.£20.5m p.a.** (excluding impact of activity growth).
  - The cost is more expensive with 13 sites largely due to 24/7 dedicated staffing at each site. **The 13 site configuration is estimated to cost c. £23.2m p.a.**

# Next steps

## 2018 /19 – Local implementation of the pan-London s136 model of care

### Pan-London activities

#### *April: Pan-London governance groups*

- The business case will be considered by the **London Mental Health and UEC Transformation Boards** as well as the **NHSE Parity of Esteem Board**.

#### *April - December: Continued system engagement and pan-London activities*

- Continued engagement** with the Cavendish Square Group (Chairs, CEs, COOs and Medical Directors) as well as wider stakeholders including local authority leaders. Continue to give **progress updates to the Mayor of London** through his Health Advisor, Dr Tom Coffey.
- Pan-London support with consultation and engagement with HOSCs**, development of the consultation document in partnership with STP programme leads.
- Evaluation of the new model of care** including embedding consistent KPIs across the system to inform the evaluation and measuring the impact of the new model of care.
- Addressing current commissioning and payment challenges across the s136 pathway** to support implementation, an initial focus is developing a pan-London MOU for s136 out of area patients to avoid current access issues across London sites.

### Local activities

#### *April – September: Developing local plans*

- STPs owning local implementation** including the development of local business cases and taking these through appropriate CCG/STP decision making forums.
- Engagement with local HOSCs** considering the nature of the public consultation required and at what level this sits at (regionally or sub-regionally).
- Engagement between the pan-London and STP programmes** to ensure learning is shared across the system, activities that benefit from taking place at a London level remain and oversight of pan-London model of care continues.

#### *September onwards: Implementation decisions*

- Local implementation decisions are made** and public consultation occurs where necessary