Healthy London Partnership

Mental Health Crisis Care for Londoners

HBPoS Business Case - DRAFT

March 2018

Supported by and delivering for London's NHS, Public Health England and the Mayor of London

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1 Executive Summary

1.1.1 Introduction

The purpose of this document is to provide a business case to support implementation of London's section 136 (s136) new model of care and the proposed reconfiguration of Health Based Place of Safety (HBPoS) sites. This is to improve the efficiency and effectiveness of treatment and quality of care for people experiencing mental health crisis along the s136 pathway and the broader crisis care system.

To implement this innovative new model of care, bold action needs to be taken by London's crisis care system. Strong collaboration and new ways of working across healthcare, social care, police and third sector organisations are imperative, including breaking down the silos that exist between organisations and barriers between physical and mental healthcare. Whilst there must be an increased focus on local action to prevent crises occurring, when a crisis does happen, people experiencing mental health crisis need to have timely, high quality care, which respects individual needs, wherever they are in London.

The voice of people with mental health problems must be at the heart of the changes. Londoners say over and over again that their care whilst in crisis does not meet the basics of dignity, respect and high quality compassionate care. Services are often not delivered in the right environment to help people recover. Londoners are often denied access to HBPoS sites and Emergency Departments (EDs), left in the back of police cars and ambulances, or transferred unnecessarily between EDs and HBPoS sites due to a lack of appropriate and co-ordinated care. There is still not parity of esteem for mental health; as is clearly reflected in the disparity of care for people with mental health issues as opposed to physical ones. People with mental health problems and clinicians have recognised the opportunity to address a forgotten service and make s136 an active part of the crisis pathway.

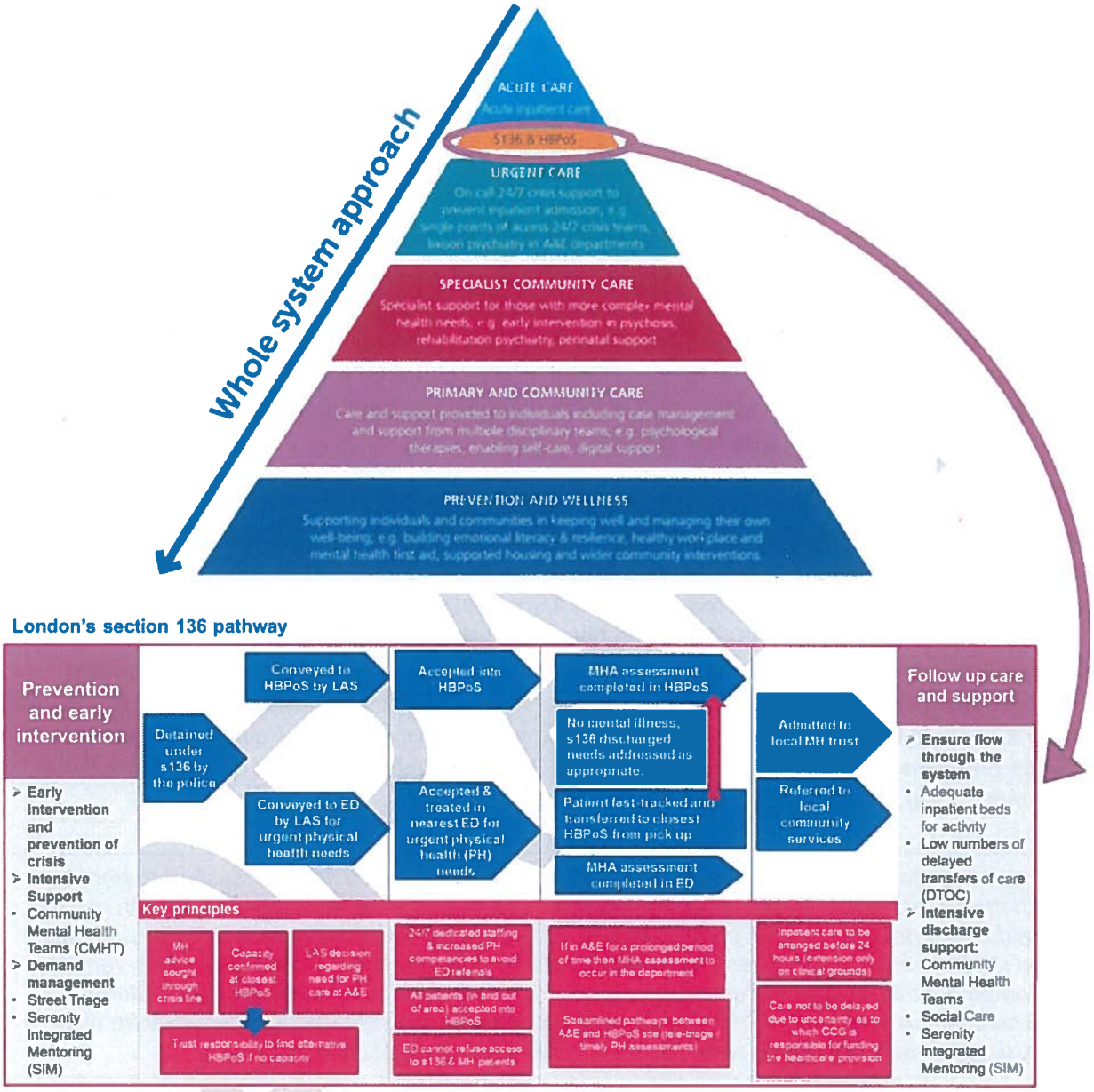
> *"There is a stark disparity in the response from the health and social care system to people with mental health vs. physical health problems and this is unacceptable. People with mental health crisis needs are often denied access to care by the NHS in a way that is discriminatory and may have to be conveyed over many hours to multiple points of care in a police vehicle or ambulance in deeply distressing circumstances - sometimes even ending up detained in a police cell. It is unthinkable that this would be tolerated for a vulnerable individual who was physically in need of urgent care."* Mental health service user (2017)

Whilst the new model of care will have positive impacts on the crisis care system as a whole, it is also important to recognise that in order for it to be sustainable, all parts of the wider system need to be functioning well including: preventative initiatives which assist in demand management (such as Street Triage and Serenity Integrated Mentoring (SIM)), adequate flow through inpatient services including reduced delayed transfers of care (DTOC), well-resourced and responsive community crisis response, and aftercare teams to support on discharge. The ideal pathway for a person in mental health crisis will involve positive, coordinated interactions with more than one of a range of services that will support them.

The optimal pathway for an individual detained under s136 is detailed below. The diagram shows the pathway is one element of the wider crisis care system; preventative and early

intervention services must be in place to prevent people from reaching crisis point as well as adequate follow up pathways once assessed at the HBPoS site.

Figure 1: The pan-London's section 136 pathway



This business case sets out the rationale for improving London's s136 pathway and for the HBPoS site reconfiguration to proceed, subject to completion of all recommendations herein and obtaining regulatory approval and funding.

1.1.2 Strategic Case

London is currently facing significant challenges across the crisis care system owing to rising levels of mental ill health and challenges with current service provision. It is anticipated that services will be required to change to address these challenges and become sustainable in the medium term.

- **The vision is to provide safety and high quality care and treatment to people detained under s136** by delivering the following six strategic objectives:
  - Enable the improvement in s136 patient outcomes
  - Facilitate access to 24/7 services
  - Ensure appropriate service provision for all ages
  - Concentrate staff expertise to enable a service suitable to patient needs
  - Ensure synergy with the wider crisis care system
  - Deliver value for money
- **Delays in accessing support and on-going treatment negatively impacts patient experience and outcomes.**
- **The new model of care provides the opportunity to achieve improved access and patients outcomes, higher levels of patient satisfaction, positive benefits to staff, deliver 24/7 services, reduce inequality and realise efficiencies** across the local health and care economy and wider society.
- **There is a continued drive for high quality sustainable care in the NHS**. People with mental health problems, carers, clinicians and regulatory bodies have highlighted that there is too much variation in both quality and access across different services.
- **Increasing financial and operational pressures** are being placed on mental health Trusts due to demand for services is increasing. Funding does not meet requirements to maintain standards of care; there is a need for all NHS organisations to engage in wider transformational change and service reconfiguration with other agencies towards highly responsive, effective and personalised services for people with urgent physical and mental health needs.
- **South London and Maudsley Mental Health Trust (SLAM) has piloted the new model of care at their centralised HBPoS site.**

- An average of 15% more admissions are accepted.
- Having a 24/7 dedicated team has meant there has been only one closure over the last year; sites were closed 279 times previously over a 12 month period;
- The number of individuals taken to an ED before going to the centralised site has reduced;
- 96% of individuals detained are being admitted to the HBPoS within 30 minutes of arrival;
- The new purpose built facility provides a physical environment which is much more conducive to recovery;
- 76% of service users provided positive feedback, finding the service more respectful and responsive;
- The rate of admission to an inpatient bed has fallen by 13%.

Mental health crisis care in London

London's mental health crisis care system is under significant pressure and simply does not have the services and infrastructure to ensure that people experiencing mental health crisis receive timely, high quality care that respects their individual needs. Across London's s136 pathway there are 20 designated HBPoS sites which vary in capacity, facilities, workforce and services. Most of the facilities are not fit-for-purpose and cannot handle current and future patient activity along the s136 pathway, let alone high quality, effective care.

There is a requirement for delivery of a new model which ensures that people experiencing a mental health crisis have the right care delivered at the right location, at the right time, by staff with the right skillset and in suitable facilities.

Moreover, the potential gains are clear for the NHS and wider public sector from intervening earlier, investing in effective, evidence-based care and integrating the care of people's mental and physical health. In addition to the moral imperative and the clear clinical and individual benefits, it is important to recognise that there is a financial necessity to manage the challenges of the years ahead.

The proposal is in line with wider policy goals relating to health and social care and particularly mental health care provision in England. Providing a better service to those detained under s136 will contribute to the aims and objectives outlined in the Crisis Care Concordat and the NHS Five Year Forward View. It also aligns to Mental Health and Urgent and Emergency Care (UEC) deliverables within London's STP plans and ensures the *pan-London s136 pathway and Health Based Place of Safety specification* (endorsed by all key stakeholders and launched by the Mayor of London in late 2016) is met.

Issues across the s136 pathway and current HBPoS configuration

There are six key issues across London's s136 pathway and the current HBPoS configuration, which all play a role in affecting the experience of those in mental health crisis.

- **Inconsistent quality of care:** The care on offer at London's HBPoS sites can vary due to differing levels of staff training and skillsets of the staff allocated to HBPoS sites. London's service users and clinical staff have indicated the current 'ad-hoc' staffing model, where staff are pulled off wards when a person detained under s136 arrives, is not conducive to good patient care, both to those detained under s136 but also those on the ward where staffing numbers are depleted for a 12-24 hour period. Some sites across London also indicated that nursing and medical staff were not trained in de-escalation, which is recommended for managing those with disturbed behaviour.

- **Inappropriate provision for Children and Young People (CYP):** Patients who are under 18 require appropriate facilities and specialised staff that can respond to their specific needs. However, at present many of London's HBPoS sites have local protocols that restrict children and adolescents from the site. EDs are regularly used as the default position when HBPoS sites are unable to manage CYP detained under s136. When this occurs children can be in the ED for a 24-72 hour period due to lack of appropriate staffing but also the lack of Child and Adolescent Mental Health Services (CAMHS) beds available in London.

- **Delayed and unreliable access to care:** London's three police forces, the London Ambulance Service (LAS) and NHS Trusts continuously struggle to find capacity at HBPoS sites. This is primarily due to sites not having sufficient capacity to meet demand and because the absence of 24/7 staffing prevents effective patient flow, both in and out of hours. As the number of s136 detentions increase, this adds additional pressure to London's EDs and increases the length of time people are detained due to waiting in the back of a police van, ambulance vehicle or in ED.

  A typical Emergency Department sees on average 300 patients a day who are in the department for an average of 2.5 hours. When an individual detained under s136 is in the department they spend on average 12 hours due to their complex health and social needs. This means that the care for one person detained under s136 is the equivalent of being able to treat ten other patients, based on the time s136 patient spend in department being five times that of other patients and requiring twice as much resource.

  Treating a s136 patient in A&E takes on average the same resource as treating 10 physically ill patients and patients are significantly more likely to breach the A&E 4 hour standard and 12 hour standard. In an average A&E department, 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 A&E resource and would positively impact on performance against the A&E standards.

  Clinical staff have noted that delays in accessing support and on-going treatment negatively impacts patient experience and outcomes. Staff have stated that those who experience poor treatment at the start of the pathway are less likely to engage with health services, co-produced crisis plans are jeopardised and a lot of the trust between clinicians and the patient is lost.[1] This is illustrated by the fact that in 2015/2016 there were approximately 320 Londoner's who were detained again under s136 within two days.[2]

- **Challenging treatment environments:** A number of HBPoS sites were deemed not fit-for-purpose by the Care Quality Commission (CQC). It is important that during a mental health crisis, the treatment environment supports a good experience for those detained, staff efficiency and protects safety including that of staff. This problem in London is intensified by the fact that four of the designated HBPoS sites are EDs; whilst in some instances it is necessary for mental health crisis patients to attend an ED due to specific physical health needs e.g. overdose or self-harm, it is recognised that a busy ED is not always the most suitable environment for the care of patients in mental health crisis.
- **Funding issues**: Current funding arrangements do not promote Trusts to accept people into HBPoS sites based on need but rather a number of people are accepted and assessed based on their home address or registered GP. This causes delays and inconsistent and variable care across London; patients are denied access to urgent mental health care - something that does not happen to Londoner's who require urgent physical healthcare.

[1] NHS - Mental Health Crisis Care for Londoners: London's section 136 pathway and Health Based Place of Safety Specification
[2] NHS - Mental Health Crisis Care for Londoners: London's section 136 pathway and Health Based Place of Safety Specification

- **Inpatient bed availability**: The lack of inpatient beds in London impacts on the s136 pathway increasing the length of time patients spend at HBPoS sites. In line with the Mental Health Act, Approved Mental Health Professionals (AMHPs) cannot complete the Mental Health Act assessment until a bed is found. The lack of inpatient beds causes a delay in completing the assessment and there is now additional pressure given the recent changes to the Mental Health Act[3]. Currently, the London average is approximately 41% of those detained under s136 are admitted to an inpatient ward following assessment.

Evidence from elsewhere in the UK and in London (e.g. Birmingham and South London and Maudsley Mental Health Trust) suggests that confronting these issues can lead to improvements in patient experience and outcomes, reduced inpatient admissions and decreased readmissions. It is important that the rest of London follows suit.

Pilot of London's s136 new model of care

South London and Maudsley Mental Health Trust is the first Trust in London to fully implement the London s136 pathway guidance and HBPoS specification to provide a 24/7 staffed place of safety for adults and children detained under s136. Healthy London Partnership with stakeholders from across the crisis care system have evaluated the new model of care which has received overwhelmingly positive feedback from service users as well as significant improvements in the pressure often experienced by the police, paramedics, EDs and the sites themselves. The key findings include:

- The site accepts on average 15% more admissions than previously across the four sites in that area. The activity increase represents the amount of patients turned away at previous single occupancy sites located in Croydon, Lambeth, Lewisham and Southwark;
- Having a dedicated team at the centralised site has meant that it has only been closed once over the past year - a stark improvement - sites were closed 279 times previously over a 12 month period;
- The number of individuals detained under s136 that have had to be taken to an ED before going to the centralised site has reduced - partly due to the fact that the staff based at the pilot site are better trained to address physical health issues;
- Individuals detained under section 136 are being admitted to the sites quicker, with 96% of cases being admitted within 30 minutes of arrival;
- The physical environment has been transformed through the new purpose built facility which is much more conducive to recovery;
- Service user's satisfaction with the centralised site has significantly improved with 76% of service users providing positive feedback;
- The rate of admission to an inpatient bed has fallen by 13% under the new model following comprehensive assessment by dedicated staff; and
- Improving flow will be important to reduce the time patients are detained at the suite in light of new legislation.

The feedback from service users is that they received a more respectful, more responsive and less fragmented experience from all agencies involved; from the police and ambulance services, to ED and social and mental health services.

[3] Revisions to the MHA (1983) changed the length of time an individual can be detained under s136 from 72 to 24 hours.

1.1.3 Clinical Case

London's mental health crisis system is facing a number of clinical challenges that have been identified through significant engagement with people with lived experience of mental health crisis, the LAS and clinical staff at both HBPoS sites and EDs and corroborated by the CQC, most recently in a report published in July 2017.

The new model of care will contribute significantly to improving these challenges and help deliver better outcomes to Londoners:

1. **Improve the quality of care** by enabling more capacity across the system, better environment conditions and suitably trained and dedicated staff teams, enable the delivery of a consistent level of care for all, which support reduced inpatient admissions and readmissions.
2. **Improve the provision of care for CYP** by increasing the capacity of appropriate facilities for CYP with suitably trained staff.
3. **Improve access to care** by being better placed to accommodate capacity and demand, supporting reduced ED admissions, providing dedicated staffing 24/7, reducing conveyance time and enabling patients to be assessed and treated holistically and comprehensively.
4. **Improve the environment in which care is provided** by ensuring patients are treated with respect, comfort and dignity and feel safe at all times, in fit-for-purpose facilities.

Implementation will be carried out with strong clinical engagement and leadership to ensure clinical quality is maintained and improved at all sites throughout the transformation.

In the existing system, there are a number of clinical challenges along the s136 pathway which affect patient experiences and outcomes. These include:

- **Inconsistent quality of care** - Only 14% of people with experience of mental health crisis interviewed said that they had the support they needed in a crisis.[4] Issues within the crisis care system, such as the delays and unsuitable environments discussed above, contribute to potentially harmful patient experiences. Patients have also shown a clear preference for 24/7, dedicated crisis services even if that means travelling marginally further to access care. Patient experiences also vary due to differing levels of staff training and skillsets at the HBPoS sites and EDs. Staff who are not dedicated to treating mental health crisis patients feel less confident in their ability to contribute to mental health assessments;

- **Inappropriate provision for CYP** - In a survey by the Royal College of Psychiatrists, 79.1% of respondents reported safeguarding concerns while CYP waited for an inpatient bed; 61.9% reported young people being held in inappropriate settings such as paediatric and adult wards, police cells, and EDs.[5] The use of adult wards and EDs for managing

[4] Healthy London Partnership (2015) UEC Programme: 'I' statements
[5] Survey of in-patient admissions for children and young people with mental health problems. RCPsych, Faculty Report CAP/01

CYP has been described as problematic by stakeholders due to the perceived lack of staff expertise together with inappropriate facilities to care for CYP;

- **Delayed and unreliable access to care** - In 2015, over 100 issues related to HBPoS capacity and access across the s136 pathway were reported by frontline police officers.[6] This number increased in 2016 and 2017, with some instances of police officers and paramedics recording waits of over seven hours in accessing care, despite it being clear that without prompt intervention, a patient's mental health condition can deteriorate. A poor experience at the beginning of the s136 pathway can have traumatising effects for individuals, leading to worse clinical outcomes and a reluctance to seek professional help in the early stages of any future deterioration in mental health; and

- **Unsuitable treatment environments** - London's treatment environments for people experiencing mental health crisis vary, but often fail to provide a therapeutic setting for patients. In their most recent reports from 2016 and 2017, the CQC rated two London HBPoS sites as 'requires improvement' and one as 'inadequate'. The feedback is even worse for those that are transferred to Emergency Departments due to capacity issues; only 12% of those assessed in an ED thought their assessment rooms were pleasant, comfortable and welcoming.

The reconfiguration of HBPoS sites seeks to address these challenges through:

- Reducing delays throughout the pathway including improving the access to care, approximately 45% and 23% reduction in average police and ambulance conveyance times respectively and a 29% reduction in time spent at the HBPoS;
- Improving the treatment environment and staff expertise in both mental and physical health to support improved patient experience and outcomes.
- Reducing approximately 531 unnecessary 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.
- Each person detained under s136 attending ED accounts for 3.3 percentage points of activity (equivalent of 10 other patients) which if not seen will directly impact on performance against the four hour and twelve hour standard.
- Decreasing the overall rates of inpatient admissions and readmissions, 20% (1061 admissions) and 48% (2547 readmissions) respectively.
- Reduction in LAS handover time; 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.

These benefits have been demonstrated by models both nationally and in London that have made changes that reflect the new model of care.

[6] Metropolitan Police Mental Health Escalation Log (2015)

1.1.4 Economic Case

The current configuration of HBPoS sites in London is not conducive to meeting the standards outlined in the pan-London s136 pathway and HBPoS specification.

HBPoS sites are historically located where space has been available; however, capacity issues, a lack of dedicated, skilled resource (both in and out of hours) and lack of access predicated on geographic location of need are all drivers for a change of the current configuration.

- A robust options appraisal has demonstrated a reconfiguration of HBPoS sites is required to meet the new model of care. The options appraisal showed a preference of moving to:
  - **Nine site model for adults** with a combined workforce model *(further details on the workforce model is detailed in the workforce chapter)*; and
  - **Five sites (one in each STP) within the nine site model that provide an all-age service.**
- The options appraisal represented the best option to address the mental health crisis care problems across London, bringing sustainable improvements and lasting benefits for patients, as well as driving improvements in the wider health economy.
- This option is the preferred state for London's future HBPoS site configuration; however a **transitional 13 site phase** has been developed following STP programme leads engaging locally on proposed configurations.
- The **indicative benefits** of the reconfiguration based on nine sites have been quantified by estimating the NHS financial savings as well as measuring the social impact of nine key outcomes.
  - NHS financial savings total £14,384k
    - £795k cashable / £13,589k non-cashable
  - Social impact savings (non-cashable) measured at £5,572k
- The **total baseline pathway cost is c. £20,632k p.a. (excluding activity growth).**
- The **total estimated cost of the reconfiguration is £23,744k** which includes the following:
  - Pathway cost £20,494k p.a.
  - Transition costs £1,000k
  - Capital costs £2,250k
- The **indicative net present benefit** of the reconfiguration over the five year period FY17/18 to FY21/22 is £73,927k which includes;
  - Net present value of non-cashable benefits (excluding non-pay costs) £66,174k
  - Net present value of the preferred option £7,753k

Overview

A detailed options appraisal has been carried out in order to arrive at the preferred option, the 'consolidated model' of nine HBPoS sites. Within the nine site model the outcome of the options appraisal was that within each STP, one of the HBPoS sites should provide an all-age service with the appropriate facilities. This is to ensure those that are under 18 receive care in a suitable HBPoS site with adequate facilities and that EDs are not used.

Following the options appraisal, further engagement led by programme STP leads took place across the system on the preferred option. 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, reflecting on other crisis care services and further understanding the impact of patient flow across local systems. This is particularly the case (but to varying degrees) in North West London (NWL), North East London (NEL) and South East London (SEL).

This resulted in a transitional stage of 13 HBPoS sites across London (including five sites that provide an all-age service). The 13 site transitional stage is referenced throughout the following chapters with further detail in the management case.

Options appraisal

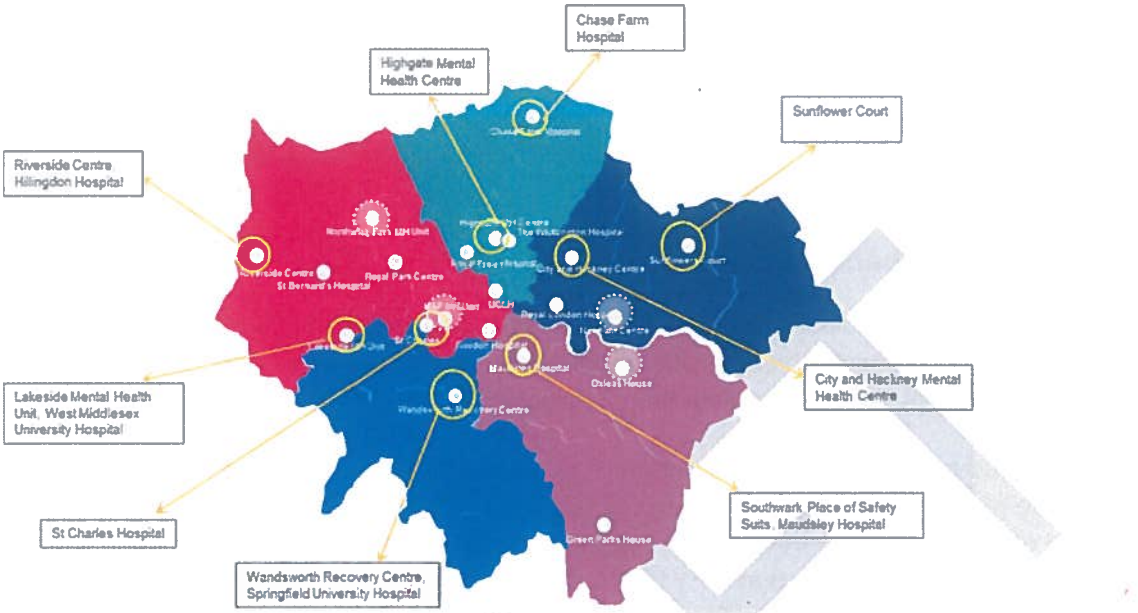
The options appraisal process comprised of three phases:

- Phase 1a: Site agnostic appraisal
- Phase 1b: Site specific appraisal
- Phase 2: Pan – London site configuration assessment
- Phase 3: Preferred option

At each phase, a set of criteria was used to reduce the millions of potential configurations to one preferred model. These criteria included quality, access to care, deliverability, strategic coherence and value for money. Figure 2 provides a map of the preferred 9 site configuration following the options appraisal as well as additional sites in the transitional phase (faded circles)[7].

[7] City and Hackney Centre for Mental Health received a marginally higher options appraisal score than Newham Centre for Mental Health. For this business case, the former is considered the preferred site, however as implementation plans progress the preferred site may change.

Figure 2: Pan-London consolidated HBPoS site model



All sites within the 9 and 13 site model are suited for adult provision, with one site per STP providing an all-age service. The preferred CYP sites in the transitional 9 and 13 site model are: The Wandsworth Recovery Centre (SWL), Maudsley Hospital (SEL), Highgate Mental Health Centre (NCL), and St. Charles (NWL). Newham Centre for Mental Health (NEL) is the preferred all-age site in the 13 site model; however, on transition to the 9 site model, the all-age provision will need to be reassessed as the Newham Centre is not included.

Some of the key attributes of the consolidated model are:

- The location is spread evenly across London, ensuring equity of inner and outer London, but also at an STP level. The consolidated approach, with dedicated staffing, also ensures that capacity is adequate to deal with fluctuations in demand at peak hours;
- Eight of the nine sites are within 0.5 miles[8] of an ED, ensuring that urgent physical care can be accessed if required;
- 100% of the sites are within 0.5 miles of an inpatient mental health bed (both adult and CYP);
- 88.5% of the s136 cohort will be 45mins[9] or less away from an HBPoS site. For the remainder of those detained under s136, the average time would be 53 minutes, with a range of 48 – 56 minutes. If patients were to be conveyed by blue light (only when suffering a life threatening clinical condition), 100% would be 45mins or less away; and

[8] 0.5 miles was agreed by service users, carers and operational staff to be the maximum distance HBPoS sites should be from inpatient and physical health services.
[9] 45 minutes travel time aligns to the timeframes used for London's stroke and trauma reconfiguration and is consistent with national and international good practice.

- The utilisation of facilities and staff will significantly improve, with an expected capacity utilisation of 58% and workforce utilisation of 62% across the nine sites. Based on 5,307 s136 patients equating to 58% utilisation, this would provide a range of 5,307-9,150 at peak capacity (100% utilisation), providing headroom to allow HBPoS sites to better manage peaks and troughs in activity.

- Furthermore, the experience from SLAM's centralised HBPoS illustrates that quieter periods give time for on-site training and for adequate breaks and reflection in what is on other occasions a high intensity environment; this has a positive impact on staff wellbeing and contributes to high retention rates.

Economic costs and benefits

The Economic Case also outlines the indicative economic costs and benefits of the nine site model. This chapter focuses on the nine site model; further information on costs and benefits for the 13 site transitional phase is outlined in the management case.

The total estimated pathway cost of the preferred option is £20,494k p.a. giving a £138k saving on the baseline pathway cost of £20,632 p.a. (excluding impact of activity growth). In addition, the preferred option assumes transition and capital costs of £1,000k and £2,250k respectively will to be incurred through FY17/18 and FY18/19. In particular, the consolidation of HBPoS sites will require an increase in capacity for the majority of sites within the preferred option, for example through an increase in the number of assessment rooms, thereby necessitating capital investment. These costs are discussed in more detail in the financial case.

A range of benefits, which are designed to specifically enhance patient experience along the s136 pathway, include the financial, economic and social values which will be realised as a result of implementing the new model of care which includes the consolidation of HBPoS sites.

Table 1 below sets out the financial benefits totalling £14,384k which are estimated to be delivered, £795k of which is assumed to be cashable, £13,589k non-cashable. In addition, a further £5,572k social impact savings have been identified as part of the nine site option analysis. Table 2 sets out the indicative benefits per STP / HBPoS, both cashable and non-cashable, with the allocation calculated on a capitation basis; this will require further review and analysis at next business case stage.

Table 1: Benefits overview

No.	Outcome	Financial (cashable) benefit Value p.a (£000)	Financial (non-cashable) benefit Value p.a (£000)	Benefit of measuring social impact (non-cashable) - Value p.a (£000)	Total Value p.a (£000)
1a[10]	Reduced conveyance time (ambulance and police vehicle)	£498	-	£14	£512
2	Reduced ED admissions	£297	-	£60	£357
3	Reduced length of stay at HBPoS	-	-	£87	£87
4	Improved staff expertise	NA	-	NA	Qualitative
5	Improved HBPoS environment	-	-	£335	£335
6	Reduced non-pay costs	-	£5,542*	-	£5,542
7	Reduced inpatient admissions	-	£7,918**	£4,606	£12,524
8	Reduced HBPoS readmissions	-	£129**	£470	£598
9	Improving the wider crisis care system	NA	NA	NA	Qualitative
	Total	**£795***	**£13,589**	**£5,572****	**£19,956**

**Financial benefits figures included in the preferred pathway costing analysis in section 5 of this business case*

***Total non-cashable benefits figure (£13,619k combined) included in indicative net benefits calculation in subsection 4.2.5 of this business case*

Table 2: Benefits overview by STP / HBPoS

	STP	NCL		NWL			NEL		SEL	SWL	
	HBPoS	Chase Farm H	Highgate MHC	Lakeside MHU	Riverside C	St Charles	City & Hackney MHC	Sunflower Ct	Southwark	Wandsworth	
No.	Outcome	Indicative preferred option benefits (£'000s)									Total £'000s
1	Reduced conveyance time (ambulance vs. police vehicle)	£106		£103			£142		£111	£50	£512
2	Reduced ED admissions	£74		£72			£99		£78	£35	£357
3	Reduced length of stay at HBPoS	£5	£13	£9	£2	£6	£16	£8	£19	£8	£87
5	Reduced non-pay costs	£20	£50	£35	£9	£24	£61	£32	£73	£33	£335
6	Reduced inpatient admissions	£326	£824	£575	£141	£396	£1,014	£521	£1,205	£540	£5,542
7	Reduced HBPoS readmissions	£736	£1,862	£1,300	£319	£894	£2,292	£1,178	£2,723	£1,220	£12,524
8	Improving the wider crisis care system	£35	£89	£62	£15	£43	£109	£56	£130	£58	£598
	Total	**£1,303**	**£2,838**	**£2,156**	**£486**	**£1,363**	**£3,733**	**£1,795**	**£4,339**	**£1,944**	**£19,956**

In total, after considering financial and non-financial savings, the indicative net present value of the preferred option over the five year period FY17/18 to FY21/22 is estimated at approximately £70,931k which includes:

- Net present value of non-cashable benefits (excluding non-pay costs) £66,174k; and
- Net present value of the preferred option £4,757k.

[10] Combined benefit for LAS and Police

Improving the wider crisis care system

The new model of care and reconfiguration of HBPoS sites across London will not only have a direct impact on the s136 pathway; it will have wider implications for the entire crisis care system in the capital:

- The first notable benefit is that the new model will future proof services. The reconfigured sites allow capacity to be utilised in a more sustainable manner, ensuring that infrastructure can better cope with volatility in demand and potential growth in coming years;

- Successful implementation of a pan-London model with improved facilities and a high quality standard of care will raise the profile of crisis care as a whole and is likely to encourage future service improvement in crisis care services, including potential expansion of other services and training;

- In addition, the new model of care will promote greater synergies between crisis care services and other physical and health services within the NHS and well as local demand management schemes that are emerging (e.g. Street Triage and the Serenity Integrated Mentoring (SIM) model). The specialised 24/7 staffed sites will lead to focal points for crisis care activity, providing the opportunity for a solid network of supporting services to be developed around the sites and bringing transparency and recognition to an often forgotten and 'ad hoc' service;

- The investment will support the broader objective of closing the financial gap between physical and mental health care funding. There are direct financial benefits to the reconfigured pathway as detailed in Section 5. Furthermore, the new model of care will provide a platform from which performance and trends can be appraised across the system, establishing the potential for further cost efficiencies; and

- The new model of care proposes a standardised, consistent s136 pathway across London. This presents an opportunity to collect and appraise standardised crisis care data. Using this as an initial platform to expand data collection across crisis care, will ensure that performance of the whole crisis care system can be effectively evaluated; this will support identification and sharing of best practice and identification of opportunities for wider service improvement and cost efficiencies.

1.1.5 Financial Case

The current configuration of HBPoS sites in London, with a lack of dedicated, specialty skilled resource, results in a cost pressure for most MH Trusts, with staff diverted from other roles (often from inpatient facilities) to attend to s136 patients.

The preferred **nine site option is estimated to cost c. £20.5m p.a.** compared to the baseline pathway cost of c. £20.6m p.a. (excluding impact of activity growth), a decrease of £0.1m

The interim stage of transition to the preferred option will involve a total of **13 sites at an estimated cost of c. £23.2m p.a.**

Over the five year period FY18/19 to FY22/23 total costs of the reconfiguration are estimated at c. £106.8m, compared to £111.7m per the baseline pathway. This gives a net savings of £4.9m, with a NPV of £4.8m.

The current plan is predicated on the following assumptions:

- Preferred option is implemented in FY19/20
- **Net activity growth** of 16.5% (allow for demographic growth and growth from recent statutory changes)
- Successful delivery of £6.3m financial savings (of which £795k are **cashable cost savings)**
- **£1m transition costs**; however, this is only an estimate and it is acknowledged that further analysis and refinement is required
- **£2.3m capital expenditure**; however, this is only an estimate and it is acknowledged that further analysis will be required during implementation planning, with capital requirements per site defined with local estates team. A transitional stage of 13 sites would require £450k less capital funding
- £3.3m funding being made available from CCGs / pooling of budgets across STP footprints

Risks inherent to the financial analysis of the s136 pathway and HBPoS specification include:

- Gaps in data collection
- Robustness of data
- Access to data

Financial costs

To understand the financial implications of the HBPoS reconfiguration, it is necessary to cost each step of the s136 pathway and determine the potential impact of the new model. However, there are a number of complications with trying to estimate a baseline cost for the s136 pathway, including inconsistent pathway practices and a lack of available data.

Nevertheless, pathway costs have been estimated by utilising existing secondary data sources provided by the LAS, Police and the NHS; supplemented through a series of data collection audits and surveys. The analysis considered the costs of conveyance, HBPoS sites and EDs

and determined a total saving of £138k per annum. This saving is primarily a result of non-pay savings, which result from a reduction in sites. Table 3 below summarises the annual variances.

Table 3: Summary of cost variances

Reference	Stakeholders	Baseline	Preferred Option	Variance
1a[11]	Police	£203k	£112k	(£91k)
1b[11]	Police (with LAS)	£435k	£333k	(£102k)
2[12]	LAS	£1,310k	£1,004k	(£306k)
3	ED	£297k	£0k	(£297k)
4	AMHPs	£1,118k	£1,175k	£57k
5	Independent s12 Doctor	£378k	£302k	(£76k)
6	HBPoS: workforce	£5,417k	£11,636k	£6,219k
7	HBPoS: non-pay	£11,473k	£5,931k	(£5,542k)
	Total	**£20,632k**	**£20,494k**	**(£138k)**

Transition costs

The reconfiguration of HBPoS sites across London will be a complex undertaking and as such, resources will be required to support in the transition.

It is proposed that implementation will be led locally and coordinated at an STP level. To this regard and with detailed implementation planning still to be undertaken, subject to the progression of this business case, it is difficult to provide a firm estimate of the level of resource required. However, it is acknowledged that resource will be required at both a local level and at a pan-London level to support the transition requirements.

For the purpose of the wider costing exercise it is proposed that £100k will be required per STP to support the transition. This establishes a total cost of £500k p.a. in FY18/19 and FY19/20 to support the transition. This is however, a high-level estimate and will require further refinement.

Capital costs

The consolidation of HBPoS sites will require an increase in capacity for the majority of sites which are incorporated within the preferred option. As such, to support this increase in capacity, capital investment will be required at many HBPoS sites.

[11] 1a the cost of conveyance to police when conveying alone and 1b when conveying with LAS.
[12] The cost to LAS when they convey (always with police).

Aside from the increase in the number of assessment rooms, the degree to which an existing site can accommodate a larger HBPoS will vary. While analysis has been undertaken as part of the options appraisal process that considered the percentage of estates that are currently utilised for non-clinical purposes, further analysis is required during implementation planning to effectively deduce capital requirements per site in collaboration with local estate teams.

For the purpose of this financial analysis, an assumed capital cost of £150k is utilised per extra bed required. This figure is drawn from the Policing and Crime Bill – Amend Police Powers under the Mental Health Act 1983, which provides an indicative view of what may be required across London. This establishes that an assumed total level of capital investment required across London to support the configuration is £2.3m.

Funding

At this early stage of the project, the exact funding arrangements for the costs outlined above have not been finalised and agreed. However, initial expectations about funding arrangements can be summarised as follows:

- It is likely that variances to pathway costs will be borne by the relevant stakeholders i.e. police forces, LAS, Mental Health Trusts;
- The pan-London transformation work programme has thus far been led by the Healthy London Partnership (HLP) in partnership with key stakeholders across London's crisis care system. Going forward, implementation and transition costs will require funding from local systems;
- Transition costs will likely be incurred by the CCGs within the relevant STPs as they transform the services at their HBPoS sites. It is important that additional funding is made available for this transition as there will be no equivalent income mechanism to support them; and
- The capital costs required to increase capacity at relevant HBPoS sites will likely be borne by the local STPs, however national capital funding available through bidding processes should be exploited.

Pooling budgets across CCGs within the relevant STPs, combining spending power, is expected to provide funding support for the new model of care.

1.1.6 Management Case

Current reconfiguration planning is based on a completion date of 2019/20, subject to agreement on financial support and regulatory and Board approvals. To reach the 9 site option the following measures are proposed:

- **A 13 site transitional phase has been supported by STPs in the shorter term as an interim measure to reach the preferred nine site option.**
- **A highly collaborative approach and governance structure, with robust governance arrangements** will be adopted to manage the reconfiguration and plan for the future implementation; key requirements have been identified.
- **A plan to continue engagement with key stakeholders including people with lived experience of mental health crisis and their carers** will be developed to ensure the transition into the new reconfiguration of HBPoS sites is successful.
- **A plan for proposed governance structure post implementation and performance management arrangements** will be developed; principles for governance have been identified and a suggested multi-agency group structure. Group roles and governance benefits have been identified.
- **A comprehensive risk assessment, escalation and mitigation process** will be developed and in place to support the reconfiguration, with risks identified both at a local and system wide level. Implementation risks will be identified and assessed using a four tiered matrix. Risks will be discussed during implementation and post implementation governance forums

The implementation of a material reconfiguration of any clinical service must be undertaken in a robust and sensitive manner. As such, a number of priorities/principles have been proposed that should be adhered to during the course of implementation, ensuring that the process meets its objectives. These include:

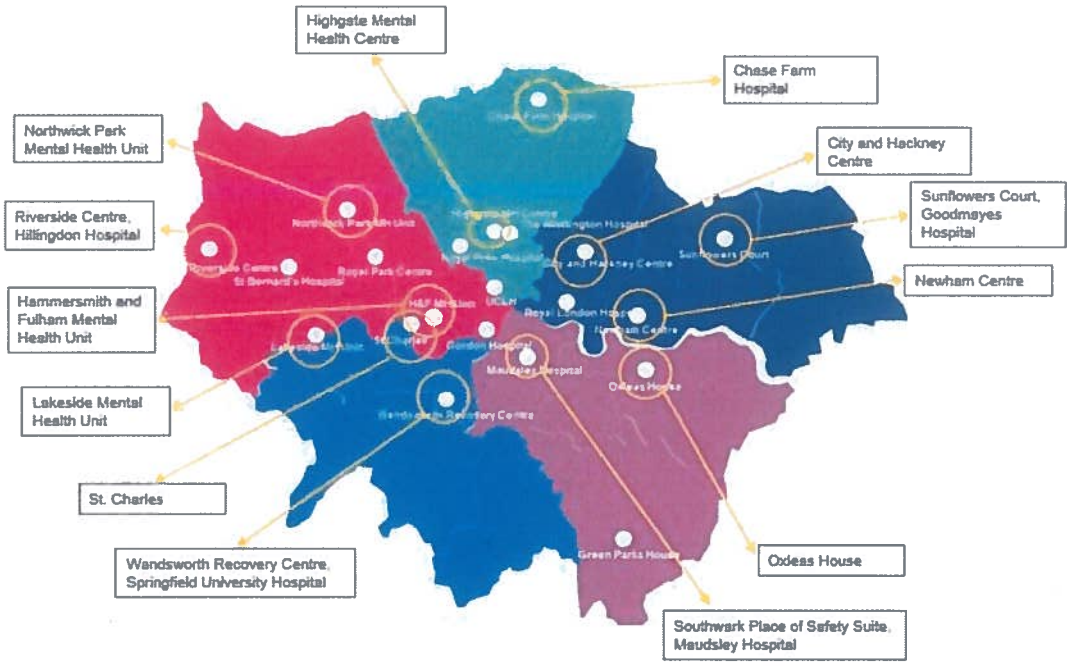
- Ensuring patient safety;
- Profiling implementation and developing detailed implementation plans;
- Ratifying key protocols prior to go-live;
- Engaging with stakeholders;
- Aligning with wider crisis care transformation and;
- Maintaining clinical leadership.

Transition phase

As previously mentioned programme STP leads tested the nine site configuration locally through significant engagement across the system. From this it was recognised that the changes required for the nine site model would not be achievable locally in the short to medium term.

In light of this, the 13 site model is considered a transition stage to support STPs to implement the nine site preferred configuration. The resultant 13 site transition phase is shown below in Figure 3.

Figure 3: HBPoS locations in the 13 site transition phase



All sites within the 9 and 13 site model are suited for adult provision, with one site per STP providing an all-age service. The preferred CYP sites in the transitional 9 and 13 site model are: The Wandsworth Recovery Centre (SWL), Maudsley Hospital (SEL), Highgate Mental Health Centre (NCL), and St. Charles (NWL). Newham Centre for Mental Health (NEL) is the preferred all-age site in the 13 site model; however, on transition to the 9 site model, the all-age provision will need to be reassessed as the Newham Centre is not included.

The total estimated benefits of the transitional phase are marginally higher than the nine site model due to decreased travel times. This equates to an additional financial benefit to LAS and Police of c. £134k p.a. and an additional £3k p.a. social benefit (non-cashable) accruing to the patient due to a reduced travel time.

The overall costs however are 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. compared to the baseline pathway cost of c. £20.6m p.a. and the nine site configuration of c. £20.5m p.a. (excluding impact of activity growth). Of the additional four sites not included in the nine site configuration, only two sites need additional capital funding to meet capacity requirements of an additional assessment room at each site. This capital investment will total c. £1.8m for the 13 site configuration, £450k less than the preferred nine site model.

The timelines for this transition are due to fall within the proposed two year process to move to the nine site model. As a result there no additional transition costs expected in addition to the £1.0m included as part of the preferred nine site option.

Structures in place for implementation

The programme recognises the need for establishing robust governance procedures, risk management and a benefits realisation framework prior to implementation. This is to help manage key risks and issues that may arise, these include:

- Diversion and delays from the implementation plan;
- Lack of buy-in, scepticism and resistance to change;
- Impact on broader health and crisis care services;
- The requirement for formal new ways of working; and
- Availability of both capital and revenue funds.

Specific examples of implementation structures to consider for the next stage, in order to address the key risks and issues outlined above, will include establishing formal arrangements for AMHPs working outside of local authority boundaries, reaching an understanding on cross-charging arrangements for out of area patients, and understanding how this work interacts with other key mental health initiatives, such as ensuring adequate inpatient capacity and delayed transfers of care (DTOC).

During and post implementation, a local multi-agency group led by the provider trust providing each of the HBPoS sites should exist and should be overseen by the respective UEC network in each STP. In addition, a post programme evaluation should be carried out. Due consideration should also be given to the pan-London position during implementation as it is important to ensure that there is pan-London oversight.

Post-implementation, in order to assess the impact of the programme at a pan-London level, a programme evaluation should take place. Appropriate key performance indicators (KPIs), which align with the objectives for the new model of care, would need to be established and agreed upon by stakeholders across the crisis care system.

1.1.7 Commercial Case

The new model of care and reconfiguring HBPoS sites across London is the most effective option to address current issues across the s136 pathway.

The new model will bring sustainable improvements and lasting benefits for patients, whilst in the medium to long term resulting in a local health economy that is both clinically and financially sustainable, delivering improved access, with 24/7 services and patient improved outcomes and provision of care.

The reconfiguration will present an opportunity for broader transformation of the crisis care system, including a range of services; a robust commercial process is therefore required.

- **With the complex network of stakeholders** involved in the reconfiguration, oversight of the commercial process is critical to the success of the new model of care
- Whilst it is early in the process to establish the exact service requirements, the **expectation is that services will be required for construction, programme support/implementation, recruitment and training**
- A commercial strategy supporting the reconfiguration will be developed in conjunction with proposed transformation plans on a STP basis

The requirement to develop a robust commercial strategy is particularly important for this transformation programme due to the breadth of stakeholders and delivering a pan-London model of care. At this early stage in the programme, it is difficult to predict which services will be required as part of the scheme. However, it is expected that services will be required for construction, programme support/implementation, recruitment and training.

A set of objectives have been developed which must be adhered to through development of procurement approach. This includes providing optimum value for money, the procurement is managed and governed in an open and transparent manner and there is careful planning and timing of procurement process.

In addition, the commercial strategy must recognise the opportunities related to synergies in the wider crisis care system. These involve joint investment, shared infrastructure and system wide data.

1.1.8 Workforce Case

Very few London HBPoS sites have dedicated trained staff and staffing levels are minimal out of hours; this is despite over 75% of s136 detentions occurring outside of regular working hours. Key components of the workforce model in each HBPoS site are:

- **Providing adequate, dedicated staffing 24/7 teams that are suitably skilled in both mental and physical health** at all HBPoS sites is expected to significantly improve patient experience and outcomes, staff experience and reduce cost pressures currently experienced from having to pull staff of inpatient wards.
- **Two dedicated specialty workforce models have been proposed: a combined staffing model** where the HBPoS is co-located with a crisis assessment unit or Psychiatric Decision Unit (as seen at South West London St. Georges Mental Health Trust), and a **stand-alone workforce model** (as seen at SLAM)
- **Three possible options have been identified to deliver AMHP services** following the reconfiguration of sites learning from different models across London; however, a more rigorous assessment is required to ensure challenges encountered by AMHPs are addressed and an efficient model is created.
- Greater transparency is needed to ensure **appropriate training standards have been met in relation to independent s12 doctors and** improved payment and administration protocols.
- The future operating model is expected to **minimise the number of ED presentations** due to capacity issues and improved physical healthcare provision in the HBPoS sites, both of which will reduce the strain currently experienced by London's Emergency Departments.
- **Development of a clear strategic direction and purpose** will facilitate transformation of the workforce model as well as a robust workforce strategy that includes staff engagement throughout implementation, robust workforce planning including network approaches across STPs, values based management and leadership and consistent London standards.

At present, staff across the crisis care system face a number of issues when it comes to the s136 pathway. The roles of the police and LAS, HBPoS staff, AMPHs, s12 doctors and ED staff are all affected by operational inconsistencies and efficiencies:

- **Conveyance staff**: London's police forces and LAS are hampered by delays in accessing HBPoS facilities, poor communication protocols between their staff and staff at HBPoS sites and Emergency Departments and lack of knowledge and clarity regarding the roles and responsibilities of each stakeholder group;

- **HBPoS staff**: Non-dedicated staffing can cause a number of issues for clinical staff and individuals undergoing Mental Health Act assessments at HBPoS sites. It detracts nurses and doctors from their substantive posts and leads to varying levels of competencies when treating s136 patients. It also leads to low staff satisfaction due to staff being pulled off wards and not feeling part of a dedicated, specialised team. A further important impact of a lack of dedicated staffing is that on downstream inpatient wards. When staff are brought in from other areas to staff the HBPoS, a reduction in staff in those clinical

areas will impact on quality of care for patients there, which effects patient experience and outcomes;

- **AMHP services**: Limited capacity, particularly out-of-hour AMHP availability, and inconsistent protocols across boroughs can delay mental health assessments. These issues are often amplified for out-of-borough presentations;

- **S12 doctor**: The lack of standardised processes for recruitment, administration and payment requirements can often delay independent s12 doctors, create a lack of transparency in the system, and lead to insufficient capacity and variable quality of assessments; and

- **ED staff**: Unclear policies and responsibilities for liaising and communicating with police and HBPoS staff, as well as lack of clarity of the role of EDs in the s136 pathway, can exacerbate delays to treatment. In addition, the limitations faced when accessing patient notes due to incompatible systems between Acute and Mental Health Trusts are challenging for good quality care.

The pan-London s136 pathway and HBPoS specification outlines key criteria that the future workforce model needs to meet. Once met the new model of care will have significant positive implications for staff in terms of safety, efficiency, utilisation and new ways of working. In addition, the improvements in staff training, communication protocols and multi-agency working that are expected will help to engage staff members from all parts of the pathway to help ensure successful implementation of the new model.

Workforce model for HBPoS sites

During the options appraisal two staffing models were considered, a stand-alone workforce model (as seen at South London and Maudsley Mental Health Trust) or a combined workforce model where staff cover both an HBPoS and PDU (e.g. Psychiatric Decision Unit, seen at South West London St. Georges Mental Health Trust). In both models, the creation of a dedicated team has significant benefits through addressing some of the challenges related to access and quality of care. The dedicated, specialty trained workforce model is innovative and provides an opportunity to build a specialised workforce for this largely forgotten service, promoting the s136 pathway to an active part of the crisis care system.

The introduction of dedicated 24/7 staffing as part of the reconfiguration of the HBPoS sites will address current pressures experienced due to inadequate staffing and facilitate improved quality of assessments and resulting patient outcomes. The dedicated team will be able to work more closely with patients to understand their needs and identify the best course of action, with any plans developed handed over to the next team member on shift. At SLAM's centralised place of safety, which has piloted the new s136 model of care for London, the rate of admission has fallen by 13% following implementation of the new model. This has been attributed in large part to improved practice following the introduction of the dedicated staff team, together with a close working with the Trust's Acute Referral Centre.

The concept of the combined unit is to have a psychiatric decision unit and HBPoS co-located; this enables a joint workforce that can flex between the decision unit and the HBPoS increasing the utilisation of staff and benefitting from a model that provides a broader service to a wider range of patients (e.g. the assessment unit receives mental health crisis patients from liaison

psychiatry, crisis teams and street triage to carry out an informed, collaborative assessment in an appropriate mental health assessment facility). As noted above for SLAM however, periods of lower utilisation can have positive impacts on staff wellbeing and retention. Each area would need to consider the case for each model within their area.

The benefits of both models are a dedicated 24/7 specialised workforce and whilst it may be tempting to create an HBPoS team who have additional roles as supernumerary staff in other mental health teams, in the climate of overall low mental health workforce numbers, there is a real danger of reliance on these staff members thereby creating the situation where their immediate availability for a s136 patient is reduced, or those other areas of care are affected; this would mark a return to one of the key issues of the current model of care.

Costing the 24/7 model

It is estimated that the preferred 9 site option with 24/7 dedicated workforce would cost £11.6m per year. The workforce model that is proposed is based on safe levels of staffing at the HBPoS.

Whilst the cost associated with providing dedicated 24/7 staffing with the new model of care at c. £11.6m p.a., is significantly higher than the staffing cost with the current 20 site model at £5.4m p.a., the cost associated with the preferred 9 site model is much more favourable than maintaining the current 20 site configuration and introducing 24/7 staffing at a cost of c. £14.7m p.a. (an additional £3.1m compared to the preferred option).

HBPoS staff training and competencies

Irrespective of which workforce model, healthcare staff who work in an HBPoS should be sufficiently trained in mental and physical health to safely and effectively perform their role. The provision of a dedicated team allows for s136 specific training to be delivered to a dedicated workforce and for the on-going assessment of skills and training needs; this will improve the quality of care for individuals detained under s136.

As well as improving team skills and expertise, training initiatives for dedicated staff teams have a clear role in staff development and career progression. This will have positive impacts on recruitment and retention, both important issues to address across mental health, as highlighted in the Health Education England (HEE) Mental Health workforce plan[13].

Furthermore, a dedicated workforce will allow development of relationships across the ED/Mental Health interface, leading to sharing of expertise, improved handover and the opportunity to develop novel approaches in partnership to support integrated mental and physical healthcare. It is anticipated that adherence to the physical health competencies set out in the pan-London guidance will reduce the need for physical health assessments or treatment in an ED prior to or during assessment at the HBPoS site. This will reduce the burden on EDs, improve the timeliness of assessments and reduce the use of further conveyance by LAS or police between HBPoS sites and EDs.

[13] Stepping Forward to 2020/21: Mental Health Workforce Place for England (2017). Health Education England. Available at: https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-planning/mental-health-workforce-plan

1.1.9 Recommendation and next steps

This business case sets out the rationale for a new model of care and consolidating HBPoS sites across London. The proposal contained herein demonstrates that such a reconfiguration can improve outcomes for patients, facilitate the availability of a 24/7 service, concentrate and enhance staff expertise, achieve value for money and ensure effective synergies between the s136 pathway and broader crisis care.

However, it is acknowledged that such an undertaking would be delivered in a complex, multi-stakeholder environment. Furthermore, it also requires an investment of resource, both in terms of finance and time. Therefore the steps that should be taken post the conclusion of this business case should be considered judiciously, ensuring that due diligence is taken in the commitment of further resource.

It is recommended that the proposal contained within this business case is progressed towards implementation, augmented with the following steps:

- Appropriate consultation is undertaken with key stakeholders as necessary;
- Each respective STP determines precise capital requirements particular to the sites within their jurisdiction;
- Sources of funding are determined, with relevant submissions made to secure such funding; and,
- The proposals contained within the Management Case are progressed; most notably, the establishment of effective implementation governance and the development of detailed implementation planning.

2 Introduction

This section sets out the context of the business case. It details the scope and purpose of the change and introduces the reader to the baseline pathway and preferred option. This section is structured as follows:

- Purpose of document
- Overview
- Mental Health Crisis Care for Londoners
- Current s136 pathway