

## **Acute Day Units consultation – FAQs for events and wider public**

**19th December 2017**

We have developed the following set of FAQs as part of the Acute Day Units consultation based on comments at the public consultation events; staff meetings and 1-1 meetings. They should be read alongside the consultation document which goes into greater detail.

### **1. Will the service decline with less money?**

The scale of the financial challenge that the CCG and C&I face means that we have no choice but to save money. However, we always seek to do in a way that ensures that patient outcomes are protected.

The proposed changes would not result in any Camden patient being refused appropriate treatment. For current patients, nothing will change until 1 April 2018. You will not be moved. No patient will have their course of treatment disrupted by changing locations.

The proposals are about making better use of the resources we have as we can't justify running services that are operating significantly under capacity. We intend that these changes will make the remaining services more sustainable in the future. It is possible both to save money by reconfiguring the service and to ensure mental health care is delivered at the right time and in the most appropriate setting.

Our preferred option is to improve the service provision at Jules Thorn and Highgate Day Centre, ensure patients are referred to the correct service to address their needs and no longer offer acute care at Daleham Gardens Day Unit. To support these changes, the medical and senior staff support at Jules Thorn would be increased to ensure swifter, more focused treatment for patients with acute needs. We will also increase the support staff at Highgate Day Centre.

### **2. Aren't vulnerable people being adversely affected?**

Camden CCG have a responsibility to put in place the most effective pathway of support possible within limited resources. This means ensuring we have the right support across primary care, such as talking therapies; community care, such as the Rehab and Recovery Teams or voluntary sector provision like Peer Mentoring or the Wellbeing Hub and acute care such as mental health inpatient hospital beds. In recent years this has seen new investment in acute services such as the crisis line; new primary care services like Team Around the Practice and increased investment in the voluntary sector like the Healthy

Minds service. Equally we have also made savings where there are opportunities to do so safely.

In Camden, the money we receive from the government is reducing, while demand for local services is increasing. Camden CCG need to make a saving of £18 million this year. Camden CCG and C&I are looking at every area to try and make sure we are as efficient and effective as possible so that we can use as much funding as possible to support the most vulnerable. Where we can find savings that do not impact on services at all, we always do this first.

However, the scale of financial savings the NHS and local Government are facing means that some services will have to change. We have identified our local Mental Health Acute Day Units as an area where financial savings are possible, whilst still providing Camden residents with appropriate, timely and quality care.

### **3. Can the service stay as it is?**

By making changes, we are ensuring the services are better value for money and therefore more sustainable. We have identified proposals that would enable patients to receive the care they need in the least restrictive setting, while also delivering a financial saving.

Our proposal is to reduce the number of units from two to one with either Jules Thorn or Daleham Gardens no longer offering acute care. Highgate Day Centre will provide care for residents with less acute, but still significant, needs.

We have a preferred option. Daleham Gardens is significantly underused, whereas Jules Thorn is better used, thus withdrawing the service from Daleham Gardens appears to be a more viable option. Jules Thorn is also easier and cheaper to access for most residents.

We are hosting the consultation, over an extended period, to hear from as many people as possible and to shape our approach and we are open to alternative proposals or changing our approach.

### **4. Will I have to travel to the other Acute Unit?**

For current patients, nothing will change until 1 April 2018. You will not be moved. No-one will have their course of treatment disrupted by changing locations. No Camden patient will be refused an appropriate service because of this change.

We are committed to understanding people's experience of services and involving Camden's residents in designing the new model. We recognise that some patients will have to travel further in the future. Analysis of travel times and travel costs of patients shows that this impact will be less if we keep Jules Thorn open, which is why we are proposing this.

We are consulting to encourage patients to shape the revised model and seek further ideas on how it can be improved.

**5. If Daleham Gardens closes how will I travel to the Jules Thorn unit?**

For current patients, nothing will change until 1 April 2018. Most people currently travel to acute day units independently from across the borough. Your key worker can advise around travel routes and will work with individuals and families to ensure that anyone that needs a service can access it.

That's why we are consulting to understanding people's experience of the services and involve you in designing the new model.

The majority of referrals for Acute Day Units would find it easier to access the South Camden unit Jules Thorn. Redirecting Daleham Garden patients to Jules Thorn will ensure the service is meeting the needs of patients and continuing to support people with acute mental health needs in the borough.

**6. What will the impact of the proposed St Pancras hospital move make to this? Won't the service be reconfigured again once that happens?**

The St Pancras Development is a long term project and changes to the location of services will involve full service user consultation. Any future re-location of the Jules Thorn ADU will take account of accessibility of location. It is not anticipated that there will be any change before 2020 at the earliest.

Regardless of any future plans the changes proposed here are to address services that are not currently at capacity. By making changes, we are ensuring the services are better value for money and therefore more sustainable.

**7. Currently the acute day units support patients from the local crisis houses. If one closes how will you support crisis house patients in that locality with day time support?**

Staff will develop individualised plans with service users who may need support to access the remaining Acute Day Unit. This plan will be based on the level of support a service user needs to navigate the journey. This support may include help to claim travel expenses, travel details, or developing our use of volunteer peer support.

**8. Can you tell us how many patients have accessed each day unit in the last year so that we understand the underuse?**

The activity data for both ADUs has been drawn from a Contracted Activity Report which is sourced from each team's electronic diary contacts and is the most reliable source of automated data. This reports that between September 2016 and October 2017, the average daily attendance was approximately 16-17 at Jules Thorn and 12 -13 at Daleham Gardens. Average referrals per month were 26 patients at Jules Thorn and 12 patients at Daleham Gardens.

Average length of stay was 42.7 days at Jules Thorn and 48.8 days at Daleham Gardens. The staff team have said that they believe that this data may slightly under report usage of the centres.

Therefore, C&I have also looked at data sourced from Carenotes (the electronic patient record system) via an electronic Clinical Dashboard. This data is consistent with the ADU proposal that there is a significant level of underutilisation of the Daleham Gardens ADU and some underuse of Jules Thorn ADU. Within services much data recording has a small margin of error, however, given recording is consistent across two systems it is likely to be very minor.

Discussion with staff at Daleham Gardens has also confirmed that the service is not close to fully utilised in terms of the capacity for 30 cases at any one time.

**9. What efforts have been made to promote the services widely?**

Both units have close links to other services in the crisis pathway including Camden CRT, Crisis Houses and inpatient wards. Managers from these areas meet regularly and all are aware of the ADU offer. All available service options to support service users' recovery are considered in clinical meetings including referral to Acute Day Units.

A one day development event was held in March 2017 with all ADU staff, service user representatives and representatives from CRT and Crisis Houses. This aimed to improve the speed of access to ADUs and to review and refresh the individual and group interventions as well as improving discharge planning. This work will continue in our effort to improve quality of care but it has not made a noticeable difference to the rate of referral.

We believe that Camden is the only London borough with two acute day units. We are confident that the needs of the borough can be met with one acute day unit and the full consultation paper explains this more fully.

**10. Can you tell us how many patients have accessed each day unit in the last year so that we understand the underuse? What efforts have been made to promote the services widely?**

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**11. Can you tell us more about the analysis of travel time and costs?**

C&I undertook an analysis of 80 patients referred to ADUs in 16/17 to look at the impact if we reduced ADUs from 2 to 1.

Analysis demonstrated that if Daleham Gardens was the base it would increase the average single journey time from 24 to 35 minutes per patient and will mean, from the patient sample, 24 patients (30%) travelling over 40 minutes or more. The average single journey cost would also increase from £1.33 to £2.04.

If Jules Thorn was the base it would mean an increase in single journey times from 24 to 29 minutes and result in an unchanged 3 (4%) patients travelling 40 minutes or more. The average single journey cost would increase from £1.29 to £1.75.

**12. What will happen to Daleham/Jules building if it closes?**

Outputs of the consultation will be used to inform the decision-making process, before any changes to provision are confirmed.

**13. Information regarding the CCGs spending plans for mental health and how they are consistent with current NHS guidelines to ensure parity with physical health care.**

The CCG is having to look for significant savings and 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. One of the roles of the CCG is to ensure that the pathway of support best meets the needs of the whole population, which means reviewing some areas to make savings where there is the opportunity to do so.

Whilst Camden CCG has identified improving mental health outcomes as a key priority area it is important to recognise that we have an extremely challenging financial settlement that means the CCG is required to make very significant cost savings and to do this we will need to consider all budgets.

This proposal has been put forward because we believe the saving can be achieved whilst maintaining patient outcomes and assuring that no patient is refused appropriate treatment.

#### **14. Evidence that patients attending ADU's would be better supported by other services?**

In recent years Camden CCG and Council has increased investment and reconfigured a range of community support that promotes meaningful recovery and in some cases may be alternatives to, or stepdown from the acute day units; this includes the Highgate Day Centre; Peer Mentoring; the Wellbeing Hub; employment support and the Recovery College. A further aim of this work was to ensure patients access these services appropriately, including enhancing onward referrals from the acute day units as patients progress with their recovery journey. We have made these investments because we want to support people to live well in the community and to build on people's strengths.

Following the focused period of joint review between commissioning and C&I, senior staff working at the Acute Day Units and Highgate Day Centre analysed in detail a number of recent referrals from both units. This analysis took into account both the referral form and a detailed review of Case Notes. As part of this, the staff involved looked to answer whether referrals would be suitable for the 12 week service at Highgate Day Centre and also whether Highgate Day Centre would be more appropriate for the needs of the patient.

##### Key findings found

- broadly 70-80% would meet the acceptance criteria for Highgate (with possibly slight remodelling), however, we found some of these patients would have their needs better met by an Acute Day Unit
- we found that 30-40% of referrals would be more appropriate for Highgate Day Centre as their needs were not acute (but still significant)
- generally there was higher need at Jules Thorne
- 78% were admission avoidance referrals
- 50% had medicine added or changed (this is a key feature of the model)
- some (estimated 10-20%) may be appropriate for the Hub, wider Voluntary sector or possibly reablement.

An Equalities Impact Assessment has been undertaken and there was judged to be no change in the impact upon service user groups with protected characteristics.

**15. Can you confirm arrangements for Islington patients?**

Islington commissioners are aware of these plans.

The Acute Day Units are funded entirely by Camden CCG. Where Islington residents use Camden's crisis houses – as part of joint arrangements where Camden residents can use Islington crisis houses – this group will continue to be able to access ADU support. Other Islington residents who are not in Camden crisis houses will be supported to use alternative appropriate services in Islington as part of normal care planning.

Camden commissioners have written to Islington commissioners to make them aware of feedback through the consultation so far and to ask them to attend the final public meeting on 4<sup>th</sup> January.

**16. Evidence of planning to ensure that no Camden patients will be refused a place or have their treatment disrupted?**

Ensuring there is sufficient capacity has been the CCG's and C&I's primary consideration in developing these proposals as the Acute Day Units are key to providing an alternative to admission and step down from wards.

The analysis of referral numbers and referral pathways demonstrates that one acute day unit has sufficient capacity to meet the needs of the borough. Current daily attendance is 28-29 across both units, whilst the capacity of each unit is 30 (so 60 places currently in the borough). In addition, we know that some people that currently use acute day units would be more appropriately supported at alternate provision such as Highgate Day Centre. Finally, consolidating managerial and medical time at one centre should provide a more responsive service where people's length of stay reduces, creating further additional capacity. If these proposals go ahead we will monitor this closely.

We will manage referrals so that no-one starts the treatment in one Acute Day Unit and is transferred to the other as we recognise this could be disruptive.

Acute and Rehab & Recovery leads in C&I are committed to working together with third sector services to ensure that we are supporting service users to access the right care and treatment at the right time in the right place. There is an ongoing piece of work to ensure thresholds for access to the various services are well understood so that we support service users to the right service at the right time.

**17. How will current access to Highgate day centre be improved given current requirements regarding social care (Care Act) assessments? Will people have to pay?**

The 12 week reablement service does not require a Care Act assessment or a financial assessment. Most residents will have their needs met by the 12 week service. No one will be asked to pay for the 12 week service.

In addition, the centre is also currently underused, which does limit the vibrancy of group activities. It is hoped that a moderate increase in attendances from this proposal will support the centre to reach its potential. Highgate Day Centre is hosting two drop-ins during the consultation period for patients to visit the service and see what it is like.

Where patients may require a longer term social care service (at Highgate Day Centre or elsewhere) staff at the Day Centre will liaise with the person's mental health community team to engage in a Care Act assessment.

**18. Plans regarding how remaining ADU will be strengthened including budget available?**

The proposal is to enhance the managerial and clinical resource available at the remaining unit to ensure improved efficiency, and to deploy an additional member of staff at Highgate Day Centre to support the increased numbers accessing the 12 week service.

**19. Evidence that the risks associated with these changes has been considered?**

An Equalities Impact Assessment and Quality Impact Assessment has been undertaken and there was judged to be no change in the impact upon service user groups. This will be verified via ongoing monitoring following any change.

The proposals were decided upon after a joint review of the service between Camden CCG and C&I which began in March 2017. The initial work took place within a working group of commissioners and C&I clinical and managerial staff. Commissioners also contacted a wide range of voluntary sector providers to understand interfaces between the Acute Day Units and other provision. The joint review examined:

- Data around service usage, capacity and metrics
- Detailed analysis of recent referrals to both units
- Feedback from service users and clinicians
- Staffing models and service spend
- Demographic data, including the completion of an Equalities Impact Assessment

**20. Will there be staff redundancies?**

Once the outcome of the Public Consultation is confirmed, C&I will consider if there is any risk to staff. If one of the ADUs is closed as is proposed, C&I will work closely with staff and their staff-side representatives. All staff consultations carry some risk of redundancy but every effort is made to avoid this through the process of considering suitable redeployment.

**21. What is on offer at Highgate Centre?**

Highgate Day Centre offers a viable alternative for people with less acute (but still significant) needs. The Highgate service offers time-limited emotional and practical support through engagement in meaningful activities, building social networks and promoting pathways to education, training and employment. It also enables people to develop insight into their own mental health, find sustainable solutions to their own challenges and build on their personal assets and improve self-management. The group programme at Highgate Day Centre has many of the same types of activities as those on offer at the Acute Day Units.

The centre recently developed a new model of provision that includes two key elements: a mental health reabling service for up to 12-weeks to support people to address current mental health challenges; and a longer-term social care service funded through personal budgets.

People with acute needs, for example those that need an urgent medical review, will still access the ADU.

## **22. If the changes happen will the remaining ADU be too busy?**

The Acute Day Units were designed to have enough space and staff to support 30 people per day. This is the optimum number. With more attendees it will enable staff to put on a wider range of group activities and offer more choice for attendees.

The remaining ADU will continue to have a maximum number of service users on the team caseload. An improved pathway into Highgate Day Centre will enable us to help service users who need a shorter treatment plan to move seamlessly into this service. This will enable the ADU to continue to provide quick access to acute crisis care.

## **23. Are there services available in the community for when people are discharged from hospital or acute day units?**

Camden CCG, Council and C&I all want to ensure more support is available in the community that support people to stay well and therefore reduce the need for crisis services – and this is what our residents have told us is important.

In recent years we have invested in the Wellbeing Hub; Peer Mentoring; Healthy Minds; the Recovery College; employment workers in community mental health teams and social prescribing so that there are a range of options available. There are also a huge range of voluntary sector and adult education services available in Camden.

To find out more about support in Camden and advice around mental health conditions please visit <http://www.mentalhealthcamden.co.uk/>



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**24 Is there a risk that closing one day unit will mean more people need to go into other crisis support or hospital, which will cost more?**

We have looked and thought very carefully about impact on the system as one of our key priorities is to support people to stay well and out of hospital and acute day units are an important part of achieving this.

However, the services are very underused and it is possible to meet the needs of Camden with one acute day unit. There's also the opportunity to better link the acute day unit and other crisis services with community support, such as Highgate Day Centre, The Wellbeing Hub, Healthy Minds and other services that support people to stay well as they recover from a crisis episode.