

Joint-HOSC briefing for 25 November 2022

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St Pancras Transformation

Through the St Pancras Transformation programme, Camden and Islington NHS Foundation Trust (C&I) are improving mental health inpatient and community facilities for our service users. The programme delivers a brand-new inpatient facility at Highgate East, improvements to our existing Highgate West site and new community mental health hubs for Camden and Islington boroughs. In addition, and in partnership with University College London (UCL), we are also creating a new centre of excellence for mental health research, education and training on the St Pancras site where we will also deliver regional, specialist and local mental health services.

The programme also facilitates Oriel, which will deliver a new purpose-built centre of excellence for eye care, research and education. Oriel is a joint initiative between Moorfields Eye Hospital NHS Foundation Trust, the UCL Institute of Ophthalmology and Moorfields Eye Charity. Alongside Oriel and the new Trust facility at St Pancras, there will be new residential and commercial developments, plus enhancements to existing heritage buildings, led by our development partner, KCCLP. These developments are key enablers to our mental health transformation programme that extends beyond the St Pancras Hospital site.

Due to the unprecedented effects of the COVID pandemic, our original project timescales have been impacted - particularly the originally consulted on plan that the Highgate campus would have been ready to take inpatients directly from St Pancras Hospital. In addition, changes were made to our services in direct response to the pandemic, and in particular trying to better support people experiencing a mental health crisis and the impact this has on Emergency Departments. As a result, we opened our Mental Health Crisis Assessment Centre (MHCAS) on the St Pancras Hospital site. This has proved to be a success, such that the service is now part of our core mental health offer. Because of this, a new location needed be found for the service, which was not part of the original Transformation Programme.

Oriel and the wider St Pancras Transformation Programme has the full support of North Central London (NCL) Integrated Care Board. There is a high level of oversight of, and interest in the programme, indeed NCL plays a key role in ensuring that the objectives of the programme are delivered in a way that remains sensitive to the fact that St Pancras Hospital continues to deliver NHS services for physical and mental health patients.

There is a dedicated Site Patient Safety Group, led by the C&I Medical Director and Chief Nurse, that has a formal role in signing off any works on the St Pancras site that have a potential impact on patient safety. This ensures the interests of patients receiving care and treatment from C&I, Central North West London NHS Trust and the Royal Free Hospital are balanced against the wider delivery objectives from Oriel and the investment in mental health services.

Oriel status update

Full planning consent was granted by Camden Council in August 2022 and Moorfields' full business case was approved by NHS and Government regulators on 9 November 2022. This included approval from the New Hospitals Programme Investment Committee, the DHSC Joint Investment committee and HM Treasury.

Design work on the centre continues with the preferred contractor, Bouygues UK, and there was partial vacant possession of part of the St Pancras Hospital site at the end of October 2022. Early enabling works are due to begin soon. Full vacant possession is due in early 2023.

Local Camden community engagement has recently started on the construction plan. Construction is due to start by the end of the year with demolition works beginning in early 2023.

Mental Health Crisis Assessment Service

The MHCAS was introduced as a new service by C&I during the first COVID-19 lockdown to provide care for people with mental health illness away from busy local emergency departments (EDs).

The success of the MHCAS has led to system wide support for the continued funding of this service. MHCAS has developed into a valuable North Central London resource, accepting direct London Ambulance Service conveyances from across the sector with a view to reducing A&E attendances for patients with mental health conditions across NCL acute hospitals.

Planning permission and capital funding has been approved for a new purpose-built MHCAS facility at Highgate Mental Health Centre which we expect to be completed in readiness for winter 2023. The capital funding was only approved early October and the lack of certainty about this settlement has led to a delay in being able to confirm the future status of the service with the committee. The procurement exercise to deliver the new facility has now commenced.

C&I services have now started to move from the St Pancras Hospital site to enable the first phase of redevelopment to begin. Oriel will cover the area where MHCAS is currently located. As a result, from 24 October 2022, MHCAS vacated the St Pancras Hospital site.

To ensure that C&I continues to provide support through this period, we have enhanced our psychiatric liaison offer across EDs in North Central London

Specialist nurses who previously worked in MHCAS are being deployed to work in EDs for this period, providing Royal College of Psychiatry standards of staffing. The impact on service users has been considered and mitigated to ensure that local people experiencing a mental health crisis can continue to receive the care they need through a mental health professional.

The communications and stakeholder engagement plan in support of temporary changes to MHCAS has had oversight and input from NCL and has sought to link with partners and our communities across NCL to explain the need for the change as we move to implement a new and permanent 'best in class' solution

Interim MHCAS model

Systems partners across NCL undertook a thorough review of potential estates options to provide an interim solution. Unfortunately, following this extensive search a clinically suitable location could not be found for the interim period.

Therefore, MHCAS will operate a digital hub at the Highgate Mental Health Centre with 24/7 access available for all acute referrals from A&E. The interim service will:

- Maintain a single referral number for all EDs - staffed by a senior clinician
- Offer oversight of activity and pressures across the system
- Provide a high-level triage function to referrers and backroom clinical support function to mental health staff on the ground
- Ensure minimal disruption to referral systems
- Support 24/7 staffing - to be deployed to pressure points.

The predicted impact on EDs has been modelled and shared with acute trust providers at strategic and operational levels with plans to mitigate risks via the interim model and focus on reducing inpatient occupancy/length of stay.

The interim model cannot fully replicate the physical environment and effectiveness of the current MHCAS and there will be some impacts on EDs and partners that cannot be entirely mitigated. However, we are committed to ensuring that the loss of MHCAS causes the least possible disruption until we re-provide the full service in its new location. Advice covering this interim period has been provided to GPs and service users.

Reprovision of ADU

The COVID pandemic impacted on the Camden Acute Day Unit (ADU) based at the Jules Thorn Building on the St Pancras Hospital site. The ADU was suspended in April 2020, during the first wave of COVID, due to it not being possible to provide a safe service. The building was subsequently occupied by the MHCAS. The intention had been to reopen the ADU in a different location, however, given the changing profile of needs and progress towards implementing the Community Mental Health Framework, it seems sensible to produce a transformed service which seeks to:

- Address gaps that currently exist in the borough e.g., intensive support outside of hospital and support for people who have experienced trauma (including people experiencing social instability).
- Provide evidence-based interventions (including peer support) in an environment that is trauma-informed and psychologically safe.
- Maximise access and links to wider community support.
- Improve integration with community teams, the crisis pathway including the Crisis Sanctuary and the MHCAS, the Resilience Network, individuals' existing support networks and wider community assets.
- Improve integration with day opportunity services (Greenwood Mental Health Service and Phoenix Wellbeing and Recovery Service).
- Achieve efficiency and remove risk of duplication in overall provision by bringing together overlapping and complementary offers into a single service within the overall borough mental health offer.
- Progress the commitment shared by C&I and borough partners to advance joint working and improve integration of services at the 'place' level.

It is essential that any future service retains the elements of the ADU which the research shows result in better outcomes in terms of service user experience and satisfaction, wellbeing, depression, reduced usage of acute services and reduced overall health costs. These benefits are outlined in a study published in 2021 (*Acute day units in non-residential settings for people in mental health crisis: the AD-CARE mixed-methods study, National Institute for Health Research, 2021*) which found that while ADUs are not provided routinely in the NHS, they are highly valued by staff and service users. The study showed that:

- ADUs result in better outcomes in terms of satisfaction, wellbeing and depression compared to Crisis Resolution Teams (CRTs).
- There are no significant differences in risk of readmission or increased costs between ADUs and CRTs.
- ADUs have the potential to:
 - Alleviate pressures on other local crisis services.
 - Help to avoid and reduce length of inpatient stays.
 - Complement home-based crisis care.
- Staff have a positive experience of working in ADUs.

C&I's involvement in this research has made it possible to review the specific data relating to the Camden ADU, which shows that people who accessed the ADU were

25% less likely to be admitted over a 6-month period (figure derived from the people who took part in the cohort study).

Significant work involving clinicians, VCS partners, the Local Authority and service users has already taken place to consider options for the future of the ADU. Further co-production of these options is planned and a paper will be brought back to JHOSC to determine whether full public consultation is required. In the meantime, the service remains suspended with service users being supported through existing community, crisis and inpatient provision.

ENDS