

# St Pancras Redevelopment



The best **care** for local  
people

The best **research** for  
the world

# Where we are in London



# Profile

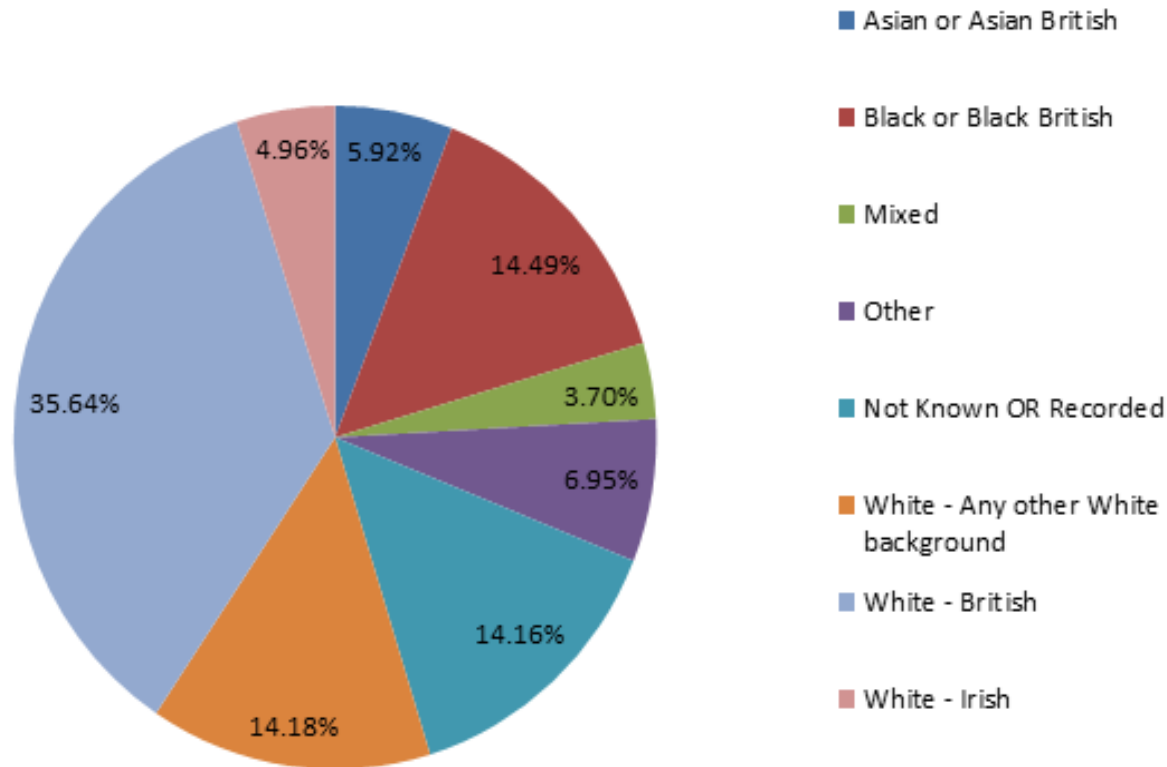


- Largest provider of mental health and substance misuse services in Camden and Islington
- Population c471,000 people (expected to grow 11-17% by 2030)
- Large population of 20-40 year olds, with fewer children and older people
- Contact with over 44,000 service users per year
- Diverse, transient population – many patients admitted are new to us with around 10% overseas visitors

# Our service users



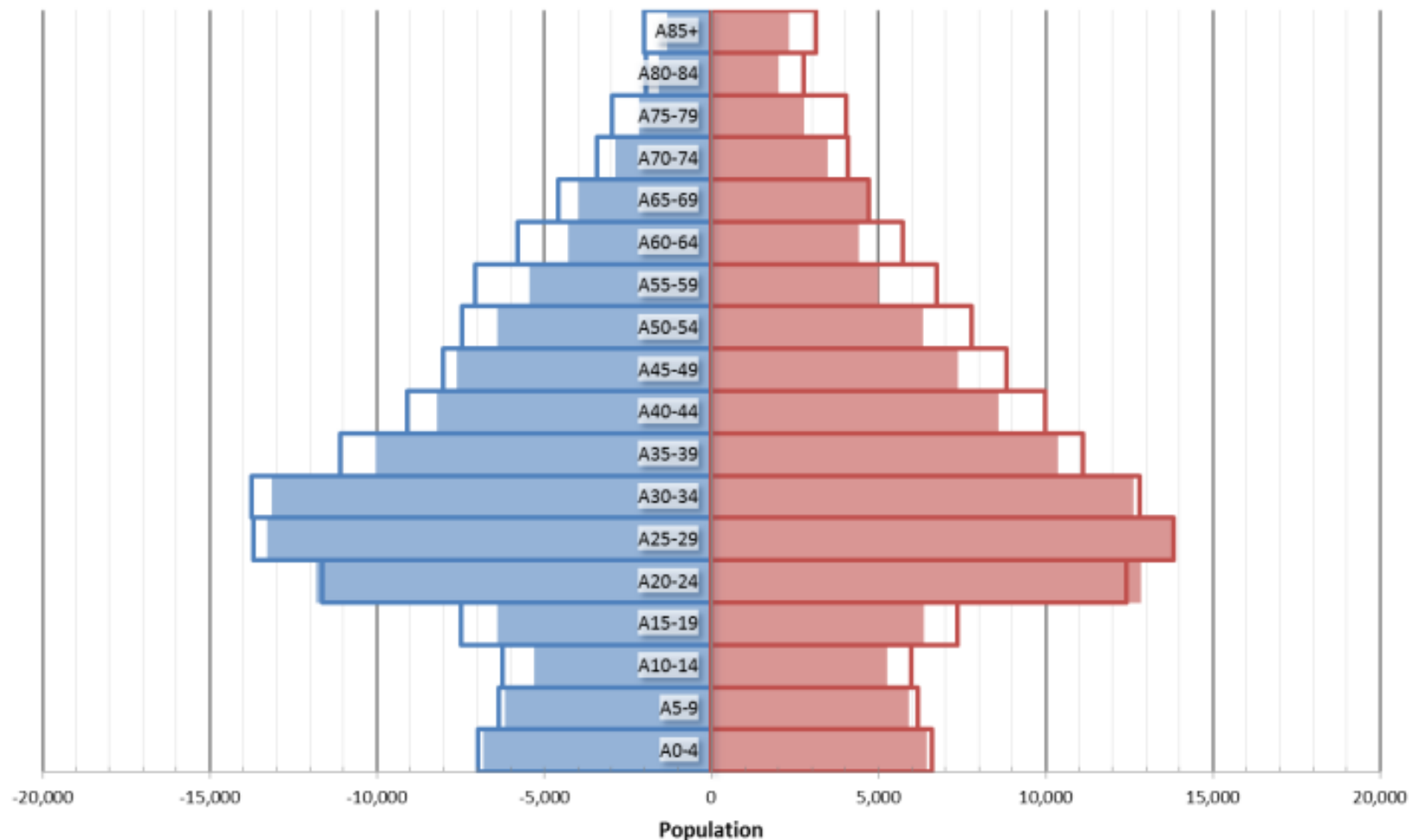
## Caseload Ethnicity as at April 2018



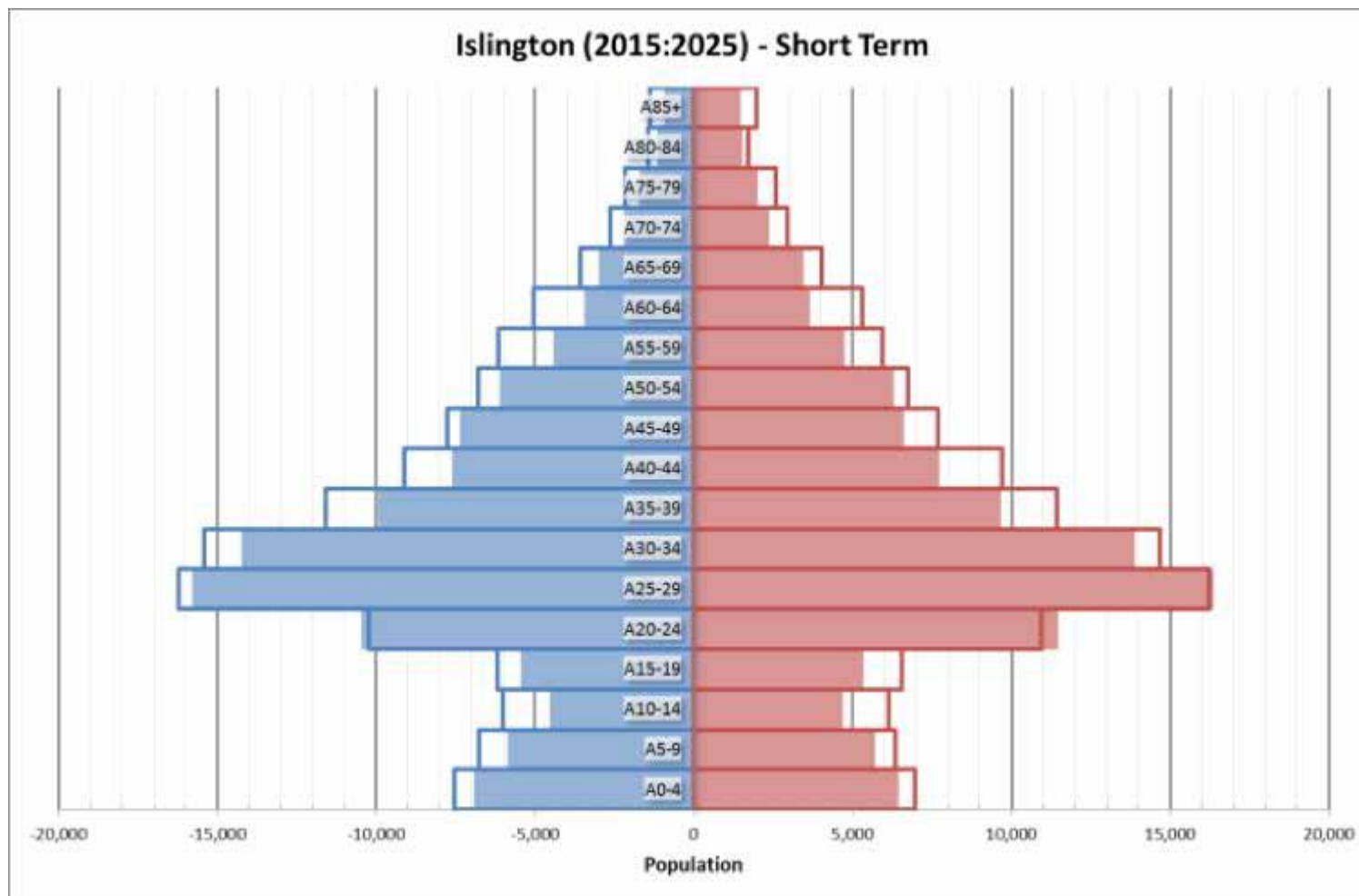
# Population Camden



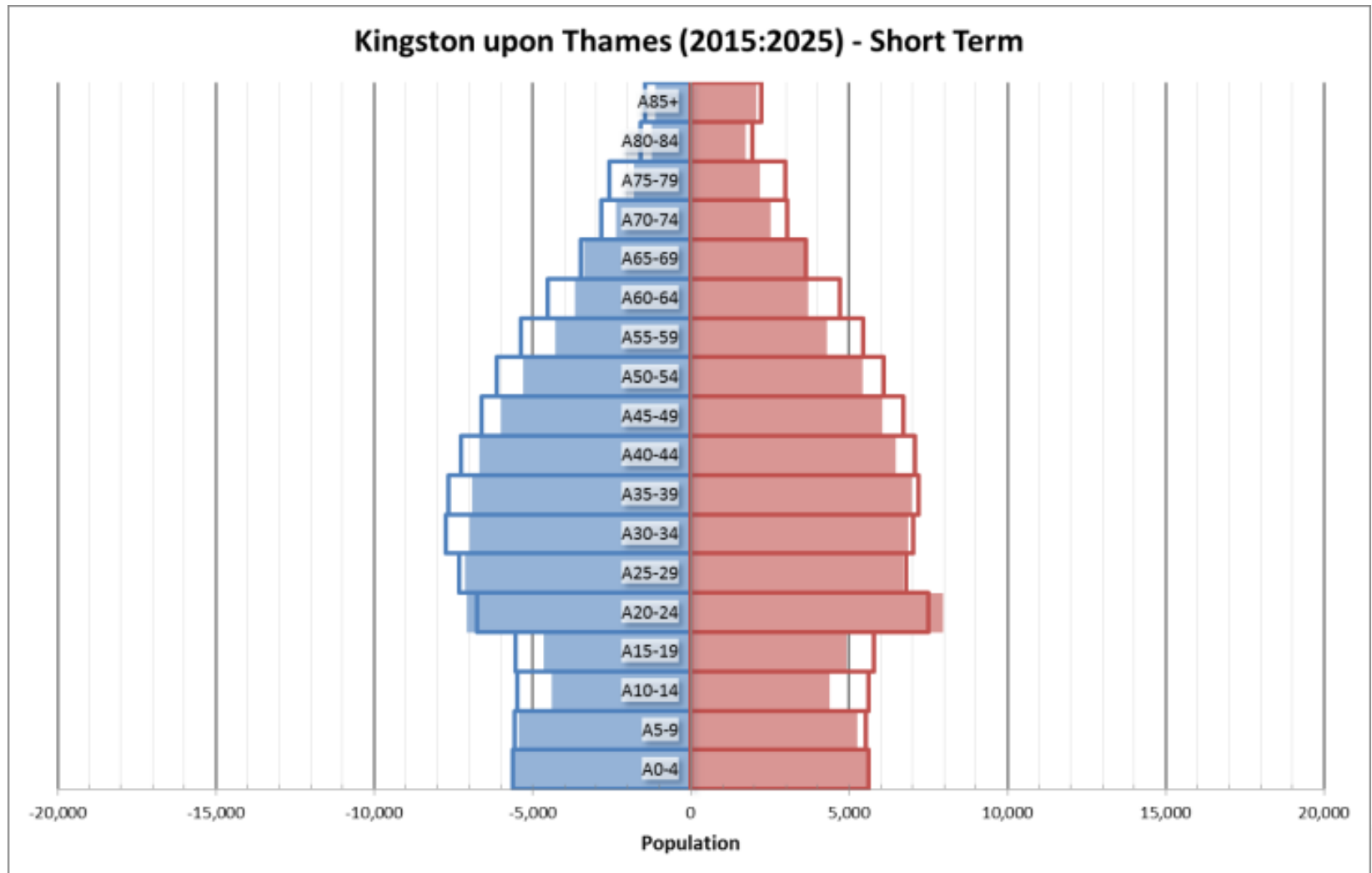
Camden (2015:2025) - Short Term



# Population Islington



# Comparison with population of Kingston



# Our boroughs



- Both Camden and Islington are densely populated with high levels of deprivation as well as great wealth
- Prevalence of serious mental illness places them in the top three boroughs in London
- Camden has the third highest number of homeless people in England



# Our work



- Mental illnesses often triggered by life's stressors, e.g. relationships, housing, money, benefits, unemployment, physical health and trauma
- A good care plan, to achieve recovery, requires collaborative working of service users and skilled professionals
- We often work with people at high risk of harm to self and others

# Our services



- **Primary care:** Psychiatrists and nurses support GPs to manage/refer mild to moderate mental health problems
- **Specialist community services:** PTSD, personality disorders, complex depression and anxiety, psychotic disorders, older people, dementia and addictions
- **Rehabilitation:** One of few mental health trusts with well-developed rehabilitation pathway
- **Acute pathway:** Crisis and home treatment teams, acute day unit, crisis houses and a variety of inpatient wards

# How we deliver care



- Mental health professionals work in teams of 8 - 16
- Each team has different knowledge and skills, including specialist clinicians
- Each understands how others work and how to tackle problems together with service users and carers
- Good mental health care requires collaborative working with physical health, local authority and voluntary sector services

# Our Clinical Vision



- Clinical Strategy to increase early and effective intervention, reducing hospital admissions
- Deliver an integrated, holistic approach
- Co-produce services with service users, carers and staff
- Turn research developments into everyday practice
- Most mental health problems are managed by GPs and community health teams; but most money spent on 3-5% of inpatients
- NHS benchmark shows size of our community presence is less than required

# Alignment with STP vision and national policy



- To use money and staff differently to build services around the needs of local residents
- Invest in more and better services in local communities
- Invest in our estates to bring them up to 21st century standard
- Provide effective services to everyone

# Current team and service locations



- Individual teams historically located where there was space
- Teams often not co-located in a logical way
- Physical health, local authority and voluntary services are delivered in different, often unconnected places

# Current Trust estate



We need an estate that enables delivery of our Clinical Strategy. Current estate consists of:

- Roughly 30 sites across Camden and Islington
- Inpatient beds at St Pancras Hospital and Highgate Mental Health Centre
- Community facilities, offering a wide variety of clinical services across multiple sites

# Case for change



- Our existing community facilities do not make joined-up working easy
- The St Pancras site, including pre-war buildings, was never designed for mental health inpatient beds
- Buildings old, not fit-for-purpose and highlighted as a problem by the CQC
- Not viable to bring St Pancras buildings up to 21<sup>st</sup> century standards
- Increasingly unsuitable as a therapeutic inpatient environment because of increasing development across Kings Cross and St Pancras





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# Delivering our ambition



- By releasing the value on most of the land at St Pancras Hospital we propose to:
  - Build a new inpatient facility opposite our Highgate Centre
  - Re-provide new accommodation for our community services on the St Pancras site, sharing a building with a new Institute of Mental Health
  - Invest in new, vibrant community mental health hubs in Camden and Islington

# Proposed new facilities



- **Community hubs:** Warm and welcoming environments with more clinical services under one roof. Four floors and many consulting rooms
- **St Pancras:** Community services in a new building, Recovery College, Institute of Mental Health with UCL partners
- **New inpatient facility:** 84 beds, support space, outdoor space and consulting rooms for each ward

# Our inpatient vision



- Develop wards that meet modern standards and service user expectations
- Chance to re-design wards to meet the needs of specific inpatient groups
- Therapeutic environments with access to green space



# Healthwatch Camden inpatient survey



- Interviewed 55 respondents including current and former inpatients, staff and carers between February and March 2018
- Findings:
  - ☐ “Almost unanimous agreement that the existing facilities at St Pancras Hospital are not fit for purpose”
  - ☐ “People we talked to were (with a very few exceptions) strongly in favour of a new purpose-built mental health hospital”
  - ☐ “Many said that the potential benefits of a new purpose-built hospital would outweigh any disadvantages associated with relocating to a new site in Highgate”

# Some comments from service users



*“I always prefer to be at St Pancras. I don't know the area around Highgate so going out was quite anxiety provoking for me there.”* **Former inpatient**

*“I'd want to retain the friendly atmosphere and staff.”* **Inpatient**

*“The new site won't feel in the centre of the borough – the fact that it will technically be in Islington might be an issue for some.”* **Carer**

*“There's a national idea that mental health service users need green and calm but for me I feel if you are from Central London then Highgate feels like a foreign country.”* **Carer**

*“For me personally there will be problems if the location moves to Highgate. When I was in Highgate Hospital I got very few visitors whereas at St Pancras I got almost daily visitors. I live near St Pancras to my neighbours and church are all local to the site and my local links are there.”* **Former inpatient**

## However ...



“I’d prefer to be up in Highgate. It’s quieter and less crowded. St Pancras is busy and built up. I get panicky in crowds.” **Inpatient**

“I like the old buildings at St Pancras but I recognise the maintenance challenges.” **Inpatient**

“There’s nothing good about St Pancras Hospital. The sooner they knock it down the better.” **Inpatient**

“There’s nothing sad about closing the wards at St Pancras – there’s nothing I’ll be sad to lose there. It was close and convenient for me at St Pancras. But I like the Highgate location too.” **Carer**

“I think the redevelopment is a very good idea.” **Inpatient**

“St Pancras is a dreadful hospital with no redeeming features – it is a dump.” **Inpatient**

# Now

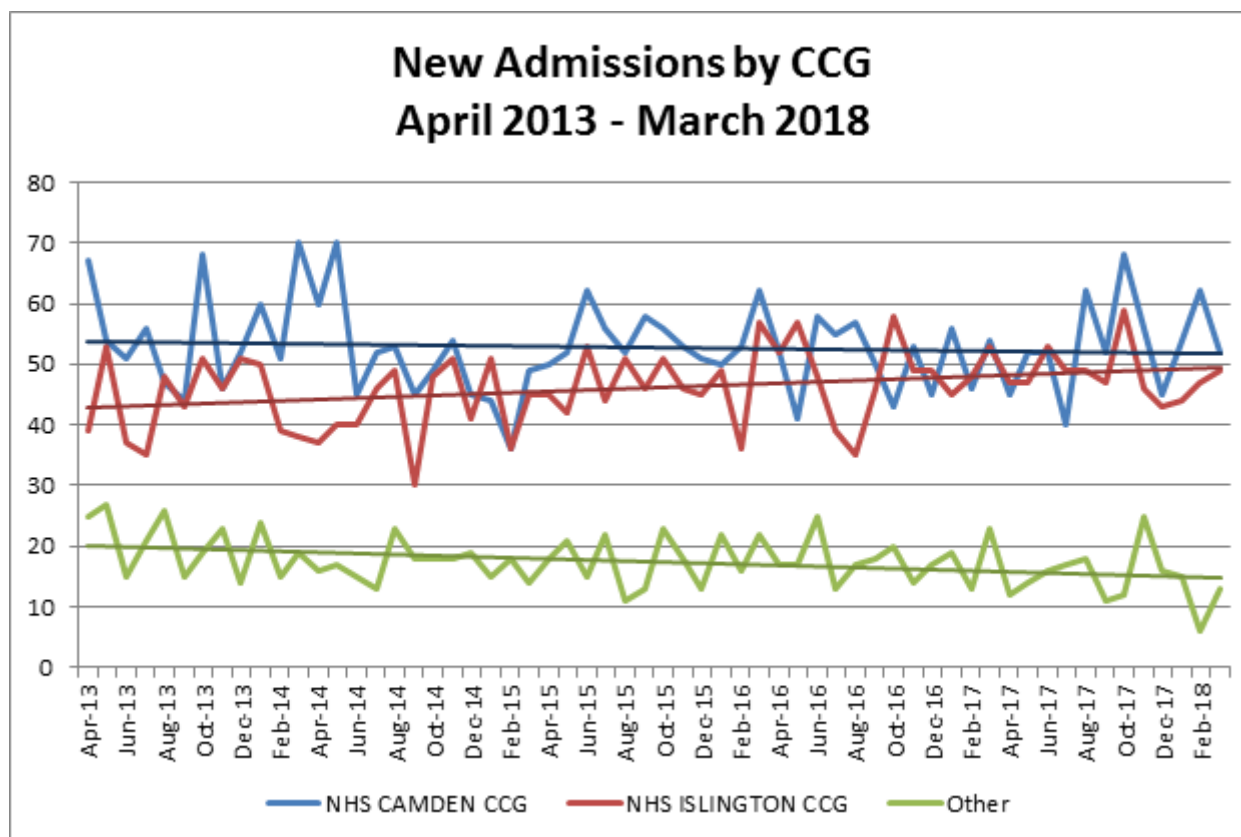




# Inpatient environment



# Bed modelling analysis

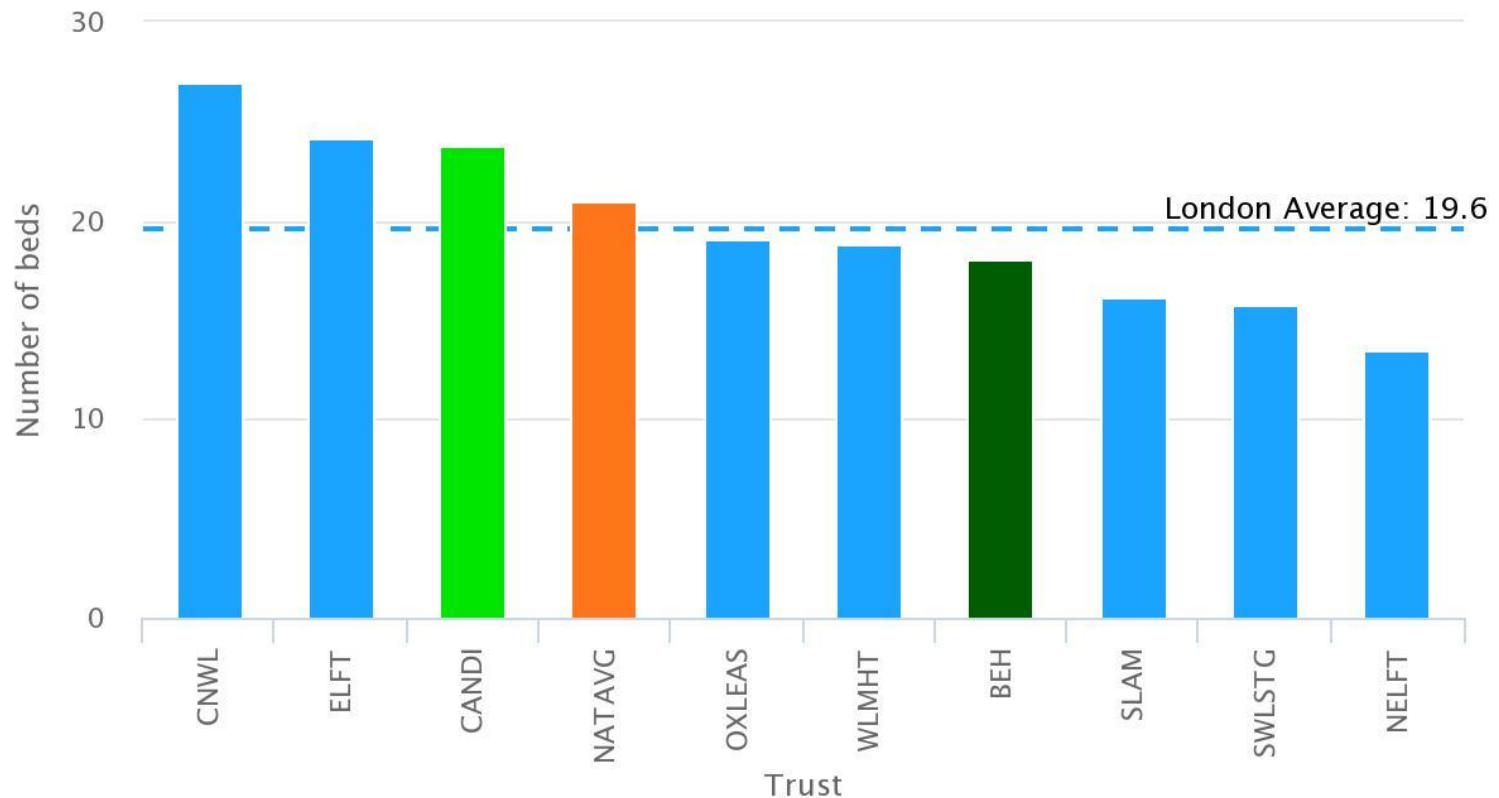


# Bed modelling analysis



Adult Acute – number of beds

per 100,000 weighted population age 16-64



Data Source: NHS Benchmarking Network Mental Health Project

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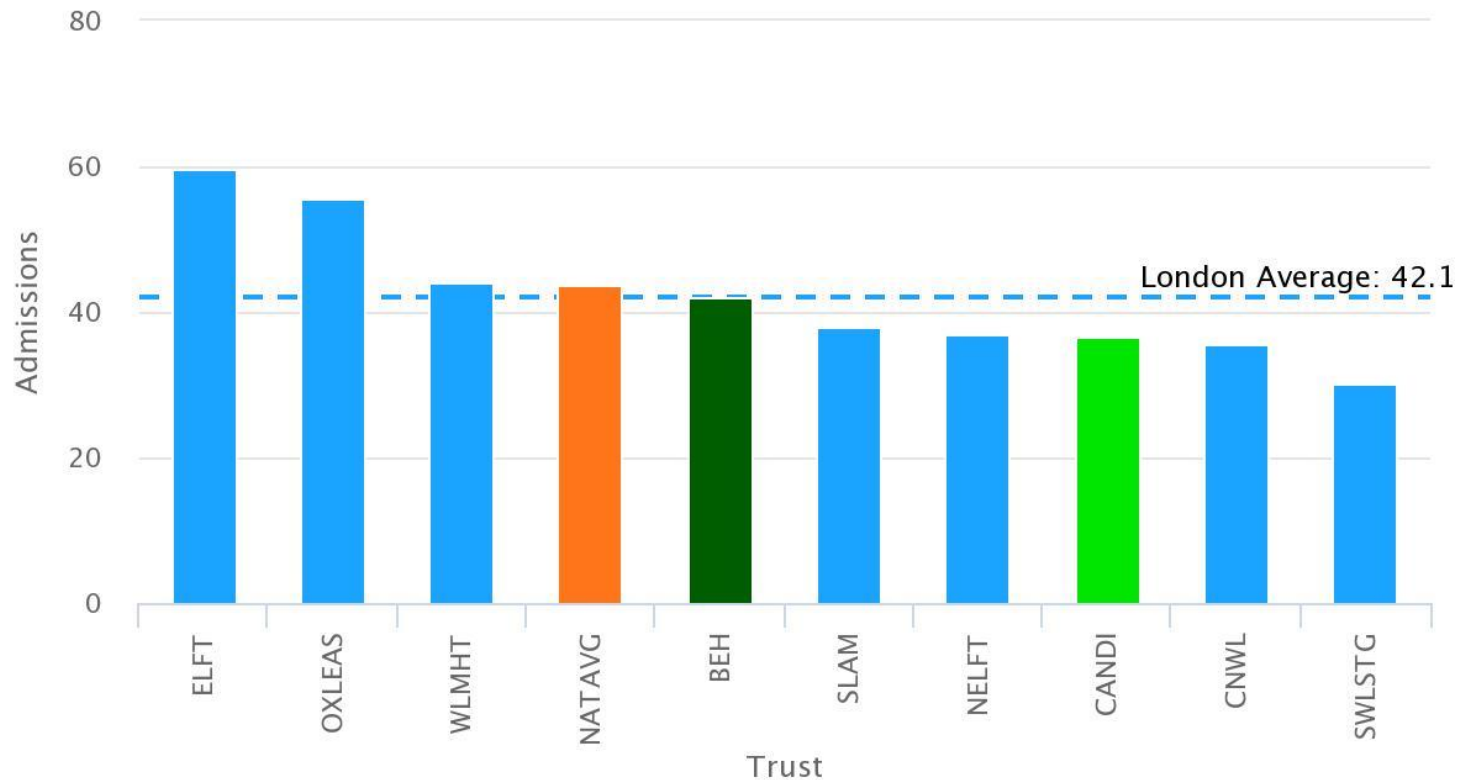


# Bed modelling analysis



## Number of acute admissions

per 100,000 weighted population age 16–64



Data Source: NHS England

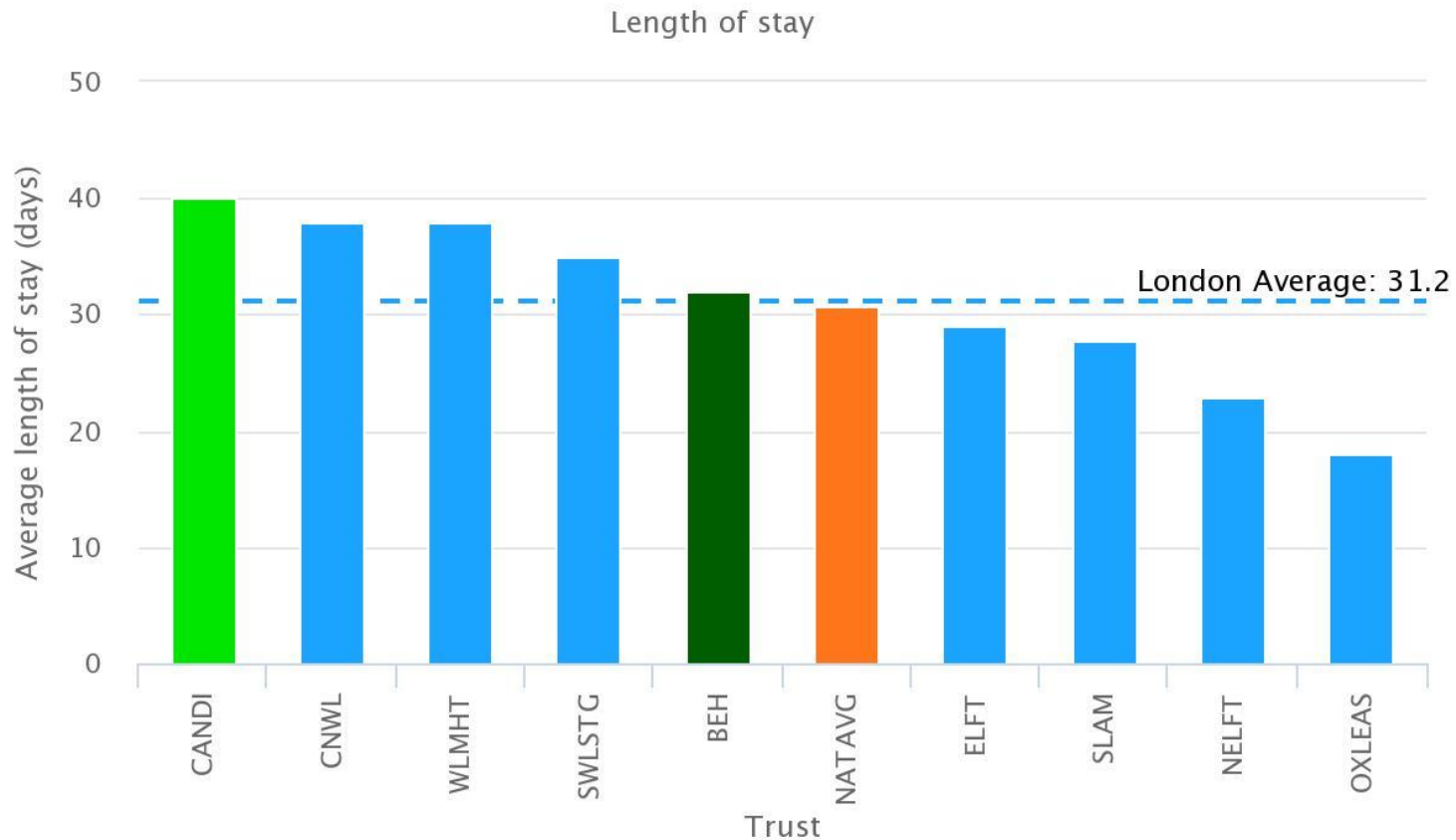
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# Bed modelling analysis



Average length of stay – adult acute



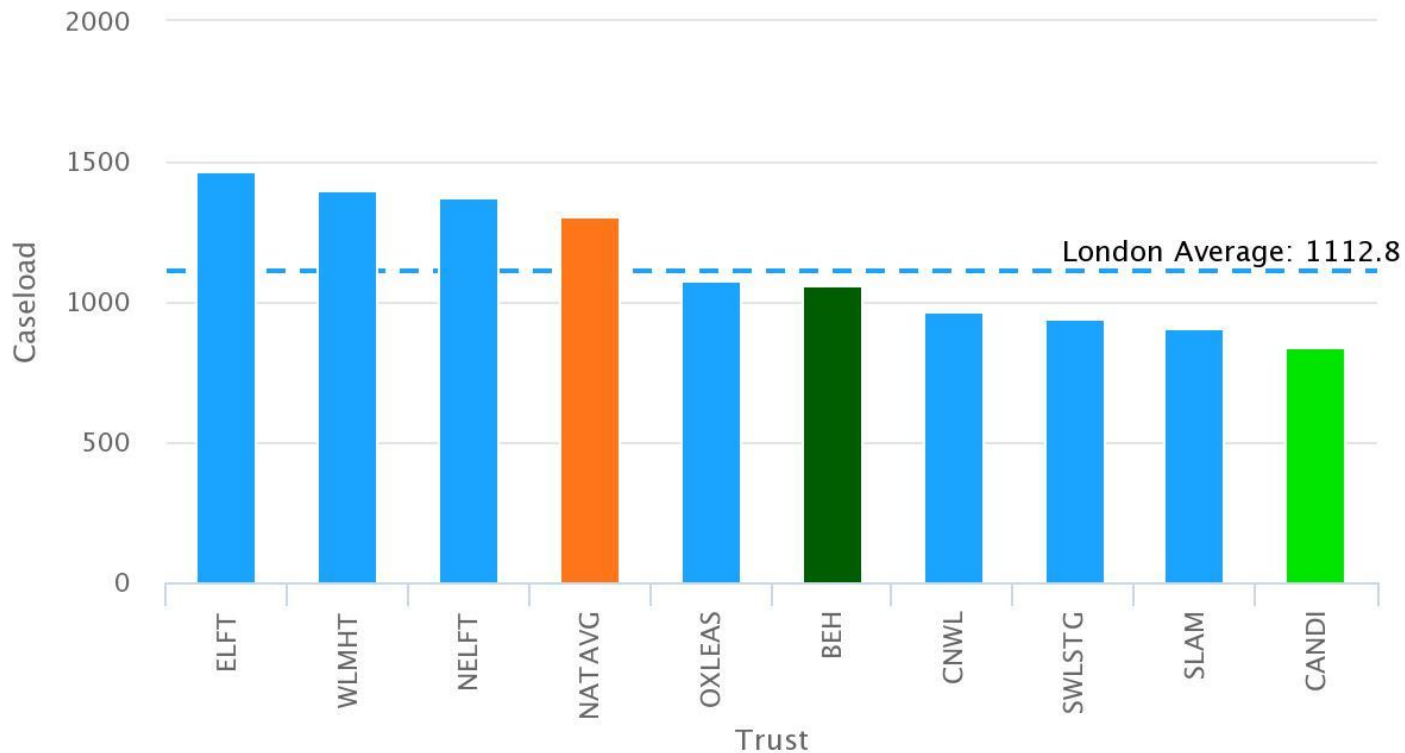
Data Source: NHS Benchmarking Network Mental Health Project

# Bed modelling analysis



Community caseloads – all community teams

per 100,000 weighted population



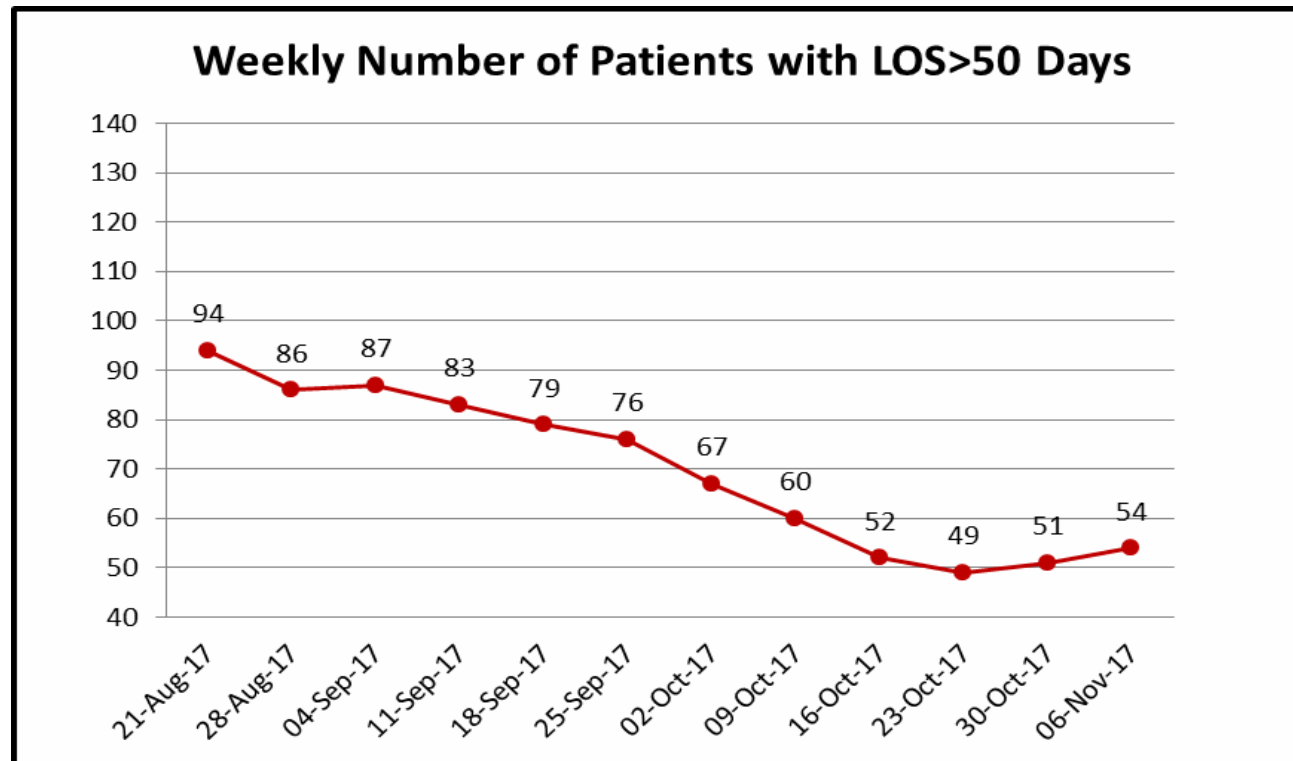
Data Source: NHS Benchmarking Network Mental Health Project

# Bed modelling analysis



- Demographic growth – additional 19 beds by 2025
- Reduce current LOS to London average – free up 45 beds

We are following example of West London Mental Health Trust who reduced length of stay with **Red2Green**



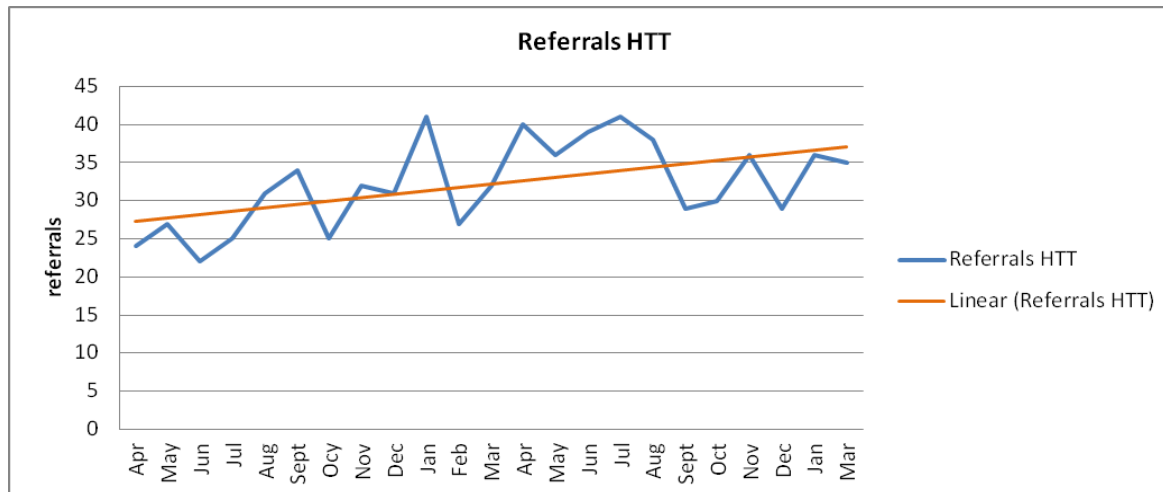
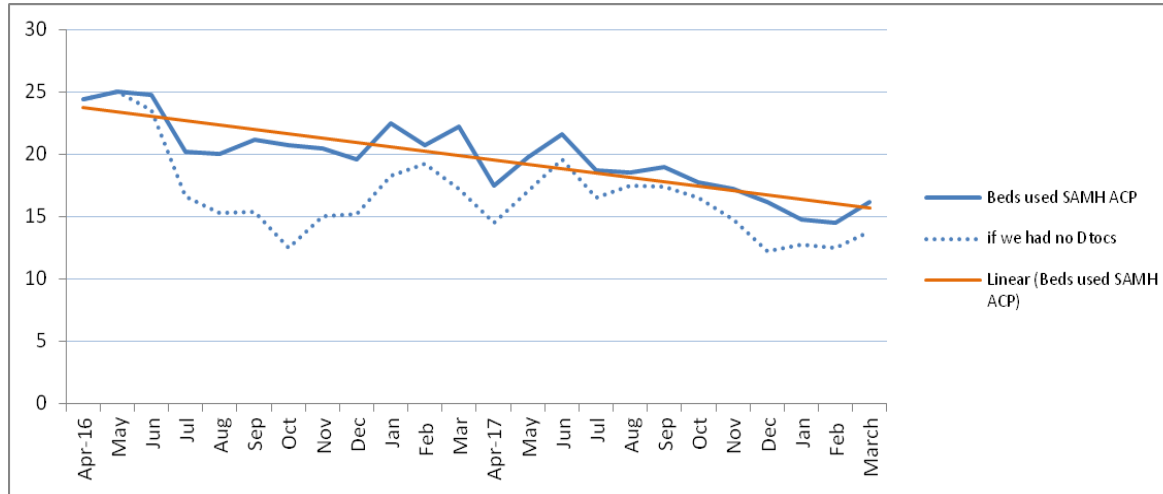


# What West London Mental Health Trust achieved in a year through Red2Green



- Bed occupancy rates in October 2017 were 86% compared to 95% the previous year
- Zero private placements by end of process
- Predicted overspend of £5m reduced to £2.1m
- Income generation of £80,000 over two months by selling beds to other trusts

# How we have already reduced elderly admissions at C&I by providing more out-of-hospital care



# Our community vision



- Reduce stigma and stress by providing a familiar, easily accessible community setting, away from hospital where some service users may previously have been detained
- Meet the need for more spaces in the community and more community appointments to meet people's requirements outside hospital
- Co-locate C&I teams, breaking down barriers between teams, encouraging holistic care and eliminating duplicate assessments

# How we will deliver it

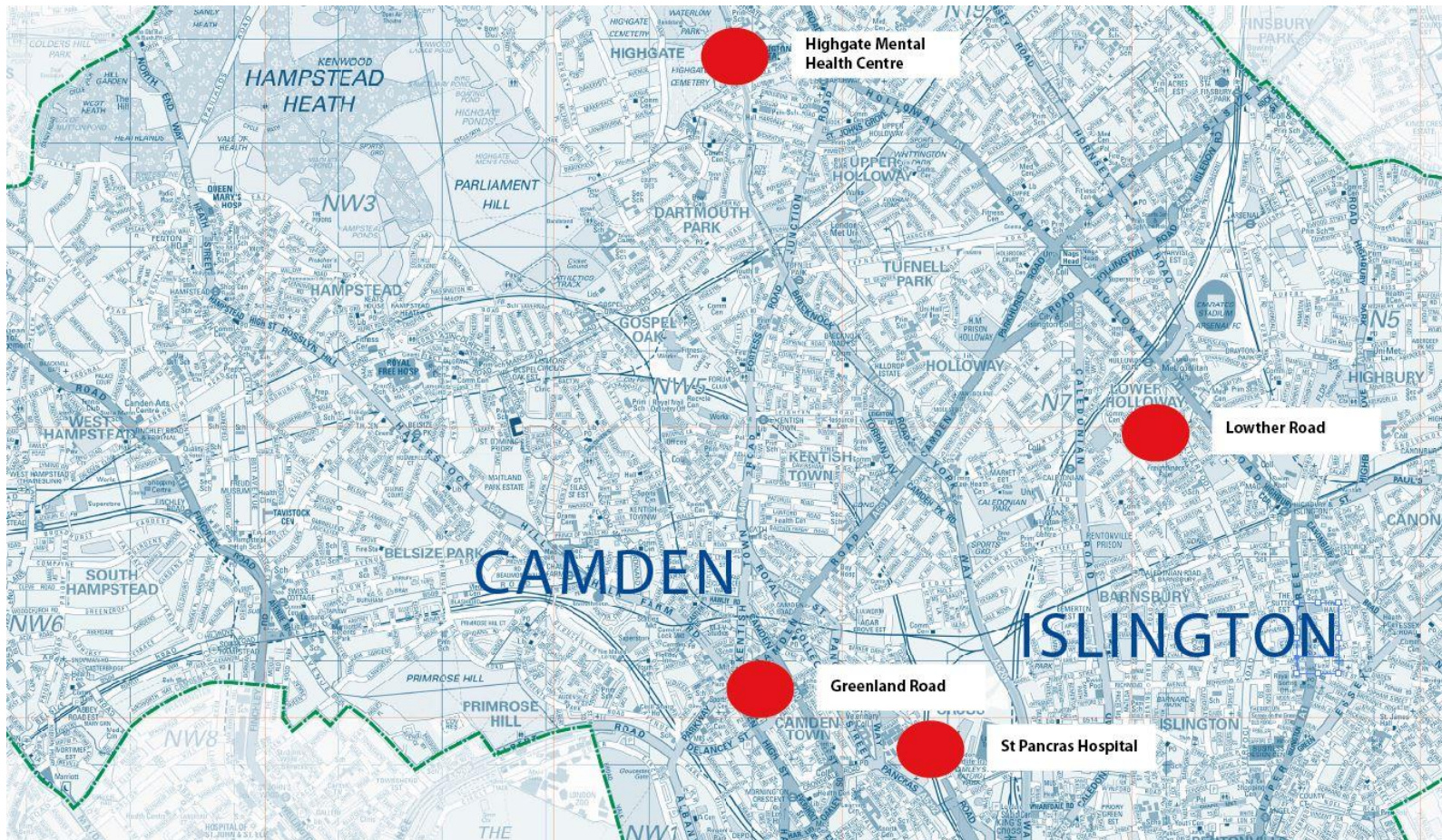


- Co-locate more teams under the same roof to enable collaboration on complex cases
- Co-locate health, local authority and voluntary sector services to dramatically scale up holistic care
- Spaces for service users and carers which are co-designed by them





# Proposed key sites



# Timeline



- Community Hubs open – June 2022
- Inpatient facility open – December 2022

# Evidence-based community model 1: Our Integrated Practice Unit for Psychosis

## Physical Health Screening

- Tool developed and implemented
- Over 1,900 completed
- Universal screening tool for C&I
- Best practice adoption by peers

## Upskilling Staff

- Phlebotomy
- Physical Health Screening
- Skills passport

## Smoking Cessation

- 75+ quitters
- 200+ staff trained

## PROMs

- 470+ completed
- 1300+ - second wave targeting primary care

## Wellbeing clinics

- First wave of 5 established
- 90+ hours / month

## Peer endorsement/awards

- £65K award from the Health Foundation
- Award for Innovation in Mental Health

# Evidence-based community model 2: our practice-based mental health teams



- Co-produced with service users
- Specialist MDTs of psychologists, pharmacists, mental health nurses and consultant psychiatrists working alongside GPs
- Seamless interface between primary and secondary mental health care
- 6% reduction in referrals to secondary care teams across Islington so far with further reductions expected
- Now in every GP practice in Islington and due to launch in Camden
- 83% in sample survey would be extremely likely or likely to recommend service to friends and family; 75% were satisfied with the treatment offered



# Innovation and research



- Our academics at forefront of developing the evidence base for a range of mental health and related conditions
- Need to build on this expertise and grow our research capability
- Opportunity for research providing evidence-based care
- Engages workforce to deliver high quality clinical care



# Your questions