



Changing Futures Programme Sussex:

Swim Lanes Concept- Project Framework

Introduction

Changing Futures is a four-year government funded programme aimed to help adults facing multiple disadvantage. Multiple disadvantage or multiple compound needs (MCN) has been defined as adults facing combinations of homelessness, mental health issues, domestic violence, substance misuse and criminal justice involvement. The overarching aims of the project have been to improve the lives of those facing multiple disadvantage through:

1. Stabilising and improving the situation of this group
2. Transform local services to provide person centred approach
3. To test different approaches to funding, accountability and engagement between commissioners, services and government¹.

In order to respond to this final aim Changing Futures Sussex have been developing an approach to monitoring and evaluating the success of interventions for adults with multiple disadvantage. This approach, Swim Lanes, was initially coined by Changing Futures Northumbria, in partnership with the ICB and Northumbria university, as part of their larger project The Burning Platform².

These projects ultimately hope to explore the issue of poorly presented data for people with MCN, leading to a lack of understanding of what works to prevent poor outcomes when faced by this group. This hopes to eventually lead to evidenced based system and service change.

This document outlines the approach, including its rationale, and details the specific methodology adopted by Changing Futures Sussex.

Aims and objectives

The driving force behind system change is that people with MCN face compound deprivation, which means they often fall into the high cost, high need service users group^{3,4}. For healthcare alone this has been described as patients with annual NHS costs 20 times higher in the top 5% compared with all other patients. For those with MCN the Fulfilling Lives evaluation found that on average £448 per person is spent via public order and safety, but for their clients over £6000 was spent⁶. This shows that each services has high cost clients, and many MCN clients will be in this category across the system, the Changing Futures prospectus estimates that MCN clients cost the state five times more than an average citizen annually³. However, there doesn't seem to be any clear method to quantify, or demonstrate this high usage across the whole system, which is a unique issue to people with MCN who use multiple services. Therefore there is no real understanding of the overall affect of ongoing MCN on services or the effectiveness of prevention strategies, leading to ongoing system costs and pressures.

The overall aim of the project was to develop and test a novel approach to monitoring progress of adults with multiple disadvantage and seek more rapid clarity on prevention opportunities and correlations between planned and unplanned interventions.

Through a visual theory of change (Appendix 1) the Swims Lanes project in Sussex identified the root causes and effects of the current monitoring an evaluation system⁷. Through the current evidence base we identified the major causes to be: the complex, and competing needs of those with multiple disadvantage which interact with the whole system^{2,3,4}, siloed working of current services^{2,4}, the use of

lagging metrics in healthcare², and resource and budget allocations linked to current metrics². All of these causes link to the central problem that it is hard to measure and present any form of success in adults with multiple disadvantage. This leads to effects such as; lack of clarity on effective prevention strategies, difficulty sourcing long term funding, reduced resources for those with multiple disadvantage^{3,6}, ongoing pressure on urgent services from this group^{3,4,6}, ongoing inability to prevent poor outcomes in people with MCN, and ultimately poor health and social care outcomes for this group and subsequent generations^{2,3,4,6}.

This exploration of the problem led to the logic model for the Swim lanes project (Appendix 2). With key actions aimed to directly mitigate current causes of the issue highlighted in the theory of change⁸. Immediate actions were to establish data sharing links across organisations⁹, to develop this methodology as an answer to traditional metrics, and present costed journey maps for Changing Futures Sussex clients to present to stakeholders. Longer term aims would be to use Swim lanes to identify leading metrics for this client group to better measure and evaluate interventions aimed at supporting them^{10,11,12}.

Therefore, this project's objectives were:

1. Map at least two client journeys per local authority area
2. Use this mapping process to iteratively develop a methodology, including data sharing links and costings
3. Explore whether Changing Futures involvement reduces unplanned or urgent care interactions, as a proxy measure of system pressure
4. Understand and explore how Changing Futures involvement changes the cost to services

This document will include:

- Detailed methodology of data collection and analysis
- Limitations to the methodology
- Key considerations for introducing the methods in your area (see appendix 3)

The swim lanes concept involves using journey mapping methodology to collect and organise the various interactions and costs a client with Changing Futures experiences before and during their involvement with the programme.

Journey mapping methodology is an established methodology in non-healthcare sectors and is known to be useful in showing how a client navigates a system¹³, and to show interactions between services¹⁴. More recently they have been used within a health and social care setting and are showing promising opportunities to understand barriers and facilitators to better care and enable identification of responsive and context specific strategies to improve patient/client care^{13,15}. Additionally, journey mapping has been found to be useful to map interactions with different aspects of the system to explore points of stability and pivot points in that client's journey¹⁵.

This methodology also hopes to identify different types of interactions, such as crisis interactions or stable interactions. This is particularly important for adults with multiple disadvantage as they are understood to use a significant amount of high cost urgent care, rather than lower cost pre planned services.

Methods

Working group

The first steps was to invite Northumberland to talk to their learning team and then begin conversations with people in Sussex from a variety of people around feasibility and sense making. We then set out a test in East Sussex alongside a client and a peer worker and went through several iterative tests of

mechanism needed and what outcomes were emerging, we then established a working group for the project. This included:

- Changing Futures Programme Lead
- Changing Futures Systems change lead
- Changing Futures Project delivery officers from each local authority
- Public Health
- National community of learning for Changing Futures and MEAM

The group was established to develop the methodology, feedback any issues, and allowing for consensus on any variations of methods across the region.

In order to achieve the level of data collection and analysis required to complete one cross service swim lane multiple preparation steps were required. The key components to achieving this were, information and research governance guidance, data sharing agreements, and client consent.

Information and research governance

After consultation with local information governance guidance¹⁶, Changing Futures were able collect personal data as part of their normal working model. This could then be used as secondary data for service evaluation. Secondary data is usually defined as data that has been gathered within the normal functions of a service¹⁷.

No formal research governance was sought as the project comes within Changing Futures overall aims. However, any further applications of this work as defined by the HRA research decision tool would require local research governance approval¹⁸.

Data sharing

In the Changing Futures Sussex context, each programme delivery officer was seconded from the respective local authority and sat within that organisation. This meant that each programme delivery officer was already responsible for data processing within the local authority for data across the Changing Futures programme. This was supported by a data sharing agreement, and memorandum of understanding between Changing Futures Sussex and the Local Authority, as well as partner organisation such as local substance misuse programmes, and local mental health trusts. These allowed for client's personal data to be shared across organisations for the use by the multi-disciplinary team to function effectively. This subsequently allowed for data processing of Swim lanes data as part of Changing Futures aim to work towards system change.

Consent

Secondary data collected by Changing Futures was free to use without specific consent in an evaluation setting including data collected by previous or other programmes as part of Changing Futures Sussex' initial registration process. Clients were consented to access historical data. In some areas we chose to specifically consent clients to access their data from other sources prior to their involvement with Changing Futures, and involve them with the Swim Lanes project. This was due to different county specific programme management. The consent form used for this is in appendix 4.

Data collection

Changing Futures Sussex works across East Sussex, West Sussex and Brighton and Hove councils; as such data collection was completed over a number of months by a single member of staff in each local authority. The team met regularly to share learning as the concept developed, and to standardise the approach to data collection and input.

As previously noted, the use of journey mapping in health and social care is new, as such it has been noted that there is no standardised approach¹⁹. Research notes that a flexible approach is useful to ensuring the journey map meets specific aims for the project but it must be underpinned by robust methodological standards.

Techniques we used to do this were:

- Complying with research ethics, consent and data protection as noted above.
- Utilising pseudonyms on data saved within our spreadsheets.
- Adopting a standardised approach to data collection across the county.
- Collecting all data prior to analysis in order to prevent skewing data.
- Sourcing as much data and up to date financial information as possible, and acknowledging gaps in data.
- Analysing our data in line with research aims and objectives.
- Providing transparency on methods via this document.

Organisations and data systems, and information access

Local adult social care data systems were access to populate most of the swim lane, this included LAS and Oasis. These data systems are used in normal practice to log interactions and work for a clients' social care needs, therefore holding data on partner organisations, e.g police interactions, or housing changes.

For other organisation, such as mental health or substance misuse, individual conversations took place between peer workers, or organisational link workers to establish any interactions with the named client.

Do we want to talk about barriers?

Data collected and how it met our aims

In this case we only collected secondary data; no primary interviewing took place which we understand to be an established methodology in other forms of journey mapping. In a previous iteration of the swim lanes there was one 1:1 interview with a client in order to create a swim lane, however this was felt to be too anecdotal and it was not possible to validate the timeline of the discussion. This was then re developed into utilising staff notes from data systems as a more robust and transparent tool to collect data.

These data were collected to meet objectives 1, 3 and 4; and form the quantitative element of the Swim lane. Data were collected by individuals with access to the relevant systems in each Local Authority area. Initially no specific training was given as named individuals formed part of the working group and the data collection was an iterative process. Once a standardised template was established and new data collectors would be given guidance on the excel sheet and definitions of each term.

Data points collected included:

- Overarching sector/type of service. E.g Health, Criminal Justice,
- Type of intervention within said service, e.g ED attendance, GP appointment
- Number to instances of each intervention in a given month
- Month and year each interaction occurred
- If the interaction was before or during Changing Futures involvement
- Associated costs
- Whether that interaction was statutory or non statutory
- If the interaction was urgent or planned care

Data were inputted into an excel sheet with pre filled drop down menus for each of the data points above in order to standardise data collection, and allow for different team members to input data as required. Each blank Swim Lane excel sheet had additional tabs with definitions of each data label (See Appendix 5). Figure 1 shows the spreadsheet set up.

1	Select	Select	Enter # (Hours only for CF)	MM/YY	Select	Auto	Auto	Enter Manually	Auto	Auto	Auto
2	Category	Intervention	Number of incidences / hours	Month	Pre or Post entry to Changing Futures Programme	Cost per incidence	Total Cost	Additional Narrative	Urgent?	Statutory?	Planned?
3	Changing_Futures	Adult Social Care	2	Sep-24	During_or_Post_Changing_Futures	46.00	92.00		NO	NO	YES
4						£ -	£ -		✓ #N/A	✓ #N/A	✓ #N/A
5						£ -	£ -		✓ #N/A	✓ #N/A	✓ #N/A
6						£ -	£ -		✓ #N/A	✓ #N/A	✓ #N/A

Figure 1 spreadsheet used for data collection of the swim lanes.

Each data label was discussed within the working group to establish a standard definition across Sussex, and a definition that is meaningful for each areas within Changing Futures Sussex. One limitation of this methodology is the differences in delivery between East Sussex, West Sussex and Brighton and Hove; in some instances there was not a standard definition across all three areas.

Specific labels were created in order to aid analysis, and ability to answer our objectives. For example, labelling every interaction as urgent or planned care helps to answer if Changing Futures involvement steers clients with multiple disadvantage more into planned care services rather than costly urgent care; which is an established theme of their interactions³. Appendix 5 outlines all data entry options and explains the meaning of each.

Time points

The working group chose to collect data at monthly time points; 12 months prior to Changing Futures involvement and all subsequent interactions. This was agreed to offer a standard approach across the regions, and across clients who had different lengths of service involvement over time. This is also a reasonable approach, based on time trend analysis an established public health methodology which advises gathering data at equal time intervals to measure and monitor trends²⁰. This is particularly useful in the setting, as stated above people with multiple compound needs often fail to meet traditional success criteria creating a problem of presenting meaningful data on their behalf^{2,4}. We know from the MEAM evaluation that people experiencing multiple disadvantage start experiencing positive change over a 12-18 month period, but also that this group make positive change at different rates, as such we feel this choice of data collection points will offer meaningful analysis and results⁴.

Costings

Costings were inputted from the GMCA data base²¹. This is an established costings database for UK costings developed with government departments and recognised by the treasury²¹. Where costings were not provided from this source additional costings were sought via Ministry of Housing, Communities and Local government approved sources²²⁻²⁷. Full costing database for this project are within Appendix 6.

Analysis

The analysis was designed to answer objectives three and four; where we hoped to explore and understand the system and financial pressures created by people with MCN. This group are known to be high need, high-cost service users therefore the focus of the analysis looked to understand these interactions across the whole system. The analysis utilised Microsoft Excel's pivot table function to visually investigate each client's interactions and costs across the system.

Analyses undertaken were:

- Number of interactions across all services over time
- Costs over time
- Analysis of planned vs unplanned interactions pre and post Changing Futures intervention
- Analysis of interactions by service
- Costs per sector

Data were presented via Power Bi software which utilised excel spreadsheets to present data as shown below in figure 2.

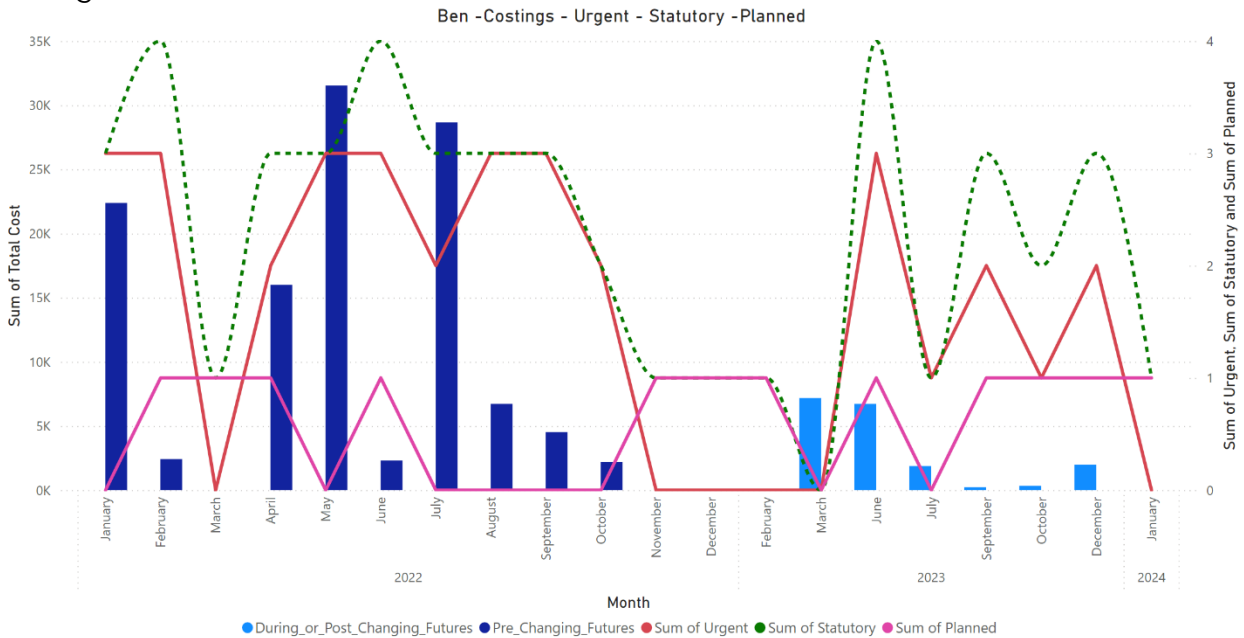


Figure 2 shows an example swim lane data from client "Ben" (Pseudonym), looking at interactions pre and post changing futures and the statutory and planned interactions.

Limitations

The methodology is still under development, as such this initial process is subject to many limitations which we outline below.

Theoretical

The theory of change was constructed using both evidence and the teams experience of working with people with multiple compound needs locally. For example "siloe working and individualised service metrics contributing to difficulties in presenting data for those with MCN" is an observation from within the county. Although valid in the context this is an assumption without a robust evidence base and as such is a limitation to this work.

Methodological

There are multiple methodological limitations. First the difficulty in standardising the process across Changing Futures Sussex when this works between three county council areas, with different services. This will likely create some inaccuracies in the data collection but this will have been mitigated by the working groups ongoing feedback.

Secondly there have been significant gaps in the data collection, for example for some cases we noted that there was no social work engagement recoded for the time prior to changing futures. This may be due to the fact the client didn't meet criteria to be supported by adult social care.

In addition the sample size is small, and prone to selection bias. This was an active choice during the process as certain cases were chosen to test and understand the methodology, however they will

provide skewed results. The limitation to time series analysis of seasonal trends affecting data, particularly in this situation where there is no control case, although this should be mitigated by the number of time points gathered²⁸.

Finally, the major limitation of the methodology developed is that it fails to meet one of the main objectives to analyse the data qualitatively. An original iteration of the Swim Lanes contained much richer text based data, with a view to thematically analyse. This was superseded by the current version to offer quicker fiscal and quantitative analysis.

Ethical/legal

As noted above there are gaps in the data set due to data sharing restrictions between organisations, and limitations to wider dissemination at present due to the lack of consent for research.

Future applications

Ongoing engagement with partners

There is ongoing work to engage new partner organisations in the swim lanes concept. A recent partner has been the criminal justice system who have agreed to share the relevant data directly from their system for a sample of the current swim lane clients to add data to their swim lane. This will allow analysis specific to criminal justice activity and feedback to the partner organisation; strengthening system wide collaboration.

Leading metrics

To date most health and social care metrics would be described as lagging indicators; where they describe the outcome or the goals of a service¹¹. In contrast, a leading indicator is a measurable indicator that aims to predict the performance of a service. They are often used in economics and business to predict future performance, and as an early warning sign of issues¹⁰.

For example, a business might currently use customer satisfaction as their outcome measure, or lagging indicator, but could add number of calls to customer service, or activity on the FAQ pages as a leading indicator¹².

The use of leading indicators in healthcare is novel, but increasing adoption of quality improvement methodology and continuous learning cycles as a key driver for health and social care development would benefit from the use of new indicators²⁹. This would act as a way of interpreting and acting upon continuous learning; and allow for whole system responsiveness to service pressures from this group.

In addition, we would hope to create a toolkit which could be used operationally to allow services to react to different scenarios faced by individual clients.

Future objectives

1. Identify pivot points within a patient journey
2. Create leading metrics for whole system responsiveness to MCN pressures
3. Create a toolkit for services to utilise to improve the care of people with MCN

Qualitative

A key objective of the whole Changing Futures programme is to be trauma informed, co-produced and client centred^{1,3}. Therefore, another future application of this work is to embed client experience into the swim lane in order to identify experience based metrics for positive change. For example, this may help

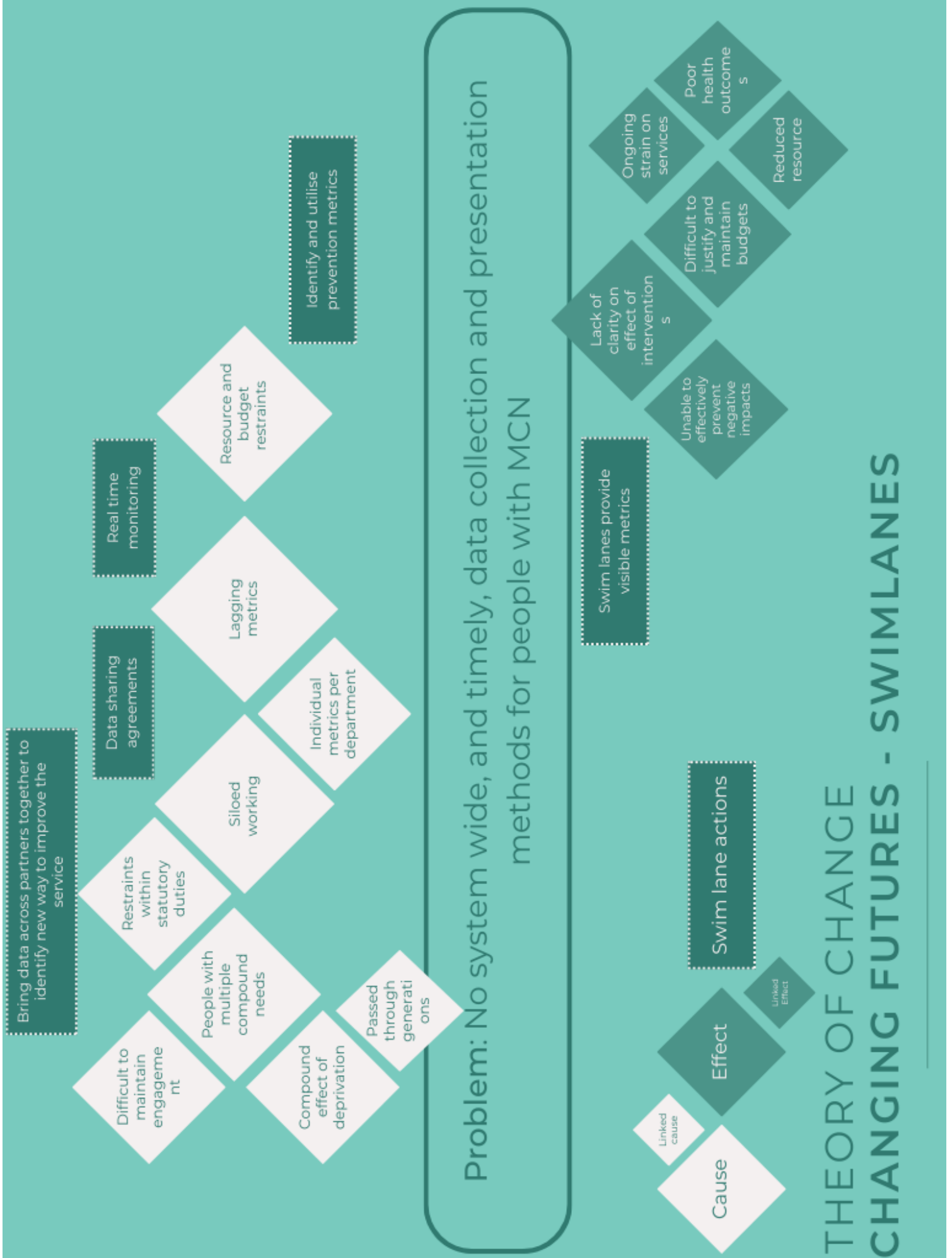
to highlight triggering events for relapse or reduced engagement, or particularly positive interactions with case workers which we know both of these have effects on client journeys.

Future objectives

1. Embed patient experiences in Changing Futures' service evaluation
2. Use this method to generate patient experience based metrics that are culturally sensitive.

References

1. Ministry of Housing, Communities and Local Government, Ministry of Housing, Communities & Local Government (2018 to 2021) and Department for Levelling Up, Housing and Communities. *Changing Futures: Documents relating to the Changing Futures programme*. <https://www.gov.uk/government/collections/changing-futures> [Accessed 3/9/2024]
2. Charlton R. *The Burning Platform Project*. Changing Futures Northumbria. 2024. https://irp.cdn-website.com/ce4d5348/files/uploaded/Burning_Platform_briefing_March_24.pdf [Accessed 3/9/2024]
3. Ministry of Housing, Communities and Local Government. *Changing Futures: Changing systems to support adults experiencing multiple disadvantage. Prospectus for local expressions of interest*. 2020. https://assets.publishing.service.gov.uk/media/5fd35420d3bf7f30641aa2fc/Changing_Futures_Programme_-_Prospectus_for_local_EOIs.pdf [Accessed 3/9/2024]
4. Cordis Bright. *MEAM Approach evaluation: Final report*. 2022.
5. Dreyer K, Parry W, Jayatunga W, Deeny S. 'A descriptive analysis of health care use by high cost, high need patients in England'. Health Foundation; 2019.
6. Moreton R, Welford J, Howe P. Why we need to invest in multiple disadvantage. Community Fund. 2021. <https://www.tnlcommunityfund.org.uk/media/insights/documents/Why-we-need-to-invest-in-multiple-disadvantage-2021.pdf> [Accessed 3/9/2024]
7. Community Tool Box. 4. *Developing a framework or Model of change*. <https://ctb.ku.edu/en/4-developing-framework-or-model-change> [Accessed 3/9/2024]
8. Center for Theory of Change. *Identifying Log term Goals*. <https://www.theoryofchange.org/what-is-theory-of-change/how-does-theory-of-change-work/example/outcomes/> [Accessed 3/9/2024]
9. Dept for levelling up, housing and communities. *Frontline support models for people experiencing multiple disadvantage. A rapid evidence assessment*. 2023.
10. Bernard Marr. *What Is A Leading Indicator? What Are The Best Examples?* <https://bernardmarr.com/what-is-a-leading-indicator-what-are-the-best-examples/> [Accessed 3/9/2024]
11. Campbell Institute. *Beyond safety: Leading indicators for health and wellbeing*. 2019
12. Campbell institute. *Practical guide to leading indicators: Metrics, case studies and strategies* 2014
13. Bulto L, Davies E, Kelly J, Hendriks J. Patient journey mapping: emerging methods for understanding and improving patient experiences of health systems and services, *European Journal of Cardiovascular Nursing*, 2024; 23(4):429-433.
14. Joseph AL, Monkman H, Kushniruk A, Quintana Y. Exploring Patient Journey Mapping and the Learning Health System: Scoping Review. *JMIR Hum Factors*. 2023;10:e43966. Doi: 10.2196/43966.
15. Ly, S., Runacres, F. & Poon, P. Journey mapping as a novel approach to healthcare: a qualitative mixed methods study in palliative care. *BMC Health Serv Res*. 202; 21: 915
16. East Sussex County Council. *Research Governance for Social Care*. <https://www.eastsussex.gov.uk/social-care/providers/research-governance> [Accessed 3/9/2024]
17. Tripathy JP. Secondary Data Analysis: Ethical Issues and Challenges. *Iran J Public Health*. 2013;42(12):1478-9.
18. Human Research Authority. *Table of Characteristics of research*. https://www.hra-decisiontools.org.uk/research/docs/DefiningResearchTable_Oct2022.pdf [Accessed 3/9/2024]
19. Davies EL, Bulto LN, Walsh A, Pollock D, Langton VM, Laing RE, Graham A, Arnold-Chamney M, Kelly J. Reporting and conducting patient journey mapping research in healthcare: a scoping review. *Journal of advanced nursing*. 2023;79(1):83-100.
20. Faculty of Public Health. *Health Knowledge: Time trend analysis, time series designs*. <https://www.healthknowledge.org.uk/public-health-textbook/research-methods/1a-epidemiology/time-trendanalysis#:~:text=In%20a%20time%2Dtrend%20analysis,time%20intervals%2C%20for%20example%20monthly.> [Accessed 3/9/2024]
21. Greater Manchester Combined Authority. *Research: Cost Benefit Analysis*. <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/> [Accessed 3/9/2024]
22. NHS England. *National Cost Collection for the NHS*. <https://www.england.nhs.uk/costing-in-the-nhs/national-cost-collection/> [Accessed 3/9/2024]
23. Personal Social Services Research Unit. *Unit costs of Health and Social care Programme (2022-2027)* <https://www.pssru.ac.uk/unitcostsreport/> [Accessed 3/9/2024]
24. Home Office. *Research and analysis: The economic and social costs of crime, second edition*. <https://www.gov.uk/government/publications/the-economic-and-social-costs-of-crime> [Accessed 3/9/2024]
25. Ministry of Justice. *Research and analysis: Economic and social costs of reoffending*. <https://www.gov.uk/government/publications/economic-and-social-costs-of-reoffending> [Accessed 3/9/2024]
26. Pleace, N. (2015) *At what cost? An estimation of the financial costs of single homelessness in the UK*. London: Crisis.
27. HM Treasury. *GDP Deflators at market prices, and money GDP* <https://www.gov.uk/government/collections/gdp-deflators-at-market-prices-and-money-gdp> [Accessed 3/9/2024]
28. Ewusie JE, Soobiah C, Blondal E, Beyene J, Thabane L, Hamid JS. Methods, Applications and Challenges in the Analysis of Interrupted Time Series Data: A Scoping Review. *J Multidiscip Healthc*. 2020; 13(13):411-423. doi: 10.2147/JMDH.S241085.
29. NHS Institute for Innovation and Improvement. *The Good Indicators Guide: Understanding how to use and Choose Indicators*. NHS England, 2017



CHANGING FUTURES SWIM LANES

Inputs

- Systems change lead
- Project delivery officer
- Case worker buy in
- Digital services
- Project support
- Data sharing agreements

Setting Assets

- Deprivation in the areas means there are clients with multiple compound needs utilising the service

Planning Activities

- Cement and update data sharing agreements for evaluation and research
- Develop tools for methodology
- Train staff to understand and work on Swim lanes
- Understand leading and lagging metrics in healthcare
- Link with other data sets
- Consider data as a dashboard

Delivery activities

- Create a framework for Swim lanes
- Update costing
- Present swim lanes project to relevant connected systems and explore system change possibilities
- Create swim lanes for Changing Futures clients across Sussex
- Cost swim lanes
- Present swim lanes at relevant progress review and funding meetings
- Analyse swim lanes data thematically and statistically

Initial impacts

- Development of the swim lanes concept
- Swim lanes allow for clients lived experience to be presented as data
- Thematic analysis identifies previously unknown positive change within clients journey's
- Statistical analysis identifies trends that could be considered as prevention metrics

Short term outcomes

- Lived experience utilised in programme, strategy, and policy creation.
- Larger uptake of swim lanes concept across changing futures programmes
- Further analysis to strengthen initial knowledge gained from Sussex

Long term outcomes

- True prevention metrics created
- System wide improvement for people with Multiple Compound Needs
- Gaps in the system more easily recognised
- Sustainable system wide data available for ongoing research and evaluation

Assumptions

Generalisable prevention metrics exist for this population
Prevention metrics are a useful tool in in this setting

Possible barriers

Data sharing agreements
Inability to shift away from focus on fiscal metrics due to budget restraints
Available time and resources to take project to latter stages
Limited client data inhibiting depth of analysis
Pan Sussex programme means working across three local authority areas.

Appendix 3

Checklist of key considerations for introducing the methods in your area

Establish a working group to support the development and progression of the project, identifying key roles for each member and terms of reference	
Consult information and research governance leads in your area early to clarify specific requirements to collect and analysis data	
Clearly define aims and objectives that you hope to achieve, prioritising those to your timeframe	
Explore and agree cross system data sharing agreements early, considering why you need data against your objectives, and what data is available to use from which data base	
Training and access requirements for data systems required take time	
Define data collection terms clearly, especially if the project worked across authority areas as well as systems	

Appendix 4

[Appendix 4 - Changing Futures - ES - Data Sharing Consent Form.docx](#)

Appendix 5 - Swim lanes excel sheet data points

Data points 1 & 2

These data points are linked, once the Service category column was populated this would filter the intervention column to interventions offered by that service.

Service category	Intervention
Changing Futures	Adult Social Care Navigator / Support Work Mental Health Peer Support
Police criminal justice	Arrest ASB Incident ASB Order Attendance (discharge same day) Callout No Further Action (NFA) CJ Prison CJ Prob Court time Court: Breach Offence Court: Criminal Damage Court: Drug Offence Court: theft and stolen goods Domestic Violence Incident Drug Rehabilitation Order Number of rape incidents Pol CO Assist Pol SCARF Pol WB Visit Probation meeting Section 136 detention Summons
Health	A&E Attendance Amb Other Amb S&C Amb S&T Day visit general GP cost per hour MH Section Nights in hospital Overnight Stay Scan or other Self Discharge
Mental health	A&E MH Section Abscond before MH Assessment Acute stay Community Intervention ATS / AOT / EIP Community Intervention crisis services Crisis Café Deprivation of Liberty Safeguarding Detained Awaiting Admission Haven Initial MH assessment Referral Telephony Wellbeing visit

Drugs and alcohol	Community Rehab Detox Prescribing Residential Rehab SA Episode Community Intervention
Housing	Emergency accommodations night Eviction hotel Night sleeping rough Notice to Quit (Section 28) PRS Refuge Accommodation per day temporary accommodation / night Council Stock Supported Accommodation
Social care and Safeguarding	Care Act Assessment Care and Support Plan Core Conversation Engagement with ASC worker Hoarding? MC Assessment Out of Hours Support Safeguarding Enquiry Safeguarding Plan Section 42 Safeguarding Notification Specialist support team intervention Safeguarding Plan Review MARAC Intervention
Fire Service	Fire Engine Call Out
Domestic Abuse	MARAC Intervention Domestic Violence Prevention Order

Data points 3-8

Column name	Explanation
Number to instances	The number of above interactions that occurred in a given month
Month	When the interaction occurred Displayed as MM/YY
Pre or post entry to Changing Futures programme	If the interaction was before or during Changing Futures involvement
Associated costs Cost per incidence Total cost	Cost per incidence column is then auto populated from the associated costing sheets Total cost is the cost per incidence multiplied by the number of interactions that occurred.
Urgent?	Whether the interaction was urgent
Statutory?	Whether that interaction was statutory or non statutory
Planned?	If the interaction was emergency or planned care

Appendix 6

[Appendix 6- gmca-unit-cost-database.xlsx](#)