



Health Based Places of Safety Suites Proposal Development

JHOSC Update

March 2019

Purpose

This paper provides an update on the report presented to the Joint Health Overview and Scrutiny Committee on 4 December 2018. For further information and specific details about the recommendations, see the aforementioned paper.

Background

NW London Mental Health Programme has initiated a project, working in collaboration with Clinical Commissioning Groups, Mental Health Trusts, Local Authorities, London Ambulance Service and Police, to review the current arrangements and develop proposals, as described in the report presented to the Committee in December 2018, to improve quality and access to Health Based Places of Safety (HBPoS) sites.

This work supports local, regional and national priorities to improve the experience for people presenting in mental health crisis and the appropriate use of powers related to Section 136 of the Mental Health Act 1983. Most recently the NHS Long Term Plan set expectations for faster access to crisis mental health services, ensuring links with prevention services across the mental health crisis pathway, for example, how sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis.

Further background information can be found in the December report.

NW London Case for Change

It has been recognised by all stakeholders engaged in the process that a new model is needed. The analysis of current provision and feedback from service users and professionals engaged over the last twelve months outlined the following:

The current gaps/issues:

- Concerns about quality of care: This was highlighted across London (including NW London) by a survey, where only 36% of service user's surveyed said they felt safe and only 12% felt the suites in the sites were comfortable and welcoming.
- There are currently eight 'designated' HBPoS sites across NW London and six of these can only see one patient at a time. Instead of choosing a location based on need or demand sites are historically located where space has been available.
- The Care Quality Commission (CQC) have reported issues regarding a lack of dignity, comfort, confidentiality, staffing levels and training for the HBPoS services. The eight current sites are not staffed or available 24/7, making it difficult to access for the Police and London Ambulance Service. Also delaying the time it takes for those in crisis to arrive at a place of safety and get the help they need. Mental health crises account for 13% of London

Ambulance Service call outs and are longest to deal with¹. Delays can be further impacted by the frequent closures of units due to damage and with only one suite available on the majority of the current sites it not only escalates the risks of access and waits but also the inappropriate use of A&E as an alternative.

- The Hillingdon, Hounslow and Ealing Police Basic Command Units (BCU) in NW London reported the average time spent by a police officer dealing with one S136 case to be 14 hours - impacting the negative experience for the service user and resulting in increased use of police resources. When HBPoS are unavailable the police are left with a choice of either to wait until one becomes available (waits have been recorded of up to 7 hours), take the person to custody or take the person to an A&E. All of these choices are unacceptable as they result in the patient being detained in an environment which is highly unsuitable for their needs.
- Further evidence from the Hillingdon, Hounslow and Ealing Police BCU states that of 167 S136 cases in 2018, 32% (54 patients) were not accepted by the HBPoS and were sent to A&E with 11% (6 patients) of these not being for any physical health reason. This trend has been confirmed nationally - the 2015 CQC report stated that more than half of England's A&E's routinely receive patients who were detained under S136 but did not have a physical health condition².

Service users and carers from NW London involved in the project raised concern about the services and care they receive. Specific issues raised include:

- The first point of contact with services is seen as vital and situations had escalated when members of staff were unable to de-escalate situations.
- The HBPoS was intimidating and service users didn't always feel safe.
- Service users didn't always feel listened to by services.
- Rights under the Mental Health act and the process for detention were not always communicated to service users.
- Follow up care wasn't well coordinated between organisations like GPs, psychiatrists and community support
- Service users had issues accessing support outside of out of hours and there was a lack of community support to stop people reaching the point of crisis again.

NW London Proposal

Partners across NW London have worked to develop several options for re-configuration of HBPoS sites with the following key principles in focus:

- Ensuring a pan-London approach to care where individuals are taken to the nearest place of safety from their pick-up location (regardless of where they reside) and following assessment, if necessary, transferred promptly to inpatient services at their local mental health trust;
- Ensuring system transparency around capacity at HBPoS sites, as well as robust escalation processes when capacity is full (in line with the NHSE (London) 'compact' due to go live this Autumn);

¹ London Ambulance Service (2016) Mental health crisis care data

² Care Quality Commission (2015) Right here, right now: Mental Health Crisis Care Review

- A dedicated, 24/7 staffed service at agreed Health Based Place of Safety sites;
- Increased physical health competencies at HBPoS sites to avoid unnecessary referrals to A&E departments and more timely, integrated care;
- Streamlined pathways between A&E departments and HBPoS sites, for when individuals require more intensive physical health treatment, including the use of telephone triage, robust information transfers and timely physical health assessments in the A&E department.

Options Appraisal

The detailed analyses of each option has been completed, and a set of principles and assessment criteria have been developed and agreed across all partners involved across NW London. The scoring criteria included: estates requirements, a specific focus on the impact on local authority protocols, 24/7 resource and capacity requirements, quality and experience of care, feasibility, deliverability and sustainability.

A workshop took place on 19 December 2018 attended by large number of representatives from NHS Trusts, clinical commissioning groups, local authorities and service user representatives. Other stakeholders also fed into the scoring of the options and the process was shared with Police and London Ambulance Service colleagues. There was a clear preference for a smaller number of sites to meet a 24/7 dedicated staffed service that provides, efficiency, service quality and improved patient experience.

Impact of the Proposal on Local Authorities

Local authorities are a crucial and critical partner in this multi-agency project and there has been close working with Local Authority Approved Mental Health Professionals (AMHPs) and the Emergency Duty Teams (EDTs). A task and finish working group was set up which met three times through January 2019. The discussions centred on the agreement of a draft inter-borough protocol, similar to that employed in the South London and Maudsley (SLaM) Mental Health Trust and South West London St Georges (SWLStG) - where both already have a consolidated HBPoS.

The protocol is a work in progress and proposes that the borough of residence would be the first determinate for assigning the work to AMHPs and the borough of detention would be the second. However, no borough AMHP would be expected to travel more than one adjacent borough's distance to complete an assessment. The protocol will need to be agreed by all boroughs and their relevant equivalent internal departments with any further refinements being shared and updated via a consensus with all parties. For out-of-hours services it is being proposed that an additional AMHP is deployed and attached to each HBPoS site within the final agreed configuration across NW London.

During the next stages close work with Local Authority colleagues will continue, trying to reach the best possible solution to ensure the redistribution of work with patients will not fall inequitably upon the boroughs where each HBPoS site might be located.

Engagement

Detail on progress with engagement was included in the report presented to the Committee in December 2018. This included the Pan-London work undertaken by Healthy London Partnership (HLP) through extensive engagement with London's crisis care system, including over 400 service users and carers. Representatives were sought from all areas of London as well as people from harder to reach communities, black and ethnic minority communities and children and young people.

Following on from the engagement conducted by HLP, the NW London project team have undertaken a series of engagement activities to ensure service user feedback has shaped the development of options and the proposal for NW London HBPoS reconfiguration:

- **Service user survey and focus group**
The survey ran from June – August 2018. It was promoted by 23 mental health third sector organisations and NW London MH trusts (24 responses). This was followed up by a focus group on 28 November 2018. The survey has been reopened.
- **Engagement of key staff and stakeholders**
Staff and partners that work with and support HBPOS (From March 2018, on-going).
- **Local Authority communication**
Letters have been circulated to DASS, DCS and appropriate members in August and October. Continued work with AMHPs and EDTs.
- **NW London Crisis Care Concordat**
The 20 September 2018 meeting was attended by service user representatives, commissioning and clinical staff, Local Authority staff, London Ambulance Service and Police colleagues. Prior to this focused session, HBPOS were discussed in several previous sessions. There is another Crisis Care Concordat meeting planned for 18 March 2018.
- **Workshops**
Two workshops one at each mental health trust, with 55 in attendance including service users, police, staff, London Ambulance Service, Local Authority staff. Follow-up sessions were held in November and December 2018.

The engagement and co-production with professionals, patients, families and partners will continue to be an essential part of this work as we progress to a next stage.