



**Healthy London
Partnership**

Improving London's Mental Health Crisis Care

Public engagement summary slide pack

Supported by and delivering for:



Public Health
England

NHS

**LONDON
COUNCILS**

SUPPORTED BY
MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

London and national context



- The London Health Commission identified the need to **improve London's mental health crisis care services** due to too many Londoners not getting the help they need, when they need it and often experiencing care settings that are neither safe nor therapeutically appropriate.
- To improve London's crisis care system the Better Health for London report (2014) recommended health and care commissioners **develop a pan-London multi-agency model of care for child and adult mental health patients in crisis.**

Improving mental health crisis care is also a key focus nationally, recent national strategies outline this:

- The 'NHS Five Year Forward View' (2014) and the more recent 'Next Steps' document outlines the need for a more **organised and simplified UEC system, including the proper investment and integration of mental health crisis services;**
- The Five Year Forward View for Mental Health (2015) outlined the **requirement for 24/7 mental health urgent and emergency mental health crisis response service**, to ensure mental health emergency care is of the same standard as physical health emergency care.
- In 2014, over 25 national bodies signed the **Crisis Care Concordat**, a national agreement between services and agencies which sets out how organisations involved in crisis care will work together better to make sure that people get the help they need when experiencing mental health crisis.



Introduction

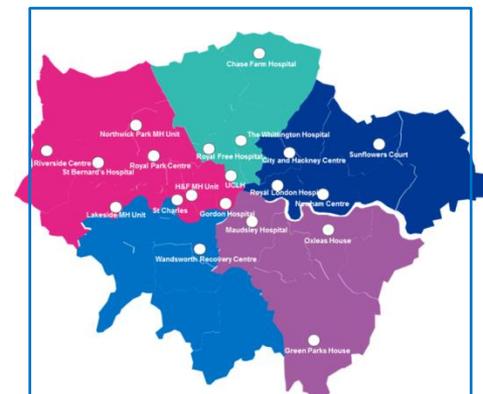
- **Section 136 of the Mental Health Act** allows for someone thought by police to have a **mental health disorder and in need of urgent care**, to be detained anywhere that isn't a place of residence and taken to a safe place where a mental health assessment can be carried out.
- Usually this is a **Health Based Place of Safety (HBPoS)**, which can be at a mental health trust or an Accident and Emergency Department (A&E). Across the capital there are **20 'designated' places of safety, four of which are A&E's**.
- **Londoners repeatedly say** the care they receive when detained under s136 **does not meet their basic expectations of dignity, respect and high quality compassionate care**.
- Right now, we are working in partnership with London's crisis care system to **improve the care people receive**.



1/4
of Londoners
experiencing a mental
health crisis feel that their
**physical and mental
health needs are
considered equally.**



Just 36% of service
users in London's
Health Based Places
of Safety **felt safe in
their surroundings**



**London's 20 Place of
Safety sites**

The current situation in London



Around **5,000 Londoners** are detained under s136 each year



Over 75% of s136 detentions occur out of hours, yet **only 3 of London's HBPoS sites have dedicated 24/7 staffing**



Staff are instead pulled off inpatient wards, **which affects the care of other unwell patients** and creates **delays in accessing HBPoS sites**.



Patients wait long periods of time, in some cases up to 22 hours, **in the back of a police car or ambulance unable to access the care they need**.



Only **36% of Londoners felt safe in a HBPoS**. The Care Quality Commission (CQC), has identified that many of the HBPoS sites in London are **not fit for purpose** with a **lack of dignity, comfort and confidentiality**.



Most HBPoS sites do not accept children and young people. They can then face **waits of up to 15 hours** in A&E, where **specialist staff are often not available**.

A&E departments are often used when HBPoS sites have no capacity to accept new patients



70% of individuals detained under s136 will remain in A&E **for over 4 hours** and **nearly 50%** will remain for **over 12 hours**

54%



of service users **felt judged** by A&E staff for what they had done or how they felt. **36%** felt they **weren't listened to, taken seriously and treated with respect.**

44%



of London service users **do not feel respected** in A&Es during a mental health crisis

12%



of those assessed felt their assessment room was **pleasant, comfortable and welcoming** and **less than half felt safe**



In some of London's A&Es **access has been refused** to those detained under s136 resulting in **prolonged waits in a police van or ambulance** whilst another NHS service is found to provide care.

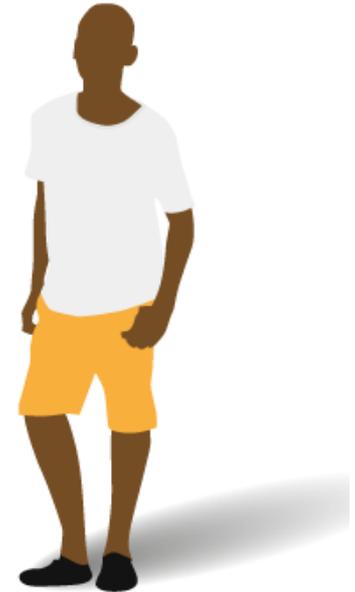
Why crisis care is so important? Service user stories

“They kept me waiting an awfully long time, and I slipped back into psychosis before they had assessed me, which looking back was very frightening. I remember barricading myself in the hospital waiting room, not letting anybody in and piling cushions up because I was so afraid of them.

I think somebody should have initiated some kind of sedation earlier on, rather than subjecting me to that because it was from when I was arrested at 8 o'clock in the morning and I didn't get any treatment until about 4 or 5 in the afternoon and I was obviously slipping in and out, they could see it. They could see when I was in the place of safety, they could see that I was ill.

I remember standing up and shouting. What was going on in my head was terrible, absolutely terrible.”

A London service user's story



Over 200 service users, including children and young people, developed a series of 'I' statements to describe what crisis care **should** look like. Some examples are given below:



If I am taken to an emergency department or place of safety, I am let in straight away. I don't have to wait in the transport or any other unsuitable place such as a general waiting room, corridor or outside, while staff negotiate whether or not I can go in.

Emergency staff and paramedics treat me with the same respect, confidentiality and care as all other patients and are skilled in managing mental health problems.



Right from the beginning, and throughout the crisis, all the professionals involved (whether paramedics, police, frontline emergency department staff, or any other staff) recognise me as a person in crisis. They treat me skilfully and lawfully, with care, compassion and respect.



As a child, I am never...

I am never left waiting on my own without knowing what is going on and I am always involved in making plans for what happens next.



Working towards better crisis care for Londoners

Our work involves bringing together service users and carers, those working in mental health, acute care settings, social care, and other key partners in the crisis care system including London's three police forces and the London Ambulance Service.

This has led to the development of London's section 136 pathway and Health Based Place of Safety specification which outlined a consistent pathway from initial pick-up by the police to the completion of the Mental Health Act assessment and a minimum standard of care for health based place of safety sites for adults and young people.

The guidance was launched by the Mayor of London, Sadiq Kahn, in December 2016.

Key features of London's s136 guidance includes:

- Dedicated clinical staff available 24/7 at HBPoS sites.
- Individuals being taken to the nearest place of safety site.
- Individuals not waiting longer than 15 minutes to gain access to the HBPoS site.
- HBPoS staff having adequate physical health competencies to prevent unnecessary A&E transfers.
- A&Es not refusing access to individuals detained under s136 unless a formal escalation action has been enacted.

Healthy London Partnership is now working with London's crisis care system to implement the pathway and specification across London to ensure better care and services for those detained under s136.

Our patients and all partners involved realise that the status quo isn't good enough, changes need to be made and none of us can make this change alone, we need to make the change together.

Dr. Marilyn Plant, GP and Clinical Lead for London's Mental Health Crisis Care programme



Over 300 service users and carers and **over 300 staff** from the police, local authorities, mental health trusts, A&Es and London Ambulance service were involved in the development of the pathway and it was **formally endorsed** by the organisations below:



Evaluation of early adopter site: South London and the Maudsley NHS Foundation Trust

South London and Maudsley NHS Foundation Trust (SLAM) has been first to fully implement the guidance and provide a **24/7 dedicated staffed place of safety** for adults and children. In January 2017, the four existing HBPoS sites were closed and a **new purpose build facility** opened at the Maudsley Hospital site with capacity for six patients.

The pilot received overwhelmingly positive feedback, with service users finding the service **more respectful, more responsive and less fragmented**. There has also been a significant improvement in the relationships between police, paramedics and HBPoS staff.

5% reduction in patients attending A&E prior to the place of safety

The average time from arrival to patient admission is 9 minutes; 96% are admitted within 30 minutes

The unit has only had to close once since it opened; the previous 4 sites closed 279 times in 2016.

Admissions to inpatient beds (both formal and informal) have decreased by 13%.

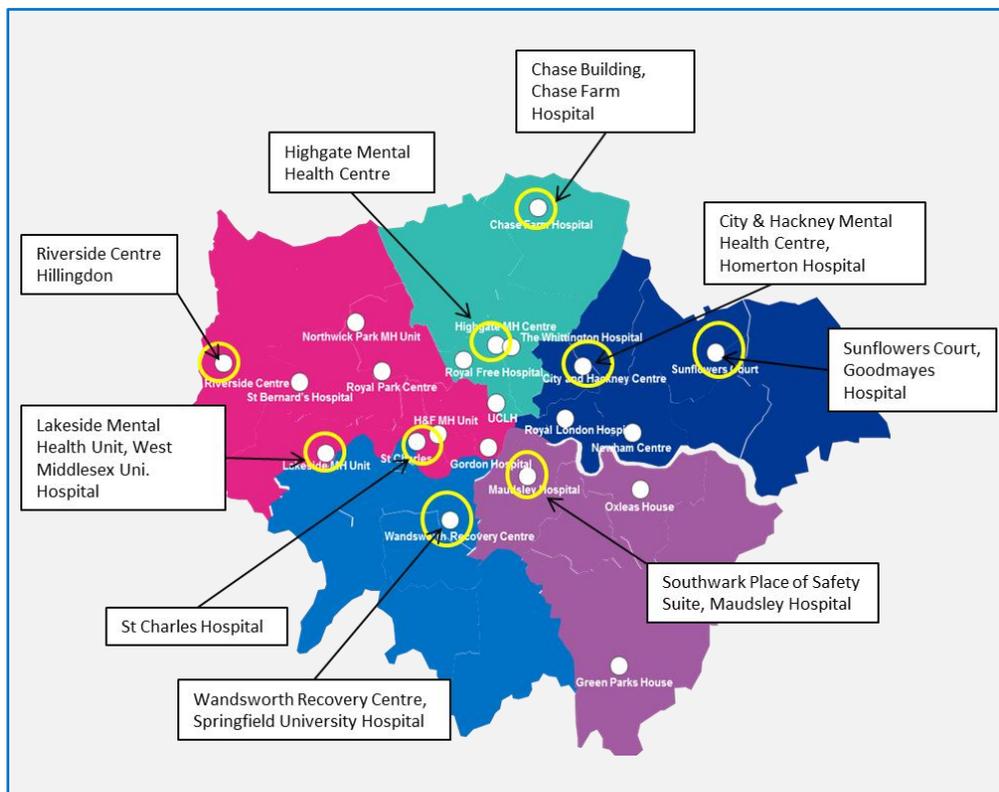


“Thinking back to how the service used to be run..... People weren’t specialised and didn’t necessarily have the necessary level of skill required to look after patients, it really was just seen as a bolt on. So, for me I think the improvement in terms of patient care is massive – that’s probably the biggest contribution...I think it’s the skill and the knowledge and the experience of the staffing group that’s really made a difference.” **Former Unit Manager, 2017**

We want this to set the standard and encourage the wider role out of this model across all of London so our most vulnerable Londoners all receive the treatment, care and respect they deserve.

Development of the pan-London s136 model of care

- It has been recognised that **significant changes are needed** to meet London's specification, particularly to achieve 24/7 dedicated staffing at all HBPoS sites.
- A **robust options appraisal** was undertaken to develop the proposal which considered the number and location of sites needed for adequate capacity, but to also ensure **high quality care with dedicated staffing at each site**.
- City-wide support and collaboration culminated in a proposal for a preferred model of **nine centres of excellence across London**, including **5 sites for all ages**, one in each STP. This proposal was described in a pan-London business case for service change of HBPoS sites.
- This proposal has now been handed over to STPs to consider and, following engagement, make decisions regarding the changes to local services.



Significant service user engagement occurred to develop the criteria used to assess each of the options and to help form the preferred London model.

Service users were clear that their **highest priorities** were:

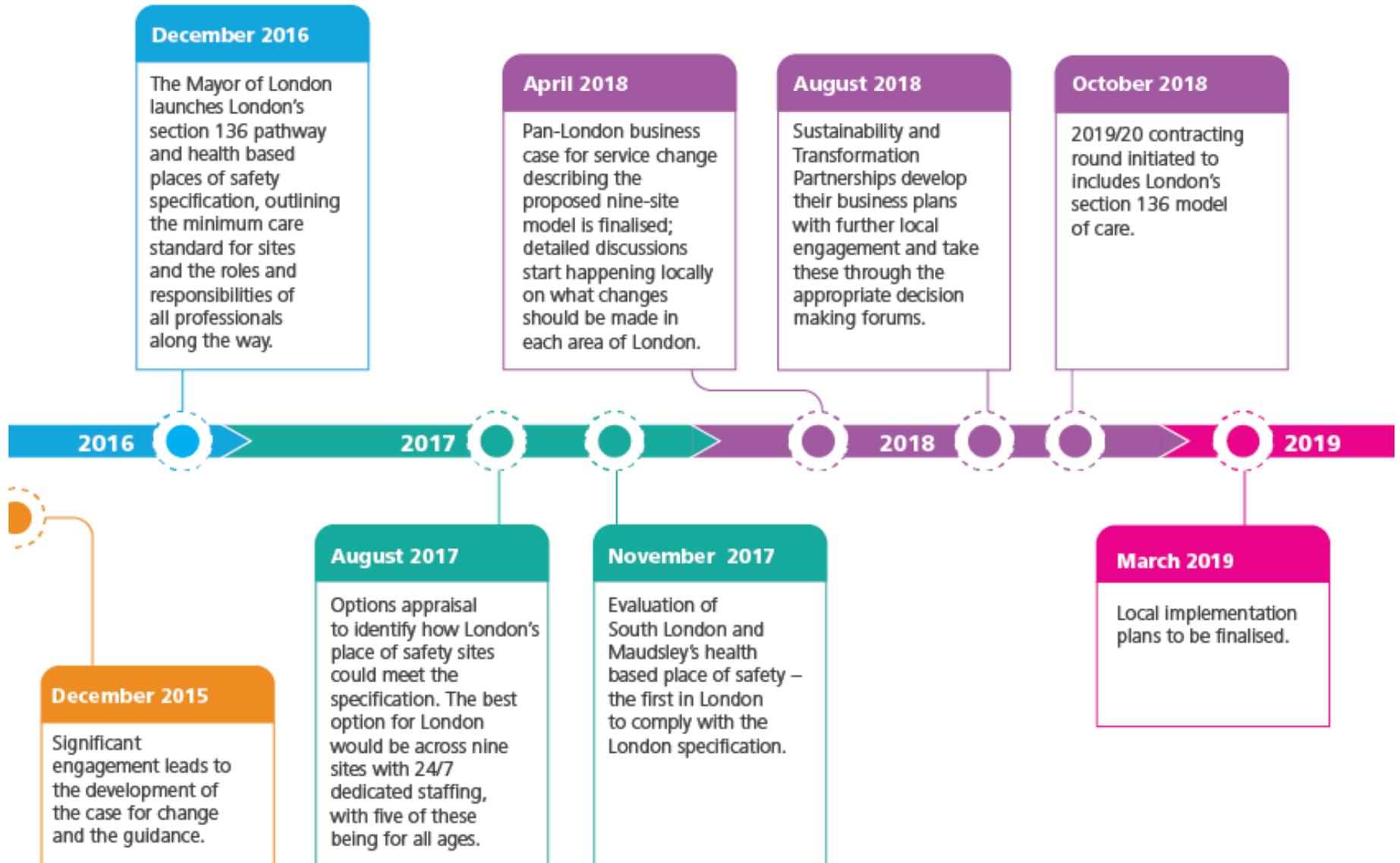
- **Quality of clinical care received**
- **HBPoS environment**

The **distance** from the nearest HBPoS was considered of **lower importance** if the quality of care received there was of a higher standard.

The expected benefits of the pan-London s136 model of care include:

- Improved service user experience
- Improved HBPoS environment
- Fewer delays in getting care
- Reduced length of stay at a HBPoS
- Fewer A&E admissions
- Fewer admissions to inpatient wards
- Fewer repeat uses of s136
- Improved staff expertise

What has happened so far and what's next?



Significant engagement across the system

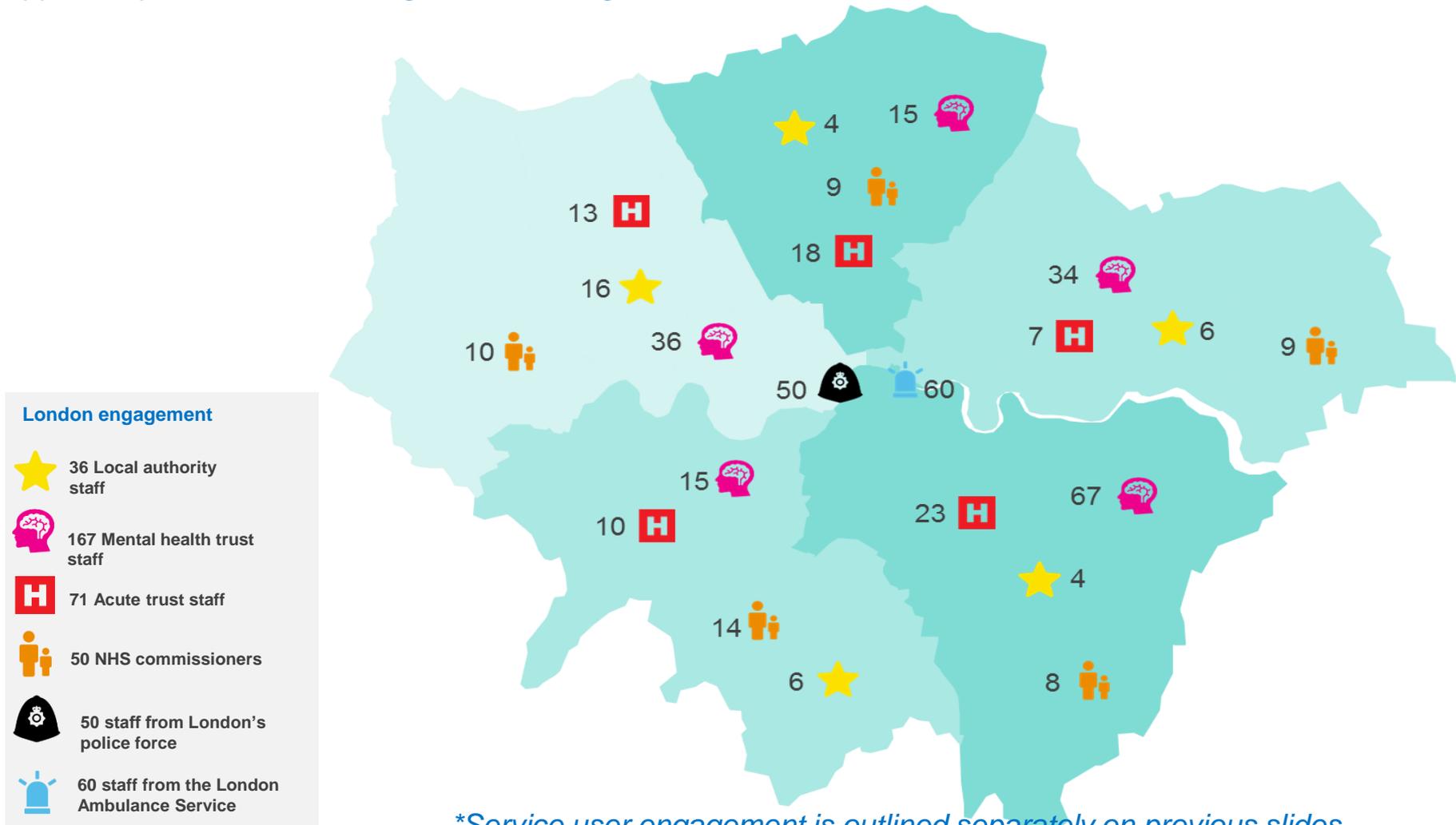
Since the very beginning of this work, the views of service users, front-line and operational staff and senior leadership across both health and care have been pivotal to developing the pan-London s136 model of care.

The image below includes the significant amount of engagement that has taken place throughout the life of the programme.



Engagement to support implementation 17/18

The map below provides an overview of staff that have been actively engaged more recently since the pan-London guidance has been developed. This includes those involved in specific activities to support implementation of the guidance throughout 2017 and 2018.



**Service user engagement is outlined separately on previous slides*

***Individual STP maps are available in appendix 1.*

Summary: Why this is important and how you find out more

Londoners need to receive **the same high-quality care** wherever they are detained in London.

18 months ago we launched a new way for people experiencing a mental health crisis to be treated and cared for in London. The guidance intended to bring in consistent standards of care for the most vulnerable people in our city to make sure they are treated **by the right people, in the right place, at the right time.**

We knew this was the right thing to do because everyone from police officers, paramedics and A&E doctors to social workers and mental health nurses and doctors told us **things aren't working.**

And even more importantly the **people who had experienced a mental health crisis told us that things weren't good enough.**

We want to work with you to make these changes happen.

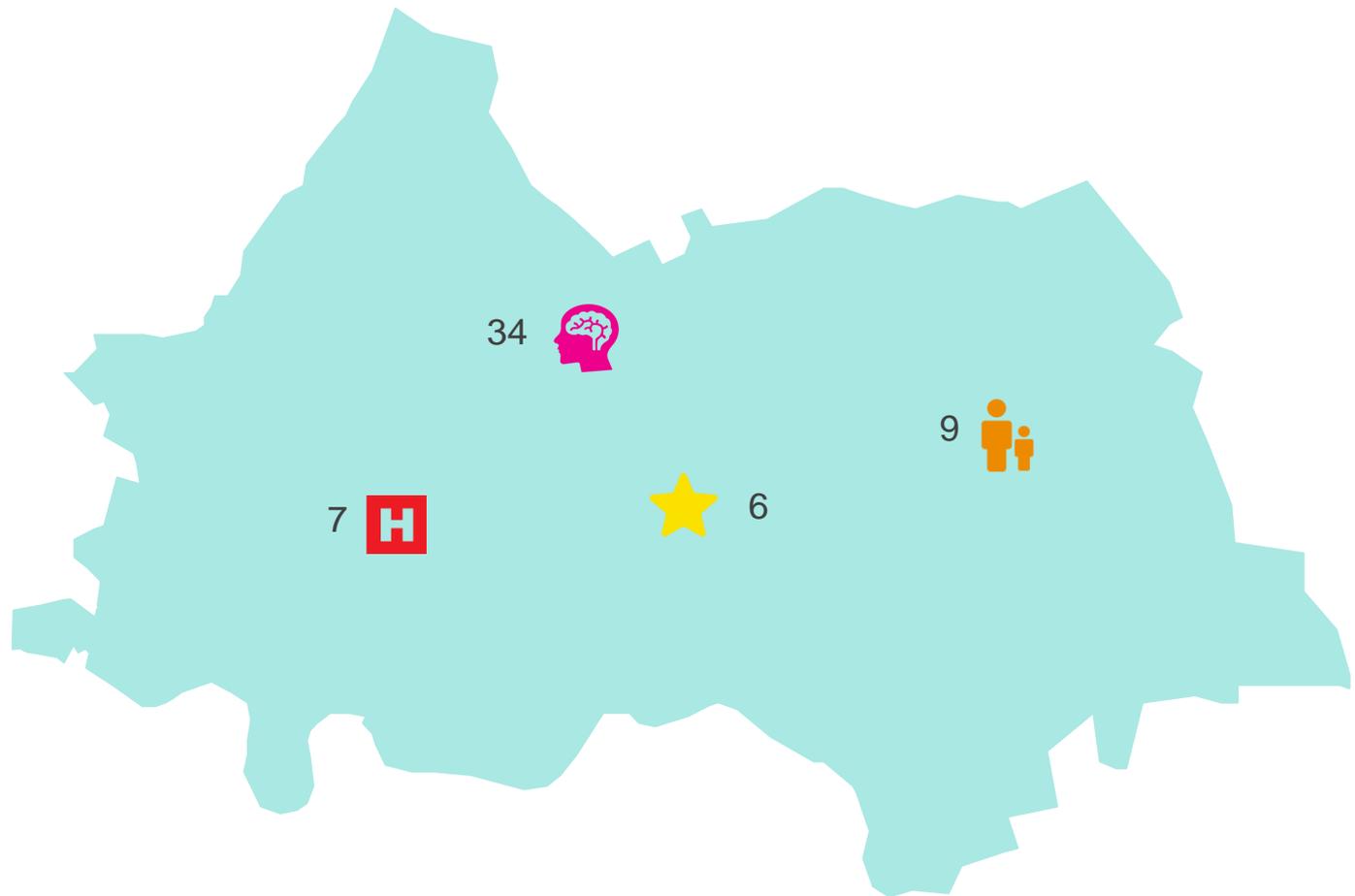
For more information on this work programme please contact: hlp.londoncrisiscare@nhs.net or visit www.healthylondon.org/our-work/crisis-care, alternatively talk to your local Mental Health Trust or Clinical Commissioning Group (CCG).

We have produced a full summary document of service user and carer engagement with the feedback we received and how this has been used to shape the new model of care (available at www.healthylondon.org/our-work/crisis-care)

Appendix 1: STP engagement maps

The maps shown on the following slides provide an overview of staff in each STP that have been actively engaged since the pan-London guidance has been developed. This includes those involved in specific activities to support implementation of the guidance throughout 2017 and 2018.

North East London STP



North East London engagement

 6 Local authority staff

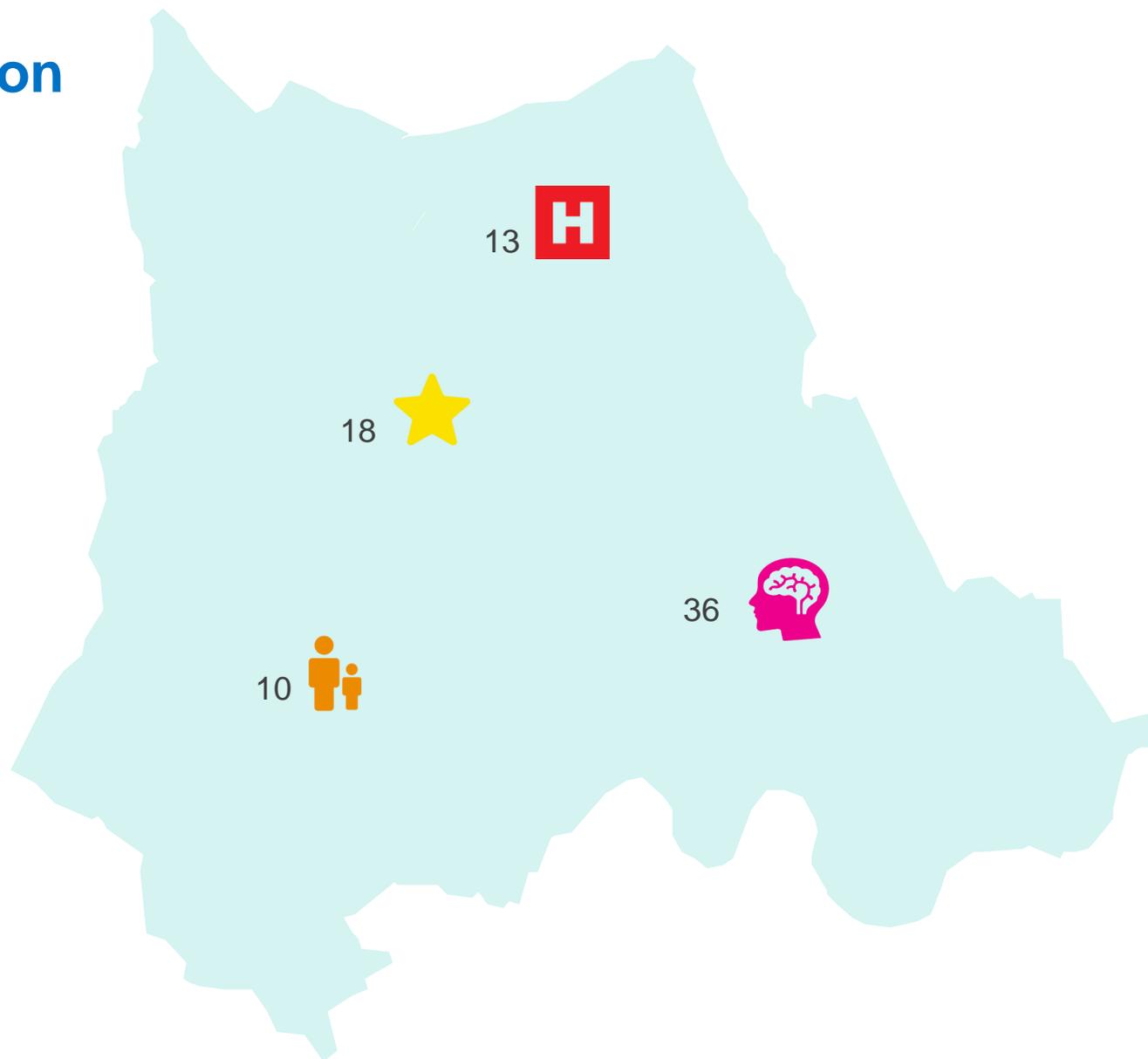
 34 Mental health trust staff

 7 Acute trust staff

 9 NHS commissioners

Appendix 1: STP engagement maps

North West London

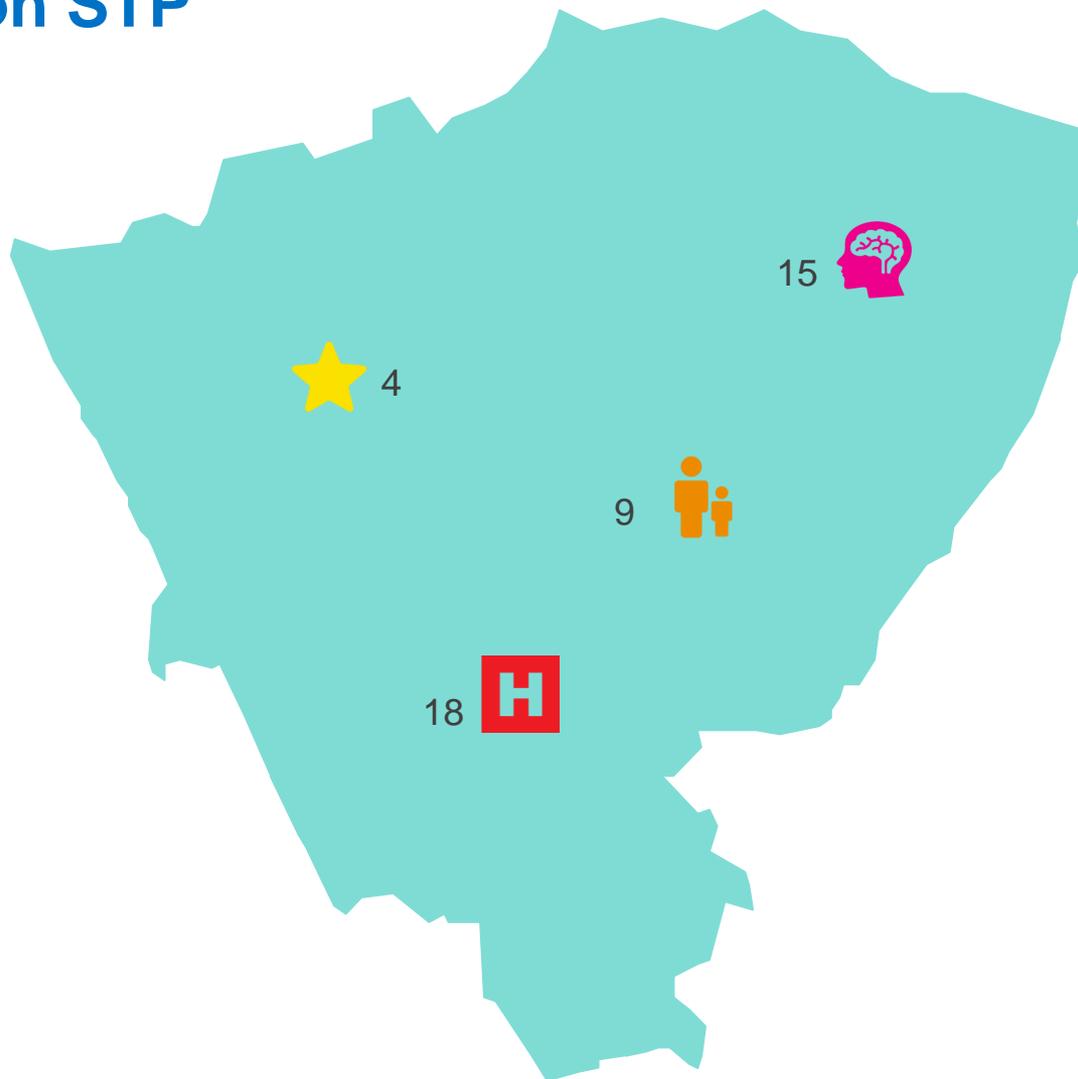


North West London engagement

-  18 Local authority staff
-  36 Mental health trust staff
-  13 Acute trust staff
-  10 NHS commissioners

Appendix 1: STP engagement maps

North Central London STP

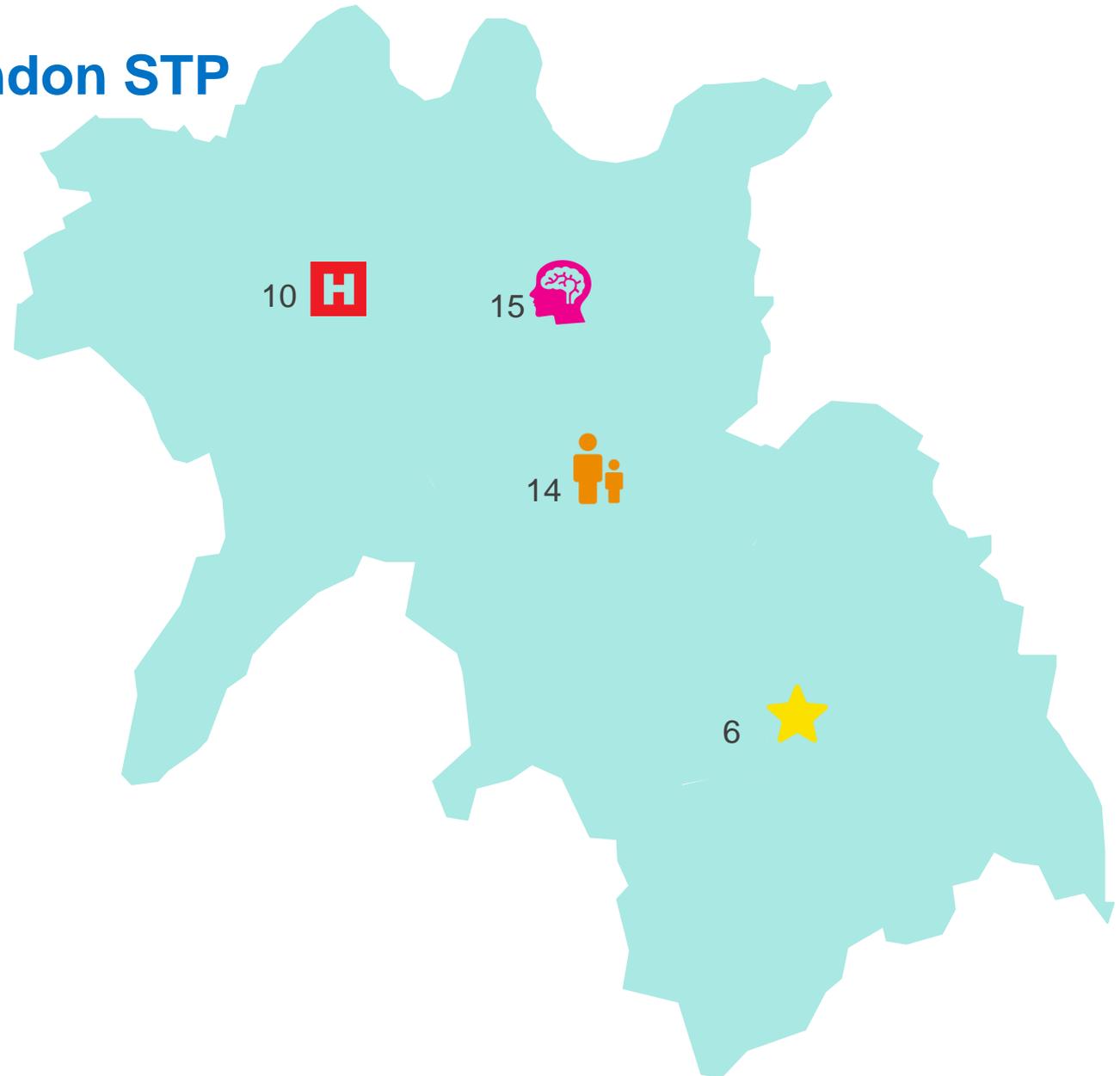


North Central London engagement

-  4 Local authority staff
-  15 Mental health trust staff
-  18 Acute trust staff
-  9 NHS commissioners

Appendix 1: STP engagement maps

South West London STP

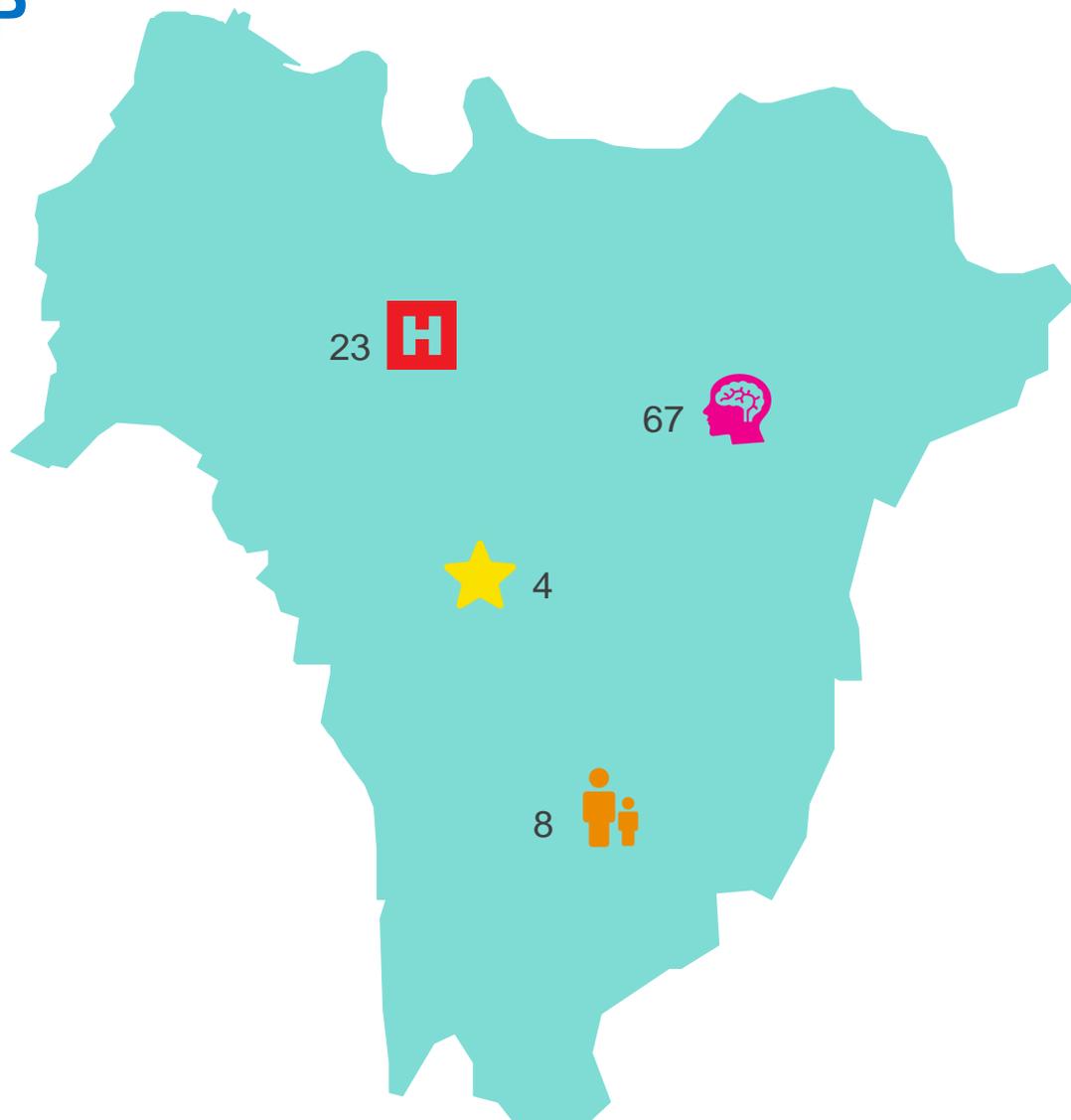


South West London engagement

-  6 Local authority staff
-  15 Mental health trust staff
-  10 Acute trust staff
-  14 NHS commissioners

Appendix 1: STP engagement maps

South East London STP



South East London engagement

-  4 Local authority staff
-  67 Mental health trust staff
-  23 Acute trust staff
-  8 NHS Commissioners

All the work we do with our partners moves us closer towards our goal to make London the healthiest global city.

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