

Health Based Places of Safety JHOSC Briefing Report

November 2018

Purpose

This report provides an overview of the work to support the development of proposals to improve quality and access to health based places of safety (HBPoS) sites across North West (NW) London – including detailed progress on plans for communicating and engaging with key stakeholders in appendix 1.

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.

The aim is to develop a full business case for consideration by April 2019.

The Joint Health Overview and Scrutiny Committee is asked to:

1. Note the work done to date
2. Use this session as an opportunity to ask further questions about the project of work and our engagement programme.

National Policy, Legislation and Pan-London Standards

Over a number of years focus on mental health support and care has increased and a number of key policy changes have been introduced, resulting in the need to review how services are commissioned and provided. The policy changes include:

- Police and Crime Act Amendments (section 80-83) - Legislative changes under the Police and Crime Act 2017 extend the powers to detain and convey under sections 135 and 136 of the Mental Health Act. This came into force on 11 December, 2017. Key changes introduced are:
 - It is unlawful to use a police station as a place of safety for anyone under the age of 18 in any circumstances
 - A police station can only be used as a place of safety for adults in specific circumstances, which are set out in regulations
 - The previous maximum detention period of up to 72 hours will be reduced to 24 hours (unless a doctor certifies that an extension of up to 12 hours is necessary)
 - Before exercising a section 136 power police officers must, where practicable, consult a health professional.
- Mental Health Crisis Care for Londoners - New Guidance - London's section 136 pathway and HBPoS specification was published in December 2016. The guidance aligns with the legislative changes of sections 135 and 136, sets out the standard for HBPoS and clarifies stakeholders' responsibility in the section 136 pathway. The key focus areas of the specification are governance and monitoring, estates, assessment process, workforce, patient information and follow up process. This guidance, in line with the Five Year Forward View 24/7 crisis care provision, sets out the need to provide 24/7 dedicated staff who have received training on physical and mental state

assessments, age appropriate support and the knowledge of legislation including Mental Health Act, Mental Capacity Act and Care Act.

- National Guidance - alongside the Pan-London standards are also considerations and principles of HBPOS from national guidance as part of the Five Year Forward View and the national Crisis Care Concordat. There is also a key report from the Care Quality Commission - A safer place to be – and the Royal College of Psychiatrist: Standards on the use of Section 136 of the Mental Health Act 1983.
- Another key guidance is the NHS England London ‘Compact’ between London’s key stakeholders published in July 2018 on access to mental health inpatient services. The ‘Compact’ sets out the roles and responsibilities of individual organisations along patient pathways to admission, and details principles for a London-wide approach to capacity management and escalation.

Background: North West London Local Position

Section 136 is an emergency power of the Mental Health Act 1983 which allows a person to be taken to a place of safety from a public place, if a police officer considers they are suffering from mental illness and in need of immediate care.

HBPoS suites are places where the police and ambulance crews can take people who have been detained under Section 136. At the place of safety they can be supported and looked after whilst they are assessed by a psychiatrist and an approved mental health professional.

There is currently one HBPoS site in each NW London boroughs with an average of 1600 recorded cases. The HBPOS sites are operated by Central North West London Mental Health NHS Trust (CNWL) and West London NHS Trust (WLNHST) across NW London.

The table below provides the details of each site operated by Trusts:

CNWL HBPoS Sites	Number of beds	WLNHST HBPoS Sites	Number of beds
St Charles in Royal Borough of Kensington and Chelsea	1	St Bernard’s in Ealing	1
Northwick Park on the Brent/Harrow border	1	Lakeside in Hounslow	1
Park Royal in Brent	1	Hammersmith and Fulham Mental Health Unit	1
The Gordon in Westminster	2		
Riverside Centre in Hillingdon	2		

The CNWL Care Quality Commission (CQC) inspection published in June 2015 rated the services as ‘good’. They noted the high prevalence of Section 136 activity across the sites and issues with compromising the privacy and dignity in one site but the general staff and service user experience were reported as positive. The WLNHST services were rated ‘requiring improvement’ by the CQC in February 2017. There were issues noted with one site needing work to meet the standards. WLNHST have recently had another inspection and have been asked to review its internal recording systems and staffing structures.

There are variations across NW London in how HBPOS sites are operating mainly due to the way each site is staffed. Currently there is no single site with dedicated resources and when a patient is taken to a site, ward staff are called to assist in the HBPOS assessments which results in delays. There is a real need for improvement both in terms of the service quality and the experience for those that may need to use the place of safety – addressing the pan London standards.

The quality concerns highlighted across all of London show only 36% of service user's surveyed saying they felt safe and only 12% feeling the rooms in the sites were comfortable and welcoming. There is also significant demand on the services with an increase of over 4500 Section 136 cases in 2015-2016 across London– numbers that continue to rise. Mental health crises account for 13% of London Ambulance Service call outs and take the longest time to address needs.

In 2015 the police reported over 200 concerns with HBPOS across London – half of these related to capacity issues and not being able to access the site. Waits of up to 7 hours in a police van have been reported – impacting the negative experience for the service user and resulting in increased use of police resources. The average time spent for the police dealing with one Section 136 case is 14 hours. Issues with access to the HBPOS in turn cause unnecessary A&E attendances. Many cases taken to A&E do not have a physical health condition and the A&Es are not best equipped to deal with those in mental health crisis.

Pan London Development Plan

Against the backdrop of legislative and Pan-London guidance, and to support Pan-London level improvement, Healthy London Partnership (HLP) initiated a work programme to review the quality and configuration of HBPOS suites across London. Following a lengthy and robust process it reported its findings outlining that the current configuration of HBPOS do not meet the standards set out in the Pan-London s136 pathway guidance. It proposed a reconfiguration of HBPOS sites to reduce delays, avoid unnecessary A&E attendances, decrease patient admissions and readmissions and improve patient outcomes, the treatment environment and staff expertise.

Following the publication of the case for change by HLP, NW London stakeholders held discussions at Crisis Care Concordat meetings and agreed the need to review and redesign the Section 136 pathway and HBPOS suites. This document sets out the work and the engagement completed to date to review the NW London position.

Across London a number of areas have already begun the implementation of the recommendations to improve quality of care and patient experience by introducing dedicated sites and staff. South London and Maudsley Mental Health Trust is the first Trust in London to fully implement the London s136 pathway guidance and HBPOS specification to provide a 24/7 staffed place of safety for adults and children detained under s136. The new model of care replaced four single occupancy HBPOS sites in Lambeth, Lewisham, Croydon and Southwark with one centralised HBPOS based at the Maudsley Hospital providing a range of accommodation options and a 24/7, specialist, and dedicated service. The model is supported by a Memorandum of Understanding between the four borough councils which sets out the agreed mutual responsibilities and operational practices to be adopted by each borough's Approved Mental Health Practitioners (AMPHs) to support the single site model. This has resulted in greater clarity of each team's role in- and out-of-hours and reduced inter-borough disputes regarding responsibility for supporting individual clients. Following its first year of operation, the new model of care has been evaluated and concluded that the centralised place of safety is a vast improvement on the old model.

Engagement

Across London HLP conducted two years of extensive engagement with over 400 Londoners with lived experience and the agencies that support this crisis service. Of the average 1600 people per annum who use the HBPOS in NW London, there are multiple interactions by the same individuals - which are included in this figure.

In order to meaningfully engage and target this cohort of service users and those staff that work in and support this service, the NW London Health and Care Partnership have

undertaken a series of engagement activities over the last six months to ensure service user feedback has shaped the development of options for redesigning HBPOS sites in NW London. This work follows on from the engagement conducted by HLP in the development of their proposal.

Our engagement work is still on-going and equality impact screening is in the early stages of being undertaken to assess impact across the eight local areas.

Engagement activities that have taken place so far across NW London over the last six months include:

- **Service user survey (June – August 2018)**
Promoted by 23 mental health third sector organisations and NW London MH trusts (24 responses)
- **Engagement of key staff and stakeholders** that work with and support HBPOS (From March 2018, on-going)
- **Local Authority communication-** letters have been circulated to DASS and appropriate members in August and October
- **NW London Crisis Care Concordat (20 September)** attended by service user representatives, commissioning and clinical staff, local authority staff, London Ambulance Service and Metropolitan Police colleagues. Prior to this focused session, HBPOS were discussed in several previous sessions.
- **Workshops** two workshops one at each mental health trust, with 55 in attendance including service users, police, staff, London Ambulance Service, local authority staff. Two follow-up sessions arranged for December.

Full details of NW London engagement and that conducted by HLP can be found in appendix 1.

The engagement undertaken thus far has been invaluable and outlined the following:

- Staff to adopt more compassionate and respectful approach as service users outlined their need to be both listened to and responded to by better communication on their needs and their situation.
- The need to improve the physical environment and the facilities.
- Access to information, peer support workers

The engagement also outlined the need to have effective preventative approaches to avoid the person's mental health getting to a crisis point, and the emphasis on follow up care so the person feels confident there will be some continued support. There is an independent project looking to improve preventative interventions and services to minimise attendance at A&E, HBPOS and unnecessary admissions. Feedback has been provided to the project to ensure the needs and voices of the service user have been factored into this project scope and development.

Options appraisal

Clinicians and commissioners in NW London recognised the need to undertake a review of Section 136 HBPOS sites and processes and it is acknowledged that there may be benefits to proposed new arrangements i.e. co-location, dedicated staffing models and parity and quality of the service offer to service users. However, there was a clear signal that any plans

and options for NW London need to be developed by talking to those using and working in Section 136 services with a view to more thoroughly understanding local needs.

Through on-going engagement across NW London it is clear the emphasis needs to be on improved quality of the service and a better experience for the user and their carer – whether this be their family, friend or other support. It is also clear that the way to achieve this is to review the number of HBPoS sites and how outcomes and ambitions set out can be achieved through dedicated staffing with longer term sustainability in mind.

The analyses of various options are being undertaken with the development of potential staffing models, estates requirements and a specific focus on impact on local authority protocols and capacity to ensure understanding and management of risks to other partners.

The Pan-London options appraisal identified several delivery options, with the aim of deciding on an optimal Pan-London place of safety configuration – including the required number of sites, optimal capacity and optimal locations across London. The output of this process was a nine-site model across London – with three sites in NW London. This wider, pan-London process then informed the development of the HBPoS proposal across NW London - undertaking local data analysis to compare and validate the pan-London assumptions. These options were then tested with all stakeholder groups across NW London, starting to look at their feasibility and possible alternative configurations. The table below provides a brief outline and overview of the current options and key considerations in developing a new model of care in NW London.

Options	Configuration of sites	Advantages	Disadvantages
Option 1: Eight Sites	<ul style="list-style-type: none"> • St Charles in Royal Borough of Kensington and Chelsea • The Gordon in Westminster (There are already plans to re-configure The Gordon moving capacity to St Charles) • Northwick Park on Brent/Harrow border • Riverside Centre in Hillingdon • Park Royal in Brent • Lakeside in Hounslow • Hammersmith and Fulham Mental Health Unit • St Bernard's in Ealing 	<p>There will be little change and disruption to the current model and pathways apart from the St Charles site expansion.</p> <p>The St Charles expansion will go some way to support the rationale for consolidating beds into a one site hub.</p>	<p>The rationale for the change across NW London and London as a whole is not fully realised i.e. reduction of sites will minimise delays, avoid unnecessary A&E attendances, decrease patient admissions and improve the quality of the service offer to the end user.</p>
Option 2: Five sites	<ul style="list-style-type: none"> • St Charles in Royal Borough of Kensington and Chelsea • Northwick Park on Brent/Harrow border • Riverside Centre in Hillingdon • Lakeside in Hounslow • Hammersmith and Fulham Mental Health Unit 	<p>Fits with the current CNWL and WLNHST strategic planning and wider crisis care developments.</p> <p>More flexible facilities in terms of capacity in the short-term ,and allows time for further planning for a future three-site model if appropriate.</p> <p>Goes some way to support the London rationale for change – with a key element to improve the quality of the service offer to the end user.</p> <p>Provides a better basis for wider crisis care developments – which in turn supports avoiding unnecessary A&E attendances.</p>	<p>To fully meet the pan London standards it would require adequate staffing in each facility which is less efficient and will cost more than staffing a smaller number of sites. This may also impact on the service offer to the end user and does not fully realise the rationale for change in the pan-London work</p> <p>The police and London Ambulance Service will experience longer conveyance times when picking up in areas without a site.</p> <p>Possibility of estate implications if the full pan-London changes are implemented.</p> <p>Changes may have some impact on local authority capacity, demand and determining responsibility for undertaking assessments.</p>
Option 3: Four sites	<ul style="list-style-type: none"> • St Charles in Royal Borough of Kensington and Chelsea • Northwick Park on Brent/Harrow border 	<p>Fits with the CNWL strategic planning and wider crisis care developments.</p> <p>More flexible facilities in terms of capacity in</p>	<p>Has a disproportionate spread of sites across each Trust area – and for CNWL less efficient and will cost more than a smaller number of sites because of the need for adequate staffing to meet the</p>

	<ul style="list-style-type: none"> Riverside Centre in Hillingdon Lakeside in Hounslow 	<p>the short-term for CNWL, and allows time for further planning for a future three-site model if appropriate.</p> <p>Goes some way to support the London rationale for change – with a key element to improve the quality of the service offer to the end user.</p> <p>Provides a better basis for wider crisis care developments – which in turn supports avoiding unnecessary A&E attendances.</p>	<p>London standards.</p> <p>The police and London Ambulance Service will experience longer conveyance times when picking up in areas without a site.</p> <p>Changes will have some impact on local authority capacity, demand and determining responsibility for undertaking assessments. Especially across the WLNHST boroughs and Hounslow becoming the site covering three boroughs.</p>
Option 4: Three sites (a)	<ul style="list-style-type: none"> St Charles in Royal Borough of Kensington and Chelsea Riverside Centre in Hillingdon Lakeside in Hounslow 	<p>Supports the rationale for the change across London as a whole and develops a more efficient hub model.</p> <p>Reduction of sites should minimise delays, avoid unnecessary A&E attendances, decrease patient admissions.</p> <p>The option is likely to improve the safety, privacy, and dignity of all service users through improved built environments and dedicated staffing teams.</p>	<p>Estates would have to be developed to accommodate the increased demand.</p> <p>The police and London Ambulance Service will experience longer conveyance times when picking up in areas without a site.</p> <p>There may be issues on local authority capacity and demand and determining responsibility for undertaking assessments.</p>
Option 5: Three sites (b)	<ul style="list-style-type: none"> St Charles in Royal Borough of Kensington and Chelsea Northwick Park on Brent/Harrow border Lakeside in Hounslow 	<p>Supports the rationale for the change across London as a whole and develops a more efficient hub model.</p> <p>Reduction of sites should minimise delays, avoid unnecessary A&E attendances, decrease patient admissions and improve the quality of the service offer to the end user.</p>	<p>Further increased estates costs. Hillingdon has high demand and closing the site would have disproportionate impacts on both the Hounslow and Harrow/Brent sites.</p> <p>The police and London Ambulance Service will experience longer conveyance times when picking up in areas without a site – especially with the closure of Hillingdon as this site has high demand partly due to the proximity to Heathrow.</p> <p>There may be issues on local authority capacity and demand and determining responsibility for undertaking assessments.</p>

Next steps

The next step is to continue with discussions with all stakeholders, health sector, police, ambulance service, local authorities and service users to fully consider advantages, disadvantages and implications of each option. Following the completion of this process, the multi-stakeholder panel will meet to discuss all feedback and the pros and cons of each option and then make a recommendation scenario with a view to short list options- one or two.

The aim then is to develop a full business case for the short listed option(s). Once the business case is finalised in April 2019 there will be further discussions and a decision on a feasible option to commence implementation planning - with the aim of transitioning to the new model of care in April 2020.

The engagement and co-production with professionals, patients, families and partners will continue to be an essential part of this work as we progress each stage. The planned engagement activities are as follows:

- Service user focus group - 28 November 2018; to be attended by those service users involved in the NW London survey, their carer representatives and service users from both the Mental Health Trusts' Co-production Steering Groups. The aim of the focus group will be to discuss their experiences and how these experiences could be impacted by the various site re-configuration options. Following this session, further sessions will be set-up to ensure engagement and co-production continues with service users, family members and carers,
- Local authority/Approved Mental Health Professional (AMHP)/Emergency Duty Team(EDT) focus group - 30th November 2018; January to March (dates to be confirmed); local authority AMHP and EDT colleagues to attend a discussion with health partners to identify specific issues and collectively agree next steps.
- On-going fortnightly meetings with Mental Health Trust colleagues. These meetings will ensure close working relationships to refine the small number of options and formulate the business case.
- Regular updates to commissioners and contract colleagues in CCGs - including close working to support the formulation of the business case and acquire appropriate sign off from Senior Management.
- Crisis Care Concordat Meetings - 17th January 2019 and 20th March 2019; wider stakeholder engagement – including the police and London Ambulance Service. The aim of this forum is to bring updates and work through specific issues.
- Continued updates to Social Care Directors and Council Members through letter correspondence and discussions.
- Updates and engagement with Acute Trust colleagues in Emergency Departments - through correspondence and presenting updates at meetings in hospital sites.



Appendix 1

This appendix documents the details of our engagement work and builds upon the summary in the main document.

Health Based Places of Safety

Engagement progress report and forward plan

November 2018

This document sets out all the engagement work that has taken place by Healthy London Partnership (HLP) and the North West London health and care partnership (NWLHCP), to support the development of proposals for health based places of safety (HBPoS) in NW London.

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- 3.0 NW London health and care partnership engagement (to-date)
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1.0 Background

Health based places of safety are places where ambulance crews or the police can take people who are in mental health crisis, to be supported and where a plan for their on-going care can be made.

There are approximately 5300 s136 detentions in London per year, which includes multiple detentions for the same individuals.

Currently the provision of health based places of safety is not up to standard across London and NW London and the following graphic sets these points out in more detail.

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.**

Following the publication of the HLP proposal the North West (NW) London health and care partnership have reviewed recommendations and continued to engage with service users and agencies to determine how best we can develop a new and improved model of care with our partners in NW London.

This document details this engagement work.

2.0 Healthy London Partnership engagement summary (London-wide)

Healthy London Partnership ran an extensive engagement programme over two years 2015 to 2017 to ensure the voice of people with mental health was at the heart of their programme and proposal. A full summary of all of HLP's engagement work can be found in appendix 5.2.

The pan-London s136 Pathway and Health Based Place of Safety (HBPOS) proposal, which outlines the minimum standards of care for HBPOS sites and the responsibilities of staff within the pathway, was developed through extensive engagement with London's crisis care system, including over 400 service users and carers, frontline staff from London Ambulance Service, police, mental health and acute trusts. 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.

Engagement was conducted through many different channels:

- Five workshops, with over 50 services users and carers held in each STP in London
- online survey, for service users and carers, online from 18 Jan to 24 Feb 2018 -154 responses received
- development of I-statements - these are first person statements setting out the expectations of how Londoners wish to be treated, over 200 service users co-produced a set of I-statements (Appendix 5.2 pages 48 and 49)
- BME service user experience workshop
- expert by experience videos and stories

More details about these engagement activities can be found in appendix 5.2 pages 14-18.

An outline of audiences engaged in this work is displayed in the figure below.



Outcomes of engagement

The following areas were identified through the engagement process as particularly important in the delivery of crisis care.

The survey responses and focus group have helped to identify both the current problems across these areas and how service users think improvements could be achieved.

Access to the right help – less than half of survey respondents knew how to access advice and support to get the help they needed when in crisis

Timeliness of care – nearly 70% of survey respondents felt there were missed opportunities to prevent their mental health deteriorating to crisis point

Compassion – only 34% who attended an ED and 27% who attended a place of safety agreed that staff had treated them with compassion

Choice and Involvement – only 30% felt involved in discussions about their mental health problems

Staff attitudes and knowledge – only 36% of those who attended an ED felt listened to and that their concerns were taken seriously

Environment – 93% of respondents feel that being in an environment that suits their needs when in crisis is either important or very important

Continuity of care – Over 95% said that receiving appropriate follow-up care after their crisis was either important or very important

“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



3.0 NW London health and care partnership engagement (to date)

Very small numbers of people use HBPOS in NW London, on average we see 1600 interactions with this service each year, and multiple interactions by the same individuals are included in this figure.

To meaningfully engage and target this cohort of service users and those staff that work in and support this service, the NW London health and care partnership have undertaken a series of engagement activities over the last six months to ensure service user feedback has shaped the development of options for HBPOS in NW London. This work follows on from the engagement conducted by HLP.

This work is still on-going but engagement activities that have taken place so far across NW London over the last six months include:

- **Service user survey (June – August 2018)**
 - Promoted by 23 mental health third sector organisations and NW London MH trusts (24 responses)
- **Engagement of key staff and stakeholders** that work with and support HBPOS (From March 2018, on-going)
- **NW London crisis care concordat (20 September)**
- **Workshops** (Two times workshop one at each mental health trust, with service users, police, staff, LAS local authority staff.)

- **Service user focus group (28 November 2018)**

Service user survey

Voluntary sector organisation ‘Rethink’ was brought in to work with a mental health service user panel called the making a difference alliance to undertake engagement with those that have used a health based place of safety and carers in NW London.

A questionnaire was co-produced by the expert-by-experience advisory group. The survey was shared through third sector mental health organisations, local authority and the two mental health trusts in NW London from June – August 2018.

The following organisations were approached (by email, phone and meetings) to:

1. Distribute the survey via email and newsletters (giving the link to the online survey and information about how to arrange to take the survey in person or over the phone)
2. Promote the survey at expert-by-experience forums
3. Make individuals aware of the survey

Amadeus House	K&C Social Council
BME Health Forum	Mind in Ealing and Hounslow
The Bridge	Mind in Harrow
Brent, Wandsworth & Westminster Mind	NSUN
Central North West London NHS Foundation Trust	One Westminster
CVS Brent	Salvation Army
Hammersmith & Fulham Mind	SMART
Healthwatch Central West London	Sobus
Healthwatch Hammersmith & Fulham	SMART
Hillingdon CVS	We Co-produce
Hounslow Voluntary Sector Support Service	West London Network
Hounslow Wellbeing Network	West London NHS Trust
K&C Mind	

The survey results

- 24 people service users completed the survey

- further surveys were started but not enough meaningful data supplied to analyse
- 15 people said the experience they were referring to was not their first experience with emergency mental health care
- 62% of respondents from a BME background
- An even split of male and female respondents
- Six people said the reason for their crisis/section 136/5 was psychosis, four people because they were suicidal, two because they couldn't get help out of hours, one because of bipolar, one because of PTSD, others did not share

Of those who were reached, one person started the survey but could not finish as the recall was too upsetting.

Other people did not have experience within the last two years. To avoid people becoming upset about that their experience 'not counting' these experiences were collected but analysed separately.

The main themes raised by those that responded:

1. **The approach of health staff and the police** made the greatest difference – for people to feel safe and supported. Their approach must be compassionate and respectful – providing dignity. Staff must ask about, and listen to, a person's needs. Dialogue is essential. A trauma-informed approach: "what happened to you" not "what's wrong with you" is essential.
2. **Verbal communication of information by staff** made the second greatest difference – for people to feel safe and supported.
People need to know:
 - where they are
 - why they're there
 - what's happening
 - what will happen next
 - how long things will take
 - how they can communicate their needs
 - if they can contact someone.
3. **The environment and facilities at the place of safety** made the third greatest difference - for people to feel safe and supported. A non-clinical, homely, feel makes a huge difference; and forms of comfort such as soft chairs. 75% of respondents said music would be welcome, and 50% said TV, although with a choice about whether to have it on or not. Drink and food were essential needs.
4. **Waiting and travel time**
Some respondents said waiting time at and around the place of safety was very important to their experience of feeling safe and supported, but others ranked it as less important.

The majority of respondents said travel time from pick up to the place of safety, and home from the place of safety, was the least important to their experience of feeling safe and supported.

Challenges

It was challenging, to reach people who had lived experience of a HBPOS in the last two years and were willing to share their experience. Completing the survey for some was too upsetting. To further engage service users in a supported environment a focus group is being held on 28 November.

Engagement of key staff and stakeholders

In addition to engagement with service users, key stakeholders have been engaged across NW London to support the development of the NW London model for HBPOS. This work started in March 2018 and is on-going:

- Directors of adult social services, safe guarding leads and key council stakeholders involved in the development of a NW London model.
- CCG commissioning leads for mental health
- Mental Health Trusts, service leads and executive team
- Police
- London Ambulance Service
- Emergency Departments
- Healthy London Partnership
- Cllrs, MPs, Council leaders and key stakeholders, written to across the eight boroughs

Crisis care concordat

On 20 September 2018 a multi-agency Crisis Care Concordat meeting was held.

This meeting was well attended and had representation from all eight boroughs with attendees from across CCGs, trusts, London Ambulance Service, the police and local authorities.

Findings from our service users were presented at the meeting. There was a clear agreement from the members of the Concordat that any change should be grounded on improving quality and the experience for the service user, regardless of the number or location sites agreed across NW London.

Workshops and meetings

- **Two workshops** were held one at each of our mental health trusts in NW London inviting all stakeholders to look at options in NW London.
 - 30 October 2018 (WLMHT) - attended by 25 stakeholders from the mental health trust, CCGs, police, local authority and service users.

- 15 November 2018 (CNWL) – attended by 30 stakeholders from the mental health trust, CCGs, police, LAS, local authority and service users. S

Follow up meetings at both mental health trusts will be held in December to further discuss options for a new model of care in NW London.

4.0 Next steps for engagement in NW London

Equalities impact assessment

To support the development of the options appraisal an equalities impact assessment is underway, to review each of the option presented

Options development

Service users, carers and stakeholders will be invited to comment on the potential scenarios set out in the Health Based Places of Safety briefing report for JHOSC. This will be covered as part of the service user focus group on 28 November and we will also invite comments online via our website and Twitter.

All comments and views will be collated and then considered by a dedicated Health Based Places of Safety Panel, which will include service user and carer representatives, commissioners, social care, mental health professionals, the Metropolitan Police and the London Ambulance Service.

Details of the next events

Service user focus group (28 November 2018)

A focus group is being held on 28 November with service users and carers to co-produce a new model of care in NW London and support the development of the option appraisal. This focus group is for who have had a personal experience using a section 136 suite in the last two years. All attendees have already completed surveys and provided responses on what HBPOS require, this focus group will build on the initial responses and requirements from service users based on site options.

The outputs of this workshop will feed into the development of the option appraisal.

Feedback will be shared with focus group attendees and they will be invited to further support the development of the new model.

Trust workshops

Two workshops are organised for early December to discuss the development of the options appraisal. The work from the service user focus group will feed into these sessions.

How we will decide on the new model of care

Following the completion of the engagement process, the panel will meet to discuss all feedback and the pros and cons of each scenario. They will then make a recommendation on the best way forward. This will be discussed with all those that have input into the engagement process.

On-going engagement

Once the changes have been implemented, we will continue to test how well the changes are working and to consider what further engagement is needed with service users, carers and professionals as the service develops.

5.0 Documents

- 5.1 Healthy London Partnership – [London's Mental Health stakeholder engagement audit](#)

- 5.2 Healthy London Partnership – [London's section 136 pathway and Health Based Place of Safety specification](#)