

# Open Agenda



## Place of Safety Joint Overview & Scrutiny Committee

Thursday 6 October 2016

7.00 pm

ORTUS Learning & event centre, Denmark Hill Campus, 82 - 96 Grove Lane, Camberwell, London, SE5 8SN

### Membership

Councillor Carole Bonner  
Councillor Jacqui Dyer  
Councillor Alan Hall  
Councillor Rebecca Lury  
Councillor John Muldoon  
Councillor Bill Williams  
Councillor Margaret Mead  
Councillor Robert Hill

### Reserves

---

### INFORMATION FOR MEMBERS OF THE PUBLIC

---

**Access to information** You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

**Babysitting/Carers allowances** If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

**Access** The council is committed to making its meetings accessible. Further details on building access, translation, provision of signers etc for this meeting are on the council's web site: [www.southwark.gov.uk](http://www.southwark.gov.uk) or please contact the person below.

### Contact

Julie Timbrell on 020 7525 0514 or email: [julie.timbrell@southwark.gov.uk](mailto:julie.timbrell@southwark.gov.uk)

---

Members of the committee are summoned to attend this meeting

**Eleanor Kelly**

Chief Executive

Date: 27 September 2016



# Place of Safety Joint Overview & Scrutiny Committee

Thursday 6 October 2016

7.00 pm

ORTUS Learning & event centre, Denmark Hill Campus, 82 - 96 Grove Lane,  
Camberwell, London, SE5 8SN

## Order of Business

Item No.	Title	Page No.
1.	<b>APOLOGIES</b>	
2.	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
3.	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
4.	<b>MINUTES</b>	1 - 5
	To approve as a correct record the minutes of the meeting held on Tuesday 26 April 2016.	
5.	<b>SLAM'S PLACE OF SAFETY PROPOSAL</b>	6 - 68
	A report from South London and Maudsley NHS Foundation Trust (SLaM) on their central Place of Safety proposal, addressing the recommendations of the committee at the last meeting, is enclosed.	
6.	<b>STAKEHOLDERS VIEWS ON THE PLACE OF SAFETY PROPOSAL</b>	
	Local police forces and Healthwatches submissions are to follow.	
7.	<b>COMMITTEE RECOMMENDATIONS</b>	

Date: 27 September 2016

**Item No.**

**Title**

**Page No.**

**EXCLUSION OF PRESS AND PUBLIC**

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”



## PLACE OF SAFETY JOINT OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the Place of Safety Joint Overview & Scrutiny Committee held on Tuesday 26 April 2016 at 8.30 pm at Coin Street neighbourhood centre, 108 Stamford Street, SE1 9NH

---

### PRESENT:

Councillor Carole Bonner  
 Councillor Jacqui Dyer  
 Councillor Alan Hall  
 Councillor Robert Hill  
 Councillor Rebecca Lury  
 Councillor John Muldoon  
 Councillor Bill Williams

### OTHER MEMBERS

#### PRESENT:

**OFFICER &** Dr Matthew Patrick, South London & Maudsely Foundation  
**PARTNER** Trust (SLaM), Chief Executive  
**SUPPORT:** Kris Dominy, COO, SLaM  
 Derek Nichol, Head of Crisis Services, SLaM  
 Jo Kent, Service Director, SLaM  
 Cath Gormally, SLaM  
 David Quirke-Thornton, Strategic Director of Children's & Adults Services, Southwark Council  
 Dick Frak Interim Director of Commissioning, Children's and Adults' Services, Southwark Council  
 Caroline Gilmartin, Director of Integrated Commissioning NHS Southwark Clinical Commissioning Group (CCG)  
 Moira McGrath, Director of Integrated Commissioning (Adults) London Borough of Lambeth & NHS Lambeth CCG  
 Fiona Connolly, Service Director, Adult Social Care, Lambeth Council  
 Aileen Buckton, Executive Director for Community Services, Lewisham Council  
 Martin Wilkinson, Chief Officer, Lewisham CCG  
 Brenda Scanlan, Croydon Director of Integrated Commissioning & Adult Care Commissioning  
 Nick Collins, Chief Inspector Vulnerable People and Partnership, Lambeth Borough Police  
 Claire Robbins, Inspector, Croydon Borough Police

Russ Thompson, Sergeant, Borough mental health Liaison  
Officer for Lewisham Borough Police  
Aarti Gandesha , Manager, Healthwatch Southwark  
Catherine Negus, Research &Intelligence Officer, Healthwatch  
Southwark  
Julie Timbrell, scrutiny project manager

**1. APPOINTING A CHAIR AND VICE-CHAIR**

Councillor Rebecca Lury was appointed the chair, and Councillor Jacqui Dyer was appointed the vice chair.

**VIDEO - OPENING OF THE MEETING**

<http://bambuser.com/v/6231390>

**2. APOLOGIES**

Councillor Michael Neal sent his apologies.

**3. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**

There were none.

**4. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

Councillors Alan Hall & John Muldoon declared that they both are elected governors at South London and Maudsley Foundation Trust (SLaM).

**5. DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING**

There were none.

**6. TERMS OF REFERENCE**

The Terms of Reference were noted.

## 7. SLAM'S PLACE OF SAFETY PROPOSAL

**Dr Matthew Patrick**, Chief Executive, South London and Maudsley Foundation Trust (SLaM) briefly presented the proposal; followed by questions from the committee.

The following social care and NHS Clinical Commissioning Group (CCG) commissioners from the affected boroughs of Southwark, Lambeth, Lewisham and Croydon then briefly presented their views on the proposal:

- **David Quirke-Thornton**, Strategic Director of Children's & Adults Services, Southwark Council
- **Dick Frak** Interim Director of Commissioning, Children's and Adults' Services, Southwark Council
- **Caroline Gilmartin**  
Director of Integrated Commissioning  
NHS Southwark Clinical Commissioning Group
- **Moira McGrath**  
Director of Integrated Commissioning (Adults)  
London Borough of Lambeth & NHS Lambeth CCG
- **Fiona Connolly**  
Service Director, Adult Social Care  
London Borough of Lambeth
- **Aileen Buckton**, Executive Director for Community Services,  
Lewisham Council
- **Martin Wilkinson**, Chief Officer, Lewisham CCG
- **Brenda Scanlan**, Croydon Director of Integrated  
Commissioning & Adult Care Commissioning

The presentations were followed by questions from the committee.

### VIDEO - SLAM'S PLACE OF SAFETY PROPOSAL

<http://bambuser.com/v/6231396>

## 8. STAKEHOLDERS VIEWS ON THE CENTRAL PLACE OF SAFETY PROPOSAL

**Nick Collins**, Chief Inspector Vulnerable People and Partnership, Lambeth Borough Police presented the paper attached on behalf of the four Borough Commanders. **Claire Robbins**, Inspector, Croydon Borough Police and **Russ Thompson**, Sergeant, Borough mental health Liaison Officer for Lewisham Borough Police assisted with questions from the committee.

The chair drew the committee's attention to the paper tabled by Lewisham Healthwatch and invited **Aarti Gandesha**, Manager and **Catherine Negus**, Research and Intelligence Officer, Healthwatch Southwark to give their views.

## 9. COMMITTEE RECOMMENDATIONS

The chair invited SLaM representatives back to the table to be questioned on the evidence received so far by the committee. **Dr Matthew Patrick**, Chief Executive, **Kris Dominy**, COO, **Derek Nichol**, Head of Crisis Services, **Jo Kent**, Service Director and **Cath Gormally**, Director of Social Care participated.

The committee then deliberated and agreed the below.

### RESOLVED

1. SLaM should develop a comprehensive engagement plan, which makes clear the full list of organisations who will be engaged, and the full list of questions on which they will be engaged. This should be accompanied by a clear timeline for engagement. The committee should be consulted on this approach and this should be circulated to the Committee for comment. (In the interests of time and efficiency, this should be done by email with a week for comments from Committee members)

2. SLaM will undertake a comprehensive engagement exercise, which should cover the following issues:

- a. A financial feasibility study of options for provision of Places of Safety across the four boroughs, with clear reasoning to support a single place of safety
- b. Sufficient and suitable provision of services for children and young people

- c. Logistics; covering all legal agreements that will need to exist between the four boroughs, including, but not limited to, transport, Approved Mental Health Professional (AMHP) service, provision for people who are homelessness and/or have No Recourse to Public Funds (NRPF) status
- d. The design of the Place of Safety

The Committee further recommended in light of the above that local Healthwatches are engaged in regards to both the design of Place of Safety (d) and the service user journey, and that third sector organisations that work with homeless people and people with NRPF are engaged in regards to (c) and (d), in particular: The Connection at St Martins, Passage Day Centre, West London Day Centre, London City Mission and Manna Centre. Also that the London Ambulance Service and the British Transport Police are engaged.

The Committee has recommended a three month engagement period, but we welcome SLaM producing a comprehensive timeline setting out the timescales in which they believe the above can be achieved. We expect the results of the engagement programme to be presented back to the Committee ahead of any formal agreement to launch the single Place of Safety.

The meeting ended at 10.30 p.m.



**Central Place of Safety Proposal: report to the  
Joint Health overview and Scrutiny Committee,**

**Thursday 6<sup>th</sup> October,  
Buddy Rooms, ORTUS Centre  
South London and Maudsley NHS Foundation Trust**

## Contents:

### Item No.

1. Introduction
2. Engagement report: Developing a CPoS
3. Engagement with specific organisations
4. 'Logistics': formal arrangements between the four borough local authorities
5. Financial comparison paper
6. Appendix 1: Engagement project plan

## Report to the Joint Health Overview and Scrutiny Committee 6<sup>th</sup> October 2016

### Central Place of Safety Proposal

### South London and Maudsley NHS Foundation Trust (SLaM)

#### 1. Introduction:

- 1.1 On the 26<sup>th</sup> April 2016, the Joint Health Overview and Scrutiny Committee made specific recommendations to SLaM in relation to the place of safety which SLaM accepted, namely:

*“ 1. SLaM should develop a comprehensive engagement plan, which makes clear the full list of organisations who will be engaged, and the full list of questions on which they will be engaged. This should be accompanied by a clear timetable for engagement. The committee should be consulted on this approach and this should be circulated to the Committee for comment. (In the interests of time and efficiency, this should be done by e mail with a week for comments from Committee members)*

2. *SLaM will undertake a comprehensive engagement exercise, which should cover the following issues:*

- a) *A financial feasibility study of options for provision of places of safety across the four boroughs, with clear reasoning to support a single place of safety.*
- b) *Sufficient and suitable provision of services for children and young people.*
- c) *Logistics: covering all legal agreements that will need to exist between the four boroughs, including, but not limited to, transport, Approved Mental Health Professional (AMHP) service, provision for people who are homeless and/or have No Recourse to Public Funds' (NRPF) status.*
- d) *The design of the Place of Safety*

*The committee further recommended in light of the above, that local Healthwatches are engaged in regards to both the design of the place of safety (d) and the service user journey, and that third sector organisations that work with homeless people and people with NRPF are engaged in regards to (c) and (d), in particular: The Connection at St Martins, Passage Day Centre, west London Day Centre, London City Mission and Manna Centre. Also that the London Ambulance Service and the British Transport Police are engaged.*

*The committee has recommended a three month engagement period, but we welcome SLAM producing a comprehensive timeline setting out the timescales in which they believe the above can be achieved. We expect the results of the engagement programme to be presented back to the Committee ahead of any formal agreement to launch the single Place of Safety.”*

The purpose of this report is to present the outcome and results of this three month engagement plan.

2. In May 2016, SLAM produced a comprehensive engagement plan, including the full list of organisations we intended to engage with and the full list of questions on which we sought engagement. A clear timeline for the engagement plan was also included and circulated to the committee for comments by committee members. (Appendix 1) The plan was approved by the committee and work on the engagement plan commenced.
3. The financial feasibility study of options for provision of places of safety was completed and circulated to the joint commissioners, Directors of Adult Social Services (DASS), and members of the Joint HOSC. This ‘financial comparison’ paper is included in **Section 5** of this report.
4. The report on the comprehensive engagement undertaken in partnership with Healthwatch, including feedback from the Open Day event held on the 9<sup>th</sup> August at the Maudsley Hospital site, is included in **Section 2** of this report.
5. The report on the engagement with specific organisations is included in **Section 3** of this report.
6. The report on the work undertaken with each of the four boroughs of Lambeth, Lewisham, Croydon and Southwark to agree formal arrangements in relation to Approved Mental Health Professional (AMHP) services, transport, provision for people who are homeless

and/or have no recourse to public funds status is included in **Section 4** of this report.

The Trust believes that the three month period of engagement has been robust and comprehensive and that all the areas that the committee required further assurance on have now been addressed. The Trust asks the committee to approve and support the proposal to open the central place of safety on the Maudsley site in the near future.

Improving our  
Place of Safety

# Developing a Centralised Place of Safety (CPOS)

## Engagement Report – August 2016



**Dr. Matthew Patrick**  
Chief Executive

*“When we develop a service, we need to understand what matters most to the people who will use it. In developing our Place of Safety, we have listened to people who have direct experience of using our crisis services and to those who have used a Place of Safety. We have visited local groups and we have invited individual feedback. These are not simply one-off conversations – those with real experience of our services are helping us routinely and regularly. Sometimes they remind us that it is the little things that make a difference, and sometimes they tell us how we need to get the basics right.”*

*Thank you to everyone who has given their time, ideas and feedback by joining our conversations about the Place of Safety. You are helping us to ensure that it will properly meet the needs of those who use it in the future.*

*“Being involved in the CPOS work as a service user consultant has meant I’ve been able to give a voice to people in crisis. I never had that opportunity myself.”* **Member of the service user and carer advisory group**

*“The ultimate aim of this new Place of Safety is to provide a haven of protection, expert skills and gentle care to those in extreme need at a time of crisis. In this situation people are ultra-sensitive to their surroundings and a small, dedicated band of service user consultants who regularly attend meetings have greatly influenced the introduction of many of the features and little touches those being cared for will most appreciate. They have been there, they know what matters to people at a time of crisis. All credit – and power – to them.”*

**Carer Consultant**

## Contents:

		page
Background		2
Who we involved and why		3
How we involved people	2014 – July 2016	4
What we learned from our conversations		5
How feedback influenced our plans		6
Workshop about information and signage	August 2016	14
Centralised Place of Safety Open Day		15
To join the conversation		23
Appendix 1 – information and question sheet for stakeholders		24
Appendix 2 – engagement details		26

## Background

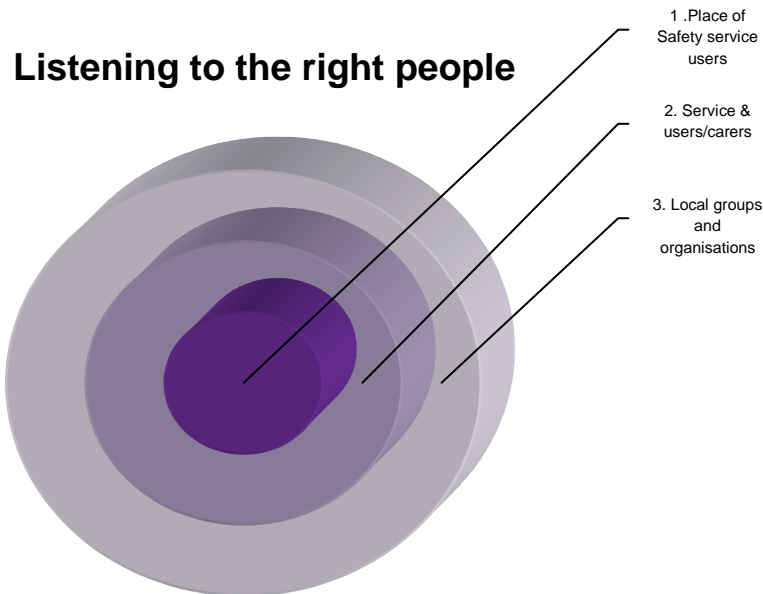
The police can use the law (section 136 of the mental health act) to take people from a public place to a “Place of Safety” if they seem to have a mental illness and be in need of care. A Place of Safety is a place where mental health professionals can assess people’s needs and work out the best next steps. Currently, there is a small place of safety in each of the SLaM boroughs (Croydon, Lambeth, Lewisham and Southwark). We are replacing these with one larger Centralised Place of Safety on the Maudsley Hospital site in Southwark. This report aims to describe:

- how service users, and those people and organisations who support them, have been involved in the discussions and planning
- the themes arising from the feedback and discussions.
- how feedback and involvement has influenced policy and practice



Members of our special interest group visit the site – April 2016

## Who we involved and why



### 1) People who have used a place of safety

Understanding and acting on people's actual experiences of services is the starting point. Not many people will be brought to a Place of Safety, but for those who are, it can be a frightening experience. The people best placed to help us understand what it is really like to use a Place of Safety are those who have used one. Starting in 2014/5 we listened to over 100 people who shared their experience.

### 2) People who have experienced a mental health crisis or supported someone who has

Routinely involving service users and carers helps us to keep patient & carer experience at the heart of our work. Our service user/carer advisory group and special interest group were involved from the beginning and continue to be integrated in the work to develop the CPOS. They are members of the 'Project Board' which is overseeing the development of the CPOS.

### 3) Local groups and organisations are a valuable source of feedback and guidance, bringing independent views and harnessing the voice of a wider group.



## *How we involved people*

**People who have used a place of safety:** In 2014/5, service user and carer consultants worked with staff to develop a questionnaire for those who have used a place of safety. Service user and carer consultants approached people who had been through the local places of safety and (using the questionnaire) asked them about their experience. They listened to around 100 people. We called this the “136 Audit”. Recommendations from this project were incorporated into the policy for how the CPOS will work.

**Service User & Carer Advisory Group:** Each department in SLaM has a Service User and Carer Advisory Group. The groups are made up of service users and carers. Senior managers join members every month to discuss changes to our services. The CPOS is regularly discussed at the Psychological Medicine Service User & Carer Advisory Group.

**Special Interest Group:** From February 2016, 6 service users and carers from the advisory group have been helping the CPOS Staff Team. Every fortnight, 2 of them join managers and clinicians at the Project Board Meetings which oversee developments. They have visited the site and are working on specific projects to make sure that service user and carer preferences are considered.

**People on the wards:** We asked people who are having an inpatient stay for their views on specific things as they have a special understanding of what it is like to be in a mental health crisis. So far, they have helped us with ideas about paint colours and what might help relieve stress and anxiety whilst in the CPOS. In addition, a group of young people from a ward and a group of adults were shown around the unit and their feedback was noted.

### **Workshops :**

- On 14th July, service user and carer consultants joined staff, commissioners and Healthwatch to discuss changes to the Home Treatment Teams. They discussed how the Home Treatment service could best support the CPOS.
- On 2nd August, service user and carer consultants joined the CPOS manager to discuss signage and information. The informal workshop included a walk around with stops for discussion.

### **Open Discussions:**

During April 2016 we went to local mental health user groups/organisations to find out what people thought about our plans. We presented our plans to around 150 people and around 70 chose to join us for detailed discussion. We produced an information sheet with some questions (see appendix 1) which we shared with local organisations and with our internal service user/carers networks. Via this questionnaire, we received individual feedback from a number of older adults and some young people. In June 2016 all the feedback was reviewed by the Project Board. During July 2016 we invited a wider discussion again, directly contacting around 100 local organisations and promoting discussion through our website via a link to an online survey. Working with our local Healthwatches, we invited people to a public open day on August 9th to showcase what we had learned through our engagement, where we had reached in terms of developing the Unit and to invite further comment.

## What we learned through our conversations:

(2014 - July 2016)

In general, people understand and appreciate the rationale behind developing a *centralised* Place of Safety. The advantages of having a dedicated staff team, and a better environment are seen to outweigh the disadvantages such as the distance of the site from some of the boroughs.

Much discussion focussed on the need to provide a comfortable and humane space where:

- **Staff should be welcoming, respectful and trained to support people in a crisis**
- **People need to be kept informed at all stages. People may need to be told things several times and there should be jargon free written information too.**
- **Where people have crisis plans, these should be taken into account**
- **People's physical health needs should be assessed and catered for alongside their mental health needs**
- **People should have access to proper clothing, phone calls, food, water, money, and a bed**
- **When in a crisis, distraction can help relieve anxiety. It is not always helpful to be in a bare room with no distraction**
- **Family members should be involved and informed (with the service users consent)**
- **Peer support should be explored as an option whilst in the CPOS and after discharge**
- **People with lived experience should continue to routinely inform how the service develops**



## How feedback influenced our plans

### People told us:

### Staff should be welcoming, respectful and trained to support people in a crisis

*“Have a “friendly” welcome. Many “places of safety” are cold and unfriendly. The treatment of people is paramount, making sure they are looked after until they are able to speak up for themselves”*

**Croydon Hear Us Forum discussion**

*“The patient should be treated as gently and kindly as possible by every member of staff, even if a degree of violence has been demonstrated.”*

**Individual**

*“One of the most important things is safety and security. There should be no mistakes when it comes to this as in my experience from police vans and A&E's there can be a big gap when it comes to making sure service users and those around them are kept safe.”*

**Individual young person**

**136 audit:** How did you feel when you arrived at 136 suite?

*“I waited for ages, no one came down. I felt humiliated. I’m not allowed to smoke and I’ve been threatened.”*

*“Being here has been difficult, always being told to wait. It’s difficult to get food. I felt rushed to be placed here. I feel like I was being kept here against my will.” “I was scared, but there was one nurse who was very nice to me.”*

**Individual responses**

### What we are doing or have done

- The staff team was specifically recruited to work with people in a mental health crisis.
- Service user consultants were, and continue to be, involved in recruiting the staff team.
- Service user consultants with experience of using a place of safety have delivered a training session to help staff understand what it feels like to be a service user in the place of safety.
- Simulation training (using actors to simulate live scenarios) is planned for CPOS staff and police. This will happen on site and will allow staff to reflect on how they interact with people using the service.

**People told us:**

**People need to be kept informed at all stages. People may need to be told things several times and there should be jargon free written information too.**

*“Over a quarter of participants reported not being given any explanation as to why they were brought to the section 136 place of safety. This is likely to add to the sense of bewilderment described by several of the participants”* **Extract from the 136 Audit Report**

**136 audit:** How did you feel when you arrived at 136 suite?

*“A sense of confusion as a number of people were dealing with me. I felt like nobody was on my side”* **Individual response**

What do we need to consider? *“Language used by professionals i.e speak in simple terms – that is easily understood. Interpreter if English is not first language”* *“Talk and try to explain reasons for admittance, be friendly, don’t intimidate”* **Croydon Hear Us Forum discussion**

*“The patient should be given a brief résumé of what is likely to happen next and given written information on where they are and why for them to refer to when left on their own.”* **Individual**

*“service users and their friends/family should be given information on whats going on, why they are there and also what the next step is. This can be done through interactive boards in communal spaces and also leaflets and information posters.”* **Individual young person**

**What we are doing or have done**

- The special interest group of service users and carers are working with staff to identify the key aspects of the assessment and how we should communicate this to service users. This will include making sure we use plain language and how we access information in other languages.
- We held a workshop with service users on the 2nd August which looked specifically at the signage in the unit.



**People told us: Where people have crisis plans, these should be taken into account**

*“The need to ensure people have good and current crisis plans”* **Lambeth Living Well Collaborative**

*“Group members were interested to hear about the changes and were keen for more specialist support for people when in a crisis.”* **Lewisham Users Forum Discussion**

**What we are doing or have done**

- We have written into the operational policy that staff will consult the notes of each patient on arrival. Crisis plans that are loaded onto the electronic system will help us understand how best to support people.
- Our nursing staff have been trained to help people to develop techniques to cope during a crisis. During their time at the CPOS any preferences can be added to the electronic record.  
The specialist Dialectical Behaviour Therapy (DBT)\* service will support the team to develop their capacity through telephone advice and training.

**People told us: People’s physical health needs should be assessed and catered for alongside their mental health needs**

*“Give them a health check, get in touch with their GP or relative”*  
**Croydon Hear Us Forum discussion:**

**Importance of:** *“Ensuring that medications for people’s physical health conditions are made available and that physical health is recognised in assessment & care planning.  
Providing space that can accommodate people with physical conditions/disabilities*  
**Southwark Dragon Café discussion**

**What we are doing or have done**

- The unit has access to a full range of medical equipment for testing/assessing people’s physical health.
- Everyone will be offered a medical assessment that will take place with an on-site doctor.
- People’s particular health needs will be communicated to GPs and/or other relevant services

## People told us: **People should have access to proper clothing, phone calls, food, water, money, and a bed**

*“Hygiene products (toothbrush, toothpaste as well as the usual soap and towels) and nightwear should be on hand as the patient is unlikely to have brought these things with them.”* **Individual:**

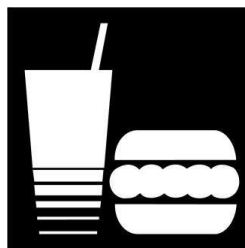
*“It is important to recognise how people may be brought to the CPOS. People may need clothing on arrival.”* **Southwark Dragon Café discussion**

**136 audit:** How did you feel when you arrived at 136 suite? *“I should have been given clean clothes and allowed to make phone calls.”* **Individual response**

*“My experience could have been better if I was allowed to sleep, treated with dignity and respect.”* **Individual response**

## What we are doing or have done

- The special interest group of service users and carers are working with staff to develop Hygiene Packs that can be given to people on arrival.
- There will be a clothing store & access to food & drinks 24/7.
- Beds will be available for anyone admitted to the unit.
- The nursing team can enable people to make and take phone calls, in private where necessary.



**People told us:****When in a crisis, distraction can help relieve anxiety. It is not always helpful to be in a bare room with no distraction**

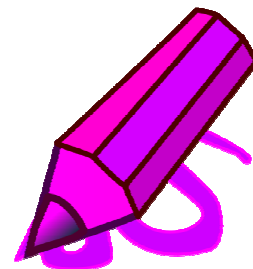
Consider: *“The need to have a ‘softer’ environment – suggestions included: Whiteboard/blackboard, so people can write their thoughts, Think about paint colour – not stark white, things to divert attention from distress – eg: TV/radio”*  
**Southwark Dragon Café discussion**

*“One thing that I would find helpful would be noise cancelling walls or doors because when one is distressed it can often trigger others off leading to many situations at any one time which can lead to a lot of chaos”*

*One thing that is needed is things to do for when young people are distressed or are looking for distraction so maybe things such as a TV and books as well as board games and cards should be locked away but available.”* **Individual young person**

**What we are doing or have done**

- There will be a support pack in the CPOS which will include items for distraction such as ipods, colouring books and other items which would help relieve stress and offer distraction. A service user consultant is leading some work to find out what would be good to be included in the pack, bearing in mind the range of people who may come to the CPOS.



**People told us:****Family members should be involved and informed (with the service users consent)**

*51% reported a carer, friend or relative had been informed about the fact they were taken to a 136 suite. 33% stated that they had not.* **Extract from the 136 audit**

*Q. The 136 audit highlighted communication with family & carers as an issue. Will there be a waiting area in the Centralised Place of Safety?*

*A. Yes. There will be space for family & carers. There will be communal areas as well, so that for people who are able, they need not be kept alone in a room.* **notes of psych med advisory group discussion Feb 2016**

*“Subject to patient’s permission family/carers should be contacted and given name and phone number of staff member in charge of patient and other information (e.g. visiting arrangements etc).”* **Individual**

**What we are doing or have done**

- Communal areas have been built into the design of the unit, so that there is space for visitors.
- We have written into the operational policy that when a patient arrives, they are asked who they would like to involve and how. Information for carers will be available at the CPOS. This will include the SLaM Carers Handbook.

**People told us:****Peer support should be explored as an option whilst in the CPOS and after discharge**

*“Informal support from volunteers or peer supporters to people whilst in the CPOS was felt to be a good idea.”* **Southwark Dragon Café discussion**

**What we are doing or have done**

- Solidarity in a Crisis (a local crisis peer support service) have agreed to work with us to offer peer support where appropriate
- We have links with “Lambeth Sanctuary” (out of hours crisis support service) and can refer people there if appropriate.





**People told us:****Staff should make sure that children/young people are not alarmed or distressed by adults who are in the CPOS**

*“Young people should be protected from seeing, hearing or encountering severely unstable adults.”* **Individual**

*“I feel you need to think about how it is divided in that there are areas for adults and areas for adolescents. Also need to think how easily accessible it is from the vehicle to the place of safety”* **Individual young person**

**What we are doing or have done**

- Staff have had training about working with Children.
- We have developed a specific protocol for when children & young people are on the unit.

**People told us:****People may need an opportunity to talk about their experience of being brought to hospital**

*“What came out clearly was the emotional impact of being detained under section 136 - something which is rarely touched upon following an individual’s admission to hospital.”* **Extract from the 136 Audit report:**

**What we are doing or have done**

- We will ring everyone within three days of them being discharged. We will ask how they are and whether they are getting the right support. During this phone call, people can also tell us what it was like coming to and being in the CPOS.
- There will be information about our feedback systems in the CPOS, including PALS and Complaints



**People told us: People with lived experience should continue to routinely inform how the service develops**

*“The future we are seeking to create ... where service users and/or carers engage in activities that are designed to ensure that the user voice is a significant factor in shaping service delivery and development.”*

**SLaM Strategic Plan 2014-19 summary**

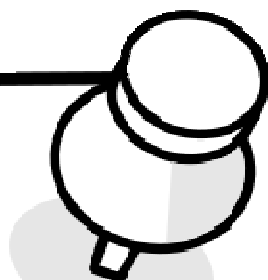
**What we are doing or have done**

- We will do a follow up survey of people’s CPOS experience. As before, this project will be developed and implemented by service users/carers and staff in collaboration.
- Service user/carer consultants will continue to participate in the project board
- The operational policy will include the need to hold regular meetings with service user groups.



## Workshop about information & signage: 2nd August 2016

On the 2nd August 2016, the CPOS manager and staff held a small informal workshop with 6 service user consultants - both adults and young people. The purpose of the workshop was to understand the priorities of people being brought to the CPOS in terms of signage and information. Service user consultants used their lived experience of mental health crisis to help us identify what information will help people understand and make sense of their environment. The workshop took the format of a 'walk around' with discussion stops, beginning with the route into the Place of Safety, including a tour of all the rooms and the route out of the unit. From the notes of the workshop:



### **Signage in and around the unit:**

The general consensus was that the unit would benefit from the following signage:

- Clear "CENTRAL PLACE OF SAFETY" sign at the entrance.
- A sign pointing to the reception with instructions on how to enter the unit.
- A brief description of a place of safety close to the reception area.
- Signpost to the nearest public toilet.
- "Hello" in multiple languages near the entrance.

### **Route to and from the unit:**

- It was felt that the easiest route was around the side of the hospital.
- There needs to be sufficient lighting for the route from the main road to the unit.
- There should be a coloured line/footprints from the main entrance to the unit.

### **Airlock/Entrance:**

- The "knowing me, knowing you" board should be displayed here along with the pledge.

### **Lounge area:**

- It was felt that leaflets should be available in this area for service users and carers.

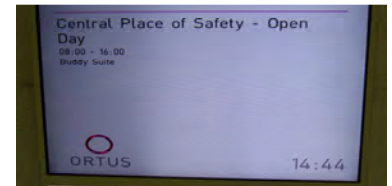
### **General rooms:**

- There should be a sign letting patients know that support packs are available.
- The rooms should have names as opposed to numbers.
- There should be a sign in the "forest room" explaining where the bathroom is.
- There should be a sign for the family/meeting room and everyone thought "Chat room" would be a nice name for this.
- Everyone felt it would be a good idea to have leaflets available in the chat room

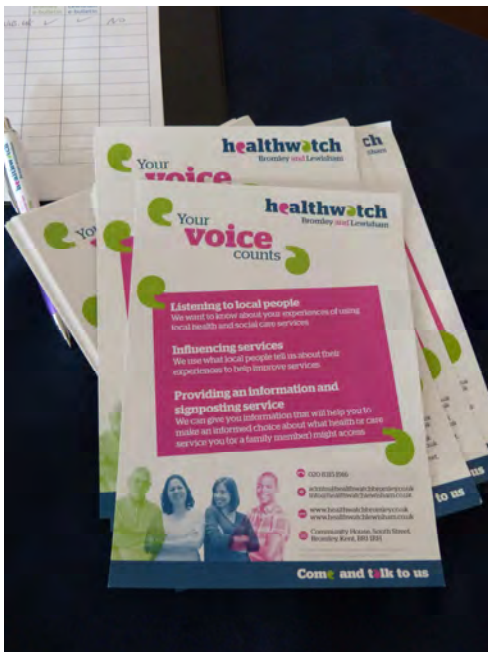
## Centralised Place of Safety Open Day· 9th August 2016

On 9th August we held a public open day between 10.00 & 4.00pm at the ORTUS Learning Centre on the Maudsley Hospital site. The purpose of the day was to:

- give information about the development of the CPOS
- to invite feedback
- show people around the CPOS site



### Partnership with



Healthwatch is the local independent consumer champion for health and social care. Its remit is to gather and represent the views of the public.

To gain a wider view on our plans, and as recommended by our local Health Overview & Scrutiny Committee, during July 2016 we worked in partnership with our four Healthwatches (Croydon, Lambeth, Lewisham and Southwark). They supported us to invite further engagement and to design an Open Day. The Healthwatches extensive networks' helped us to promote the event widely, and their staff members were available on the day to encourage and support people to voice their opinions about the Centralised Place of safety.

**Welcome pack** All those who attended the ORTUS were given a full report of stakeholder engagement, a report of the 136 audit, along with an overview of the day and a feedback sheet.

**Format**

- Participants were invited to browse information posters and to comment using post-it notes or through talking to the team.
- CPOS staff were available throughout the day to lead small groups on guided tours of the site, giving information and listening to feedback.
- Participants were able to talk to the service user/carer consultants who have been involved in the engagement work, both for the 136 audit and the development of the place of safety.

**Participation**

We estimate that between 200 and 250 people attended the event in total – 120 people signed in at the ORTUS site and over 100 others went directly to the CPOS for a tour of the site. Records of those signing in at the ORTUS show that in addition to a significant number of SLaM, Local Authority & Health staff, people from local charities & voluntary organisations attended – eg:

- |                  |                    |
|------------------|--------------------|
| Cambridge House, | Rethink            |
| Age UK           | Bipolar Uk         |
| Voiceability     | Alzheimers Society |
| Mind             | Southwark Carers   |
|                  | One Housing Trust  |

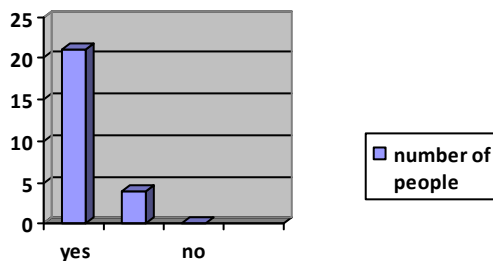


We were pleased that some members of the Metropolitan Police attended. It is difficult to accurately identify how many people with lived experience of our services attended the event as we did not ask people to identify this on signing in. However, we know that 12 out of the 24 people who filled in a feedback form about the day were either a service user, a carer or both. In addition, there were 2 guided tours of the unit for current patients – one from a young person’s ward and one from an adult ward.

*What people thought of the event:*

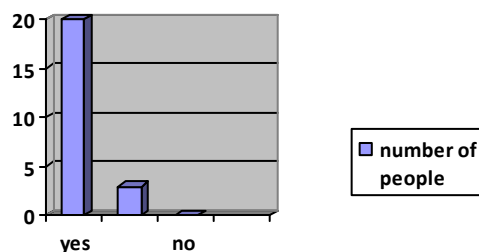
24 people gave feedback about the event. We asked:

**Did the open day give you an opportunity to find out more about our plans?**



*“The welcome to the open day with the big posters were very educative, informative. The opportunity to visit the place of safety was a very good idea”*

**Did the open day give you an opportunity to give your ideas & views?**



*“Really good open space - charts & text, staff accessible open to discussion”*

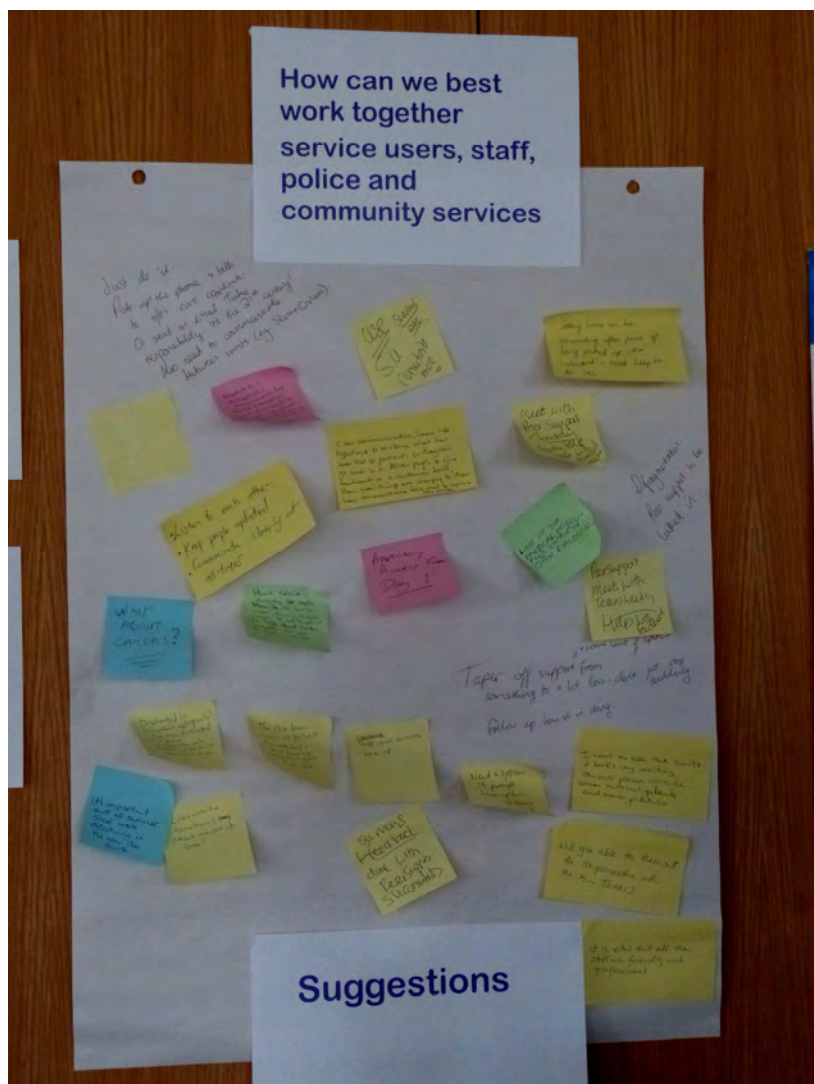
## Themes and questions

Building on our earlier discussions, we developed some specific themes to prompt discussion on the boards at the ORTUS:

- 1) **Working together** – how we make sure that services work well together during and after someone's stay in the Centralised Place of Safety
- 2) **Providing the right help** – how we keep people informed, think about the whole person and involve people in their own care when in the Centralised Place of Safety

We also specifically asked people to comment on:

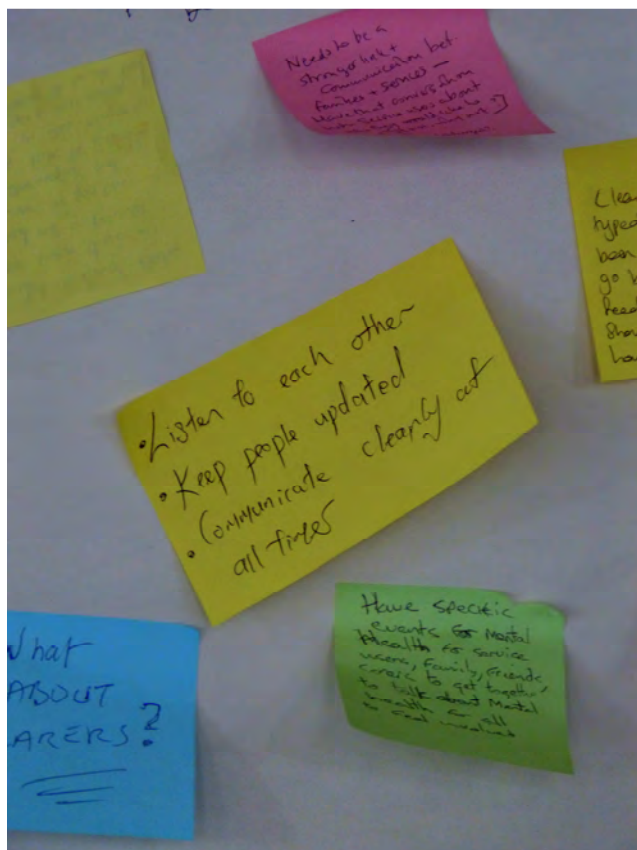
- **The building** and
- **The content of the support pack that will be available to help people relieve stress and anxiety.**



## What we learned from the day

Much of the feedback we received throughout July and on the day supported or developed the preferences and ideas identified through earlier engagement.

### Working Together



**Effective co-ordination** Organisations need to communicate to offer people the right treatment and support.

*"We need a common language. SLAM, police, patients all use different language".*

*"Health records need to be co-ordinated"*  
*"Community teams to be able to offer a prompt follow up within 8 hours"*

*'Always respond, no matter how matter how little sense you can make of what someone is saying, nothing is scarier than being ignored'*

*"Just do it. Pick up the phone & talk to the service users care co-ordinator or send an email - take responsibility, it's the 21st century. Also need to communicate between trusts."*

A few people stressed the importance of carer involvement: *"Strong links & communication between family & services. Have conversations with the service users about who they want to be told. If not why not."*

There were some queries about where patients would go if no bed were available if they required admission

## Services & Support after discharge –

It is very important to get the discharge process right – tapering support and making sure to liaise well with teams from the boroughs or out of SLaM area if appropriate:

*“Taper off support for the patient, don’t just suddenly stop it.”*

*“Discharge to somewhere appropriate”*

*“Signposting to NHS & non-statutory services in their borough.”*

*“Liaise with the home teams of people from out of the area”*

*“136 team could call people the next day & see if they are getting the support they need”*

*“a callback within 3 days of discharge is not enough”*

*“The PoS should find out the circumstances of detention and if taken from home check that the door has been secured and that the pt can have access.”*

*“Importance of help to get home after discharge*





## 2. Providing the right help:

**Information provision and involvement in care** - people need to be informed and involved at each step of the way family & carers should be involved.

*“Carers & family need things explained, they may not know what a 136 suite is”*

*“Clear communication, have information typed out to reinforce what has been said to the patient”*

*“Explain everything as it happens”*

*“Staff should listen to understand why the person is on a 136 and ensure the person knows”*

*“Access to advocacy”*

**Meeting people’s holistic needs** - People who use the service should be treated as individuals, staff should work to understand their individual needs and preferences. We need to consider the needs of older people, people with dementia, and people with learning disabilities. The environment should be adaptable for people with physical disabilities.

*“Don’t make assumptions, peoples experience of a mental health crisis is different according to each individual”*

*“Need for access to pastoral & spiritual care”*

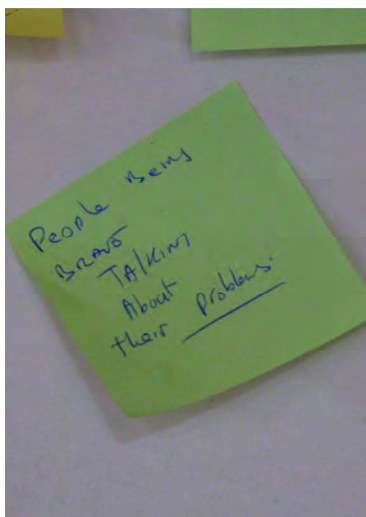
*“Remember people with Cognitive impairment & dementia”*

*“People with MH & learning disabilities need to feel reassured & feel safe”*

*“Different cultures have different needs - listen to the person & not judge them on their needs - you may not fully understand the person, but they must be respected & viewed with respect”*

**Stigma and discrimination** – The right staff team is vital with suggestions to:

- use “values- based recruitment” making expectations clear from the start
- Incorporate attitudes towards mental health & other equality characteristics at interview & at probation review points



Several people stressed the importance of better mental health training for police, and potentially work experience for them within the suite. This included comments from police themselves who felt training was inadequate.

*“Police need to be trained to deal with mental health. They treat you like a criminal. They shouldn’t you are ill”*

*“I lied about my condition because I was embarrassed and ended up in prison instead of hospital which is where I should have been”*

*“You are not mad or crazy, you are not well & you need help”*

## Developing the support pack

During the open day we invited people to comment on our suggestions for the support pack. (see p.10). The support pack will be a stock of items that may help people with stress / anxiety reduction whilst in the Centralised Place of Safety.



Several people mentioned the need to consider using modern techniques for helping people cope, including mindfulness, peer support and open dialogue.

*“Expect some trial & error, ask people as they go along”*

*“Pack included everything, but they must be kept in good condition, so people using them won't feel devalued or treated like children.”*

*“People must be given an option whether to use the box”*

*“Not enough items for adults - magazines & books”*

## Music

We asked people about music. This had been identified as a helpful way to put people at ease.

*“Music is a very important coping strategy”*

*“Music really helps me”*

People made the following suggestions:

- Large variety, classical, soothing & uplifting, singalong, a range of music without words, soothing, shamanic or budhist chants, soulful music, nature music, the ability for people to download their own music from their phones on to the MP3



## The building

At least 200 people had a guided tour of the building during the day. Groups of patients currently on the wards were shown round in specific groups. During the tour members of CPOS staff were able to describe how the unit will work, how it will look when fully operational, and listen and note people's feedback. Themes from the discussions during the tours will be collated and reviewed alongside feedback from participants at the ORTUS.



Example feedback from staff member who led guided tours:

*“People tended to be most interested in the pathway that a person would take through the unit. i.e. how they come in, what areas they could access.”*

The main themes from the tours were:

Positive about the actual size, light and fresh air access & finish of the building,

Concerns about colour scheme, echo in the building, access to food, blind spots in terms of observation

Participants were also invited to share individual feedback about the CPOS unit when they returned from their tour, or through looking at the photo board on display. A tour guide noted:

*“Most people were very positive in their feedback, recognising it was a big improvement on current facilities available. Negative feedback was regarding the relative blandness of the decor, some visitors felt it was too clinical in appearance.”*

Other feedback included:

*“Cleanliness of the environment shows respect for patients*

*“Tension between safety & comfort - what is really best for the patients?”*

*“POS could do with some colour”*

*“Suite looks very inviting, please consider some artificial plants”*

*“Why does the NHS have strange taps & light switches, I could not know how to switch the light on or off”*

*“Clocks”*

*“People need to be able to sleep - light levels, furniture”*

### Reviewing and acting on the feedback from the Open Day

As with the feedback from the April Engagement Programme, the detailed feedback from the Open Day will be reviewed at the Place of Safety Project Board. Suggestions and ideas will be discussed and where appropriate incorporated into the patient experience action plan or operational policies and procedures.

### *To join the conversation:*

To find out more about our work, or to give your views or ideas, please contact:

---

#### **Alice Glover Patient & Public Involvement Lead**

<b>Telephone:</b>	020 3228 0959
-------------------	---------------

<b>Email:</b>	<a href="mailto:alice.glover@slam.nhs.uk">alice.glover@slam.nhs.uk</a>
---------------	------------------------------------------------------------------------

---

## Appendix 1.

# Central Place of Safety

## Help us to get it right

### What is a place of safety?

The police can use the law (section 136 of the mental health act) to take people from a public place to a “Place of Safety” if they seem to have a mental illness and be in need of care. A Place of Safety is a place where mental health professionals can assess people’s needs and work out the best next steps.

### What is changing?

Currently, there is a small place of safety in each of the SLaM boroughs (Croydon, Lambeth, Lewisham and Southwark). We plan to replace these with one larger Central Place of Safety on the Maudsley Hospital Site in Southwark.

### Why are we making changes?

The existing Places of Safety are not nice environments. They do not have their own staff team and nurses from the wards are called to staff them when needed. However, we often can’t open a Place of Safety because staff cannot be released from the ward. There are also times when all Places of Safety are full. This means that people in distress can spend long periods of time waiting in police vans or ambulances for a Place of Safety to become available. We think that a Central Place of Safety will help to address these problems - there will be a dedicated staff team of nurses & doctors who will be able to provide a faster assessment. This brand new facility will be much better equipped to assess people’s physical and mental health and will be appropriate for everyone. There is a document with more detail about the changes.

### Getting people’s views

We’ve already talked to people who have used our existing Places of Safety. The team developing the Central Place of Safety would like to hear your opinions too and ask that you consider the questions overleaf. Your feedback is anonymous. You can give your response by 18<sup>th</sup> April 2016, by email, by phone or by posting the completed questionnaire. For more information or to give your views, please contact: **Alice Glover** - Patient & Public Involvement Lead

The Maudsley Hospital, 113 Denmark Hill , London , SE5 8AZ

Telephone: 020 3228 0959 Email: [alice.glover@slam.nhs.uk](mailto:alice.glover@slam.nhs.uk)

**About you:** Are you (please tick all that apply)?

- A person who has previously been taken to a Place of Safety under Section 136
- Someone who has experienced an acute mental health crisis
- A relative, friend or carer
- An interested member of the public
- 
- 1 What do we need to think about when changing from having a Place of Safety in each borough to having one Central Place of Safety at the Maudsley Hospital site in Southwark?
- 2 When people arrive at the Place of Safety, how can we make the process as comfortable as possible?
- 3 What practical things do we need to consider?
- 4 There will be a specific area for people under 18 with its own lounge area. What else do we need to think about to make the service comfortable for children and young people?
- 5 Some people need to be admitted to hospital after being brought to a Place of Safety. What do we need to think about if this happens?
- 6 Some people do not need to be admitted to hospital after being brought to a Place of Safety. What help might people need when leaving the Place of Safety?

## Appendix 2:

## Engagement Details

South London and Maudsley   
NHS Foundation Trust




face to face discussion relating to the centralised place of safety, in addition to the Open Day




Specific information about proposals given with an invitation to join discussions, via open day/ email/ face to face conversation/ web survey

### Internal SLaM groups and networks:

Date	Group	borough		<b>i</b>
ongoing	Psychological Medicine Service User & Carer Advisory Group, including Special interest group	SLaM wide	✓	✓
4/2016	Mental Health of Older Adults Service User & Carer Advisory Group	SLaM wide	✓	✓
4/2016	Child & Adult Mental Health Advisory Group	SLaM wide	✓	✓
4/2016	Engagement , Participation & Involvement Committee	SLaM wide		✓
7/2016	START Team – Homeless Outreach Team	SLaM wide		✓
7/2016	KHP Homeless Team	SLaM wide		✓
7/2016	Inpatient wards	SLaM wide	✓	
7/2016	BME Volunteering Project	Southwark		✓
7/2016	Amardeep Project	Lambeth		✓

### External user groups & organisations

Date	Organisation	borough		<b>i</b>
4/2016 7/2016	Hear Us Forum	Croydon	✓	✓
4/2016	Dragon Café	Southwark	✓	✓
4/2016 7/2016	Lambeth Collaborative	Lambeth	✓	✓
4/2016 7/2016	Lewisham Users Forum	Lewisham	✓	✓
4/2016 7/2016	Latin American Womens Rights Organisation	Pan London		✓
4/2016 7/2016	Telephono de la Esperanza	Pan London		✓
4/2016 7/2016	Southwark Hub (Together)	Southwark	✓	✓
4/2016	Certitude	Lambeth		✓
4/2016	Southwark Council	Southwark		✓
4/2016 7/2016	Family Health Isis - BME	Lewisham		✓
7/2016	Lambeth Black Mental Health & Wellbeing Commission	Lambeth	✓	✓
4/2016 7/2016	Metro Centre -LGBT	Lambeth, Southwark, Lewisham		✓
4/2016	Four in Ten - Mental health LGBT	SLaM boroughs		✓
4/2016	Vietnamese Mental Health Services	Lambeth, Southwark, Lewisham		✓
7/2016	The Connection – St. Martins	Pan London		✓
7/2016	Passage Day Centre	Pan London		✓
7/2016	West London Day Centre	Pan London		✓
7/2016	The Spires			✓
7/2016	Ace of Spades			✓

Date	Organisation	borough	☹	i
7/2016	Manna Centre			✓
7/2016	London Ambulance Service	Pan London		✓
7/2016	Black Mental Health & Wellbeing Commision	Lambeth		✓
7/2016	Action for Refugees in Lewisham	Lewisham		✓
7/2016	Age UK Lewisham and Southwark	Lewisham		✓
7/2016	Alzheimer's Association	Lewisham		✓
7/2016	Carers Lewisham	Lewisham		✓
7/2016	Downham (Wesley Halls) Community Association	Lewisham		✓
7/2016	Hexagon Housing Association	Lewisham		✓
7/2016	Lewisham Refugee Network	Lewisham		✓
7/2016	Lewisham Irish Centre	Lewisham		✓
7/2016	Rethink Lewisham	Lewisham		✓
7/2016	South East London Tamil Elders and Family Welfare Associations	Lewisham		✓
7/2016	Time Banks	Lewisham		✓
7/2016	Turkish Community Project	Lewisham		✓
7/2016	Victim Support Lewisham	Lewisham		✓
7/2016	Young People's drugs and alcohol service	Lewisham		✓
7/2016	Youth AID Lewisham	Lewisham		✓
7/2016	Age Concern Croydon	Croydon		✓
7/2016	Alzheimer's Society	Croydon		✓
7/2016	Asian Resource Centre	Croydon		✓
7/2016	Bromley Mind, Beckenham Centre	Croydon		✓
7/2016	Croydon Carers Centre	Croydon		✓
7/2016	Community Drug Service (South London)	Croydon		✓
7/2016	Croydon African Caribbean Centre	Croydon		✓
7/2016	Croydon Area Gay Society (CAGs)	Croydon		✓
7/2016	Croydon BME Forum	Croydon		✓
7/2016	Croydon Drop in	Croydon		✓
7/2016	Croydon Local Pharmaceutical Committee	Croydon		✓
7/2016	Croydon Mencap	Croydon		✓
7/2016	Croydon voices Forum	Croydon		✓
7/2016	Mind in Croydon	Croydon		✓
7/2016	Rethink Croydon Carers' Support Project	Croydon		✓
7/2016	Faiths Together in Croydon	Croydon		✓
7/2016	Healing Waters	Croydon		✓
7/2016	Silver Rainbow	Croydon		✓
7/2016	Spires Centre	Croydon		✓
7/2016	Status Employment Ltd	Croydon		✓
7/2016	AAINA Woman's Group	Southwark		✓
7/2016	AAWAZ, Southwark Asians Women's Association	Southwark		✓
7/2016	Action for Community Development	Southwark		✓
7/2016	African Women's Support Group	Southwark		✓
7/2016	Age Concern – Black Elders MH Project	Southwark		✓
7/2016	Bede House Association	Southwark		✓
7/2016	Bengali Community Development Project	Southwark		✓
7/2016	Bengali Women's Group	Southwark		✓
7/2016	Blackfriars Settlement Mental and Wellbeing Service	Southwark		✓
7/2016	Cambridge House	Southwark		✓



Date	Organisation	borough	☺	i
7/2016	Charterhouse in Southwark	Southwark		✓
7/2016	Community Action Southwark	Southwark		✓
7/2016	Cooltans Arts	Southwark		✓
7/2016	Equinox Central Office	Southwark		✓
7/2016	Fast Minds	Southwark		✓
7/2016	Hestia	Southwark		✓
7/2016	Hexagon Housing Association	Southwark		✓
7/2016	Kindred Minds	Southwark		✓
7/2016	London Grows	Southwark		✓
7/2016	Southwark Muslim – Women's Association	Southwark		✓
7/2016	Southwark Pensioners Action Group	Southwark		✓
7/2016	Stepping Stones	Southwark		✓
7/2016	St Giles Trust	Southwark		✓
7/2016	The Clapham Park Project	Southwark		✓
7/2016	Three Cs Support	Southwark		✓
7/2016	Peckham Befrienders	Southwark		✓
7/2016	Project Dare	Southwark		✓
7/2016	Rainbow Resource	Southwark		✓
7/2016	SIMBA	Southwark		✓
7/2016	Southside Partnership	Southwark		✓
7/2016	Southside Rehab	Southwark		✓
7/2016	Southwark Action for Voluntary Organisations	Southwark		✓
7/2016	Southwark Association for Mental Health	Southwark		✓
7/2016	Southwark Bereavement Care	Southwark		✓
7/2016	Southwark Carers – making spaces	Southwark		✓
7/2016	Southwark Community Care Forum	Southwark		✓
7/2016	Vietnamese Women's Group	Southwark		✓
7/2016	CIO - Vishvas South Asian Counselling and Resource Centre	Southwark		✓
7/2016	Age UK Lambeth	Lambeth		✓
7/2016	Afiya Trust	Lambeth		✓
7/2016	Community Support Network	Lambeth		✓
7/2016	Cooltan Arts Lambeth	Lambeth		✓
7/2016	Fanon Resource Centre	Lambeth		✓
7/2016	First Step Trust	Lambeth		✓
7/2016	Lambeth Black Health and Wellbeing commission	Lambeth		✓
7/2016	Lambeth Accord - now know as We are 336	Lambeth		✓
7/2016	Lambeth Asian Centre	Lambeth		✓
7/2016	Lambeth MENCAP	Lambeth		✓
7/2016	Lambeth Carers	Lambeth		✓
7/2016	Lambeth Mental Health Care support Service	Lambeth		✓
7/2016	Lambeth Pensioners Action Group	Lambeth		✓
7/2016	Lorrimore Drop-in Centre	Lambeth		✓
7/2016	Lambeth Mencap	Lambeth		✓
7/2016	Maroons Centre	Lambeth		✓
7/2016	Mind Lambeth and Southwark	Lambeth		✓
7/2016	Mosaic Clubhouse	Lambeth		✓
7/2016	Peer Support Network	Lambeth		✓
7/2016	MH Carers Hub	Lambeth		✓

Date	Organisation	borough	😊	i
7/2016	Solidarity in Crisis	Lambeth		✓
7/2016	SIMBA	Lambeth		✓
7/2016	Spires Centre	Lambeth		✓
7/2016	Thames Reach	Lambeth		✓
7/2016	Together UK	Lambeth		✓
7/2016	Chinese Mental Health Association	Lambeth		✓
7/2016	London Irish Women's Centre	Lambeth		✓
7/2016	Somali Carers Project	Lambeth		✓

## healthwatch

Our partnership with the local Healthwatches helped us to make sure that we reached a wider audience. For example

### Healthwatch Lewisham:

“We publicised the event widely through a broad range of media and communication channels:

**Twitter:** consistent promotion for about 6 weeks (1323 – followers)

**E-bulletin:** issued in three 3 e-bulletin (1777 strong mailing list)

**Website:** dedicated news article

**Healthwatch Network** which includes a wide range of third sector organisations and community groups, charity and support groups such as

- Lewisham Drug and Alcohol service users
- Metro young people support group (LGBT)
- Speaking UP – (support and advocacy for people with learning disabilities)
- FORVIL – (federation of Vietnamese refugees in Lewisham)
- SELVIS – (support group for blind and partially sighted people)
- A number of local churches
- Deaf forum (Lewisham)

We also asked other networks to cascade the information through their mailing list. A few examples are:

- South Lewisham Patient Participation Group
- Lewisham Community Connections
- Lewisham Mental Health Commissioning team (mailing list consists of the key organisation with a mental health stake)
- Lewisham Mental Health Users Forum

### Healthwatch Southwark:

“We promoted the event by sharing it on our website and by email to our 500 or so supporters. We also promoted it by word and leaflet at our Public Forum, and to a youth group we visited to talk about mental health on 4th August. Also edited and added significantly to the SLaM distribution list.”

### **Engagement with specific third sector organisations: The Connection at St Martins, Passage Day Centre, West London Day Centre, London City Mission and Manna Centre:**

All the external organisations listed in Appendix 2 of the engagement report, have been contacted and sent information packs including: a flyer for the open day, information on how to give feedback via the SLaM website or by post. In addition, the manager of the Central Place of Safety (CPoS) team offered to attend any relevant meetings that the organisation felt it was appropriate for SLAM staff to attend, to engage with those attending the centres.

A number of the homeless organisations did not hold any formal service user-led meetings or business meetings and therefore, staff were encouraged to share the information with those in attendance at the centre on the day and given an offer of SLAM staff coming to meet with their staff. This offer was not taken up by most of the organisations.

One homeless organisation was visited and a discussion was held with an experienced member of staff who had lived experience of mental health problems and the manager, on the challenges of getting direct feedback on such a specific issue as a place of safety and being detained under section 136 of the Mental Health Act. It was agreed that the link between homelessness and mental health was a sensitive one and it was important not to make assumptions about people attending the centre and inadvertently stigmatise them in relation to this engagement. Staff respected the privacy and dignity of those attending the centre and their right not to disclose any personal or medical history, as the focus of the centre was to offer a space, food, advice and access to washing facilities.

There was an open discussion about what was felt to be the most important outcome for a person who was homeless who comes into contact with statutory services and this focussed a lot on equal access to health care, follow up, advice, on-going support and an acknowledgement of the increased risks to physical and mental wellbeing in the homeless population.

The King's Health Partners Pathway homeless team which is a small, three year funded team which works with SLAM in-patients and the homeless outreach team, 'START' (which works with long-term rough sleepers in the community in Southwark and Lambeth) were contacted and they agreed to ensure that those people receiving a service from the teams were offered the opportunity to attend the central place of safety open day and/or give feedback.

The KHP homeless team has formally agreed to extend their remit to provide a service to the CPoS and are working with the team on ensuring that accurate and up to date information is available, at all times, to staff, service users and carers, both in electronic and leaflet form. The team will be contactable for advice and consultancy in working hours and can, when appropriate, carry out assessments on the unit, prior to discharge or follow up patients when they have been admitted to an in-patient ward. The options and outcomes for homeless people who are seen in the central place of safety will be greatly improved by this development.

**BME engagement**

In addition to the above engagement, the Clinical Lead for the CPoS was invited to attend the Lambeth Black Health and Wellbeing Commission meeting on the 14th July. CPoS operational issues and the collection of data of people from BME communities detained under s136 in the central place of safety were discussed and it was agreed that the operational policy and the current proposed data set would be shared with the group. The introduction of the CPoS was seen as an opportunity to collect accurate and meaningful data and to understand further and look at options to address the longstanding issue of the over representation of people from BME backgrounds to places of safety. The Clinical Lead for the CPoS will attend the meeting again in October.

**Victoria GlenDay**  
**Clinical Services Lead**

**September 2016**

## **Report to the Joint Health Overview and Scrutiny Committee 6<sup>th</sup> October 2016**

### **Central Place of Safety (CPoS) Proposal**

#### **Section 4: Formal agreements between the four borough local authorities of Lambeth, Lewisham, Croydon and Southwark.**

##### **1. Introduction:**

Following the recommendations made by the Health Overview and Scrutiny Committee on the 26<sup>th</sup> April 2016, the following engagement has taken place with the local authorities across the four boroughs which SLaM covers. This is in addition to the engagement work undertaken before this date.

- 1.1 The Director of Social Care in SLaM has engaged with each Director of Children's Social Care in Southwark, Lambeth, Lewisham and Croydon and gained their views in relation to their respective statutory responsibilities towards children and young people being assessed under section 136 of the Mental Health Act 1983.
- 1.2 The Director of Social Care in SLaM, has also engaged with each Director of Housing and/or lead managers with people with no recourse to public funds (NRPF), and gained their views in relation to respective statutory responsibilities towards people who are homeless and/or have NRPF.
- 1.3 Several meetings and workshops have been held with AMHP managers, Heads of Social Care, Emergency Duty Team reps, the Director of Social Care in SLaM and the members of the current peripatetic CPoS team. Work has been focussed on the development of a preferred model for AMHP services and operational protocols across the four boroughs.
- 1.4 The CPoS team manager has also met separately with the AMHP managers to work on jointly agreed protocols which will form part of the CPoS operational policy and procedures.
- 1.5 The Director of Social Care for SLaM has consulted with an Associate Director in a neighbouring local authority which has had a CPoS in its borough for several years.

- 1.6 All these professional views and perspectives have contributed to the on-going development of the protocols outlined below. The four Directors of Adult Social Services (DASS) have agreed, in principle, to sign up to a Memorandum of Understanding (MOU), the finer detail of which is still under development.
- 1.7 Further engagement has taken place with the police and London Ambulance Service (LAS) on transport protocols and the King's Health Partners' Pathway Homeless team on additional support for homeless people.

## 2. **AMHP Services**

- 2.1 Under section 13 of the Mental Health Act 1983, it is the statutory duty of each local authority social services authority to provide sufficient numbers of AMHPs to respond to requests for assessments within their local authority area when required. As the CPoS is on the Maudsley hospital site and, therefore, within the borough of Southwark, technically, this statutory responsibility in relation to people detained under section 136, falls to Southwark local authority social services. To avoid this, the four DASS have agreed to accept collective responsibility for providing AMHPs to respond to requests for assessments for residents of their borough or for people detained on S136 by the police in their borough. They have also agreed to, in principle, take collective responsibility for assessments which are required for people detained by the police and are resident, outside of the four boroughs.
- 2.2 **In office hours: 9am to 5pm, Monday to Friday: people detained under section 136 of the Mental Health Act by the police and are resident in the boroughs of Lambeth, Lewisham, Croydon and Southwark and taken to the Central Place of Safety:**
- 2.3 If the person is seen by a doctor and is deemed to have a mental disorder requiring an assessment by an AMHP, the agreement is that the AMHP duty service in the borough in which the person was detained by the police, or the borough in which the person is resident, will deploy a duty AMHP to attend

the CPoS to do the assessment under section 136. The borough in which the person is resident, will take precedent over the borough in which the police made the detention.

- 2.4 For people who are detained under section 136 of the Mental Health Act and who are ordinarily resident, or detained by the police in boroughs outside of the four boroughs of Lambeth, Lewisham, Croydon and Southwark, who are seen by a doctor and an assessment under the Mental Health Act is indicated (i.e. first medical recommendation made), the CPoS team will negotiate a transfer to the place of safety in the home borough as soon as practicable.
- 2.5 If a transfer back to the home borough place of safety is not possible or there is a clinical reason not to transfer, then the person will be assessed by an AMHP under arrangements to be finalised and agreed in the MOU by the DASS.

### **3. AMHP assessments for homeless people and/or people with no recourse to public funds**

- 3.1 If the person who has been detained by the police is homeless and has a local connection to one of the London boroughs of Lambeth, Southwark, Lewisham and Croydon, then the AMHP duty service in that borough will deploy an AMHP to do the assessment.
- 3.2 If the person has a local connection to a London borough outside of Lambeth, Southwark, Lewisham and Croydon, then the CPoS team will negotiate a transfer back to the place of safety in the borough in which the person has a local connection. If this is not possible or there is a clinical reason not to transfer, then again, the person will be assessed by an AMHP under arrangements to be finalised and agreed in the MOU by the DASS.
- 3.3 For the purposes of establishing which AMHP service should respond, a 'local connection' will be defined as the borough where the person has a GP, is receiving mental health services or is still open to a mental health service.

- 3.4 If the person has no local connection, then the person will be assessed under the agreed arrangements in the MOU.

#### **4. AMHP Service out of office hours: Monday to Friday, 5pm to 9am and Saturday and Sunday, 24 hours**

- 4.1 Outside of office hours, the Emergency Duty teams for Southwark, Lambeth and Lewisham and Croydon dedicated AMHP service will follow the same protocol as the day time AMHP duty services.

#### **5. Housing duties**

- 5.1 Under part 7 of the Housing Act 1996, local authorities have a duty towards homeless people if certain criteria are met. For the purposes of this agreement, homeless people who are being discharged from the CPoS will be signposted for housing assistance to the local authority in which they have a 'local connection', using the definition of that within Part 7 of the Housing Act 1996, that the person must: "live, or have lived, in the area for at least six months in the last year or three of the last five years."
- 5.2 If the person is deemed to have no 'local connection', then they will be directed to present to the borough in which the person was detained by the police and accepted for assessment there.

#### **6. People with no recourse to public funds (NRPF)**

- 6.1 NRPF applies to people who are migrants and who are 'subject to immigration control' and, as a result, have no entitlement to certain benefits, local authority housing and homelessness assistance. However, they may be entitled to social services care and support under the Care Act 2014 and require an assessment of their eligibility for care and support. In such cases, the person will be signposted to present to the local authority in which they have a 'local



connection' using the definition above or the local authority in which they were detained by the police.

## **7. Children and young people**

- 7.1 The Mental Health Act 1983, applies equally to children and young people and to adults and children and young people can be detained under section 136 of the Mental Health Act 1983. In most cases, the child or young person will be directed to the borough of residence for further local authority support under the Children Act 1989. In highly unusual cases of unaccompanied minors presenting to the CPoS, (there are no recorded cases of unaccompanied minors presenting on s136), the child or young person would be signposted to the borough with a local or family connection or the borough in which they were picked up by the police.

## **8. Dispute resolution**

- 8.1 In the event of a dispute between the AMHP services, either in or out of hours, over which duty service should undertake an assessment, the immediate safety and best interests of the service user and their carers/family should be paramount. Any disputes should be negotiated between the AMHP practitioners on duty in order to facilitate the timely completion of the assessment in the best interest of the service user. However, if this is not possible and the dispute is going to cause an unreasonable delay in assessment, then the duty AMHP who initially received the referral should respond and complete the assessment. The circumstances of the case should then be referred to the AMHP manager to take to the monthly interface meeting to learn lessons and prevent similar situations arising. If such disputes occur more than once, then the chair of the interface meeting will escalate these cases to the Heads of Social Care in the respective boroughs and the Director of Social Care in SLaM. This will be considered a breach of this protocol and the individual cases formally reviewed and appropriate direction given to the practitioners involved. This will be

reported to the DASS, joint commissioners and the Chief Operating Officer in SLaM, via the formal reviews as in 9.1 and further action taken as required.

- 8.2 Any wider boundary disputes between the local authorities in relation to housing duties, NFPF or children and families will be dealt with as they are currently.

## **9. Evaluation and review**

- 9.1 The protocols within the MOU will be subject to formal review at three and six monthly intervals following its operational implementation. It will then be subject to an annual review by all four boroughs.
- 9.2 An interface meeting between the four AMHP managers, the CPoS team in SLaM and the police will be established to review working arrangements and the MOU on a monthly basis. Any operational problems will be escalated to the Heads of Social Care and Director of Social Care for formal review.
- 9.3 The operational protocols will be formally reviewed by the Heads of Social Care and Director of Social Care at 3 and 6 month periods and progress and any boundary disputes will be formally reported to a meeting of the DASS, joint commissioners and Chief Operating Officer in SLaM.

## **10. Transport**

- 10.1 In relation to travel times to the CPoS, there is still some concern that this may cause delays in response times, particularly for AMHPs travelling from Lewisham and Croydon, at peak times. This will be monitored and reviewed by the interface meeting as part of the formal evaluation process. The CPoS team will work collaboratively with AMHPs and be mindful to request their attendance in a timely manner and not, for example, until the person is fit to be interviewed, to avoid unnecessary travel time for the AMHPs.

- 10.2 Dedicated parking for duty AMHPs visiting the CPoS to undertake assessments has been agreed and will be provided on the Maudsley site.
- 10.3 In relation to transport issues for patients, the standards of good practice set by the revised Code of Practice to the Mental Health Act will be followed, namely: “People taken to a health-based place of safety should be transported there by an ambulance or other health transport arranged by the police who should, in the case of section 136, also escort them in order to facilitate hand-over to healthcare staff.” (16.41 revised Code of Practice).
- 10.4 In all cases, a collaborative decision-making process between the police and the London Ambulance Service (LAS) will be followed, which considers the risks and issues on an individual basis.
- 10.5 There has been further engagement with the police and LAS and the private ambulance provider, (ERS) and all are in agreement with the procedures as set out in the draft Joint Operational Policy for the reception and care of service users admitted to a place of safety under section 136 of the Mental Health Act 1983. This stipulates that when it has been agreed that the person should be brought to the Central Place of Safety, the police will contact the LAS to arrange transport of the person in an ambulance.
- 10.6 The person will only be transported by the police in a police vehicle in exceptional circumstances, for example: if the ambulance control indicates a significant delay in providing ambulance transport or where there are urgent reasons to remove the person and the risks caused by the delay outweigh the risks associated with using police transport.
- 10.7 Patients who require an admission following an assessment and need to be safely transferred from the place of safety will be considered as urgent and an emergency. To enable this level of responsiveness, a private ambulance will be stationed at the Maudsley Hospital at all times, exclusively for the use of the place of safety. This ambulance will be for the transport of patients to services within the Greater London area only.

- 10.8 For patients who are to be admitted to a service outside of this area, the CPoS team will request an ambulance via the usual telephone booking system.
- 10.9 For patients who may need to be transferred between places of safety, the the police custody officer and CPoS team will liaise with each other and make every effort to secure an ambulance and avoid the use of police transport. When police transport has to be used due to the risks posed by violent behaviour, a member of the ambulance crew will be asked to be present in the police vehicle and the ambulance requested to follow behind. In any case, a police officer will always accompany the detained person to the place of safety.

## **11. Discharge from the place of safety.**

- 11.1 The authority to detain a person under section 135 (1) or 136, ends as soon as the assessment is completed and suitable arrangements have been made. If the person has been assessed by a doctor and not deemed to have a mental disorder, then the person must be discharged even if not interviewed by an AMHP.
- 11.2 In these cases, minimum discharge standards will apply and the CPoS team will ensure the following arrangements are put in place:
- Ensure the person is able to access safe accommodation (e.g. house keys, someone at home to let them in, friend to stay with, directions or an appointment with the Homeless Persons Unit).
  - The person has some money to get home.
  - Appropriate transport arrangements have been made to get home safely.
  - With the consent of the person, a relative, friend or carer will be informed of the discharge and follow up plans
  - The person's GP will be notified of the admission within 24 hours and sent a written discharge summary.
  - The person has access to appropriate on-going support (e.g. GP appointment, family, friends, carers, appointment with a care co-ordinator, information about drop in centre

for substance misuse, peer support group, Home Treatment team and information about the Trust's 24 hour crisis line.

- The person is provided with a written crisis plan.
- If on Opiate Substitution Therapy (e.g. Methadone or Buprenorphine/ Subutex) all arrangements will be made for the prescription to continue in the community.

11.3 If the person is seen by a doctor and is deemed to have a mental disorder but does not require admission, then he/she must be interviewed by an AMHP. The AMHP should consult with the doctor about suitable arrangements which need to be made for the person's follow-up treatment and care.

11.4 The CPoS team will support the AMHP in making suitable follow-up arrangements and will have access to the Home Treatment team.

## 12 Discharge arrangements for people who are homeless.

12.1 The CPoS team will have access to the King's Health Partnership (KHP) Pathway Homeless Team which has nursing and housing advice expertise. As a minimum, the team will offer housing advice and information on services that can support the person to address their housing or homelessness situation. The CPoS team will have access to telephone advice but in certain circumstances and if clinically appropriate, a member of the team may offer a face to face assessment in office hours. The KHP Pathway Homeless team have produced a leaflet for the CPoS staff and patients which will be offered as part of an out of hours discharge plan. If the person is being admitted to hospital and the CPoS staff identify a housing issue, a referral to the KHP team will form part of the in-patient care plan.

12.2 The CPoS team will also have access to peer support through, 'Solidarity in a Crisis'. This is a team of people with lived experience of mental health problems who are able to offer timely support to those in crisis. The team currently work with the Trust's liaison teams and have made a commitment to extend their support to people being discharged from the CPoS.

- 12.3 In addition to this, people who are homeless and being discharged will be signposted to housing services in the borough in which they have a local connection.

### **13 People who have No Recourse to Public Funds (NRPF)**

- 13.1 NRPF applies to people who are migrants and who are 'subject to immigration control' and, as a result, have no entitlement to certain benefits, local authority housing and homelessness assistance. However, they may be entitled to social services care and support under the Care Act 2014 and require an assessment of their eligibility for care and support. In such cases, the person will be signposted to present to the local authority in which they have a 'local connection' using the definition above or the local authority in which they were detained by the police.

### **14 Children and young people**

- 14.1 When a child or young person under the age of 18 years is detained and brought to the CPoS, the Child and Adolescent Mental Health (CAMHS) Specialist Registrar doctor will assess him/her to make an initial judgment of the most appropriate care pathway.
- 14.2 If an admission is not required then the CAMHS Specialist Registrar and the AMHP will co-ordinate the safe discharge of the child or young person.
- 14.3 The child or young person's parents, family or legal guardian will be contacted as soon as possible, to ensure they know their whereabouts and can arrange to visit him or her at the CPoS.
- 14.4 The Trust's Named Doctor and Nurse for Safeguarding Children have been consulted and advised on admission procedures to the CPoS to ensure any child or young person is safeguarded on admission.
- 14.5 If the child or young person requires further support from a local authority under the Children Act 1989, on discharge from the CPoS, in most cases, he/she will be directed to the borough of residence for further local authority support. In

highly unusual cases of unaccompanied minors presenting to the CPoS, the child or young person would be signposted to the borough with a local or family connection or the borough in which they were detained by the police.

## **15 Conclusion**

- 15.1 A memorandum of understanding (MOU) has been agreed in principle between the four local authorities as the way in which they will work together to take collective responsibility for the delivery of duties in respect of people detained under the Mental Health Act and taken to the CPoS. A document has been drafted and the finer detail will be finalised and formally agreed by the four DASS.
- 15.2 All the agreements contained within this paper and the final MOU will be subject to rigorous and regular monitoring, evaluation and review.

**Cath Gormally**  
**Director of Social Care**  
**September 2016**

### **SLaM's consideration of the options on how to provide an improved place of safety service**

In March 2015, the difficulties SLaM was experiencing in being able to provide a satisfactory place of safety service were becoming very evident. The Trust had four places of safety, one on each of the main hospital sites – The Maudsley Hospital, Lambeth Hospital, Bethlem Royal Hospital and at the Ladywell Unit at Lewisham Hospital. The Trust was failing in its responsibility to provide immediate access to a place of safety for a person detained under Section 136, due to a combination of consistently high levels of demand and significant difficulties in being able to supply staff to keep the places of safety open. This meant that places of safety were often closed.

There were no dedicated resources attached to the provision of places of safety. When in use, staff were drawn from the wards on site. Often this was not possible due to acuity levels on wards and staffing vacancy levels.

At the weekly Senior Management Team meeting on 13 April 2015, options on how to improve the service were discussed. These included:

- Costing a model which provided sufficient staff on all four sites to ensure that that each place of safety was function at all times
- Costing a model which provided two place of safety suites on two hospital sites (4 places in total)
- Costing a model which had a centralised, purpose built, standalone place of safety replacing all the existing places of safety.

It was agreed at the following meeting on 20 April, that the provision of sufficient staff teams on each of the four sites would be prohibitively expensive and provide significant recruitment challenges.

All costings are on the basis that there would be no reliance on drawing staff in from wards to operate the places of safety, as this could no longer be relied upon for the reasons outlined above.

The two site model costing was established as being in excess of £2.5 million in revenue costs. A single place of safety, serving all four boroughs would cost in the region of £1.6 million.



The costings are compared below:

	4 site option		2 site option		Single site option	
	WTE	£000	WTE	£000	WTE	£000
Nursing & medical	72.8	**3,338	50.24	2,276	31.6	1,376
Admin	1.0	30	1.0	30	1.0	30
Aramark		*50		45		35
Drugs		*5		5		5
Pharmacy		*40		30		20
Transport		130		130		130
Non pay		*30		25		20
Total		3,795		2,541		1,616

\* These costs were estimates as the non-pay elements of this were not accurately costed.

\*\* The costing for the four site option assumes that the medical staff input would come from existing rotas as the workload would remain as it is now and therefore no additional medical costs are included in this.

The costs are influenced by the minimum safe number of staff required to provide 24/7 cover. There are clear economies to be made by having places of safety in fewer locations.

In terms of revenue costs, the preferred option was clearly the single site option.

However, the estates element of place of safety provision also had to be taken into consideration. In three of the four sites, there was no scope to expand the existing place of safety provision to provide two spaces, which would have to continue to be linked to inpatient environments to provide sufficient staff in emergency situations and to prevent staff working in and the patients being cared for, in isolated environments.

A two site option would require the development of a new build place of safety on one of the hospital sites. It was possible, with some alterations, to use the relatively new place of safety on the Bethlem site for two people.

A single place of safety would have a staff team sufficiently staffed to work safely without immediate adjacency to an inpatient environment and therefore provided greater scope to consider its location.

The SMT agreed that the need to resolve the ongoing problems with the provision of places of safety had reached a point where an executive decision on which model to adopt had to be made. The single site option was best from both a financial and estates perspective as there was a location on the Maudsley suite which was of sufficient size to provide a state of the art, modern facility serving all four boroughs.

It was noted that the building works required would take several months to complete but in the meantime, the decision was made to proceed with the recruitment to a specialist place of safety team who, until the central place of safety unit was completed, could be deployed to the existing places of safety to ensure as far as possible, that they could be open and available for use.

Derek Nicoll  
Head of Crisis Services

15 July 2016

# South London & Maudsley

## Central Place of Safety Engagement Plan

**Cath Gormally – May 2016**  
**Director of Social Care**

## INTRODUCTION

This engagement project plan will address the specific recommendations made by the Joint Health Overview and Scrutiny Committee on the 26<sup>th</sup> April 2016 in relation to the proposed central place of safety, which SLaM have accepted:

*“1. SLaM should develop a comprehensive engagement plan, which makes clear the full list of organisations who will be engaged, and the full list of questions on which they will be engaged. This should be accompanied by a clear timeline for engagement. The committee should be consulted on this approach and this should be circulated to the Committee for comment. (In the interests of time and efficiency, this should be done by email with a week for comments from Committee members)*

*2. SLaM will undertake a comprehensive engagement exercise, which should cover the following issues:*

- a. A financial feasibility study of options for provision of Places of Safety across the four boroughs, with clear reasoning to support a single place of safety*
- b. Sufficient and suitable provision of services for children and young people*
- c. Logistics; covering all legal agreements that will need to exist between the four boroughs, including, but not limited to, transport, Approved Mental Health Professional (AMHP) service, provision for people who are homelessness and/or have No Recourse to Public Funds(NRPF) status*
- d. The design of the Place of Safety*

*The Committee further recommended in light of the above that local Healthwatches are engaged in regards to both the design of Place of Safety (d) and the service user journey, and that third sector organisations that work with homeless people and people with NRPF are engaged in regards to (c) and (d) , in particular : The Connection at St Martins, Passage Day Centre, West London Day Centre, London City Mission and Manna Centre . Also that the London Ambulance Service and the British Transport Police are engaged.*

*The Committee has recommended a three month engagement period, but we welcome SLaM producing a comprehensive timeline setting out the timescales in which they believe the above can be achieved. We expect the results of the engagement programme to be presented back to the Committee ahead of any formal agreement to launch the single Place of Safety.”*

# OVERVIEW OF STAKEHOLDER ENGAGEMENT FROM SEPTEMBER 2014 – 31<sup>st</sup> APRIL 2016

## Face to Face meetings

Date	Stakeholders	Details
July 2015 – February 2016	Service user and carer advisory group on mental health, urgent care in the psychological medicine clinical academic group (SLaM)	This is an established group with a special interest in emergency mental health services and engagement on urgent care has been on-going for several years. The specific engagement on the central place of safety took place between July 2015 – February 2016.
October 2015 onwards	Service user and carer consultants	Service user and carer consultants have been core members of the fortnightly central place of safety project group since October 2015.
September 2014 – June 2015	Service users who have been detained under s136 in the existing s136 suites	This is a qualitative audit of 100 people who have used the current s136 suites. Undertaken by service user and carer consultants and SLaM staff.
5 <sup>th</sup> April	Croydon service users, carers & local organisations	“Hear us” Forum.
11 <sup>th</sup> April	Southwark service users and carers	Dragon Café .
18 <sup>th</sup> April	Lambeth stakeholder groups	Lambeth Collaborative breakfast meeting
19 <sup>th</sup> April	Lewisham service users	Lewisham users forum

### The engagement questionnaire was sent to the following stakeholders in April 2016

- Mosaic Clubhouse , Lambeth
- ‘EPIC’ SLaM engagement, participation and involvement committee
- SLaM Mental Health Older Adults service user and carer advisory group
- SLaM involvement register
- Dragon Café, Southwark
- Latin American Women’s Rights Organisation, London-wide
- Family Health ISIS, BME organisation, Lewisham
- Metro Centre, LGBT organisation, Lewisham, Lambeth and Southwark
- Vietnamese Mental Health Services, Lambeth, Lewisham and Southwark
- Certitude, Lambeth
- Four in Ten, Slam-wide LGBT mental health group
- Southwark Hub (Together)

**Regular discussion and engagement has taken place with the following statutory partners from July 2015 to date (where there is no specific date, on-going meetings and/or conversations have taken place):**

- 15<sup>th</sup> January 2016: E mail to two Southwark Councillors offering briefing on the proposal
- 26<sup>th</sup> January 2016: Lambeth Council Adult Social Care Leadership Board
- 27<sup>th</sup> January 2016: Southwark Council Children and Adult Boards
- 22<sup>nd</sup> February 2016: Southwark Healthwatch and Community Action Southwark. (Healthwatch in Croydon, Lewisham and Lambeth invited but unable to attend).
- 25<sup>th</sup> February 2016: Southwark Council elected members with Scrutiny, Cabinet and local responsibilities
- Directors of Adult Services, Heads of Social Care and AMHP leads across the four boroughs.
- Lewisham Children's Services, EDT manager.
- AMHP lead, Camden Council.
- AMHP leads, Wandsworth Council.
- Head of Social Work, CNWL NHS Trust.
- 7<sup>th</sup> March 2016: London Metropolitan Police and British Transport Police at the Trust-wide Police Liaison Committee.
- 19<sup>th</sup> April 2016: Croydon Chair of Scrutiny, Briefing on proposal by SLaM manager.
- 26<sup>TH</sup> April 2016: Joint Health Overview and Scrutiny Committee.

## CONTINUING PARTNERSHIP WORKING WITH STATUTORY PARTNERS ACROSS THE FOUR BOROUGHS BETWEEN MAY AND 31<sup>ST</sup> JULY 2016

Directors of Children's Services

Directors of Adult Social Services

Directors of Housing, including leads with responsibility for people with no recourse to public funds (NRPF)

Heads of Social Care and AMHP Managers

London Ambulance Service

Chairs of the Health and Well-Being Boards

Healthwatch

Clinical Commissioning Groups

Joint Health Overview and Scrutiny Committee

Named Professionals for Safeguarding Adults and Children in SLaM

## CONTINUED STAKEHOLDER ENGAGEMENT

Building on the engagement already undertaken in 2015/16, between May – July this year we will be contacting a wide range of organisations by email outlining our proposal for a centralised place of safety and enclosing our engagement questionnaire with a request for feedback. We will provide these organisations with a link to more detailed reports and proposal which will be made available on the trust website. **(Please see chart below for full list of organisations.)**

In addition, we will invite these groups to attend an open day to be held at the Maudsley Learning Centre (ORTUS) where delegates will have the opportunity to speak with staff and service user consultants; view artists impressions of the centralised place of safety; and ask questions about the trust's proposals for the new suite. We will also be organising a focus group of young people in CAMHS and contacting children and young people service user groups and speaking to young people on in-patient wards.

Importantly, we will also be contacting a select number of organisations to request their engagement and views on our proposals, particularly where we have gaps in feedback from certain stakeholder groups – for example: homeless groups, children and young people and Black and Minority Ethnic groups. We are planning to contact the following groups to request their support in organising meetings for us to discuss our proposals with their members:

Feedback from the wider engagement piece, the open day and the targeted meetings will be included in the trust's report to the Joint Health Overview and Scrutiny Committee, will inform the development of the service and be considered by the Trust Board.

Lambeth and Southwark MIND (User Council)  
Family Health Isis  
Thames Reach  
Certitude  
Mosaic Club House (open morning)  
Vietnamese Health Service  
Refugee Council  
The Connection at St Martins  
Passage Day Centre  
West London Day Centre  
London City Mission  
Manna Centre

### Children and Young People organisations:

Young Minds  
Place2be  
Off the Record  
The Children's Society  
Pre-School Learning Alliance (PSLA)  
Croydon Drop-in



## LIST OF QUESTIONS ON WHICH STAKEHOLDERS WILL BE ENGAGED

The stakeholders will be engaged on the specific questions below:

- 1.What do we need to think about when changing from having a place of safety in each borough to having one central Place of Safety at the Maudsley Hospital site in Southwark?
- 2.When people arrive at the place of safety, how can we make the process as comfortable as possible?
- 3.What practical things do we need to consider?
- 4.There will be a specific area for people under 18 with it's own lounge area. What else do we need to think about to make the service comfortable for children and young people.
- 5.Some people need to be admitted to hospital after being brought to a place of safety. What do we need to think about if this happens?
- 6.Some people do not need to be admitted to hospital after being brought to a place of safety. What help might people need when leaving the place of safety?

(See questionnaire, Appendix 1)

# LIST OF STAKEHOLDER ORGANISATIONS TO BE ENGAGED WITH BETWEEN MAY AND 31<sup>ST</sup> JULY 2016

Lambeth			
Age UK Lambeth		Lorrimore Drop-in Centre	
Afiya Trust		Lambeth Mencap	
Amardeep Project		Maroons Centre	
Community Support Network		Mind Lambeth and Southwark	
Cooltan Arts Lambeth		Mosaic Clubhouse	
Fanon Resource Centre		Peer Support Network	
First Step Trust		Ruth Samuel, MH Carers Hub	
Lambeth Black Health and Wellbeing commission		Solidarity in Crisis	
Lambeth Accord		SIMBA	
Lambeth Asian Centre		Spires Centre	
Lambeth MENCAP		Start Team	
Lambeth Carers		The Clapham Park Project	
Lambeth Mental Health Care support Service		Thames Reach	
Lambeth Pensioners Action Group		Together UK	

# LIST OF STAKEHOLDER ORGANISATIONS TO BE ENGAGED WITH BETWEEN MAY AND 31<sup>ST</sup> JULY 2016

Southwark					
AAINA Woman's Group		Fast Minds		Southwark Association for Mental Health	
AAWAZ, Southwark Asians Women's Association		Healthwatch		Southwark Bereavement Care	
Action for Community Development		Hestia		Southwark Carers – making spaces	
African Women's Support Group		Hexagon Housing Association		Southwark Community Care Forum	
Age Concern – Black Elders MH Project		Kindred Minds		Southwark Cypriot Day Centre	
Bede House Association		London Grows		Southwark MIND	
Bengali Community Development Project		Lorrimore Drop-in Centre		Southwark Muslim – Women's Association	
Bengali Women's Group		Maroons Resource Centre		Southwark Pensioners Action Group	
Blackfriars Settlement Mental and Wellbeing Service		May Project, Addictions		Start Team	
BME Volunteering Project		Mental Health Champion		Status Employment Ltd	
Cambridge House		MIND Southwark and Lambeth		Stepping Stones	
Carers of Life		Mosaic Clubhouse		St Giles Trust	
Castle Day Centre		Open Door Resource Centre		The Clapham Park Project	
Charterhouse in Southwark		Peckham Befrienders		Three Cs Support	
Community Action Southwark		Project Dare		Threshold Support, Open Door Centre	
Cooltans Arts		Rainbow Resource		United Families Working Together	
Crossways Centre		SIMBA		Vietnamese Women's Group	
Dragon Cafe		Southside Partnership		CIO - Vishvas South Asian Counselling and Resource Centre	
Downham (Wesley Halls) Community Association)		Southside Rehab			
Equinox Central Office	27/09/16	Southwark Action for Voluntary Organisations			9

# LIST OF STAKEHOLDER ORGANISATIONS TO BE ENGAGED WITH BETWEEN MAY AND 31<sup>ST</sup> JULY 2016

Croydon			
Age Concern, Croydon		Croydon Mencap	
Alzheimer's Society		Croydon voices Forum	
Anna D'Agostino Community Development Worker		CVA	
Asian Resource Centre		Cruce in Croydon	
Bromley Mind, Beckenham Centre		Faiths together in Croydon	
Carers Trust		Foxley Lane Women's Service	
Community Drug Service (South London)		Healing Waters	
Compass		Health Watch	
Croydon African Caribbean Centre		Hear Us	
Croydon Alcohol Counselling Service		Imagine Mental Health Croydon	
Croydon Area Gay Society (CAGs)		Mental Health Champion	
Croydon MBE Forum		Mind in Croydon	
Croydon Drop in		Rethink Croydon Carers' Support Project	
Croydon Intensive Psychological Therapies Service		Spires Centre	
Croydon Local Pharmaceutical Committee		Silver Rainbow	
		Voice Ability Croydon	

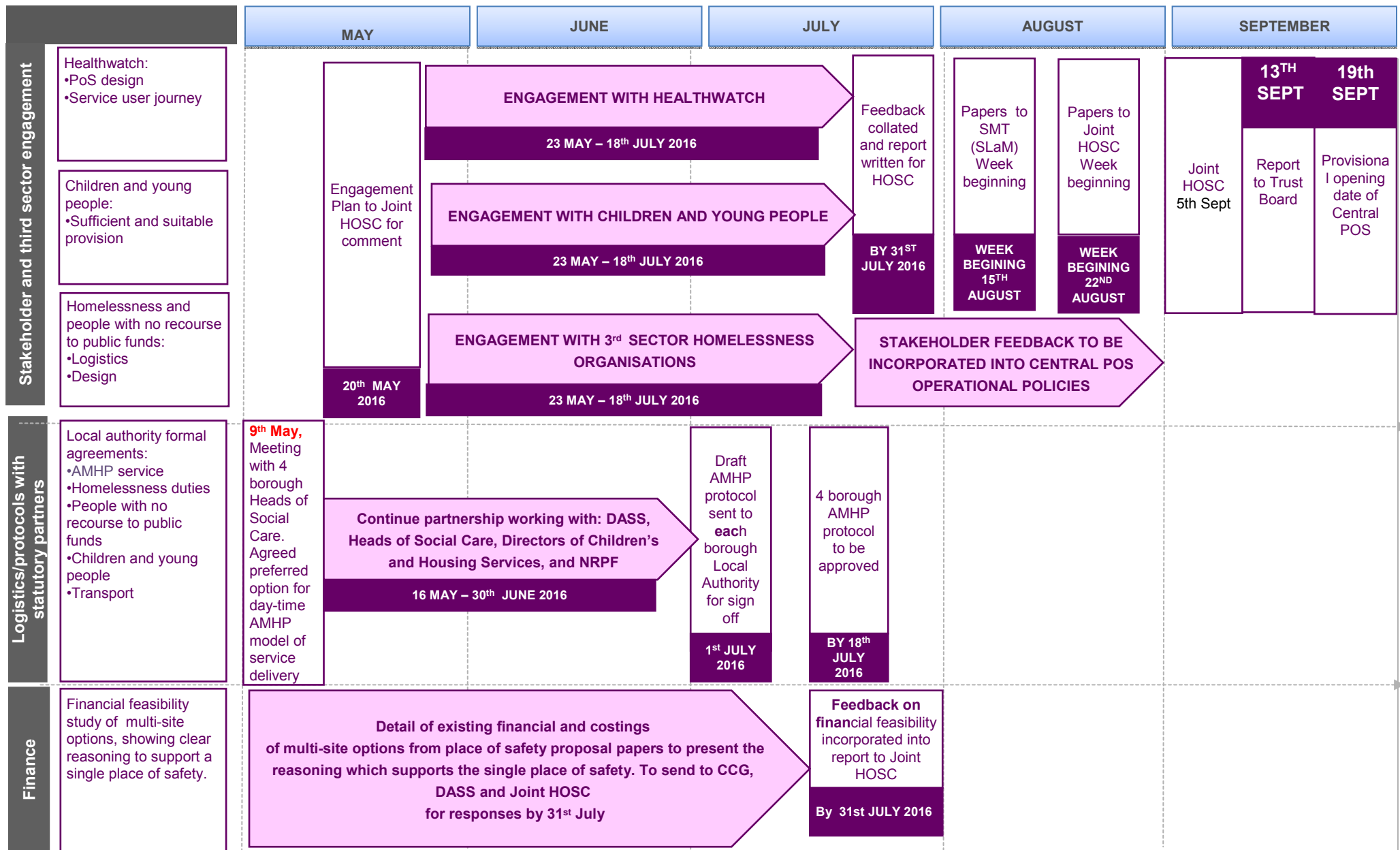
# LIST OF STAKEHOLDER ORGANISATIONS TO BE ENGAGED WITH BETWEEN MAY AND 31<sup>ST</sup> JULY 2016

Lewisham			
Action for Refugees in Lewisham		Lewisham LINK	
Age UK Lewisham and Southwark		Lorrimore Drop In Centre	
Alzheimer's Association		Lewisham Users Forum	
BASCAS		Mental Health Champions	
Black Users Forum		Metro Centre	
Bromley and Lewisham Mind		Rethink Lewisham	
Carers Lewisham		South East London Tamil Elders and Family Welfare Associations	
Community Opportunities Service Centre		Start Team	
Compass Centre		Time Banks	
Downham (Wesley Halls) Community Association		Turkish Community Project	
Family Health Isis		Victim Support Lewisham	
Healthwatch		Vocational Services	
Hexagon Housing Association		VSL Stepping Stones	
Lewisham Carers Centre		Young People's drugs and alcohol service	
Lewisham Refugee Network		Youth AID Lewisham	
Lewisham Irish Centre			
Lee Centre			

## LIST OF STAKEHOLDER ORGANISATIONS TO BE ENGAGED WITH BETWEEN MAY AND 31<sup>ST</sup> JULY 2016

<b>Borough /Trust Wide</b>	
Chinese Mental Health Association	
Denise McKenna (Independent)	
London Irish Women's Centre	
Somali Carers Project	
Vietnamese Mental Health Services	

# PROJECT PLAN - 12 WEEK LOOK AHEAD



27/09/16

13

**Place of Safety Joint Overview & Scrutiny Committee****MUNICIPAL YEAR 2016-17****AGENDA DISTRIBUTION LIST (OPEN)****NOTE:** Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

Name	No of copies	Name	No of copies
<b>Committee Members</b>		<b>Southwark Council &amp; Southwark Clinical Commissioning Group Officers</b>	
Councillor Carole Bonner	1	David Quirke-Thornton, Strategic Director of Children's & Adults Services	1
Councillor Jacqui Dyer	1	Andrew Bland, Chief Officer, Southwark CCG	1
Councillor Alan Hall	1	Jin Lim , Southwark (acting) Public Health Director	1
Councillor Robert Hill	1	Shelley Burke, Southwark Head of Overview & Scrutiny	1
Councillor Rebecca Lury	1	Sarah Feasey, Legal Services	1
Councillor John Muldoon	1	Tom Crisp, Legal Services	1
Councillor Margaret Mead	1	Norman Coombe, Legal Services	1
Councillor Bill Williams	1	Chris Page, Principal Cabinet Assistant	1
<b>Health Partners</b>		Niko Baar, Liberal Democrat Political Assistant	1
Michael Patrick, CEO, SLaM NHS Trust	1	Julie Timbrell, Southwark scrutiny project manager , Scrutiny Team SPARES	10
Catherine Gormally, Director of Social Care	1	<b>External</b>	
Jo Kent, SLAM, Locality Manager, SLaM	1	Healthwatch Lewisham	1
Marian Ridley & Jackie Parrott Guy's & St Thomas' NHS FT	1	Healthwatch Lambeth	1
Lord Kerslake, Chair, KCH Hospital NHS Trust	1	Healthwatch Croydon	1
Julie Gifford, Prog. Manager External Partnerships, GSTT	1	Healthwatch Southwark	1
Geraldine Malone, Guy's & St Thomas's	1		
Sarah Willoughby	1		
Stakeholder Relations Manager			
Experience King's College Hospital KCH FT			
<b>Electronic agenda (no hard copy)</b>		<b>Total:50</b>	
Cllr Jasmine Ali, Southwark reserve members		<b>Dated: September 2016</b>	
Cllr Paul Fleming, Southwark reserve member			
Rick Henderson, Independent Advocacy Service			
Tom White, Southwark Pensioners' Action Group			
Jay Strickland, Southwark Adult Social Care Director			
Timothy Andrew & John Bardens (Lewisham scrutiny leads)			
Elaine Carter (Lambeth scrutiny lead)			
June Haynes (Croydon scrutiny lead)			
Southwark Borough Commander via email			
Lambeth Borough Commander			
Croydon Borough Commander			
Lewisham Borough Commander			