Improving SLaM's Place of Safety Provision

1. Proposal and purpose of this Paper

The South London and Maudsley NHS Foundation Trust (SLaM) is proposing to develop a purpose-built, central place of safety, based on the Maudsley Hospital site, to receive children, young people and adults who are detained by the Police under Section 136 of the Mental Health Act (MHA).

The purpose of this paper is to present to the Health Overview and Scrutiny Committee, the reasons why the Trust is making this proposal and to explain the background and context to it by:

- Outlining the current provision of places of safety within SLaM
- Considering how the current place of safety provision sits within the national and London mental health crisis services agenda.
- Describing the current issues and problems with the existing service model.
- Describing SLaM's preferred new service model and the reasons why it has reached this preferred option.
- Outlining the potential impact on local authority partners in relation to Approved Mental Health Professional (AMHP) duty services – in the AMHP Impact Assessment in Appendix 1 of this paper.
- Considering the impact of the proposal on the equality and human rights of patients in the Equality Impact Assessment (Appendix 2).

2. What is a Place of Safety?

2.1 Section 136 of the Mental Health Act 1983 (MHA) provides a police constable with the power to convey an individual they encounter in a public place, to a 'place of safety', if it appears to them that the person is suffering from a mental disorder and is in need of immediate care and it necessary to do so in the interests of that person or for the protection of others.

2.2 A place of safety, as defined in the MHA, can be any facility which is willing to receive the detained person temporarily. However, in practice, due to the fact that a person received in a place of safety needs to be prevented from leaving until he or she has been assessed; places of safety have usually been limited to facilities in mental health hospitals and in extreme cases in police custody suites.

2.3 When a person has been picked up by the Police and taken to a place of safety, they are officially detained under Section 136 of the MHA and can be prevented from leaving until they have had a formal assessment of their mental health by a psychiatrist approved under Section 12 of the MHA. This

detention can last for up to 72 hours but the revised Code of Practice to the Mental Health Act advises that the assessment should be conducted as soon as practicable. The Trust has set an internal target of 4 hours for the completion of the assessment. The place of safety is not a bed in a hospital ward but a safe and secure facility where the person can be held until he or she is assessed and a decision made on their care needs.

2.4 Following assessment, by a doctor the person can either be discharged with for without referral for further mental health support or admitted to hospital voluntarily or on an informal basis as it is known. If the assessing doctor thinks that admission to hospital is necessary but the person does not agree to this, the doctor will arrange for another assessment to take place along with and assessment by an Approved Mental Health Professional (AMHP). If they all conclude that admission is necessary and the person still does not agree then they can be admitted to hospital formally under another Section of the MHA (usually Section 2 or 3) for further assessment and/or treatment.

2.5 It is widely acknowledged between the NHS and the Police that people in crisis are best supported in a health based facility to minimise their distress and to support safe practice and it is now considered unacceptable for a person in an acute mental health crisis to be detained in a police station. The code of practice states: *"A police station should not be used as a place of safety except in exceptional circumstances", for example, it may be necessary to do so because the person's behaviour would pose an unmanageably high risk to other patients, staff or other users if the person were to be detained in a healthcare setting." (revised Code of Practice, 16.38).*

2.6 The Mental Health Crisis Care Concordat published in February 2014 commits all local agencies to improving the services people with mental health problems receive when in crisis. Improving the experience of those detained under Section 136 of the MHA is included within this. A commitment has been made through the London wide Mental Health Partnership Board by all London mental health trusts and the Metropolitan Police to end the practice of people being detained under Section 136 and taken into police custody.

2.7 Before describing the specific issues related to the existing model of place of safety provision and the proposal for how this should be provided in the future, it is important to consider how this service sits within the range of crisis services provided locally and what the national and local drivers for change are.

3. Crisis Services – the national and local context

3.1 There is national recognition that mental health crisis services vary considerably across the country and that there are often significant gaps or inadequacies in service provision.

The Mental Health Crisis Care Concordat is a national agreement between mental health services and multi-agency partners involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

The Concordat focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and early intervention.

In October 2014, the London Mental Health Strategic Clinical Network published the London Mental Health Crisis Commissioning Standards and Recommendations.

There are 12 areas of service provision covered by the Commissioning Standards. Some of these relate to:

- The prevention of crises
- What crisis services should be providing
- What the quality of crisis services should be
- How services can support recovery

4. Local response to the commissioning standards

4.1 The following are examples of how improvements have been made locally in in SLaM to meet the commissioning standards:

a) 24 hour crisis helpline

One of these recommendations is that a 24 hour, 7 days a week, 365 days a year crisis helpline is available with links to out of hour's services.

Lambeth, Southwark, Croydon and Lewisham Clinical Commissioning Groups have funded a new 24 hour crisis telephone helpline. This centrally located

service, run by SLaM and working in collaboration with Certitude's 'Solidarity in a Crisis' Peer Support line was launched in December 2015 and provides a service to all four boroughs. People in crisis are able to contact the service directly for advice and support.

b) Mental Health Liaison Services in Emergency Departments

In three boroughs, there has been significant additional investment in mental health liaison services in the Emergency Departments in Kings College Hospital, University Hospital Lewisham and at Croydon University Hospital. This has enabled the local teams to respond more quickly to local people who attend the Emergency Departments in acute mental health crisis.

Very recently, more funding has been made available nationally to enhance liaison services further, working towards a national standard of all-age service provision, known as Core 24.

c) Crisis Resolution / Home Treatment Teams

In all four boroughs, Clinical Commissioning Groups have invested in the expansion of the home treatment teams to be able to respond more effectively to those in crisis and to provide a real alternative to a hospital admission. Some of this investment pre-dates the crisis care commissioning standards but is in recognition of the need to improve crisis services.

4.2 Summary

All four CCGs and SLaM are committed to providing a range of crisis services that not only meet the expectations detailed within the London Mental Health Crisis Commissioning Standards but also to meet the expectations of our service users who are very clear about where the gaps are and where services need to improve.

An example of this is in Southwark where SLaM and the Southwark CCG have had conversations about how additional investment can be used to expand the functions of the Home Treatment Team to provide improved crisis assessment services outside of current operating hours and the consideration given to the development of a crisis response function that could respond to some of those calling the 24/7 crisis telephone helpline, attending the Emergency Department or presenting under Section 136.

5. Section 136 and Places of Safety

5.1 Area 8 of the Commissioning Standards relates specifically to Section 136.

This states that:

Police and mental health providers should follow the London Mental Health Partnership Board Section 136 Protocol and adhere to the London Section 136 standards.

The police should be provided with a single number to access mental health professionals for advice and they should ideally use this facility before using their Section 136 powers (see Single telephone number to access services / The Street Triage Service, below).

When people are detained under Section 136 they should be taken to a NHS place of safety. If under any circumstances police custody is used as an alternative, arrangement should be made to understand why this has happened and a full partnership review should take place to avoid further incidents of this nature occurring.

Organisations commissioned to provide places of safety should have dedicated 24 hours. 7 days a week, 365 days a year telephone numbers in place. The police or any other service transporting people should always use these numbers to phone ahead prior to arrival at any place of safety.

People should expect appropriate contingency plans to be in place in the event of multiple section 136 assessments. If a trust has no immediately available designated places of safety for a Section 136 assessments, arrangements should be in place to access an alternative within the trust or by arrangement with a neighbouring organisation.

Follow up should be arranged for people in their area of residence when they are not admitted to hospital following a Section 136 assessment and their GP informed in writing regarding the crisis presentation and the outcome.

5.2 Single telephone number to access services / The Street Triage Service

SLaM ran a very successful street triage pilot service from April 2014 to March 2015. This was one of nine nationally funded time-limited pilot sites which were designed to test different models of providing expert mental health advice to police on a 24/7 basis with the intention of reducing the number of people detained under Section 136 and providing police with both a telephone and face to face assessment service for those they were considering detaining under Section 136 in order to provide a swifter and better solution to people being detained under Section 136. Although the funded pilot ended, the telephone aspect of this service is continuing as part of the newly funded 24/7 crisis line now in operation and funded by the four local Clinical Commissioning Groups. The street triage pilot had the effect of stabilising the number of people being detained under Section 136, as this had been continually rising for some time

before the pilot was put into place. Nevertheless, the number of people being detained under Section 136 across the SLaM area remains one of the highest in London.

6. Place of Safety – current provision

6.1 The Trust currently provides four places of safety, one located at each of the four hospital sites, as follows:

- Lewisham – Ladywell Unit attached to the Johnson Unit Psychiatric Intensive Care Unit (PICU).
- Southwark – Maudsley Hospital, attached to Eileen Skellern 1, PICU.
- Lambeth – Lambeth Hospital, attached to Eden PICU;
- Croydon – Bethlem Royal Hospital, attached to Croydon Triage Ward;

It should be noted that although the Bethlem place of safety is the main facility for Croydon residents, it is actually located just inside the perimeter of Bromley.

Psychiatric Intensive Care Units (PICUs) are wards for people who require intensive psychiatric care and may be in acute distress and pose a risk to themselves or others.

6.2 Current facilities

The places of safety each have a different design but largely consist of an entrance lobby, an assessment room, an adjacent en-suite toilet and a staff observation area. Some of the older places of safety (in particular those at Lambeth Hospital and at the Ladywell Unit) are no longer fit for purpose and they do not meet the required standards as set out by NHS Estates, Care Quality Commission (CQC) or the Royal College of Psychiatrists.

Although the places of safety are available to accommodate men and women, two are currently attached to male PICUs, one to a female PICU and one to a mixed gender Triage ward. The attachments of the places of safety to PICUs are a historic issue and the vast majority of patients admitted from a place of safety are not admitted to a PICU but to acute admission or Triage wards.

Each place of safety can accommodate only one person at a time.

6.3 Hours of operation

Each place of safety is intended to be open 24 hours a day, 365 days per year.

6.4 Access to places of safety

The places of safety are available to anyone detained by the police under Section 136 in the Boroughs of Lambeth, Southwark, Lewisham and Croydon and also to the British Transport Police, regardless of where their home address or local connection is.

Access to the places of safety is only via the Police. They are not a self-referral or GP referral service.

There is a single point of access for the Police for all the four places of safety. This is through the Trust's 24/7 crisis helpline/street triage service, based at the Maudsley Hospital. The team are aware of the occupancy and availability status of each place of safety and direct police to the most appropriate place of safety as required.

Police do not present at a place of safety without first contacting the street triage service.

6.5 Age range

Section 136 of the Mental Health Act applies to children, young people and adults of all ages and the places of safety in SLaM are not age-specific and have to be open to all age groups and accept anyone of any age detained under Section 136.

6.6 How the Police access a place of safety:

If a Police officer is concerned about a person and is considering detaining him or her under s136 then the current care pathway is as follows:

- A call is made to street triage by the police and the case is discussed with the duty nurse.
- A decision is made whether S136 is required or not. Where it is concluded that detention under S136 for assessment is the most appropriate course of action, the Police will secure the attendance of the London Ambulance Service (LAS) to convey the person to a place of safety. The LAS should determine the need for urgent medical treatment through a face to face assessment of the patient at the scene. If a S136 is advised (or already applied before the police call street triage), a place of safety is allocated and the police directed to it. However, if LAS has not been involved, a discussion takes place between the street triage practitioner and the Police to ascertain if the person detained is intoxicated or in need of any immediate medical input. If this is the case then the police are advised to attend the nearest Emergency Department (ED) for medical treatment rather than go directly to a place of

safety. The level of intoxication requiring attendance at the ED rather than the place of safety is defined by the patient's ability to bear their own weight or not. If a person is conveyed to an Emergency Department, the Police will remain with the person until any immediate medical treatment is provided. The S136 remains in place throughout and the person conveyed to a place of safety when treatment is completed. (NB It should be noted that due to LAS having difficulties in providing an ambulance to the police when required, most people are conveyed to a place of safety in a Police van).

- On arrival at the place of safety, the person's immediate needs are assessed by the duty doctor. This usually a junior doctor. A full mental state examination is carried out by a more senior doctor - a Specialist Registrar (SpR), or Consultant Psychiatrist, who will either be called to the suite from their normal place of work or if outside of normal office hours, called in from home. The standard time for conducting the assessment is within 2 hours of arrival.
- If the SpR or Consultant is of the view that the patient is not suffering from a mental disorder, they can be discharged directly after assessment. If the doctor sees the person first and concludes they have a mental disorder but admission to hospital is not necessary but the person still requires treatment or care, then the person should be seen by an Approved Mental Health Professional (AMHP). This is the duty social worker with specialist mental health training available 24/7 in each borough.
- The patient may agree to informal (voluntary) admission, in which case this is arranged directly after the first assessment by the doctor.
- If the SpR or Consultant feel that admission is required but the patient does not consent to this a second Section 12 approved doctor and an AMHP will complete a MHA assessment and make a decision following that assessment.
- If admission is decided after this assessment, then the patient is detained either under Section 2 or Section 3 and admitted to a ward in SLaM if they are from the local area or they will be transferred to another hospital in their home area.

6.7 Current Staffing Arrangements

- Nursing Staff

  To operate safely, each place of safety has a place of safety co-ordinator on duty, who is a qualified nurse. These staff are supplied by the wards (PICUs) to which the place of safety is attached and in Croydon, by the Triage Ward.

  For safety reasons and depending on the presentation of the patient, support staff are provided from other wards on the site. As the wards to which the places of safety are attached are very busy it is not always possible for a staff member to be released to provide a service in the place of safety.

- Medical Staff
  During the hours of 9-5, Monday – Friday, each suite has a Section 136 rota which means that for each day an SpR or consultant is allocated to be the doctor to carry out the first mental health assessment when the person arrives. Out of hours, the first mental health assessment is carried out by the duty SpR who is not resident on site and who provides on call cover to wards, police stations and emergency departments in addition to the place of safety. Where a second doctor is required for MHA purposes, this is provided by the Section 12 approved list of medical staff. These are doctors not employed by SLaM but who make themselves available for this purpose.

- Approved Mental Health Professionals (AMHP)
  Please refer to appendix 1.

7. Activity Levels

7.1 The number of S136 presentations per month across the Trust as a whole varies but for the last 12 months the average has been 66 per month. Figure 1 shows the number of S136 presentations from April 2013 through to and including March 2016.

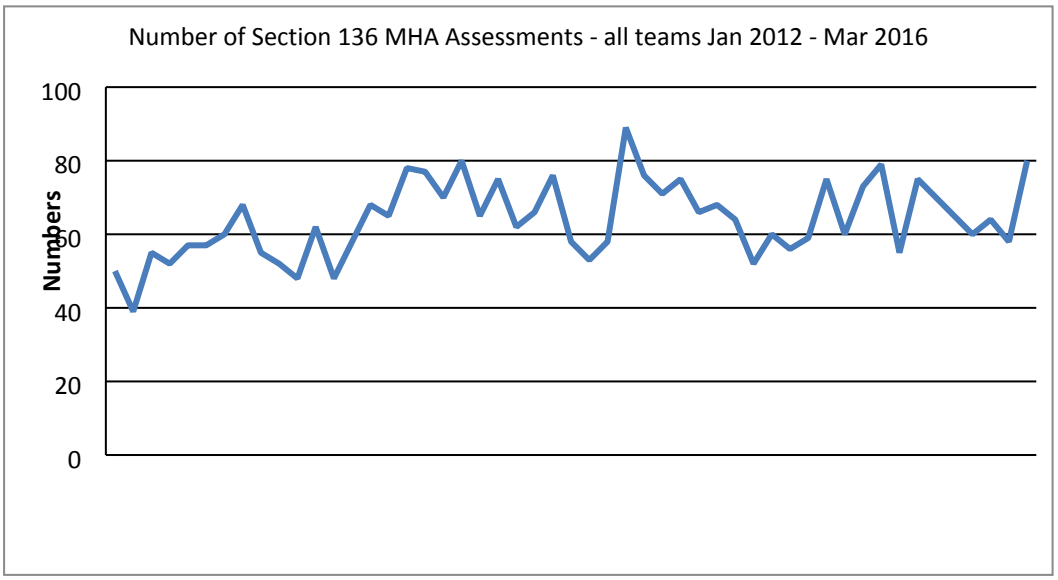


Figure 1 – The number of S136 presentations from July 2012 – March 2016

Approximately 64% of those who are detained under Section 136 are admitted to hospital and 36% are not admitted. Those not admitted to a hospital bed as a result of the assessment may be referred on to community mental health services, referred back to their GP or indeed have no further involvement with mental health

services. Of those who are admitted to hospital, slightly more than half are detained under the MHA and the remainder are admitted informally.

SLaM has a much higher number of Section 136 presentations than the other London Trusts. Figure 2 shows how the Trusts compare. The data from Camden and Islington was not available.

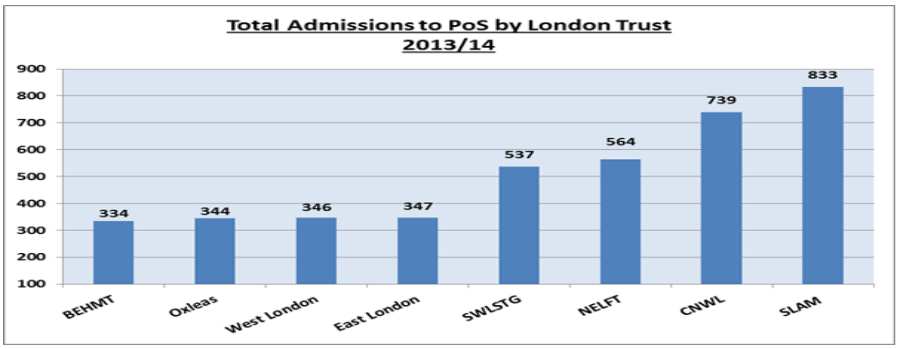


Figure 2 – total number of Section 136 presentations to London Trusts (data not yet available for 2014/2015)

8. Operational difficulties with the existing model of service and drivers for change

8.1 Closure of places of safety

The Trust has had serious difficulty in maintaining the availability of places of safety, resulting in one or more being closed temporarily at the same time. The largest single factor which has led to closures has been the availability of staff. Other than the nominated place of safety co-ordinator, there are no other staff dedicated to provide the place of safety function and when a place of safety is occupied staff are drawn from other wards on the site to assist. Often this is not possible due to staffing availability or levels of activity on the wards. When closures occur, it often lasts for a whole the whole of a shift (7.5 – 10 hours). The Trust has in place a protocol which enables staff to be moved around in order to keep a place of safety open but even with this, there are times when it is not possible and the place of safety has to close.

Places of safety sometimes have to close when repairs are needed, due to damage caused, although this has much less of an impact than staffing difficulties.

It is also the case that places of safety have been used as emergency seclusion facilities and unavailable to receive S136 presentations as a result. Although the number of occasions this has occurred is low, when it does occur, it can mean that the place of safety is out of use for extended periods.

Figure 3 shows the number of times that a place of safety was closed from January to August 2015.

Figure 4 shows how long the places of safety were closed for the same period in 2015.

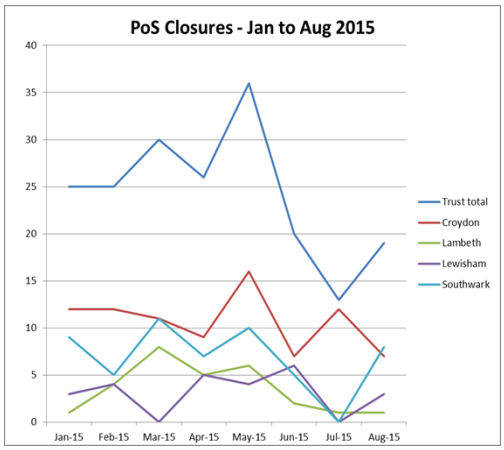


Figure 3

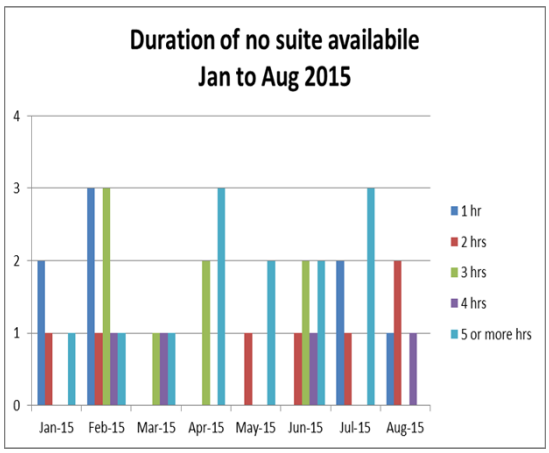
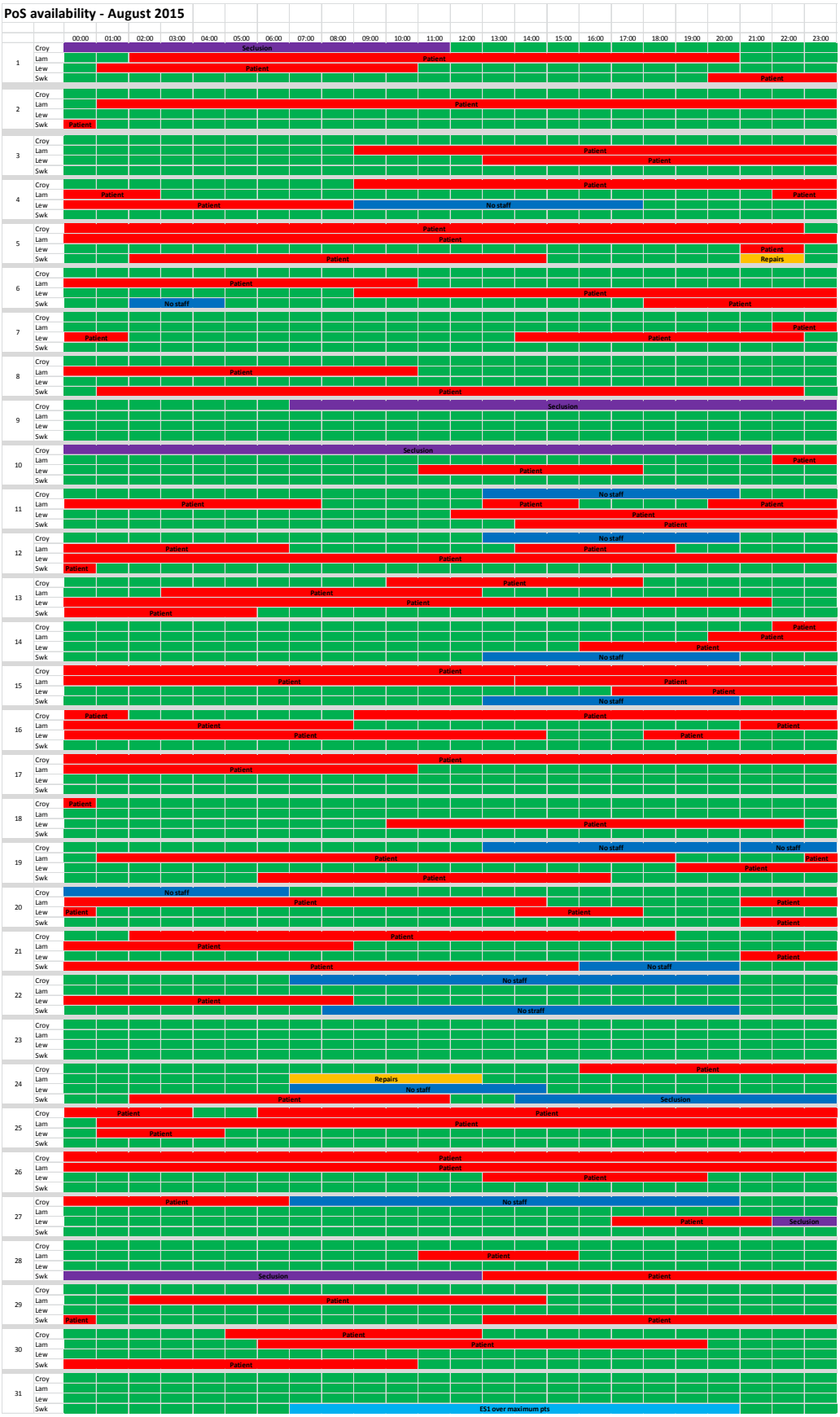


Figure 4

The following table shows a detailed breakdown of PoS activity for a typical month (this is August 2015). The colour coding is as follows:

Green = open and vacant
Red = occupied by a patient
Dark blue = closed due to staff shortages
Orange = closed due to an Estates issue (eg. repairs)
Purple = closed for seclusion
Light blue = other/not specified


PoS availability - August 2015
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1 Croy Seclusion
1 Lam Patient
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8.2 Cluster Presentations of S136s

The number of places of safety occupied at any one time varies considerably but on average two of the places of safety are in use at any one time, although this can vary from all being vacant to all being occupied. There have been several occasions over the past year that the number of people requiring a place of safety has exceeded four. The Trust currently has no ability to accommodate more than four people simultaneously.

When places of safety are unavailable due to staffing shortages, or because they are all occupied, the police are left with a choice of either to wait until one becomes available, take the person to custody or take the person to an Emergency Department. All of these choices are unacceptable as they result in the patient being detained in an environment which is highly unsuitable for their needs or they are detained in a police van or ambulance for an unacceptable length of time

8.3 The length of stay in the places of safety

The Trust's target is to have a Section 136 assessment concluded as quickly as is practicable and wherever possible within four hours of arrival. There are often clinical reasons why this cannot be achieved, such as the person's individual presentation, intoxication, language barriers etc. but the availability of staff has a direct impact on length of stay in some cases. As mentioned above, there are no dedicated staff for the place of safety other than the co-ordinator. The medical staff who are called upon to assess patients do so on a rota basis within normal office hours but this is in addition to their substantive post so often cannot attend immediately. In Croydon there is a dedicated AMHP who only does Mental Health Act assessments out of hours so they can usually attend promptly but in other boroughs there is only a lone Emergency Duty Team (EDT) social worker on duty out of hours, who deals with generic duties across all service user groups, (children and families and adult social care) not just mental health. If the EDT social worker is also an AMHP, he/she will respond to requests for Mental Health Act assessments.. Therefore, the attendance of EDT workers can be delayed due to other priorities. The Trust's policy aims for the first medical assessment to have taken place within two hours of admission to the place of safety and the AMHP assessment should take place within three hours of admission and these assessments should be undertaken jointly where possible.

Bed availability is another cause of long lengths of stay in places of safety. This is particularly the case with children and adolescent patients.

Figure 5, below shows the length of stay in the places of safety from January to August 2015. The four hour target is rarely achieved.

The average length of stay is approximately 8½ hours.

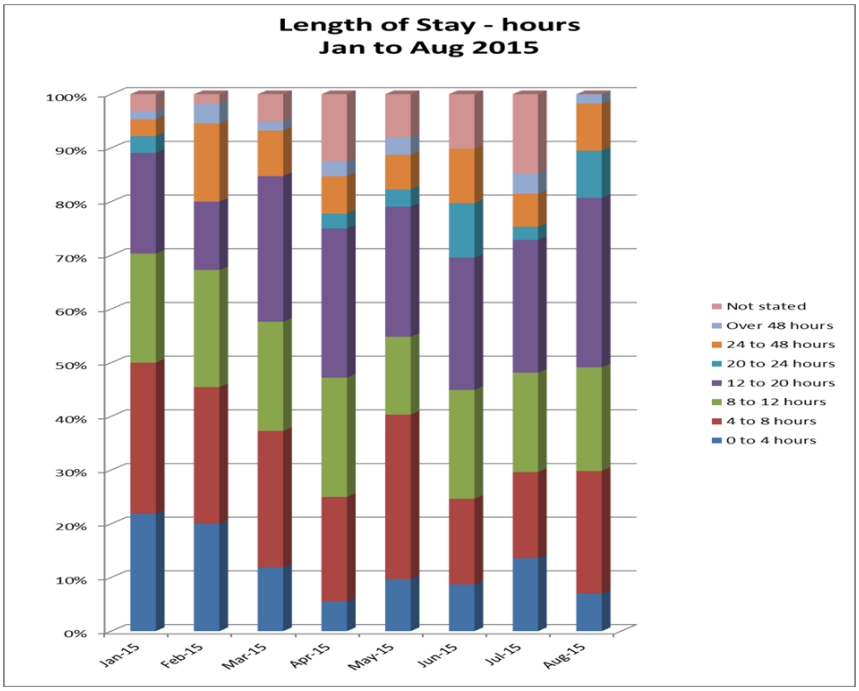


Figure 5 – Length of stay in the places of safety.

8.4 Full Service Closure

During the period January 2015 through to March 2016, the Trust was unable to provide any place of safety to the Police on 72 occasions as can be seen in Figure 6 and. This has been caused by all suites being occupied or a mixture of some suites being closed and some occupied.

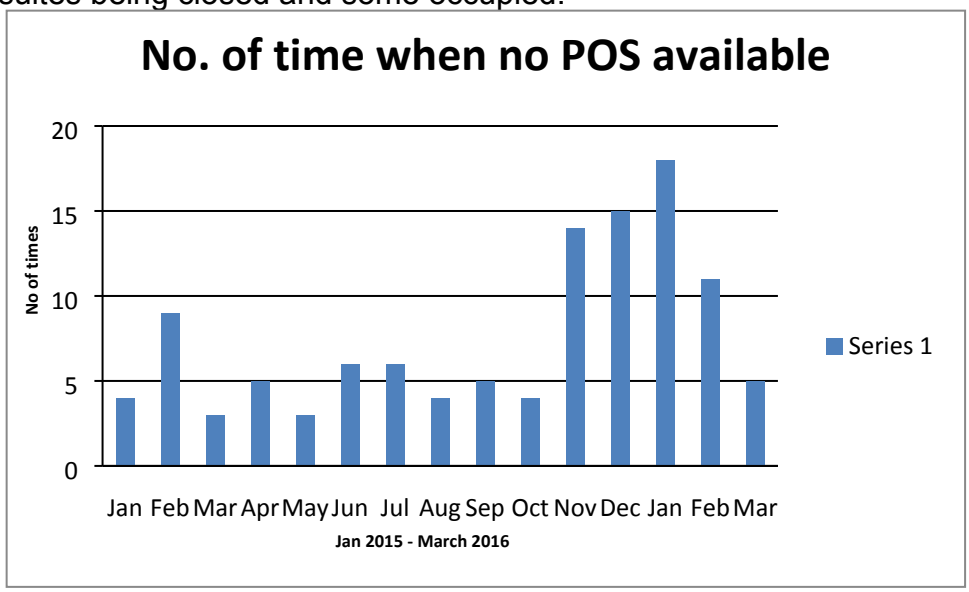


Figure 6

In the event that all four places of safety are unavailable, bed managers contact neighbouring Trusts to ascertain if they have one available should another place of safety be requested by the Police. This rarely secures a place of safety and can lead to the person being detained in custody. It should be noted that recently, in order to avoid detaining someone on a Section 136 in custody, that the Metropolitan Police have instructed officers to convey the person to an Emergency Department in these circumstances.

Apart from the poor quality care experienced by those detained under Section 136 in these circumstances, even infrequent closures or non-availability of places of safety do not support the Trust to maintain the required confidence to help maintain good working relationships with the Police. Although the Trust enjoys strong working relationships with the Police at senior levels, it is the interaction between officers and Trust staff on the ground that has the biggest impact on how relationships are perceived throughout both organisations.

In comparison to other London Trusts SLaM has a very high number of service closures as can be seen in Figure 8, below.

Trust	Jun – Aug 2014	Sep – Nov 2014	Dec 2014 – Feb 2015	Mar – May 2015	Total
BEH		1	n/a		1
C&I		1	n/a		1
CNWL	1		n/a		1
E LONDON			n/a		
NELFT	2		n/a		2
OXLEAS			n/a	1	1
SLAM	**8**	**4**	**n/a**	**14**	**26**
SWLSTG		1	n/a		1
WLMHT			n/a		
TOTAL	11	7	n/a	15	33

Figure 8 - Reported episodes of police officers with Section 136 patients being turned away from places of safety – information supplied by Metropolitan Police.

No data was available for the period Dec 2014 – Feb 2015

8.5 The Place of Safety Environments

As mentioned above, the physical environments of the places of safety vary. The older places of safety, based at Lambeth Hospital and at the Ladywell Unit have the least suitable environments, with the one at the Ladywell Unit being particularly unsuitable with a lack of adequate facilities for observation by staff and a lack of adequate privacy.

The places of safety are very unsuitable for children and young people and can appear to be threatening and frightening to those who are in acute distress.

However, as they need to be able to withstand a high degree of wear and tear, they are all of a specification that results in them being quite stark and in some cases, almost like a cell. Due to the location of the place of safety facilities on each hospital site, there is little that can be done on a local level to improve the facilities.

Being taken to a place of safety for assessment is, in many cases, a person's first experience of a mental health facility. Even for those who have used mental health services for some time, by the very nature of being detained under S136, the person is likely to already be in acute distress. It is important, therefore, that the person's experience is of a high quality where they will feel welcomed, safe and cared for.

Three of the places of safety are currently not compliant with the Disability Discrimination Act with no scope to address this satisfactorily. The places of safety, as they are currently configured, do not provide the type of experience that we would wish to provide for our service users.

9. Care Quality Commission (CQC) concerns

9.1 The Trust had a full CQC inspection in September 2015.

The CQC identified concerns with the environments of the places of safety and how the service was provided. They stated the following, in their report:

'The trust had made a proposal to commissioners to change the model of provision for the health based places of safety as they were aware that improvements were needed.

However, the facilities at the Lambeth place of safety were not safe due to the risks from ligature anchor points and the environment was not fit for purpose. Lewisham health based place of safety had blind spots in both the observation window and the CCTV camera angle that meant that patient safety could not be guaranteed. Personal and emergency alarm systems at Orchard House where the Lambeth home treatment teams were co-located with other teams were not regularly checked to ensure that they were working in the event that staff needed to request assistance. There were inconsistencies in where risk assessments completed by home treatment teams were held in electronic care records, which meant that it is was possible for staff (especially in other teams) to miss updates in risk information. The environments at the Lambeth and Maudsley health based places of safety did not promote the privacy, dignity and recovery of patients using these facilities. These issues included the location of the nurses office in relation to the room people who used the service would be in, and a lack of soundproofing. The place of safety at Maudsley hospital had a large observation window that did not allow the privacy and dignity of the person using the unit. People who used the health based place of safety at Lambeth hospital

did not have access to showering facilities. Access to specific health based places of safety could not be guaranteed. Patients may have to be transported to a health based place of safety which was not in their area or borough by police, which could have impacted on their experience of care.

The trust had made a proposal to centralise the health based places of safety on the Maudsley site with a dedicated team of staff. However in the interim three of the four environments were unsafe or did not promote privacy and dignity.'

The places of safety that were part of the psychosis clinical academic group (Lambeth, Lewisham & Southwark) were staffed by staff from the psychiatric intensive care (PICU) wards. The staffing levels within these wards directly affected the levels of staffing in the health based places of safety.

At Croydon, the health based places of safety was staffed by staff from the triage ward. As with the other places of safety, the staffing levels within this ward affected the levels of staffing in this place of safety. The trust had established a virtual section 136 team which floated between the health based places of safety and supported staffing where needed.'

10. Options considered by the Trust to improve the service provision

10.1 Before the CQC inspection in 2015, the Trust Board has been concerned for some time that both the method in which the place of safety provision was being provided and the quality of the service being delivered fell significantly short of an acceptable standard and commissioned the development of an internal options appraisal on how the service could be best provided.

Option 1 – do nothing

The service availability and quality concerns are such that to do nothing is not an option.

Option 2 – increase nursing staffing on all four sites

This was considered and would indeed address the issue of minimising closures due to lack of available staff. However, this would be a very uneconomical use of resources as staff would be available on each site whether or not the place of safety was in use.

Option 3 – provide a service from only two locations instead of four

Although this option would mean more efficient use of staff than option 2, each site would be required to accept twice as many people as they do now and

therefore new place of safety facilities would need to be developed on each of the two sites. This was not considered viable to due current estates provision.

Option 4 – create a purpose built central place of safety, serving all four boroughs, staffed with a dedicated team of staff

This option would provide a real opportunity to address all of the existing concerns relating to the provision of places of safety at the same time.

This option would allow the following to occur:

- The development of a brand new, purpose built environment which meets the current NHS Estates standards for place of safety provision
- The establishment of a specialist team dedicated to providing speedy and expert assessment of those detained under Section 136
- The ability to develop a service model that would provide a consistent high quality service
- A service that was always available when required

The Trust Senior Management Team considered the four options and decided that Option 4 was the preferred way forward. Options 2 and 3 did not adequately address all of the concerns with place of safety provision. The Trust Board approved the progression of a single place of safety due to the urgent concerns about the quality of the current arrangements.

10.2 SLAM alternative place of safety options costing

	Single PoS		Dual PoS	
	WTE	£000	WTE	£000
Nursing and medical staff	31.60	1376	50.24	2.276
Admin	1.00	30	1.00	30
Aramark		35		45
Drugs		5		5
Pharmacy		20		30
Transport		130		130
Non-pay expenses		20		25
Total		**1,616**		**2,541**
Estimated costs included in our financial plan based on initial estimates		1,629		
Reduction in pharmacy costs		(9)		
Reduction in Aramark costs		(13)		
Additional admin costs		12		
Rounding		(3)		
Revised costing as set out above		1,616		

Notes:

1. The above includes direct costs plus a charge for pharmacy overheads to cover the pharmacy service.
2. No estates costs are included in the above estimates.
3. Estates costs, initial set up costs and capital/refurbishment works will differ between the two options.
4. The dual option is based on 2 x 2 bed units. The single option provides for a 4 bed unit but with scope to increase to 6

11. The proposed new service model – central place of safety

11.1 Location

The proposed new service will be located on the lower ground floor of the Eileen Skellern Block at the Maudsley Hospital. This was chosen as it was the most central location to all four boroughs and had a footprint large enough to accommodate a well-designed modern facility. It also has good access for Police vehicles and ambulances and is sufficiently out of public view to maintain the privacy and dignity of those arriving at the unit.

11.2 Facilities

The proposed new place of safety facility would have:

- A range of assessment rooms, all with access to natural light, en-suite toilets and showers and with staff observation areas.
- There will be four standard assessment rooms but also two rooms designed to seclusion standard and therefore able to cope with the most unwell and behaviourally challenging people arriving at the facility. The police will have direct access to a high dependency / seclusion area to avoid a very disturbed or distressed person from having to go through the main part of the new facility.
- One of the rooms has an adjacent sitting room area enabling the whole area to be separated from the remainder of the unit. This will be suitable for children and young people or for others who may have family members in attendance. The MHA Code of Practice states that those under the age of 18 should ideally be admitted into a specialist place of safety but where this does not exist, they can be admitted to an adult facility.
- A lounge (people will not need to be confined to their assessment room depending on their individual needs).
- A clinical room with physical examination facilities.
- Private interview rooms.
- Disabled access toilet.
- Beverage making facilities.
- An open reception area.
- Private staff office accommodation.
- A staff rest room.
- Utility services.
- Air conditioning.
- An arrival area will be covered with a permanent fixed canopy for protection from the weather but also to add to privacy as this area can be overseen by some hospital buildings.

The area will undergo a complete refurbishment and will be re-designed in order to meet all the current Health Service standards. When complete, this will be a state of the art place of safety providing facilities that are incomparable to what is provided at present.

11.3 The staff team

The new place of safety will have sufficient demand to require a dedicated staff team comprising the following, as recommended by the Royal College of Psychiatrists:

Team leader – Band 7 x 1
Charge Nurses – Band 6 x 6
Staff Nurses – Band 5 x 12
Health Care Assistants – Band 3 x 11
Associate Specialist – 1
Administrator / PA – Band 4 x 1

This staffing establishment will provide for 5 staff to be on duty on each shift on a 24/7 basis. Each shift will be comprised of three qualified staff and two health care assistants.

A team leader will have overall management responsibility for the facility, reporting to the clinical service lead for central crisis services.

The creation of a dedicated team of staff will have significant benefits. The team will be able to further develop skills in assessment and management of those in acute crisis and the development of this team will mean that there is a single point of contact (apart from the street triage staff) between the police and place of safety staff. It is expected that this will led to much improved relationships between staff on the ground, from both organisations.

11.4 Medical Staffing

The facility will have a designated consultant psychiatrist with overall responsibility for the service provision. An associate specialist (senior doctor) will be on duty Monday – Friday and will carry out mental health assessments of all those presenting to the suite. This will include making the first medical recommendation for those considered to require detention under the MHA. New out of hours medical staffing rotas are being developed to ensure that the central place of safety has speedy access to both junior and senior medical staff. There will be a resident junior doctor on site, out of hours, to ensure all immediate medical needs are assessed and addressed.

11.5 Transport

Police and London Ambulance Service

The proposed new model of service has been discussed with the Police from all four boroughs and the London Transport Police, all of whom support the development of this new service. The police have described the advantages of having speedy access to a place of safety when needed as a distinct improvement over current arrangements, even though there may be greater travel distance for police in Lewisham, Lambeth and Croydon due to the centralisation of the facility.

Assistance with transport for those not detained following assessment

The location of the central place of safety within Southwark will mean increased travelling for those detained under Section 136 both to the facility and for those not detained following assessment, back to their home borough.

For those not admitted following assessment, the place of safety staff team will organise transport back to the person's home borough, liaising with family members where appropriate.

12. Interim arrangements made to address the availability of places of safety and length of stay

The Trust has taken some actions to reduce the number of times a place of safety closes and also to reduce the length of stay within the place of safety.

The staffing levels on the PICUs have been reviewed and some additional staffing resource has been allocated to Croydon Triage Ward. This has helped to reduce the number of closures to some extent.

A floating team of staff has been created which can be deployed on a shift by shift basis to one or more of the existing places of safety to cover for any staffing shortages. It is proposed that this team will become the team which will staff the central place of safety. This has had some effect on reducing closures but there are still several posts to recruit to.

In addition to this, the Trust reviewed the process for assessment in the places of safety and agreed a protocol where, in specific cases, a person detained under a Section 136 could be moved to an inpatient ward to have their assessment completed. This would only occur where a first medical recommendation for detention under the MHA had been made and further assessment under the Mental Health Act is required. This only occurs when a vacant bed exists on a Triage ward on the same site as the person is detained. This is implemented when places of safety are approaching full occupancy and where it is clinically appropriate to do so.

13. Potential disadvantages of a central place of safety

The centralisation of the place of safety provision has a significant number of benefits to service users as described earlier in this document. However, for residents of Lambeth, Lewisham and Croydon, this will mean additional travelling time to the place of safety after being detained by the police and also for the return journey if the person is discharged following assessment.

However, It is interesting to note the number of times that residents are required to travel to suites outside of their own boroughs currently, due to local places of safety being closed or already occupied, when required.

Figure 9 (below) details the place of safety that a person was taken to for assessment and their borough of residence, during the period July 2015 – March 2016. As can be seen from the data, a considerable of number of people have had to travel outside of their borough as their local place of safety has not been available, either due to being closed or occupied by someone else.

Borough of residence	PoS taken to				
	Southwark	Lambeth	Lewisham	Croydon	To other place
Southwark	52	25	25	11	8
Lambeth	41	44	22	12	9
Lewisham	12	16	68	14	2
Croydon	9	19	35	47	4
From other	10	16	7	11	

Figure 9 – Borough of residence and PoS taken to (July 2015 – Mar 2016)

'From other' above includes people from British Transport Police, Westminster, Woolwich, Wandsworth and City of London police.

'To other place' means the person was diverted to another Trust's place of safety, to an acute hospital emergency department or to police custody.

14. Care pathways following assessment

14.1 The care pathway for people being detained under Section 136 will remain the same as it is now. There is a current protocol in place across the four borough AMHP services which agree that assessments on patients who present in their local authority area will be assessed by that AMHP duty team on behalf of the local authority. For patients who are assessed under s136 and then further detained on a section 2, the 'host' duty AMHP will do the section 2 assessment on behalf of the other local authority. However, if a section 3 is indicated, the 'host' AMHP will not do the assessment as the home borough will retain aftercare responsibility under section 117. The AMHP from the home borough is then required to travel to do the section 3 assessment.

14.2 There is a lack of accurate data on the number and outcomes of homeless people assessed but the arrangements are that if a homeless patient is assessed outside of the borough in which the police detained him or her, then following the assessment, they would be directed to present to that borough Homeless Person's Unit. Housing legislation sets out criteria under which the

local housing authority has a duty to provide temporary and permanent accommodation and each criterion has to be met. One of the main criterion is that the person presenting must have a local connection to the borough to qualify for social housing. In the absence of a local connection, the person would be redirected to the borough in which the person was picked up.

14.3 For people with no recourse to public funds, a similar pathway is in operation and the person would be redirected to the borough in which the police detained him/her under s136.

Any potential statutory and financial impact on local authorities in relation to section 117 aftercare, homelessness, people with no recourse to public funds and general duties under the Care Act, is explored in more detail in the AMHP impact assessment paper, which is Appendix 1 to this paper.

15. Consultation and engagement

15.1 SLaM has already had a series of discussions with key stakeholders, partners, service user groups and others regarding this proposal. These are detailed below:

- Lambeth Adult Social Care Senior Leadership Team
- Southwark Children and Adults Board
- Southwark Councillors including the ward councillor where the place of safety is proposed to be and the cabinet member for Adult Social Care and Financial Inclusion
- The Directors of Adult Social Services in each borough
- The Heads of Social Care in each borough
- The Emergency Duty Team manager in Lewisham Children's services
- The AMHP managers in each borough
- The SLaM Named Nurse for Safeguarding Children
- The SLaM Named Doctor for Safeguarding Children
- The SLaM Safeguarding Adults Lead
- The SLaM Equality Manager
- AMHP Lead in Camden council
- AMHP Lead in Wandsworth council
- Head of Social Work in CNWL NHS Trust
- Healthwatch Southwark (who liaised with other Healthwatch groups on SLaM's behalf)
- The Psychological Medicine CAG Advisory Group (Users and Carers)
- Hear Us Service User Group in Croydon (5 April 2016)

15.2 In addition to the above, the views of over 100 service users who had been detained under Section 136 of the MHA have been taken into account in

considering how a place of safety service should be provided, particularly in terms of quality and user experience.

Further service users and carer engagement events are planned, as follows:

Certitude – 6 April
Southwark Dragon Café - 11 April
Lambeth Mosaic Clubhouse – 14 April
Lewisham Users Forum – 19 April
A briefing note and questionnaire was distributed at the user discussions to support the verbal discussions.

A full report detailing the feedback from the service user engagement and consultation sessions is included in Appendix 3

16. Summary and Conclusion

16.1 It is clear that the current model of place of safety provision (on four sites) is not fit for purpose. The lack of dedicated resources and the design of the physical environments results in a poor quality service provision. Where places of safety are not available for whatever reason, people in need of acute care and treatment are not being able to access this in a timely manner. This raises very serious concerns about safety, dignity and human rights.

16.2 SLaM's concerns are shared by the CQC (especially the environmental issues) and the current service does not meet the standards set out by the London Mental Health Crisis Commissioning Standards, CQC or the Royal College of Psychiatrists.

16.3 SLaM has considered how these issues might be resolved and have considered three options as an alternative to the current model.

16.4 Having considered a range of options as detailed in this paper, SLaM feels that the option which fully addresses all of the concerns about access and availability, quality of service user experience, safety and equality is realistically Option 4: the development of a purpose built place of safety with a dedicated staff team, to be shared by all boroughs.

Derek Nicoll
Head of Clinical Pathways (Crisis Services)
Psychological Medicine CAG
Cath Gormally, Director Social Care
14 April 2016

APPENDIX 1

Central Place of Safety proposal:

Impact assessment: Approved Mental Health Professional (AMHP) services.

1 Introduction

1.1 Approved Mental Health Professionals (AMHPs) are authorised by local authorities to fulfil duties under the Mental Health Act 1983. Prior to the amendments to this Act in 2006, the role was undertaken exclusively by specially trained social workers, employed by the local authority. Although the majority of the AMHP workforce nationally is still social workers, other professionals employed by other agencies, can train to undertake this role (mental health nurses, occupational therapists and psychologists) but the statutory responsibility for the training and deployment of AMHPs remains with local authorities. Locally, all the AMHPs are currently social workers. AMHPs are responsible for organising and co-ordinating Mental Health Act assessments and when medical recommendations are made to admit the patient to hospital under a section of the Mental Health Act, the AMHP must decide whether to make an application for the patient to be detained. The AMHP must take the patient's social circumstances into consideration and other factors such as; gender, culture, ethnicity, age, sexual orientation and disability. The AMHP must also liaise with the family and the 'nearest relative' and crucially, apply the 'least restrictive alternative' in deciding whether or not to proceed with an application under the Act. This means that the AMHP should have knowledge of local available resources which could possibly be deployed to avoid a compulsory admission to hospital. The prevention of mental health crises is a central objective of integrated mental health services. Social workers and AMHPs who are integrated within community mental health teams and the crisis pathway services such as crisis resolution and home treatment teams, make an important contribution to early intervention into and prevention of mental health crises which result in the need for an assessment under the Mental Health Act. However, the scope of this paper is to concentrate on the section 136 pathway which starts from when the person is picked up by the police and detained until the Mental Health Act assessment is completed and follow up care arranged. Other preventative measures such as street triage, crisis lines and Psychiatric Liaison services are outside the scope of this paper but are an important context to the role of the AMHP in section 136 assessments.

1.2 Under section 13 of the Mental Health Act 1983, it is the statutory duty of each the four borough local social services authorities that SLaM serves: Lewisham,

Lambeth, Southwark and Croydon, to provide sufficient numbers of AMHPs to respond to requests for assessments within their local authority areas when required. Under section 136 of the Mental Health Act, when a person is detained by the Police and taken to a place of safety, he/she should receive an assessment of their mental health and an interview with a doctor and an AMHP, respectively, (preferably jointly) as soon as possible. If the person is seen first by a doctor and thought not to have a mental disorder, then he/she must be discharged, even if not seen by an AMHP.

1.3 The current AMHP arrangements across the boroughs are that each borough has its own AMHP duty service in the local authority area in office hours, 9 to 5pm, Monday to Friday. Outside of these hours during weekdays and weekends, requests for Mental Health Act assessments in Lambeth, Southwark and Lewisham are dealt with by the Emergency Duty team, (EDT). EDTs are not mental health specific services and provide a generic emergency response for the local authority covering children's and adult services which include: older people, learning and physical disability and mental health services. They are often staffed by one EDT social worker (usually an AMHP) and they do not have capacity to travel outside of their own borough area to respond to Mental Health Act assessments out of their borough boundary.

AMHP services in Croydon are arranged differently and there is a dedicated AMHP duty service available in and out of hours.

1.4 As already outlined in this paper, the current provision for health-based places of safety across the SLaM footprint is one in each borough locality. Currently, AMHPs respond locally to requests for assessments under s136, at the local places of safety within their local authority boundary. However, when the local place of safety is not available due to environmental, safety or staffing issues and the patient has been taken to a place of safety outside of the borough, then the local AMHP duty team where the person has been taken, responds to the request for assessment in accordance with their duty under section 13 of the Act, regardless of where the person ordinarily resides. There is an existing agreed protocol between the four AMHP services across the boroughs which stipulates that requests for assessments under sections 136 and 2 will be done by the AMHP team where the patient is located, on behalf of the home authority. However, because of the geographical proximity, Lambeth and Southwark AMHP services have a reciprocal agreement that they will each assess their own patients when they present in each other's area where possible. Therefore, the current frequent closure of places of safety is already impacting on an ad hoc basis, on local AMHP services.

1.5 SLaM's proposal to move from the current model of four local places of safety to one central one based on the Maudsley site, does have implications for local authority partners' current AMHP duty arrangements and local authority duties under section 13 of the Mental Health Act. The current agreement between the four AMHP services that the assessment is done by the team where the patient is located, would have to be reconsidered to avoid all requests for assessments becoming the responsibility of Southwark. This would involve local AMHPs where the patient was made subject to s136 responding to requests for assessments and travelling to the central place of safety or a different AMHP service model being agreed across the four boroughs.

1.6 The Directors of Adult Social Services (DASS) and Heads of Social Care have been consulted with in each borough and two central concerns have been raised if local AMHPs were required to travel to the central place of safety site. These being: the increased travel time for AMHPS to respond to assessments at the central place of safety, outside of the local areas in Lewisham, Croydon and Lambeth and the safety of people who may be discharged from section 136 from the central place of safety and may have to travel back to the borough in which they live, particularly if this occurs in the middle of the night.

The potential impact of this on patients and AMHP services in each borough is as follows:

2 London Borough of Southwark:

2.1 The proposed central place of safety would be on the Maudsley hospital site which is in the London Borough of Southwark. This would present no change to the current AMHP arrangements, in and out of hours, in terms of travel time, as the central place of safety would be on the same site as it is currently. Therefore, there would be no increased travel time for Southwark AMHPs and they would be able to respond in a timely fashion as they do now. Also, there would be no impact on Southwark residents or patients in terms of transport, as they would be assessed in their own borough of residence.

2.2 However, under section 13 of the Mental Health Act, all patients brought to the central place of safety by the police would be the statutory responsibility of the Southwark AMHP duty service to assess, as they would be within their local authority area. Unless the current agreements were renegotiated across the boroughs, this would clearly present the Southwark AMHP duty service with an increased demand for assessments for which they are not resourced. There is also a concern that there may be increased demand from the police bringing people detained on section 136 from outside the four boroughs. Currently, all

requests for assessments under section 136 are managed through a central point of access for the police, managed by the central bed co-ordination team and street triage. This would continue in the proposed service model and the central bed co-ordination team would allocate places of safety accordingly to manage demand.

3 London Borough of Lambeth

3.1 Geographically, Lambeth is contiguous with Southwark boundaries so whilst there would be increased travel time for AMHPs to travel to the central place of safety on the Maudsley site, it would be an increase of approximately 2 miles and about 15 minutes (depending on traffic) to travel from Lambeth Hospital to the Maudsley Hospital. Lambeth and Southwark AMHP duty services currently have reciprocal arrangements in place to assess their respective residents out of borough, in daytime hours and this could be formalised or re-negotiated by the local section 136 protocol. The out of hour's provision is by an EDT social worker but, because of the close geographical proximity with the Maudsley site, it has been confirmed this would not be problematic.

4 London Borough of Lewisham

The increased travel distance for AMHPs to travel from the Ladywell Unit at Lewisham Hospital to the Maudsley Hospital would be approximately 5.5 miles and about 25 minutes, depending on traffic. However, for AMHPs who have child-care responsibilities and ordinarily live and work in Lewisham, late afternoon assessments could be problematic. The out of hour's AMHP provision is by a lone EDT social worker so, an out of hour's response involving the EDT AMHP traveling out of borough, would be problematic.

5 London Borough of Croydon

5.1 The increased travel time for AMHPs would have the greatest impact on Croydon AMHP duty services as the journey from the current place of safety at the Bethlem site to the Maudsley Hospital would be approximately 8.5 miles and about 35 minutes, depending on traffic. Whilst this would have an impact on response times, the out of hour's provision is via a dedicated AMHP duty service which would be able to respond out of hours.

5.2 However, with the exception of Southwark, there may also be increased travel for AMHPs in cases where, following the s136 assessment, the patient is further detained under section of the Mental Health Act and it is necessary for the AMHP to convey the patient to the bed, which may be either back in their borough or elsewhere, depending on bed availability.

5.3 There is also a concern for the safe transport of patients from Lewisham, Lambeth and Croydon, who may have been transported to the central place of safety at the Maudsley site, assessed then discharged from s136 and have to find their way back to their borough of residence.

5.4 The revised Code of Practice to the Mental Health Act stipulates:

"*Once the assessment has been concluded, it is the responsibility of the doctors and the AMHPs involved to make any necessary further arrangements for the person's care and treatment."* (Code of Practice, 16.73)

This includes ensuring appropriate transport is arranged for patients who are discharged without any further follow-up required, to return home safely, regardless of where the assessment takes place, as is the case in current practice.

5.5 SLaM recognises that the proposal to develop a central place of safety has an impact on the respective partners' AMHP duty services. The responsible service director and Director of Social Care in SLaM have consulted with the Heads of Social Care, DASS and AMHP Leads in each borough, to scope out the potential impact on duty services and patients detained under s136. This consultation has directly informed the following options as proposals and suggestions in mitigation. The potential impact to patients in relation to equality has been considered separately in a four borough Equality Impact Assessment which is included as Appendix 2 to this paper.

5.6 AMHP activity reports: average numbers of S136 assessments undertaken in/out of hours in each borough. Please note that this data has not been validated, but gives an overall picture of activity in/out of office hours.

	Q1 (April–Jun 2015)	Q2 (July-Sep 2015)	Q3 (Oct-Dec 2015)	Q4 (Jan-Feb 2016)
Southwark				
Office hours	6	4	6	Data not yet available
Out of hours	11	15	15	Data not yet available
Lambeth				
Office hours	6	7	6	6
Out of hours	No data available	No data available	No data available	4
Lewisham				
Office hours		11	12	No data available
Out of hours		None	13	No data available
Croydon				
Office hours	8	6	17	10
Out of hours	32	23	26	12

6 Options appraisal

6.1 Option 1.

The Southwark AMHP service responds to all requests for assessments under section 136 on behalf of the other 3 boroughs.

Advantages:

- There are operational advantages as the AMHPs would be geographically best placed and available to respond in a timely fashion.

Disadvantages:

- The demand for AMHP services would increase and the current Southwark AMHP service would not have the capacity to respond to all requests for assessments. In order for this to be a viable model both in and out of hours, the service would require additional resources from other boroughs in order for Southwark to undertake these duties on their behalf.

6.2 Option 2

Each borough deploys an AMHP to respond to requests for s136 assessments for their borough residents at the central place of safety, as and when required.

Advantages:

- Local AMHPs have knowledge of local resources as an alternative to hospital admission.
- Local AMHPs may have previous knowledge of some patients detained under section 136

Disadvantages:

- Increased travel/response time for AMHPs from Lewisham, Lambeth and Croydon which may cause delays to the assessment process.
- Potential diversion of AMHPs from other duty work.
- This does not address the EDT availability problem out of hours for Lewisham.

6.3 Option 3

Create a single day-time AMHP Section 136 duty rota across all four boroughs, to assess all patients, regardless of borough of origin. The AMHP could be deployed on a daily or weekly rotational basis, based at the central place of safety and respond directly to each presentation as required.

Advantages:

- Actual activity and demand would be no higher than at present for individual AMHP duty services.
- As the AMHP would be based on site, there would be no unnecessary delays built into the process and they would be able to respond in a timely manner.

Disadvantages:

- AMHPs doing assessments from outside their local borough would not have the awareness and knowledge of local resources to inform their assessment and decision-making. However, to mitigate this, the central place of safety could compile a directory of all resources available in each local locality for the duty AMHP. The duty AMHP could also liaise with the local AMHP duty team or local care co-ordinators for local knowledge as part of their assessment. As AMHP duty services are already routinely doing assessments on behalf of other authorities due to the current closures of places of safety, this may formalise current arrangements and improve the local knowledge base.

- A dedicated rota would have to be organised and managed to ensure robust arrangements were in place and would have to be agreed and shared across the current AMHP duty service managers.

6.4 Option 4

Create a dedicated single, four borough AMHP duty service to assess all patients, regardless of borough of origin both in day-time and out of hours, for all assessments under the Mental Health Act, not solely Section 136 requests.

Advantages:

- Actual activity and demand would be no higher than at present for individual AMHP duty services

- This could potentially address the EDT out of hours problem in Lewisham in the longer-term

Disadvantages:

- Depending on where the AMHPs were based, there would still be travel and response time issues. This may be exacerbated by a core number of AMHPs covering a larger geographical area across four boroughs.

- There would be legal issues to address in order for AMHPs to act on behalf of other local authorities, for example; warranting, authorisation and possibly honorary contractual arrangements in order for AMHPs to 'act on behalf of' other local authorities, vicarious liability and staff consultation.

6.5 Option 5

SLaM could directly employ AMHPs as part of the central place of safety staffing establishment on a 24/7 basis.

Advantages:

- Dedicated AMHP cover on site would provide a timely response in all cases

Disadvantages:

- The funding of the posts would require negotiation with the local boroughs as the duty to provide sufficient numbers of AMHPs under the Mental Health Act rests with local social services authorities and not the NHS. It is also likely that the AMHP role would be evaluated under Agenda for Change at Band 7 (£31,072 to £40,964) which may be prohibitive within the current financial envelope for staffing.

- Whilst it is legally possible for SLaM to employ social workers and AMHPs, the responsibility for approval, warranting, training and quality and governance of AMHPs, rests with local authorities. These governance issues would require negotiation with one of the boroughs to agree to warrant and train SLaM employed AMHPs etc.

- Recruitment of AMHPs. Local authorities currently have difficulty in recruiting experienced AMHPs and it may be more difficult for SLaM to attract AMHPs as an NHS employer, as AMHPs currently employed by a local authority may not wish to change their terms and conditions and pensions etc. to the NHS.

- Many AMHPs may also feel that being employed by the NHS presents a conflict of interest in the AMHP role and would prefer the independence of role that being employed by a local authority affords.

6.6 To mitigate any adverse impact of the central place of safety proposal on the local AMHP duty services, I would recommend particular consideration of options 2 and 3 in the short term. Option 2 may incur some additional delays in relation to travel for the outer boroughs but would provide adequate cover from local AMHPs. Option 3, would require some dedicated management of an AMHP s136 rota but is a pragmatic solution to ensuring each local authority meets its statutory duties under the Act within day time hours. Option 4, to develop a dedicated AMHP duty service for all boroughs is a possibility but is a longer-term piece of work requiring more in-depth cost/benefit analysis. However, I would recommend that the four boroughs give this further strategic

consideration as a future collaborative service development. Option 5, for SLaM to directly employ AMHPs as part of the place of safety staffing establishment is possible but in my view, is not the most desirable option as the disadvantages outweigh the realistic advantages in relation to recruitment and retention of AMHPs and the governance arrangements.

6.7 Intelligence from other local authority AMHP services operating within an NHS Trust with a single place of safety. The Director of Social care has consulted with the AMHP Lead in Camden council who confirmed that their local NHS Trust does not currently have a single place of safety but discussions are being held to consider future possibilities. The AMHP Lead in Wandsworth council was also consulted as their local NHS Mental Health Trust does operate a central place of safety across 5 other boroughs. As the central place of safety is in the catchment area of Wandsworth, formal agreements have been made with the other neighbouring local authorities within the footprint of the Trust, to ensure the statutory responsibility for all s136 assessments does not fall to Wandsworth. During office hours, it is agreed that each individual borough, deploys their own AMHP to do assessments on people picked up by the Police in their borough. For an out of office hour's response, four boroughs have collaborated and developed a single rota for adult social care and AMHP assessments. This is funded equally by each borough and managed by one borough on behalf of the others. Each individual AMHP is warranted by their own borough and authorised by each of the others to act on their behalf. The agreement for managing people who are of no fixed abode or have no recourse to public funds is that it is the responsibility of the borough where the person has a local connection or where they were picked up by the Police. If there are any cases where there is a duty to assess under the Care Act, then again, the default position would be that the responsible borough is that where the person has a local connection or where they were picked up by the Police. This has been successfully operating for a number of years.

7 Lewisham out of hours' response:

7.1 Requests for s136 assessments are unpredictable but from the data provided by Lewisham EDT, there are a minimum of about three s136 presentations a month and both options 2 and 3 do not fully address the issue of Lewisham EDT not being able to provide an out of hours' AMHP response to a proposed central place of safety. However, this could be addressed by Lewisham developing a pool of AMHPs from their existing workforce who would be willing to volunteer to do s136 assessments out of hours on an ad hoc basis. They would comprise a list of AMHPs willing to be contacted in the event of a s136 presentation out of hours. The remuneration would be their normal hourly rate plus time and a half

or double time, depending on the time of the assessment. This is standard operating practice in a number of other local authorities. The response from the AMHPs would obviously be dependent on their availability and if none were available, that could cause delays.

7.2 An alternative could be to develop an all call rota of sessional AMHPs to be available on a rota out of hours. This could be from the existing workforce and by recruiting sessional AMHPs from other boroughs. The local knowledge issue is addressed by the host borough inducting sessional AMHPs and offering attendance at local training sessions etc. This is also standard operational practice in other boroughs where they have dedicated AMHP duty out of hours but would have greater cost implications. The on call fee for a 7 hour period would be approximately £30 with an additional hourly rate if the AMHP was called out. This may be a longer-term option that the four boroughs may wish to consider collaboratively but certainly in the short-term, a pool of volunteer AMHPs could be piloted.

The approximate costs of this would be as follows:

In Lewisham the hourly rate of pay for EDT social workers under the single status agreement is £21.44p. For evening work between the hours of 8pm and 6am, there is an additional enhancement which equates to an hourly rate for AMHPs working during weekday evenings of approximately £30 and for weekends, approximately £32. S136 assessments are unpredictable and difficult to plan for but from the Lewisham EDT data which has not been validated, there are on average, 4 assessments a month. The length of AMHP assessments is also unpredictable and is dependent on a number of factors, including the availability of Section 12 doctors and beds and the condition of the patient. It also includes the interview with the patient, discussion with doctor and other professionals, family members, report writing and follow up, which would be a minimum of 3 hours.

Therefore, the estimated monthly costs for an out of hours' response for Lewisham, based on an average of 4 assessments a month at £32 an hour would be £512 a month.

8 Management of statutory and financial responsibilities across the four borough footprint:

8.1 To ensure that each borough takes responsibility for its own statutory responsibilities, boundary disputes are avoided and the borough of Southwark does not incur any additional financial or legal responsibility, formal agreements will need to be agreed by each borough to address the following issues:

- **Homelessness:** if a homeless person is detained under s136, assessed and is ready for discharge, he or she will be directed to present to the Homelessness Unit in the borough in which he/she either has a local connection or was picked up by the Police, usually with a letter of support from the Trust. This is the current operational practice. Cases are managed on an individual basis but if the homeless person is discharged during a weekend, he/she is discharged with information and advice and/or directed to emergency hostel accommodation. This would be the same process for people with no recourse to public funds.

- **Section 117 aftercare responsibilities:** The current protocol is that respective AMHP duty services will not assess on behalf of another authority for s3 and the home borough AMHP will be required to attend and the home authority take financial responsibility for any aftercare services.

- **Care Act assessments**: if there was any requirement to do an assessment of the person's need under the Care Act, again the same agreements would be triggered as above, i.e. the home borough or the borough where the person was picked up by the Police would take responsibility.

9. Conclusion:

Clearly, a central place of safety which is purpose built, has dedicated staffing and an appropriate environment will improve the quality of experience for children, young people and adults being assessed under the Mental Health Act. The Royal College of Psychiatrists standards state that the standard practice for health based places of safety should be to have dedicated staffing. In order to balance the benefits to patients with the impact on partners as outlined above, it is necessary to make sure that the AMHP service model is designed to each statutory partner's satisfaction. The DASS in each borough of Lewisham, Lambeth and Croydon has made a clear commitment to supporting a new model, based on the options above to make sure that they continue to fulfil their statutory responsibilities in relation to the Mental Health Act and to avoid the responsibility falling solely to Southwark. As already mentioned, there is an existing AMHP protocol but this would be insufficient for a new AMHP model. Whichever model of service was agreed, it would have to be formalised through the equivalent of a service level agreement or memorandum of understanding to protect each partners' interests and avoid boundary disputes. Any agreement that was agreed would need to be subject to regular review to ensure it was operating to the satisfaction of each partner.

I recommend that following any agreement of the central place of safety proposal, further negotiation is conducted with the four boroughs to agree a local service model for robust AMHP duty services for section 136 assessments, based on the above options.

Cath Gormally

Director of Social Care

April 2016

APPENDIX 3

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
    1. All SLaM serice users have a say in the care they get
    2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
    3. All service users feel safe in SLaM services
    4. Roll-out and embed the Trust's Five Commitments for all staff
    5. Show leadership on equality though our communication and behaviour

Name of the policy or service development: Central Place of Safety Proposal

Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?

Please select yes or no for each protected characteristic below

Age	**Disability**	**Gender re-assignment**	**Pregnancy & Maternity**	**Race**	**Religion and Belief**	**Sex**	**Sexual Orientation**	**Marriage & Civil Partnership** *(Only if considering employment issues)*
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

If yes to any, please complete Part 2: Equality Impact Assessment

If not relevant to any please state why:

Date completed: 20.01.16
Name of person completing: Derek Nicoll, Head of Clinical Pathways, Psychological Medicine CAG & Cath Gormally, Director of Social Care

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 2: Equality Impact Assessment

1. Name of policy or service development being assessed? Central Place of Safety proposal

2. Name of lead person responsible for the policy or service development?

Derek Nicoll, Head of Clinical Pathways, Psychological Medicine CAG & Cath Gormally, Director of Social Care

3. Describe the policy or service development

What is its main aim?
To provide a modern purpose built fully resourced facility to enable rapid and comprehensive assessments of those detained under S136 of the Mental Health Act 1983.

To prevent those detained under S136 from being detained in police custody or other inappropriate circumstances in accordance with the crisis care concordat.

What are its objectives and intended outcomes?

- To provide an appropriate and suitable environment for people of all ages including, children and adolescents.
- To ensure that the Trust is always able to provide an assessment facility for those detained under S136.
- To ensure that those detained under S136 are assessed as quickly as possible through rapid access to the appropriate clinical staff.
- To provide a range of assessment accommodations which meets the varying needs of those detained under S136.
- To improve significantly the service user experience.
- To provide a fully accessible facility, which meets the requirements of the Disability Discrimination Act.
- Improved discharge and follow up arrangements for those not admitted.

What are the main changes being made?
The creation of a facility of contemporary design, with increased capacity, replacing the current four places of safety most of which do not meet the NHS estates requirements and are not fit for purpose.

The development of a dedicated staff team which will provide a clinical expertise in the reception, assessment and care of people who are in acute crisis. The team will include highly skilled nursing staff and dedicated junior and senior medical staff under the management and supervision of an experienced team leader.

What is the timetable for its development and implementation?
There is an imperative to improve the environment and service user experience which is being driven by the current unacceptable situation.

The Trust proposes that the central place of safety is operational by 1st April 2016 pending negotiations and agreement with local partners and stakeholders.

4. What evidence have you considered to understand the impact of the policy or service

development on people with different protected characteristics?

- Data on age, ethnicity and gender taken from ePJS and from all protected characteristics form service user experience surveys.
- Evidence from staff and stakeholder feedback relevant equality issues that have incorporated by the Trust's Equality Manager.
- Relevant research:
  - http://www.equalityhumanrights.com/sites/default/files/uploads/IBF/Final-reports/revised/IBF-ExeSummary_Eng_acc.pdf

5. Have you explained, consulted or involved people who might be affected by the policy or service development?

The Place of Safety Clinical Service Project Board has considered the findings of our user led survey conducted in 2015 which focussed on the experiences of those who had been detained under S136 in the past few months.

There are service user consultants as members of the Place of Safety Clinical Service Project Board who are contributing actively to the development of the proposal.

SLaM staff have been consulted with and local partners, police, London Ambulance Service, local health commissioners and local authority partners (DASS, Heads of Social Care and AMHP leads)

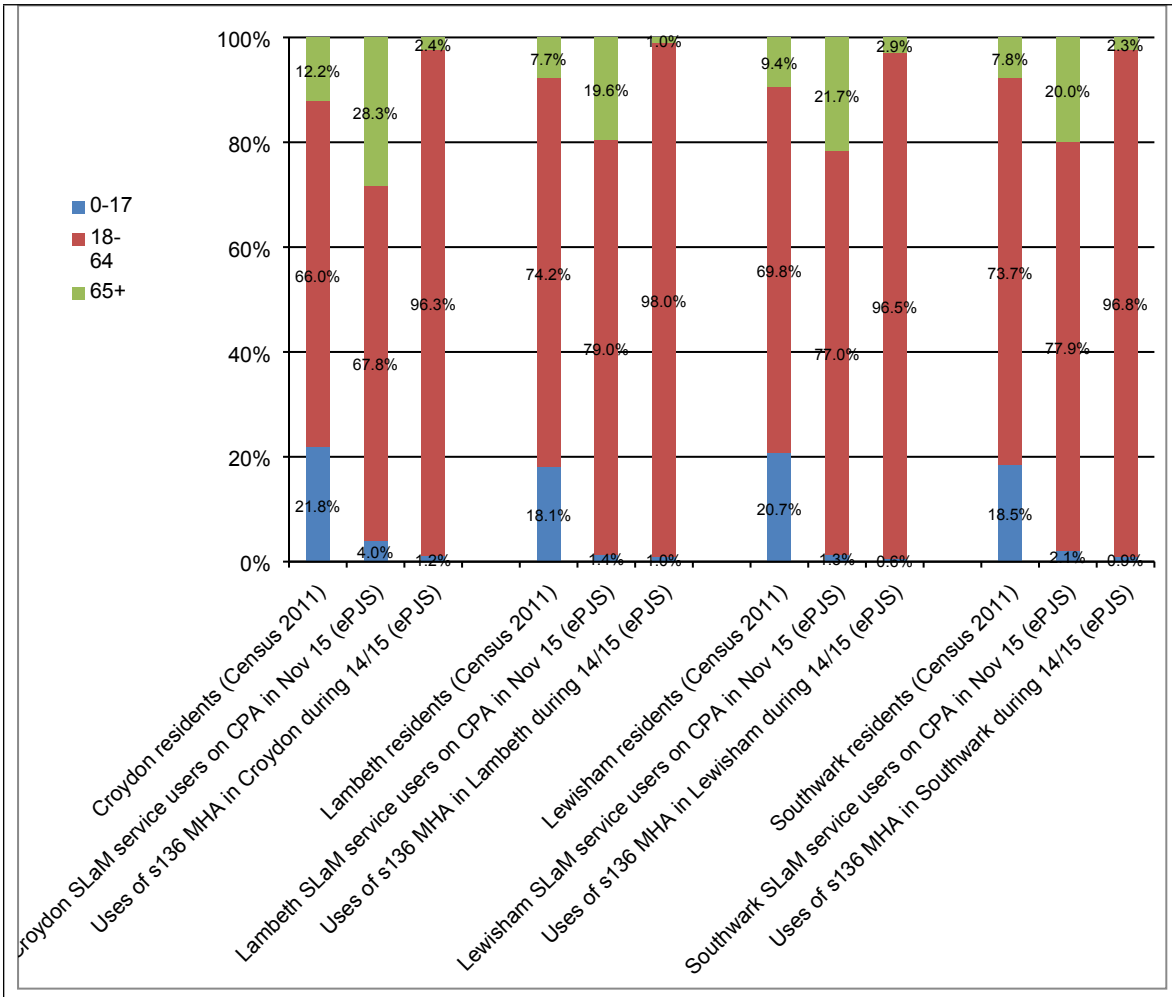
6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

Age	**Positive impact:** Yes	**Negative impact:** Yes

Evidence:

- The Trust has accurate data on age available from ePJS. This data shows that people aged 18-64 are most likely to be sectioned under s136 of the MHA in each of the four boroughs.

	0-17	**18-64**	**65+**
Croydon residents (Census 2011) (n=363,378)	21.8%	66.0%	12.2%
Croydon SLaM service users on CPA in Nov 15 (ePJS) (n=856)	4.0%	67.8%	28.3%
Uses of s136 MHA in Croydon during 14/15 (ePJS) (n=164)	1.2%	96.3%	2.4%
Lambeth residents (Census 2011) (n=303,086)	18.1%	74.2%	7.7%
Lambeth SLaM service users on CPA in Nov 15 (ePJS) (n=1734)	1.4%	79.0%	19.6%
Uses of s136 MHA in Lambeth during 14/15 (ePJS) (n=196)	1.0%	98.0%	1.0%
Lewisham residents (Census 2011) (n=275,885)	20.7%	69.8%	9.4%
Lewisham SLaM service users on CPA in Nov 15 (ePJS) (n=1594)	1.3%	77.0%	21.7%
Uses of s136 MHA in Lewisham during 14/15 (ePJS) (n=171)	0.6%	96.5%	2.9%
Southwark residents (Census 2011) (n=288,283)	18.5%	73.7%	7.8%
Southwark SLaM service users on CPA in Nov 15 (ePJS) (n=1643)	2.1%	77.9%	20.0%
Uses of s136 MHA in Southwark during 14/15 (ePJS) (n=216)	0.9%	96.8%	2.3%



Data on the experience of service users of different age groups is available from PEDIC surveys.

There are potential positive impacts for younger and older people:

- Delivering the intended objectives and outcomes of the proposed place of safety has the potential to have a positive impact of all service users accessing the service.
- The environment in the proposed central place of safety will be more conducive and appropriate for all ages and this will take into account the needs of children, young people, older people and their carers.

There are potential negative impacts for younger and older people:

- People from outside of the London Borough of Southwark may have to be transported further to get to the central place of safety and travel further to get to their borough of residence when discharged. However the current practice is that this is happening regularly because of the regular closure or occupations of local place of safety suites. This may have a greater impact on younger and older service users and carers. These potential negative age-related impacts will need to be considered within the development, delivery and monitoring of operational policies.

Disability	**Positive impact:** Yes	**Negative impact:** Yes

Evidence:

- The Trust does not currently have useable data on disability available through ePJS to consider use of s136 of the MHA.

- Data on the experience of disabled service users is available from PEDIC surveys.

There are potential positive impacts for disabled people:

- Delivering the intended objectives and outcomes of the proposed place of safety has the potential to have a positive impact of all service users accessing the service.
- Three of the four current places of safety are not wheelchair accessible resulting in people with disabilities being carried in and out of the suites which potentially impacts on their dignity and safety. The proposed environment for the new place of safety will be designed to be fully wheel chair accessible for people with physical disabilities and will be compliant with the Disability Discrimination Act.
    - This will also include a DDA compliant bathroom facility.
    - The Trust is required to comply with the NHS Accessible Information Standard from 21 July 2016 to improve communication with any service user or carer that has a communication need arising from a disability. There will also be an induction loop for people with hearing impairment and information leaflets will be available in braille for people with vision impairment.
    - Awareness of the needs of people with learning disabilities will be included in the training plan of the new dedicated staff team.

There are potential negative equality impacts for disabled people:

- People from outside of the London Borough of Southwark may have to be transported further to get to the central place of safety and travel further to get to their borough of residence when discharged. Current practice is that this is happening regularly because of the regular closure or occupations of local place of safety suites. This may have a greater impact on disabled service users or carers. These potential negative disability-related impacts will need to be considered within the development, delivery and monitoring of operational policies.

Gender re-assignment	**Positive impact:** Yes	**Negative impact:** No

Evidence:

- The Trust does not currently have meaningful data on gender identity available from ePJS to consider use of s136 of the MHA.
- Data on the experience of transgender and cisgender service users is available from PEDIC surveys.
- Feedback the Trust has received from staff and transgender stakeholders highlights that admission to a single sex ward can have a more significant impact for a transgender service user than a cisgender service user.
- The Trust has received feedback from staff and service users about the impact of incidents of negative attitudes towards trans people.

There are potential positive impacts for transgender people:

- Delivering the intended objectives and outcomes of the proposed place of safety has the potential to have a positive impact of all service users accessing the service.
- Trans women and men should benefit from the proposed environment as every patient being assessed will have a single room with ensuite facilities which will protect privacy and dignity.
- The Trust's guidance for supporting transgender service users will be to be considered within the development, delivery and monitoring of operational policies.
- It will be important to ensure staff have the training and resources required to address concern or incidents of transphobia.

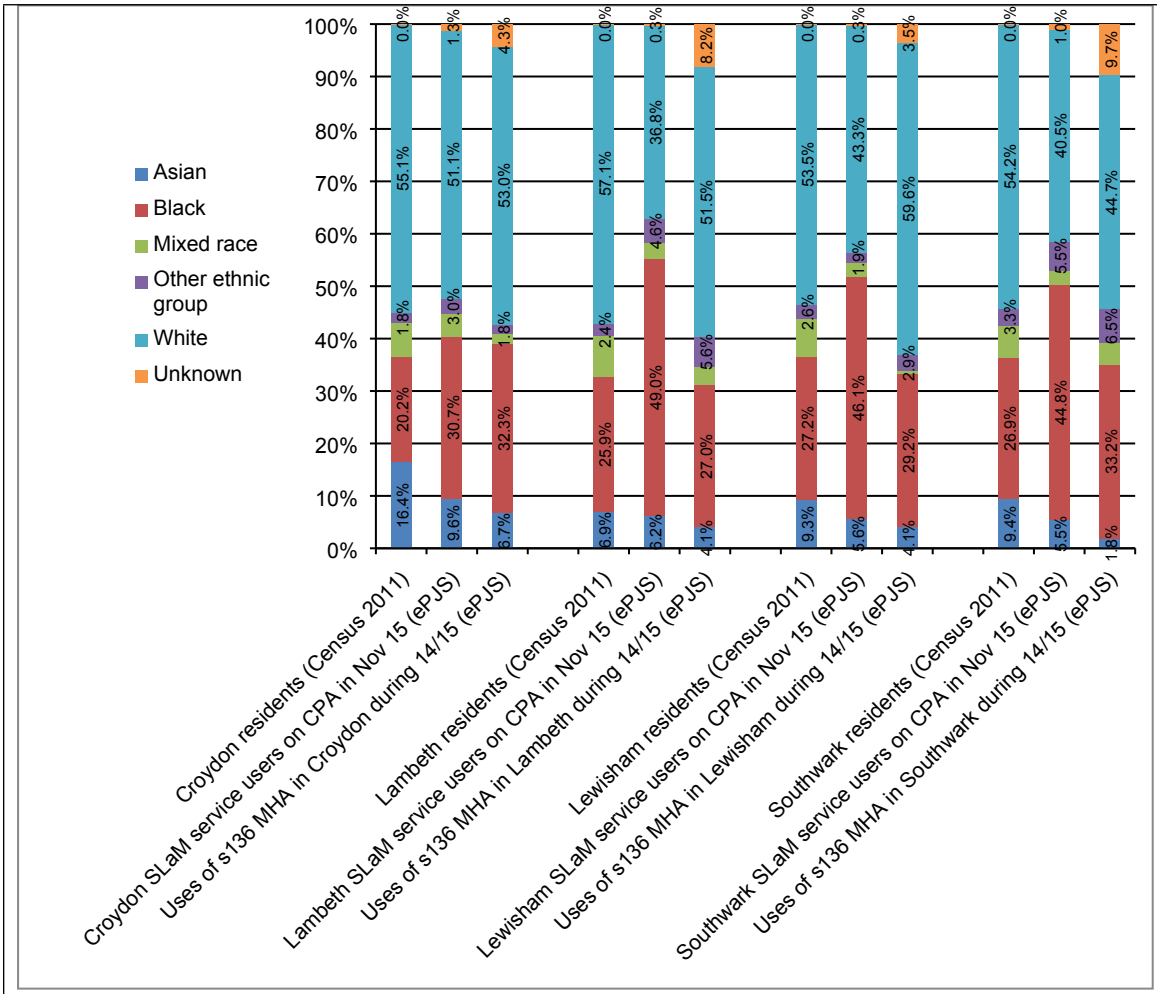
Race	**Positive impact:** Yes	**Negative impact:** No

Evidence:

- National research highlights the over-representation of Black people in specialist mental health services and use of sectioning under the Mental Health Act as key national equality challenges.

- This is particularly relevant to the diverse boroughs the proposed place of safety will serve. Census 2011 data shows that:
  - Lambeth has the highest proportion of Black Other residents in England
  - Lewisham has the highest proportion of Black Caribbean residents in England
  - Southwark has the highest proportion of Black African residents in England.
- Feedback the Trust has received from stakeholders from Black African and Caribbean communities have highlighted concerns about issues relating to use of section 136 over a number of years. In particular, the experience of Black service users in places of safety (both with police and mental health services) and high levels of Black people accessing mental health services at crisis stages rather than at a less acute stage of mental illness.
- Data on ethnicity is available from ePJS however levels of unknown ethnicity (comprising either not stated or not recorded ethnicity) limit its accuracy in relation to use of s136. This data shows variations in the ethnicity of service users being detained under s136 that will require further consideration.

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
Croydon residents (Census 2011) (n=363,378)	16.4%	20.2%	6.6%	1.8%	55.1%	0.0%
Croydon SLaM service users on CPA in Nov 15 (ePJS) (n=856)	9.6%	30.7%	4.3%	3.0%	51.1%	1.3%
Uses of s136 MHA in Croydon during 14/15 (ePJS) (n=164)	6.7%	32.3%	1.8%	1.8%	53.0%	4.3%
Lambeth residents (Census 2011) (n=303,086)	6.9%	25.9%	7.6%	2.4%	57.1%	0.0%
Lambeth SLaM service users on CPA in Nov 15 (ePJS) (n=1734)	6.2%	49.0%	3.1%	4.6%	36.8%	0.3%
Uses of s136 MHA in Lambeth during 14/15 (ePJS) (n=196)	4.1%	27.0%	3.6%	5.6%	51.5%	8.2%
Lewisham residents (Census 2011) (n=275,885)	9.3%	27.2%	7.4%	2.6%	53.5%	0.0%
Lewisham SLaM service users on CPA in Nov 15 (ePJS) (n=1594)	5.6%	46.1%	2.8%	1.9%	43.3%	0.3%
Uses of s136 MHA in Lewisham during 14/15 (ePJS) (n=171)	4.1%	29.2%	0.6%	2.9%	59.6%	3.5%
Southwark residents (Census 2011) (n=288,283)	9.4%	26.9%	6.2%	3.3%	54.2%	0.0%
Southwark SLaM service users on CPA in Nov 15 (ePJS) (n=1643)	5.5%	44.8%	2.7%	5.5%	40.5%	1.0%
Uses of s136 MHA in Southwark during 14/15 (ePJS) (n=217)	1.8%	33.2%	4.1%	6.5%	44.7%	9.7%



There are potential positive impacts for people of different ethnicities:

- Delivering the intended objectives and outcomes of the proposed place of safety has the potential to have a positive impact of all service users accessing the service.
- It will be particularly important to ensure that the development, delivery and monitoring of operational policies addresses the needs and experiences of BME service users, in particular Black service users.

Pregnancy & Maternity	**Positive impact:** Yes	**Negative impact:** No

Evidence:

- The Trust does not currently have meaningful data on pregnancy available from ePJS to consider use of s136 of the MHA.
- Data on the experience of pregnant service users is available from PEDIC surveys.

There are potential positive impacts for pregnant service users:

- Delivering the intended objectives and outcomes of the proposed place of safety has the potential to have a positive impact of all service users accessing the service.
- It will be important to ensure that the development, delivery and monitoring of operational policies addresses the needs and experiences of pregnant service users.

Religion and Belief	**Positive impact:** Yes	**Negative impact:** No

Evidence:

- The Trust does not currently have meaningful data on religion and belief available from ePJS

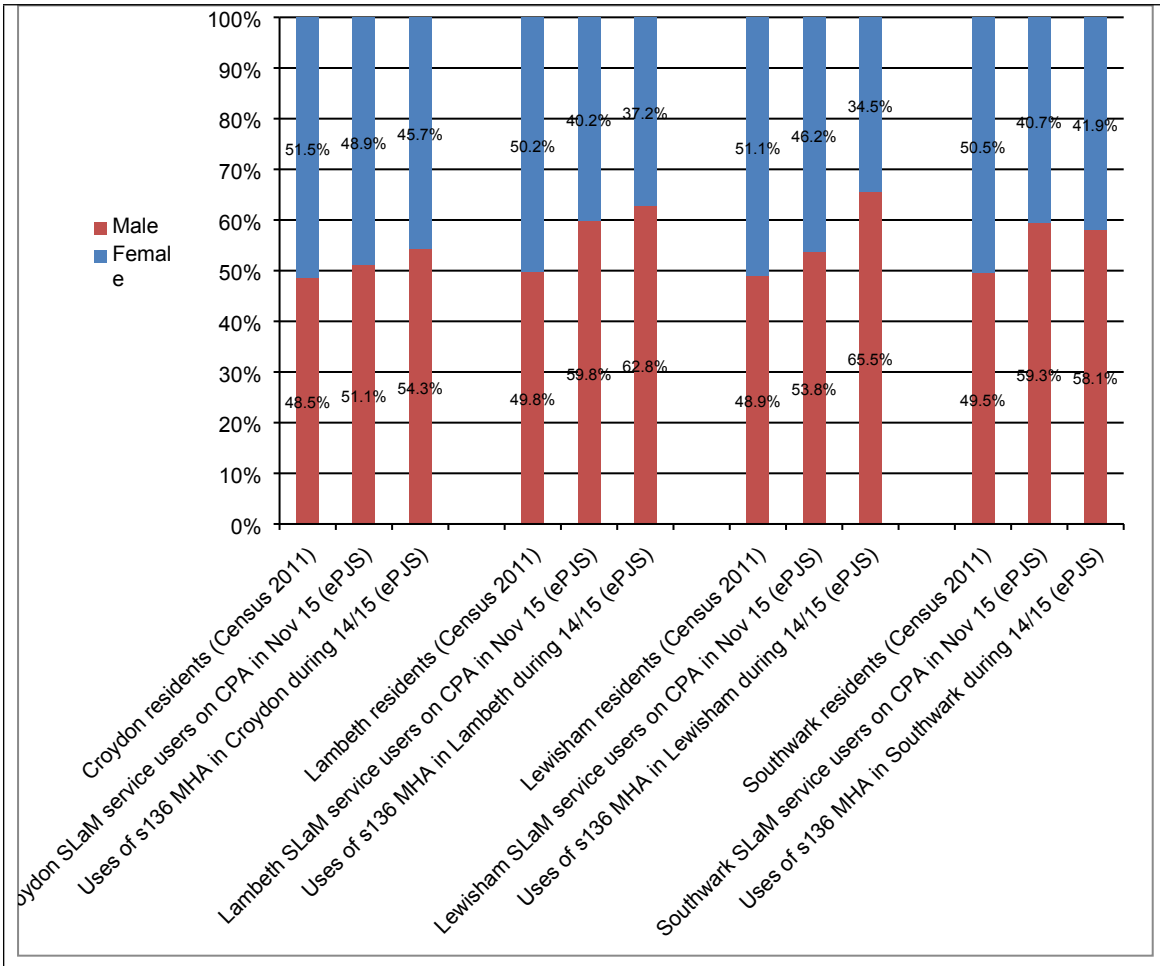
to consider use of s136 of the MHA.
- Data on the experience of service users of different religions and beliefs is available from PEDIC surveys.

There are potential positive impacts for service users of different religions and beliefs:
- Delivering the intended objectives and outcomes of the proposed place of safety has the potential to have a positive impact of all service users accessing the service.
- It will be important to ensure that the development, delivery and monitoring of operational policies addresses the needs and experiences service users with different religions and beliefs.

Sex	**Positive impact:** Yes	**Negative impact:** No

Evidence:
- The Trust has accurate data on sex available from ePJS. This data shows that male service users are more likely to be sectioned under s136 of the MHA in each of the four boroughs.

	Female	**Male**
Croydon residents (Census 2011) (n=363,378)	51.5%	48.5%
Croydon SLaM service users on CPA in Nov 15 (ePJS) (n=856)	48.9%	51.1%
Uses of s136 MHA in Croydon during 14/15 (ePJS) (n=164)	45.7%	54.3%
Lambeth residents (Census 2011) (n=303,086)	50.2%	49.8%
Lambeth SLaM service users on CPA in Nov 15 (ePJS) (n=1734)	40.2%	59.8%
Uses of s136 MHA in Lambeth during 14/15 (ePJS) (n=196)	37.2%	62.8%
Lewisham residents (Census 2011) (n=275,885)	51.1%	48.9%
Lewisham SLaM service users on CPA in Nov 15 (ePJS) (n=1594)	46.2%	53.8%
Uses of s136 MHA in Lewisham during 14/15 (ePJS) (n=171)	34.5%	65.5%
Southwark residents (Census 2011) (n=288,283)	50.5%	49.5%
Southwark SLaM service users on CPA in Nov 15 (ePJS) (n=1643)	40.7%	59.3%
Uses of s136 MHA in Southwark during 14/15 (ePJS) (n=217)	41.9%	58.1%



There are potential positive impacts for service users of different sexes:

- Delivering the intended objectives and outcomes of the proposed place of safety has the potential to have a positive impact of all service users accessing the service.
- It will be important to ensure that the development, delivery and monitoring of operational policies addresses the needs and experiences of male and female service users.

Sexual Orientation	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

Evidence:

- The Trust does not currently have meaningful data on sexual orientation available from ePJS to consider use of s136 of the MHA.
- Data on the experience of service users of different sexual orientations is available from PEDIC surveys.
- National evidence highlights high levels of risk of poor mental health among gay, lesbian and bisexual people as well as concerns about NHS staff attitudes and treatment.
- The Trust has received feedback from staff and service users about the impact of incidents of negative attitudes towards gay, lesbian and bisexual people.

There are potential positive impacts for pregnant service users:

- Delivering the intended objectives and outcomes of the proposed place of safety has the potential to have a positive impact of all service users accessing the service.
- It will be important to ensure that the development, delivery and monitoring of operational policies addresses the needs and experiences of gay, lesbian and bisexual service users.

• It will be important to ensure staff have the training and resources required to address concern or incidents of homophobia or biphobia.		
Marriage & Civil Partnership *(Only if considering employment issues)*	**Positive impact:** N/A	**Negative impact:** N/A
Please summarise potential impacts: N/A as a service delivery EIA,		
Other (e.g. Carers)	**Positive impact:** Yes	**Negative impact:** Yes
Please summarise potential impacts: **Positive:** The new place of safety a significantly improved experience for carers of those detained. There is a range of facilities available to carers including a private space to speak to staff and adjacent to one of the assessment rooms is a sitting room which may be of particular benefit to parents or carers of young people or relatives and carers in general		

7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

YES: *Please detail actions in PART 3: EIA Action Plan*

8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

This EIA is a live document that will continue to be developed to inform future planning, activity and evaluation of the place of safety proposals.

This will be reviewed 3, 6 then 12 months following implementation. We will monitor available demographic data on:

- Use of s136 MHA
- Length of time spent in the place of safety
- Service user experience
- Complaints and PALS activity
- Other relevant key performance indicators (tbc)

Date completed: 14.04.16
Name of person completing: Derek Nicoll, Head of Clinical Pathways, Psychological Medicine CAG & Cath Gormally, Director of Social Care

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress
Age	• Consider and address age-related issues in development of operational policies, in particular discharge procedures • Collect and consider age-related feedback from PEDIC surveys	Clinical Service Lead Team Leader		

Disability	• Consider and address disability-related issues in development of operational policies, in particular discharge procedures
	• Include disability awareness in staff training plans. In particular free online KHP training on:
	  ○ Communicating with Deaf service users
	  ○ Working with service users with learning disabilities
	• Update Disable-Go information on the proposed place of safety
	• Implement requirements of the NHS Accessible Information Standard
	• Collect and consider disability-related feedback from PEDIC surveys
		Clinical Service Lead
		Team Leader
			31 July 16	

Gender-identity	• Consider Trust guidelines on supporting trans service users in development of operational policies • Revise Trust guidelines to incorporate any specific POS requirements • Include LGB & T awareness raising in	Clinical Service Lead Team Leader Equality Manager		

	staff training plans • Use Trust leaflets on addressing transphobia • Collect and consider Trans-related feedback from PEDIC surveys			
Pregnancy and maternity	• Consider Trust policy for supporting pregnant women in development of operational policies • Collect and consider pregnancy-related feedback from PEDIC surveys			
Race	• Consider and address race-related issues in development of operational policies. • Include cultural awareness training in staff training plans • Ensure access to interpreters • Improve accurate recording of ethnicity on ePJS for all service users • Collect and consider race-related feedback from PEDIC surveys			
Religion and Belief	• Consider the draft Trust policy for spirituality in care in development of operational policies • Collect and consider religion and belief-related feedback from PEDIC surveys			
Sexual orientation	• Include LGB & T awareness raising in staff training plans • Use Trust leaflets on addressing homophobia and biphobia • Implement collection of data on sexual orientation on ePJS once the new upgrade is complete • Collect and consider sexual orientation-related feedback from PEDIC surveys			

Review EIA	Review actual impacts of changes in any audits and this EIA at 3, 6 and 12 months after implementation	July 2016 September 2016 April 2017		

Date completed: 14.04.16
Name of person completing: Derek Nicoll, Head of Clinical Pathways, Psychological Medicine CAG & Cath Gormally, Director of Social Care

Please send an electronic copy of your completed action plan to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

APPENDIX 4

Developing a Centralised Place of Safety (CPOS)

Service User and Carer Engagement Report – April 2016

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 proposing to replace these with one larger Centralised Place of Safety on the Maudsley Hospital Site in Southwark.

Aim of the report
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.

Contents:

Summary:
People who use our services and those who support them have been involved in discussions about developing our Centralised Place of Safety (CPOS) in a number of ways.

1. A service user and carer advisory group supports developments and service improvements across the CAG. Senior managers join the group at the monthly meetings where the CPOS is routinely discussed.
2. A small pool of service users and carers have been recruited and briefed to participate in the steering group overseeing the development of the CPOS
3. Recommendations from a service user led audit (***136 audit***) of people's experience of current provision has informed the developing operational policy of the CPOS
4. A programme of wider engagement across the boroughs has added/is adding a depth of understanding about people's concerns and preferences as we develop the CPOS

To date, feedback from discussions and the recommendations from ***136 audit*** have been incorporated into the developing operational policy. We will continue to use feedback to further refine the operational policy and specifically to help us create a space that best meets people's needs.

Whilst the wider stakeholder activity (item 4 above) has not been completed, feedback from all sources to date has given us the following themes to work with:

- In general, people understand and appreciate the rationale behind developing a CPOS
- The advantages of having a dedicated staff team, and a better environment are seen to outweigh the disadvantages identified – eg the further distance from boroughs such as Croydon
- Much discussion and feedback has focussed on the need to provide a comfortable and humane space where:
  - The environment is fit for purpose
  - People are treated as individuals and with respect, dignity and compassion
  - People are kept informed and involved in decisions about their care
  - Family and carers are informed and involved as appropriate
  - There is timely communication and information sharing between other services to ensure the best follow on steps and outcomes

Going forward,

- Following the completion of the wider engagement by the end of April, the CPOS steering group will review the feedback and adjust planning and design accordingly.

- Service users and carers will be specifically invited to contribute to discussions about the interior décor of the building, including a visit to the site as it is developed.
- The on-going systems such as the advisory group and the service user /carer involvement in the CPOS development group will continue to bring a service user and carer perspective to discussions.
- Building on the work undertaken in the 136 audit, a further piece of work to understand people's experience of the CPOS is planned approximately 6 months after the opening.

1) Service User & Carer Advisory Group

The Psychological Medicine CAG Management Team has an active service user and carer advisory group who describe themselves in this way:

> *"We are a group of around 16 people with a special interest in emergency mental health services and mental health services where there are links with physical health. We are interested because we have direct experience of using these types of services or of supporting someone who does. We meet monthly and work with managers and clinicians to keep the views of service users & carers at the heart of all service developments and improvements."*

Members of the advisory group are drawn from all the SLaM boroughs. The group has shown special interest in patient experience of the 136 pathway over the last few years by:

- Suggesting & co-producing an audit to understand people's experience
- Acting as a resource to senior managers around developments
- Contributing to the recent work focussing on the crisis pathway lead by the NHS England Healthy London Partnership

The work has been a regular item for discussion at the monthly meetings.

Extract from the July 2015 Psych Med Service User & Carer Advisory Group Notes – Discussion with Steve Davidson (CAG Director)

"Discussion about place of safety

Steve fed back the current position:

- *We are exploring the possibility of creating one place of safety across the trust. We are currently struggling to maintain separate ones because there is such unpredictable demand and suites can be closed due to the need to repair, or due to lack of staffing.*
- *To help with the current issues, a new 'roving' staff team have been employed and they can be directed to where the resource is needed. This team will be helpful as they will be more specialised & can keep a close record of who is attending & ensuring that their care plans are as effective as possible.*

Comment: *Early intervention is important – preventing people to get to crisis point & this is not always happening. Also if someone is known, it could be that bringing them to hospital is not the best option"*

Extract from the Feb 2016 Psych Med Service User & Carer Advisory Group Notes – Discussion with Derek Nicoll (Head of Emergency Access Pathway)

"Group discussion included the following questions/comments:

Q. Will there be social work input/advocacy available?

A. We are working on developing the best model for each borough. As the Centralised Place of Safety will be in Southwark, this borough has the statutory responsibility, but we need to ensure that other boroughs are involved.

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."

2. Service User & Carer involvement in the Centralised Place of Safety (CPOS) Steering Group

A pool of 6 service user and carer consultants has been recruited and briefed specifically to contribute to the steering group overseeing the development of the CPOS. Most (but not all) members of the pool are also members of the advisory group. 2 members of this pool join managers and clinicians at each of the fortnightly meetings and their role is to bring a service user and carer perspective to the discussions. They report back to the larger service user and carer advisory group.

3. Understanding People's experience of current Place of Safety provision *The 136 Audit*

- Some service user and carer advisory group members shared difficult experiences of being brought to hospital with input from the police. The group was interested to explore how SLaM and the police work together and invited the Local Security Management Specialist to their meeting.

- The advisory group decided they needed to ask more service users about their experience.
- An audit team of 10 service user / carer consultants joined SLaM staff to develop and undertake the audit work.
- They developed a questionnaire and went to the wards to listen to peoples experiences of the 136 pathway.
- They got around 100 responses, the data was analysed and reviewed by the audit team. Recommendations were produced.
- The 136 audit findings were shared at the Psychological Medicine CAG Service User & Carer Advisory Group meeting, the Psychological Medicine Clinical Governance Executive meeting, the Trust wide Police Liaison meeting and the CPOS Steering Group. A poster about the work was shared at the Healthy London Partnership Crisis Summit.

Extract from the 136 Audit Report:
"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…. An approximately equal number of respondents spoke either positively or negatively of their experience within the 136 place of safety. Descriptors were variable, ranging from being treated "well" and with "respect" to "very badly", and being "bullied" or "laughed at". Several of the respondents complained of being in the 136 place of safety for too long before being transferred to one of the wards whilst a number of comments referred to not feeling listened to by staff."

A copy of the audit report is available on request. Recommendations from the audit include:

- Ensure that family members/carers are (with service users consent) systematically informed & involved
- Ensure that people have an opportunity to talk/debrief about their experience of being brought to hospital
- Ensure that people have information about the complaints process
- Ensure that people have access to proper clothing, phone calls, food, water, money
- Consult with service users about the set up and design of the new place of safety.

4. Wider Engagement about plans for the Centralised Place of Safety (CPOS)

In developing the centralised place of safety an engagement plan was developed consisting of opportunities for people to engage in group discussion or give individual feedback:

Organised Group Discussions:

Date	Stakeholders	Details
5th April	Croydon Service Users, Carers & local organisations	Hear Us Forum
11th April	Southwark Service users & carers	Dragon Café
18th April	Lambeth Stakeholder Groups	Lambeth Collaborative Breakfast meeting
19th April	Lewisham Service Users	Lewisham Users Forum
28th April	Lambeth Service Users & Carers	MOSAIC Clubhouse Partnership Morning

An information sheet with questions (see appendix 1) was developed and circulated to promote opportunities for individuals to contribute to the discussion.

- MOSAIC Clubhouse
- EPIC – SLaM Trustwide Engagement, Participation & Involvement Committee
- SLaM Mental Health of Older Adults CAG service user & carer advisory group
- SLaM involvement register
- Dragon Café
- Consortium of Latin American Organisations
- Family Health Isis
- Metro Centre
- Vietnamese Mental Health Services

Discussion about the Centralised Place of Safety (CPOS) at Hear Us in Croydon. 5/4/2016

Hear Us is the largest service user led group in the borough. Their monthly forums attract around 60 individuals with lived experience of mental health. The forums are an opportunity for discussion about mental health related issues that affect people in Croydon. On 5th April SLaM staff attended the forum to discuss the CPOS. The information sheet with questions was made available to all attendees with the invitation to give feedback individually after the meeting or to complete and fill in on the day. In addition we held a focussed small group discussion with around 16 participants:

Key points from the group discussion:

- All were in favour of the development feeling that it was a significant improvement on current provision
- There was particular approval for the space for relatives/carers to attend
- There was particular approval for the specially trained and dedicated team of staff
- There was some concern about travel time to and from the place of safety from Croydon but the benefits of the new service outweigh this particular disadvantage
- There were many practical suggestions (highlighted below in the individual feedback) about what should be available for those being brought to the place of safety and these will be incorporated into practice wherever possible

Individual Feedback:

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? • I think is is a good idea – speed up when sending back to own area • Give patient confidence and assurance that changing will be an improvement on previous place otherwise stress will begin to show itself • The transition from multiple sites to a single site being as smooth as possible • Good idea • Excellent idea, only thing is about immediate assessment· When police or social worker, doctor don't actually know what the problem actually is· A complex situation? • Holistic approach positive – quick diagnostic assessment by specialist professions· "early Intervention"· Central location so the police and family will know where to seek help – 1st point of contact and early / accessibility· * multi-discipliniary / integration working together for the best outcome for the person/family· Using resources effectively thus saving the trust money·
2	When people arrive at the Place of Safety, how can we make the process as comfortable as possible? • Reduce delays in handover – less use of jargon • 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 and after

	• A couple of days in a ward, comfortable bed and a hot meal • Contact family • That the person is reassured about what is happening to them and that they know that family/friends have been or will be contacted when necessary· Their needs are met • Reassurance – not being judged· Assessing needs, not the, listening to the client and also then carer/family· Treatment, language – simple/easily understood
3	What practical things do we need to consider? • Shower & laundry possibly? • Have music to give a relaxed atmosphere, many give a quiet & depressing air • The types of disability the person may have • Additional things like clothing, toiletries, ear plugs e·t·c • Things on hand like medication assessment· If the person needs clothing due to soiling etc· have they eaten or drank? These practical social needs explained and administered· • Language used by professionals i·e speak in simple terms – that is easily understood· Interpreter if English is not first language· Food, Hygiene, clothing, info – to register with GP, Dentist e·t·c
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? • It must not give a hospitalised atmosphere but an area like they have at their place of living • Appointing a temporary carer/guardian to help them grasp the situation they are in • That they have reassurance· That family has been made aware of CAMHS specialist staff being contacted· • Language, relax – music – safeguarding – social worker· Referrals to children's specialist· professionals interaction (i·e) specialist trained in children's assessments
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? • Delays in waiting for a bed – good communication • Talk and try to explain reasons for admittance, be friendly, don't intimidate • How did the admission come about / could they have been diagnosed earlier? • Give them a health check, get in touch with their GP or relative • That necessary measures are made for AE or taken to a hospital where a medical team can be appointed • Quick response eg beds available in the local community – not to be placed away from their community etc· Medical/general hospital specialist dr's·
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? • Contact after leaving & better communication with CMHT's • There must be follow up for support and on-going advice • Help getting home/a relative to meet them • Social work assessment • That outside agency or community medical staff can be utilised· They have a care or outside care plan is made • Information or medication pointing them in the right direction· Liaising with carers / family· Outreach support/ continuation / follow up of the community services·

Discussion about the Centralised Place Of Safety(CPOS) at Dragon Cafe in Southwark 11/4/2016

The Dragon Café is a weekly creative café targeting people with mental health needs, attended by up to around 100 people. On 11/4/2015 SLaM was given an hour slot to give information and seek views on the CPOS. SLaM staff took copies of the information sheet with questions which they circulated and left for individuals to complete if interested. A short verbal briefing outlining the proposals for the CPOS was given to around 50 of the café's patrons with an invitation to join staff for a focussed discussion. 6 members chose to join the discussion. Key points arising from the discussion:

- There were no objections raised to developing one CPOS and the advantages of having a dedicated staff team were recognised.
- People from a range of boroughs noted the differences in provision between trusts and boroughs.
- Discussion focussed on

  Environment – 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
  - Soundproofing the rooms
  - The need for beds as well as seating. People may need to sleep properly.

  Equalities –
  - Providing space that can accommodate people with physical conditions/disabilities
  - Ensuring that medication for people's physical health conditions are made available and that physical health is recognised in assessment & care planning. Suggestion to contact NHS 111 to get details of people's medication details
  - The need to accommodate people's preferences around gender of staff, bearing in mind the staff team needs to be mixed gender.

  Dignity & Respect -
  - It is important to recognise how people may be brought to the CPOS. People may need clothing on arrival.
  - People need access to communication and their mobile phones. Need to explore the legality around removal of personal property. For some people removal of phone

increases stress and anxiety. Issues such as this should be included in crisis planning.

Assessment & Planning

- Currently people's crisis plans are may not be actioned when brought to a Place of Safety
- Peoples family & carers need to be routinely informed and involved where appropriate

Peer Support/Volunteers -

- Informal support from volunteers or peer supporters to people whilst in the CPOS was felt to be a good idea.

Individual Feedback from CAG service user & carer advisory groups – (MHOA & Psychological Medicine)

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? • Problems with transporting patients to it • Will it serve all the boroughs equally well?, Will it be large enough? 'Will it be adequately staffed 24/7 by specialised personnel? ,4· Will the distance family members/carers may have to travel from outlying boroughs create problems for both patient and family/carer?
2	When people arrive at the Place of Safety, how can we make the process as comfortable as possible? • Give them a cup of tea • Nick Putman • The patient should be settled in by an empathetic nurse who is specifically trained and skilled in dealing with severely unstable, mentally ill patients· 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· The person should be asked if they are in need of anything urgently (toilet, refreshments etc) or if anyone needs to be contacted·The patient should be reassured by telling them that everyone is there specially to look after them, to make them feel better, that they are safe – they have come to a special place· 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·
3	What practical things do we need to consider? • That relatives / carers are informed • Family members, website • Particular attention should be paid to the appearance of the entrance and reception areas to make them as warm, welcoming and as least like a prison as security issues permit· The temperature of the environment should be comfortable throughout the year and the décor as warm and 'homely' as possible to try to avoid the feeling of being confined in a prison cell· 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· What medication the person is/was on and when they had the last dose· Patient should be checked for any allergies or physical problems that may need attention Food menu should offer something for all (e·g· vegetarian, Halal etc) ·Subject to patient's permission family/carer should be contacted and given name and phone number of staff member in charge of patient and other information (e·g· visiting arrangements etc)·
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? • Reliable & safe environment • Staff need to be specifically trained in the care of mentally ill children/young people· Young people should be protected from seeing, hearing or encountering severely unstable adults· · The design of mugs/cups/plates, wall art e·t·c should be geared to appeal to the young· A selection of different sized chairs and tables e·t·c should be provided· Care should be taken with the décor as a whole to make it comforting and appropriate for young people of all ages, not just very young, so teens do not feel embarrassed and little ones daunted· A menu that is both healthy and designed to appeal to the young
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? • To get them assessed as soon as possible • Is the hospital in an area which will be convenient for the patient as well as for family/carers to visit? Has the person been adequately prepared for the transfer, has everything been properly explained to them in good time? Has the family/carer been informed in advance?
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? • Regular contact from out of hours staff • · A detailed, verbal explanation of what will happen when they leave the Place of Safety with ample opportunity given for the person (and, if appropriate, their family/carer) to ask questions· 2· Written information on the support and care available to the patient out in the community with contact numbers etc of who to contact in an emergency· Written information on the support and care available to the family/carer out in the community as above· 4· A separate, crystal clear sheet on what to do and where to go in a crisis (e·g· Crisis Line, A&E etc)· If possible all important written information should be translated into other languages in London·

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 18th 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

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

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?

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 ☐

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?