



**Healthy London  
Partnership**

# **Mental health crisis care models**

Rapid review by London's mental health crisis care  
October 2017

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# Overview

A £15m national funding scheme will be launched in October 2017 to expand services for preventing mental health service users from experiencing a crisis, supporting those in crisis or helping those who have experienced a crisis to recover and avoid relapse. Healthy London Partnership is supporting London's crisis care system to apply for funding to support the implementation of [London's Section 136 pathway and Health Based Place of Safety specification](#), which was launched by the Mayor of London in December 2016.

Healthy London Partnership has reviewed current Health Based Places of Safety and identified ways to support an improved model of care. This has focussed on establishing an optimal pan-London configuration which will enable Health Based Place of Safety sites to meet the new London specification, a key component of this being a 24/7 staffed service. The national funding scheme is a timely opportunity to put plans into action in regards to improving London's Health Based Place of Safety and crisis care provision.

## **London's Health Based Place of Safety options appraisal**

The Health Based Place of Safety options appraisal has been steered by service users, carers and senior and operational staff from different organisations across London's crisis care system. The options appraisal has focussed on provision for both adults and children and has determined the optimal number of Health Based Place of Safety sites, London's most viable sites and the optimal pan-London site configuration using detailed data and subjective assessments through system-wide engagement.

Local engagement taking place in the coming months about a preferred place of safety configuration option in each sustainability and transformation planning (STP) area footprint to inform the pan-London business case due to be finalised later this year. It includes children, young people and adults. The business case will ensure there is a broader look than just the acute end of the pathway, looking at the wider crisis care continuum from preventative care and early interventions, as well as robust follow-up pathways.

The business case will support London's crisis care system in developing bids related to London's new model of care and improved configuration of Health Based Place of Safety sites. This rapid review looks at crisis services present in London and across the country that have demonstrated success in providing individuals with timely and effective care and support, over and above A&E departments and Health Based Place of Safety sites. Information included aims to support local areas that are looking more broadly at crisis care services aligned to Health Based Place of Safety provision.

# Contents

Page	Study
5	Case Study 1: Northwick Park Psychiatric Assessment Lounge
6	Case Study 2: University College London Hospital (UCLH) Transition Assessment Facility (TAF)
7	Case Study 3: St Thomas' Hospital Clinical Decision Unit (CDU)
8	Case Study 4: South West London and St George's Mental Health Trust (SWLStG) Lotus Assessment Suite
10	Case Study 5: Oxleas Pre-admission Suite (PAS)
11	Case Study 6: Leeds Crisis Assessment Unit (CAU)

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# Case Studies

# Case Study 1: Northwick Park Psychiatric Assessment Lounge

## The model:

The assessment lounge receives patients who have been referred to psychiatry from the ED, in order to facilitate an assessment in a calmer, more welcoming environment, and to allow a longer time for assessment or arrangements for onward care to be made. The assessment lounge is a four bay unit with a quiet area, located on the ground floor of the mental health unit at Northwick Park Hospital. There are four recliner chairs in one room and an additional private interview room. Young people aged 16 and 17 can also be referred to the assessment lounge and they will have 1:1 nursing and use on the quiet room, which can also accommodate family members.

For patients who might need hospital admission or onward care by a home treatment team (HTT), the “gatekeeping” role is integrated into the initial assessment. Liaison psychiatry staff have joint training and close working with the Harrow HTT to maintain their skills and understanding of the level of severity that HTTs can manage.

## Staffing:

Demand for the assessment lounge is intermittent so staffing is provided by delivering an enhanced liaison psychiatry team with additional staff on every shift. When the assessment lounge needs to open, staff from the psychiatric liaison team will stop work in wards and ED in order to staff the unit. The banding of staff resource in the lounge will depend on the level of patient risk. When in use, the lounge will always have two staff;

- x2 PLN (B6);
- or x1 PLN (B6) and x1 HCA (B3).

The wider liaison psychiatry service is staffed by x4 Specialty Doctors and x10.5 psychiatric nurses (B6).

## Key learnings:

- Ensuring adequate staffing of the liaison psychiatry department. A 25% increase in referrals from A&E in the last two years has resulted in more psychiatric liaison resource placed in the ED department to manage demand.
- Clear referral pathways with other mental health services to ensure timely transfer of care for a patient and avoiding repeated reassessments.

## A review of the service is taking place in September with an evaluation due out shortly. Impact (2013/2014):

- In the first 4 months of 2014, the Liaison Psychiatry Team saw 615 patients in ED, and 235 were assessed in the new unit.
- The number of people seen by the Liaison Psychiatry Team breaching the four hour target reduced from 28 people per month to just four in four months.
- The number of patients admitted to psychiatric wards from ED decreased by more than 50%, and the number of formal assessments for sectioning under the Mental Health Act has also decreased.
- Of patients who had previously attended ED, 95% felt that the unit had improved their experience. Staff have said they have more time to put things in place to support people at home.

## 2015 KPIs

- 95% reduction in the number of 4 hour breaches in ED by mental health patients.
- Achieve a single assessment process from ED to the assessment lounge.
- Reduction in the number of in-patient admissions of Harrow and Brent patients
- Improved patient satisfaction with the care pathways following presentation to the ED
- 100% 24 hour “gatekeeping” by integrating this into all assessments for admission or onward home treatment, to help ensure the escalation protocol is followed when there are delays for those patients requiring admission.

# Case Study 2: UCLH Transition Assessment Facility (TAF)

## The pathway:

Patients are transferred from ED to the Transition Assessment Facility (TAF) if they require a mental health act assessment, or have been identified as having a serious mental health condition either at the point of triage or during a medical assessment. The TAF is a purpose built facility located next to the ED and has three consultations rooms with weighted chairs and a staff room. The unit is mixed sex and rooms are accessed via the units corridor with a swipe card. Once in the unit, the patients are assessed by a member of the liaison psychiatry team and a care plan is drafted with a decision for referral. Patients can be stepped down to an the urgent assessment floor (an acute medical ward) for a short period but this process has not been formalised.

## Staffing:

The following staff resource from the liaison psychiatry team can be called upon when a patient is in the TAF:

- x1 consultant (on call-out of hours)
- x1 decision making doctor SPR
- X2 RMNs (B6 & B7)

A HCA (B3) may be called upon if a patient is of particular high-risk for extra support.

An RMN should be present with a patient in the TAF at all times but this is not always possible due to the competing demands across the ED and inpatient wards. This situation often results in UCLH requesting RMNs from their bank of temporary workers or through agencies but it is not always possible to fill these posts.

The SLA between with UCLH and Camden and Islington Mental Health Trust is currently being negotiated with a particular focus on ensuring there is sufficient RMN capacity to resource the unit.

## Impact:

The aim is to transition someone from ED to the TAF within four hours and to also transition a patient through the TAF within four hours.

- Anecdotal feedback suggests around 2 to 3 patients a week breach the four hour ED target due to delays in ED or lack of TAF capacity.
- There are still challenges with timeframes and it is estimated the average wait in the TAF is between 6 to 9 hours.
- A high number of patients breach the TAF KPI of four hour to transition and some patients have stayed up to 72 hours in the unit resulting in a poor patient experience. These incidences have mainly been due to:
  - awaiting inpatient beds
  - out-of-area repatriation delays
  - private providers unwilling to take high risk forensic patients.

## Learnings/ Next steps

- Since the unit first opened in 2012 there has been an increasing number of patients with increasingly complex needs. Use of illegal highs result in many different presentations and increasing amount of violence which requires more resource to manage.
- The Trust are exploring the potential of a MH triage nurse (B7) at the front door, this would also benefit staff in ED who could learn from this staff member.
- Accessing RMNs through bank or agency has been challenging and costly. UCLH is looking at how to work differently and introduce more RMNs in the future.
- UCLH is reviewing patient experience and quality measures e.g. formalising the step down approach.
- The unit has been highlighted as a potential site for a rebuild as part of wider transformation plans

# Case Study 3: St Thomas' Hospital Clinical Decision Unit

## The model:

If a patient is identified as having a severe mental health issue in ED via triage or an assessment they are transferred through to the St Thomas' Clinical Decision Unit (CDU). Patients are also transferred to the CDU from ED if they are awaiting a mental health assessment or bed at a mental health trust.

The CDU is located next to the ED and accepts patients with both physical and mental health needs. The CDU ward has 16 beds and there is a side room allocated on the CDU for MH patients, it is a quieter area of the ward and allows for greater privacy. There can be days when there are six or seven patients with a mental health need in the CDU.

The intended length of stay in the CDU is less than 12 hours. On occasions, if patients are unable to access the CDU, they may be sent to another ward.

## Staffing:

The CDU is managed by Emergency Consultants and other staff from the Emergency Department.

When a mental health patient is referred to the CDU they are either supervised on a 1:1 or 2:1 basis by a RMN or nurse specialist.

The level of supervision depends on the clinical judgment which is made based upon the individual patient.

When there are more than one or two patients the department requests RMNs and nurse specialists and usually these need to be sourced via the bank or agencies which leads to high costs.

The RMN and nurse specialist spend has increased over the last three years.

## Impact:

- A better environment for mental health patients than the ED
- Reducing the number of four hour breaches in ED
- Creates additional capacity within ED

## Challenges:

- The number of mental health patients accessing the CDU is increasing as well as the length of stay.
- Accessing RMNs through the Trusts' bank or via an agency due to a shortage in the workforce.
- Additional spend on RMNs or nurse specialists.
- There is a risk mental health patients are waiting longer periods of time for an admission or referral to community services due to the patient no longer being subject to the ED four hour target when in the CDU.
- Referring an increasing number of mental health patients to the CDU has reduced the medical capacity of the unit for patients with a physical health need, which impacts on the ED.

**Next Steps:** Guy's and St Thomas' are undertaking a review of the mental health pathways throughout the Trust.

# Case Study 4: SWLStG Lotus Assessment Suite

## The Model:

The assessment suite aims to reduce admissions through the provision of a more prolonged and informed assessment of needs/risk as well as enabling the right community support where feasible. The unit offers a safe and stable environment where an informed assessment can take place, and appropriate arrangements set up following the assessment.

The suite includes five reclining chairs in partitioned bays and is integrated with the existing two s136 suites with an overall seven person capacity. Patients have full access to shower/washing facilities and there is a full meal service. Referrals are made via Street Triage, Crisis & Home Treatment Teams or Liaison Psychiatry services as potentially requiring inpatient admission from initial community based assessments. The suite also acts as a step down area for low to moderate risk service users with the flexibility to de-escalate assessed low-risk patients for the s136 assessment to be completed in the 'open' part of the unit. All service users that are transferred to Lotus Assessment Suite are supported to create/review a collaborative crisis plan.

The suite opened November 2016 and is part a wider offer of crisis services that is being developed and includes two Crisis Recovery Cafes, development of Integrated Out of Hours Service to provide greater flexibility across borough boundaries and Street Triage/Home Treatment functions, and an improved discharge planning processes called 'Purposeful Admissions'.

## Staffing:

The unit was established on the need to have four staff per shift, plus cover for the s136 suite:

X3 RMN (B6) (substantive or developmental)

X2 HCA (B3)

X1 Dedicated consultant

X1 Unit manager

X1 Administrator

Additional staff are booked when there are high levels of 1:1 observations etc. Staffing levels are otherwise the same on all shifts.

## Funding:

This service is commissioned by South West London CCGs through CQUIN, where the additional investment should realise the savings/benefits of decreased demand for acute inpatient beds. To date, the unit has operated within the budget agreed by the CCGs, with a degree of flexibility.

## Impact:

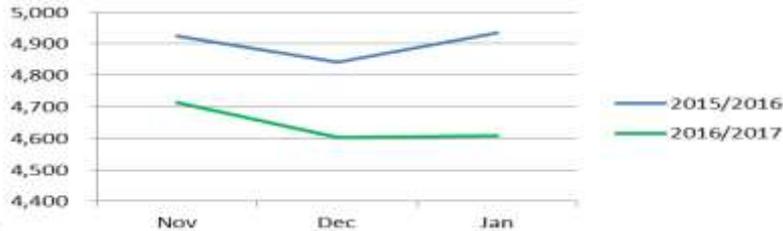
An initial evaluation was conducted for the first three months of operation between December and February 2016. A more detailed evaluation is due mid-September.

- Anecdotal feedback suggests there has been a positive impact in reducing the number of four hour breaches in ED attributed to mental health but the Trust has not been able to collect validated information from local acute Trusts.
- 26% reduction in informal admission (KPI 25%)
- 17% reduction in 0-5 day admissions (KPI 40%)
- Reduced demand for occupied beds days by 8.4 (KPI 8)
- 71% of people have been referred to community services (KPI 67%)
- 23 hours is the average length of assessment (target 16 hours)
- 59% of assessments are completed with the patient transferred within 24 hours (KPI 84%)

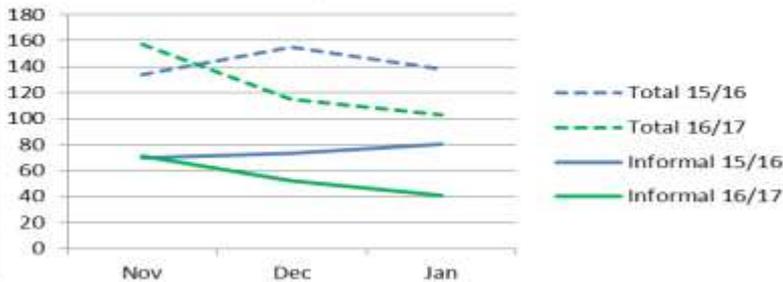
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# Case Study 4: SWLStG Lotus Assessment Suite

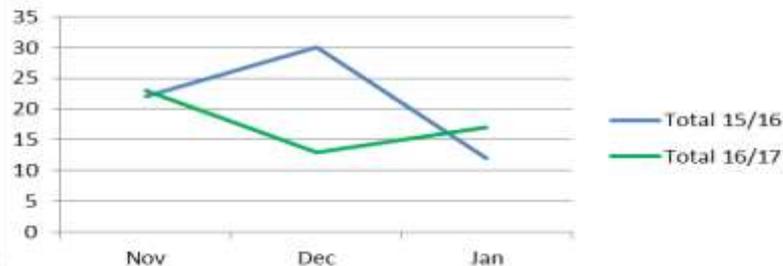
**Occupied Bed Days in Acute wards  
(Lotus opened 21/11/16)**



**Admissions to Acute wards  
(Lotus opened 21/11/16)**



**Stays < 5 days in Acute wards  
(Lotus opened 21/11/16)**



## Key learnings:

### Strengths

- All service users that are transferred to Lotus Assessment Suite are supported to create/review a collaborative crisis plan. Service users have responded very positively to this tangible plan they can take home with them following discharge. The crisis plan uses a RAG rating system which is easy to use and understand. It also includes a useful contact list to help service user's identify who they can contact when a crisis is looming.
- The service has helped develop nursing assessment skills resulting in five Band 6 development positions forming part of the establishment. These posts are for a 12 month period, and provide an opportunity for the participant to develop a skill base that will enable them to transition into Band 6 positions in the community – an area where the Trust experiences significant vacancy pressures – and elsewhere in the Trust.

### Current challenges

- The service recently reviewed the environmental security of 'open Lotus' being a designated place of safety, particularly in respect of whether the door should be locked during these circumstances, following an incident where a patient detained under s136 absconded from 'open Lotus'. The protocol for a s136 patient stepped down to Lotus Assessment Suite is for the door to be locked to avoid a patient going AWOL, following advice from the Trust's solicitors.
- Environmental changes to the unit are being scoped following conversations with the CQC regarding privacy/dignity criteria due to the close proximity of the reclining chairs separated by privacy curtains. The CQC has raised no objections to the Trust's preferred solution of separate male and female areas and bathrooms, with some common facilities.
- If s136 is at maximum capacity it can impact nursing staffing levels i.e. the use of seclusion and 1-1 nursing care/time.
- Assessment time breaches (i.e. over 48 hours) on Lotus are reviewed on an on-going basis to ensure that it is being used for an extended assessment and not as an alternative to inpatient admission.

# Case Study 5: Oxleas Pre-admission Suite (PAS)

## The Model:

The PAS was developed to provide a safe area for patients that have been assessed as requiring an inpatient admission but are not subject to the Mental Health Act, this model gives an opportunity for clinicians to review the decision, at least every two hours, with the patient with the prospect of diversion to community treatment including home treatment teams.

The unit was located at Oxleas House due to the predominance of bed pressures in Greenwich. It operated under Greenwich HTT to maximise the prospect of diversion from admission. The unit was not a ward, though based within an inpatient unit, it was an open room off the clinical corridor on the ground floor of Oxleas House, with four comfortable but non-reclining chairs, and additional chairs for staff or relatives. There is access to a clinical room opposite for one to one discussions or safe containment of patients needing a higher level of supervision. There was also a separate room to be used by PAS staff and doctors for administration and clinical recording. The waiting lounge itself had no door but entry to and from the corridor was via a door with a digilock.

## Staffing:

The PAS direct staffing consists of:

- X1 nurse in charge (B6)
- X1 RMN (B5)
- X1 HCA (B2)

These posts are covered in a three shift per day pattern, seven days per week which equates to 12.00 WTE staff.

Whilst three staff will always be rostered on, if the lounge is unoccupied staff will complete other tasks in the unit, including supporting the HBPOS and wards at Oxleas House. If there is one patient in the PAS a minimum of two staff will supervise. If there are between two and four patients, all three staff will be involved.

This staffing establishment is designed to enable adequate levels of engagement with patients and carers, supervision and management of risk, interface with other mental health staff, clinical recording and administration. The actual staffing numbers at any one time will depend on number of patients waiting.

**Pathways:** The PAS was primarily set up as a model for Bromley, Bexley and Greenwich patients already assessed by Greenwich psychiatric liaison team at Queen Elizabeth Hospital, and Greenwich patients who have been gate kept by the HTT. If there is capacity the resource can also be accessed by Bromley psychiatric liaison team for patients at the PRUH and by the HTTs at Bexley and Bromley. Two months into the pilot the usage was extended to Greenwich HTT patients who require a MHA assessment, both before and after the decision is made to admit as well as patients admitted to the HBPOS under section 136 who are deemed to be suitable for informal admission.

## Impact: (February 2017 to May 2017)

- 110 people used the PAS, average rate of 1.7 per day. For 16 days there was no use.
- Average wait time was been 4 hours 37 minutes.
- 57% of patients were moved on within 4 hours. 5% waited 12 hours or more.
- 22 people (20%) were diverted from admission to HTT care.
- Assuming an average five day admission, at current urgent and emergency admission rates the 22 diversions would have saved £60,500.

An evaluation of the unit found the utilisation to be variable and below the level initially anticipated. The resource, particularly with the level of consultant hours provided, is expensive, even considering the estimated saving of £60,500 from 22 admission diverts within the three month period. Additionally, during the pilot it was not clear if patients subject to the Mental Health Act and awaiting an assessment are better managed in ED or through the PAS.

# Case Study 6: Leeds Crisis Assessment Unit (CAU)

**The model:** The CAU is open 24 hours a day to manage an individual's acute and complex mental health crisis and undertake a brief period of extended assessment (up to 72 hours) to understand how their medium term care needs can be met. It is aimed at the most acute and complex people experiencing a mental health crisis, who are very much on the borderline of inpatient admission, but can be managed in the main, on a voluntary basis. The service operates a recovery-focussed approach with personalisation of care, shared decision-making and supported self-management.

The unit consists of assessment rooms, dining facilities, toilets and showers and amenities such as laundry facilities, with overnight facilities for up to six people, with the Health Based Place of Safety next door with a capacity for four people. The unit has been designed to be flexible to respond to changes in demand for accommodation for service users of one sex or the other.

Referrals are made from the Crisis Assessment Service (CAS) via the single point of access which accepts referrals from, other mental health staff and partner agencies, primary care, A&E departments, adult social care, paramedics, the Police and people experiencing a mental health crisis and their carers.

## Staffing and funding:

The CAU opened in July 2015 and forms part of the Becklin Centre, a Mental Health Unit located next to St James's University Hospital in Leeds. Staffing model includes:

- X2 RMNs (B6 and B5)
- X2 (B3) mix of additional staff that include HCAs, occupational therapists, psychiatrists, support workers and harm reduction workers.
- X1 AMHP

The team are managed by a band 7 clinical lead and a band 7 clinical team manager and there is support from x2 consultants as part of the wider crisis service.

The staffing remains the same in and out of hours and in times of high demand the CAU is able to mobilise staff from four neighbouring wards, the crisis assessment service and internal bank of staff.

The CAU has been jointly funded by the Trust and the three Leeds CCGs with a start-up cost of £1.3million. It is funded on an on-going basis at the cost of approximately £1million.

## Impact:

### Evaluation (August 15 – May 16)

- Average 31.1 admissions per month
- 182 admissions to the CAU between April 2015 and November 2015.
- 20% reduction in average weekly hospital admissions (down from 16.97 to 13.53)
- The average length of stay at the CAU was close to 72 hours
- The majority of individuals return to their usual place of residence to be managed via community services.
- Low levels of readmission in a 28 day period

Service users and staff have been positive about the service which they feel offers a safe and therapeutic environment

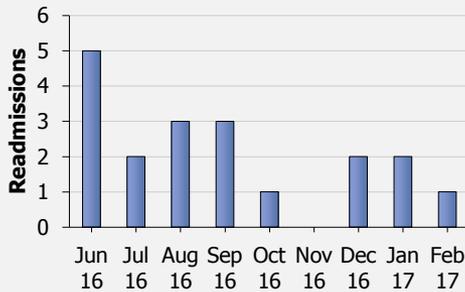
### Evaluation (June 2016 – February 2017)

- Average admissions reduced to 27.7 per month
- 20% reduction in average weekly hospital admissions (down from 16.97 to 13.53)
- The average length of stay at the CAU was 3.7 days compared to 2.8 days for the previous review period.
- The majority of individuals return to their usual place of residence to be managed via community services.
- There was reduction in transfers from CAU to the acute wards from the last report by approximately 4 service users a month.

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# Case Study 6: Leeds Crisis Assessment Unit (CAU)

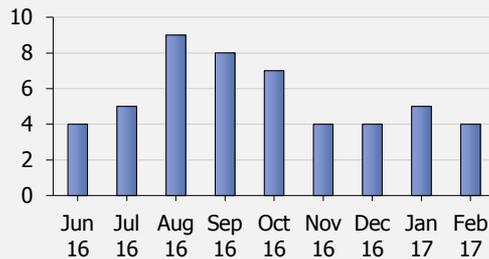
**CAU readmissions within 28 days by month**



There have been low levels of readmissions and is less numbers from the last report. This data also indicates the CAU intervention has been preventative.

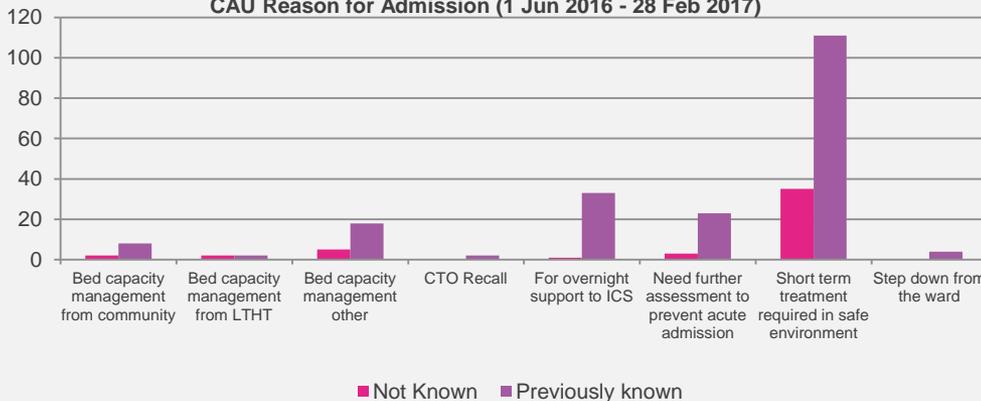
There has been a reduction in transfers from CAU to the acute wards, when compared with the previous ten years, by approximately 4 service users a month. This could be due to the reduction in the CAU being utilised as an alternative to an acute admission when there is has been decided but no acute beds are available.

**Transfers from CAU to acute wards by month**



The reasons for admission show that majority of patients are admitted for short team treatment or for further assessment indicating the CAU is largely being used for its original purpose.

**CAU Reason for Admission (1 Jun 2016 - 28 Feb 2017)**



## Learnings

- Clear lines of referrals are needed into other services and these pathways need to be maintained.
- The CQC conducted a review of the service as part of their CQC visit in 2016. At the time of the inspection they raised significant concerns relating to the mixed sex environment and how it was configured at the time. A number of environmental remedial works had to be put in place in order to mitigate against any breaches in the eliminating mixed sex environment guidance.
- The CQC were also concerned the CAU was being utilised for admissions outside of its core purpose of offering extended assessment up to 72 hours. Since this inspection the CAU local working instructions have been amended to reflect more accurately the use of the CAU in the acute pathway and have less emphasis on the 72 hours length of stay.
- In 2017 the service employed an activity coordinator in the CAU who is able to support the service users with day to day distraction and meaningful activity. Service users have an opportunity to access resources available in the Becklin Centre therapy suite and are supported by the Healthy Living Team.
- Within the CAU there are a team of nurses from the overall workforce who work continuously in the CAU in order to develop the service and offer consistency in the provision. The clinical leadership of the service has been increased since the service was established so that the team is managed by a band 7 clinical lead and a band 7 Clinical Team Manager. The rest of the rota is provided by staff from the crisis assessment team on a 3 monthly rotational basis.

# Request a rapid review

## Healthy London Partnership offers rapid reviews to its partners

A rapid review is a literature review that uses accelerated or streamlined methods rather than traditional systematic reviews. It generally includes summaries of key studies, examples and articles on a specific topic. It intends to give the reader an easy-to-read overview of what is currently published. Reviews are usually completed in a week.

If you would like to request a rapid review, please provide the following information:

- Research question – what question are you trying to answer?
- Context – why you would like the rapid review and how it will be used.
- Parameters and scope of research if not clear from the research question e.g. particular services, (community, urgent and emergency, primary etc) location (London, National, International), particular population groups.
- Other specific requirements you may have.
- Key contact from your organisation for any clarification questions.

## Contact us to request a rapid review

[www.healthylondon.org](http://www.healthylondon.org)

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