



Summary: Improving mental health crisis care for London

Introduction

Section 136 of the Mental Health Act allows for someone thought by the police to have a mental health disorder and be in need of urgent care, to be detained anywhere that isn't a place of residence and taken to a safe place where a mental health assessment can be carried out. Usually this is a health-based place of safety.

Our public and professional engagement work to date indicates that Londoners repeatedly say that the care they receive when detained under s136 does not meet their basic expectations of dignity, respect and high quality compassionate care, and services are often not delivered in the right environment to help people recover.

The current situation in London

Around 5,000 Londoners will be detained under section 136 each year.

Those numbers might be small but the effect on lives is huge and the pressure on services is growing.

The number of Londoners experiencing mental health crises is continuing to increase with section 136 detentions increasing by 19% in the last two years. This is occurring at a time when:

- Only 14% of Londoner's feel they have support when in a mental health crisis;
- Patients wait long periods of time, in some cases up to twenty-two hours, in the back of an ambulance or police vehicle unable to access the care they need.
- Over 75% of section 136 detentions occur out of hours yet only three of London's 19 sites have appropriate 24/7 staffing. Most people who arrive at a Health Based Place of Safety must wait while staff are called from inpatient wards.
- A&E departments are often used as the default when sites have no capacity to accept new patients. On average, half of the patients taken to A&E are waiting longer than 12 hours in an environment that can be distressing;
- Only 36% of patients felt safe in London's Health Based Place of Safety sites. Reports from the Care Quality Commission (CQC), the independent regulator of health and social care in England, have identified that many of the Health Based Place of Safety sites in London are not fit for purpose with a lack of dignity, comfort and confidentiality for patients.

Why crisis care is so important? A service user story:

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

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

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

Working towards better crisis care for Londoners

Right now, we are working in partnership with London's crisis care system to improve the care people when they experience a mental health crisis.

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

This has led to the development of London's section 136 pathway and Health Based Place of Safety specification, launched by the Mayor of London, Sadiq Kahn, in December 2016.

The pathway and specification are aimed at all professionals involved in the section 136 care pathway. Combined, they outline a consistent pathway from initial pick up by the police to the completion of the Mental Health Act assessment and a minimum standard of care for health based place of safety sites for adults and young people.

Development of the pan-London s136 new model of care

Healthy London Partnership is now working with London's crisis care system to implement the pathway and specification across London. In particular, we are looking at how London's current health based place of safety sites can provide the 24/7 service outlined in the specification and give people in mental health crisis the care they need and have told us they want.

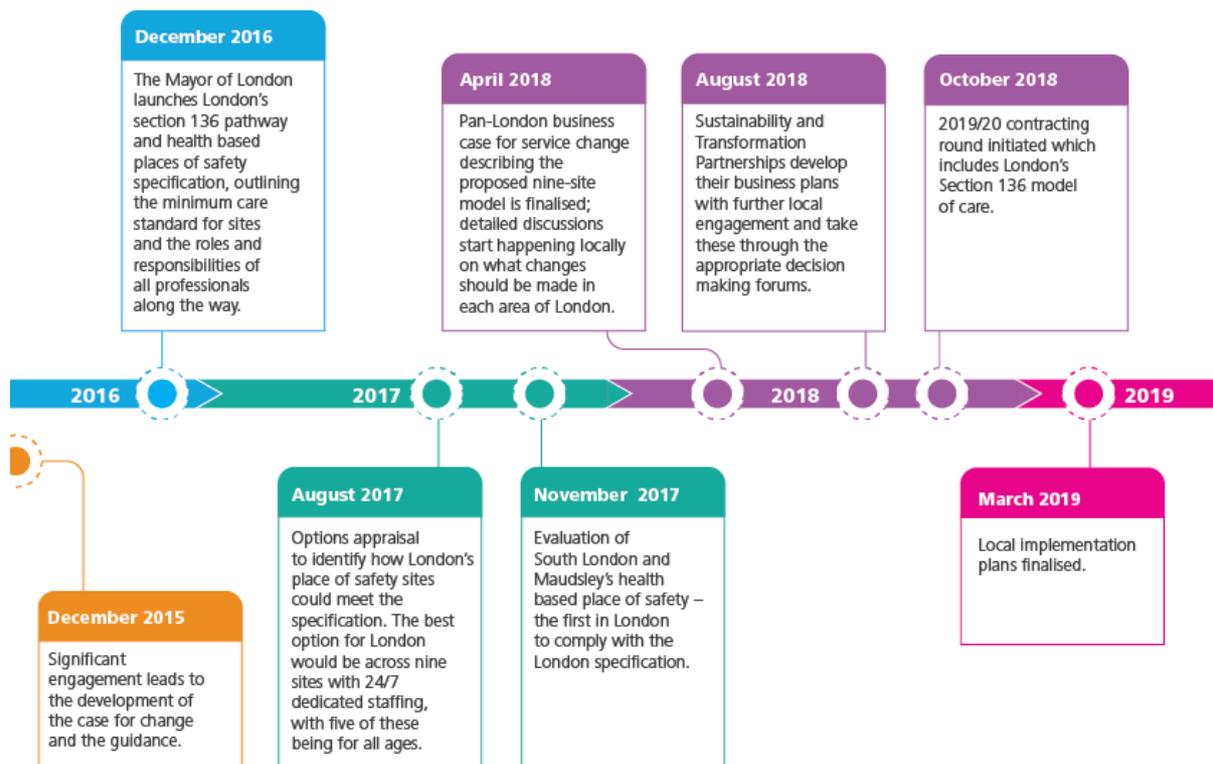
It is recognised that big changes are needed and a robust options appraisal was undertaken to develop a proposal for a new pan-London model, which considered the number and location of sites needed for adequate capacity, but to also ensure high quality care with dedicated staffing at each site.

City-wide support and collaboration culminated in a proposal for a preferred model of nine centres of excellence across London, including 5 sites for all ages, one in each STP. This proposal was described in a pan-London business case for service change of HBPOs sites.

Service users across London were involved in the developing the criteria to assess each of the options. They were clear that their highest priorities were the quality of clinical care and HBPOs environment. The distance from the nearest HBPOs was considered of lower importance if the quality of care received there was of a higher standard.

This proposal has now been handed over to STPs to consider and, following engagement, make decisions regarding changes to local services.

Timeline of the work to date:



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

South London and Maudsley NHS Foundation Trust has been the first place in the country to fully implement the guidance and provide a 24/7 staffed place of safety for adults and children detained under section 136 of the Mental Health Act (2017).

One year on and the results have blown us away.

The pilot has received overwhelmingly positive feedback from the people using the crisis services. They said they received a more respectful, more responsive and less fragmented experience from all the agencies involved.

The pilot has also shown a significant improvement in the pressure often experienced by the police, paramedics, A&E departments and the sites themselves.

The site has seen waiting times go down, better handovers of people in crisis between professionals and more access to advice from mental health professionals, all of which has resulted in an improvement in patient care.

Some of the biggest improvements have been:

- The site was closed only once in the first 6 months of opening - a stark improvement - sites were closed 279 times in 2016.
- Fewer people go to A&E before being taken to the new site, partly due to the fact that the staff are better trained to address physical health issues.
- People detained under section 136 are being admitted to the sites quicker, with 96% of cases being admitted within 30 minutes of arrival.
- The rate of admission to an inpatient bed has fallen by 13% under the new model following comprehensive assessment by dedicated staff.



It has set the benchmark for other places of safety across London, putting the needs of people in crisis at the forefront of services. We want this to set the standard for London and encourage the wider role out of this model across all of London so our most vulnerable Londoners all receive the treatment, care and respect they deserve.

Patient, public and professional engagement

Since the very beginning of this work to improve crisis care services in London, the views of service users, experts by experience, groups that represent service users and the professionals who work with them, have been central to developing the minimum standards of care.

Over 400 Londoners have been involved in our work to date, the majority of whom have lived experience of mental health crisis as a service user or carer. This has included people with specific experience of the section 136 pathway, and those with experience of wider crisis care in London.

Representatives were sought from all areas of London as well as people from harder to reach communities, black and ethnic minority communities and children and young people.

Where demographic information was asked for and provided, the proportion of white (65%) and BME (35%) represented in the service user engagement, reflects the proportion of these groups who are detained under section 136 in London.



We have produced a full summary document of service user and carer engagement, with details of demographics, where we were able to collect them. We have also detailed the feedback we received and how this has been used to shape the new model of care and standards.

Summary: why we think this is important and how you find out more

18 months ago we launched a new way for people experiencing a mental health crisis to be treated and cared for in London.

The guidance intended to bring in consistent standards of care for the most vulnerable people in our city to make sure they are treated by the right people, in the right place, at the right time.

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

And even more importantly the people who had experienced a mental health crisis told us that things weren't good enough. People in crisis talked of being treated like criminals at one of the worst times in their lives.

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

For more information on this work programme please contact:

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