Healthy London Partnership

An update on the Evaluation of South London and Maudsley NHS Foundation Trust's Centralised Health Based Place of Safety

October 2018

Supported by and delivering for London's NHS, London Councils, Public Health England and the Mayor of London

Contents

Introduction

South London and Maudsley NHS Foundation Trust (SLaM) opened a centralised Health Based Place of Safety (HBPoS) in January 2017. The new model of care, replaced four single occupancy HBPoS sites in Lambeth, Lewisham, Croydon and Southwark with one centralised HBPoS based at the Maudsley hospital. This was developed in response to the need to improve the accessibility and quality of care provided to individuals detained under section 136 (s136) of the Mental Health Act.

The old four sites were in very poor condition and staff were pulled off inpatient wards to cover the service. The new centralised HBPoS site is a bespoke facility with six assessment spaces providing a range of accommodation options and a 24/7, specialist, and dedicated service. An initial report was published in November 2017, outlining the findings of the evaluation using data on the new service model from the first 7 months (Jan – Jun 2017). This second report aims to build on that initial evaluation to see whether the original trends identified have been sustained and whether there has been any additional impact or any unintended consequences since July 2017.

Findings

Methodology

For the purpose of this report anonymised, routinely collected service data was accessed from the HBPoS. This data was comparable to that used in the initial evaluation.

There are three periods of data collection that are referred to in this report

- Pre-implementation (the four site 'old' model of care) – June to September 2016
- January to July 2017 (first 7 months of the centralised HBPoS)
- January to July 2018 (1 year after implementation)

For the purposes of this report January to July 2017 data will be referred to as 2017 data and January to July 2018 will be 2018 data.

Summary of initial evaluation (2017 data)

The initial report from the first seven months of operation showed significant improvements in the following areas:

- **Access:** an average of 13% more s136 referrals were accepted each month than across the four sites under the old model. Disruption to the service due to site closures dramatically reduced, falling from 279 incidents of closure across the four sites in 2016 compared to just one closure in 2017.

- **Acceptance times:** patients were accepted into the HBPoS site quicker, the average time from arrival to patient admission was 9 minutes; 96% were admitted within 30 minutes.
- **ED transfers:** 5% reduction in patients attending A&E prior to the place of safety.
- **Inpatient admissions:** admissions to inpatient beds (both formal and informal) decreased by 13%.

Summary of findings in this report (2018 data)

- **Attendances:** Place of safety attendances overall have been slightly higher in 2018 compared to 2017 due to an increase in s135 activity. 88% of the s136 patients brought to the site were detained within the Trust operating area and only 21% of the patients admitted to the place of safety did not reside in SLAM's operating area (out of area patients). Repeat attenders made up a considerable proportion of activity (11%).

- **Access:** An average of 78 s136 patients attended the site per month. Out-of-hours attendance was 3% higher than in 2017 (now 77%) and no site closures were reported in 2018. Quick access to the HBPoS site was largely maintained in 2018 with an average time of 15 minutes from arrival to admission and 87% of patients admitted within 30 minutes of arrival.

- **Diversions:** A lower proportion of referrals were diverted away from the place of safety compared to 2017 (16% in 2018 vs. 20% in 2017). The diversions that did occur was due to capacity at the site and the need for physical health attention (5% and 3% of all referrals respectively)

- **Assessment times:** The proportion of AMHP response times within 4 hours has improved both in and out of hours. The average out-of-hours AMHP response time dramatically reduced from 6 hours in 2016 to approximately 4 hours in 2018.

- **Length of stay:** In 2018, 67% of patients were discharged from the place of safety within 24 hours, 5% higher than in 2017. Majority of those discharged remained in the suite for less than 24 hours (83%), compared to those who went on to be admitted (50%), it is likely that bed pressures play a significant role here.

- **Inpatient admissions:** 41% of those detained under s136 were admitted as an inpatient following detention; this is a 15% reduction when comparing against the old four site model. Around 250 fewer service users have therefore been admitted to inpatient care since implementation of the centralised HBPoS than would have been under the old model.

- **Multiagency feedback:** Feedback continues to be overwhelmingly positive, with all stakeholders agreeing that the centralised place of safety continues to be a vast improvement on the previous model in terms of patient care, safety and outcomes. There were some significant, system wide issues highlighted including lack of inpatient beds impacting on 24 hours breaches, together with continuing concerns regarding the travel time for some AMHPs and access to independent S12 doctors, particularly out of hours.

- **Service user feedback:** Feedback from service users who have been cared for and assessed at the new site has been largely positive with 63% providing positive feedback on the support they received, 74% reporting being treated with respect and dignity by staff and 72% feeling safe in the centralised HBPoS.

Data collection

From November 2017, changes have been made in the data collection methods which have resulted in more consistently recorded data. For example, missing data for length of stay analysis reduced from 14% in January-July 2017 to 5% in November 2017 – July 2018. This has resulted in more accurate reporting, which needs to be taken into account when making comparisons between the evaluation periods.

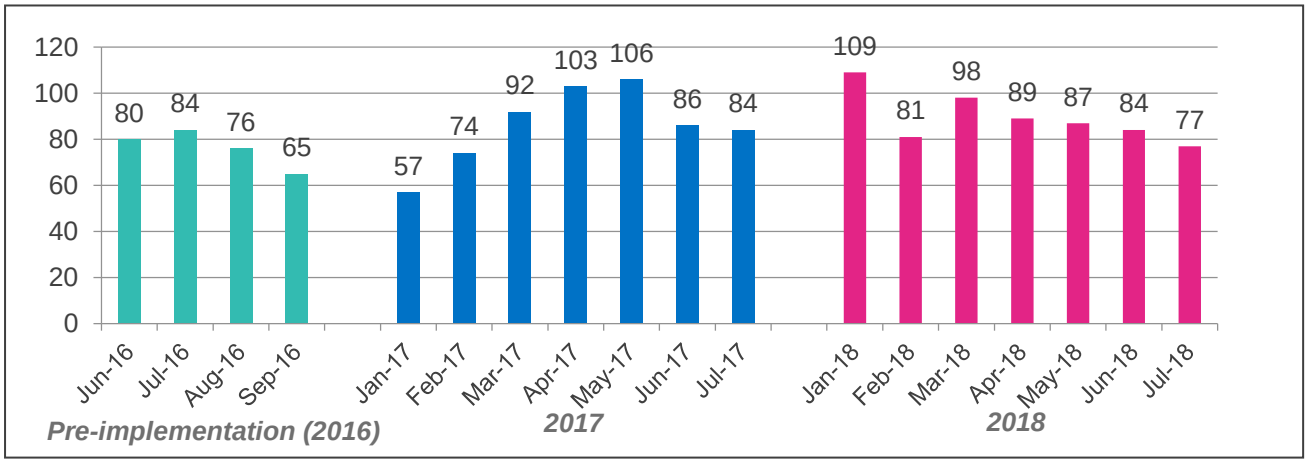
Updated evaluation of SLaM's centralised HBPoS site

Overview of activity at the place of safety

Overall attendances

In January 2017, the centralised HBPoS at the Maudsley Hospital site became operational as the only site to accept s136 patients in the Trust. It also accepts s135 patients.

Figure 1: Overall HBPoS attendances (s135 and s136) since implementation of centralised site



Attendances were 3.8% higher in 2018 compared to activity in 2017. This slight increase is due to a 113% increase in the use of the HBPoS for s135 patients. Prior to the new centralised model, across the four places of safety the sites were only used for s135 patients a total of 24 times over four months.

There seems to be little difference in the s136 activity when looking at 2017 and 2018 data with approximately 80 patients a month (Table 1).

Table 1: S135 and s136 attendances at the HBPoS

	2017	2018
Section 135 attendance (total)	38	81
Section 136 attendance (total)	564	544
Section 136 attendance (average)	80.5	77.7
Total attendances	**602**	**625**

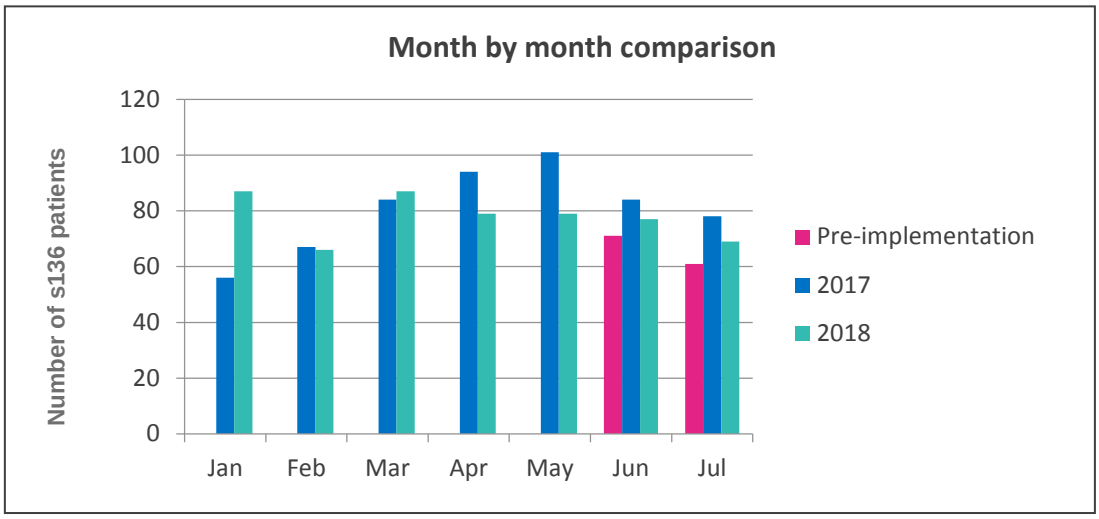
Further data analysis in this report will focus on s136 patients only.

Monthly variations

When looking at HBPoS attendance by month, there was a 55% difference in January attendances when comparing 2017 and 2018 data. There were slight

decreases in attendances in April and May, but all other months were relatively similar.

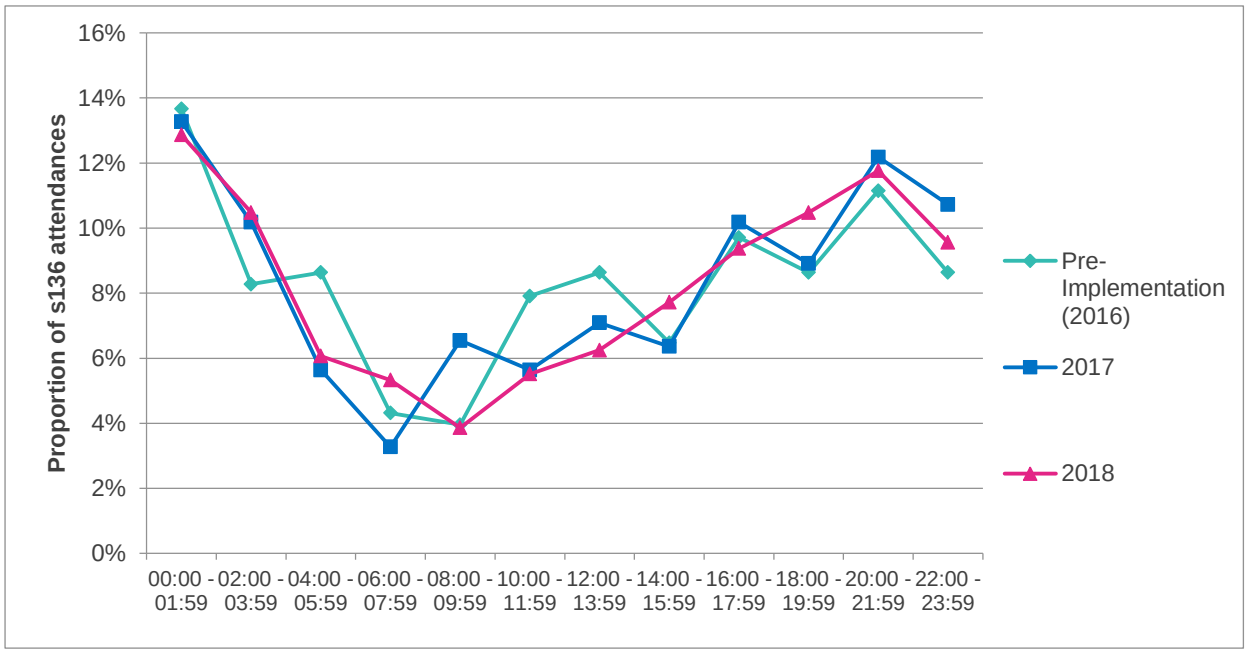
Figure 2: Comparison of HBPoS s136 attendances by month



Weekly and daily variations

The activity over the course of the week has remained similar; this is in contrast to the pre-implementation period where there was a Wednesday peak. The time of attendance continues to steadily rise from the early morning where attendance was at their lowest; through to a peak around midnight (Figure 3).

Figure 3: Time of attendance



In 2018, 77% of patients accepted to the centralised HBPoS were admitted to the site out-of-hours (weekdays between 5pm-9am and weekends) compared to 74% in 2017; this continues to emphasise the importance of a dedicated 24/7 staffing model.

Out of area patients

There were concerns before the site opened that the centralised site would become the de-facto HBPoS for London with increased activity from out of area (OOA) patients who had not been detained within the trust operating area. Out of area patients can be conveyed to the site in line with London's agreed s136 pathway when SLaM's HBPoS is the closest to the place of detention, or the closest HBPoS does not have capacity to accept the patient.

88% of patients accepted to the site were detained within the four SLaM boroughs in 2018 compared to 86% in 2017 indicating that there is no increase in police bringing in patients from other areas over a time period where awareness of the changes in SLaM provision are likely to have become more widespread.

21% of the s136 attendances were out of area patients (patients who reside outside of SLaM's four boroughs); this is 5% higher than 2017, but only 2% higher than pre-implementation of the centralised place of safety (Figure 4). However, it should be noted that data quality for the patient's borough of residence has improved in the latest dataset. The borough of residence for in area patients is fairly even across the four SLaM boroughs.

Figure 4: Section 136 attendances by place of residence in/out of area

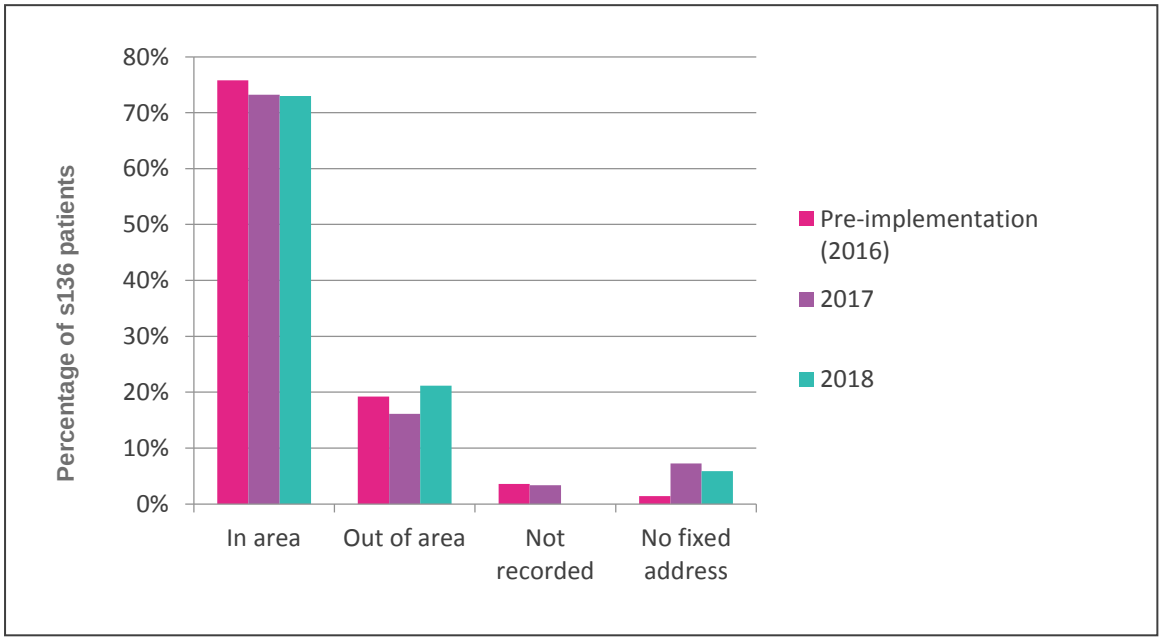
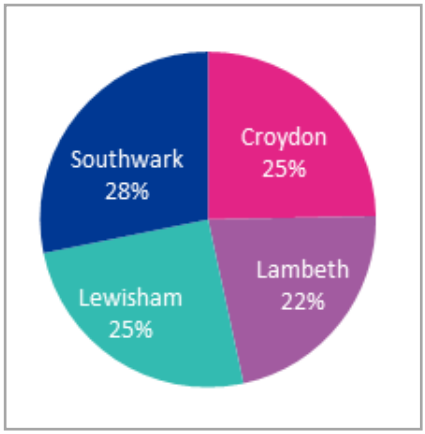


Figure 5: "In-area" s136 patients accepted to the HBPoS by borough of residence 2018



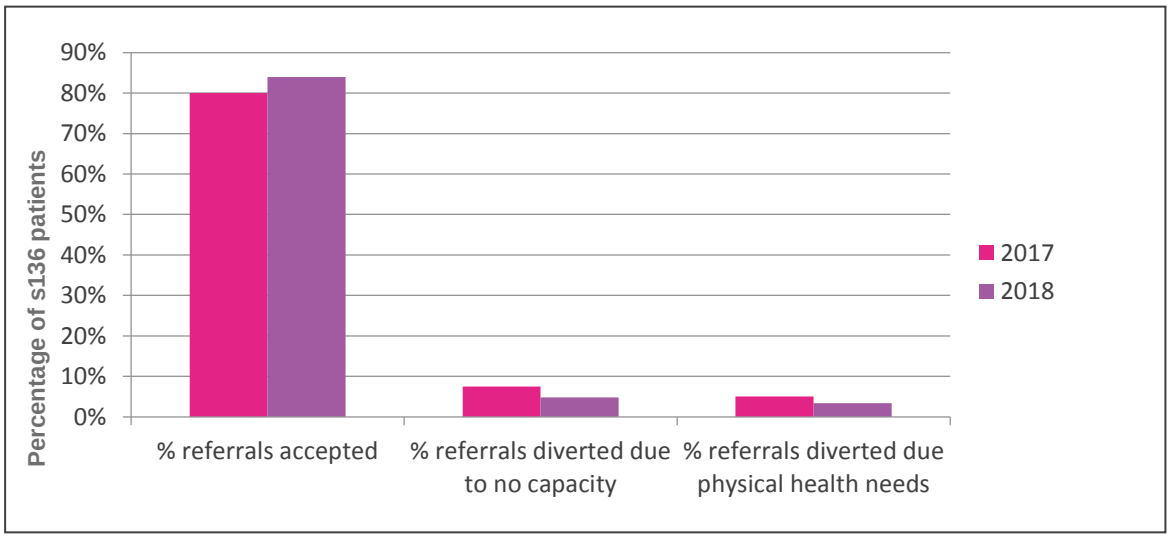
Closures and access to the site

Before the centralised site opened there were 279 closures at SLaM's four HBPoS sites over an 11 month period. There were no closures reported at SLAM's centralised HBPoS in 2018, demonstrating that the vast improvement seen in 2017 has been sustained.

Of the total referrals to the centralised place of safety made by the police, 16% were diverted in 2018, compared to 20% in 2017. 4.8% of all referrals in 2018 were diverted due to the lack of capacity at the site, this is lower than 2017 when 7.5% of all referrals were diverted due to capacity issues.

3.4% of referrals were redirected for assessment or treatment of physical health needs compared to 5% in 2017. Other reasons for diversion included the s136 power not being used due to telephone advice or the use of the Community Assessment Team (CAT) team.

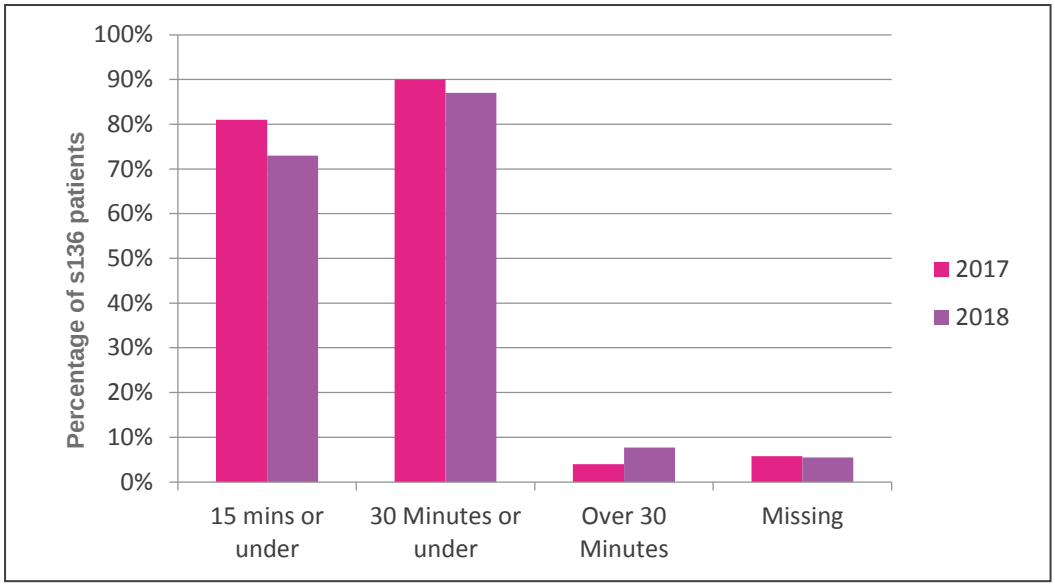
Figure 6: Comparison of the proportion of accepted referrals and those diverted due to no capacity or physical health needs



The data[1] available suggests no significant change in the proportion of patients being diverted to A&E (6.6% in 2018 vs. 6.2% in 2017) or another HBPoS (2.2% in 2018 vs. 2.1% in 2017) when the centralised site was unable to accept the patient.

The reduction in delays accessing the centralised HBPoS since it opened was largely maintained, with an average time of 15 minutes from arrival at the HBPoS site by the police and LAS to patient admission, and 87% of patients admitted within 30 minutes of arrival.

Figure 7: s136 arrival to admission times



Police Escalation Logs

Metropolitan police escalation log data for the period of January 2016 – August 2018 indicated that the number of escalated incidents related to s136 at SLaM places of safety fell from an average of 1.7 incidents per month in 2016 to 0.5 incidents per month in 2018.

The role of A&E

The use of A&E is difficult to determine due to issues with data collection[2] and a high proportion of data not recorded. However from the data available, A&E attendances for s136 patients prior to attendance at the HBPoS were 3% lower in 2018 than before the centralised model was implemented.

On occasions where patients do attend A&E prior to being assessed at the HBPoS, King's A&E is still most commonly used (Table 2). However, a greater proportion of patients appear to attend St Thomas' Hospital and Croydon University Hospitals.

[1] In 39% of cases the diversion destination was given as 'other'.
[2] Whether the patient attended A&E prior to HBPoS attendance was recorded in 99% of episodes in the pre-implementation period and 94% of episodes in 2018, but just 63% of episodes in 2017.

Table 2 lists the most used A&Es who receive s136 patients before their MHA assessment at the centralised place of safety. The receiving A&E was not recorded in 28% of episodes in the pre-implementation period, therefore the breakdown has not been included.

Table 2: Receiving A&Es prior to HBPoS attendance

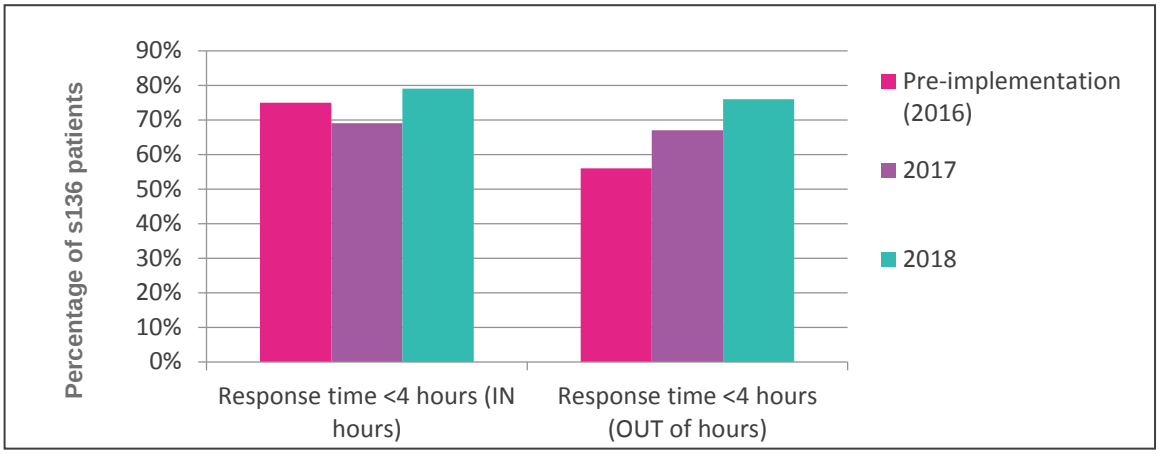
Receiving A&E department	2017 (%)	2018 (%)
King's College Hospital	33%	32%
St Thomas's Hospital	15%	19%
Croydon University Hospital	12%	19%
University Hospital Lewisham	19%	17%
Queen Elizabeth Hospital	4%	2%
Princess Royal University Hospital	1%	3%
Other	3%	4%
Receiving A&E not recorded	10%	4%

Further analysis of those taken to King's A&E showed that the majority of these patients were detained locally, in Lambeth and Southwark, which was in line with the 2017 evaluation. The data indicated that the proportion of patients attending A&E during their time at the Health Based Place of Safety has remained stable at 3%.

Assessment times

The role of the AMHP is an integral part of the MHA assessment and s136 pathway. There were concerns that due to the centralised site, increased travel times for AMHPs would cause delays in progression along the pathway. 2017 data indicated that this was not the case and this has been supported by data from 2018 (Figure 8). AMHP response times within 4 hours improved both in and out of hours, the average out-of-hours AMHP response time dramatically reduced from 6 hours in 2016 to approximately 4 hours in 2018.

Figure 8: AMHP response times (from request to site arrival)

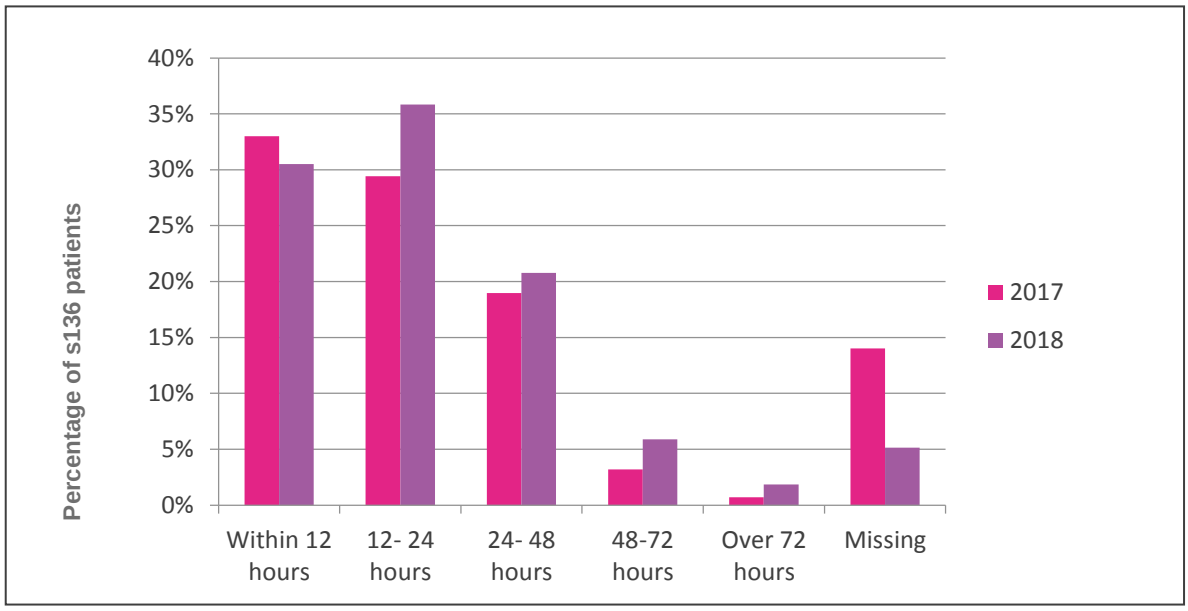


Length of Stay

In December 2017, the maximum length of detention under s136 of the Mental Health Act was reduced from 72 hours to 24 hours. In 2018, 67% of patients were discharged from the place of safety within 24 hours[3]. Of those that were admitted as an inpatient only 50% of patients met the 24 hour target, compared to 83% of those who were discharged. This indicates that inpatient bed pressures, rather than delays in assessment are likely to be the main reason for breaches.

The number of patients being discharged from s136 within 24 hours has remained similar (Figure 9)[4], however there has been an increase in those waiting for over 72 hour in 2018; again supporting bed pressures as a major factor. Note that there was a significant improvement in availability of length of stay data in 2018.

Figure 9: All s136 patients' length of stay at the HBPoS



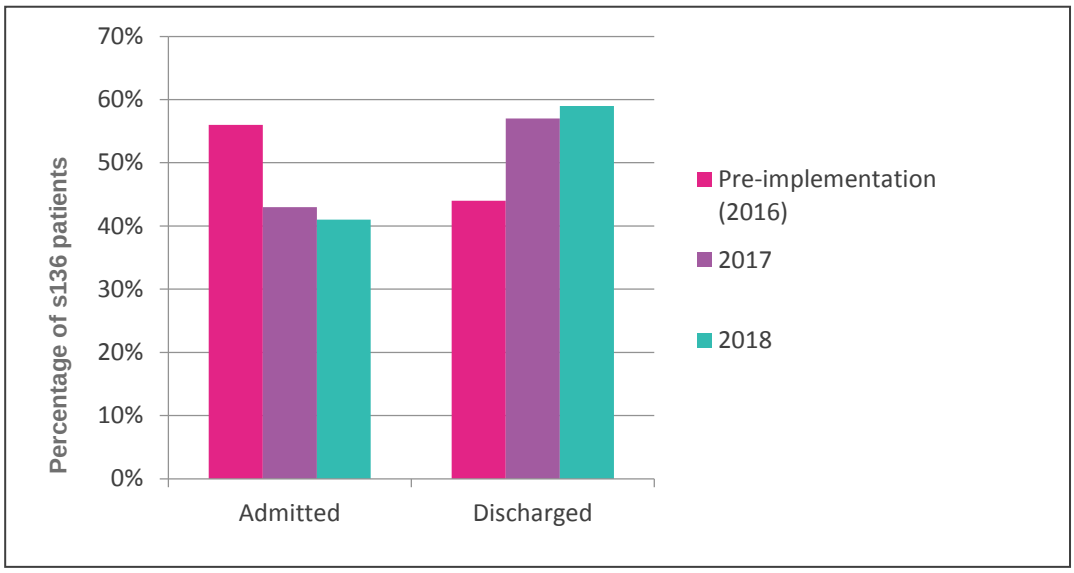
Outcomes

In 2018, the proportion of patients being admitted following s136 was 15% lower than the previous four site model. The improvement seen in 2017 has therefore been sustained[5]. Around 250 fewer service users are likely to have been admitted to inpatient care since implementation of the centralised HBPoS than would have been under the old model.

32% of those accepted to the place of safety were further detained under section 2 or section 3 and 8% were admitted informally; 59% of patients were discharged following the MHA assessment (see figure 10 below).

[3] Note that length of stay data is available for 95% of patients
[4] Length of stay data is available for 86% of patients in 2017
[5] Note that outcome data for 10% of patients was not available in the 2017 dataset; this has improved to just 4% in the 2018 dataset.

Figure 10: Patient outcome following the MHA assessment



Particular patient cohorts

Children and Young People (under 18 years old)

3% of individuals accepted into the centralised HBPoS were children and young people (CYP). In 2018, 88% of CYP were admitted to the site within 30 minutes and the average length of stay is just shy of 24 hours at 23 hours and 6 minutes; 19% of CYP patients were admitted to inpatient beds.

Patients detained under s135

Individuals detained under s135 made up 13% of the total HBPoS attendances; this figure has increased significantly since 2017. This will have implications on capacity and flow for s136 patients. 88% of individuals detained under s135 were admitted within 30 minutes. The average length of stay for a s135 patient was 1 day and 6 minutes, higher than that for s136.

Repeat attendances

In 2018, 11% of s136 patients attended more than once in the 7 month period and 25% of all attendances were patients who had previously attended. The average number of repeat attendances was three; however some patients had up to eight attendances to the centralised HBPoS.

In 2017, only 6.4% of s136 patients attended more than once in the seven month period and these attendances made up 20% of total attendances. However, the mean number of attendances amongst repeat attenders was four, with some patients having more than 10 attendances in seven months. Given that data is only available for four months of 2016, it is not possible to make this comparison with pre-implementation of the centralised HBPoS.

SLAM has recently implemented the Serenity Integrated Mentoring (SIM) programme[6] which works with those who are repeatedly detained under s136; it is clear that if successful, as it has been elsewhere, the programme could have a significant impact for the centralised HBPoS.

Multi-agency staff perspectives

Telephone interviews were undertaken with a small sample of staff from the HBPoS, the police, AMHP services, London Ambulance Service and service users. Staff members were asked for their views on the centralised HBPoS and its impact on the quality of care, as well as working relationships across the pathway. They were also asked about how the service had changed since the first evaluation and to suggest any further improvements.

Feedback was overwhelmingly positive with all interviewees agreeing that the centralised HBPoS continued to be a vast improvement on the previous model. In particular it was noted that the HBPoS felt safer and the quality of care had improved due to the 24 hour dedicated staffing model. It was acknowledged that staff now could become specialised, more experienced and familiar with the pathway itself. It was also felt that relationships both within the HBPoS and with other agencies across the pathway had improved as a result of the dedicated staffing model. Many commented on the benefit of having their own dedicated doctor in the place of safety who could assess and make decisions quickly.

Access to the HBPoS and timeliness of care was also thought to have improved. The new purpose built facility was considered safer and more conducive to recovery. The ward like environment allowed patients to be cared for in a more dignified and therapeutic way. Unlike before, staff members are now able to interact and engage with patients providing more patient-centred care.

Over the 18 months since the centralised HBPoS opened, it was generally felt by interviewees that the improvements had been sustained or further improvements had been made and that there was still momentum within the service, with bimonthly meetings between HBPoS staff and AMHP leads allowing for concerns to be raised and new ideas discussed.

[6] https://nhsaccelerator.com/innovation/serenity-integrated-mentoring-sim-high-intensity-network/

Figure 11: Multiagency perspectives on the centralised place of safety

"The speed of handover is faster once there is a bed and you get there – it's very fast to gain access – it's basically instant. Before you could be there for hours and that's once you got in. The staff are there ready now". **Police Officer**

"Having our own doctor is absolute god send, I don't know what we would do if we had a new doctor every day, having someone who is regular, who fits in with the team and who we can discuss our concerns with and where we're going, it's fantastic". ***HBPoS staff member***

"Now we can build up relationships so that if there are issues you can discuss and resolve them very quickly." **AMHP**

"We can now build up a rapport with our own colleagues and external colleagues. It's nice, when you call a social worker or a bed manager that you know them, so you can have a little chat and it's no longer 'you and me' but 'us', we're working together now and this is down to having the same team and the same people working together and getting to know one another." **HBPoS staff member**

There were some significant, system wide issues repeatedly mentioned by staff including lack of inpatient beds. This, combined with the recent change in legislation was resulting in a high number of breaches. Staff members were becoming increasingly concerned about the legalities around this. High staff turnover and burnout, due to the acute nature of the work was also cited by some as an issue, but it is believed that this is natural turnover and not a result of implementation of the centralised HBPoS, which has in many ways improved staff experience.

There is a perception, which interestingly is not supported by quantitative data, that the site is a 'victim of its own success' and thus receives high numbers of OOA patients. Furthermore, there are tensions around the purpose of the HBPoS with some feeling that it is used inappropriately to 'hold' patients now that it is seen as an efficient and nicer place to be, and the needs of s136 patients taking precedence over s135 or Community Treatment Orders (CTO).

Key concerns from the AMHP point of view was travel time, with some AMHPs travelling further to attend the centralised site, and accessing independent S12 doctors, particularly out of hours.

Service user perspectives

Since the new model was implemented over one hundred patient surveys, delivered by SLAM service users and carers, have been analysed for the evaluation. A service user and a carer were also interviewed for this evaluation report.

"The people I interviewed were almost 100% saying how good the new site was, the environment was liked and they felt safe. A lot of them also made comments about how good the staff were."

Carer

While the original report only focused on the first 45 respondents of the survey, additional analysis on the remaining 55 respondents indicates the following:

- Feedback from service users attending the centralised HBPoS under section has been largely positive, with 63% providing positive feedback on the support they received.
- 74% reported being treated with respect and dignity by staff.
- 63% felt listened to by staff.
- 85% felt that they understood the next steps prior to leaving the unit.
- 72% felt safe in the centralised place of safety.

"I felt well cared for and looked after" **Service User, 2018**

"I felt the staff spend time talk to me listening to what I had to say", **Service User, 2018**

"Peaceful and well managed." **Service user, 2018**

"Some of us were involved in delivering training to staff when it first opened and we told them it was about being human. Staff are welcoming and friendly and treat us with respect and dignity. And someone actually said 'why can't the wards be like this?'"

Service User

The word cloud based on terms most often used by service users to describe the centralised HBPoS (Figure 12).

Fig 12: Service user perceptions of the centralised HBPoS, 2018

Suggested for improvements to the centralised HBPoS

Continuous reflection and improvement is vital for any service. Interviewees had several suggestions for improvements going forward:

- Acute ward capacity needs to be considered to ensure steady patient flow through the site and no delays due to bed shortages.
- More emotional support to staff , reflective practice to address the emotional and psychological impact, particularly with regards to repeat attenders was suggested.
- More prevention work with repeat attenders was required, especially using a multi-agency approach. This has now been implemented with SIM.
- Consistent and systematic follow up with carers and families. For example follow up calls to ensure that plans are followed and support in the community is being received.
- Whole team bespoke training, similar to what took place prior to the opening of the site.
- Continuing to increase the physical health competencies of staff so that opportunistic physical health assessments can be undertaken on all patients. The rotational nursing scheme between the HBPoS and A&E department was seen as a good initiative to help provide more holistic care and up skill staff working within both the HBPoS and A&E.

Conclusion

Across the board it is agreed that the centralised place of safety is a vast improvement on the old model. Along with further reductions in diverted referrals and AMHP response times and the significant impact of the centralised HBPoS on inpatient admissions, feedback from service users and multiagency staff across the whole pathway are overwhelmingly positive about the centralised HBPoS. Furthermore, improvements in 2018 data quality indicate a far more accurate representation of the new model.

It is clear that there are some pertinent issues to address such as the breaches under the new 24 hour time limit, repeat attendances and inpatient bed availability. It is however recognised that the majority of these issues are not a result of the centralised HBPoS, but rather system wide issues that require a collaborative, cohesive approach from all crisis care services and agencies across the whole pathway.