



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge

Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 29 March 2019

HEALTH SCRUTINY SUB-COMMITTEE

Wednesday 3 April 2019

Please see the attached report marked “to follow” on the agenda.

- 8 OXLEAS NHS FOUNDATION TRUST: HEALTH BASED PLACE OF SAFETY**
(Pages 3 - 8)

Copies of the documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>

This page is left intentionally blank

Health Based Place of Safety

Oxleas proposal to implement the London-wide New Model of Care

This paper lays out a proposed approach to local implementation of the London-wide Health Based Place of Safety (HBPoS) new model of care. It draws upon the work of the London-wide group and with the Mental Health Compact. Under the proposed model the HBPoS unit at Green Parks House (GPH) on the Princess Royal University Hospital (PRUH) site would close, and the Oxleas House unit on the Queen Elizabeth Hospital (QEH) site would be expanded from 1 bed to 2 beds.

Introduction

Section 136 (s136) is an emergency power of detention under the Mental Health Act (MHA) that the police use to detain a person in a public place if they are thought to have a serious mental disorder and be a risk to themselves or others. The police can convey the detained person to a HBPoS for a mental health assessment so a decision can be made about their ongoing care. The s136 order can last for up to 24 hours, beyond which the person is free to leave or will be admitted to a mental health ward either informally (with their informed consent) or formally detained under section of the MHA.

The purpose of the London-wide work was to improve the efficiency and effectiveness of treatment and quality of care for people experiencing mental health crisis along the s136 pathway and the broader crisis care system. Our local implementation plan draws on this work, and applies it to the specific issues in South East London (SEL).

A number of key issues across London's s136 pathway and the current HBPoS configuration were identified, which all play a role in affecting the experience of those in mental health crisis.

- Staffing: Differing levels of staff training and skillsets of the staff with an 'ad-hoc' staffing model, where staff are pulled off wards when a person detained under s136 arrives. This is not conducive to good patient care, both to those detained under s136 but also those on the ward where staffing numbers are depleted for a 12-24 hour period. The absence of 24/7 staffing can impact on effective patient flow, both in and out of hours.
- Inappropriate provision for Children and Young People (CYP): Patients who are under 18 require appropriate facilities and specialised staff that can respond to their specific needs. Oxleas does not have specific CYP provision. A+E's are used as the default position when HBPoS sites are unable to manage CYP detained under s136. When this occurs children can be in the A+E for a 24-72 hour period due to lack of appropriate staffing but also the lack of Child and Adolescent Mental Health Services (CAMHS) beds available in London.

- Funding issues: Over the years the changes to requirements for HBPoS, especially the need for dedicated staffing have not been matched with funding.
- Inpatient bed availability: The pressure on inpatient beds in London impacts on the s136 pathway increasing the length of time patients spend at HBPoS sites. In line with the Mental Health Act, Approved Mental Health Professionals (AMHPs) cannot complete the Mental Health Act assessment until a bed is found. The pressure on inpatient beds causes a delay in completing the assessment and there is now additional pressure given the recent changes to the Mental Health Act.

The key principles of the London-wide model of care include:

- Ensuring a pan-London approach to care where individuals are taken to the nearest place of safety from their pick-up location (despite where they reside) and following assessment, if necessary, transferred promptly to inpatient services at their local mental health trust;
- Ensuring system transparency around capacity at HBPoS sites, as well as robust escalation processes when capacity is full (in line with the NHSE (London) 'Compact');
- A dedicated, 24/7 staffed service at all of London's HBPoS sites;
- Increased physical health competencies at HBPoS sites to ensure unnecessary referrals to A&E departments and more timely, integrated care;
- Streamlined pathways between A&E departments and HBPoS sites, for when individuals require more intensive physical health treatment, including the use of telephone triage, robust information transfers and timely physical health assessments in the A&E department.

The local Oxleas proposal to co-locate two suites in Oxleas House on the Queen Elizabeth Hospital site is in line with each of these key principles.

London Wide Implementation

A detailed options appraisal has taken place to look at how London's crisis care system can implement the new model of care and create centres of excellence where dedicated, 24/7 staffing exists at Health Based Place of Safety sites. The options appraisal has been steered by London's Crisis Care Steering Group and supported by the Technical Implementation Group and dedicated service user advisory groups – all of which had South East London representatives.

It reviewed all current Health Based Place of Safety sites across London and looked at new options against criteria defined by representatives across the system including improved patient care and system efficiencies, whilst also assessing the impact on patient and staff experience, workforce, travel times and finance. This process has been done for adult and children and young people's services.

Significant engagement with system leaders, clinical and operational staff and service users and their carers has shaped the options appraisal. This has included identifying the optimal number of sites for London, London's most viable sites and the preferred option for sites.

This detailed analysis took place using available data, including areas where section 136 detentions are prevalent, as well as more subjective assessments from both staff and service users. We were told that service users preferred to travel further if it meant they could be assured of prompt and expert treatment on arrival.

The London-wide proposal was to move towards reducing the 20 sites across London to 9, with an interim plan of 13 sites.

The cost associated with providing dedicated 24/7 staffing (based on safe staffing levels) with the new model of care is significantly higher than the staffing cost with the current 20 site model, because very few London HBPOS sites have dedicated trained staff and staffing levels are minimal out of hours. Dedicated staffing for both the single bedded Oxleas house and Green Parks House S136 suites would be greater than the costs of a dedicated staffing for one two-bedded suite.

Sustainability and Transformation Partnership (STP) leads tested the nine site configuration locally through significant engagement across the system. From this it was recognised that the changes required for the nine site model would not be achievable locally in the short to medium term.

In fact, in SE London neither of the providers (SLAM and Oxleas) nor the CCGs were in favour of a single unit for SE London (based at Denmark Hill). SLAM felt that the activity would be too significant. Also the travel distances for patients (and police and ambulances) would be much greater.

In light of this, the 13 site model (which would include a two-bedded unit in Oxleas House) is the proposed alternative to the 9 site model. The activity at Oxleas House unit (272 admissions in 2018) is considerably higher than Green Parks House unit (200 in 2018), and geographically compliments the position of the Denmark Hill site for coverage of the wider population.

According to the London-wide Business Case the total estimated costs of the transitional phase (13 sites) are marginally lower than the nine site model due to increased travel times for LAS and Police.

All sites within the 9 and 13 site London-wide models are suited for adult provision and it is not yet clear which sites will offer specialist Children and Young People provision, so the Oxleas proposal sets out to establish an appropriate environment for CYP.

The Oxleas Proposal

It is proposed that the two S136 beds within Oxleas are consolidated on the Oxleas House site – in line with the 13 site option. Oxleas proposal includes ensuring that the S136 is CYP friendly, and that staff are appropriate trained and have access to the necessary CAMHS support as required.

Capital investment into the Oxleas House facility would bring it up to the current required standards, and all pathways and policies would be reviewed and adjusted if required) to meet the standards.

Changes for Bromley Patients

In 2018, 86 Bromley patients were admitted to one of the two Oxleas S136 suites (a little over 1 and a half a week), with about 20% already going to the Oxleas House suite. 68 of the total of 200 patients admitted to the GPH unit were Bromley patients.

Bromley AMPHs already attend Oxleas House unit for Bromley patients.

In the 13 site model (the proposed SE London model), in which Oxleas House Unit becomes a two-bedded unit and the GPH unit closes, all Bromley patients needing HBPoS will go to Oxleas House and the Bromley AMPHs will need to go there too.

The alternative model (9 unit model) would result in no units within the Oxleas footprint, and all Bromley patients and AMPHs travelling to Denmark Hill or other sites across London.

Conclusion

The London-wide plan aspires to improve the quality of care for patients in a time of crisis. The Oxleas proposal will ensure Bromley service users have access to a HBPoS with dedicated staffing, a highly trained workforce and close access to A+E, within a developing centre of excellence.

Glossary

AMHP – Approved Mental Health Professional is a specialist trained and approved professional in the provisions under the Mental Health Act. For the purposes of s136, an AMHP will decide whether recommendations made by assessing medical professionals to detain a patient in hospital for assessment or treatment should be carried through or whether a less restricted option is appropriate.

A+E – Accident and Emergency Departments

MHA – Mental Health Act

S136 – A section under the Mental Health Act that gives the Police power to detain a person in a public area who appears to be suffering with a mental health problem and is presenting a risk to themselves or others.

Health Based Place of Safety (HBPoS) – An identified space within a facility that is used to support people detained by Police under the Mental Health Act.

STP – Now known as Sustainability and Transformation Partnerships these are bodies set up to bring the different parts of the health and care system together to plan and coordinate the delivery of improved quality of care that is integrated across physical and mental health to meet the needs of the local community.

CYP - Children and Young People

CAMHS - Child and Adolescent Mental Health Services

This page is left intentionally blank