

Evaluation Report

on the temporary closures of

Health Based Places of Safety in

Swindon and Wiltshire

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EXECUTIVE SUMMARY

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) was asked to make significant improvements to the provision of health based places of safety (HBPoS) at Sandalwood Court in Swindon and Fountain Way in Salisbury following two Care Quality Commission (CQC) inspections in 2016 and 2017 which rated these services as inadequate.

To address the concerns raised by the CQC, AWP, Swindon CCG and Wiltshire CCG recommended the temporary closure of the HBPoS suites in Swindon and Salisbury and the relocation of these services to a new, single, larger, purpose-built HBPoS at the Green Lane Hospital in Devizes for an interim period. NHS England agreed this recommendation and the HBPoS at Swindon and Salisbury were temporarily closed on 19 February 2018 and 26 March 2018 respectively.

This report aims to evaluate the effect of temporarily closing the HBPoS suites at Swindon and Salisbury, and re-locating these services to a new, single, larger, purpose-built HBPoS in Devizes. This evaluation has been jointly conducted by Swindon and Wiltshire CCGs and the results from this evaluation will be shared with Swindon and Wiltshire CCG Governing Bodies for consideration in September 2019. A second report appraising the options for future service provision will then be presented to the Swindon and Wiltshire CCG Governing Bodies in September 2019.

This evaluation considers the views and experiences of people who have been detained within a HBPoS, in addition to the views and experiences of healthcare staff, the ambulance service, the police and the general public. This is complimented by activity data supplied by AWP which provides a snapshot of HBPoS services before and after the temporary closures, in addition to the findings from a recent CQC inspection in 2018, which found the services provided at the HBPoS in Devizes to be rated as good. The findings from this evaluation are summarised at the end of this report.

1	Introduction to health-based places of safety (HBPoS)
1.1	Sections 136/135 of the Mental Health Act 1983
	<p>Under the Mental Health Act 1983, a Section 136 allows the police to take a person to or keep a person at a place of safety. The police can do this without a warrant if a person appears to have a mental disorder and they are in any place other than a house, flat or room where a person is living, or garden or garage that only one household has access to and that person needs immediate care or control. Before using a Section 136, the police must consult a registered medical practitioner, a registered nurse, or an approved mental health professional (AMHP), occupational therapist or paramedic.</p> <p>A Section 135 allows the police to enter a person's home and take a person to or keep a person at a place of safety so that a mental health assessment can be done. This could involve keeping a person at home.</p> <p>A person can be detained at a health-based place of safety under a Section 135/6 for up to 24 hours, which can be extended by another 12 hours if under certain circumstances, such as physical illness, it is not possible to assess them during that time. The time of detention starts when a person arrives at the health-based place of safety.</p> <p>For the purpose of this report, the focus is on the health-based place of safety (HBPoS), provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) in Swindon and Wiltshire.</p>
1.2	What is a health-based place of safety (HBPoS)?
	<p>A HBPoS is not an admission ward. A person may be detained at a HBPoS for the purposes of assessing whether that individual has a mental disorder and, if so, whether they require further assessment or treatment. People taken to a place of safety are often in crisis and usually highly distressed. Most are presenting a risk to themselves and sometimes to others.</p> <p>People detained at a HBPoS are not patients. They are detainees until a decision is made as to whether they have a mental disorder that requires further assessment or treatment. A bed is usually available in a HBPoS, not as a bedroom, but to allow rest during the period of detention. Because of a person's short length of stay at a HBPoS (24 hours or less), and due to individuals often being in crisis at the time they are detained, it is extremely rare for a person in a HBPoS to be visited by relatives during their stay.</p>
1.3	Why is there a dedicated HBPoS?
	<p>A place of safety could be a hospital, care home, or any other suitable place where the occupier is willing to receive the person while the assessment is completed. Police stations should only be used as a place of safety in exceptional circumstances.</p> <p>Having a dedicated HBPoS provides a physical environment in a purpose-built facility which is conducive to recovery and provides a co-located, dedicated team with the skills, knowledge and experience to carry out the necessary interventions. This ensures</p>

	that the detainee at the HBPoS has a timely assessment of their needs and that their safety and the safety of others is assured.
1.4	Why it is not appropriate to take people to accident and emergency departments
	Accident and Emergency (A& E) departments are a place of safety (PoS). However, they do not provide an environment conducive to a Mental Health Act assessment. The environment can be high stimulus with little privacy. Dedicated mental health staff may not be immediately available. A&E should normally only be used for the treatment of an emergency medical condition or injury such as serious self-harm, dangerous mechanisms, such as falls of less than four feet, blows to the body or being hit by a car. Once a person has been treated for an emergency medical condition in A&E, they will then be moved to a dedicated HBPoS elsewhere.
1.5	How are people taken to a HBPoS?
	<p>A person who has been detained under S136 could be taken to a HBPoS by several means:</p> <ul style="list-style-type: none"> • Police car • Ambulance • Police car and ambulance • AWP Transport <p>Across Swindon and Wiltshire, transport by police and ambulance are primarily provided by Wiltshire Police and South Western Ambulance Service NHS Foundation Trust (SWAST). In certain circumstances, AWP also provide transport to HBPoS.</p> <p>In contrast to this, AWP routinely provides transport from a HBPoS for people who have been assessed and discharged, unless individuals wish to make their own transport arrangements.</p>
1.6	What happens at a HBPoS?
	<p>The person detained at a HBPoS will have a mental state assessment by an Approved Mental Health Professional (AHMP) and ideally two Section 12 doctors (a doctor trained and qualified in the use of the Mental Health Act 1983, usually a psychiatrist), one of whom should be independent.</p> <p>Following the mental health assessment, the person may be discharged with signposting to community services for ongoing support, offered an informal admission for treatment or detained under another section of the Mental Health Act.</p> <p>If someone is offered an informal admission for treatment or detained under another section of the Mental health Act, they will be transferred to another ward. If they are transferred to another ward or setting their local residence will be taken into account. Transfer back to a ward in their home area would be the preferred option. Friends or relatives would then be able to visit.</p> <p>If a person is discharged from a HBPoS under S136, and is not staying in hospital, the person will be offered transport home. AWP routinely provides transport from HBPoS for people who have been assessed and discharged, unless individuals wish to make their own transport arrangements.</p>

2	Health-based places of safety (HBPoS) in Swindon and Wiltshire or Salisbury
2.1	HBPoS provided in Swindon and Salisbury before the temporary closures
	<p>Prior to 2018, HBPoS were located at Sandalwood Court site in Swindon, Beechlydene Ward at Fountain Way Hospital in Salisbury and Poppy Ward at Green Lane Hospital in Devizes.</p> <p>The three suites were run with two additional staff on duty during every shift, located at another ward within the hospital. These staff would then be deployed over to the HBPoS when the police arrived with a detainee. The two staff were unable to safely cover each HBPoS unit and additional staff to provide safe care would need to be moved from other wards or obtained via the staffing bank or an agency.</p> <p>These additional staff were not dedicated HBPoS staff and would often not hold the specialist knowledge and skills needed to manage Section 135/6 detainees and the associated legal processes such as escalating issues accordingly. They would not necessarily have the three-person Prevention Management of Violence and Aggression (PMVA) ability, which is recommended as best practice, when needing to intervene or restrain a person who may pose a risk to themselves or others. This practice could put patients and staff at risk.</p> <p>Although the Salisbury HBPoS is directly adjoining an operational ward, the Swindon HBPoS is not and therefore had a stand-alone status.</p> <p>By not directly adjoining another ward, delays would often occur when staff travelled to the HBPoS. Further delay could also occur whilst the staff reached the HBPoS and then prepared for the admission. This could result in the detainee waiting outside the HBPoS, often in a marked police car. Wiltshire Police reported frequent wait times of between 30 and 60 minutes.</p> <p>At Swindon HBPoS, a person waiting outside the HBPoS in a marked police car would be in full view of any members of the public using the footpath, along with staff and patients using the footpaths and grounds see Appendix (i) for Swindon floor plans and photos). This experience could be especially negative for a detainee already distressed or agitated.</p>
2.2	HBPoS provided at Devizes following the temporary closures
	<p>To address the concerns raised by the CQC, the HBPoS at Swindon and Salisbury were temporarily closed on 19 February 2018 and 26 March 2018 respectively.</p> <p>The Bluebell Unit is a purpose-built HBPoS with a dedicated, full time staffing group. With capacity for four people to be detained and assessed, it improves upon the previous combined capacity of the three HBPoS which provided assessment for three people.</p> <p>The Bluebell Unit has the advantage of being co-located with other wards within the hospital, including adjoining operational wards, should staff need to move between wards urgently.</p>

	<p>The unit also has dedicated outdoor space, providing an environment conducive to recovery. (see Appendix (ii) for Bluebell floor plans and photos.)</p> <p>In the period of the temporary closure the Swindon HBPoS has hosted an active life gym group (see Appendix (ii) for photos), There have been no permanent changes to the physical environments at either Sandalwood Court in Swindon or Fountain Way Hospital in Salisbury that would prevent these HBPoS from re-opening. However, further investment and resources would be required for these HBPoS to meet CQC requirements. Additionally, alterations other than to the internal specification of the current building at Swindon HBPoS would be significantly challenging due to the very limited capacity to expand the Sandalwood Court hospital site.</p>
2.3	Travel times
	<p>The geographical location of the HBPoS in Devizes increases the travel times for detainees from Swindon and Salisbury.</p> <p>The travel time by car to the HBPoS in Devizes is approximately 27 miles and 45 minutes from both Salisbury and Swindon HBPoS.</p> <p>Travel time would reduce if transport is undertaken by ambulance and police car with the aid of a blue light.</p> <p>Given the much larger population and increasing geographical spread of Swindon, and dependent upon the location within Swindon where the detainee is transported from, travel times could vary. The travel time to Devizes could reduce to 19 miles and 35 minutes, without blue light. The travel time from within Swindon to the Swindon HBPoS could be up to 7 miles and 20 minutes, without blue light. (See Appendix iii).</p>
3	Why did the HBPoS in Swindon and Salisbury need to change?
3.1	<p>The three main drivers behind the temporary closure of the HBPoS Sandalwood Court in Swindon and Fountain Way Hospital in Salisbury on 19 February 2018 and 26 March 2018 respectively, and the relocation of these services to a new, single, larger HBPoS at the Bluebell Unit, Green Lane Hospital, Devizes for an interim period were as follows:</p> <ol style="list-style-type: none"> 1) Care Quality Commission (CQC) visits in 2016 and 2017 2) Police and Crime Act (PACA) 3) Staffing
3.2	Care Quality Commission visits in 2016 and 2017
	<p>During the comprehensive Care Quality Commission (CQC) inspections of Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) in 2016 and 2017, the Trust was told by the CQC to make improvements to its provision of HBPoS which were rated as inadequate on both inspections, with a section 29A warning notice applied during the first inspection in 2016.</p> <p>The second CQC inspection in 2017 noted improvements to governance, reporting and escalation protocols. In addition; significant improvements were seen in the way that AWP governed and monitored its HBPoS, with new strengthened governance and</p>

team working arrangements put in place. These improvements saw the removal of the section 29A warning notice applied during the 2016 CQC visit.

However, the overall rating from the CQC in 2017 remained inadequate. The CQC report noted that although AWP had made some improvements to the HBPoS environments, there remained continued concerns around timeliness of the commencement of assessments. The CQC did, however, acknowledge that AWP would not be able to resolve all these issues without multi-agency solutions.

The following comments were made in the 2016 and 2017 CQC reports:

Staffing

'There was limited access to section 12 Doctors (a psychiatrist) who acts as a second opinion in the application of the Mental Health Act (MHA) which was causing delays to Mental Health Act assessments, in order to work within the Trust's section 136 joint protocols and the Mental Health Act Code of Practice.'

'There regularly remained significant delays in assessments commencing at the places of safety. There were significant problems with the availability of section 12 approved doctors. There were times when the Approved Mental Health Professional (AMHP) services were delayed in attending due to the need to attend when the doctor was available or due to problems with their own capacity to respond. Overall, 61 per cent of people waited more than 12 hours to be seen for assessment. This was an increase on the number of people waiting 12 hours or more than at our inspection in May 2016.'

'The provider must demonstrate that action is being taken to ensure that limitations on access to Section 12 doctors are not responsible for delays to Mental Health Act assessments in order to work within the Trust's section 136 joint protocols and the Mental Health Act Code of Practice.'

'The provider should ensure that local guidelines are followed so that the places of safety are staffed with staff trained in Prevention and Management of Violence and Aggression (PMVA).'

Delays

'There were significant problems accessing beds for people requiring admission to hospital. We saw examples of patients waiting 32 to 50 hours after being assessed in all the place of safety suites before admission to hospital.'

'The provider must ensure that there are clear procedures and joint working arrangements in place with local authorities, to ensure assessments take place in a timely manner in each place of safety and reduce the level of transfers between places of safety.'

Environment

'The HBPoS in Salisbury and Swindon lacked general space and both environments lacked an outdoor space that could be accessed without using the ward facilities, which created a mixed dynamic of ward-based patients and detainees within the same area.'

3.3 The above are known as requirements and act as a precursor to enforcement and notify provider organisations like AWP when they are failing. If provider organisations do not improve against these requirements then the CQC can move to formal

	enforcement action which may include warning notices, special measures and prosecution.
3.4	As part of its plan to address the requirements raised by the CQC, AWP, Swindon CCG and Wiltshire CCG recommended to NHS England on 21 February 2018 the temporary closure of HBPOs suites in Swindon and Salisbury and the relocation of these services to the new and expanded HBPOs at Green Lane Hospital in Devizes (the Bluebell Unit) for an interim period.
3.5	The interim period of consolidating Swindon and Wiltshire HBPOs services at the Bluebell Unit at Green Lane Hospital in Devizes has been used to evaluate the impact of the temporary closures and the reprovision of these services in Devizes.
3.6	<p>Extension of 12-month temporary HBPOs closures</p> <p>The 12-month temporary closure of Swindon and Salisbury HBPOs and consolidation into the Bluebell Unit HBPOs at Devizes, has since been extended by six months. This extension was agreed by commissioners and made in order to obtain a full year of activity data, which could provide greater detail for the evaluation and assurance of a reliable and robust assessment of patient outcomes.</p> <p>The six month extension has also provided further opportunities to expand service user, carer and public involvement and participation.</p> <p>Commissioners agreed an extension for a further six months.</p>
3.7	The Police and Crime Act (PACA) 2017
3.8	<p>The PACA came into effect on 11 December 2017. Among several changes, this Act reduced the maximum period that a person could be detained from 72 to 24 hours.</p> <p>In 2017, there were three assessment that took between 24 and 48 hours and two assessments that exceeded 72 hours at the HBPOs in Swindon.</p> <p>In 2018, there were four assessments that took between 24 and 48 hours but with no assessments that took beyond 48 hours, including none exceeding 72 hours, at the HBPOs in Devizes.</p> <p>In contrast, the proportion of assessments being undertaken within 12 hours at the HBPOs at the Green Lane Hospital site in Devizes (Bluebells Unit) was 43 per cent in 2018, compared to 32 per cent in 2017. Additionally, the proportion of assessments being undertaken within 24 hours was 93 per cent in 2018 (affected by one intoxicated detainee) * compared to 86 per cent in 2017.</p> <p>The data above (see Appendix (iv) for HBPOs activity data) shows that there was over 90 per cent compliance against the Police and Crime Act 2017, at the Green Lane Hospital site in Devizes, with faster assessment times following the consolidation of HBPOs services at this site in 2018.</p>

	<p>Data continues to be gathered and analysed on a monthly basis, with no significant increase or decrease detected in assessment times.</p> <p>*For the period between 1 February and 30 April 2019 there was one assessment that exceeded 72 hours. This was because the detainee was intoxicated and additional time was needed to enable that person to become sufficiently stable. (see Appendix (iii)).</p> <p>The PACA is a significant change and the impact of the change means that people are assessed much more quickly.</p> <p>Any incident of a breach in the PACA timelines is reported individually to the relevant CCG and reviewed formally at monthly contract meetings and at quarterly multi-agency Crisis Care Concordat meetings.</p>
3.9	<p>By amending the definition of HBPoS, the PACA changed the number of places where the police could remove someone to under s136 of the Mental Health Act, stopping people from being detained at a police station unnecessarily. Under s136, a place of safety could be defined as:</p> <ul style="list-style-type: none"> • a person's home • the home of someone that is known to that person • a healthcare setting, such as a hospital ward or Emergency Department • a police station <p>Under the PACA, a police station would only be used to detain someone awaiting a mental health assessment in exceptional circumstances, such as if a person is thought to be too high a risk to other people in a healthcare setting. See Appendix (iii) for further detail on PACA 2017.</p> <p>Other changes from the PACA mean that children would never be taken into police custody under s136 and that adults would only be taken into police custody under s136 in exceptional circumstances, when an individual is displaying extreme behavior and presenting a risk to others.</p> <p>This places a greater burden of activity on HBPoS, impacting directly upon the staffing required to safely manage patients in a HBPoS, requiring improved staff competency and numbers.</p>
3.10	<p>Staffing</p>
3.11	<p>With only two staff deployed to the HBPoS in Swindon and Salisbury, these sites were unable to provide a three-person Prevention Management of Violence and Aggression (PMVA) team, which is recommended as best practice when needing to intervene or restrain a person who may pose a risk to themselves or others. This practice could put patients and staff at risk.</p> <p>Furthermore, the deployment of the staff from the wards often took some time as the staff would have to be taken out of planned duties. This led to delays for the police in having the detainees accepted at a HBPoS and for the police to get back into the community.</p> <p>Additional staff moving from existing hospital wards to the HBPoS were needed to ensure the safety of all parties. Generally, these additional staff members had to be</p>

	<p>obtained from a staffing bank or agency, due to ongoing staffing pressures and lack of spare capacity across existing wards.</p> <p>There was also a reliance upon this inconsistent group of staff, namely the three ward HBPOs teams, to hold the specialist knowledge and skills needed to manage S135/6 detainees and associated legal processes, escalating issues accordingly.</p> <p>At the Sandalwood Court and Fountain Way HBPOs suites, delays would frequently occur in relocating or obtaining the necessary staff, both in terms of numbers and skills.</p> <p>The person waiting to be assessed would have to wait in the vehicle which took them to the HBPOs suite until staff could come from the wards, or bank and agency staff could be brought in.</p> <p>Wiltshire Police reports frequent occasions when officers had to wait with the person being detained in a marked police car outside the HBPOs at Swindon. Some of these waits were for a considerable amount of time, often between 30 and 60 minutes.</p> <p>The position of the Swindon HBPOs meant the police car and its occupants would be in full view of patients, staff and members of the public (see appendix i). This experience could be particularly negative for an already distressed or agitated detainee. This situation is also difficult for blue light staff with delays wasting both police and ambulance time.</p>
<p>4</p>	<p>Earlier intervention services to prevent detention</p>
<p>4.1</p>	<p>There are two community-based services in Swindon offering earlier intervention and support to people experiencing mental health difficulties that aim to prevent the need for detention.</p> <p>The first of these is a Street Triage pilot which commenced in 2015 and provided Wiltshire police with access to specialist mental health advice and interventions. The pilot initially provided face to face contact, and contact by phone, in real time, with a specialist mental health team at Gable Cross Police Station. However, a low need for face to face activity led to the specialist mental health team being co-located in the Control Room at Wiltshire Police Headquarters in Devizes, enabling the specialist mental health team to cover both the Swindon and Wiltshire areas. The specialist mental health team was later renamed the Control Room Triage team.</p> <p>The service is now permanent and offers 24-hour advice and support over the phone, 365 days a year, for police who are supporting a member of the public who appears to have a mental health need. This was supported as the pilot aimed to reduce the overall number of people being detained at a HBPOs under s136 of the Mental Health Act, while increasing the number of s136 detainments at a HBPOs converted to a s3, indicating that for those people going-on to be detained at a HBPOs their detainment was appropriate and needed.</p> <p>Before the Street Triage pilot, 336 people were detained at a HBPOs under s136 of the Mental Health Act in 2015/16 which was equivalent to nearly seven per week. This reduced to 246 people, or less than two per week, in 2016/17, indicating a reduction of 27 per cent. This reduction in people needing to be detained at a HBPOs has also been sustained following the implementation of the Street Triage pilot.</p>

	<p>The second of these is an innovative two-year pilot in Swindon which commenced on 3 June 2019, called The Junction. The Junction opened as a community-based service, offering holistic support and skilled mental health intervention to people who are experiencing a mental health crisis. The Junction operates 365 days a year, between 6pm and 1am,</p> <p>The Junction is based upon the national calming café model of care which has been shown to reduce use of A&E, primary care GP services and mental health inpatient beds, as well as reducing distress to the individual.</p> <p>The service augments current mental health community and crisis services and initially has capacity for 10 referrals or attendances every evening. Once embedded, the aim is to widen access to include people who have not yet reached crisis. (See Appendix (vi) for more detail).</p>
5	Evaluation, Criteria and Methodology
5.1	The impact of temporarily closing the HBPoS at Swindon and Salisbury, and the re-provision of these services in Devizes, has been closely monitored and evaluated since these changes were implemented in early 2018.
5.2	Evaluation Criteria
	To evaluate the impact of the temporary closures of HBPoS at Swindon and Salisbury engagement took place with a wide range of stakeholders, across Swindon and Wiltshire, using a variety of methods. The aim was to provide a comprehensive evaluation by ensuring that the feedback gained was representative of all stakeholders and was as inclusive as possible. Methods used were both qualitative and quantitative.
5.3	<p>This evaluation has focused on the CQC requirements, as outlined within the 2016 and 2017 inspection reports, in addition to a range of other key performance indicators (KPIs) as follows:</p> <ul style="list-style-type: none"> • Recruitment of a dedicated team of staff to provide safe consistent care • Monitoring of the 24-hour time limit set for the completion of s135 or s136 assessments • Monitoring of the transport that is provided after people have been assessed and discharged from a HBPoS • Monitoring demand and capacity and reciprocity arrangement between the three HBPoS provided by AWP. • Engagement and feedback from service users and their families • Engagement and feedback from stakeholders and partner organisations • Review of the environment provided at the HBPoS sites and whether this meets service user's needs, including single rooms and gender specific areas. (Please see the floor plan and photos in Appendix ii).

5.4	Evaluation Methodology
	<p>The evaluation has been undertaken as follows:</p> <ul style="list-style-type: none"> • Swindon and Wiltshire CCGs jointly evaluated the temporary closure of HBPoS in Swindon and Salisbury. • A project group was established to oversee the evaluation, with representatives from Swindon CCG, Wiltshire CCG, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), Wiltshire Police, Swindon Borough Council, and Wiltshire County Council. • Healthwatch Swindon and Healthwatch Wiltshire undertook service user experience surveys feeding into this evaluation, in addition to offering general advice about the use of questionnaires. • Swindon and Wiltshire CCGs undertook a survey of the general population in relation to HBPoS. • Swindon and Wiltshire CCGs undertook a detailed comparison of the CQC report findings from 2016, 2017 and 2018 with regards to the HBPoS in Swindon, Salisbury and Devizes. • AWP provided activity information for the HBPoS in Swindon and Salisbury for the six months to 30 September 2017 (before the temporary closures) and for the HBPoS in Devizes for the 12 months to April 2019 (after the temporary closures)
5.5	<p>Swindon and Wiltshire CCGs and AWP have agreed comprehensive data reporting requirements to enable effective performance monitoring. The data analysed each month includes:</p> <ul style="list-style-type: none"> • Number of HBPoS contacts • Times of first contact, by days of the week • Means of conveyance to a HBPoS • Reason for detention at a HBPoS • Time to assessment at a HBPoS • Number of occasions when service users have had to be transferred to another HBPoS site due to capacity constraints at the expanded Bluebell unit in Devizes • Number of assessments by outcome • Discharge destination, such as home, supported accommodation or inpatient bed. • Follow up by services, contacting the person discharged from HBPoS
5.6	<p>Several key performance areas were also reviewed as part of the monitoring process and these were:</p> <ul style="list-style-type: none"> • Capacity and access to health-based places of safety • Comparison of detainee numbers before and after the temporary change • Data on when section 135/136 activity takes place during the week • Comparison of conveyance data before and after the change • Time taken to undertake a mental health assessment (before and after the change) • Data on the outcomes from mental health assessments (before and after the change) • Data on discharge destination (before and after the change)

6	Evaluation Results – what we found
6.1	<p>Previous consultation</p> <p>People may be aware of an earlier public consultation on health based places of safety (HBPoS) led by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) in October 2016. AWP’s consultation recommended the closure of HBPoS suites in Sandalwood Court in Swindon and Fountain Way Hospital in Salisbury, to be replaced by a new, dedicated HBPoS in Green Lane, Devizes. However, as the NHS England process for assuring major service reconfigurations before they go out to public consultation was not followed, this consultation process was not progressed.</p> <p>AWP, Swindon CCG and Wiltshire CCG subsequently recommended the temporary closure of HBPoS suites in Swindon and Salisbury and the relocation of these services to a new and expanded HBPoS developed at Green Lane Hospital in Devizes for an interim period, to address the requirements raised by the CQC, with an evaluation being completed to assess the temporary changes. NHS England agreed with this proposal.</p> <p>The interim period of consolidating Swindon and Wiltshire HBPoS services at Green Lane Hospital in Devizes has been used to evaluate the impact of the temporary closures of HBPoS at Swindon and Salisbury and the reprovision of these services in Devizes.</p> <p>Providers, commissioners, and Healthwatch have proactively collected feedback on the temporary changes, considering the impact these changes are having on the populations of Swindon and Wiltshire and individuals using the service.</p>
6.2	Activity Information (see Appendix (iv))
	Initially, activity information from AWP for the HBPoS in Swindon and Salisbury for the six months to 30 September 2017 (before the temporary closures) and for the HBPoS in Devizes for the 12 months to 31 March 2019 (after the temporary closures) was analysed, with further data analysed by monthly reporting up to April 2019, providing one year of data.
6.3	<u>Number of HBPoS contacts</u>
	<p>The number of people being detained at a HBPoS following the consolidation of services at the Bluebell Unit in Devizes has remained consistent, being approximately two per week for Swindon and about four per week for Wiltshire, up to the last data provided.</p> <p>The Bluebell Unit has capacity for four people to be detained and assessed, which improves upon the previous combined capacity of the three HBPoS which provided assessment for three people. With additional capacity built into the Bluebell Unit HBPoS, the additional demand from Swindon and Salisbury can be met.</p> <p>On occasions capacity issues have arisen due to presentations from other areas, including Bath and North East Somerset, South Gloucestershire and Bristol. These challenges are being worked through with the commissioners of these areas.</p>

6.4	<u>Times of first contact, by days of the week</u>
	In 2017 and 2018 detainees arrived at all times of the day, every day of the week. There was little difference between the single HBPoS at Swindon, Salisbury and Wiltshire and the new consolidated Bluebell Unit at Devizes.
6.5	<u>Means of conveyance</u>
	Between 1 April 2017 and 30 September 2017 (before the temporary closures), the primary means of conveyance to the Swindon and Salisbury HBPoS was by police alone. However, following the consolidation of HBPoS at the Bluebell Unit in Devizes in April 2018, the primary means of conveyance involved the police travelling in an ambulance with the individual, which indicated an improvement in the quality of the care provided during conveyance.
6.6	<u>Reason for detention at a HBPoS</u>
	There has been no change in the reasons for detention at a HBPoS following the consolidation of HBPoS at the Bluebell Unit in Devizes, with the strongest reason for detention cited as an individual posing a risk of harm to themselves
6.7	<u>Improved assessment times at a HBPoS in line with PACA 2017 requirements</u>
	<ul style="list-style-type: none"> • The HBPoS at Sandalwood Court in Swindon had two assessments that exceeded 72 hours in 2017. However, there were no assessments beyond 48 hours in 2018, with four assessments taking between 24 and 48 hours, reported formally as breaches of PACA with detail regarding the causes. • The HBPoS at Fountain Way in Salisbury had seven assessments that took between 24 and 48 hours, with two assessments that took between 48 and 72 hours. • In contrast the proportion of assessments being undertaken within 12 hours at the HBPoS at the Green Lane Hospital site in Devizes (Bluebells Unit) was 43 per cent in 2018, compared to 32% in 2017, a more than 10% increase. • Additionally, the proportion of assessments being undertaken within 24 hours at the HBPoS at the Green Lane Hospital site in Devizes (Bluebells Unit) was 93% in 2018, compared to 86 per cent in 2017, an increase of more than seven per cent. • For the period 1 February to 30 April 2019 there was one assessment at the Green Lane Hospital site in Devizes (Bluebells Unit) that exceeded 72 hours. This was because the detainee was intoxicated and additional time was needed to for person to become sufficiently stable to be assessed, which took the assessment time over the recommended 24 hours. (see Appendix iv)
6.8	<u>Transfers to another HBPoS site due to capacity constraints at the expanded Bluebell unit in Devizes</u>
	Across the three HBPoS in 2017, data reporting showed that on occasions detainees could not be assessed in their local HBPoS as that single capacity was already occupied by a detainee from another area.

	<p>From 2018, data reported when a resident of Swindon or Salisbury could not be assessed at the consolidated Bluebell Unit. This has occurred because a detainee from another area has been detained at the Bluebell Unit, sometimes because their local HBPoS may be full and sometimes because they have presented outside of their home area.</p> <p>Unfortunately, instances when a resident of Swindon, Salisbury have not been detained at the Bluebell Unit due to no available capacity are increasing. This appears to be because an increasing number of detainees from Bristol cannot be detained in their local HBPoS – The Mason Unit – due to lack of capacity. Discussion is happening between the relevant CCGs to reverse this trend.</p>
6.9	<p><u>Outcome from assessments</u></p>
	<ul style="list-style-type: none"> • The outcomes relative to the number of assessments have remained very consistent following the consolidation of HBPoS at the Bluebell Unit in Devizes, with around 70 per cent of detainees being discharged following assessment. • In terms of discharge arrangements, an individual’s home address is the main discharge location, with similar numbers of people being discharged home following assessment between 2017 and 2018.
6.10	<p>Service user survey results</p>
	<p>Healthwatch Swindon and Healthwatch Wiltshire were able to undertake 13 service user phone call discussions. The aim of the survey was to gather feedback from service users who had been taken to the HBPoS in Green Lane Hospital in Devizes (Bluebell Unit) following the temporary closure of the HBPoS facilities in Swindon and Salisbury. Findings from the survey have been shared with the CCGs and AWP as recommendations were made by Healthwatch in their report.</p> <p>The full report is in Appendix (vii) and the headlines from the service user feedback are listed below:</p> <ul style="list-style-type: none"> • Over the course of a week, we spoke to 13 service users about their experiences of staying at the Place of Safety, the care they received and whether this was appropriate given the location. We attempted to gather views from another six people, but they either declined to complete the survey or were, for a variety of reasons, unreachable. Out of the 13 who did speak to us, one person answered the first question but then decided they did not want to continue. There was opportunity during the course of the phone calls for the service users to expand on the questions they had been asked and provide detailed comments about what they thought did and did not work. • Most respondents - eight out of the 13 - felt positive about their experience of being taken to the place of safety in Green Lane Hospital in Devizes (Bluebell Unit). If their initial experience was good, for example, how they were treated during the transfer to the facility, then the remainder of their experience was consistent with this. They provided further detailed commentary, some of which also offered constructive criticism around service provision.

	<ul style="list-style-type: none"> Two respondents reported negative experiences. One of the respondents only answered one question and the other two. While having an overall negative experience they did say they understood the outcome of their respective assessments and felt their transfer out of the place of safety at Green Lane Hospital in Devizes (Bluebell Unit), either to a ward or back home, was well managed. One also said they understood the information about their mental health assessment but went on to comment, "Didn't feel believed. Has received a letter that doesn't match with further diagnosis. Has since been diagnosed with psychotic depression." A further two respondents stated that they felt neutral about the approach of staff and the quality of care at Green Lane Hospital, Devizes (Bluebell Unit). Their answers to subsequent questions about their experiences was a mix of positive and negative. One of the respondents commented on how brilliant the permanent members of staff were, but that the agency staff were in need of more training.
	The independent report from Healthwatch Swindon showed that the majority of service users felt the HBPoS service at the Bluebell Unit in Devizes was a good service.
6.11	General Engagement
	Engagement took place with wider stakeholders and public via an online questionnaire (see the Engagement Report in Appendix viii) and as part of other meetings e.g. NHS Swindon and Wiltshire CCGs Governing Body meetings, Swindon CCG's Patient and Public Engagement Forum meetings and the overview and scrutiny committees in Swindon and Wiltshire. In Swindon, there was significant media coverage of the temporary closure and the opportunity to participate in the public survey.
6.12	<u>Qualitative comments and qualitative data from the public and stakeholders in the surveys</u>
	<p>The key themes from the engagement and survey were:</p> <p><u>Quality of services and care</u></p> <ul style="list-style-type: none"> The safety and wellbeing of services users is very important to people (174 survey respondents). Receiving a consistent level of care and support at all times of day and night (164 survey respondents agreed with this). The benefits of a single place of safety suite for Swindon and Wiltshire for enabling mental health workers and the police to provide support that is safe, caring and effective received 144 responses, with 72 people strongly agreeing or agreeing and 72 disagreeing or strongly disagreeing. <p>Written comments included:</p> <ul style="list-style-type: none"> <i>It makes good sense to have it where there is expertise and where the quality is good</i> <i>The small POS facilities at Swindon and Salisbury are not fit for purpose. A dedicated unit which specialises as a Place of Safety can give much more consistent and high quality level of care</i> <i>Better maintained unit in Devizes and specific staff working there so better patient care on place of safety unit. Also, better care on patient wards as staff are being taken from them to cover the place of safety</i>

- *It's much better having a dedicated 136 suite and having a dedicated team in place specifically for 136 service users*
- *Having one place of safety has improved the standard of care provided to those now detained as having dedicated staff*
- *Won't this put extra pressure on the unit in Devizes?*
- *I can see there are quality of care issues – is Devizes any better?*
- *Whats the difference between the quality of services in Devizes compared to Swindon and Salisbury?*
- *If there is no POS service in Swindon it will put even greater demand on to GWH*
- *Has appropriate training in MHA Section 136 been given to staff based in Devizes?*

Travel, transport, location and visiting

- No comments were received from the 13 service users regarding the location of the place of safety being inappropriate from either Swindon or Wiltshire
- When transferring someone to a place of safety suite, 72 respondents said an acceptable journey time is between 10 and 20 minutes, 52 said between 21 and 30 minutes and 29 said between 31 and 40 minutes
- Of the 13 service users who went to the place of safety in Devizes, nine were taken there by ambulance with most saying there were no issues, one finding it a bit weird and another was very stressed by the experience
- 72 survey respondents strongly agreed or agreed, and 77 respondents disagreed or strongly disagreed about understanding the benefits of having a single unit
- 103 survey respondents said the distance of a HBPOS from home was important
- 109 respondents said if they, a friend or relative needed to be detained during a mental health crisis they would want the POS suite to be in the same town as the one they live in
- 84 respondents strongly agreed or agreed that someone in need of a mental health assessment should always be taken to the closest facility, even if it has fewer services or staff. 90 respondents neither agreed or disagreed or disagreed or strongly disagreed.
- Concerns were raised about the additional travel time to the Bluebell Unit in Devizes causing extra stress to the detainee.

Written comments included:

- *Detention to a place of safety is NOT an admission and the legal requirement has changed so that people should not be detained for more than 24 hours. Visitors would not be expected to come to a PoS*
- *They should be taken to somewhere where the skills and environment are more suitable for people in distress at a time of crisis*
- *It is unrealistic to have single POSs on individual sites as staff are often not skilled enough or knowledgeable enough to manage the 136's and this leads to confusion and delays with the assessments*
- *The extra distance will tie up police and ambulance staff*
- *Police services are already overstretched so it makes no sense to burden them with extra taxi duties*
- *I'm concerned about the safety of people being transported*
- *The distress of the person being taken to a POS should not be prolonged*
- *Devizes is not easy to get to by public transport from Swindon*
- *The cost of getting to Devizes by bus(es)*
- *How is someone meant to return to Swindon after leaving the place of safety in Devizes?*

- *Devizes is too far away from Salisbury and the southern villages*
- *The population size of Swindon should dictate that a suite and professional help and advice and medical services should be available locally 24/7*
- *Please don't let us lose a place of safety attached to Fountain Way. We need more beds, not fewer. We have the super garrison coming, with more pressures and more people*
- *In the CQC domains how is this a safe thing to do?*

Understanding about a HBPOs and the temporary closure

- *79 survey respondents said they understood the reasons for the temporary closure of the units and 98 survey respondents said they did not understand the reasons.*
- *From the responses received, some people thought the temporary closure of the HBPOs unit in Swindon meant all the services at Sandalwood Court (where the unit is based) are closing.*

Written comments included:

- *Due to changes in the detention time period from 72 hours to 24 hours and the availability of Section 12 doctors*
- *Police custody suite is not suitable for mentally unwell people*
- *It's due to the CQC failures*
- *I have no idea about the reason for the closure or what the benefits are*
- *I understand about the reasons but am concerned the temporary closure will become permanent*
- *Where is the evidence for the temporary closures?*

Finances

- *There were written comments in the survey about the financial aspects of the temporary closures and these included:*
 - *Best use of resource in constrained circumstances*
 - *Resources need to be pooled*
 - *Cheaper to run one site rather than three*
 - *Cost issues of staffing and operating very small (1 room) care units*
 - *Once again money is dictating policy*
 - *The benefits are purely financial*
 - *Its more about money rather than quality*
 - *It appears money related and not service user related*
 - *Short sighted, budget driven initiative*
 - *What about the travel costs for AMPH staff who have to get to Devizes?*

Other

- *Other written comments in the survey included:*
 - *Sandalwood is not working well*
 - *It's a political decision to destroy the NHS*
 - *We need more than one POS in Swindon*
 - *Bluebell unit has lots of people from Bristol – that means Swindon and Wiltshire people may not get in when needed*
 - *I have concerns about AWP services in general*

More detailed information is available in the Engagement Report in Appendix (viii).

6.13 **Local petitions and silent protest**

Two petitions were submitted during the engagement period. The first was to Swindon CCG's Director of Nursing and Transformation at the Swindon Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee meeting held on 12 September 2018. The petition was submitted by Ms Kate Linnegar, Prospective Parliamentary Candidate for North Swindon.

The second petition was submitted to Paul Vater, Chief Operating Officer of Swindon CCG, in April 2019. (<https://www.change.org/p/swindon-ccg-clinical-commissioning-keep-a-mental-health-place-of-safety-open-in-swindon>). At the time of this report being written, of the 2,159 people who had signed the online petition, 637 (30 per cent) of signatures were from non-Swindon post codes (many were from different places in the world) and 1,300 responses (60 per cent) of respondents did not provide a post code – so we were unable to see if they were from Swindon or other areas. The petitions were about retaining a HBPoS in Swindon earlier on in this section of the report

The petition is still live. The wording on the on line petition was:

Our Place of Safety which is used to support and assess those who are deemed at risk to themselves and/or others due to mental ill health is currently closed. The reasons for closure are not supported by the evidence. There is an engagement process to decide its long-term future.

During this closure, service users will be transported by ambulance or police car to Devizes, which is a 45 minute journey. This will almost certainly add to a persons distress in their time of crisis. It may make it difficult for a family member or friend to attend as an appropriate support.

We believe that there should be a Place of Safety for mental health service users in Swindon so that people do not have to be transported out of area away from friends and family during a time of crisis.

76 pre-printed signed cards with the following message were also submitted by hand at the same time as the petition:

Dear Paul Vater,

Swindon must keep a Place of Safety, or a safe assessment area staffed by a medical professional, for those suffering from a mental health crisis. Service users should not be forced to travel 45 minutes away from familiar surroundings and familiar people in times of extreme distress, and our over stretched local police and ambulance service should not have to make the extra 90-minute round trip.

Swindon is Wiltshire's most heavily populated town and as such needs to retain this facility. Closing our place of safety contravenes the town's strategic needs assessment which states patients should be treated close to home, and national government policy which advocates for improved mental health facilities and more places of safety in the community. It is damaging to close our place of safety with no clinical alternative. There is real possibility of those in crisis needing to access our already overstretched A&E or be inappropriately detained in police custody. Please reconsider this short-sighted and potentially damaging detention.

	<p><i>Yours faithfully</i></p> <p>A silent protest was also held on the 22 March 2019 outside Sandalwood Court in Swindon: https://bit.ly/330VzuC</p>
	<p>The opinions expressed within the survey and petitions have been considered with this Evaluation Report and will also be considered in any appraisal of options for future service provision going forward.</p>
6.14	<p>Impact on the Wiltshire Approved Mental Health Professionals (AMHP) service</p> <p>While consolidating all the Swindon and Wiltshire health based place of safety (HBPoS) spaces and beds into an enlarged, single unit in Devizes has not resulted in a significant increase in the number of s135/6 Mental Health Act Assessments needing to be carried out, it has caused a degree of impact on the Wiltshire AMHP service.</p> <p>Assessments across the whole HBPoS service are up around 10 per cent in 2018, compared to 2017 (757 HBPoS assessments compared to 695).</p> <p>However, the part of the service most affected is the Emergency Duty Services which has seen slightly over a 50 per cent increase in the number of assessments completed in 2018, compared to 2017 (155 HBPoS assessments compared to 99).</p> <p>The biggest impact is on the number of non-Wiltshire residents that are assessed under section 136. In 2018, 48 per cent of the individuals assessed by Wiltshire AMHPs in the Bluebell HBPoS were non-Wiltshire residents (144 people out of 298). Of these, 64 were from other local authorities covered by the AWP footprint (such as Swindon, as well as Bristol, North Somerset and South Gloucestershire).</p> <p>While in most cases the Swindon and Bath and North East Somerset AMHP services travel to the Bluebell Unit to complete assessments on residents from their own areas during office hours, it does fall to Wiltshire AMHPs to complete HBPoS assessments out of hours or on the odd occasions the other services cannot provide cover during office hours. Furthermore, Wiltshire AMHPs automatically pick up assessments on behalf of Bristol, North Somerset and South Gloucestershire and AMHP Services regardless of the time of day.</p> <p>Swindon CCG has agreed to fund the level of out of hours AMHP assessment work through Wiltshire AMHP, relating to the Swindon population.</p> <p>Additionally, the concerns Wiltshire AMHP has raised over the increased burden of work assessing residents from other local authorities (such as Bristol, North Somerset and South Gloucestershire) is in the process of being discussed further with AWP.</p>
	<p>Benefits from the development of a single, larger, HBPoS</p>
6.15	<p>When inspecting a service, the Care Quality Commission (CQC) will ask five key questions regarding safety, effectiveness, caring, responsiveness and leadership. The temporary consolidation of HBPoS at Devizes has delivered the following benefits, listed under the relevant CQC domains:</p>

	<p><u>Safety</u></p> <ul style="list-style-type: none"> • The purpose-built environment at Devizes offers improved safety and quality of environment for service users. • The design of the HBPoS at Devizes enables parts of unit to be managed in response to specific clinical need. For example, Child Adolescent Mental Health Services (CAMHS) and gender. • Consolidating HBPoS on one site has enabled the establishment of a dedicated team of staff who ensure consistency in safe care. • Improved recruitment opportunities for a skilled workforce by having a dedicated team of staff based at one HBPoS site. • Improved recording of performance data and incident reporting from having a dedicated team of staff based at one HBPoS site. • The purpose-built environment at Devizes allows for staff from other agencies to be brought into the HBPoS for support without taking up clinical space. • Reciprocity of Approved Mental Health Professional (AMHP) to undertake assessment to avoid service user travel between HBPoS.
6.16	<p><u>Effective</u></p> <ul style="list-style-type: none"> • Specialist team of staff providing screening, assessment and planning for discharge immediately on arrival thereby improving flow. This is essential to meet the 24 hour limit for assessment. • Consolidating HBPoS at a single site offers the opportunity to develop a training matrix which recognises HBPoS as a specialist area. • Development of best practice across Swindon and Wiltshire. • Provision of a dedicated clinic room within the unit enables physical health monitoring as required. • Consolidating HBPoS at a single site enables more effective communication with community teams and Urgent Care Clinical Hub (Medvivo). • Higher level of dedicated medical time.
6.17	<p><u>Caring</u></p> <ul style="list-style-type: none"> • Provision of a dedicated skilled team improves the quality of care provided. • The purpose-built environment at Devizes provides gender specific areas for detainees and space for people to be away from their individual rooms. • The purpose-built environment at Devizes offers improved environmental facilities for detainees such as a courtyard for accessing fresh air, a kitchen, a communal space, an assessment room with a bed and an ensuite bathroom. • The purpose-built environment at Devizes allows staff from other agencies to be brought into the HBPoS for support, without encroaching on the personal space of people in the HBPoS.
6.18	<p><u>Responsive</u></p> <ul style="list-style-type: none"> • The purpose-built environment at Devizes is co-located with Approved Mental Health Professionals (AMHPs) increasing the speed at which assessments can be carried out by a dedicated team of staff. • The purpose-built environment at Devizes includes dedicated space to enable the Intensive Support Team to undertake crisis community assessments. • Having a multi-agency model, which can be supported by the purpose-built environment at Devizes, reduces the likelihood of breaching detention time limits.

	<ul style="list-style-type: none"> Improved assessment times have the potential to reduce a detainee's conversion rate (to admission / detention), enabling more people to be discharged home following assessment. Dedicated team available 24/7 at the HBPoS in Devizes. The HBPoS at Devizes offers 33 per cent increased capacity (one bed). Opportunities for synchronicity with other services in the pathway. Consolidating HBPoS at a single site enables better system resilience. As Swindon and Salisbury patients will not always not live within reasonable walking distance of the HBPoS, transport home or to other discharge destination will be provided after a HBPoS episode.
6.19	<u>Well led</u>
	<ul style="list-style-type: none"> Consolidating HBPoS at a single site supports a single clinical leadership structure with an identifiable Clinical Lead and Clinical Director. Having a dedicated team in place at Devizes enables supervision to be tailored to the work and requirements of the service. Dedicated team manager and single locality management structure. Having identifiable management based at a single site will improve inter-agency relationships and enable a responsive escalation process for partners. Improved ownership of performance for HBPoS activity by a single management structure. Dedicated team will enable staff development to be tailored to the work and requirements of the service.
7	Evaluation of the findings
7.1	In summary, the following key points have emerged from the evaluation:
	<ul style="list-style-type: none"> Within the whole range of mental health services, health-based place of safety detentions are specialised in nature. The numbers of detainees are low; running at about two per week for Swindon and about four per week for Wiltshire. Consolidation of HBPoS at a single site in Devizes has improved mental health assessment times, such that 24 hour assessment requirements set out within the Policing and Crime Act (PACA) 2017 are now being consistently met. There has also been a significant improvement in the quality of services provided at the new, single larger and dedicated health based place of safety (HBPoS) at the Bluebell Unit at Green Lane Hospital in Devizes as evidenced by the CQC inspection reports from 2016 and 2017 which rated the HBPoS at Swindon and Salisbury as inadequate, and the CQC inspection rereport from 2018 which rated the HBPoS at Devizes as good across all five of the CQC domains. Having a dedicated HBPoS service at a single site, in a calming environment, has been a key change to support this improved CQC rating. Consolidating HBPoS at a single site also offers improved recruitment and training opportunities for staff.

	<ul style="list-style-type: none"> • A petition to keep a mental health place of safety within Swindon was supported by 2,159 people, highlighting local concern over this matter. • While the general and staff survey showed a strong preference (61 per cent) for HBPoS services to be based within the same town as detainees, with travel times of 30 minutes or less strongly preferred (72 per cent), the general and staff survey results also showed a strong preference (97 per cent) for HBPoS services to be safe and consistent. • Most service users (66 per cent) surveyed by Healthwatch reported positive experiences of their time at the Bluebell Unit in Devizes and the care they received throughout the whole pathway. Those who reported negative experiences, highlighted the differences between permanent and temporary staff in the approach to their care and lapses in communication through key elements of the detention and mental health assessment process. • No comments have been received from service users in Swindon or Wiltshire regarding the location of the HBPoS in Devizes being inappropriate. • Furthermore, the Patient Advice and Complaints Teams at Swindon and Wiltshire CCGs and AWP, have not received any formal complaints regarding the temporary closures of HBPoS at Swindon and Salisbury. • Concerns had been raised regarding the consolidation of HBPoS and the impact on Wiltshire AMHP service. • Lack of awareness about a health based place of safety indicates a need for more clear communications about the service, regardless of the next steps.
7.2	<p>Healthwatch Swindon and Healthwatch Wiltshire have made several recommendations to address the service users' findings, which have been shared with the relevant agencies.</p>
8	<p>The next steps</p>
8.1	<p>This report will be shared with the Swindon and Wiltshire CCG Governing Bodies in early September 2019 for consideration.</p> <p>The report will be shared with the Swindon Adults' Health, Adults' Care and Housing Committee meeting on Wednesday 11 September 2019 and the Wiltshire Health Select Committee on Tuesday 3 September.</p> <p>A second report appraising the options for future service provision will be presented to the Governing Bodies of Swindon and Wiltshire CCGs in September 2019. Arrangements will be made for Swindon Adults' Health, Adults' Care and Housing Committee and Wiltshire Health Select Committee to receive the second report.</p>

Glossary of Terms and Acronyms

Acronym /abbreviation	Term	Definition
AMHP	Approved Mental Health professional	<p>An approved mental health professional (AMHP) is a mental health worker who has received special training to provide help and give assistance to people who are being treated under the Mental Health Act.</p> <p>Their functions can include helping to assess whether a person needs to be compulsory detained (sectioned) as part of their treatment.</p> <p>An approved mental health worker is also responsible for ensuring that the human and civil rights of a person being detained are upheld and respected.</p>
CAMHS	Child and Adolescent Mental Health Services	<p>CAMHS are specialist NHS services. They offer assessment and treatment for children and young people who have emotional, behavioural or mental health difficulties.</p>
	Carer	<p>A carer is a person giving assistance to an ill, disabled or frail person, usually a relative, for no wage.</p>

Acronym /abbreviation	Term	Definition
CCG	Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
	Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a cycle of work from understanding the needs of a population, and identifying gaps or weaknesses in current provision, to procuring services to meet those needs.
	Conveyance	The process of transporting someone from one place to another.
CQC	Care Quality Commission	Reviews all providers to ensure they meet the standards set out in law to provide safe healthcare of an acceptable quality. The CQC has the power to close a service or to require immediate action to avoid closure, when their inspections find a service to be below standard.
	Detained / detainee	The Mental health Act is structured in many sections. If someone says “You are being sectioned under the Mental health Act”, they mean you are detained according to a particular section of the Act.
FT	Foundation Trust	A type of hospital organisation which is independent from the Department of Health and run on a not-for-profit basis. Foundation trusts are accountable to local people who can become governors and members. They are authorised and monitored by an independent regulator for NHS Foundation Trusts.

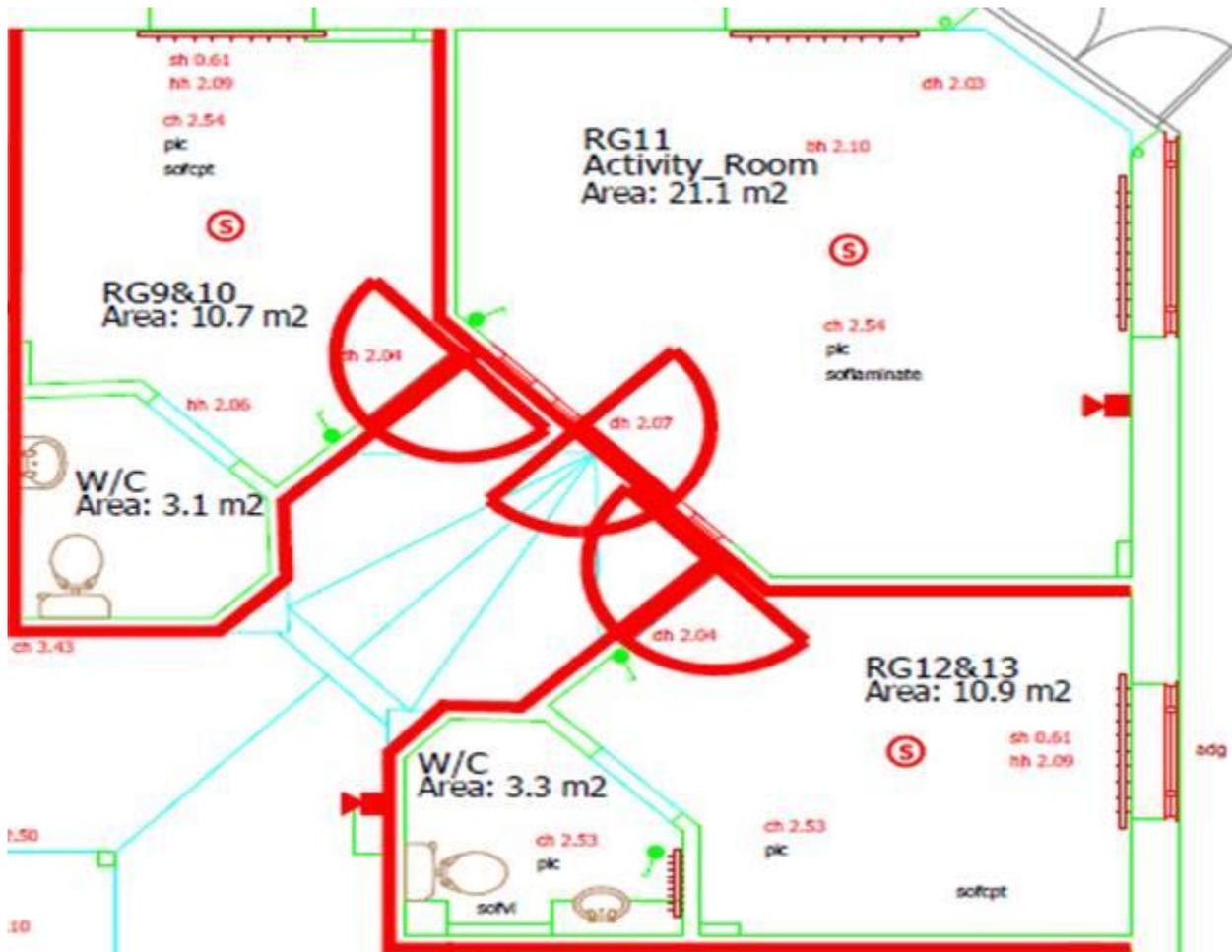
Acronym /abbreviation	Term	Definition
	Healthwatch Swindon/ Wiltshire	<p>There is a local Healthwatch in every area of England. It is the independent champion for people using local health and social care services. It listens to what people like about services and what could be improved and shares their views with those with the power to make change happen. It also shares them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to Healthwatch to find information about health and social care services available locally. Its sole purpose is to help make care better for people.</p> <p>In summary, Healthwatch Swindon is here to:</p> <ul style="list-style-type: none"> • help people find out about local health and social care services • listen to what people think of services • help improve the quality of services by letting those running services and the government know what people want from care <p>https://www.healthwatchswindon.org.uk/</p>

Acronym /abbreviation	Term	Definition
HBPoS	Health Based Place of Safety	<p>Police can take people (under the Mental Health Act) from a public place to a health based place of safety (PoS) or 136 suite if they are in extreme mental distress and need to be detained for their own safety and the safety of others. A health based place of safety is a place where mental health professionals can assess people's needs and work out the best next steps. A health based place of safety is not an admission ward. An individual may be detained using the 1983 Mental Health Act for the purposes of assessing whether they have a mental disorder and if so whether they require further assessment or treatment. People taken to a place of safety are in crisis and usually highly distressed. Most are presenting a risk to themselves and sometimes to others.</p> <p>People detained are not patients. They are detainees until a decision is made as to whether they have a mental disorder that requires further assessment or treatment. A bed is available in the place of safety suite, not as a bedroom, but rather to allow rest. It is extremely rare that a person in a place of safety suite would be visited by relatives during their brief stay.</p>
KPIs	Key Performance Indicators	<p>These are set out in contracts with providers and help to monitor performance. Examples of KPIs include length of stay in hospital for a particular treatment or how satisfied patients are with the care they receive.</p>
MH	Mental Health	<p>Mental health is a level of psychological well-being, or an absence of mental illness. It is the psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment. From the perspective of positive psychology, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience.</p>
MHA	Mental Health Act, 1983	<p>The Mental Health Act (1983) (amended 1995, 2007) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.</p> <p>People detained under the Mental health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.</p>

Acronym /abbreviation	Term	Definition
NHSE	NHS England	<p>An executive non-departmental public body of the Department of Health (DoH). NHS England (NHSE) oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists.</p> <p>www.england.nhs.uk</p>
NHSI	NHS Improvement	<p>NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. NHSI offers the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHSI helps the NHS to meet its short-term challenges and secure its future.</p>
NHST	NHS Trust	<p>A provider of health care, either the NHS trust (being phased out) or more commonly an NHS foundation trust. Trusts are separate legal bodies from CCGs but both are part of the NHS.</p>
PMVA	Prevention and Management of Violence	<p>This is training provided to staff in the prevention and management of any violence or aggression. The training can include both non-physical and physical skills to help staff when faced with a challenging behaviour.</p>
S135	Section 135	<p>In private premises – police have powers to enter your home, if needed by force, under a Section 135 warrant. You may then be taken to a place of safety for an assessment by an approved mental health professional and a doctor.</p>
S136	Section 136	<p>If the police find you in a public space and you appear to have a mental disorder and are in need of immediate care or control, they can take you to a place of safety (usually a hospital or sometimes a police station and detain you there under Section 136. You will then be assessed by an approved mental health professional and a doctor.</p>

Acronym /abbreviation	Term	Definition
	Stakeholder	The NHS has a wide range of stakeholders that all share an interest in its work, including patients and the public, local and regional NHS organisations, local authorities and social care providers, charities, and the voluntary and community sector.
	Section 29A warning notice	<p>The Care Quality Commission can serve a warning notice under section 29A of the Health and Social Care Act 2008 when it identifies concerns across either the whole or part of an NHS trust or NHS foundation trust and it decides that there is a need for significant improvements in the quality of healthcare. This includes concerns that are probably systematic and affect the entire system or service rather than being an isolated matter and that result in the risk of harm or actual harm.</p> <p>The 'quality of healthcare' means anything covered by the five key questions and their key lines of enquiry across the whole or part of a trust or foundation trust. The CQC must apply a legal test to decide whether or not to issue a warning notice. This is in addition to other decisions it makes, such as whether any regulations have been breached or decisions about the ratings assessment. The CQC can only serve a s29A warning notice where there is a current need for significant improvement - it cannot be used retrospectively.</p>
	Section 12 doctor	A medically qualified doctor who has been recognised under section 12(2) of the Mental health Act 1983, who has specific expertise in mental disorders and has received training in application of the Act.
SWAST	South Western Ambulance Service NHS Foundation Trust	https://www.swast.nhs.uk/
WTE	Whole Time Equivalent	Whole time equivalent is a unit that indicates the workload of an employed person in a way that makes workloads or class loads comparable across various contexts.

Appendix (i) Swindon HBPoS floor plans and photographs (with temporary use as gym)





Swindon HBPoS approach route



Swindon HBPoS public footpath running alongside



Swindon HBPoS communal space alongside parking area used by police



Swindon HBPoS entrance (temporary sign as gym)



Swindon HBPOS seating area inside – temporary use for gym



Swindon HBPOS former bedroom area – temporary use as gym



Swindon HBPoS shower and toilet facilities



Swindon HBPoS interconnecting door off staff office

Bluebell HBPoS entrance



Bluebell HBPoS handover and waiting room



Bluebell HBPoS entrance and information



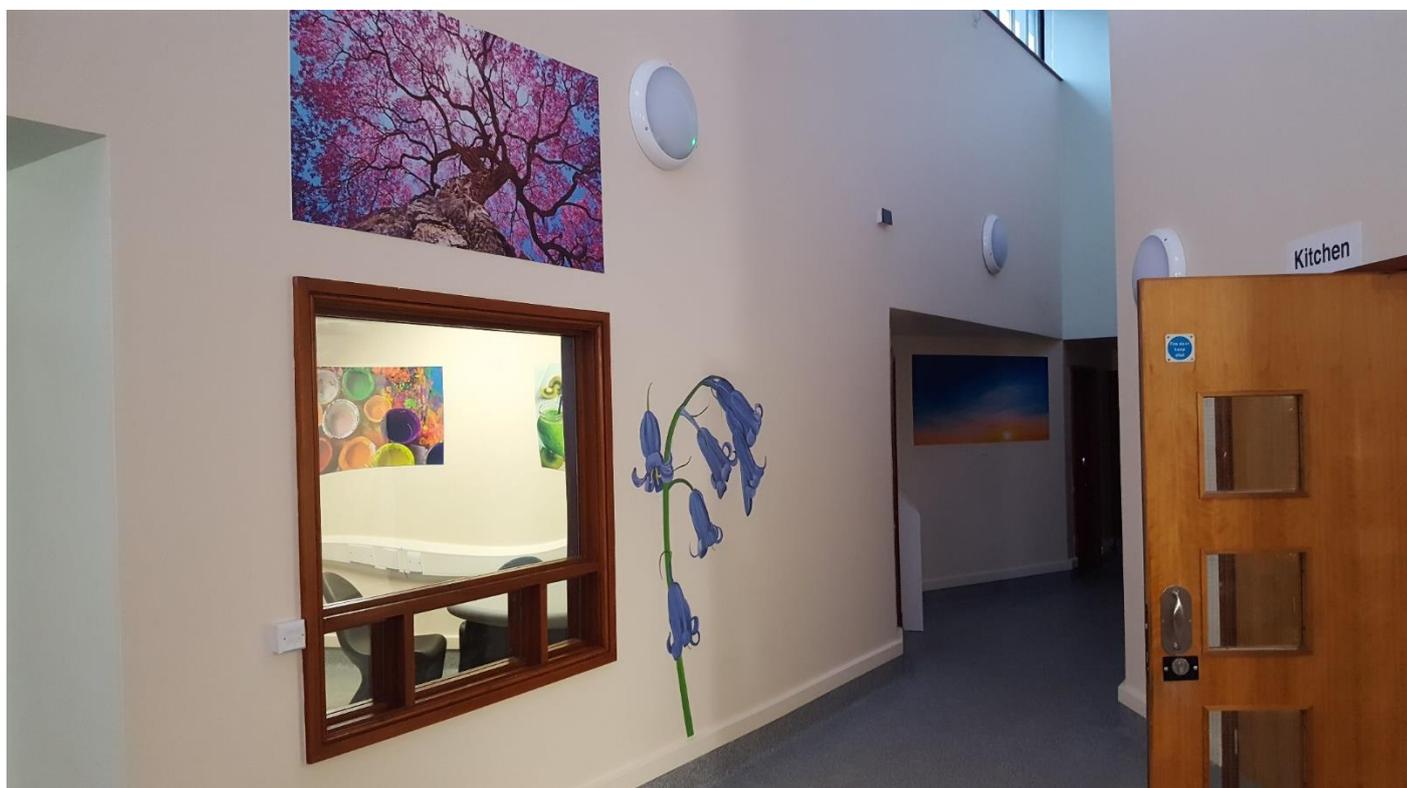
Bluebell HBPoS assessment room



Bluebell seclusion suite

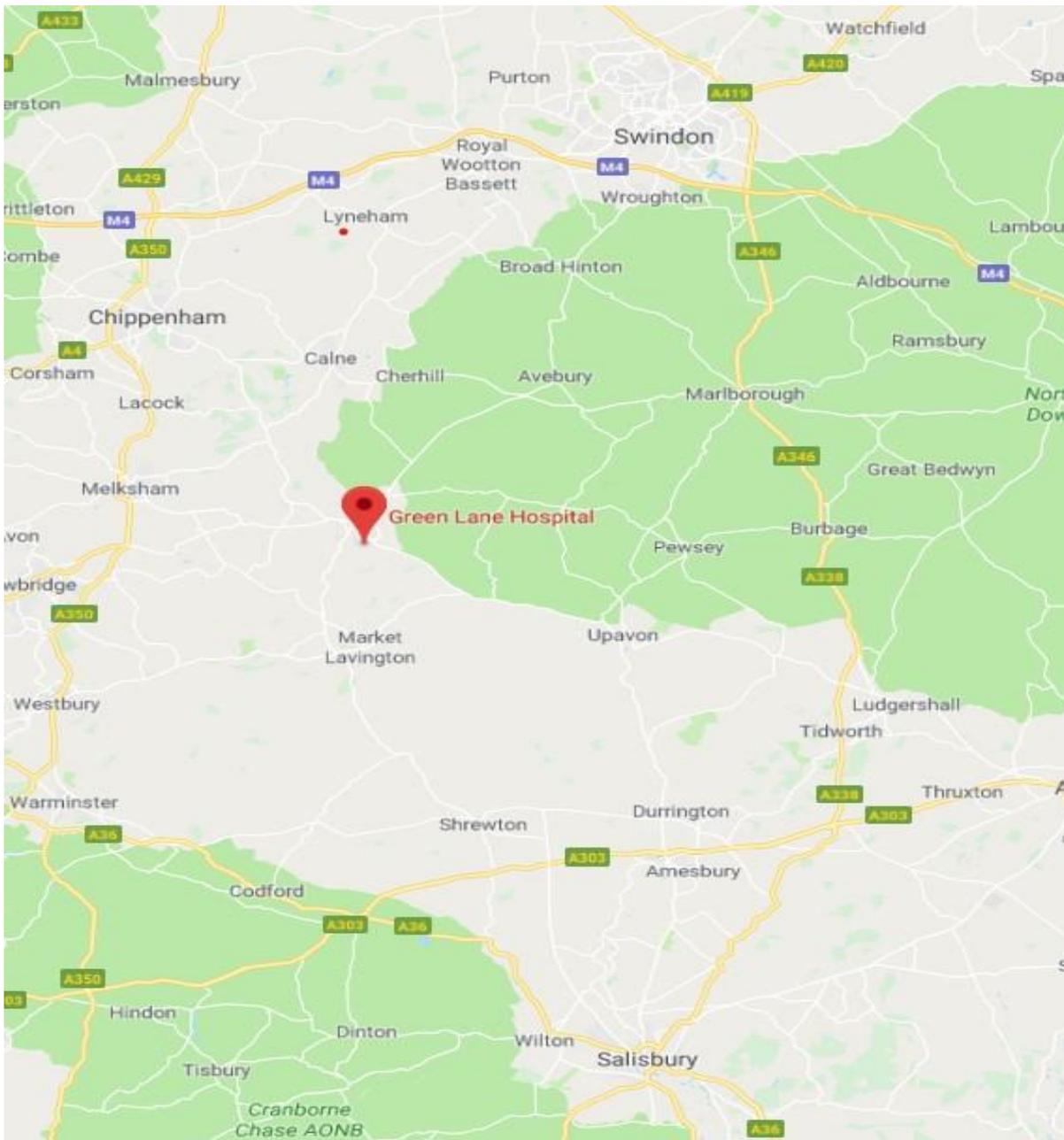


Bluebell HBPoS kitchen, opposite lounge



Appendix (iii) Map and travel times to HBPoS

Google Map showing locations of Swindon, Devizes and Salisbury



Travel times to HBPoS at Green Lane Hospital, Devizes by car without blue light:

Salisbury SP2 7FD to Devizes SN10 5DS = 27 miles & 45 minutes

Swindon SN3 4WF to Devizes SN10 5DS = 27 miles & 45 minutes

Travel across Swindon by car without blue light:

S.W point in Swindon geography SN5 8UZ to Swindon HBPoS SN3 4WF = 7 miles & 20 minutes

S.W point in Swindon geography SN5 8UZ to Devizes HBPoS SN3 4WF = 19 miles & 35 minutes

Appendix (iv) HBPOS Activity data April - Sept 2017 & April – Sept 2018 for direct comparison and then up to April 2018

SWINDON

Health Based Place of Safety – Comparison of detainee activity, Swindon population

Period 1 April 2017 to 30 September 2017 (Sandalwood Court - Swindon) with

Period 1 April 2018 to 30 September 2018 (Green Lane – Devizes – Bluebell Unit)

The source of this information is Avon and Wiltshire Mental Health NHS Trust. The numbers reported reflect detainees. **This section of the report is Swindon population only.**

Places of safety not offered, due to capacity constraints, number of occurrences.

Sandalwood Court (2017)	Bluebell HBPOS Unit (2018)
1	1

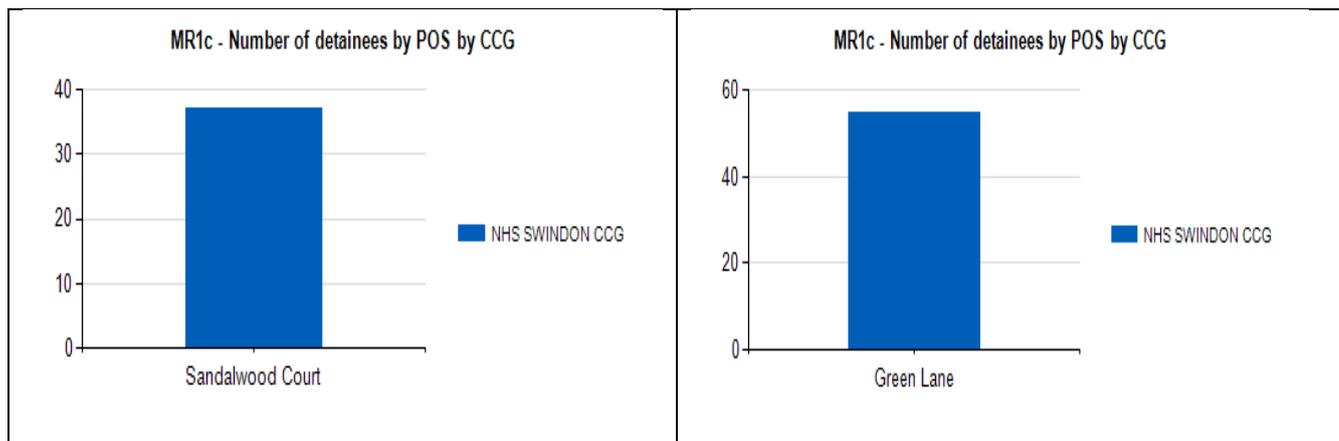
Swindon residents both had good access to Sandalwood Court (2017) and Bluebell Unit, Green Lane, Devizes (2018) Health Based Places of Safety.

The total number of detentions at Green Lane, 1 April 2018 to 30 September 2018 was 220, Swindon 55; Wiltshire 86 leaving a balance of 79 other areas, mainly NHS Bristol, North Somerset and South Gloucestershire CCG.

Numbers of detainees, for each six-month period.

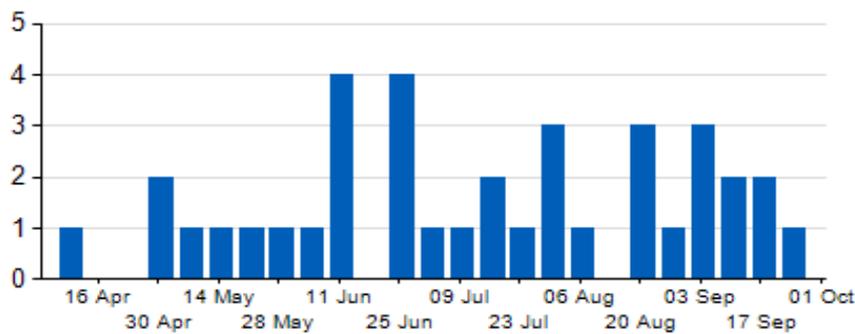
Sandalwood Court (2017)

Bluebell HBPOS Unit (2018)



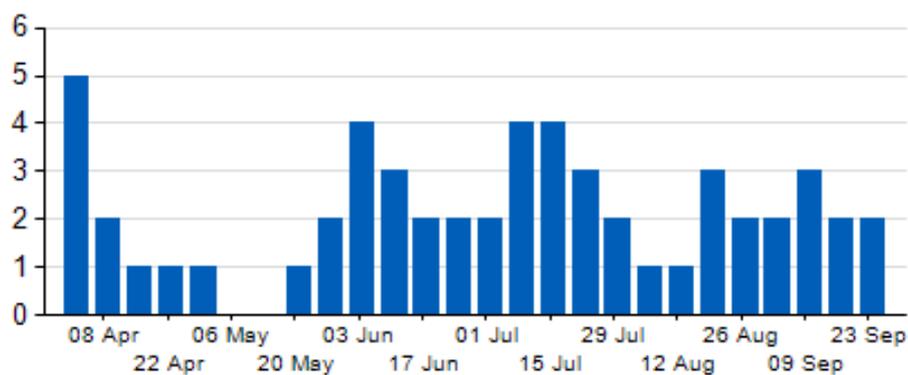
Swindon population 2017 (Sandalwood Court)

MR2a - Number of Place of Safety stays, by week (i)



Swindon population 2018 only (Bluebell Unit)

MR2a - Number of Place of Safety stays, by week (i)

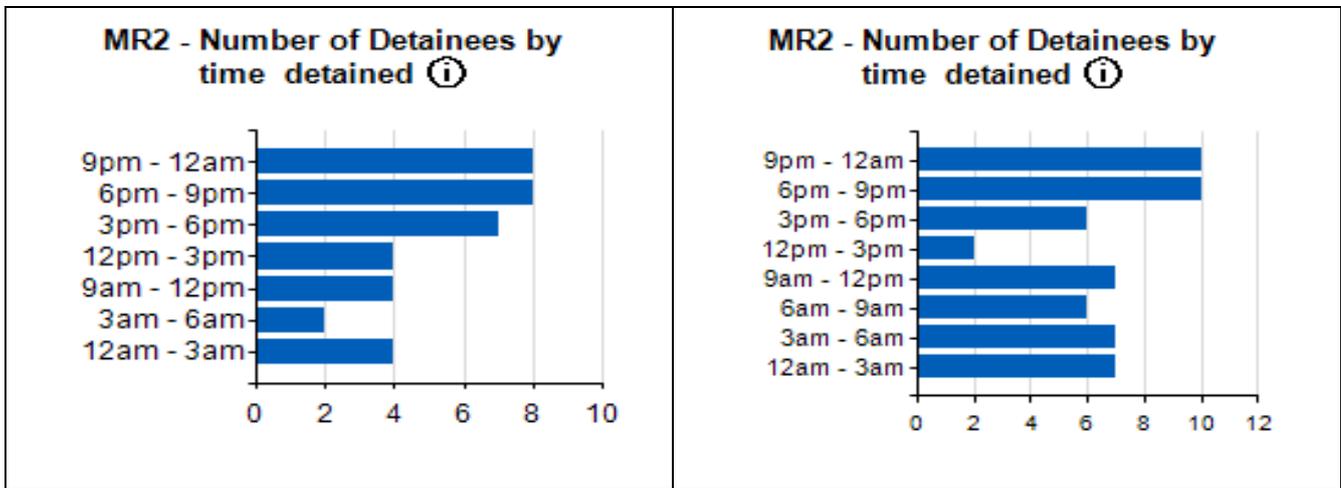


The week by week analysis shown no discernible upward trend, with numbers running at about 2 per week, from mid-July to end of September.

Times of the day for detainee arriving, for each six-month period.

Sandalwood Court (2017)

Bluebell HBPOS Unit (2018)

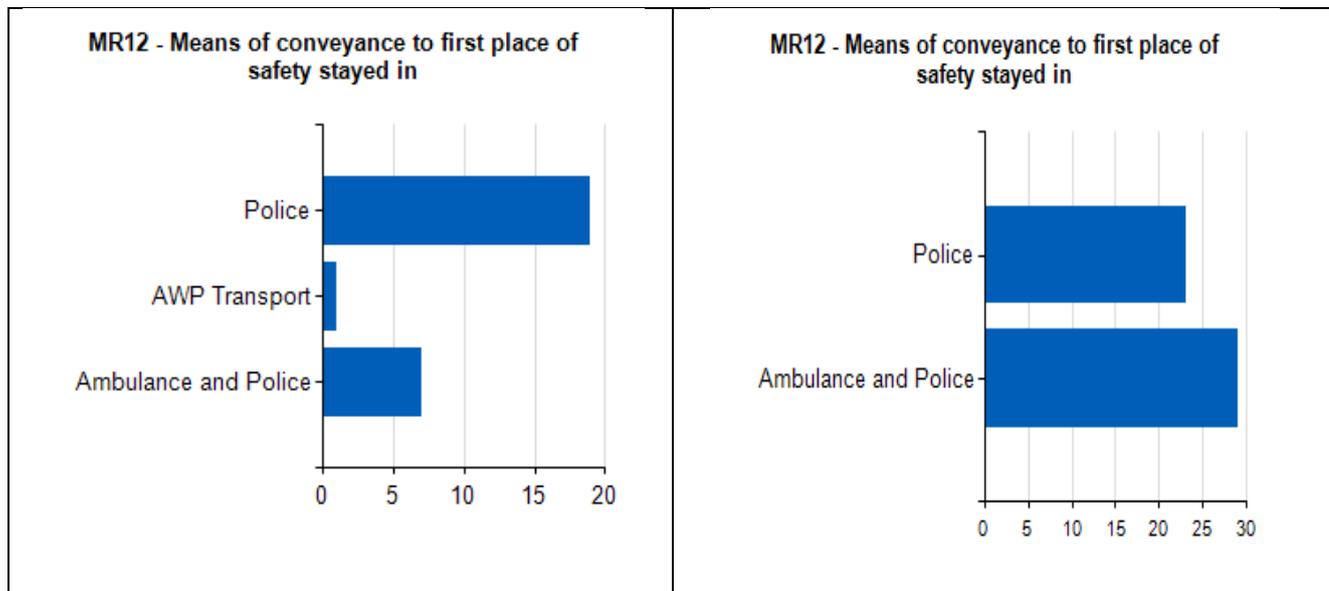


Detainees arrive at all times of the day, every day of the week.

Means of detainee conveyance

Sandalwood Court (2017)

Bluebell HBPOS Unit (2018)

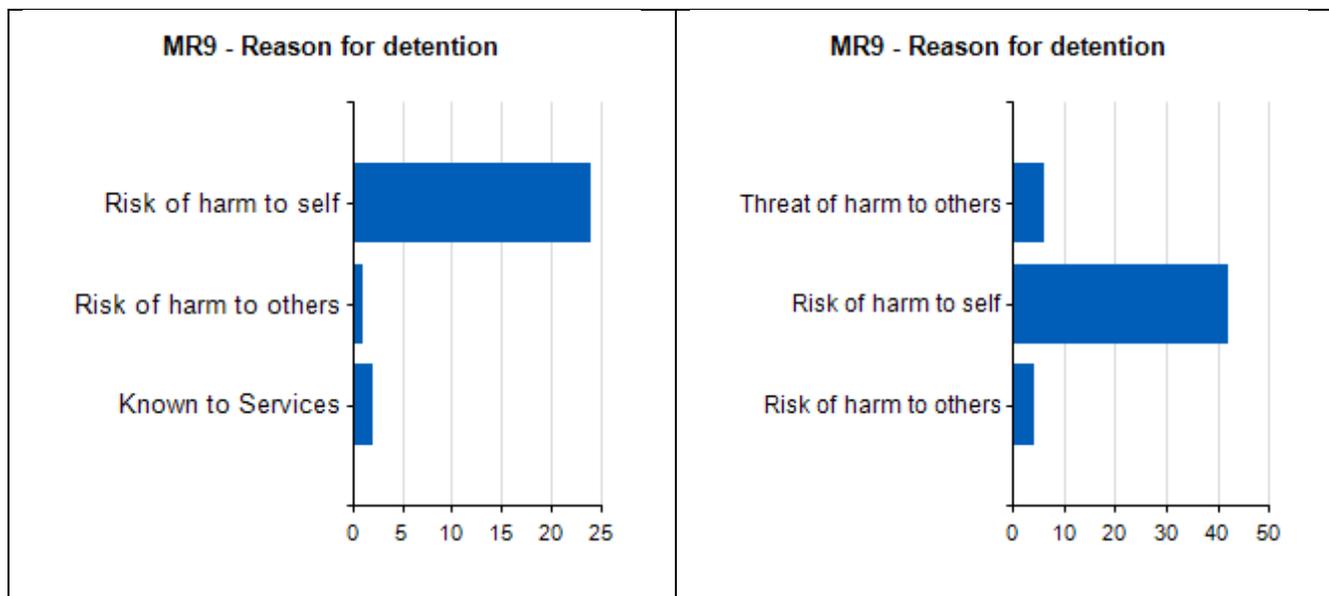


There has been a significant increase in the numbers of conveyances involving the police travelling in an ambulance with a detainee.

Reason for detention

Sandalwood Court (2017)

Bluebell HBPOS Unit (2018)



The strongest reason for detention, is that the individual poses a risk of harm to themselves.

Time to assessment of detainees

Sandalwood Court (2017)

Bluebell HBPOS Unit (2018)

Place of Safety	0-24 hours		24+ hours		Total	Place of Safety	0-24 hours		24+ hours	Total
	0-12 hours	12-24 hours	24-48 hours	72+ hours			0-12 hours	12-24 hours	24-48 hours	
Sandalwood Court	12	20	3	2	37	Green Lane	24	27	4	55
Total	12	20	3	2	37	Total	24	27	4	55

Key observations regarding time to assessment:

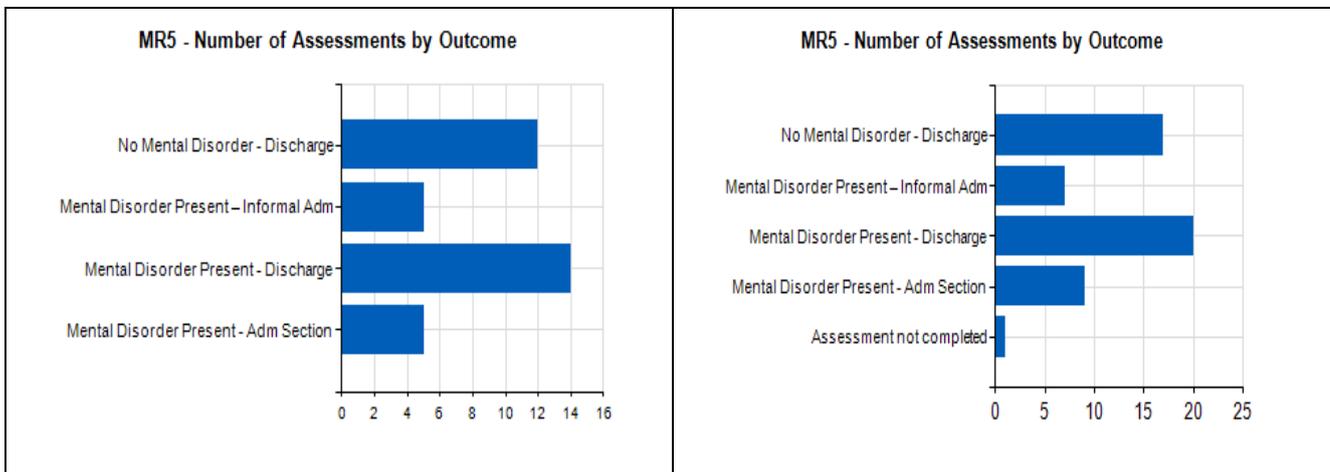
1. For Sandalwood Court in 2017, there were 2 assessments that exceeded 72 hours. There has not been an assessment beyond 48 hours in 2018.
2. The proportion of assessments being undertaken within 12 hours in 2018 is 43%, compared to 32% in 2017.
3. The proportion of assessments being undertaken within 24 hours in 2018 is 93%, compared to 86% in 2017.

The data above shows that there is compliance against with the Policing and Crime Act 2017, at over 90%, with faster assessment times since the consolidation of services onto Green Lane.

Number of assessments and outcomes

Sandalwood Court (2017)

Bluebell HBPOS Unit (2018)

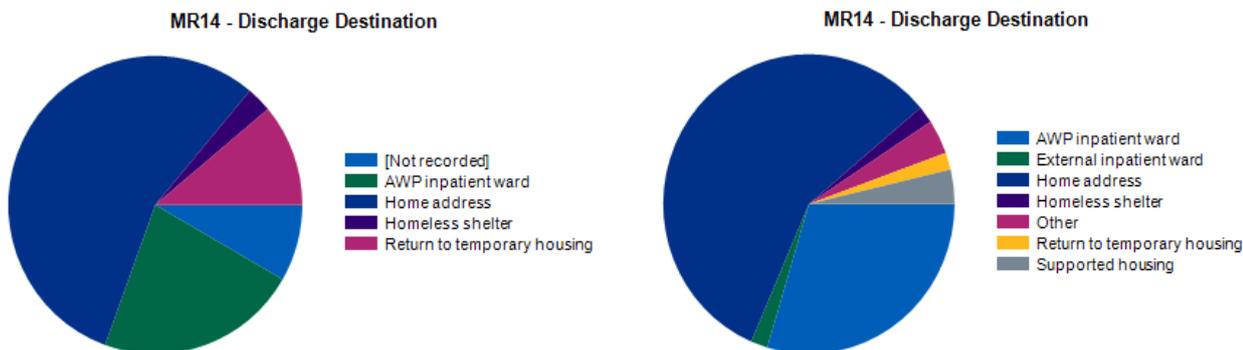


The outcomes relative to the number of assessments, have remained very consistent, with around 70% of detainees being discharged post assessment.

Discharge arrangements

Sandalwood Court (2017)

Bluebell HBPOS Unit (2018)



up arrangements

Follow

In terms of discharge arrangements, the home address is the main route with similar levels between 2017 and 2018.

WILTSHIRE

This part of the report reviews several key performance areas as follows:

- Capacity and access to health-based places of safety;
- Comparison of detainee numbers before and after the temporary change;
- Data on when section 135/136 activity takes places during the week;
- Comparison of conveyance data before and after the change
- Time taken to undertake a mental health assessment (before and after change)
- Data on the outcomes from mental health assessments (before and after change)
- Data on discharge destination (before and after change)

Health Based Place of Safety – Comparison of detainee activity, Wiltshire population

Period 1 April 2017 to 30 September 2017

3 HBPOS is a combination in 2017, of activity from Fountain Way (Salisbury), Sandalwood Court (Swindon), and Green Lane (Devizes).

Period 1 April 2018 to 30 September 2018 (Bluebell HBPOS Unit)

The source of this information is Avon and Wiltshire Mental Health NHS Trust. The numbers reported reflect detainees. This section of the report refers to Wiltshire population only.

Places of safety not offered, due to capacity constraints, number of occurrences.

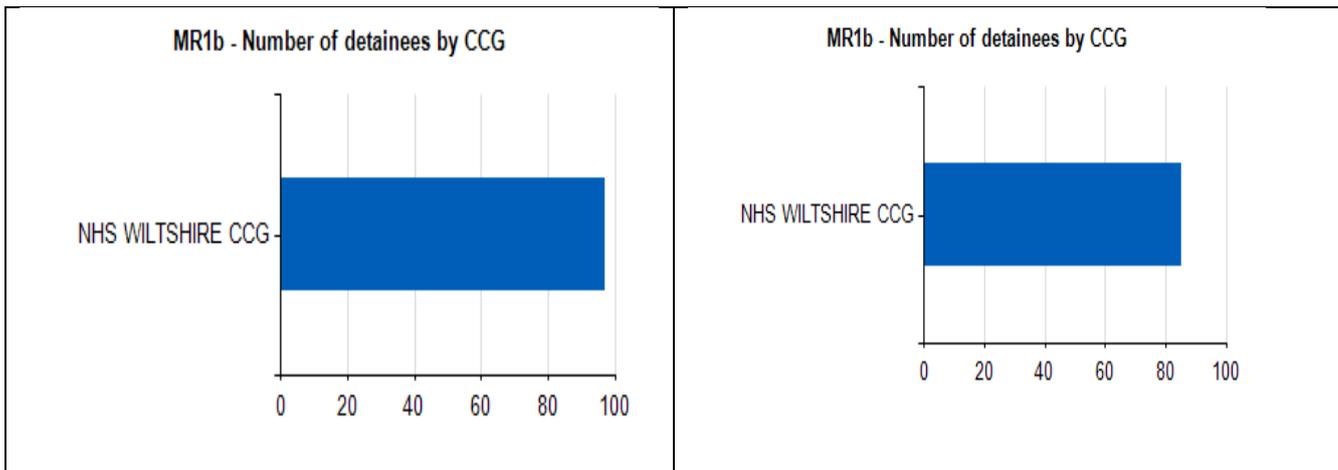
3 HBPOS (2017)	Bluebell HBPOS Unit (2018)
1	0

Wiltshire residents both had good access to Fountain Way, Green Lane and Sandalwood Court (2017) and Green Lane (2018) Health Based Places of Safety.

Numbers of detainees, for each six-month period.

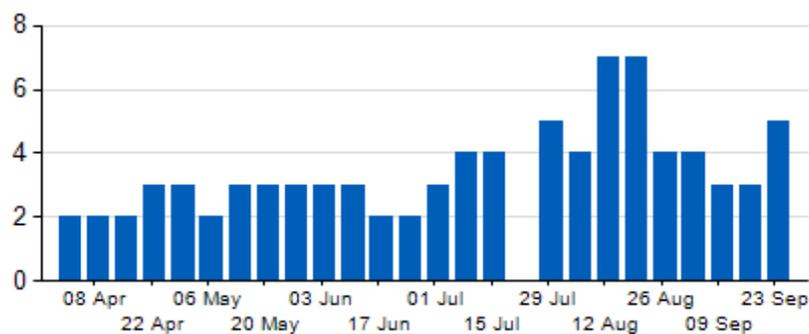
3 HBPOS (2017)

Bluebell HBPOS Unit (2018)



Bluebell HBPOS Unit (2018)

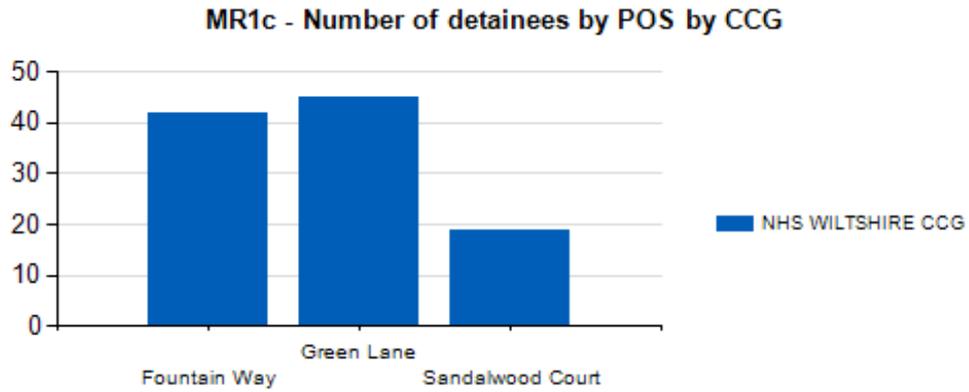
MR2a - Number of Place of Safety stays, by week (i)



A typical week will have about 4 detainees from Wiltshire.

When compared to a breakdown of the period 1 April 2017 to 30 September 2017, this demonstrates how low the numbers were (between 1 and 2 per week) when there were 3 Health Based Places of Safety in Wiltshire.

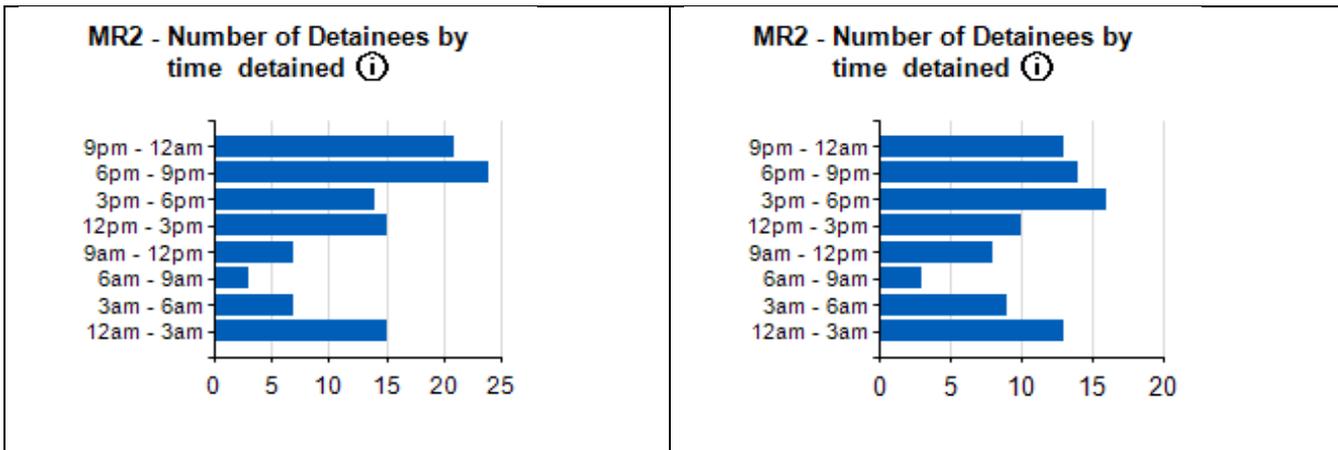
3 HBPoS (2017)



Times of the day for detainee arriving, for each six-month period.

3 HBPoS (2017)

Bluebell HBPOS Unit (2018)

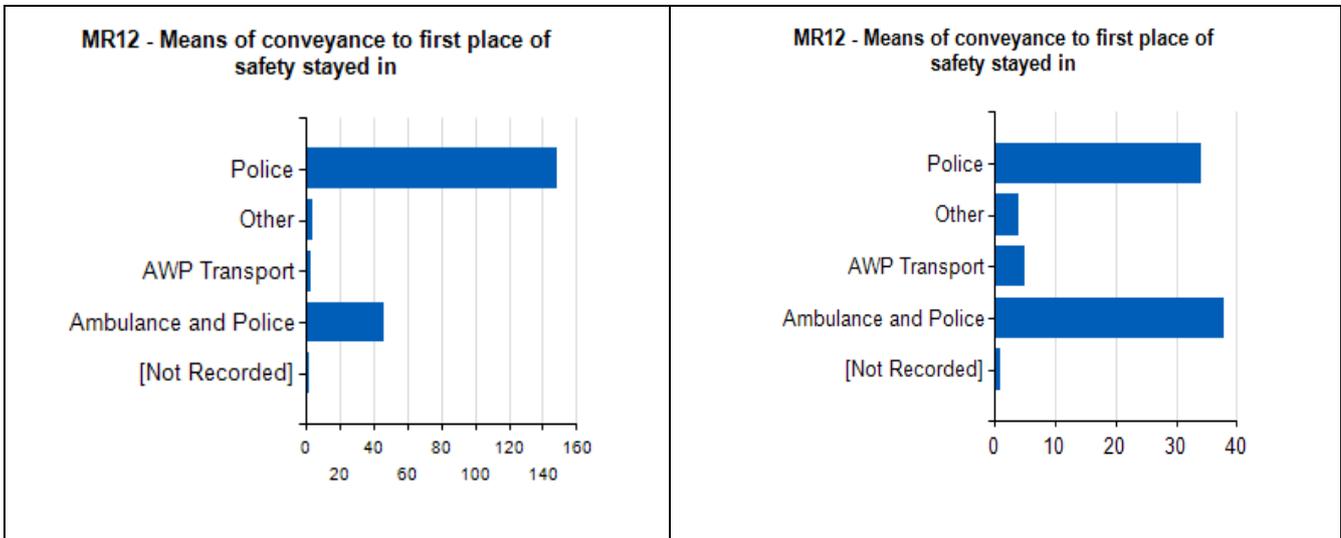


There are detainees arriving at the HBPoS any point of the day, all days of the week.

Means of detainee conveyance (separate sites shown)

3 HBPoS (2017)

Bluebell HBPOS Unit (2018)

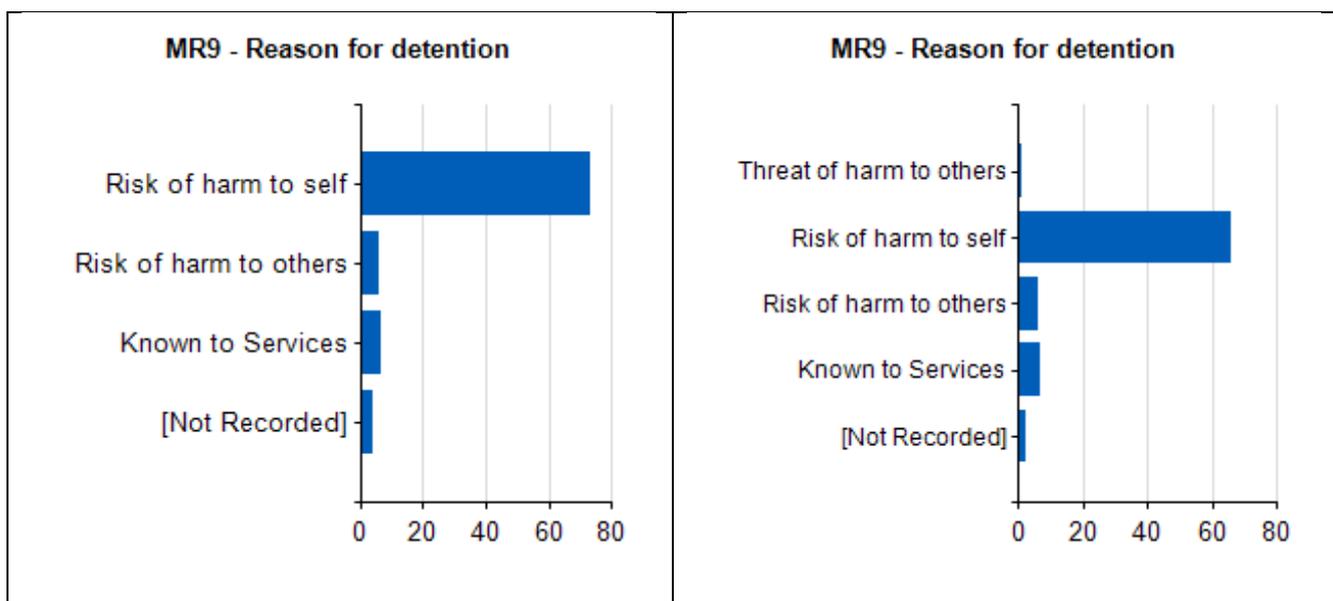


There has been a significant increase in the numbers of conveyances involving an ambulance conveyance, with police in attendance.

Reason for detention

3 HBPOS (2017)

Bluebell HBPOS Unit (2018)



The strongest reason for detention, is that the individual poses a risk of harm to themselves.

Time to assessment of detainees

3 HBPOS (2017)

Place of Safety	0-24 hours		24+ hours		Total
	0-12 hours	12-24 hours	24-48 hours	48-72 hours	
Green Lane	12	27	4	2	45
Fountain Way	14	19	7	2	42
Sandalwood Court	6	9	2	2	19
Total	32	55	13	6	106

Bluebell HBPOS Unit (2018)

Place of Safety	0-24 hours		Total
	0-12 hours	12-24 hours	
Green Lane	45	41	86
Total	45	41	86

Key observations regarding time to assessment:

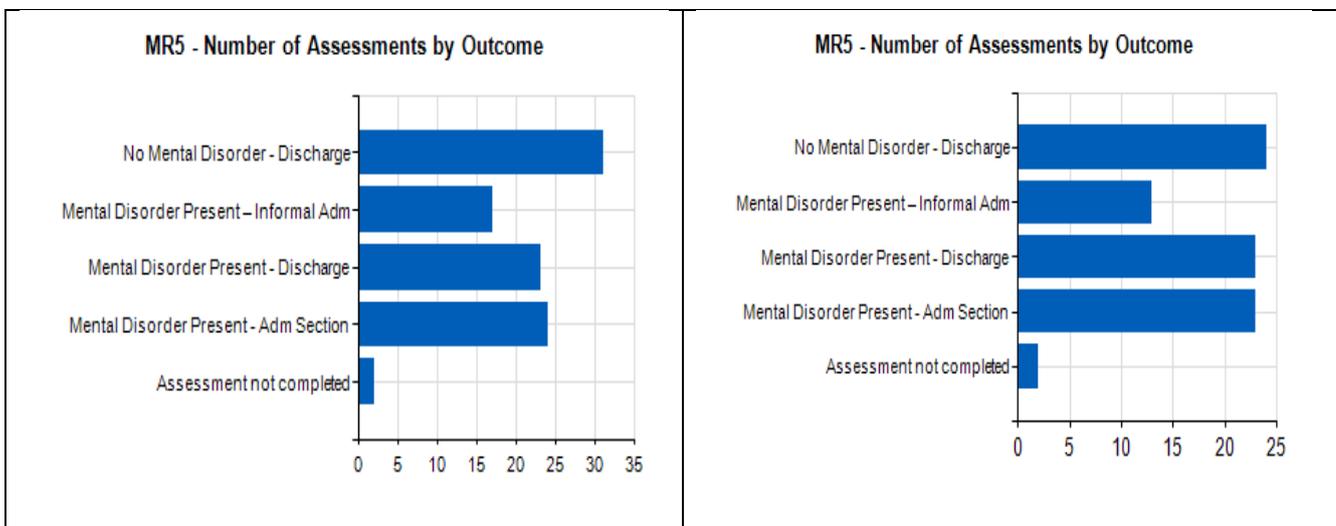
1. For the 3 HBPOS (6 months 2017) there were 6 assessments between 48-72 hours.
2. The proportion of assessments being undertaken within 12 hours in 2018 is 52%, compared to 30% in (6 months 2017).
3. The proportion of assessments being undertaken within 24 hours in 2018 is 100%, compared to 82% in (6 months 2017).

The data above shows complete compliance with the Policing and Crime Act 2017, effective since December 2017, with faster assessment times following the consolidation of services into Green Lane.

Number of assessments and outcomes

3 HBPOS (2017)

Bluebell HBPOS Unit (2018)



The outcomes from the assessments undertaken are broadly comparable before and after the changes to HBPoS.

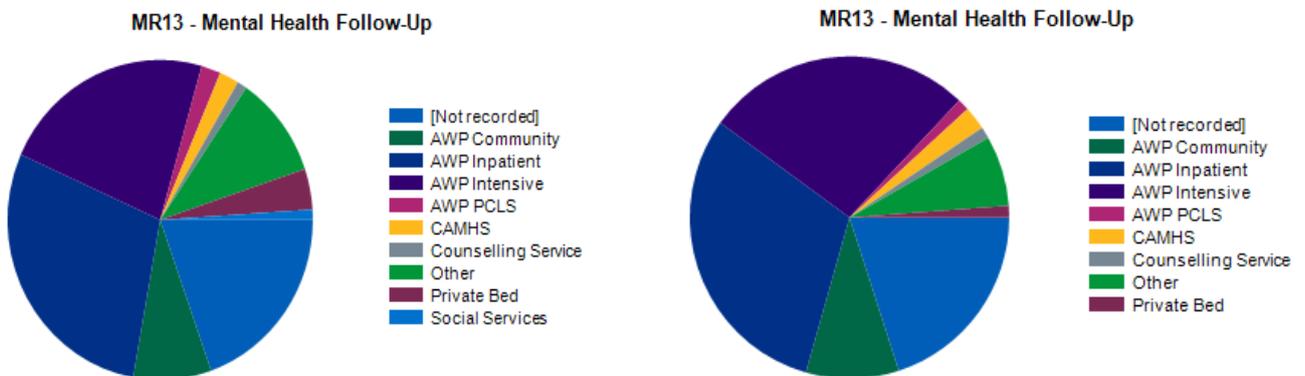
3.3.9 Discharge arrangements

The main discharge destination is home, followed by an AWP Inpatient ward. There has been a reduction in discharges to an external inpatient ward.

3.3.10 Follow Up arrangements

3 HBPoS (2017)

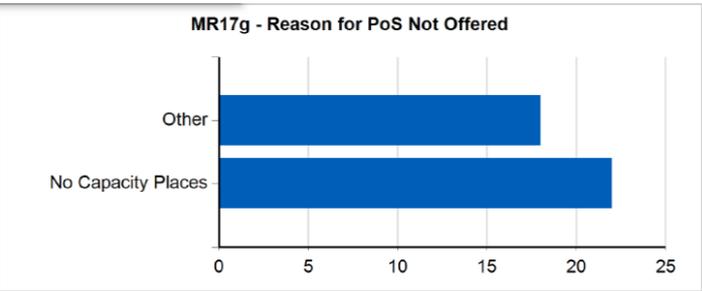
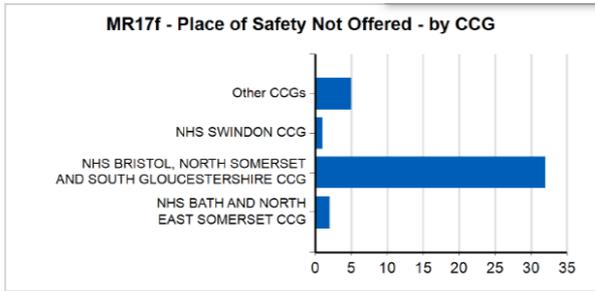
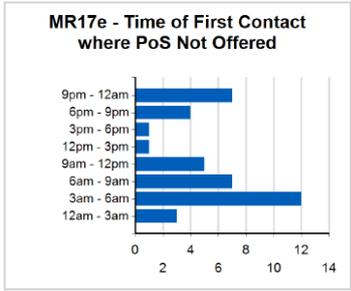
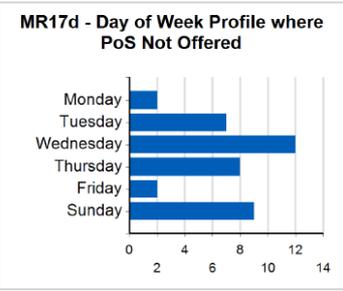
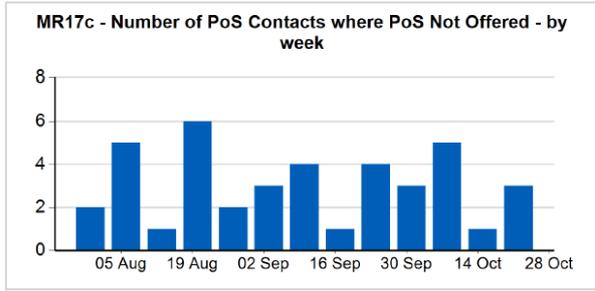
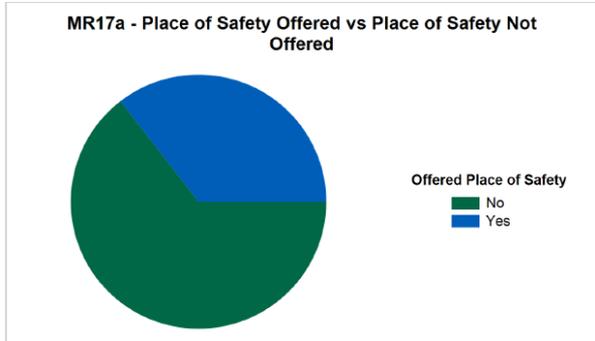
(Bluebell HBPOS Unit (2018)

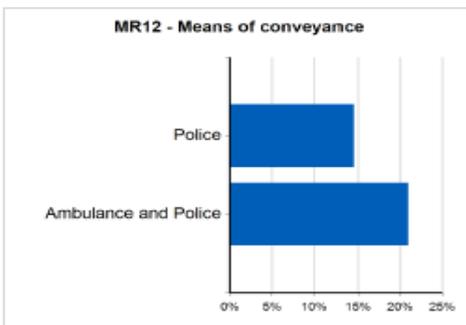
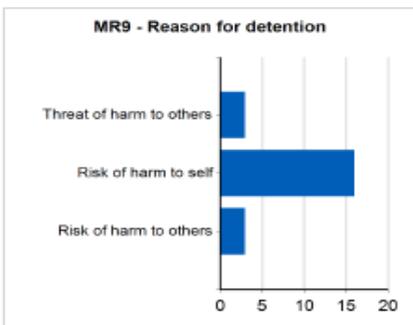
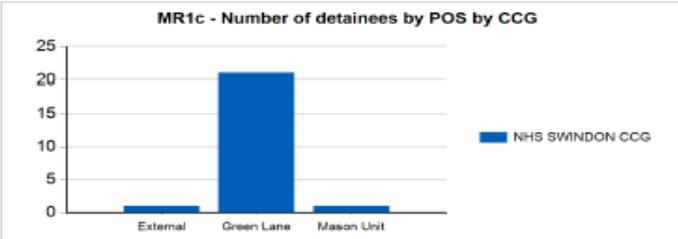
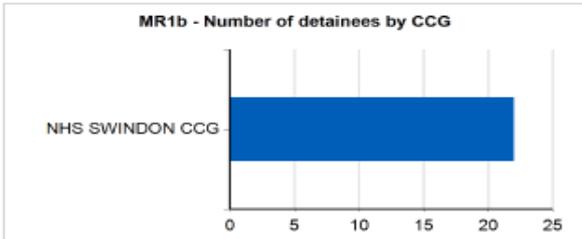
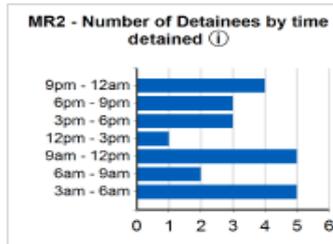
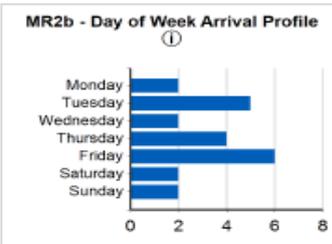


Follow up arrangements are broadly comparable before and after the HBPoS changes.

Swindon

01 August 2018 – 31 October 2018



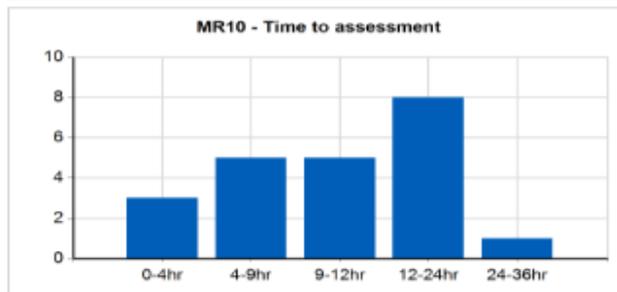
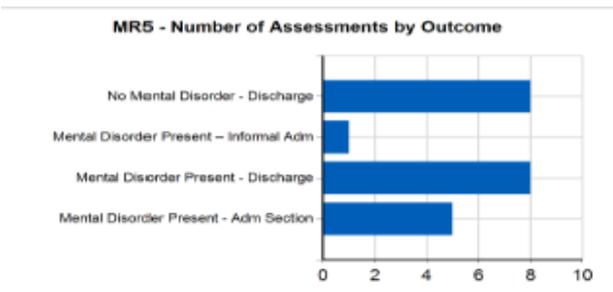
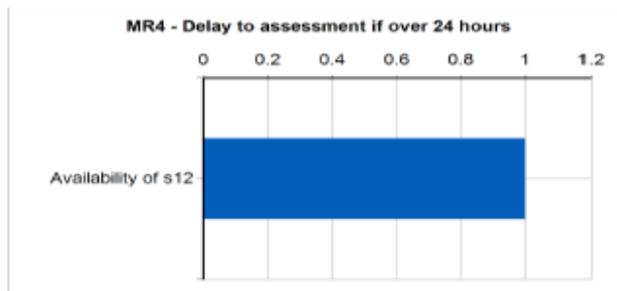


MR7 - Frequent Attenders to POS

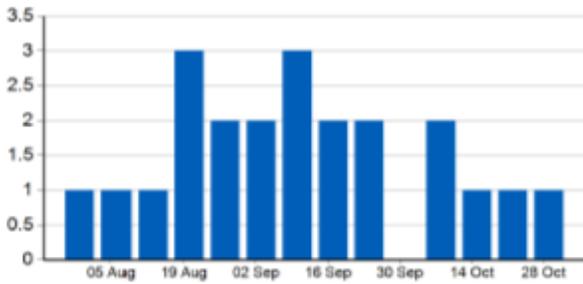
Place of Safety	No Previous Stays	1 Previous Stay	3-5 Previous Stays	Total
Mason Unit	0	1	0	1
Green Lane	14	4	1	19
External	1	0	0	1
Total	15	5	1	21

MR3 - Length of Stay by Place of Safety

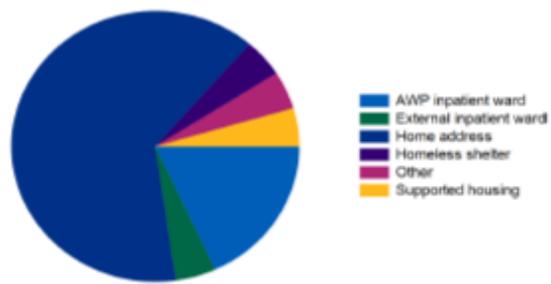
Place of Safety	0-24 hours			24+	Total
	0-12 hours	12-24 hours	24-48 hours		
Mason Unit	0	1	0	0	1
Green Lane	11	8	2	0	21
External	0	1	0	0	1
Total	11	10	2	0	23



MR2c - Detainees discharged, by week



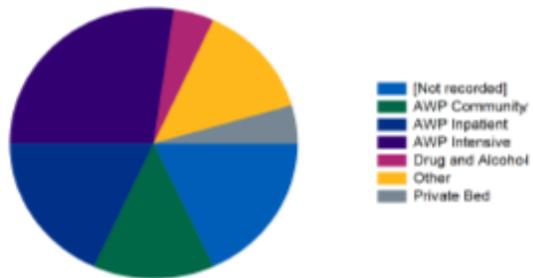
MR14 - Discharge Destination



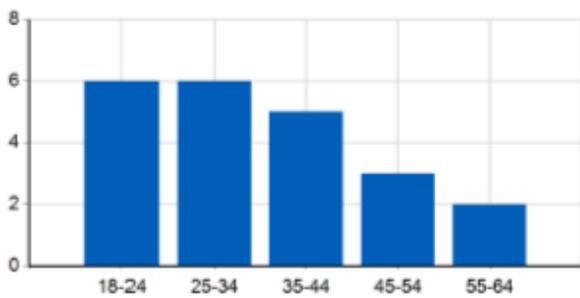
MR11 - Discharge Delay Reason



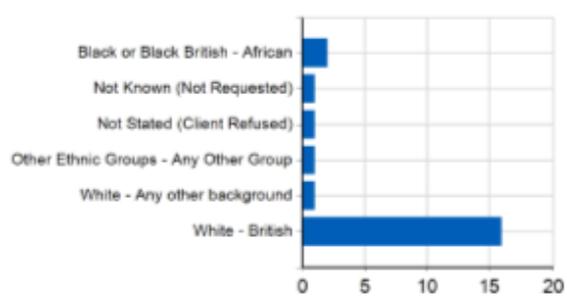
MR13 - Mental Health Follow-Up



MR8a - Age profile of Detainees



MR15/16 - Ethnic profile of Detainees

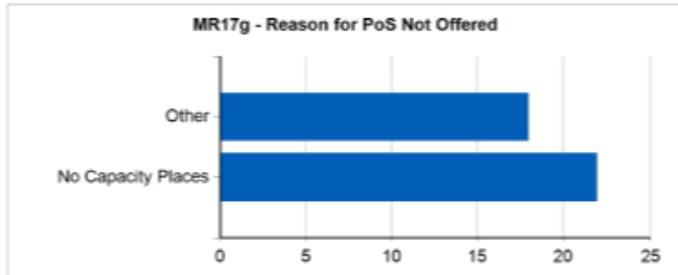
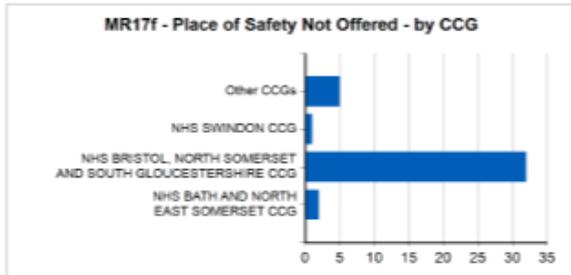
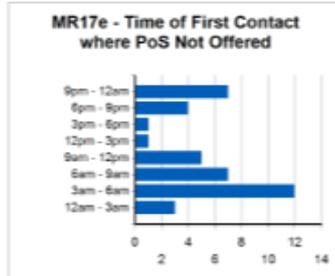
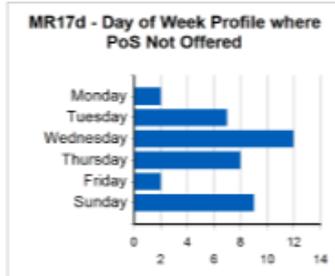
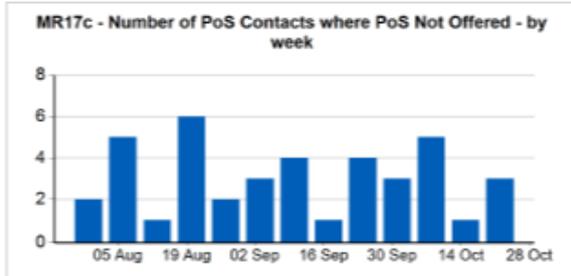
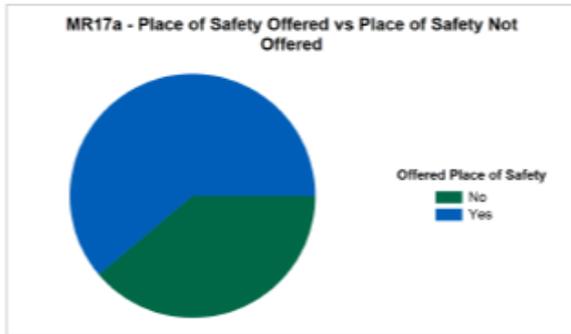


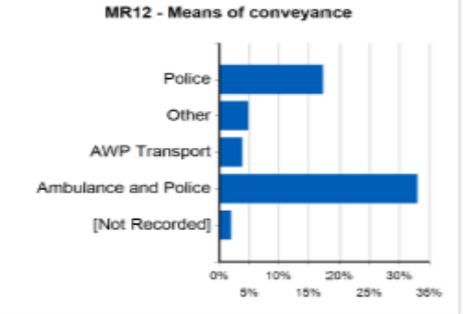
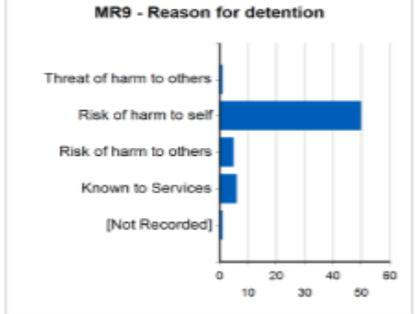
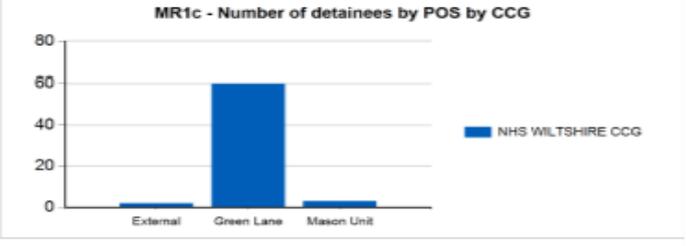
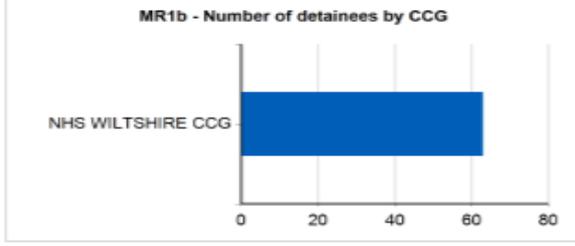
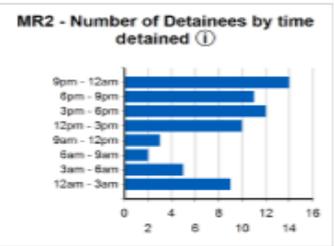
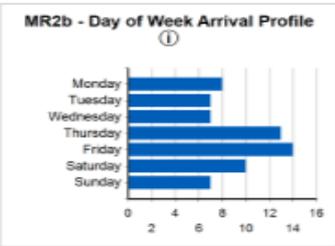
MR8b - Gender Split of Detainees



Wiltshire

01 August 2018 to 31 October 2018





MR7 - Frequent Attenders to POS

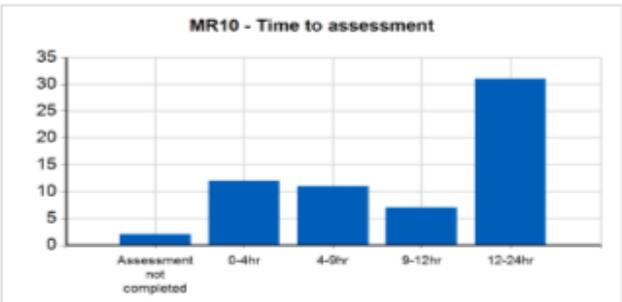
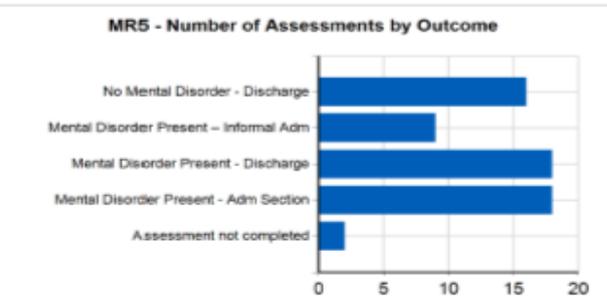
Place of Safety	No Previous Stays	1 Previous Stay	2 Previous Stays	3-5 Previous Stays	10+ Previous Stays	Total
Mason Unit	2	0	0	0	0	2
Green Lane	44	9	2	1	1	57
External	1	0	0	0	1	2
Total	47	9	2	1	2	61

MR3 - Length of Stay by Place of Safety

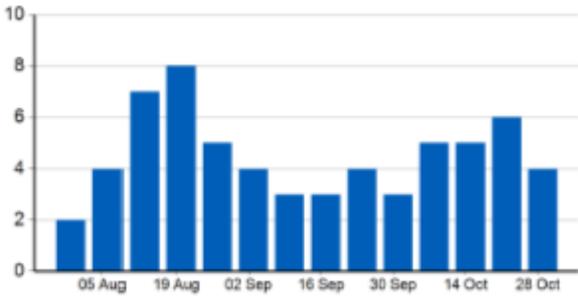
Place of Safety	0-24 hours			Total
	0-12 hours	12-24 hours	24+ hours	
Mason Unit	0	3	0	3
Green Lane	24	36	1	61
External	0	2	0	2
Total	24	41	1	66

MR4 - Delay to assessment if over 24 hours

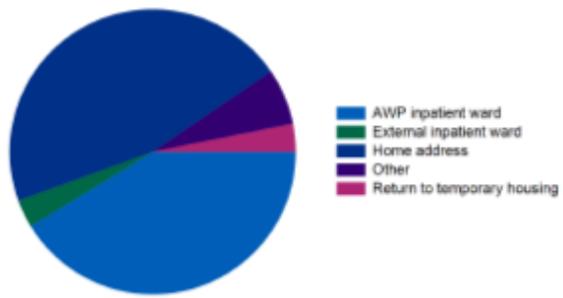
No Data Available



MR2c - Detainees discharged, by week



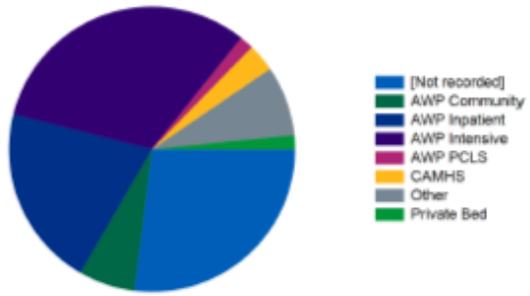
MR14 - Discharge Destination



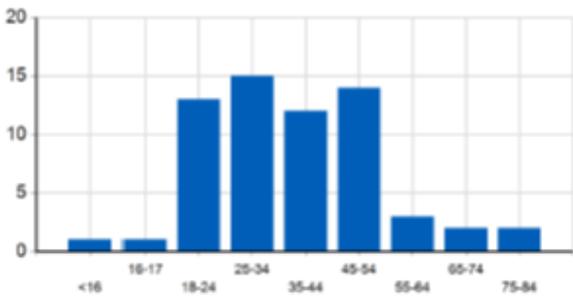
MR11 - Discharge Delay Reason



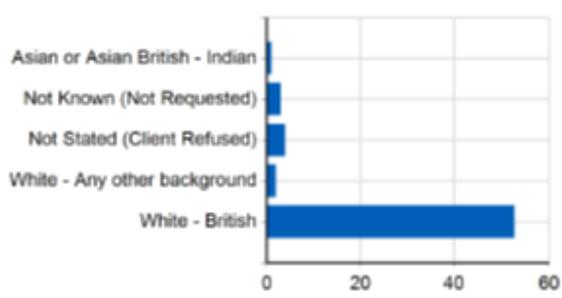
MR13 - Mental Health Follow-Up



MR8a - Age profile of Detainees



MR15/16 - Ethnic profile of Detainees



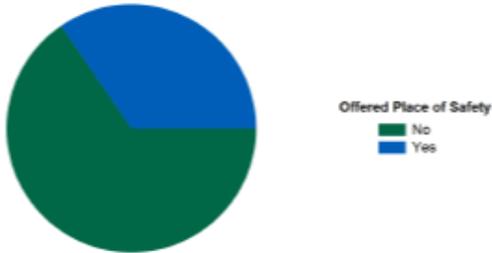
MR8b - Gender Split of Detainees



Swindon

01 November 2018 – 31 January 2019

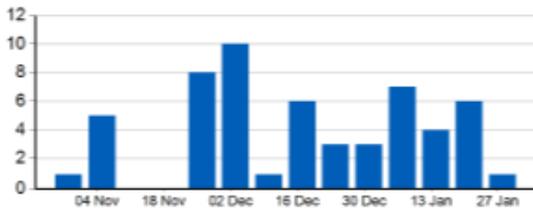
MR17a - Place of Safety Offered vs Place of Safety Not Offered



MR17b - Place of Safety Offered vs Place of Safety Not Offered - by week



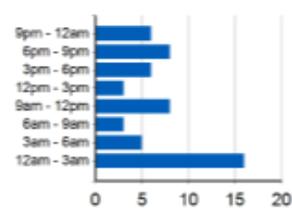
MR17c - Number of PoS Contacts where PoS Not Offered - by week



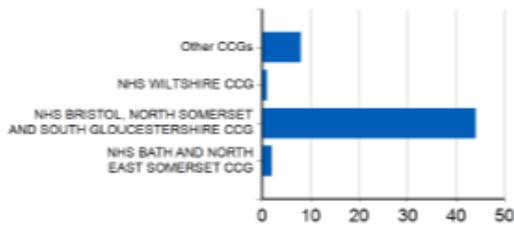
MR17d - Day of Week Profile where PoS Not Offered



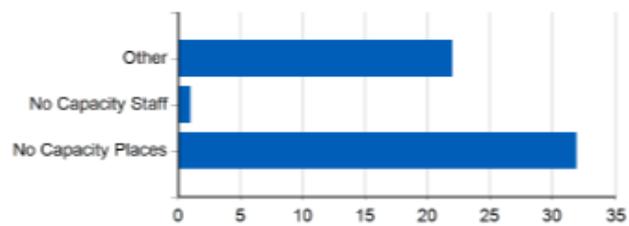
MR17e - Time of First Contact where PoS Not Offered



MR17f - Place of Safety Not Offered - by CCG



MR17g - Reason for PoS Not Offered



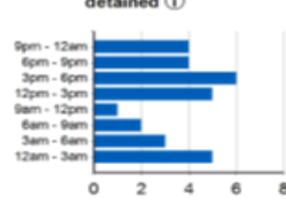
MR2a - Number of Place of Safety stays, by week ①



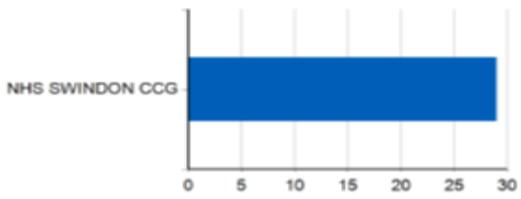
MR2b - Day of Week Arrival Profile ①



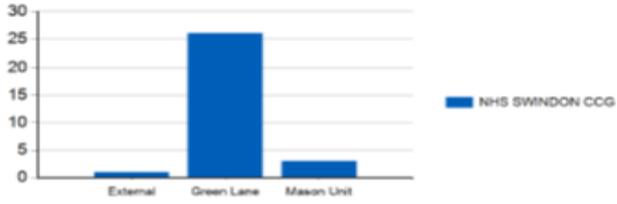
MR2 - Number of Detainees by time detained ①



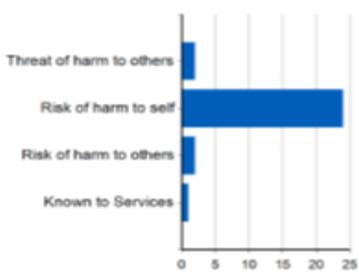
MR1b - Number of detainees by CCG



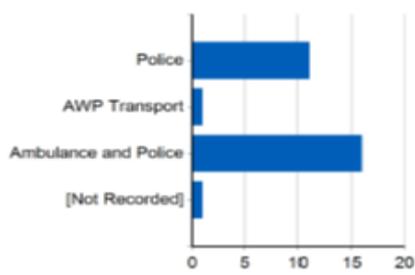
MR1c - Number of detainees by POS by CCG



MR9 - Reason for detention



MR12 - Means of conveyance



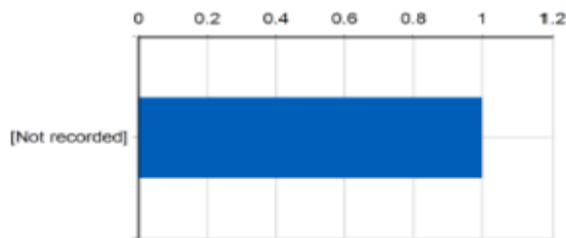
MR7 - Frequent Attenders to POS

Place of Safety	No Previous Stays	1 Previous Stay	2 Previous Stays	3-5 Previous Stays	10+ Previous Stays	Total
Mason Unit		3	0	0	0	3
Green Lane		13	4	4	1	23
External		1	0	0	0	1
Total		17	4	4	1	27

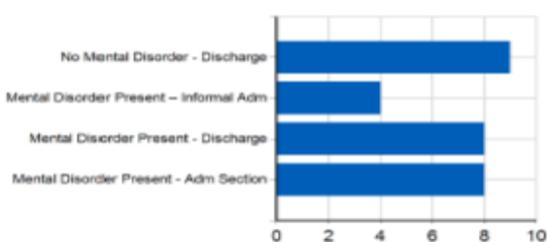
MR3 - Length of Stay by Place of Safety

Place of Safety	0-24 hours		24+	Total
	0-12 hours	12-24 hours	24-48 hours	
Mason Unit	2	1	0	3
Green Lane	10	15	1	26
External	0	1	0	1
Total	12	17	1	30

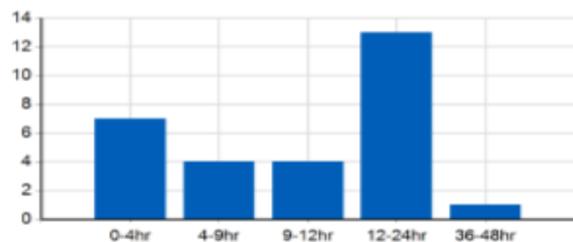
MR4 - Delay to assessment if over 24 hours



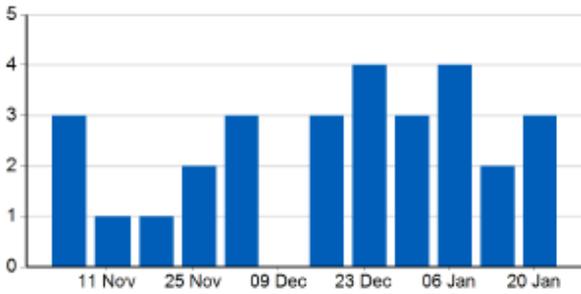
MR5 - Number of Assessments by Outcome



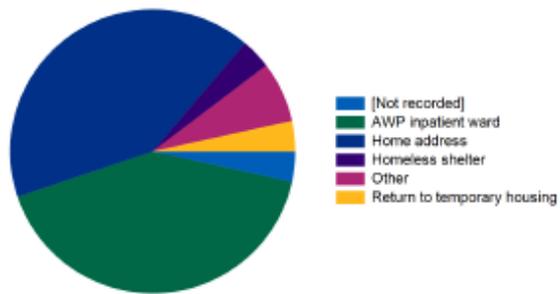
MR10 - Time to assessment



MR2c - Detainees discharged, by week



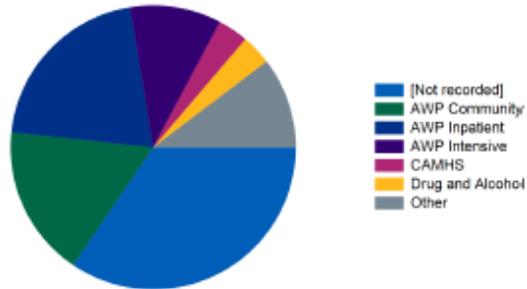
MR14 - Discharge Destination



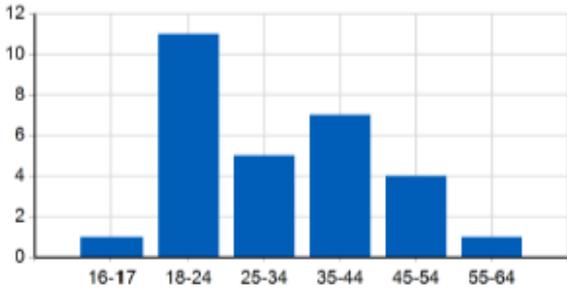
MR11 - Discharge Delay Reason



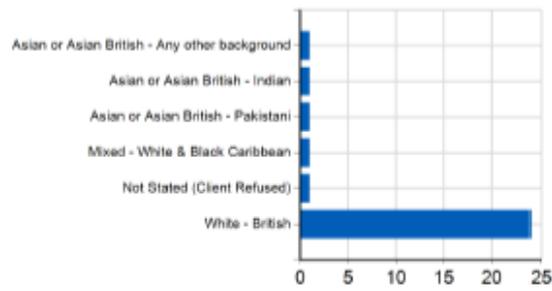
MR13 - Mental Health Follow-Up



MR8a - Age profile of Detainees



MR15/16 - Ethnic profile of Detainees

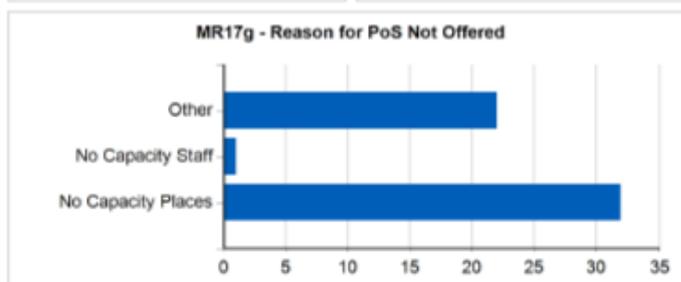
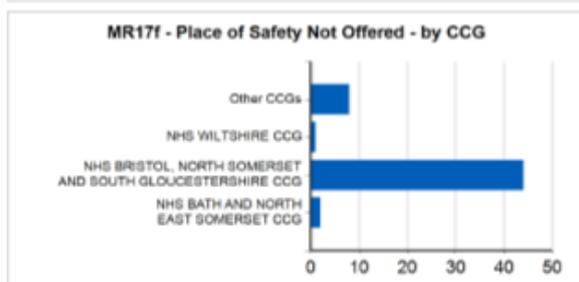
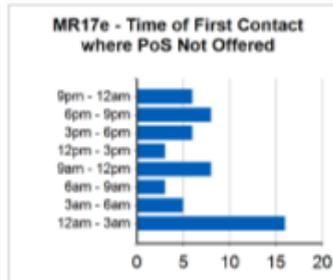
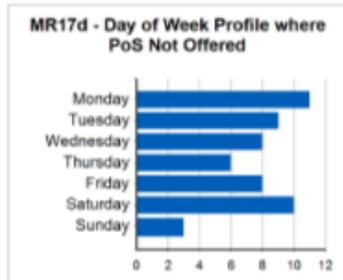
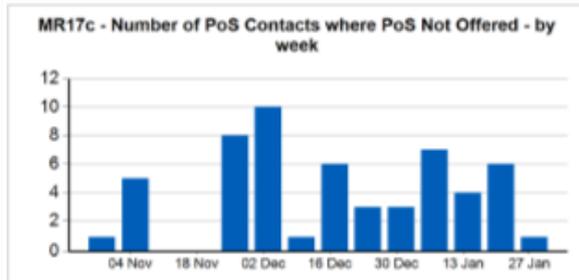
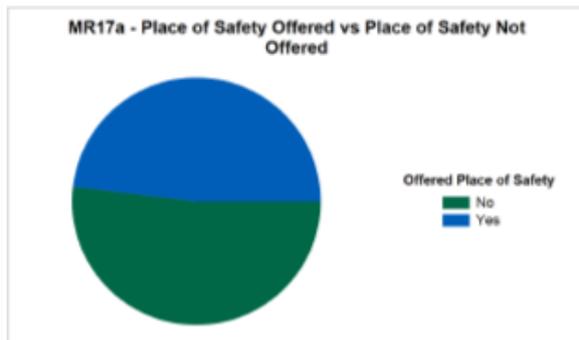


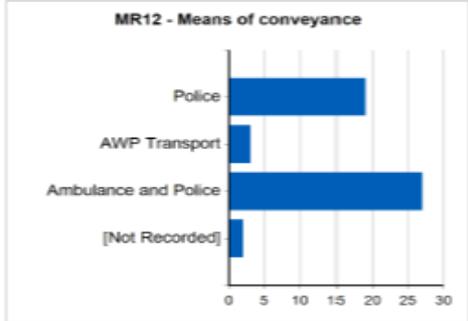
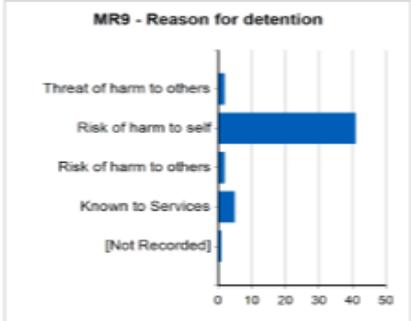
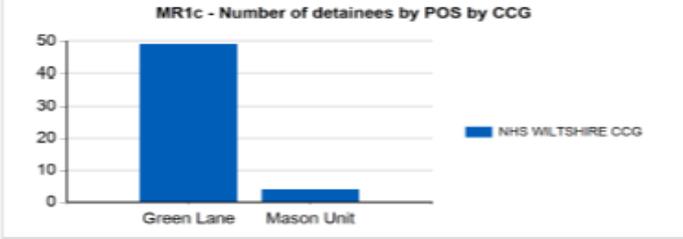
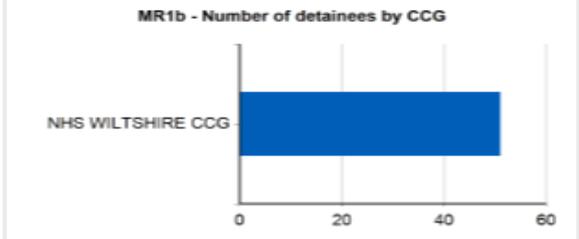
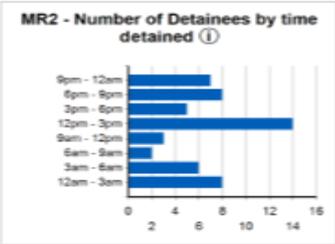
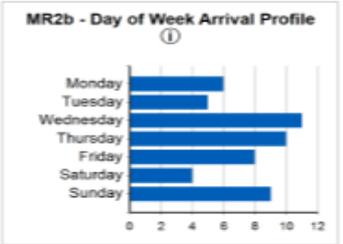
MR8b - Gender Split of Detainees



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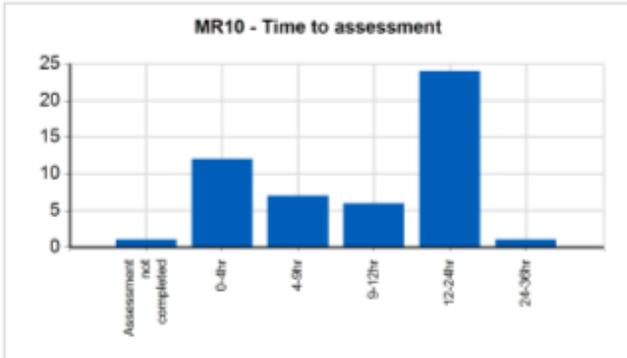
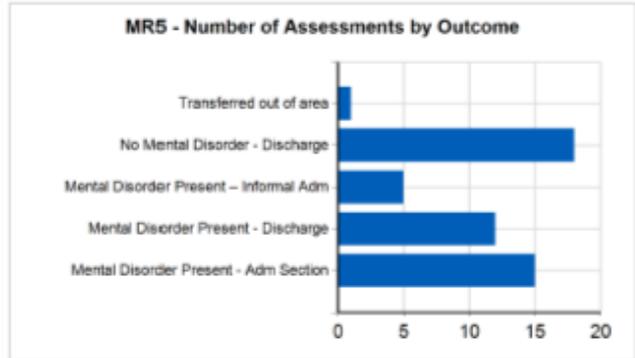
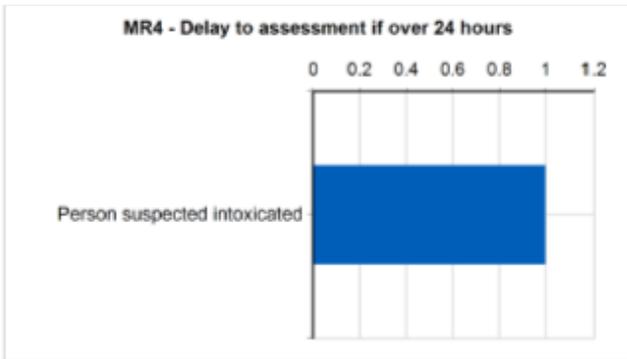


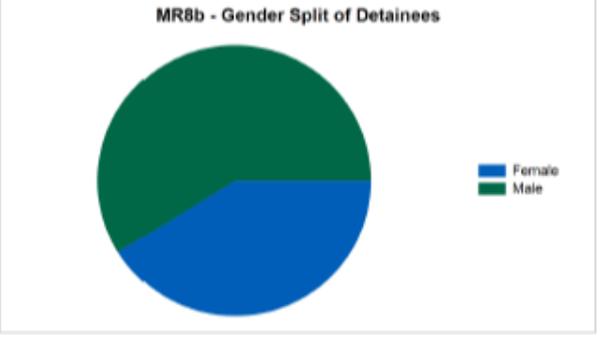
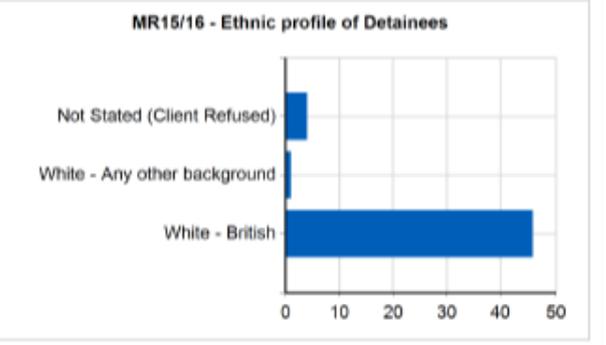
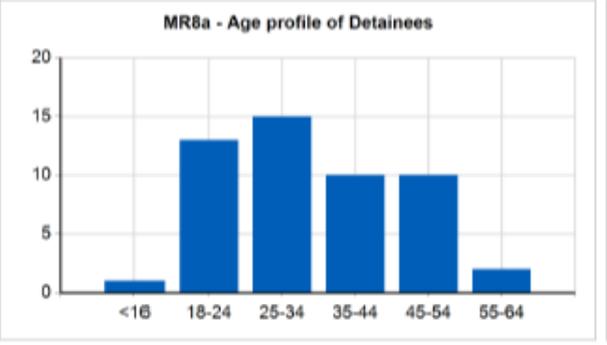
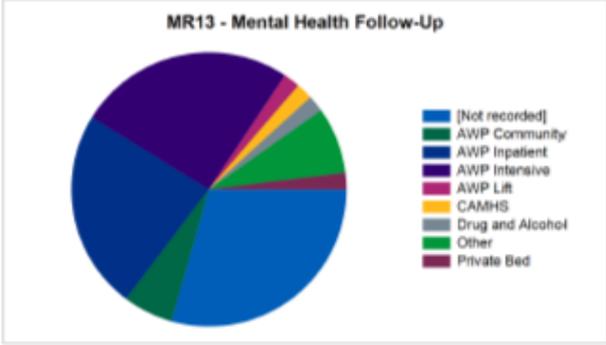
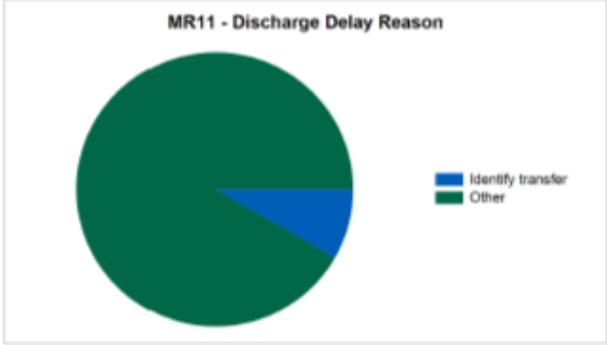
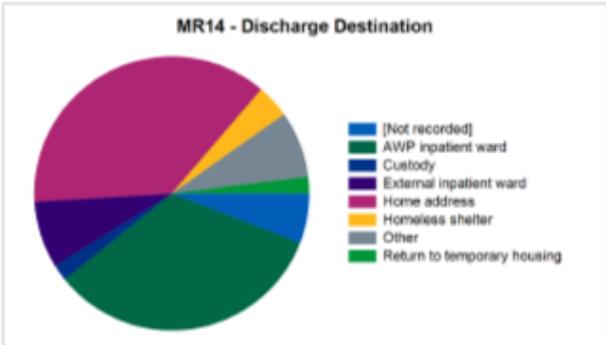
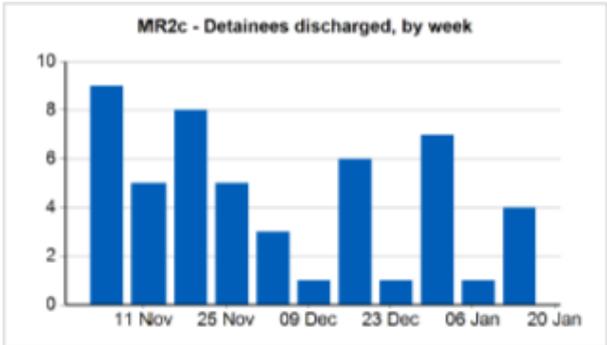
MR7 - Frequent Attenders to POS

Place of Safety	No Previous Stays	1 Previous Stay	2 Previous Stays	3-5 Previous Stays	Total
Mason Unit	2	0	0	0	2
Green Lane	35	4	2	1	42
Total	37	4	2	1	44

MR3 - Length of Stay by Place of Safety

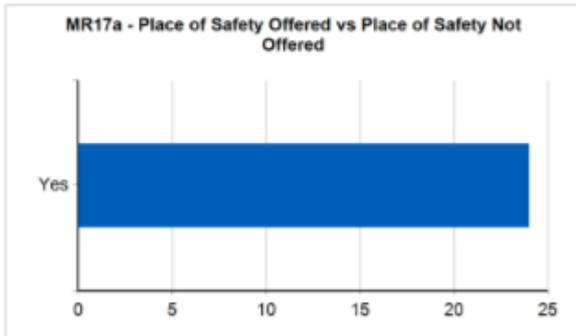
Place of Safety	0-24 hours			24+	Total
	0-12 hours	12-24 hours	24-48 hours		
Mason Unit	1	2	1	4	
Green Lane	22	26	1	49	
Total	23	28	2	53	





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MR17c - Number of PoS Contacts where PoS Not Offered - by week
No Data Available

MR17d - Day of Week Profile where PoS Not Offered
No Data Available

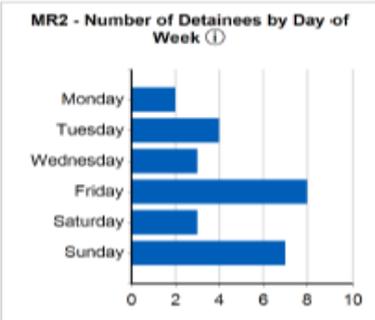
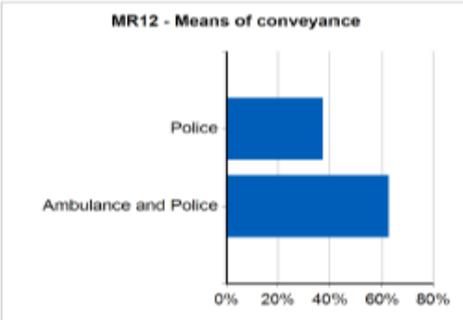
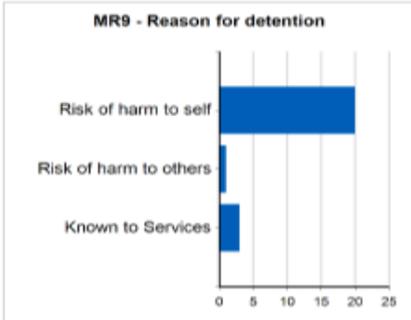
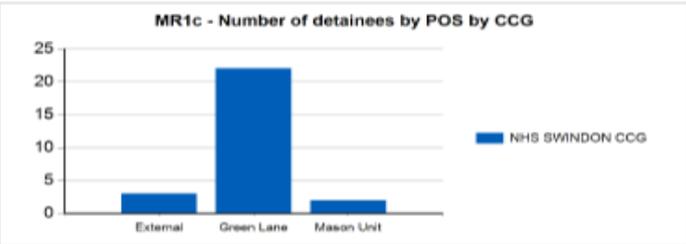
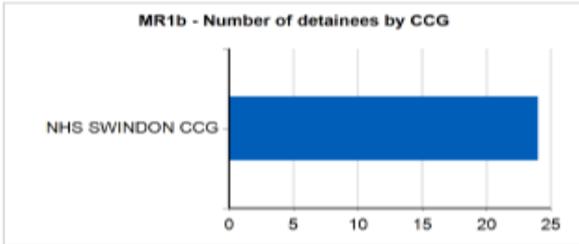
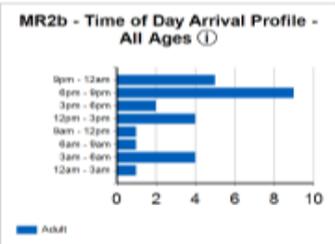
MR17e - Time of First Contact where PoS Not Offered
No Data Available

MR17f - Place of Safety Not Offered - by CCG
No Data Available

MR17g - Reason for PoS Not Offered
No Data Available



MR2b - Time of Day Arrival Profile - Under 18 year olds ①
No Data Available

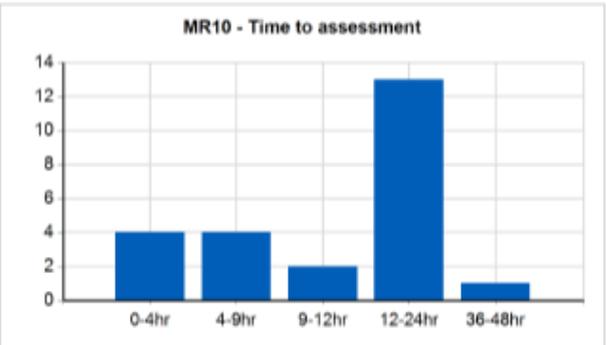
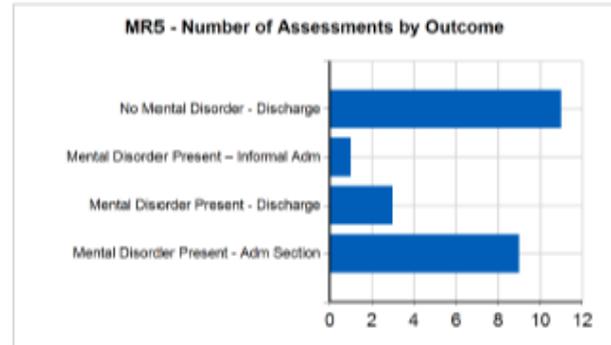
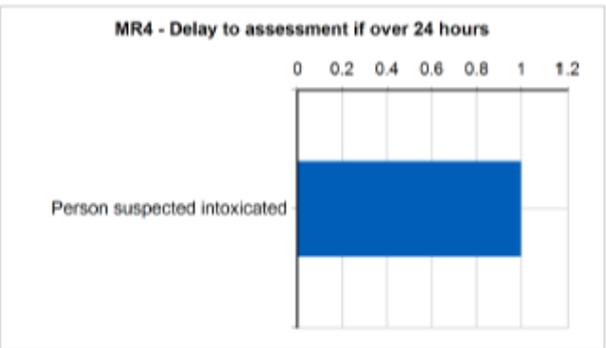


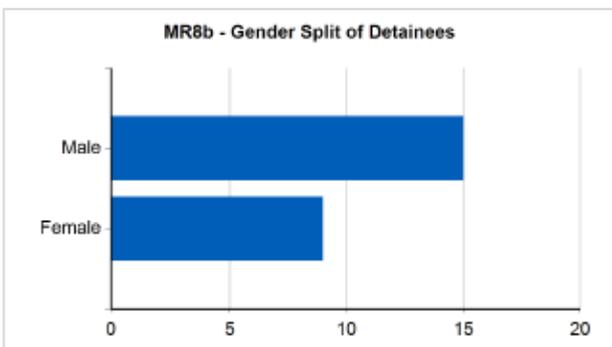
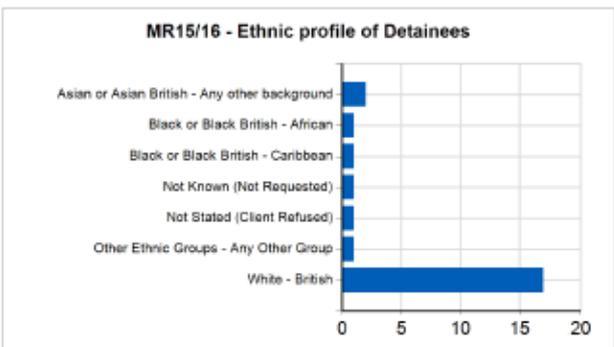
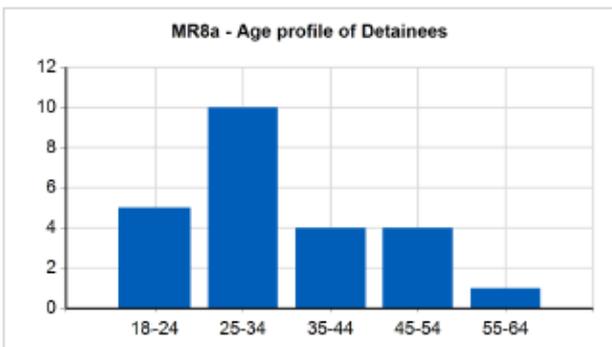
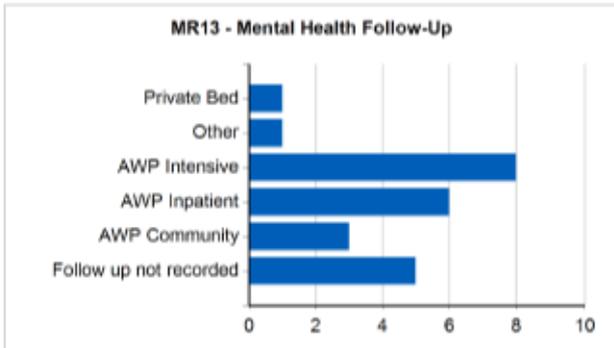
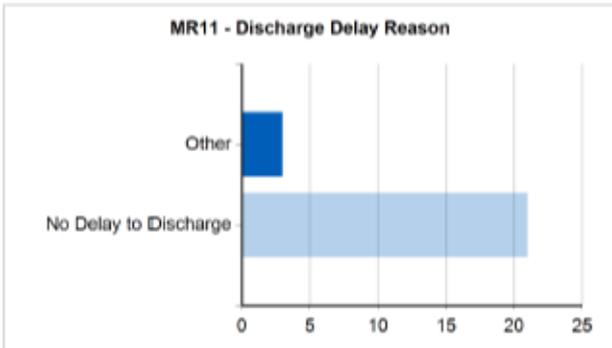
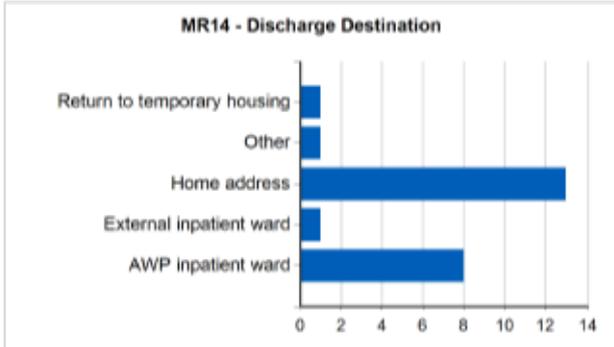
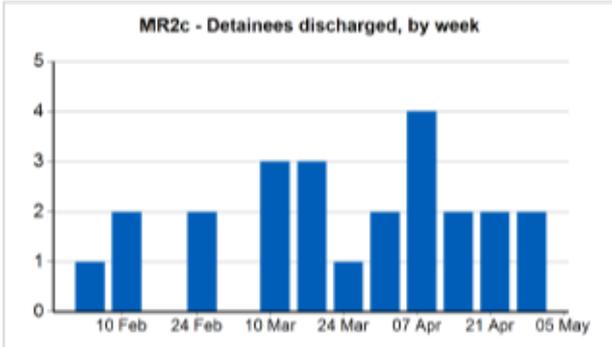
MR7 - Frequent Attenders to POS

Place of Safety	No Previous Stays	1 Previous Stay	2 Previous Stays	3-5 Previous Stays	Total
Mason Unit	2	0	0	0	2
Green Lane	14	2	1	3	20
External	2	0	0	1	3
Total	18	2	1	4	25

MR3 - Length of Stay by Place of Safety

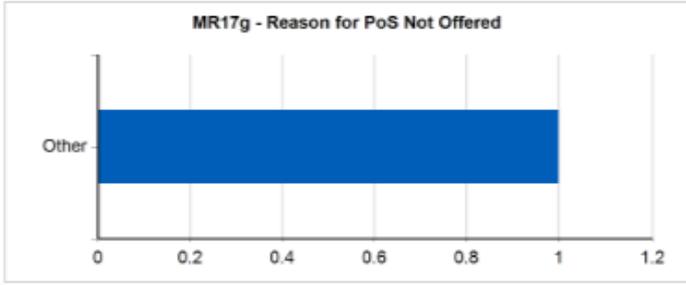
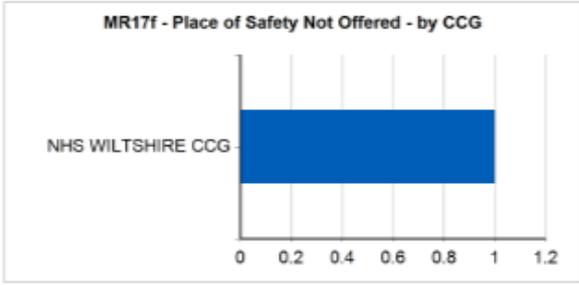
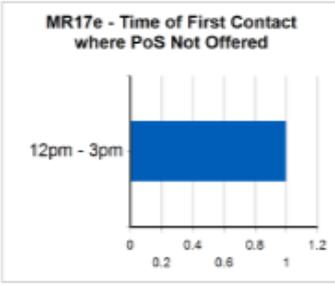
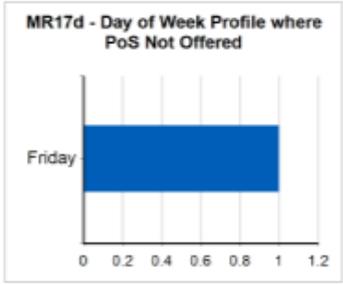
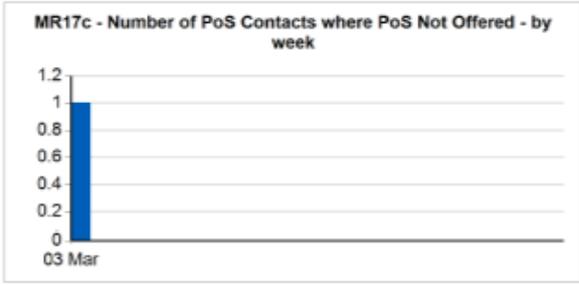
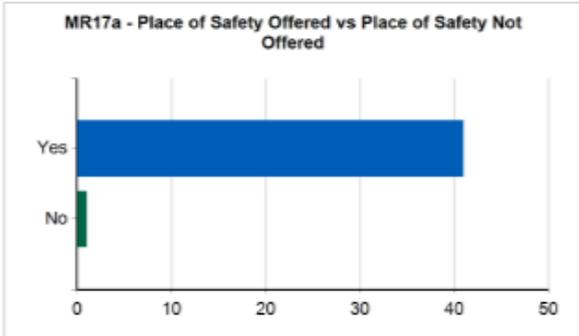
Place of Safety	0-24 hours			24+	Total
	0-12 hours	12-24 hours	24-48 hours		
Mason Unit	0	2	0	0	2
Green Lane	8	13	1	1	22
External	1	2	0	0	3
Total	9	17	1	1	27

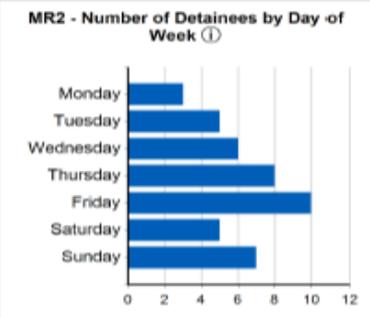
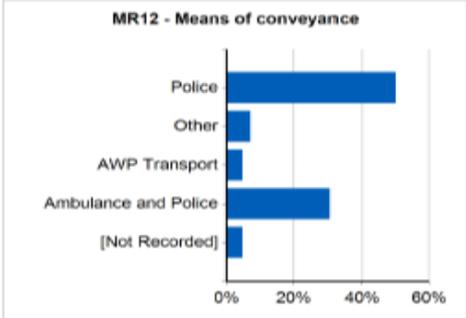
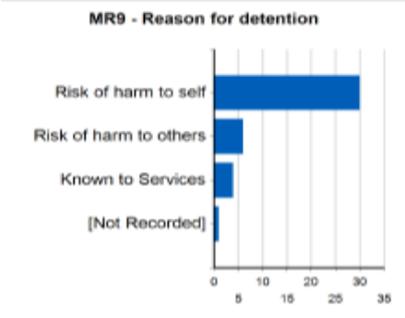
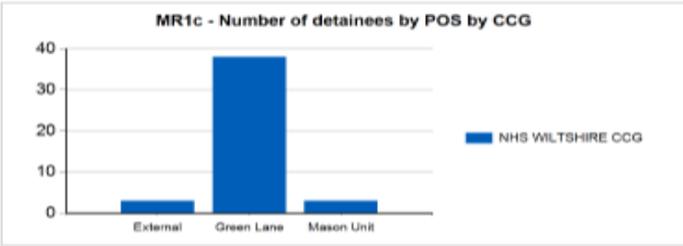
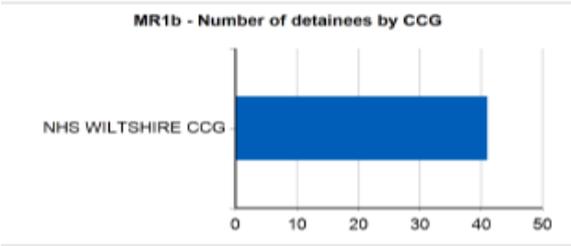
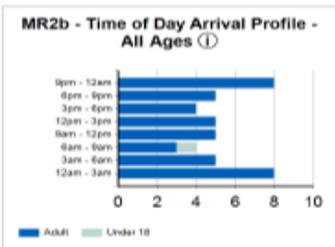
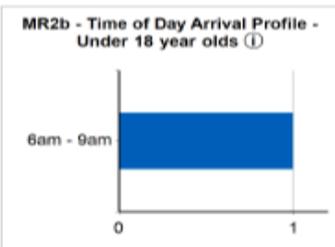




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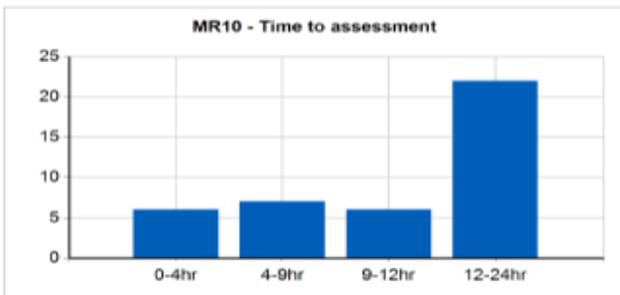
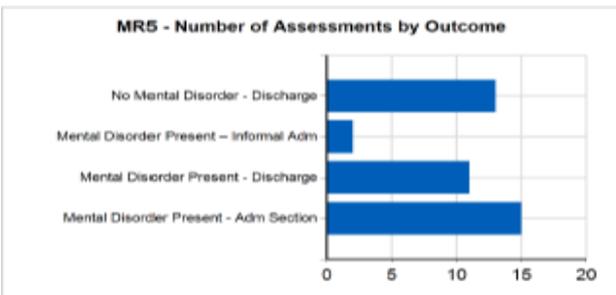
MR7 - Frequent Attenders to POS

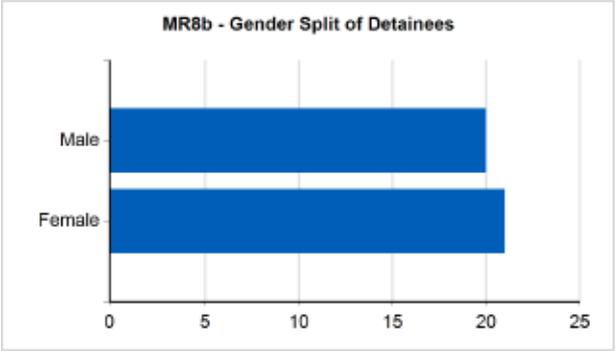
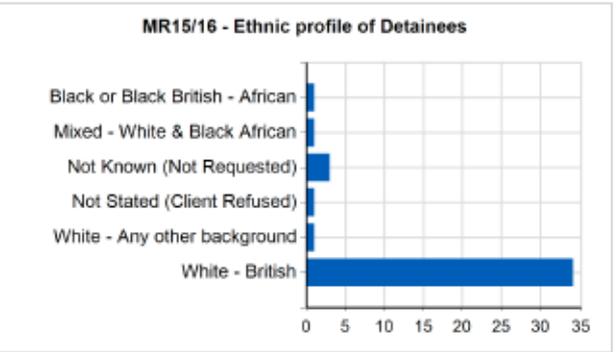
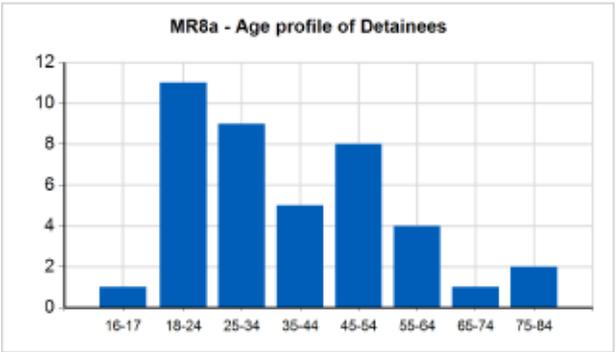
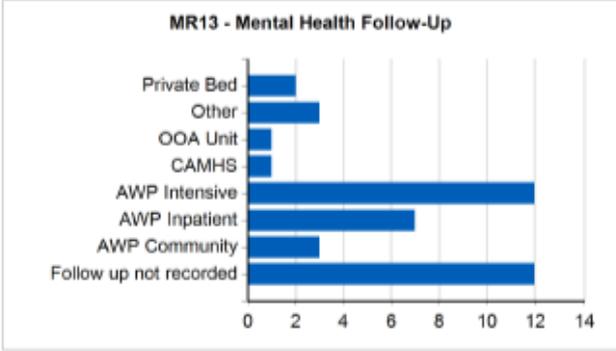
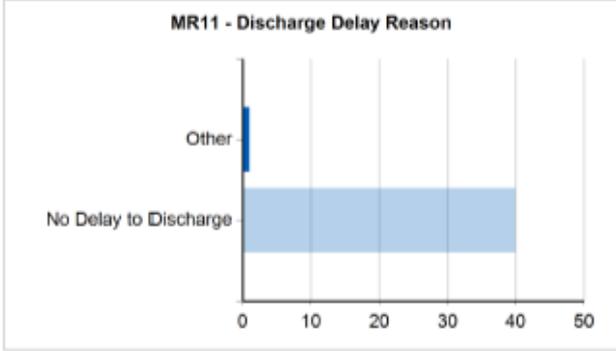
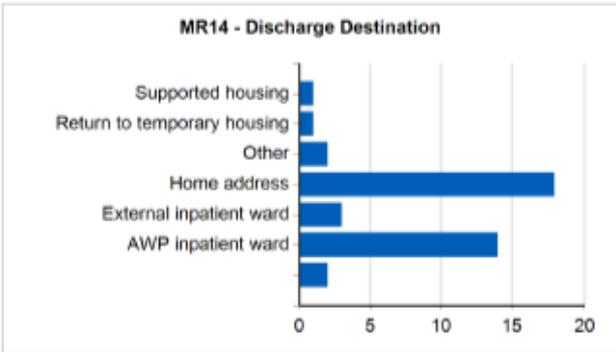
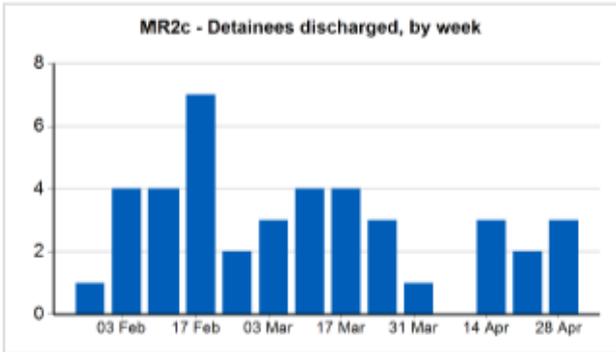
Place of Safety	No Previous Stays	1 Previous Stay	3-5 Previous Stays	Total
Mason Unit	3	0	0	3
Green Lane	29	6	1	36
External	3	0	0	3
Total	35	6	1	42

MR3 - Length of Stay by Place of Safety

Place of Safety	0-24 hours		24+	Total
	0-12 hours	12-24 hours	24-48 hours	
Mason Unit	1	2	0	3
Green Lane	15	21	2	38
External	1	1	1	3
Total	17	24	3	44

MR4 - Delay to assessment if over 24 hours
No Data Available





Appendix (v) Policing and Crime Act 2017 (PACA)

Policing and Crime Act 2017 - Changes to S135/6

Section 136 Definition

If a person appears to a constable to be suffering from a mental disorder and to be in need of immediate care and control, the constable may, if they think it necessary to do so in the interests of that person or for the protection of others, remove the person to a place of safety or if the place is already a place of safety by definition, keep the person there or remove to another place of safety

A place of safety is defined as:

- Residential accommodation provided by a local social services authority under Part 1 of the Care Act 2014 or Part IV of the Social Services and Well-being (Wales) Act 2014
- A hospital as defined by Section 135/136 the Mental Health Act 1983
- A police station
- An independent hospital or care home for people who are mentally disordered
- Any other suitable place.

Changes to the Definition of S136 following PACA 2017

- The term place to which the public has access has been removed
- A constable will have the power of entry without warrant EXCEPT...
To any house, flat, room where that person or any person is living
Any yard, garden, garage or outhouse used in connection with the above except if it is also used in connection with one or more other house, flat or roomsection 136 powers may be exercised anywhere other than in a private dwelling
- It is unlawful to use a police station as a place of safety for anyone under the age of 18 in any circumstances;
- A police station can only be used as a place of safety for adults in specific circumstances, which are set out in regulations
- Before exercising a section 136 power police officers must, where practicable, consult a health professional;
- Where a section 135 warrant has been executed, a person may be kept at their home for the purposes of an assessment rather than being removed to another place of safety (in line with what is already possible under section 136);
- A new search power will allow police officers to search persons subject to section 135 or 136 powers for protective purposes.

Appendix (vi) The Junction – Swindon’s calming café model of preventive care

The Junction is a 2-year Swindon pilot project, operating 365 days a year, 6pm-1am. It is a community-based service, offering holistic support and skilled, mental health intervention to people who are experiencing a mental health crisis.

The pilot is based upon the national ‘calming café’ model of care which has demonstrated that this model can reduce unnecessary use of ED, primary care GP services and mental health inpatient beds, as well as distress to the individual.

Capital funding has been provided by Department of Health and Social Care and One Swindon. Swindon CCG is providing revenue funding for staffing.

The service is a collaborative initiative, with MIND providing the service, working closely with AWP, supported by SBC, who provided the venue at very low rental, and CCG who bid and won capital funding and are commissioning the pilot.

Following a successful open afternoon on 30 May 2019 there was positive media coverage in the Swindon Advertiser. The service opened on 3 June 2019

Referrals from AWP Intensive are steadily increasing and the referral pathway has now been widened to include AWP Recovery Team (community mental health). In effect, moving towards a more preventative model, in working with people who have not yet reached the criteria for the Intensive Team, but who are at risk of doing so.

Positive feedback has already been received from people accessing the service: A female service user wrote a letter of thanks to the service, reporting that The Junction had helped her to navigate and manage her crisis and had also provided some much needed ‘respite’ for her family who care for her.

The ambition of the project is to eventually move towards a more open criteria, helping people to access mental health support before they need to use primary or secondary care services.

The narrow referral pathway was deliberately chosen as an initial part of the model to avoid ‘flooding’ of the pilot, before it has had a chance to establish itself, which has occurred with other models set up around the South West.

With other areas across BSW still working to introduce this model of care, The Junction in Swindon is leading the way across the partnership.

The model is cited in the NHS England Long Term Plan.

Appendix vii Healthwatch Service User Survey Results

Impact Report | February 2019 Place of Safety Survey

The aim of this survey was to gather feedback from service users who had been taken to the Place of Safety in Devizes following the temporary closure of the facility in Swindon and Wiltshire.

- There was negative publicity around this at the time because of the distance to Devizes. Swindon Clinical Commissioning Group (CCG) felt it was important to speak to service users directly affected by the changes and to understand their experiences. Healthwatch, because of its role as an independent body, was asked to carry out the survey over the phone with service users living in Swindon and Wiltshire identified by Avon and Wiltshire Mental Health Partnership (AWP). Healthwatch Swindon spoke to those living in Swindon and Healthwatch Wiltshire spoke to Wiltshire residents. The service users had given their consent.
- The CCG was keen to understand from service users if:
 - the treatment and care received was appropriate,
 - they understood why they were at the Place of Safety,
 - they understood the assessment and subsequent outcome of the assessment,
 - the transfer to and from the Place of Safety was well managed,
 - they were treated with dignity and respect and
 - the environment at the Place of Safety was appropriate and what, if any, improvements could be made.

HEADLINES:

- 1) Over the course of a week we spoke to 13 service users about their experiences of staying at the Place of Safety, the care they received and whether this was appropriate given the location. We attempted to gather views from another six people, but they either declined to complete the survey or were, for a variety of reasons unreachable. Out of the 13 who did speak to us, one person answered the first question but then decided they did not want to continue. There was opportunity during the course of the phone calls for the service users to expand on the questions they had been asked and provide us with detailed comments about what they thought did and did not work.
- 2) The majority of respondents - 8 out of the 13 - felt positive about their experience of being taken to the Place of Safety. If their initial experience was good, for example, how they were treated during the transfer to the facility, then the remainder of their experience was consistent with this. They provided further detailed commentary, some of which also offered constructive criticism around service provision.
- 3) A small proportion of respondents reported negative experiences. One of the respondents only answered one question and the other two. Whilst having an overall negative experience they did say they understood the outcome of their respective assessments and felt that their transfer out of

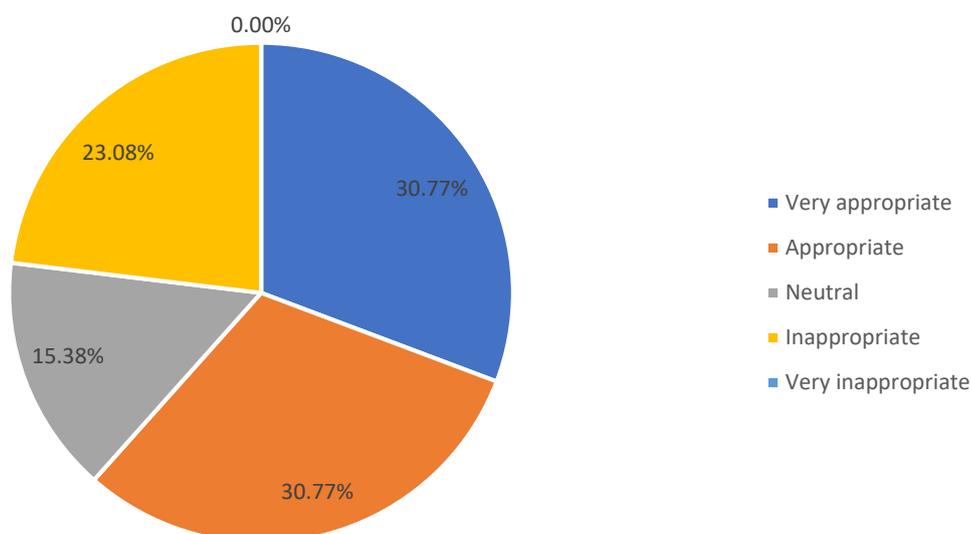
the Place of Safety, either to a ward or back home, was well managed. One also said that they understood the information about their mental health assessment but went on to comment, “Didn't feel believed. Has received a letter that doesn't match with further diagnosis. Has since been diagnosed with psychotic depression.”

- 4) A further 2 service users stated that they felt neutral about the approach of staff and the quality of care. Their answers to subsequent questions about their experiences was a mix of positive and negative. One of the respondents commented on how brilliant the permanent members of staff were, but that the agency staff were in need of more training.

More detail about our findings can be found in the next section of the report and will conclude with Healthwatch’s recommendations on what can be done to improve service provision for the experience of service users.

SURVEY FINDINGS:

How was the approach of the mental health professionals whilst at the Place of Safety?



Of the 8 service users who responded positively, 4 said the approach of staff and the quality of care were ‘very appropriate’ and ‘very caring’, respectively.

Some of the comments received in relation to both of these questions can be seen below:

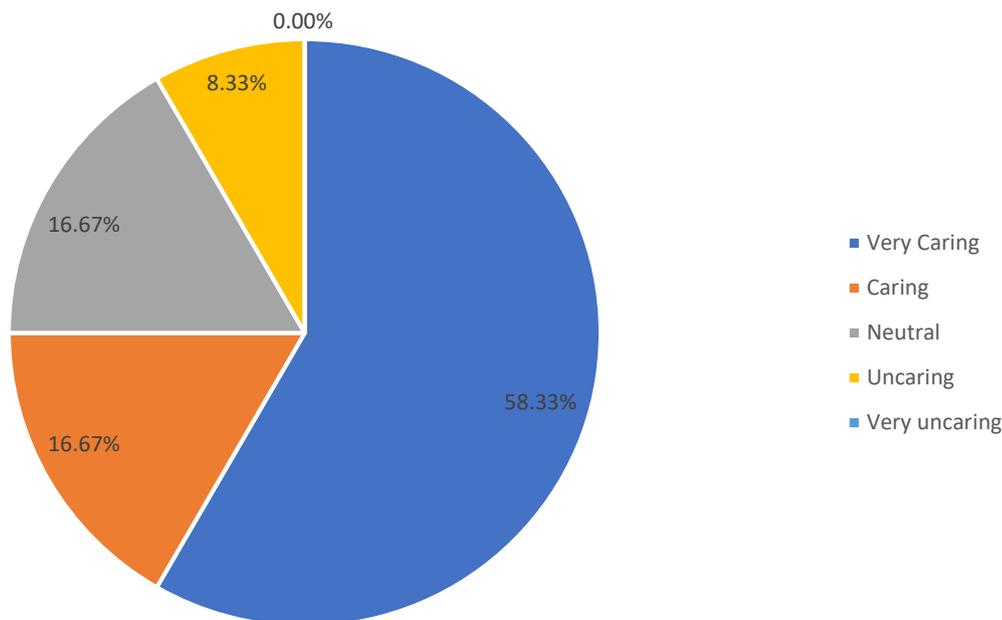
“I was not left on my own at all which I found very helpful. There was always someone available to talk to.”

“A very positive experience, however, two of the three doctors who came to my house were very aggressive and in my face. The Police Officer and the mini bus driver and assistant were brilliant. The Doctor (name removed) from the Place of Safety was brilliant.”

“They tried to calm me down and kept me in the loop to let me know what was happening”

“I have always been treated with respect, I have been sectioned 6 times. They gave good advice and tried to help me.”

How was the quality of care?



The other 4 said the approach of staff was ‘appropriate’. Out of this cohort of people, two said the care was ‘caring’ and the other two said ‘very caring’. Additional comments about the quality of care were:

“I know I was all over the place when I first got admitted. The lady was not very good or helpful at the start. She was a bit blunt but it was quite late. The next morning there was a gentleman and he was fantastic and very helpful. He took his time, and when I had the assessment with psychiatrists, and at my request, he came in with me.”

“Caring at times - they had sympathy but at the end of the assessment no further action was taken - I felt that more support could have been offered.”

Out of the two people who said they felt ‘neutral’ about the approach and quality of care they went on to comment:

“Basically, left me to it and I had to constantly ask what was going on.”

“Depended on who you were dealing with. The duty nurse was great, wanted to engage in conversation and wanted to look after my physical and mental health. The agency/temp staff were not so caring.”

Two of the service users whose overall experience was negative made these comments about the approach of staff and quality of care:

“Was sent to another hospital after assessment because I requested CCTV, when I got there, there was no CCTV, so they lied. At Devizes they asked me to sleep with a towel over door, this is not appropriate, anyone could come in. Other doors also had towels over them.”

“Nurses ok, seemed indifferent. Felt the doctors are hostile in their approach. Felt already made decisions against my records before talking to me. Doctors uncaring, nurses’ neutral.”

The following recommendations have emerged as result of these comments:

- Communicating openly with the service users so that they know exactly what is happening and what to expect
- Ensuring that quality of care is consistently high; this is paramount to making service users feel safe and listened to. If this is done correctly from the beginning it is likely the service users will, have a positive experience during what is a very difficult time
- Follow up after being discharged is crucial, not least so the service user can get on the road to recovery quicker. Where this appears to be lacking our recommendation to AWP will be to ensure this is consistent and that service users are appropriately supported during and after their discharge.

Being transported to the Place of Safety

Of the 13 people who went to the Place of Safety 9 were taken there by ambulance with most of them saying there were no issues, one finding it a ‘bit weird’ and another was ‘very stressed’ by the experience’. The most concerning comment being:

“Went in an ambulance with 2 police officers. 1 male, 1 female. The female police officer was not good and didn’t understand mental health.”

Of the 2 who went to the Place of Safety in a police van, one did not understand what was happening until a member of staff explained to them what was going on and the other respondent commented that this was ‘appropriate at the time’.

One service user was transported by minivan and it was heartening to read that:

“I was transported by mini bus and the driver and the assistant were brilliant. They stopped halfway so that I could have a cigarette as I was so stressed out.”

It is worth noting that all of the responses from the service user who made this comment were of a positive nature. Adding further weight to our previous comments that a positive experience from the start, combined with a caring and welcoming attitude upon admission and during a stay are vital components to providing high quality service.

No comments were received regarding the location of the Place of Safety being inappropriate from either Swindon or Wiltshire service users.

Did service users understand why they were at the Place of Safety?

Four responded 'no' to this question and 8 responded 'yes'. Of the 4 who responded 'no', 2 commented they could not remember what they had been told, with 1 commenting further that;

"I don't really remember. Don't think so, although they said I could go home or go to another hospital because they have CCTV. I requested CCTV so that I can see what's happened if I'm accused of anything."

Of the 8 who answered 'yes' to this question 3 commented very positively. Of the remaining responses 2 were neutral, 2 declined to comment further and 1 was negative.

Common themes where positive comments had been made were:

- Being 'kept in the loop'
- Being given full explanations
- The quality of the mental health professionals ("The staff were fantastic")

One of the negative comments was:

"The ambulance staff gave me this information not the staff at the Place of Safety. Once I had been booked in all they were interested in was getting out to continue playing on their phones/watch TV/drink tea and eat biscuits."

The service user who said this went on to comment about the difference in the quality of care provided by permanent staff in comparison to the agency staff, saying:

"The facility and the permanent members of staff were amazing. Look at the agency/temporary staff and make sure they have the appropriate training."

Were service users able to understand the assessment of their mental health?

Two respondents said 'no' to this question, with one person saying they cannot remember, and another saying that they did not receive an assessment whilst there.

The remaining 8 who responded to this question were generally positive. It was explained to most of them which mental health professionals they would see.

One service user with literacy issues found the assessment difficult to understand. It was not clear from further comments, which were a mix of positive and negative, if staff subsequently tried to help them with this issue.

The most negative comment was from a service user who said that although they understood the assessment, they did not 'feel believed'. They also said in other comments throughout the survey that it was a 'character assassination' and that 'minds had already been made up'. They 'didn't feel listened' to nor that they had been asked about their low moods. There was an overall sense that this service user felt disempowered by their experience. They were also 1 of 2 service users who stated a preference for remaining at the facility in Swindon because in their opinion 'it wasn't so intimidating'.

By contrast the other service user who would have preferred to be in Swindon was one of the four who felt the approach of the mental health professionals was 'very appropriate'. Their comment on this particular point was:

"Have been sectioned 6 times, some are good, some not so good. I get confused as to where I am. I really would like to be in Swindon, close to home, but at the time of crisis I am not really aware."

Were service users able to understand the outcomes of the assessment?

10 of the service users said 'yes' to this. One said 'no', with one not providing further commentary. The other saying that the professionals were trying to keep them positive with a focus on what they could do in the future.

8 of the 10 felt that the outcomes had been fully explained to them with the other 2 stating the following;

"I was told that I would be discharged with a referral to PCLS, however, this has not happened and the incident was in Oct/Nov time and I have still not heard anything. Wiltshire do not offer psychiatric support which does not help me to deal with the reasons why it happened."

And:

"Options of coming home or going to another hospital. Was in the other hospital for one night then taken back home. They didn't have CCTV, so they had lied to me."

Did service users feel the transfer out of the Place of Safety and back home or to a ward was well handled?

Six responded 'yes' to this question and 3 said 'no'. One comment highlighted a swift follow up by the mental health crisis team after discharged was:

"They got me a taxi home. I was told to call the mental health crisis team when I got home and they came out to my home that evening"

One service user indicated that there was some confusion about whether or not their partner was coming to pick them up - they did not want them to - and it was agreed they would take the bus. There was, however, an hour long wait to resolve this which made the experience of being discharged a stressful one for them.

Another service user said:

“I was not sure where I was going after the 136 as waiting for an available bed either in Devizes or Salisbury”

Key recommendations from these findings are:

- Agreeing on how the service user is discharged is as seamless as possible with minimal wait times.
- Ensuring staff are in agreement over how the discharge is done before consulting with the service user to minimise potential distress.
- Ensuring that those being transferred to another ward are fully aware of where they are going or they are given assistance in getting there.

Did service users feel they were treated with dignity and respect?

Two of the service users said ‘no’ and were unequivocal in their responses, with one of them saying that they were ‘treated better by the porter’.

Seven of the service users said ‘yes’ and the overall sentiment from them was that whilst some could do better and be more welcoming, they did treat them with dignity and respect.

Did service users feel the environment of the Place of Safety was appropriate?

Three answered ‘no’ to this with one citing the fact that they witnessed a violent outburst whilst there, although this was quickly stopped by staff. Another saying ‘it felt like a prison from the outside’.

Six people responded with a ‘yes’, with one acknowledging that there was a genuine reason for them being there and as result the setting was appropriate. Others commented that it was quiet, ‘sometimes eerily so’ and one saying that Swindon felt ‘too claustrophobic and made me more anxious’.

How did service users feel the Place of Safety could be improved?

One person said that staff could be more welcoming and another said they were not given a pillow or a blanket and that it was cold. Another, whose overall experience was negative, said:

“Very difficult question - keeping someone safe and making it look comfortable. Not really sure how to answer. Think it’s a good idea that they let you vape. Would really like to smoke - especially when you are in this situation.”

Another service user thought it was better than Swindon. Another, whose overall experience was positive, in keeping with this answered ‘no’ to this question, and said:

“It made me feel that I don’t want to go back there. It was a good place to get sorted and I’m on the road to recovery now under the Recovery Team rather than the Crisis Team.”

To conclude, Healthwatch recognises that the mental health professionals and other staff, such as the police, work hard and provide an invaluable service under what can often be trying circumstances.

It therefore encouraging to read the positive comments made by the service users. Where negative feedback has been given we feel these should be taken on board and the necessary improvements made.

SUMMARY OF RECOMMENDATIONS:

- Be open with the service users and give them as much information as possible.
- Ensure that, if necessary, the service user is given support to understand their assessment, for example, one service user given a written assessment had literacy problems.
- Ensure the Place of Safety is welcoming.
- Include service users in discussions about their situation (where possible) to give them a sense of control over what is happening to them.
- Provide basic mental health training for police officers and non-clinical front line staff to ensure that they are able to respond to someone having a mental health crisis appropriately.
- Provide more training for agency staff.
- Ensure that the service user understands their assessment at the point of discharge.
- Ensure that recommendations of treatments or referrals are followed through.

Health Based Place of Safety Review Engagement Report

1. Introduction

1.1 Background

Section 136 of the Mental Health Act (MHA) is an emergency power allowing a person to be taken to a health based place of safety (HBPoS) from a public place, if a police officer considers they may have mental health needs.

The CQC identified significant issues with HBPoS Suites at Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) in 2016 and 2017, with an overall rating of inadequate for these services. The Policing and Crime Act (PACA) 2017 also reduced the time available for the completion of an assessment from 72 hours to less than 24 hours.

NHS England authorised the temporary consolidation of two of three HBPoS suites in Swindon and Salisbury to a new unit at Bluebells in Devizes in Wiltshire for 12 months to provide an opportunity to address the CQC improvement requirements. Swindon HBPoS within the Sandalwood Court site closed temporarily for 12 months from 26 March 2018.

The temporary HBPoS changes, will remain in place until a final decision has been made by NHS England, following recommendations by Swindon CCG and Wiltshire CCG.

This report sets out the engagement activity undertaken between March 2018 and March 2019, gives an overview of the feedback received, both through local meetings and an on-line questionnaire.

2. Engagement activity

Stakeholders were identified during the development of the Communication and Engagement Plan.

2.2 Wider stakeholder/public engagement

Engagement took place with wider stakeholders/public via an on-line questionnaire and as part of other meetings e.g. NHS Swindon Clinical Commissioning Group's Governing Body meeting and Patient and Public Engagement Forum meetings. In Swindon there were many reports in the local printed and online media.

Two petitions were submitted during the engagement period. The first was to Swindon CCG's Director of Nursing and Transformation at the Swindon Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee meeting held on 12 September. The petition was submitted by Ms Kate Linnegar, Prospective Parliamentary Candidate for North Swindon.

The second petition was submitted to Paul Vater, Chief Operating Officer, in April 2019. At this time, 2,159 people had signed the on-line petition (<https://www.change.org/p/swindon-ccg-clinical-commissioning-keep-a-mental-health-place-of-safety-open-in-swindon>). The petition is still live. 76 signed cards were also submitted. At the time of this report being written of the 2,159 people who had signed the on-line petition, 637 (30 percent) of signatures were from non-Swindon post-codes (many were from different places in the world) and 1,300 responses (60 percent) of respondents did not provide a post code – so we were unable to see if they were from Swindon or other areas. Comments were included by some of the respondents.

A silent protest was held on the 22 March 2019 outside Sandalwood Court in Swindon: <https://bit.ly/330VzuC>

The Swindon CCG Patient and Public Engagement Committee discussed the HBPoS services at its meetings on:

- 25 January 2018: <https://bit.ly/2XFMIkV> (item 61/17)
- 22 March 2018: <https://bit.ly/2NUAqUx> (item 80/17)
- 26 April 2018: <https://bit.ly/2C6MLaQ> (item 5/18)
- 24 May 2018: <https://bit.ly/2tROHzp> (item 14/18)
- 28 June 2018: <https://bit.ly/2TpdH06> (item 25/18)
- 25 October 2018: <https://bit.ly/2C7OwnS> (item 43/18)

2.3 On-line survey

An on-line survey was live from 3 December 2018 to 31 December 2018 and the total response was 270 people, of these 185 people completed it in full, and 85 partially completed it. The survey was completed by a combination of local residents and stakeholders. In the survey responses there was minimal mention of the HBPoS in Salisbury. The following table shows the description of people's involvement or interest with the HBPoS suites in Swindon and Salisbury.

			Response Total
1	Current service user		7
2	Former service user		7
3	Friend or relative of current or former service user		18
4	Allied mental health professional		9
5	Member of staff at Avon and Wiltshire Mental Health Partnership NHS Trust		41
6	Member of staff at Wiltshire Police		9
7	Member of staff at Swindon or Wiltshire Clinical Commissioning Group		3
8	Member of staff in the Emergency Duty Service		0

			Response Total
9	Other healthcare worker		13
10	Local resident		55
11	Other (please state)		23
			185

2.4 Staff engagement

Staff from the following organisations were able to take part in the on-line survey: AWP, Wiltshire Police, South Western Ambulance Service NHS Foundation Trust, Swindon Borough Council, Wiltshire County Council and Swindon and Wiltshire CCGs.

2.5 Service user engagement

Healthwatch Swindon and Healthwatch Wiltshire were able to undertake thirteen service user phone call discussions. The aim of the survey was to gather feedback from service users who had been taken to the place of safety in Devizes following the temporary closure of the facilities in Swindon and Salisbury. Findings from the survey have been shared with the CCGs and AWP as recommendations were made by Healthwatch in their report.

The full report will be available on the CCG's website and the headlines from the service user feedback was:

- 5) Over the course of a week, we spoke to 13 service users about their experiences of staying at the Place of Safety, the care they received and whether this was appropriate given the location. We attempted to gather views from another six people, but they either declined to complete the survey or were, for a variety of reasons unreachable. Out of the 13 who did speak to us, one person answered the first question but then decided they did not want to continue. There was opportunity during the course of the phone calls for the service users to expand on the questions they had been asked and provide detailed comments about what they thought did and did not work.
- 6) The majority of respondents - eight out of the 13 - felt positive about their experience of being taken to the place of safety. If their initial experience was good, for example, how they were treated during the transfer to the facility, then the remainder of their experience was consistent with this. They provided further detailed commentary, some of which also offered constructive criticism around service provision.
- 7) A small proportion of respondents reported negative experiences. One of the respondents only answered one question and the other two. Whilst having an overall negative experience they did say they understood the outcome of their respective assessments and felt their transfer out of the place of safety, either to a ward or back home, was well managed. One also said that they understood the information about their mental health assessment but went on to comment, "Didn't feel believed. Has received a letter that doesn't match with further diagnosis. Has since been diagnosed with psychotic depression."

- 8) A further two service users stated that they felt neutral about the approach of staff and the quality of care. Their answers to subsequent questions about their experiences was a mix of positive and negative. One of the respondents commented on how brilliant the permanent members of staff were, but that the agency staff were in need of more training.

2.6 Website information/social media

Information about the temporary closures and engagement was included on the following websites: Swindon CCG, Wiltshire CCG and AWP.

The websites were promoted using social media and meeting reports.

2.7 Governing Body meetings

Reports or updates on the temporary closures were presented at the following meetings:

Swindon CCG

- 25 January 2018: <https://bit.ly/32Z3wjS> (item 08/Paper D)
- 22 February 2018: <https://bit.ly/2KqkGkA> (item 07/Paper D)
- September 2018: <https://bit.ly/2yqBfVj> (item 9/Paper E)
- January 2018: <https://bit.ly/2GDUvji> (item 08/Paper D)
- March 2019: <https://bit.ly/2YynyON> (item 08/Paper D)

Wiltshire CCG

- A report was presented to the Governing Body members in a private session.

AWP

- January 2018: <https://bit.ly/290MITK> (item BD/17/246a)
- March 2018: <https://bit.ly/290MITK> (item BD/17/293)

2.8 Swindon Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee

Information was presented to the Overview and Scrutiny Committee at the following meetings:

- 30 January 2018: <https://bit.ly/2Uqyo8m> (item 41)
- 28 March 2018: <https://bit.ly/2TklS7r> (item 44)
- 21 June 2018: <https://bit.ly/2HlcC2e> (items 3 and 7)
- 12 September 2018: <https://bit.ly/2UsihXO> (item 13)
- 6 November 2018: <https://bit.ly/2NMaAt4> (item 22)
- 29 January 2019: <https://bit.ly/2EIfQtD> (item 39)
- 5 March 2019: <https://bit.ly/2Up6F83> (agenda item 5 and agenda item 6)

2.9 Wiltshire Health Select Committee

Information was presented to the Health Select Committee at the following meetings:

- 9 January 2018: <https://bit.ly/2NMNmD7> (item 10)
- 6 March 2018: <https://bit.ly/2TFVAm0> (item 24)
- 24 April 2018: <https://bit.ly/2EUKp0r> (item 6)

- 11 July 2018: <https://bit.ly/2Up3o8N> (item 55)
- 5 March 2018: <https://bit.ly/2UpQ184> (agenda item 7)

2.10 Patient Advice and Complaints Team (PACT) / Patient Advice and Liaison Service (PALS)

Since the temporary closure:

Swindon CCG's PACT has received one comment: "I am writing to object to the closure of the place of safety unit at Sandalwood court. This facility should be kept open even expanded, and additional inpatient beds made available. Swindon is expanding fast with the amount of housebuilding going on, and the existing facilities are inadequate for the town. Please take my comments in to consideration, when making your decision." No complaints have been received to-date.

Wiltshire CCG PALS received no comments about the temporary closure.

AWP PALS received no queries or issues about the temporary closure.

3. Key themes from the engagement and survey

The key themes from the engagement and survey are noted below:

Quality of services and care

- The safety and wellbeing of services users is very important to people (174 survey respondents).
- Receiving a consistent level of care and support at all times of day and night (164 survey respondents).
- The benefits of a single place of safety suite for Swindon and Wiltshire for enabling mental health workers and the police to provide support that is safe, caring and effective ranged from 72 people strongly agreeing or agreeing to 72 disagreeing or strongly disagreeing
- Comments included:
 - *The POS suite in Swindon is not fit for purpose – no access to specialist staff aware of the in-depth legalities of section 136 law and there is only space for one detainee*
 - *It's much better having a dedicated 136 suite and having a dedicated team in place specifically for 136 service users*
 - *It makes sense to have a dedicated care team on hand 24 hours a day for people detained under 136. This provides consistency and expert knowledge within a team that are consistently working within this remit*
 - *I would prefer a dedicated team with sound knowledge rather than it being local. The units locally were small and unwelcoming whereas Bluebell is light and airy and not demoralizing for someone in crisis*
 - *It makes good sense to have it where there is expertise and where the quality is good*
 - *More important to attend a well-staffed place of safety with access to the right care*
 - *If I'm in a crisis I want to receive the best service at the best time*
 - *A fully staffed specific unit brings together professionals who have a full understanding of the care required and the legal ramifications of a detention under the Mental health Act*
 - *Having one place of safety has improved the standard of care provided to those now detained as having dedicated staff*

- *I would much prefer to be detained in the purpose built Devizes premises than kept in a small room for up to 24 hours, unable to walk around or spend time outside*
- *As a member of staff in Swindon, not having staff leaving the inpatient wards to cover the place of safety has improved the quality of care on the ward*
- *Better maintained unit in Devizes and specific staff working there so better patient care on place of safety unit. Also, better care on patient wards as staff are to being taken from them to cover the place of safety*
- *They have always treated me with respect, I have been sectioned six times. They gave good advice and tried to help me*
- *I was not left on my own at all which I found very helpful. There was always someone available to talk to*
- *Won't this put extra pressure on the unit in Devizes?*
- *This is not good for the patient or their family*
- *The small POS facilities at Swindon and Salisbury are not fit for purpose. A dedicated unit which specialises as a Place of Safety can give much more consistent and high quality level of care*
- *What's the difference between the quality of services in Devizes compared to Swindon and Salisbury?*
- *If there is no POS service in Swindon it will put even greater demand on to GWH*
- *I can see there are quality of care issues – is Devizes any better?*
- *At Devizes it can be difficult to find a second doctor to attend the assessment. AMHPs are struggling with their time due to the distance*
- *Depended on who you were dealing with. The duty nurse was great, wanted to engage in conversation and wanted to look after mw physical and mental health. The agency/temp staff were not so caring*
- *Has appropriate training in MHA Section 136 been given to staff based in Devizes?*

Travel, transport, location and visiting

- The distance of the HBPOS from home (103 survey respondents said this was important).
- 109 respondents said if they, a friend or relative needed to be detained during a mental health crisis they would want the POS suite to be in the same town as the one they live in
- Concerns were raised about the additional travel time to the Bluebell Unit in Devizes causing extra stress to the detainee.
- 72 survey respondents strongly agreed or agreed, and 77 respondents disagreed or strongly disagreed about understanding the benefits of having a single unit.
- When transferring someone to a place of safety suite 72 respondents said an acceptable journey time is between 10 and 20 minutes, 52 said between 21 and 30 minutes and 29 said between 31 and 40 minutes.
- 84 respondents strongly agreed/agreed that someone in need of a mental health assessment should always be taken to the closest facility, even if it has fewer services or staff. 90 respondents neither agreed or disagreed, disagreed or strongly disagreed.
- Of the 13 service users who went to the place of safety in Devizes, nine were taken there by ambulance with most saying there were no issues, one finding it a bit weird and another was very stressed by the experience.
- No comments were received from the 13 service users regarding the location of the place of safety being inappropriate from either Swindon or Wiltshire.
- Written comments included:
 - *Venue is not important – in a mental health crisis it is unlikely I would be in a fit state to receive visitors, and/or visitors would likely be an unsafe distraction*
 - *A shorter journey would be preferable, but not if the quality of care would be compromised*

- *Detention to a place of safety is NOT an admission and the legal requirement has changed so that people should not be detained for more than 24 hours. Visitors would not be expected to come to a PoS*
- *I would rather be away from my town but safe and care for than in my town without adequate support*
- *People should be taken to the best facility that can cater for their needs effectively*
- *They should be taken to somewhere where the skills and environment are more suitable for people in distress at a time of crisis*
- *I live in Swindon and have no concerns about the distance needed to travel for myself or my family if we were in a crisis and needed detaining for our own safety, as would rather have a dedicated unit with better facilities and dedicated staff than a basic room with staff pre-occupied with not being able to fulfil their own workload*
- *It is unrealistic to have single POSs on individual sites as staff are often not skilled enough or knowledgeable enough to manage the 136's and this leads to confusion and delays with the assessments*
- *The extra distance will tie up police and ambulance staff*
- *Access for families and friends is paramount*
- *I'm concerned about the safety of people being transported*
- *Devizes is not easy to get to by public transport from Swindon*
- *Police services are already overstretched so it makes no sense to burden them with extra taxi duties*
- *Friends and family may not be able to participate in the discussions/meetings for the recovery of the patient due to the location*
- *The population size of Swindon should dictate that a suite and professional help and advice and medical services should be available locally 24/7*
- *A large rural county needs more than one centre*
- *Population size of Salisbury is increasing so it needs a POS*
- *Devizes is too far away from Salisbury and the southern villages*
- *The cost of getting to Devizes by bus(es)*
- *Need ease of access for family and friends for visiting*
- *The distress of the person being taken to a POS should not be prolonged*
- *If they get to a POS suite in less time, then they can be assessed more quickly*
- *The more local the better*
- *The journey itself is stressful and can cause further anxiety*
- *The shorter the journey time the better for someone who is in crisis*
- *The services need to be close and properly staffed*
- *Please don't let us lose a place of safety attached to Fountain Way. We need more beds, not fewer. We have the super garrison coming, with more pressures and more people*
- *AMHP travel from Swindon to Devizes is not the issue – availability of doctors, especially out of hours is a problem*
- *In the CQC domains how is this a safe thing to do?*
- *How is someone meant to return to Swindon after leaving the place of safety in Devizes?*

Understanding about a Health Based Place of Safety and the temporary closure

- 79 survey respondents said they understood the reasons for the temporary closure of the units and 98 survey respondents said they did not understand the reasons.
- From the responses some people are thinking the temporary closure of the HBPOS unit in Swindon meant that all the services at Sandalwood Court (where the unit is based) are closing.

- Written comments included:
 - *Its due to the CQC failures*
 - *Due to changes in the detention time period from 72 hours to 24 hours and the availability of Section 12 doctors*
 - *It relates to the changes in the law in terms of s136*
 - *Decision was made in order to make improvements to the POS provision following concerns raised by the CQC*
 - *Police custody suite is not suitable for mentally unwell people*
 - *I have no idea about the reason for the closure or what the benefits are*
 - *The inspection revealed improvements were needed, so temporary (in theory) closure to all the service to be reconstituted and re-opened*
 - *I understand about the reasons but am concerned the temporary closure will become permanent*
 - *Where is the evidence for the temporary closures?*

Finances

- There were comments in the survey about the financial aspects of the temporary closures and these included:
 - *Resources need to be pooled*
 - *Cheaper to run one site rather than three*
 - *Best use of resource in constrained circumstances*
 - *Cost issues of staffing and operating very small (1 room) care units*
 - *Once again money is dictating policy*
 - *We pay our dues to have these services close to our home*
 - *It appears money related and not service user related*
 - *Its all about saving money*
 - *What about the travel costs for AMPH staff who have to get to Devizes?*
 - *Its more about money rather than quality*
 - *This is a purely financial decision*
 - *The benefits are purely financial*
 - *Stop using cost as a measure to cut basic levels of care*
 - *Short sighted, budget driven initiative*

Other

- Comments included:
 - *It's a political decision to destroy the NHS*
 - *We need more than one POS in Swindon*
 - *Bluebell unit has lots of people from Bristol – that means Swindon and Wiltshire people may not get in when needed*

4. Next steps

The findings from the engagement will be included in the Evaluation Report on the temporary closures of health based places of safety in Swindon and Wiltshire which will be considered by the Governing Bodies of Swindon and Wiltshire CCGs and the relevant Overview and Scrutiny Committees.

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