

Swindon and Salisbury Health-based Place of Safety Temporary Closure Background Briefing

Purpose

1. To provide an update on the Swindon and Salisbury Health-based Place of Safety (PoS) Temporary Closure.
2. Avon and Wiltshire Mental Health Partnership Trust (AWP) Place of Safety facilities in Swindon and Salisbury will close temporarily for a 12 month period to ensure the Trust is able to comply with the new Policing and Crime Act which came out in December and which reduced the maximum time anyone can be detained under Sections 135 or 136 from 72 hours to 24 hours. The closures are also designed to enable AWP to address concerns outlined by the CQC and to make suggested improvements.
3. The facility at Fountain Way in Salisbury will close on Monday Feb 26th with the Place of Safety at Sandalwood Court will closing on Monday March 19th.
4. Both services will be relocated to Green Lane Hospital in Devizes which will operate with four beds, increasing capacity in Wiltshire by one bed.

Background

5. A 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 that person has a mental disorder and if so whether they require further assessment or treatment. People removed to a place of safety are in crisis and usually highly distressed. Most are presenting a risk to themselves and sometimes to others.
6. 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, or not. A bed is available in the s136 suite, not as a bedroom, but rather to allow rest. It is extremely rare that a person in a section 136 suite would be visited by relatives during their brief stay.
7. There are currently three place of safety suites in Swindon and Wiltshire located in Swindon, Salisbury and Devizes.

Why the PoS suites are being temporarily closed

8. During the Care Quality Commission (CQC) comprehensive inspections of the AWP in 2016 and 2017 the Trust was told by the CQC to make improvements to health based places of safety (HBPoS), which were rated as inadequate. There have been improvements to governance, reporting and escalation protocols since 2016. Improvements in the way that the Trust governed and monitored the HBPoS significantly improved, with new systems and a clearly accountable governance Director and team

put into place. These improvements saw the removal of the section 29A warning notice removed during the 2017 CQC visit.

9. The overall rating from CQC remains as inadequate though. The CQC 2017 report notes that although the Trust had made some improvements to the HBPoS environments there were continued concerns around timeliness of the commencement of assessments within the HBPoS, although the CQC did acknowledge that the trust would not be able to resolve all issues without multi agency solutions.
 - The CQC stated that '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 CQC stated that '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'.
 - The CQC stated that '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% of people waited more than 12 hours to be seen for assessment. This was an increase on the level of people waiting 12 hours or more than at our inspection in May 2016.
 - 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 (PMVA).
 - In 2016 the CQC stated 'that 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 'mixed' dynamic of ward based patients and detainees within the same area'.
 - 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 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 the each place of safety and reduce the level of transfers between places of safety.
10. The issues above are known as 'requirements'. Requirements act as a precursor to enforcement and notify providers where they are failing. If providers do not improve then the CQC can move to formal enforcement action which includes warning notices, special measures and prosecution.

11. The full CQC report is available here <http://www.cqc.org.uk/provider/RVN>

What will change?

12. To meet the CQC's requirements AWP must change the way in which it delivers HBPoS services. Currently the trust has three HBPoS, two in Wiltshire and one in Swindon, which operate a ward based model. A ward based model means that there are 2 extra staff on duty on the ward associated with the HBPoS and that these staff move across to the HBPoS when a person is detained by the Police on section 136. The ward based model has significant disadvantages such as an inability to provide a 3 person PMVA team and an inability to provide tailored service response.
13. The Policing and Crime Act 2017 reduced the maximum time period for which a person can be detained under section 135 or 136 from 72 hours to 24 hours. This is a significant change in the requirement; the system will not be able to meet the revised time period unless there is radical change in the model of care for users of patient safety suites.
14. Without amalgamation of the Salisbury and Swindon HBPoS to a team based approach the service is unlikely to meet the above requirement notices and could move to a further enforcement such as a warning notice or more likely as the trust has a previous warning notice special measures.
15. Therefore once the facilities in Salisbury and Swindon have closed, the service will be provided in Devizes where four suites could be opened, increasing capacity by one and providing a suite with improved facilities suitable for young people under the age of 18. Staff would be available on site with a dedicated team to ensure consistency in safe care. This team would ensure that patients are screened and assessed as soon as they enter the PoS and planning for their discharge will start immediately. It is essential to have this cohort of staff on site, rather than on-call and dispersed around the county to meet the 24 hour maximum detention time.
16. Further to a business case being approved by commissioners and discussions with AWP consultant staff, there will also be an increase in the availability of 24 hour section 12 Doctor cover.
17. During closures, users from Swindon and Salisbury will be transferred to the PoS suites in Devizes with AWP ensuring patients are provided with transport once they leave the PoS as required.

Benefits from the temporary closures

18. The primary drivers for the proposed temporary closure are improvements to service user experience and the reduction in the length of time a person is detained in order to meet the requirements of the Policing and Crime Act. The proposed changes to the model of care would also mitigate the quality issues to the PoS service identified in the CQC reports of 2016 and 2017.

19. There are a number of other benefits that the service change would bring which have been highlighted under the CQC domains. These are as follows:

Safety

- Purpose built environment at Devizes offers improved safety and quality of environment
- Design enables parts of unit to be managed to respond to specific clinical need e.g. CAMHS, gender
- Consolidating PoS on one site would enable the establishment of a dedicated team of staff who will ensure consistency in safe care
- Recruitment to a specialist team more likely to be successful due to skills/experience opportunity available
- Recording of data in relation to performance incidents will be improved from one service/site
- Environment allows for staff from other agencies to be in the PoS for support without being in the direct clinical space
- Intended reciprocity of Approved Mental Health Professional (AMHP) to undertake assessment to avoid Service User travel between PoS

Effective

- Specialist team of staff will ensure that screening, assessment and planning for discharge will occur immediately on arrival thereby improving flow. This is essential to meet 24 hour limit for assessment
- Consolidation to one site offers the opportunity to develop a training matrix which recognises PoS as a specialist area
- Development of best practice across two STP PoS services
- Provision of dedicated clinic room within unit enables physical health monitoring as required
- Single consolidated unit will enable more effective communication with community teams and urgent care Clinical Hub (Medvivo)
- Provides opportunity for more dedicated medical time to be established

Caring

- Provision of dedicated skilled team will improve quality of care provided
- Environment enables gender specific areas and space for people to be away from their individual rooms
- Improved environmental facilities such as a courtyard for accessing fresh air, a kitchen, a communal space, an assessment room with a bed and an ensuite bathroom
- Space for other agencies to be in the environment in separate areas without encroaching on the personal space of people in the PoS

Responsive

- Co-located AMHPs to increase speed of assessments undertaken with a dedicated team of staff
- Dedicated space to enable Intensive Support Team to undertake crisis community assessments

- Improved time to assessment more likely to reduce conversion rate (to admission/detention). Multi-agency model will reduce likelihood of breach to detention time limits
- Dedicated team available 24/7
- Increased capacity by 33% (1 bed)
- Opportunities for synchronicity with other services in the pathway
- Single service will enable better system resilience
- Patients will be provided with transport home after a PoS episode

Well led

- Single clinical leadership structure with identifiable Clinical Lead and Clinical Director
- Dedicated team will enable supervision to be tailored to the work and requirements of the service
- Dedicated Team Manager and single locality management structure
- Identifiable management will improve inter-agency relationships and enable a responsive escalation process for partners
- Improved ownership of performance for PoS activity by single management structure
- Dedicated team will enable staff development to be tailored to the work and requirements of the service
- Recruitment will be improved as it should be easier to recruit to a specialist team.

Next steps

20. The service will be evaluated at nine months led by the CCG and involving service users.
21. The change in the model should be cost neutral; there should be no increase in activity changes, however, capacity will be increased and more users will access the PoS in Devizes rather than being transferred elsewhere. The South West Strategic Project is developing alternatives to detention which should reduce activity in the longer term.
22. The Trust will ensure users are safely transported home after a period of detention. Transport will be provided as necessary.
23. During the period of the temporary closure providers and commissioners and Healthwatch will obtain feedback and consider the impact the temporary closure is having on the populations of Swindon and Wiltshire and individuals using the service. This will then lead to recommendations to NHS England and NHS Improvement on whether the original place of safety locations should resume or steps would be taken to move towards a formal closure.
24. There will be no physical change to the environments that would prevent Swindon and Salisbury PoS re-opening.

25. During this time period, if the evaluation supports a permanent service change, an assessment will be made by all parties as to whether a public consultation will be required. If there is a requirement to consult, this would be led by the CCG, supported by the Trust and subject to the NHS England assurance process. The consultation will be designed, taking into consideration the responses received as part of the Trust led public consultation in early 2017.

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26 February 2018