

Improving our
Place of Safety

Developing a Centralised Place of Safety (CPOS)

Engagement Report – August 2016



Dr. Matthew Patrick

Chief Executive

“When we develop a service, we need to understand what matters most to the people who will use it. In developing our Place of Safety, we have listened to people who have direct experience of using our crisis services and to those who have used a Place of Safety. We have visited local groups and we have invited individual feedback. These are not simply one-off conversations – those with real experience of our services are helping us routinely and regularly. Sometimes they remind us that it is the little things that make a difference, and sometimes they tell us how we need to get the basics right.”

Thank you to everyone who has given their time, ideas and feedback by joining our conversations about the Place of Safety. You are helping us to ensure that it will properly meet the needs of those who use it in the future.

“Being involved in the CPOS work as a service user consultant has meant I’ve been able to give a voice to people in crisis. I never had that opportunity myself.” **Member of the service user and carer advisory group**

“The ultimate aim of this new Place of Safety is to provide a haven of protection, expert skills and gentle care to those in extreme need at a time of crisis. In this situation people are ultra-sensitive to their surroundings and a small, dedicated band of service user consultants who regularly attend meetings have greatly influenced the introduction of many of the features and little touches those being cared for will most appreciate. They have been there, they know what matters to people at a time of crisis. All credit – and power – to them.”

Carer Consultant

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Background

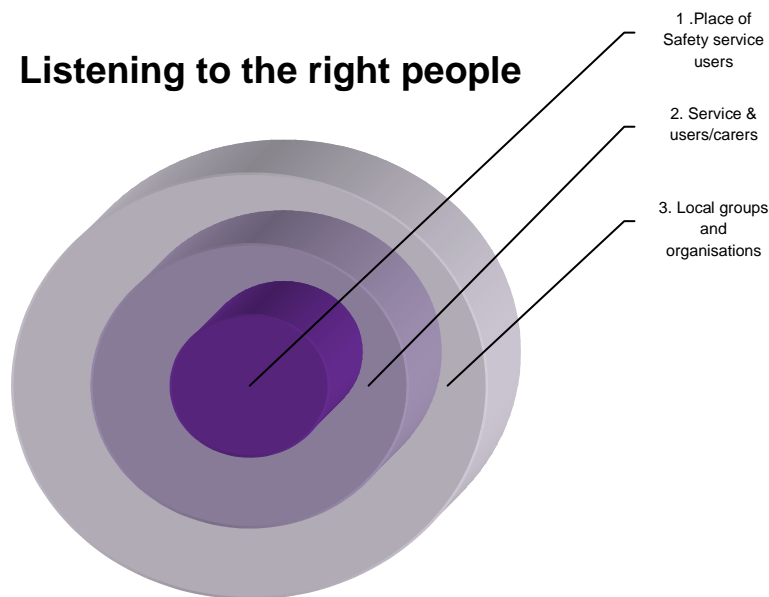
The police can use the law (section 136 of the mental health act) to take people from a public place to a “Place of Safety” if they seem to have a mental illness and be in need of care. A Place of Safety is a place where mental health professionals can assess people’s needs and work out the best next steps. Currently, there is a small place of safety in each of the SLaM boroughs (Croydon, Lambeth, Lewisham and Southwark). We are replacing these with one larger Centralised Place of Safety on the Maudsley Hospital site in Southwark. This report aims to describe:

- how service users, and those people and organisations who support them, have been involved in the discussions and planning
- the themes arising from the feedback and discussions.
- how feedback and involvement has influenced policy and practice



Members of our special interest group visit the site – April 2016

Who we involved and why



1) People who have used a place of safety

Understanding and acting on people's actual experiences of services is the starting point. Not many people will be brought to a Place of Safety, but for those who are, it can be a frightening experience. The people best placed to help us understand what it is really like to use a Place of Safety are those who have used one. Starting in 2014/5 we listened to over 100 people who shared their experience.

2) People who have experienced a mental health crisis or supported someone who has

Routinely involving service users and carers helps us to keep patient & carer experience at the heart of our work. Our service user/carer advisory group and special interest group were involved from the beginning and continue to be integrated in the work to develop the CPOS. They are members of the 'Project Board' which is overseeing the development of the CPOS.

3) Local groups and organisations are a valuable source of feedback and guidance, bringing independent views and harnessing the voice of a wider group.

How we involved people

People who have used a place of safety: In 2014/5, service user and carer consultants worked with staff to develop a questionnaire for those who have used a place of safety. Service user and carer consultants approached people who had been through the local places of safety and (using the questionnaire) asked them about their experience. They listened to around 100 people. We called this the “136 Audit”. Recommendations from this project were incorporated into the policy for how the CPOS will work.

Service User & Carer Advisory Group: Each department in SLaM has a Service User and Carer Advisory Group. The groups are made up of service users and carers. Senior managers join members every month to discuss changes to our services. The CPOS is regularly discussed at the Psychological Medicine Service User & Carer Advisory Group.

Special Interest Group: From February 2016, 6 service users and carers from the advisory group have been helping the CPOS Staff Team. Every fortnight, 2 of them join managers and clinicians at the Project Board Meetings which oversee developments. They have visited the site and are working on specific projects to make sure that service user and carer preferences are considered.

People on the wards: We asked people who are having an inpatient stay for their views on specific things as they have a special understanding of what it is like to be in a mental health crisis. So far, they have helped us with ideas about paint colours and what might help relieve stress and anxiety whilst in the CPOS. In addition, a group of young people from a ward and a group of adults were shown around the unit and their feedback was noted.

Workshops :

- On 14th July, service user and carer consultants joined staff, commissioners and Healthwatch to discuss changes to the Home Treatment Teams. They discussed how the Home Treatment service could best support the CPOS.
- On 2nd August, service user and carer consultants joined the CPOS manager to discuss signage and information. The informal workshop included a walk around with stops for discussion.

Open Discussions:

During April 2016 we went to local mental health user groups/organisations to find out what people thought about our plans. We presented our plans to around 150 people and around 70 chose to join us for detailed discussion. We produced an information sheet with some questions (see appendix 1) which we shared with local organisations and with our internal service user/carers networks. Via this questionnaire, we received individual feedback from a number of older adults and some young people. In June 2016 all the feedback was reviewed by the Project Board. During July 2016 we invited a wider discussion again, directly contacting around 100 local organisations and promoting discussion through our website via a link to an online survey. Working with our local Healthwatches, we invited people to a public open day on August 9th to showcase what we had learned through our engagement, where we had reached in terms of developing the Unit and to invite further comment.

What we learned through our conversations:

(2014 - July 2016)

In general, people understand and appreciate the rationale behind developing a *centralised* Place of Safety. The advantages of having a dedicated staff team, and a better environment are seen to outweigh the disadvantages such as the distance of the site from some of the boroughs.

Much discussion focussed on the need to provide a comfortable and humane space where:

- **Staff should be welcoming, respectful and trained to support people in a crisis**
- **People need to be kept informed at all stages. People may need to be told things several times and there should be jargon free written information too.**
- **Where people have crisis plans, these should be taken into account**
- **People's physical health needs should be assessed and catered for alongside their mental health needs**
- **People should have access to proper clothing, phone calls, food, water, money, and a bed**
- **When in a crisis, distraction can help relieve anxiety. It is not always helpful to be in a bare room with no distraction**
- **Family members should be involved and informed (with the service users consent)**
- **Peer support should be explored as an option whilst in the CPOS and after discharge**
- **People with lived experience should continue to routinely inform how the service develops**



How feedback influenced our plans

People told us:

Staff should be welcoming, respectful and trained to support people in a crisis

“Have a “friendly” welcome. Many “places of safety” are cold and unfriendly. The treatment of people is paramount, making sure they are looked after until they are able to speak up for themselves”

Croydon Hear Us Forum discussion

“The patient should be treated as gently and kindly as possible by every member of staff, even if a degree of violence has been demonstrated.”

Individual

“One of the most important things is safety and security. There should be no mistakes when it comes to this as in my experience from police vans and A&E's there can be a big gap when it comes to making sure service users and those around them are kept safe.” **Individual young person**

136 audit: How did you feel when you arrived at 136 suite?

“I waited for ages, no one came down. I felt humiliated. I’m not allowed to smoke and I’ve been threatened.”

“Being here has been difficult, always being told to wait. It’s difficult to get food. I felt rushed to be placed here. I feel like I was being kept here against my will.” “I was scared, but there was one nurse who was very nice to me.” **Individual responses**

What we are doing or have done

- The staff team was specifically recruited to work with people in a mental health crisis.
- Service user consultants were, and continue to be, involved in recruiting the staff team.
- Service user consultants with experience of using a place of safety have delivered a training session to help staff understand what it feels like to be a service user in the place of safety.
- Simulation training (using actors to simulate live scenarios) is planned for CPOS staff and police. This will happen on site and will allow staff to reflect on how they interact with people using the service.

People told us:

People need to be kept informed at all stages. People may need to be told things several times and there should be jargon free written information too.

“Over a quarter of participants reported not being given any explanation as to why they were brought to the section 136 place of safety. This is likely to add to the sense of bewilderment described by several of the participants” **Extract from the 136 Audit Report**

136 audit: How did you feel when you arrived at 136 suite?

“A sense of confusion as a number of people were dealing with me. I felt like nobody was on my side” **Individual response**

What do we need to consider? *“Language used by professionals i.e speak in simple terms – that is easily understood. Interpreter if English is not first language”* *“Talk and try to explain reasons for admittance, be friendly, don’t intimidate”* **Croydon Hear Us Forum discussion**

“The patient should be given a brief résumé of what is likely to happen next and given written information on where they are and why for them to refer to when left on their own.” **Individual**

“service users and their friends/family should be given information on whats going on, why they are there and also what the next step is. This can be done through interactive boards in communal spaces and also leaflets and information posters.” **Individual young person**

What we are doing or have done

- The special interest group of service users and carers are working with staff to identify the key aspects of the assessment and how we should communicate this to service users. This will include making sure we use plain language and how we access information in other languages.
- We held a workshop with service users on the 2nd August which looked specifically at the signage in the unit.



People told us: Where people have crisis plans, these should be taken into account

“The need to ensure people have good and current crisis plans” **Lambeth Living Well Collaborative**

“Group members were interested to hear about the changes and were keen for more specialist support for people when in a crisis.” **Lewisham Users Forum Discussion**

What we are doing or have done

- We have written into the operational policy that staff will consult the notes of each patient on arrival. Crisis plans that are loaded onto the electronic system will help us understand how best to support people.
- Our nursing staff have been trained to help people to develop techniques to cope during a crisis. During their time at the CPOS any preferences can be added to the electronic record.
The specialist Dialectical Behaviour Therapy (DBT)* service will support the team to develop their capacity through telephone advice and training.

People told us: People’s physical health needs should be assessed and catered for alongside their mental health needs

“Give them a health check, get in touch with their GP or relative”
Croydon Hear Us Forum discussion:

Importance of: *“Ensuring that medications for people’s physical health conditions are made available and that physical health is recognised in assessment & care planning. Providing space that can accommodate people with physical conditions/disabilities*
Southwark Dragon Café discussion

What we are doing or have done

- The unit has access to a full range of medical equipment for testing/assessing people’s physical health.
- Everyone will be offered a medical assessment that will take place with an on-site doctor.
- People’s particular health needs will be communicated to GPs and/or other relevant services

People told us: **People should have access to proper clothing, phone calls, food, water, money, and a bed**

“Hygiene products (toothbrush, toothpaste as well as the usual soap and towels) and nightwear should be on hand as the patient is unlikely to have brought these things with them.” **Individual:**

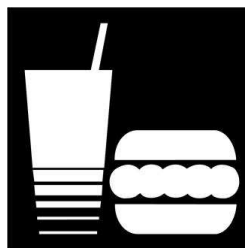
“It is important to recognise how people may be brought to the CPOS. People may need clothing on arrival.” **Southwark Dragon Café discussion**

136 audit: How did you feel when you arrived at 136 suite? *“I should have been given clean clothes and allowed to make phone calls.”* **Individual response**

“My experience could have been better if I was allowed to sleep, treated with dignity and respect.” **Individual response**

What we are doing or have done

- The special interest group of service users and carers are working with staff to develop Hygiene Packs that can be given to people on arrival.
- There will be a clothing store & access to food & drinks 24/7.
- Beds will be available for anyone admitted to the unit.
- The nursing team can enable people to make and take phone calls, in private where necessary.



People told us:**When in a crisis, distraction can help relieve anxiety. It is not always helpful to be in a bare room with no distraction**

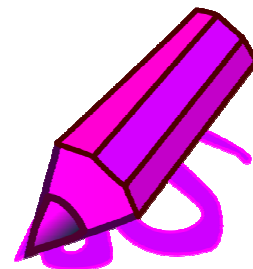
Consider: *“The need to have a ‘softer’ environment – suggestions included: Whiteboard/blackboard, so people can write their thoughts, Think about paint colour – not stark white, things to divert attention from distress – eg: TV/radio”*
Southwark Dragon Café discussion

“One thing that I would find helpful would be noise cancelling walls or doors because when one is distressed it can often trigger others off leading to many situations at any one time which can lead to a lot of chaos”

One thing that is needed is things to do for when young people are distressed or are looking for distraction so maybe things such as a TV and books as well as board games and cards should be locked away but available.” **Individual young person**

What we are doing or have done

- There will be a support pack in the CPOS which will include items for distraction such as ipods, colouring books and other items which would help relieve stress and offer distraction. A service user consultant is leading some work to find out what would be good to be included in the pack, bearing in mind the range of people who may come to the CPOS.



People told us:

Family members should be involved and informed (with the service users consent)

51% reported a carer, friend or relative had been informed about the fact they were taken to a 136 suite. 33% stated that they had not. **Extract from the 136 audit**

Q. The 136 audit highlighted communication with family & carers as an issue. Will there be a waiting area in the Centralised Place of Safety?

A. Yes. There will be space for family & carers. There will be communal areas as well, so that for people who are able, they need not be kept alone in a room.” **notes of psych med advisory group discussion Feb 2016**

“Subject to patient’s permission family/carers should be contacted and given name and phone number of staff member in charge of patient and other information (e.g. visiting arrangements etc).” **Individual**

What we are doing or have done

- Communal areas have been built into the design of the unit, so that there is space for visitors.
- We have written into the operational policy that when a patient arrives, they are asked who they would like to involve and how. Information for carers will be available at the CPOS. This will include the SLaM Carers Handbook.

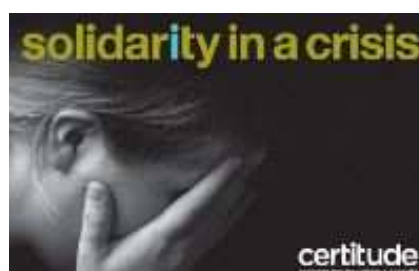
People told us:

Peer support should be explored as an option whilst in the CPOS and after discharge

“Informal support from volunteers or peer supporters to people whilst in the CPOS was felt to be a good idea.” **Southwark Dragon Café discussion**

What we are doing or have done

- Solidarity in a Crisis (a local crisis peer support service) have agreed to work with us to offer peer support where appropriate
- We have links with “Lambeth Sanctuary” (out of hours crisis support service) and can refer people there if appropriate.



People told us:

Staff should make sure that children/young people are not alarmed or distressed by adults who are in the CPOS

“Young people should be protected from seeing, hearing or encountering severely unstable adults.” **Individual**

“I feel you need to think about how it is divided in that there are areas for adults and areas for adolescents. Also need to think how easily accessible it is from the vehicle to the place of safety” **Individual young person**

What we are doing or have done

- Staff have had training about working with Children.
- We have developed a specific protocol for when children & young people are on the unit.

People told us:

People may need an opportunity to talk about their experience of being brought to hospital

“What came out clearly was the emotional impact of being detained under section 136 - something which is rarely touched upon following an individual’s admission to hospital.” **Extract from the 136 Audit report:**

What we are doing or have done

- We will ring everyone within three days of them being discharged. We will ask how they are and whether they are getting the right support. During this phone call, people can also tell us what it was like coming to and being in the CPOS.
- There will be information about our feedback systems in the CPOS, including PALS and Complaints



People told us:

People with lived experience should continue to routinely inform how the service develops

“The future we are seeking to create ... where service users and/or carers engage in activities that are designed to ensure that the user voice is a significant factor in shaping service delivery and development.”

SLaM Strategic Plan 2014-19 summary

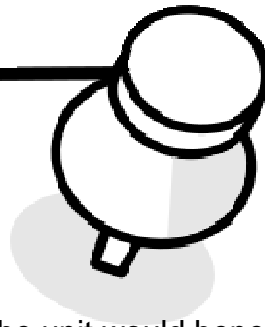
What we are doing or have done

- We will do a follow up survey of people’s CPOS experience. As before, this project will be developed and implemented by service users/carers and staff in collaboration.
- Service user/carers consultants will continue to participate in the project board
- The operational policy will include the need to hold regular meetings with service user groups.



Workshop about information & signage: 2nd August 2016

On the 2nd August 2016, the CPOS manager and staff held a small informal workshop with 6 service user consultants - both adults and young people. The purpose of the workshop was to understand the priorities of people being brought to the CPOS in terms of signage and information. Service user consultants used their lived experience of mental health crisis to help us identify what information will help people understand and make sense of their environment. The workshop took the format of a 'walk around' with discussion stops, beginning with the route into the Place of Safety, including a tour of all the rooms and the route out of the unit. From the notes of the workshop:



Signage in and around the unit:

The general consensus was that the unit would benefit from the following signage:

- Clear "CENTRAL PLACE OF SAFETY" sign at the entrance.
- A sign pointing to the reception with instructions on how to enter the unit.
- A brief description of a place of safety close to the reception area.
- Signpost to the nearest public toilet.
- "Hello" in multiple languages near the entrance.

Route to and from the unit:

- It was felt that the easiest route was around the side of the hospital.
- There needs to be sufficient lighting for the route from the main road to the unit.
- There should be a coloured line/footprints from the main entrance to the unit.

Airlock/Entrance:

- The "knowing me, knowing you" board should be displayed here along with the pledge.

Lounge area:

- It was felt that leaflets should be available in this area for service users and carers.

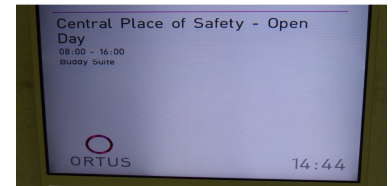
General rooms:

- There should be a sign letting patients know that support packs are available.
- The rooms should have names as opposed to numbers.
- There should be a sign in the "forest room" explaining where the bathroom is.
- There should be a sign for the family/meeting room and everyone thought "Chat room" would be a nice name for this.
- Everyone felt it would be a good idea to have leaflets available in the chat room

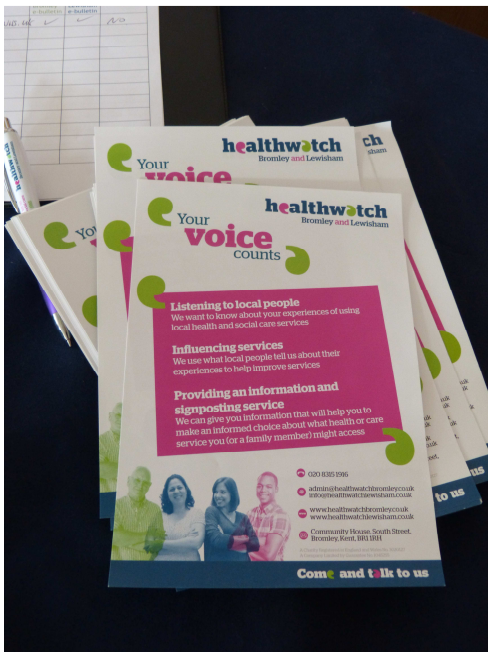
Centralised Place of Safety Open Day· 9th August 2016

On 9th August we held a public open day between 10.00 & 4.00pm at the ORTUS Learning Centre on the Maudsley Hospital site. The purpose of the day was to:

- give information about the development of the CPOS
- to invite feedback
- show people around the CPOS site



Partnership with



Healthwatch is the local independent consumer champion for health and social care. Its remit is to gather and represent the views of the public.

To gain a wider view on our plans, and as recommended by our local Health Overview & Scrutiny Committee, during July 2016 we worked in partnership with our four Healthwatches (Croydon, Lambeth, Lewisham and Southwark). They supported us to invite further engagement and to design an Open Day. The Healthwatches extensive networks' helped us to promote the event widely, and their staff members were available on the day to encourage and support people to voice their opinions about the Centralised Place of safety.

Welcome pack All those who attended the ORTUS were given a full report of stakeholder engagement, a report of the 136 audit, along with an overview of the day and a feedback sheet.

Format

- Participants were invited to browse information posters and to comment using post-it notes or through talking to the team.
- CPOS staff were available throughout the day to lead small groups on guided tours of the site, giving information and listening to feedback.
- Participants were able to talk to the service user/carer consultants who have been involved in the engagement work, both for the 136 audit and the development of the place of safety.

Participation

We estimate that between 200 and 250 people attended the event in total – 120 people signed in at the ORTUS site and over 100 others went directly to the CPOS for a tour of the site. Records of those signing in at the ORTUS show that in addition to a significant number of SLaM, Local Authority & Health staff, people from local charities & voluntary organisations attended – eg:

Cambridge House,	Rethink
Age UK	Bipolar Uk
Voiceability	Alzheimers Society
Mind	Southwark Carers
	One Housing Trust

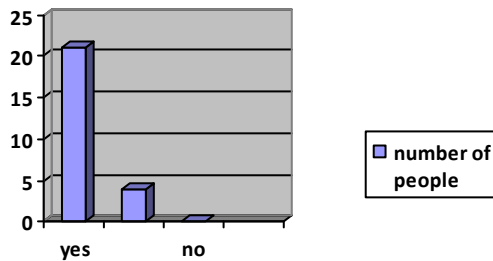


We were pleased that some members of the Metropolitan Police attended. It is difficult to accurately identify how many people with lived experience of our services attended the event as we did not ask people to identify this on signing in. However, we know that 12 out of the 24 people who filled in a feedback form about the day were either a service user, a carer or both. In addition, there were 2 guided tours of the unit for current patients – one from a young person’s ward and one from an adult ward.

What people thought of the event:

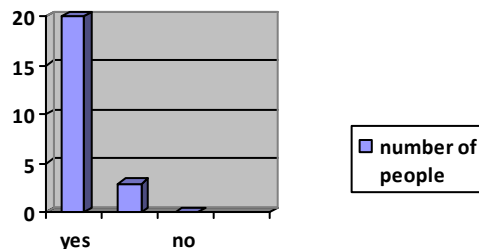
24 people gave feedback about the event. We asked:

Did the open day give you an opportunity to find out more about our plans?



“The welcome to the open day with the big posters were very educative, informative. The opportunity to visit the place of safety was a very good idea”

Did the open day give you an opportunity to give your ideas & views?

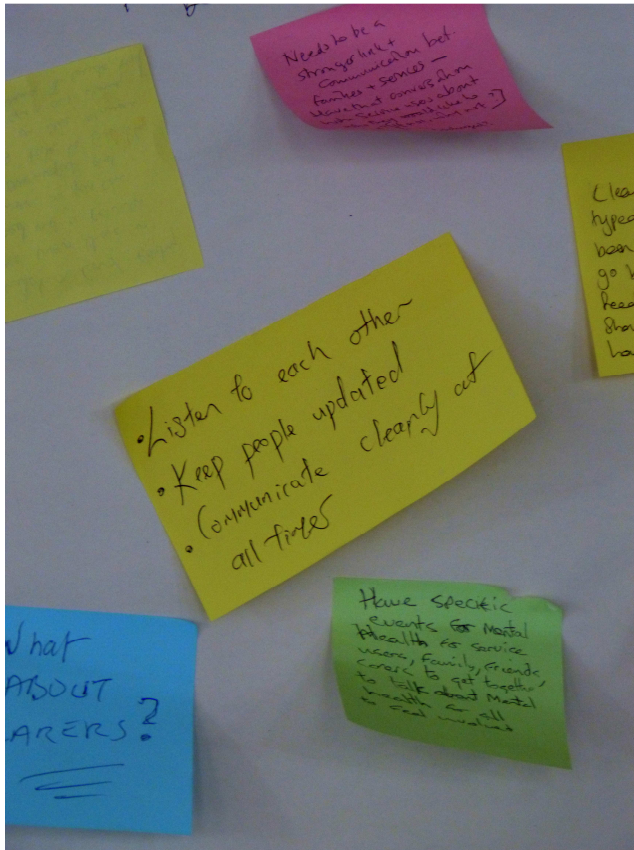


“Really good open space - charts & text, staff accessible open to discussion”

What we learned from the day

Much of the feedback we received throughout July and on the day supported or developed the preferences and ideas identified through earlier engagement.

Working Together



Effective co-ordination Organisations need to communicate to offer people the right treatment and support.

“We need a common language. SLAM, police, patients all use different language”.

“Health records need to be co-ordinated”

“Community teams to be able to offer a prompt follow up within 8 hours”

‘Always respond, no matter how matter how little sense you can make of what someone is saying, nothing is scarier than being ignored’

“Just do it. Pick up the phone & talk to the service users care co-ordinator or send an email - take responsibility, it’s the 21st century. Also need to communicate between trusts.”

A few people stressed the importance of carer involvement: *“Strong links & communication between family & services. Have conversations with the service users about who they want to be told. If not why not.”*

There were some queries about where patients would go if no bed were available if they required admission

Services & Support after discharge –

It is very important to get the discharge process right – tapering support and making sure to liaise well with teams from the boroughs or out of SLaM area if appropriate:

“Taper off support for the patient, don’t just suddenly stop it.”

“Discharge to somewhere appropriate”

“Signposting to NHS & non-statutory services in their borough.”

“Liaise with the home teams of people from out of the area”

“136 team could call people the next day & see if they are getting the support they need”

“a callback within 3 days of discharge is not enough”

“The PoS should find out the circumstances of detention and if taken from home check that the door has been secured and that the pt can have access.”

“Importance of help to get home after discharge



2. Providing the right help:

Information provision and involvement in care - people need to be informed and involved at each step of the way family & carers should be involved.

“Carers & family need things explained, they may not know what a 136 suite is”

“Clear communication, have information typed out to reinforce what has been said to the patient”

“Explain everything as it happens”

“Staff should listen to understand why the person is on a 136 and ensure the person knows”

“Access to advocacy”

Meeting people’s holistic needs - People who use the service should be treated as individuals, staff should work to understand their individual needs and preferences. We need to consider the needs of older people, people with dementia, and people with learning disabilities. The environment should be adaptable for people with physical disabilities.

“Don’t make assumptions, peoples experience of a mental health crisis is different according to each individual”

“Need for access to pastoral & spiritual care”

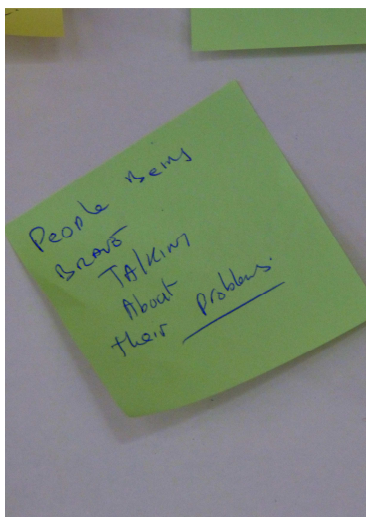
“Remember people with Cognitive impairment & dementia”

“People with MH & learning disabilities need to feel reassured & feel safe”

“Different cultures have different needs - listen to the person & not judge them on their needs - you may not fully understand the person, but they must be respected & viewed with respect”

Stigma and discrimination – The right staff team is vital with suggestions to:

- use “values- based recruitment” making expectations clear from the start
- Incorporate attitudes towards mental health & other equality characteristics at interview & at probation review points



Several people stressed the importance of better mental health training for police, and potentially work experience for them within the suite. This included comments from police themselves who felt training was inadequate.

“Police need to be trained to deal with mental health. They treat you like a criminal. They shouldn’t you are ill”

“I lied about my condition because I was embarrassed and ended up in prison instead of hospital which is where I should have been”

“You are not mad or crazy, you are not well & you need help”

Developing the support pack

During the open day we invited people to comment on our suggestions for the support pack. (see p.10). The support pack will be a stock of items that may help people with stress / anxiety reduction whilst in the Centralised Place of Safety.



Several people mentioned the need to consider using modern techniques for helping people cope, including mindfulness, peer support and open dialogue.

“Expect some trial & error, ask people as they go along”

“Pack included everything, but they must be kept in good condition, so people using them won't feel devalued or treated like children.”

“People must be given an option whether to use the box”

“Not enough items for adults - magazines & books”

Music

We asked people about music. This had been identified as a helpful way to put people at ease.

“Music is a very important coping strategy”

“Music really helps me”

People made the following suggestions:

- Large variety, classical, soothing & uplifting, singalong, a range of music without words, soothing, shamanic or budhist chants, soulful music, nature music, the ability for people to download their own music from their phones on to the MP3



The building

At least 200 people had a guided tour of the building during the day. Groups of patients currently on the wards were shown round in specific groups. During the tour members of CPOS staff were able to describe how the unit will work, how it will look when fully operational, and listen and note people's feedback. Themes from the discussions during the tours will be collated and reviewed alongside feedback from participants at the ORTUS.



Example feedback from staff member who led guided tours:

“People tended to be most interested in the pathway that a person would take through the unit. i.e. how they come in, what areas they could access.”

The main themes from the tours were:

Positive about the actual size, light and fresh air access & finish of the building,

Concerns about colour scheme, echo in the building, access to food, blind spots in terms of observation

Participants were also invited to share individual feedback about the CPOS unit when they returned from their tour, or through looking at the photo board on display. A tour guide noted:

“Most people were very positive in their feedback, recognising it was a big improvement on current facilities available. Negative feedback was regarding the relative blandness of the decor, some visitors felt it was too clinical in appearance.”

Other feedback included:

“Cleanliness of the environment shows respect for patients

“Tension between safety & comfort - what is really best for the patients?”

“POS could do with some colour”

“Suite looks very inviting, please consider some artificial plants”

“Why does the NHS have strange taps & light switches, I could not know how to switch the light on or off”

“Clocks”

“People need to be able to sleep - light levels, furniture”

Reviewing and acting on the feedback from the Open Day

As with the feedback from the April Engagement Programme, the detailed feedback from the Open Day will be reviewed at the Place of Safety Project Board. Suggestions and ideas will be discussed and where appropriate incorporated into the patient experience action plan or operational policies and procedures.

To join the conversation:

To find out more about our work, or to give your views or ideas, please contact:

Alice Glover Patient & Public Involvement Lead

Telephone:

020 3228 0959

Email:

alice.glover@slam.nhs.uk

Appendix 1.

Central Place of Safety

Help us to get it right

What is a place of safety?

The police can use the law (section 136 of the mental health act) to take people from a public place to a “Place of Safety” if they seem to have a mental illness and be in need of care. A Place of Safety is a place where mental health professionals can assess people’s needs and work out the best next steps.

What is changing?

Currently, there is a small place of safety in each of the SLaM boroughs (Croydon, Lambeth, Lewisham and Southwark). We plan to replace these with one larger Central Place of Safety on the Maudsley Hospital Site in Southwark.

Why are we making changes?

The existing Places of Safety are not nice environments. They do not have their own staff team and nurses from the wards are called to staff them when needed. However, we often can’t open a Place of Safety because staff cannot be released from the ward. There are also times when all Places of Safety are full. This means that people in distress can spend long periods of time waiting in police vans or ambulances for a Place of Safety to become available. We think that a Central Place of Safety will help to address these problems - there will be a dedicated staff team of nurses & doctors who will be able to provide a faster assessment. This brand new facility will be much better equipped to assess people’s physical and mental health and will be appropriate for everyone. There is a document with more detail about the changes.

Getting people’s views

We’ve already talked to people who have used our existing Places of Safety. The team developing the Central Place of Safety would like to hear your opinions too and ask that you consider the questions overleaf. Your feedback is anonymous. You can give your response by 18th April 2016, by email, by phone or by posting the completed questionnaire. For more information or to give your views, please contact: **Alice Glover** - Patient & Public Involvement Lead

The Maudsley Hospital, 113 Denmark Hill , London , SE5 8AZ

Telephone: 020 3228 0959 Email: alice.glover@slam.nhs.uk

About you: Are you (please tick all that apply)?

- A person who has previously been taken to a Place of Safety under Section 136
- Someone who has experienced an acute mental health crisis
- A relative, friend or carer
- An interested member of the public
-
- 1 What do we need to think about when changing from having a Place of Safety in each borough to having one Central Place of Safety at the Maudsley Hospital site in Southwark?
- 2 When people arrive at the Place of Safety, how can we make the process as comfortable as possible?
- 3 What practical things do we need to consider?
- 4 There will be a specific area for people under 18 with its own lounge area. What else do we need to think about to make the service comfortable for children and young people?
- 5 Some people need to be admitted to hospital after being brought to a Place of Safety. What do we need to think about if this happens?
- 6 Some people do not need to be admitted to hospital after being brought to a Place of Safety. What help might people need when leaving the Place of Safety?

Appendix 2:

Engagement Details

South London and Maudsley 
NHS Foundation Trust




face to face discussion relating to the centralised place of safety, in addition to the Open Day




Specific information about proposals given with an invitation to join discussions, via open day/ email/ face to face conversation/ web survey

Internal SLaM groups and networks:

Date	Group	borough		i
ongoing	Psychological Medicine Service User & Carer Advisory Group, including Special interest group	SLaM wide	✓	✓
4/2016	Mental Health of Older Adults Service User & Carer Advisory Group	SLaM wide	✓	✓
4/2016	Child & Adult Mental Health Advisory Group	SLaM wide	✓	✓
4/2016	Engagement , Participation & Involvement Committee	SLaM wide		✓
7/2016	START Team – Homeless Outreach Team	SLaM wide		✓
7/2016	KHP Homeless Team	SLaM wide		✓
7/2016	Inpatient wards	SLaM wide	✓	
7/2016	BME Volunteering Project	Southwark		✓
7/2016	Amardeep Project	Lambeth		✓

External user groups & organisations

Date	Organisation	borough		i
4/2016 7/2016	Hear Us Forum	Croydon	✓	✓
4/2016	Dragon Café	Southwark	✓	✓
4/2016 7/2016	Lambeth Collaborative	Lambeth	✓	✓
4/2016 7/2016	Lewisham Users Forum	Lewisham	✓	✓
4/2016 7/2016	Latin American Womens Rights Organisation	Pan London		✓
4/2016 7/2016	Telephono de la Esperanza	Pan London		✓
4/2016 7/2016	Southwark Hub (Together)	Southwark	✓	✓
4/2016	Certitude	Lambeth		✓
4/2016	Southwark Council	Southwark		✓
4/2016 7/2016	Family Health Isis - BME	Lewisham		✓
7/2016	Lambeth Black Mental Health & Wellbeing Commission	Lambeth	✓	✓
4/2016 7/2016	Metro Centre -LGBT	Lambeth, Southwark, Lewisham		✓
4/2016	Four in Ten - Mental health LGBT	SLaM boroughs		✓
4/2016	Vietnamese Mental Health Services	Lambeth, Southwark, Lewisham		✓
7/2016	The Connection – St. Martins	Pan London		✓
7/2016	Passage Day Centre	Pan London		✓
7/2016	West London Day Centre	Pan London		✓
7/2016	The Spires			✓
7/2016	Ace of Spades			✓

Date	Organisation	borough	☺	i
7/2016	Manna Centre			✓
7/2016	London Ambulance Service	Pan London		✓
7/2016	Black Mental Health & Wellbeing Commision	Lambeth		✓
7/2016	Action for Refugees in Lewisham	Lewisham		✓
7/2016	Age UK Lewisham and Southwark	Lewisham		✓
7/2016	Alzheimer's Association	Lewisham		✓
7/2016	Carers Lewisham	Lewisham		✓
7/2016	Downham (Wesley Halls) Community Association	Lewisham		✓
7/2016	Hexagon Housing Association	Lewisham		✓
7/2016	Lewisham Refugee Network	Lewisham		✓
7/2016	Lewisham Irish Centre	Lewisham		✓
7/2016	Rethink Lewisham	Lewisham		✓
7/2016	South East London Tamil Elders and Family Welfare Associations	Lewisham		✓
7/2016	Time Banks	Lewisham		✓
7/2016	Turkish Community Project	Lewisham		✓
7/2016	Victim Support Lewisham	Lewisham		✓
7/2016	Young People's drugs and alcohol service	Lewisham		✓
7/2016	Youth AID Lewisham	Lewisham		✓
7/2016	Age Concern Croydon	Croydon		✓
7/2016	Alzheimer's Society	Croydon		✓
7/2016	Asian Resource Centre	Croydon		✓
7/2016	Bromley Mind, Beckenham Centre	Croydon		✓
7/2016	Croydon Carers Centre	Croydon		✓
7/2016	Community Drug Service (South London)	Croydon		✓
7/2016	Croydon African Caribbean Centre	Croydon		✓
7/2016	Croydon Area Gay Society (CAGs)	Croydon		✓
7/2016	Croydon BME Forum	Croydon		✓
7/2016	Croydon Drop in	Croydon		✓
7/2016	Croydon Local Pharmaceutical Committee	Croydon		✓
7/2016	Croydon Mencap	Croydon		✓
7/2016	Croydon voices Forum	Croydon		✓
7/2016	Mind in Croydon	Croydon		✓
7/2016	Rethink Croydon Carers' Support Project	Croydon		✓
7/2016	Faiths Together in Croydon	Croydon		✓
7/2016	Healing Waters	Croydon		✓
7/2016	Silver Rainbow	Croydon		✓
7/2016	Spires Centre	Croydon		✓
7/2016	Status Employment Ltd	Croydon		✓
7/2016	AAINA Woman's Group	Southwark		✓
7/2016	AAWAZ, Southwark Asians Women's Association	Southwark		✓
7/2016	Action for Community Development	Southwark		✓
7/2016	African Women's Support Group	Southwark		✓
7/2016	Age Concern – Black Elders MH Project	Southwark		✓
7/2016	Bede House Association	Southwark		✓
7/2016	Bengali Community Development Project	Southwark		✓
7/2016	Bengali Women's Group	Southwark		✓
7/2016	Blackfriars Settlement Mental and Wellbeing Service	Southwark		✓
7/2016	Cambridge House	Southwark		✓

Date	Organisation	borough	☺	i
7/2016	Charterhouse in Southwark	Southwark		✓
7/2016	Community Action Southwark	Southwark		✓
7/2016	Cooltans Arts	Southwark		✓
7/2016	Equinox Central Office	Southwark		✓
7/2016	Fast Minds	Southwark		✓
7/2016	Hestia	Southwark		✓
7/2016	Hexagon Housing Association	Southwark		✓
7/2016	Kindred Minds	Southwark		✓
7/2016	London Grows	Southwark		✓
7/2016	Southwark Muslim – Women's Association	Southwark		✓
7/2016	Southwark Pensioners Action Group	Southwark		✓
7/2016	Stepping Stones	Southwark		✓
7/2016	St Giles Trust	Southwark		✓
7/2016	The Clapham Park Project	Southwark		✓
7/2016	Three Cs Support	Southwark		✓
7/2016	Peckham Befrienders	Southwark		✓
7/2016	Project Dare	Southwark		✓
7/2016	Rainbow Resource	Southwark		✓
7/2016	SIMBA	Southwark		✓
7/2016	Southside Partnership	Southwark		✓
7/2016	Southside Rehab	Southwark		✓
7/2016	Southwark Action for Voluntary Organisations	Southwark		✓
7/2016	Southwark Association for Mental Health	Southwark		✓
7/2016	Southwark Bereavement Care	Southwark		✓
7/2016	Southwark Carers – making spaces	Southwark		✓
7/2016	Southwark Community Care Forum	Southwark		✓
7/2016	Vietnamese Women's Group	Southwark		✓
7/2016	CIO - Vishvas South Asian Counselling and Resource Centre	Southwark		✓
7/2016	Age UK Lambeth	Lambeth		✓
7/2016	Afiya Trust	Lambeth		✓
7/2016	Community Support Network	Lambeth		✓
7/2016	Cooltan Arts Lambeth	Lambeth		✓
7/2016	Fanon Resource Centre	Lambeth		✓
7/2016	First Step Trust	Lambeth		✓
7/2016	Lambeth Black Health and Wellbeing commission	Lambeth		✓
7/2016	Lambeth Accord - now know as We are 336	Lambeth		✓
7/2016	Lambeth Asian Centre	Lambeth		✓
7/2016	Lambeth MENCAP	Lambeth		✓
7/2016	Lambeth Carers	Lambeth		✓
7/2016	Lambeth Mental Health Care support Service	Lambeth		✓
7/2016	Lambeth Pensioners Action Group	Lambeth		✓
7/2016	Lorrimore Drop-in Centre	Lambeth		✓
7/2016	Lambeth Mencap	Lambeth		✓
7/2016	Maroons Centre	Lambeth		✓
7/2016	Mind Lambeth and Southwark	Lambeth		✓
7/2016	Mosaic Clubhouse	Lambeth		✓
7/2016	Peer Support Network	Lambeth		✓
7/2016	MH Carers Hub	Lambeth		✓

Date	Organisation	borough	😊	i
7/2016	Solidarity in Crisis	Lambeth		✓
7/2016	SIMBA	Lambeth		✓
7/2016	Spires Centre	Lambeth		✓
7/2016	Thames Reach	Lambeth		✓
7/2016	Together UK	Lambeth		✓
7/2016	Chinese Mental Health Association	Lambeth		✓
7/2016	London Irish Women's Centre	Lambeth		✓
7/2016	Somali Carers Project	Lambeth		✓

healthwatch

Our partnership with the local Healthwatches helped us to make sure that we reached a wider audience. For example

Healthwatch Lewisham:

“We publicised the event widely through a broad range of media and communication channels:

Twitter: consistent promotion for about 6 weeks (1323 – followers)

E-bulletin: issued in three 3 e-bulletin (1777 strong mailing list)

Website: dedicated news article

Healthwatch Network which includes a wide range of third sector organisations and community groups, charity and support groups such as

- Lewisham Drug and Alcohol service users
- Metro young people support group (LGBT)
- Speaking UP – (support and advocacy for people with learning disabilities)
- FORVIL – (federation of Vietnamese refugees in Lewisham)
- SELVIS – (support group for blind and partially sighted people)
- A number of local churches
- Deaf forum (Lewisham)

We also asked other networks to cascade the information through their mailing list. A few examples are:

- South Lewisham Patient Participation Group
- Lewisham Community Connections
- Lewisham Mental Health Commissioning team (mailing list consists of the key organisation with a mental health stake)
- Lewisham Mental Health Users Forum

Healthwatch Southwark:

“We promoted the event by sharing it on our website and by email to our 500 or so supporters. We also promoted it by word and leaflet at our Public Forum, and to a youth group we visited to talk about mental health on 4th August. Also edited and added significantly to the SLaM distribution list.”