APPENDIX B

Healthy London Partnership

London's Mental Health Crisis Care Programme

Stakeholder Engagement Summary

July 2018

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

About Healthy London Partnership

Healthy London Partnership formed in 2015. Our aim is to make London the healthiest global city by working with partners to improve Londoners' health and wellbeing so everyone can live healthier lives.

Our partners are many and include London's NHS in London (Clinical Commissioning Groups, Health Education England, NHS England, NHS Digital, NHS Improvement, trusts and providers), the Greater London Authority, the Mayor of London, Public Health England and London Councils.

All our work is founded on common goals set out in Better Health for London, NHS Five Year Forward View and the Devolution Agreement.

About this document

Since 2015, Healthy London Partnership (HLP) has worked in partnership with London's health and care system to develop a pan-London new model of care for individuals detained under Section 136 (s136). Continuous system wide engagement has been integral to the development of the new model of care. This document summarises the engagement in terms of activities undertaken, the stakeholders involved and how this has fed into the development of the new model of care. For further information on the proposed pan-London model of care for s136, please refer to the public engagement document.

Contents

Overview of the engagement process

It has long been recognised across London that mental health crisis care services often fall short in providing effective access, care and treatment for people who are among the most vulnerable in our society. London's crisis care system is under significant pressure and does not have the services or infrastructure to ensure people experiencing a mental health (MH) crisis receive timely, high-quality care that respects individual needs.

In 2015, HLP worked with stakeholders, including service users and carers, from across London's mental health crisis care system to identify key issues across the pathway and to develop a strong case for change.

A multi-agency group including service users, carers, frontline staff, MH and acute trusts, the London Ambulance Service, the three London police services and local authorities led the development of *London's s136 Pathway and HBPoS Specification*, which outlines the minimum standard of care for HBPoS sites and the roles and responsibilities of all professionals in the pathway. Extensive engagement led to all partners formally endorsing this guidance, which was launched by the Mayor of London in December 2016.

The new model of care was developed from the principles laid out in the guidance. It was recognised across the system that in order to meet the specification standards, significant changes were needed to the current provision of services.

A HBPoS options appraisal was undertaken to identify how London's place of safety sites could meet the specification. The options appraisal identified the optimal pan-London place of safety configuration including the required number of sites, capacity and optimal locations across London. The output of this was a 9 site model with 5 of these sites as all-age provision. This then informed the development of a business case for service change.

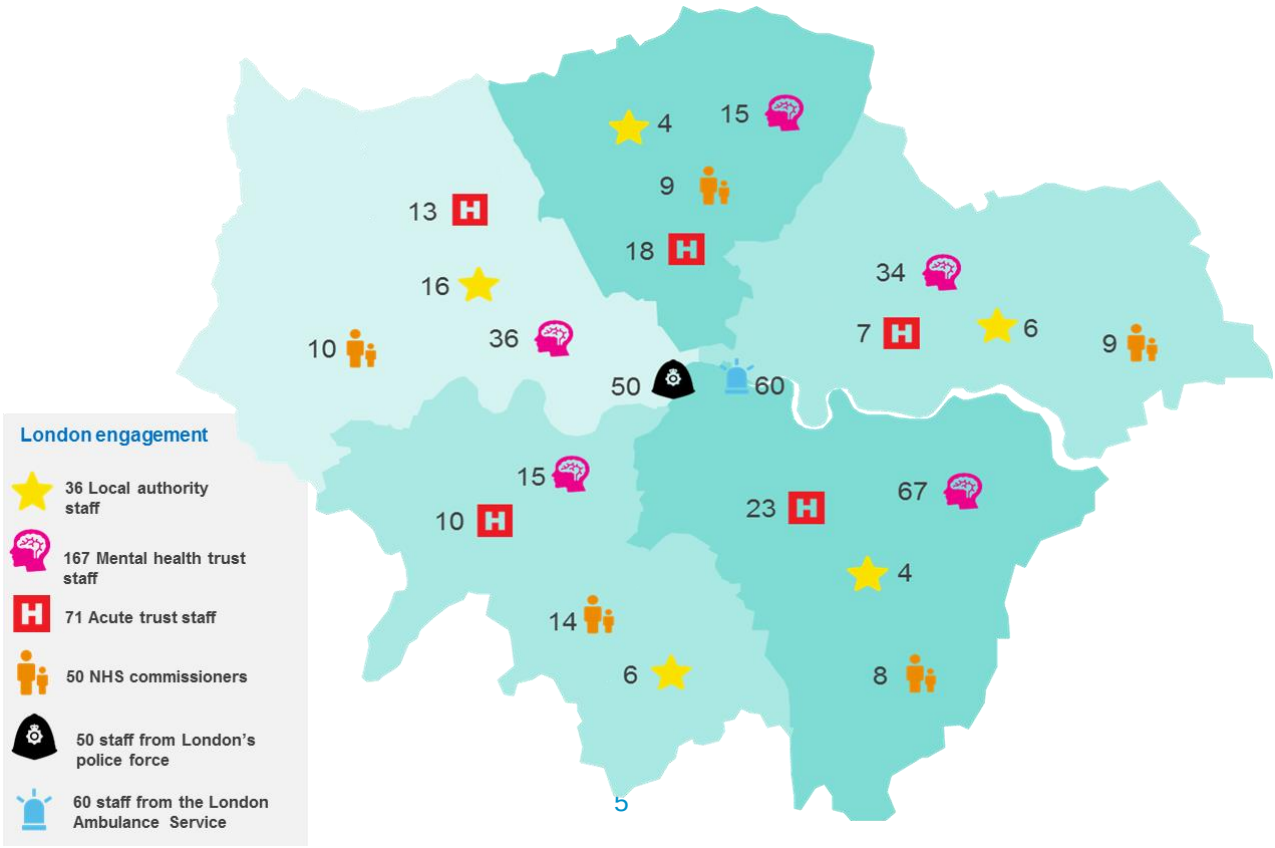
HLP is now working with London's crisis care system and service users to support implementation of the model of care across London. Next steps include the development of business plans in each Sustainability and Transformation Partnership (STP) and for these to be taken through local decision making forums in order to progress implementation. As part of this process there will be further public engagement as further consideration is given at the STP level regarding plans for future HBPoS provision.

The voice of people with mental health problems has been at the heart of the programme. A section of this document has been dedicated to engagement with service users and carers, describing how they have been involved and how their experiences and views have shaped the development of the programme and the pan-London s136 model of care.

Figure 1 below includes the amount of engagement that has taken place throughout the life of the programme. Figure 2 provides an overview of staff that have been actively engaged more recently since the pan-London guidance has been developed. This includes those involved in specific activities to support implementation of the guidance throughout 2017 and 2018. Individual STP maps are available in appendix 1.

Figure 1: Summary of engagement throughout the programme

Figure 2: London engagement to implement the guidance throughout 2017 and 2018



Key documents and dissemination

- London's s136 pathway and HBPoS specification (December 2016)
- Evaluation of South London and Maudsley NHS Foundation Trust's Centralised HBPoS (December 2017)
- The business case for service change (April 2018)
- S136 new model of care public engagement document

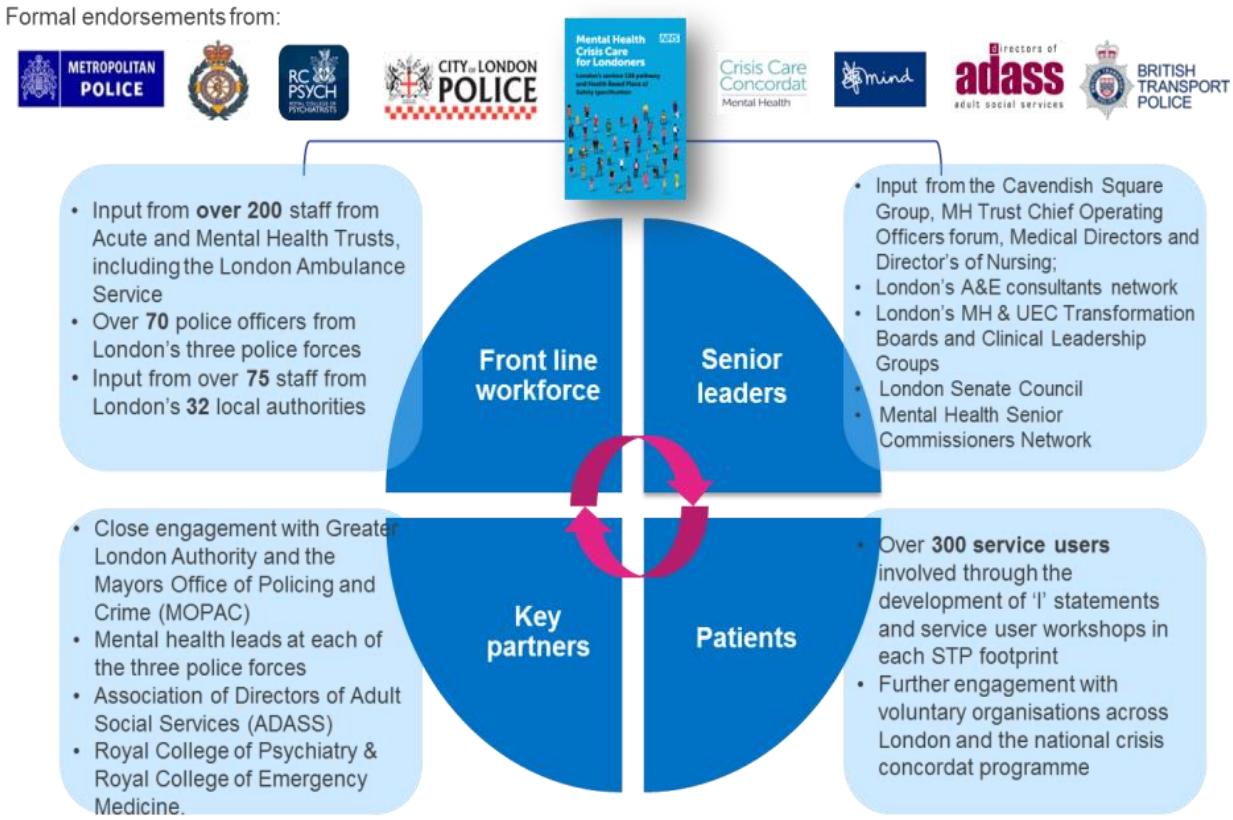
1. London's s136 pathway and HBPoS specification

Since 2015, Healthy London Partnership has worked with London's health and care system to develop a pan-London, new model of care for individuals detained under s136. Significant engagement at the outset of London's mental health crisis care (MHCC) programme determined that the s136 pathway was best focussed on at a pan-London level and that this would complement other local crisis care service development.

The pan-London s136 pathway and Health Based Place of Safety (HBPoS) specification, which outlines the minimum standard of care for HBPoS sites and the responsibilities of staff within the pathway, was developed through extensive engagement with London's crisis care system, including over 300 service users and carers and over 300 frontline staff from London Ambulance Service, London's police forces, mental health and acute trusts. Draft guidance was circulated to over 150 stakeholders for feedback prior to the final version being developed. An outline of the engagement is displayed in the figure below.

The pathway and specification was also formally endorsed by all NHS stakeholder organisations and pan-London forums, London's three Police forces, London Ambulance Service, the Royal College of Psychiatry, Mind and the National Crisis Care Concordat Initiative.

Figure 3: Summary of engagement for development of London's s136 pathway and HBPoS specification.



On the 12th of December 2016, Mayor of London Sadiq Khan launched London's s136 pathway and HBPoS Specification at an event at City Hall (see Events section for more details).

The document was uploaded to the HLP website in order to broaden its reach with 1863 page views since publication in October 2017. HLP also targeted specific stakeholders for distribution including:

- Metropolitan Police
- British Transport Police
- City of London Police
- London Ambulance Service
- Mental Health Trusts
- Local authorities, including London's AMHP services

- Acute Trusts
- Service users

2. Evaluation of South London and Maudsley NHS Foundation Trust's Centralised HBPoS

To understand the impact of SLaM's new centralised place of safety, piloting the pan-London s136 pathway and HBPoS specification, Healthy London Partnership worked with service users, SLaM staff, the police, the London Ambulance Service and AMHPs to evaluate the new service.

The evaluation report was circulated in November 2017 to stakeholders across London. Information and a link to the report was also included in the End of Year crisis care programme update distributed to over 450 stakeholders and in a news item on the HLP website. The evaluation itself has also been available on the HLP website since November 2017, where so far it has had over 500 page views.

Since its launch, information from the evaluation has been included in numerous presentations and to share learning on the potential impacts of the pan-London new model of care. Crucially, the findings from the evaluation, including the service user and frontline staff feedback, were used to develop the business case for service case.

3. Business case for service change

The Business case for service change has been disseminated to a broad range of stakeholders via emails, events and meetings including:

- All 5 of London's Sustainable Transformation Partnerships (STPs): North Central London, North East London, North West London, South West London and South East London.
- London's Mental Health Trusts
- London's Acute Trusts
- Approved Mental Health Professional (AMHP)
- Local Authorities (LA)
- Clinical Commissioning Groups (CCGs)
- NHS England (London region)
- NHS Improvement (NHSI)

- Greater London Authority (GLA)
- London Ambulance Service (LAS)
- All 3 London police services (Metropolitan Police Service, British Transport Police and City of London Police)
- Mind charity
- Service users

The Business case for service change was presented to London's Crisis Care Implementation Steering Group for comment in mid-February 2018 and circulated for comment to the group members. This included feedback from service users and Mind. It was then taken to London's Mental Health Transformation Board and the Urgent and Emergency Care Transformation and Delivery Board for consideration in late March 2018 and the NHSE (London) Parity of Esteem Delivery Group in April 2018.

The Business case for service change was uploaded to the HLP website where it has had 157 page views since publication. A link to the document was provided in the April 2018 programme update distributed to over 450 stakeholders.

4. Other documents and resources developed and disseminated via the HLP website and targeted emails to specific stakeholders include:

- Regular Programme updates, including a 2017 End of Year crisis care programme Report.
- The Voluntary Handover Form (April 2018): A process to support the safe and effective handover of patients attending emergency departments (EDs) accompanied by police.
- The Mental Health Crisis Care Toolkit (December 2017): Training slides developed by an independent legal expert support local training regarding the roles and responsibilities for s136 of the Mental Health Act, including legislation changes in which came into effect in December 2017.
- Posters detailing the roles and responsibilities of each agency involved in the s136 pathway as outlined in the new pan-London guidance developed by HLP. These were provided on request to MH Trusts, Acute Trusts, LAS and Police (December 2017)
- Posters from the 12 December 2016 launch event for the new London s136 pathway and HBPoS Specification (December 2016)

- London s136 pathway: key principles (December 2016)
- S136 pathway service user scenarios (December 2016)
- Crisis care sustainability and transformation presentations (December 2016)
- Improving care for children and young people with mental health crisis in London (October 2016)
- The launch of London's s136 pathway learning report (December 2016)
- Improving care for children and young people in mental health crisis in London: Recommendations for transformation of services (November 2015)

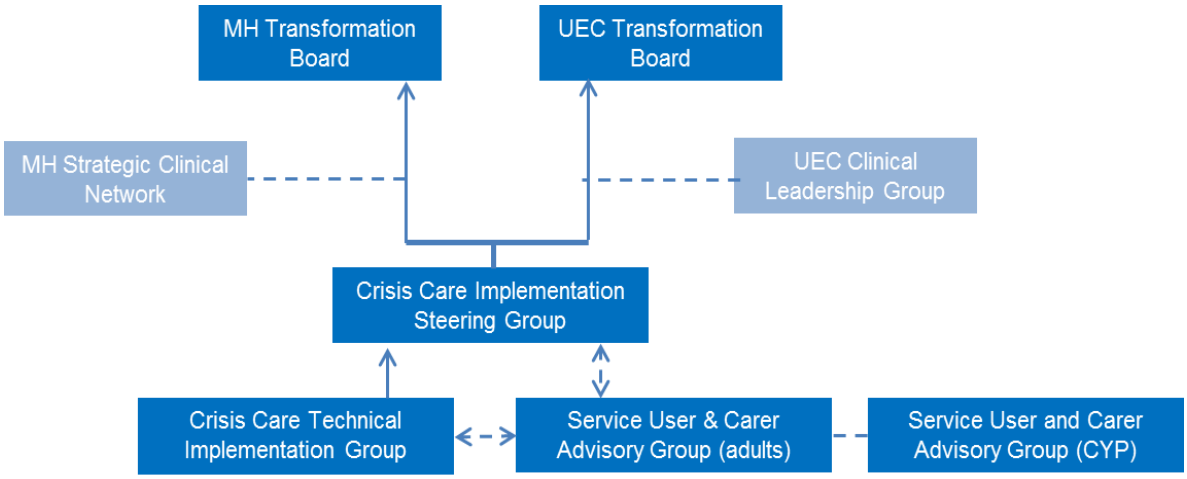
Committees and boards

The following committees provide stewardship of the programme and expert input into the development of the s136 new model of care through various engagement activities including regular meetings and programme updates. The groups are made up of a range of key stakeholders from London's health and care system including mental health and acute trust staff, service users, representatives from all five STP areas, the police, LAS, local authorities and senior representatives from all partner organisations.

- London's Mental Health Transformation Board
- London's Urgent and Emergency Care Transformation & Delivery Board
- NHSE (London) Parity of Esteem Delivery Group
- Service User and Carer Advisory Group
- London's Crisis Care Implementation Steering Group
- London's Crisis Care Technical Implementation Group
- London s136 Commissioning and Payments Task & Finish Group
- London's Urgent & Emergency Care Clinical Leadership Group
- London's Mental Health Strategic Clinical Network

The governance structure for the programme is outlined in the figure below.

Figure 4: Programme governance structure for London's Mental Health Crisis Care programme



Service user engagement

Over 400 Londoners with lived experience of MH crisis and carers have been involved in developing the new model of care through an extensive engagement process. Below we outline who we involved and why, how service users were involved, what we learned from our conversations and how this influenced the programme development. There are approximately 5000 s136 detentions in London per year; this includes multiple detentions for the same individuals.

Who was involved and why

Over 400 Londoners have been involved in London's Mental Health crisis care programme, the majority of whom have lived experience of mental health crisis as a service user or carer. This has included those with specific experience of the s136 pathway, and those with experience of the wider crisis care in London. Representatives were sought from all areas of London, with black and ethnic minority communities and Children and Young people (CYP) also represented.

Through this, the programme endeavoured to include the input of both a large number of service users and to capture the experience in different areas of London and for particular groups. Where demographic information was asked for and provided, the proportion of white (65%) and BME (35%) represented in the service user engagement, reflects the proportion of these groups who are detained under s136 in London. A summary of service user and carer engagement and demographics for key events in development and implementation of London's s136 pathway and HBPoS specification is shown in the table below. Note that demographic information was not asked for in all cases.

Table 1: Service user demographics

	White	BME	Information not given
Online survey and focus group	70	23	61
CYP Focus Group for I statements	0	0	3
CYP Online survey for I statements	24	5	33
Crisis Care Summit	0	0	25
Mental Health Trust focus groups	5	10	32
Harrow in Mind (Somali group)	0	17	3
CYP workshop	2	0	0
Service user and carer advisory group			11
S136 Launch			10
Evaluation of SLAM's centralised place of safety			45
Technical Implementation Group and Implementation Steering Group			4
Mental Health Act Multiagency Training			8
London Ambulance Service patient forum			10

Patient and public network meeting	4
Total	**405**

How service users have been involved

Engagement with service users and carers has taken place at each stage of the process from developing the case for change through to implementation.

Workshops

Five workshops with over 50 service users and carers were held in each STP in London to look at a number of areas of the s136 pathway and HBPoS specification in more detail to ensure service user needs and expectations were met. Specific ideas were also tested with service users to support the implementation process. London's diverse population has been represented through these workshops including all ages and a range of ethnic groups, specific workshops were held for children and young people and individuals from BME communities.

Online survey

In 2016, Healthy London Partnership's Mental Health Crisis Care programme undertook engagement with service-users and carers to further understand the experiences of people who have experienced a mental health crisis in London and find out what is important to them when they are in crisis.

Part of this work involved the charity, Mind, supporting the programme in developing an online survey, which focussed on the experiences of those whose crisis led to:

- attending an ED or
- being detained under section 135 or 136 of the Mental Health Act by the police

The survey was live online from 18 January to 24 February 2016 and was promoted by HLP, Mind, National Survivor User Network, Young Minds and other partners on social media. We received 104 responses by 29 January (the point at which HLP did the analysis to inform the I-statements) and 154 by 24 February when it closed. All except 6 people (29 January) rising to 10 (24 February) were from across London.

The service users and carers who took part in the online survey told us about their recent experiences of crisis care, including those in EDs and HBPoS sites. Service users told us what was good and what could have been better. They also told us what was most important to service users when helping to prevent a crisis, during a crisis and following a crisis.

The information gathered has been used to steer the development of London's new model of care to ensure that it meets the needs of service users.

Demographic information for those who took part in the survey can be found in Appendix 2.

I statements – focus group and online consultation

A key output from the service user and carer involvement was the development of 'I statements'. These are first person statements setting out the expectations of how Londoner's wish to be treated before, during and after a MH crisis. Over 200 service users co-produced a set of 'I' statements through online surveys and focus groups facilitated by Mind and YoungMinds. They were then refined through further online consultation (see appendix 3).

Further engagement was also undertaken with children and young people to better understand where their experiences and needs might differ from those of adults. HLP created an online survey to enable more children and young people to feed back on the draft 'I' statements. The survey was actively promoted on social media and featured on the YoungMinds online blog, which reaches thousands of young people across their network.

The survey was launched on 6th April 2016 and more than 60 young people completed it. Their responses were used to redraft the statements to ensure they reflect what is most important to Londoners who experience a mental health crisis as a young person. The CYP 'I' statements (see appendix 4) are to be read alongside and not instead of the other statements, which apply to Londoners of all ages.

The 'I' statements reflect service user needs and expectations of London's mental health crisis care and were used in the development of a case for change. The statements directly informed London's s136 pathway and HBPoS specification and the new model of care and will be crucial to the evaluation of the programme.

BME service user experience

As part of HLP's continued service user engagement, in July 2016 a workshop was specifically arranged for members of BME communities to ensure that the needs of service users from BME communities were well represented within the new model of care. The workshop was co-facilitated by Mind and HLP. This was in addition to BME service users already represented in the other forums relating to the programme.

Expert by experience videos and stories

In spring 2016, HLP filmed with a number of experts by experience to talk about their story and experience of being cared for under s136. In 2017, service user experiences were included on the Healthy London Partnership website, a Rethink blog and were presented at MHCC summit in February 2016 as well. These

accounts of crisis care in London have been vital to inform the case for change and provide on-going drive for the programme.

London's crisis care summit

London's crisis care summit was held in February 2016 and over 12% of delegates were service users from across London with experience of London's crisis care services. Service users were also involved in the event through presentations and co-facilitating workshops with clinical staff and key partners. The presentations from the service users highlighted examples of substandard crisis care while demonstrating an appetite to work together to improve the pathway for Londoners.

Pan-London s136 pathway launch

On the 12th of December 2016, Mayor of London Sadiq Khan launched London's s136 pathway and HBPoS Specification at an event at City Hall. Over 10% of attendees were crisis care service users.

Place of safety options appraisal process

Service users in each STP were engaged in the options appraisal to determine the best way to deliver crisis care services across London in order to meet the standards set out in London's s136 pathway and HBPoS specification.

Evaluation of SLAM's centralised place of safety

The new model of care was piloted in South London and Maudsley NHS Foundation Trust (SLAM) in 2017, through the consolidation of 4 sites into 1 purpose built site with 24/7 dedicated staffing. The new purpose built facility was co-designed with service users to support delivery of safe, dignified care in a therapeutic setting and staff reported being able to use the facilities flexibly to better manage risk and respond to the changing needs of the individual in their care.

Service user surveys were carried out both before and after the centralised HBPoS opened. Under the new model, 76% of those surveys were positive about the support they received and 64% felt safe (compared with 36% in previous surveys of Londoner's). Furthermore, 79% of service users reported being treated with respect and dignity by staff, 63% felt listened to by staff and 94% felt that they understood the next steps prior to leaving the unit.

Figure 5. Service user perceptions SLAM's centralised place of safety 2017

Service User and Carer Advisory Group / committee representation

Two service User and Carer Advisory Groups were formed (one for adults and one for CYP) to help ensure that service users had meaningful input into the stewardship of the programme. In addition to this service users also sit on London's Crisis Care Implementation Steering Group and the Crisis Care Technical Implementation Group.

Other meetings:

*London Ambulance Service (LAS) patient forum (August 2017):*Service users involved in the LAS patient forum were gathered to hear more about the London mental health crisis care programme and to provide feedback on the implementation plans across London.

Urgent and emergency care patient and public network meeting (April 2018):
Programme updates were provided to members of London's patient and public care networks. Their role is to ensure there is patient input into London's wider UEC programme and ensure effective feedback links between local patient groups into London-wide work.

Programme updates

Regular programme updates every x month? have emailed to service users throughout the development of the new model to help keep them engaged and informed and to give them an opportunity to feedback to the programme team.

London's crisis care mailbox:

The crisis care programme team set up a dedicated email address which is widely available and advertised on the Healthy London Partnership website and on programme updates to allow access to information directly from the programme team and to allow all stakeholders, including service users to provide feedback.

What was learned from the conversations

A number of issues came out strongly from the surveys, focus group and online consultation when respondents were asked about their recent experiences in London's EDs and HBPoS sites.

These issues can be grouped under the follow themes: access and timeliness of care, attitudes and skills of staff, environment, and continuity of care.

We asked people what the most important thing to them was. The following were the most commonly identified areas of importance across the comments left by service users:

- being treated with compassion
- feeling safe
- being listened to

A number of respondents explicitly associated feeling safe with the appropriateness of the surroundings and the attitude of staff.

A significant number of respondents also raised the importance of being taken seriously, feeling respected and being able to access care quickly.

The following areas were identified through the engagement process as particularly important in the delivery of crisis care. The survey responses and focus group have helped to identify both the current problems across these areas and how service users think improvements could be achieved.

- **Access to the right help** – less than half of survey respondents knew how to access advice and support to get the help they needed when in crisis
- **Timeliness of care** – nearly 70% of survey respondents felt there were missed opportunities to prevent their mental health deteriorating to crisis point
- **Compassion** – only 34% who attended an ED and 27% who attended a place of safety agreed that staff had treated them with compassion
- **Choice and Involvement –** only 30% felt involved in discussions about their mental health problems

- **Staff attitudes and knowledge –** only 36% of those who attended an ED felt listened to and that their concerns were taken seriously
- **Environment** – 93% of respondents feel that being in an environment that suits their needs when in crisis is either important of very important
- **Continuity of care** – Over 95% said that receiving appropriate follow-up care after their crisis was either important of very important

Key messages from BME workshop

- Service users said that HBPoS staff were often not very welcoming. It could seem like they were 'preparing for war', treating the individual as dangerous and showing fear of the individual in crisis. This demonstrated a lack of training and the stigma that currently exists.
- Service users often felt that there was not enough joined up thinking for the benefit of the individual in crisis.
- Staff should be mindful of the individuals' cultural and spiritual beliefs and do their best to provide culturally appropriate care.
- Those detained under s136 should be provided with a clear explanation of what is happening in their own language.
- Consideration should be given to ensure that those detained can be assessed by someone of their own gender if requested.
- Onward care plans should give consideration to an individual's social care needs, such as housing and employment, as well as addressing their mental health need.
- More information is needed on the voluntary and community services available including face-to-face and online support. Where possible, efforts should be made to find support groups that align with the individuals cultural and spiritual beliefs. Socialising is an important part of support and access to support groups and peer-support is needed.

Key messages from expert by experience videos

- ED can be distressing and manic for an individual in crisis. ED members of staff do not always understand an individual's mental health need or treat it with the same importance as those with a physical health need.

- Individuals with mental health needs don't want to end up in ED but if they do they want to know physical and mental health staff are working together to coordinate their care.
- Waiting for long periods of time to access care or get a mental health assessment makes a crisis worse. They want to be seen quickly by skilled staff that can care for their mental and physical health needs.
- Individuals don't always know what is happening and members of staff don't always treat them with compassion. They want to be seen by skilled staff that understand mental health and listen to their needs.
- Suitable follow-up care not always available for individuals when they need it. Individuals want to know about all the services they can turn to in their community.
- A bad experience with the NHS means individuals can lose trust in health services and stop engaging in their care. They can then be extremely reluctant to seek help from the NHS when they need it.
- People are extremely hopeful things are going to change and it's a positive step that everyone has been working together to improve the care for patients detained under s136.

Key messages from the options appraisal process

Service users involved in the optional appraisal process (service user and carer advisory groups and reps on the boards) were key to determining the criteria used in the process. The figure below shows the priorities for all age service users and CYP.

Figure 6: Adult and CYP priorities for the pan-London S136 model of care.

Adult priorities		Young people priorities
1	Staffing and care: Ensuring specialised skilled staff available to care for patients 24 hours a day.	1
2	Environment: Ensuring the Health Based Place of Safety environment promotes dignity, recovery, comfort and confidentiality for the patient. It offers a therapeutic environment that is safe, well maintained with good access to facilities e.g. washing and toilet.	1
3	Effective pathway with reduced delays: To have an effective pathway from the point of detention to acceptance in a place of safety meaning patients are not waiting in back of police cars or ambulances as well as a timely assessment once at the site.	1
4	Proximity to other health services (24/7 physical healthcare): The site is located close to an A&E to enable easy access to physical health care if required.	2
5	Proximity to other health services (mental health services): The site is located close to mental health services provided within a mental health trusts e.g. inpatient services or other mental health specialist services (not community mental health services).	2
6	The distance from pick up to the site where assessments take place: A close distance between where a service user is detained and where the mental health assessment takes place as well as proximity from the site to the patients place of residence to enable a short journey home following discharge.	3

How feedback and involvement influenced programme development

We were told: People need timely access to care and effective pathways to reduce delays.

What is in progress and what has been done:

London's s136 pathway and HBPoS specification provides an effective pathway which aims to reduce delays. Key standards that promote timely access to care include:

- Individuals detained under s136 must be taken to the closest HBPoS to the site of detention, regardless of where they are resident.
- If there is no capacity at the local HBPoS, it is that site's responsibility to ensure that the individual is received into a suitable place of safety.
- When the HBPoS states that it has capacity, this means it is able to receive the detained individual as soon as they arrive on site.
- When an individual under s136 presents to an ED, the ED cannot refuse access unless a formal escalation action has been enacted.

- The mental health assessment should be completed within 4 hours of the individual arriving at the HBPoS unless there are clinical grounds for delay.

Under the proposed London model, 88.5% of patients will be 45 minutes or less from an HBPoS which is able to provide specialist care through a 24/7 dedicated staffing team. Though the reconfiguration will mean that there are a smaller number of sites, those sites will have a higher capacity.

It is expected that access to care on arrival at the site will be quicker, with fewer incidences of individuals waiting outside HBPoS sites whilst staff are brought in from other areas of the trust to staff the unit. Furthermore, there will be fewer site closures and instances of individuals being transported from one trust to another due to insufficient capacity at an individual site.

By providing sufficient capacity at the HBPoS sites, the proposed option for the new model of care will reduce the average journey time from 64 minutes to 22 minutes for police vehicles and 24 minutes to 22 minutes for ambulance vehicles. This will ensure that patients receive emergency clinical care more quickly. Patient experience will improve as delays are minimised and they can be seen faster by clinical staff trained to care for their needs.

We were told: Specialised skilled staff must be available to care for patients 24 hours a day, and not pulled off inpatient wards

What is in progress and what has been done:

A key feature of London's s136 pathway and HBPoS specification is that all sites should have 24/7 dedicated staff teams to ensure that delays do not occur as staff are sought from other areas of the trust. Furthermore, there are clear expectation for the mental health and physical health competencies for all staff at the HBPoS.

The roles and responsibilities of all non-HBPoS staff e.g. police, paramedics, ED staff etc. are specified in the guidance to ensure clarity as to the expectation for all professionals involved in the pathway.

Under the proposed new model of care, the number of sites () will be reduce to 9 centres of excellence (however overall capacity will not change), this allows the 24/7 dedicated staffing to be feasible at all sites.

Multiagency training has taken place in all mental health trusts and for the London ambulance service in order to ensure that professionals involved in the s136 pathway are clear on their responsibilities under the guidance and the Mental Health Act legislation. Further training sessions will take place throughout 2018/19 with the focus on ED clinical and operational staff.

Furthermore, the programme has supported four of London's mental health trusts with existing dedicated staffing to secure funding from Health Education England and to begin setting up rotational nursing programmes to allow mental health nurses to develop physical health skills in EDs and ED nurses to develop mental health skills by spending time in the HBPoS. These programmes are on-going and hope to be implemented pan-London as centres of excellence develop.

We were told: The HBPoS environment must promote dignity, recovery, comfort and confidentiality for the patient.

What is in progress and what has been done:

This is achieved both through the physical design of an HBPoS site and staff factors: the training of the staff to use the environment effectively, the compassion and dignity afforded to patients by staff and the relationships within the staff team and with other professionals.

London's s136 pathway and HBPoS specification outlines the requirements for the facilities at an HBPoS. Where HBPoS environments have been co-designed with patients, this can ensure that the environment meets patient, as well as staff, needs. The guidance advises that there is significant service user and carer involvement in the governance and monitoring of HBPoS sites.

The crisis care programme has also supported London trusts to apply for capital funding to ensure facilities developed under the new model of care are fit for purpose with the right capacity.

We were told: Proximity to other health services is important, including mental health services and EDs to enable access to physical health care if required.

What is in progress and what has been done:

Whilst no EDs are dedicated HBPoS sites under the proposed pan-London s136 new model of care (under guidance from the Royal College of Psychiatry and the Royal College of Emergency Medicine) the options appraisal process ensured that close proximity to both mental health inpatient beds and 24/7 urgent physical care were key criteria points to determine the preferred location of sites in London.

We were told: Individuals with mental health problems do not want to end up in ED and if they do, but if they do they want to know ED and mental health staff are working together to coordinate their care.

What is in progress and what has been done:

Under the proposed pan-London s136 new model of care, no EDs are designated HBPoS sites (under guidance from the Royal College of Psychiatry and the Royal College of Emergency Medicine). In addition, London's s136 pathway and HBPoS

specification outlines physical health competencies for HBPoS staff to ensure that there are no unnecessary transfers to EDs for minor physical health problems. There is also a clear protocol to ensure that individuals under the influence of alcohol are not automatically transferred to ED including closer working with paramedics.

The rotational nursing programme and ED training sessions described above will support mental health and ED staff to work together and ED staff to clearly understand their role in the s136 pathway.

How will London's crisis care programme engage with service users and carers in future?

The input of service users and their carers into the London's crisis care programme is vital for its future success and implementation of the pan-London new model of care. Service users continue to be valued members of the Crisis Care Implementation Steering Group and Technical Implementation Group. The London programme will continue to circulate programme updates and upload material to the crisis care pages on www.healthylondon.org.

Whilst Healthy London Partnership continues to support the crisis care system on a pan-London basis, following the business case for service change outlining the proposed pan-London HBPoS configuration, STPs are taking ownership of planning and delivery at a local level. This will involve public engagement on local plans and taking these through decision making forum within the STP footprint.

London's crisis care programme has initiated work to develop a plan for evaluating the changes resulting from implementation of the new model of care and to collect baseline data for this evaluation. Service users and carers will have an important role, both by providing insight into current care through focus groups, and through input into the design of the evaluation.

Key presentations and meetings

Throughout the programme information and updates have been given at a number of forums across London. These have been an opportunity to develop plans and receive feedback from a wide variety of stakeholders.

In the table below, a large number of small meetings (1-3 attendees), teleconferences and email exchanges have not been included as it is not practicable to detail such a significant number of interactions with senior stakeholders and frontline staff from police, LAS and NHS trusts.

Meeting	Date	Audience	Purpose
London's Urgent and Emergency care Clinical Leadership Group	Monthly	Urgent and emergency care clinical leads from London	Regular updates on the MHCC programme and securing feedback/ clinical input into the development of the s136 pathway and pan-London model of care; an opportunity to increase support and engagement for the programme to support implementation, particularly around ED issues.
Mental Health London Transformation Board	Regular attendance	Senior London Mental health care stakeholders	Formal reporting updates provided as this is a pan-London Board within HLP governance. This included the presentation of the final business case for endorsement. Feedback and input from the group sought to inform and steer development of the programme.
London's Urgent and Emergency Care Transformation and Delivery board	Regular attendance	Senior London urgent and emergency care stakeholders	Formal reporting updates provided as this is a pan-London Board within HLP governance. This included the presentation of the final business case for endorsement. Feedback and input from the group sought to inform and steer development of the programme.

London Learning Disability and Mental Health Commissioners Network Meeting	June 2018, February 2017	London Learning Disability and Mental Health Commissioners	General update on the MHCC programme ensuring links with MH and LD commissioning and increasing engagement efforts across London. Recent presentation of the business case and proposed London model of care. Feedback sought as well as understanding of any local issues to help inform development/ implementation.
Association of Adult Directors of Social Services Meeting	June 2018 and June 2016	Adult directors of social care London	The London ADASS lead has presented to ADASS colleagues on the MHCC programme over the past couple of years outlining new guidance and London proposals, the engagement with AMHPs and ensuring comments, feedback and potential challenges are fed into the programme.
London Health Board	June 2018, October 2017	The Mayor of London, leaders of London local authorities (LA) and senior representatives from the Health Sector in the capital.	Outline of MHCC programme implementation progress and a request for both the Board's and Mayor's continued support and input into the programme.
NHSE (London) Parity of Esteem Delivery Group	April 2018, September 2017		An overview of the case for change and pan-London model of care

			including the business case for service change. An opportunity to increase engagement and support from NHS London and to align the work with the PoE agenda/ discuss issues relating to this.
MiCapacity workshop	March 2018	MHCC stakeholders including MH Trust staff, the police, LAS and service users.	Linking the London s136 pathway with advances in the MiDOS MiCapacity tool which is looking at a pan-London live capacity tool for place of safety sites/ exploring synergies between the two programmes and opportunities for alignment.
Health Education England - Delivering the Five Year Forward View: Caring for patients at the right time and in the right place	March 2018	Various London NHS staff	An overview of the MHCC work to date with particular emphasis on the development of a rotational nursing programme between HBPoS and EDs; raising awareness of the work and an opportunity to hear feedback and explore synergies with other relevant projects at the event.
London Security Management Specialists Managers Forum	January 2018	Hospital security managers from across London	An introduction to pan-London transformation programmes, specifically what is happening in crisis care to increase understanding of the roles and responsibilities

			of all staff; understanding local issues relating to security and garnering support for and input into the implementation of the s136 pathway across London with these in mind.
Approved Mental Health Professional (AMHP) London Leads Meeting	Various dates- January 2018, March 2017, November 2016, May 2016, April 2016	London AMHP leads	Updates on the development of the MHCC programme with support from AMHP leads involved in the programme; an opportunity for AMHP feedback/ input into development of the pathway and implementation of the new model as well as to understand local issues/ barriers to implementation.
London's Urgent and Emergency Care Improvement Collaborative Event	December 2017	London's urgent and emergency care system stakeholders, including service users.	Workshop at the event dedicated to detailing the London guidance with a specific emphasis on mental health crisis care in ED's. Presentation included input from MHA legal expert. Aim was to understand issues and potential barriers to implementation and to increase awareness and support.
London's Mental Health Trust Chairs meeting	November 2017	Mental Health Trust chairs from across London	An update on the MHCC Programme of work to date; an opportunity to gain input/ feedback to

			inform delivery and to increase /sustain engagement, momentum & support for the work.
Mind London CEO Network meeting	November 2017	Mind charity CEOs London	Overview of the programme provided as well as asking for feedback and support to increase third sector and service user involvement in local implementation of the new model of care.
London's Mental Health Trust Chief Operating Officers	Various dates 2017	Mental Health Trust Chief Operating Officers	Regular updates provided to the London MH Trust COOs on the programmes' progress. Updates provided an opportunity to ask for feedback and continue engagement with senior leaders to ensure continued momentum and support.
London Mental Health Trust Cavendish Square Group	Various dates- November 2017, May 2017	Senior representatives from London's MH Trusts	Regular updates provided to the London MH Trust CEs on the programmes progress. Updates provided an opportunity to ask for expert feedback and continue engagement with senior leaders to ensure momentum and support.
Meetings with CAMHS clinical leads at each MH trust	August 2017	CAMHS clinical leads at each MH trust in London	Meetings to test possible options for CYP HBPoS provision. Feedback from these meetings steered programme towards having CYP HBPoS

			provision in each STP footprint
London Clinical Senate Council Meeting	May 2017, July 2017	Nominated representatives of the Patient & Public Voice, London's Clinical Commissioning Council, Academic Health Science Networks, Local Education and Training Boards, and Directors of Public Health Network and Social Care, and appointed senior health professionals.	Intro to HLP and the MHCC programme, an overview of the work undertaken to date and a request for specific advice and feedback from senate members around next steps in implementation incl. barrier and enablers such as financial challenges, buy-in at both a local and pan-London level.
Metropolitan Police Service Mental Health Liaison Officers meeting	May 2017	Metropolitan Police Service Mental Health Liaison Officers	An overview of the MHCC programme to date; opportunity to increase engagement, ask the officers for feedback/ input into the multi-agency training agenda and uncover local issues/ potential barriers to implementation.
London's Mental Health Trust Directors of Nursing meeting	May 2017	London's Mental Health Trust Directors of Nursing	An overview of the MHCC programme to date with particular emphasis on options appraisal & Pan-London configuration criteria; an opportunity to seek feedback, increase engagement/ support from the nurses and to understand if anything additional needs to be considered during

			development/ implementation.
London's Mental Health Trust Medical Directors meeting	May 2017; May 2016, May 2015	London's Mental Health Trust Medical Directors	An overview of the MHCC programme to date with particular emphasis on options appraisal & Pan-London configuration criteria; opportunity to increase engagement/ garner support from the MDs and their clinicians to ensure clinical input.
London ED Consultants Network meeting	May 2017	London ED consultants	An overview of the MHCC programme to date with a particular emphasis on the changes in legislation; opportunity to seek feedback and info on ED related issues/ potential barriers to implementation.
London Care Quality Commission Mental Health Team meeting	May 2017	Care Quality Commission London mental health team (30 attendees)	An overview of the MHCC programme to date with particular emphasis on comparison between RCPsych guidance and the London specification; a call for feedback /input to direct development and a call for support from the CQC.
London Mental Health Senior Commissioners meeting	Various dates- April 2017, February 2017	London's Mental Health senior commissioners	Regular updates on the progress of the MHCC programme and opportunity for feedback/ input from a commissioning perspective as well as support (e.g. explore

			local governance & nominate a member to join the MHCC Implementation Steering Group).
London Clinical Commissioning Group Chief Officers meeting	April 2017, July 2017	Chief officers London	Update on the progress of the MHCC programme; opportunity for feedback to inform development and a consultation on how the group would like to be engaged with /updated going forward.
London Mental Health Clinical Network Leadership Group	Various dates 2016		Regular updates and opportunities for feedback on the programme ensuring clinical input into the development of the s136 pathway and pan-London model of care. Also an opportunity to increase support/ engagement for the programme to support implementation
London Directors of Nursing meeting (acute and mental health trusts)	October 2016	Directors of nursing (45 attendees)	An update on the MHCC Programme to date and an opportunity to gain input/ feedback to inform deliver, increase engagement & support amongst nursing and to understand any issues pertaining to this group / potential barriers to implementation.
Westminster briefing	October 2016	25 attendees	Presentation on London's s136 pathway by Briony Sloper (LAS) and Dan

			Thorpe (Metropolitan police) to raise awareness and gain feedback.
NHSE (London) Sustainability and Transformation Executive	October 2016	Pan-London	An update on the MHCC programme and London's new model of care to raise awareness and gain feedback from NHSEL executives to inform implementation.
S136 pathway scenario testing workshop	September 2016	Multiagency s136 pathway stakeholders (14 attendees)	Testing of s136 patient scenario pathways with stakeholders to understand issues, barriers to implementation and to inform delivery of the programme.
BEH Inter-Agency Mental Health Law Monitoring Group	June 2016	Multi-agency stakeholders involved in MH law within BEH trust	An update on the MHCC programme to date and an opportunity to gain input, understand issues and increase engagement / support amongst this group.
London Mental Health Partnership Board meetings	Oct 2015; Jan & Apr 2016	Senior mental health crisis care stakeholders	An introduction to the pan-London MHCC programme including the scope of the programme and what it is proposed to cover in regards to s136, ensuring strong links and alignment with work that was being led by the Partnership Board.
Mental Health	Various (May,	London urgent and	The MHCC subgroup

Crisis Care Subgroup meetings	Jul, Sep, Nov Dec 2015; Jan; Mar, May, Jun 2016)	emergency care and MH crisis care stakeholders	was a precursor to the Implementation steering group (see below). Meetings were held to inform and progress the development of the case for change, as well as the scope, content and direction of the MHCC programme.
London Nursing Leadership forum	June 2016	Acute and mental health trust nurses (40 attendees)	An update on the MHCC Programme progress and an opportunity to gain input/ feedback to inform direction, hear about issues/ potential barriers and to increase engagement & support.
London AMHP workshop discussing staffing models for AMHP options	June 2016	London borough of Newham AMHPs (12 attendees)	Workshop facilitated by Simon Pearce (London ADASS lead) to discuss alternative staffing models for AMHPs to support implementation of the new model of care and to hear about challenges faced by this group that may hinder implementation as well as possible solutions.
London borough Mental Health Officers meetings	June 2016	Metropolitan police borough mental health officers (50 attendees)	Update provided to London's borough MH officers assigned to each Trust outlining details of the London pathway, asking for feedback and information on issues experienced / barriers faced as well as expectations from officers

			and other staff groups to inform development of the programme.
St. Mary's Psychiatric Liaison team meeting	April 2016	Psychiatric Liaison Team (8 attendees)	Engagement and feedback on the s136 pathway and HBPoS specification as well as understanding local issues and concerns/ potential barriers to implementation.
ED mental health subgroup meeting (St. Mary's hospital)	April 2016	ED staff members	Engagement and feedback on the s136 pathway and HBPoS specification as well as understanding local issues and concerns/ potential barriers to implementation.
St. Thomas' ED Psychiatric Liaison team	April 2016	Psychiatric Liaison Team (8 attendees)	Engagement and feedback on the s136 pathway and HBPoS specification as well as understanding local issues and concerns/ potential barriers to implementation.
Camden and Islington MH Trust acute divisional meeting	April 2016	Camden and Islington MH Trust Staff members	Engagement and feedback on the s136 pathway and HBPoS specification; understanding local issues and sharing the pathway development to date; call for input/ feedback to shape development.

London Chief Executive Officers (CEO) Mental Health Trusts (Individual meetings)	Various meetings throughout 2016	Individual meetings between programme team and each MH trust CEO in London	An update on the MHCC Programme progress; an opportunity to gain input / feedback to inform development and increase /sustain engagement, momentum & support. To explore local challenges and plans with the CEO.
Implementing the Urgent and Emergency Care Vision in London	November 2015	Broad range of London urgent and emergency care stakeholders	An update on the MHCC Programme progress; an opportunity to gain input / feedback to inform development and increase /sustain engagement, momentum & support.
NHS England National Mental Health Team	July 2015	NHS England national MH team members	An update on the MHCC Programme progress and a call for feedback; an opportunity to define the input & support this group has to offer in terms of informing development.
South London and the Maudsley NHS Foundation Trust induction day	May 2015	HBPoS new staff members	Supporting pilot site induction and its alignment with London's s136 pathway; helping staff understand what they are piloting and the expectations around the project.
London Police Force s136 workshop	May 2015	Police officers from all three of London's police forces (40 attendees)	Workshop lead by Chief Inspector from the Met Police to understand issues faced by front-line officers and to ensure

			they are addressed in the London s136 pathway guidance.

Events and workshops

This section outlines additional specific activities associated with programme stages

London's Mental Health Crisis Care Summit

London's first Mental Health Crisis Care Summit was held at the KIA Oval on 25th February 2016 to share learning and best practice in crisis care and explore the changes required in order to meet the needs and expectations of Londoners facing a mental health crisis. The summit brought together multi-agency partners including local crisis concordat groups, the Urgent & Emergency Care networks and key partners such as the Police and London Ambulance Service, to promote partnership working and strategic alignment across national, London and local initiatives. The day comprised of three sessions that allowed delegates to hear from national and London mental health leaders, receive updates on different crisis care programmes and participate in 'share and learn' workshops that focussed on good practice and innovation.

200 delegates attended the day from numerous agencies across all five of London's UEC Networks. There was strong representation from commissioners, providers, clinicians, managers, local authorities and service users.

Feedback on the event received from delegates via evaluation forms and feedback cards was overall positive. Comments highlighted the multiple opportunities to learn from others and hear from service users, while suggestions for improvement included covering less content in the agenda and further involving service users in the design and delivery of the event.

Feedback and discussions from the event was used to inform the development of the programme.

London's s136 pathway and HBPoS specification development

Over 50 meetings, workshops and pan-London forums took place to inform the case for change and the development of London's s136 pathway and HBPoS Specification, including:

- Service user and carer engagement (as outlined in separate section).

- Establishment of CYP working group (including CAMHS and commissioners)
- Site visits and meetings with pan London organisations including the London Ambulance Service and London's three police forces
- Engagement with acute trust and mental health trust staff including liaison psychiatry staff.
- MH liaison officer workshop
- Police frontline officer workshop
- Scenario testing workshop

London's s136 pathway and HBPoS specification launch event

On the 12th of December 2016, Mayor of London Sadiq Khan launched ***London's s136 pathway and HBPoS Specification*** at an event at City Hall. The event brought together over 100 delegates from across London's crisis care system to recognise the significant partnership work undertaken and to build momentum to ensure the collaboration continued to implement the guidance. There was significant representation from service users, frontline and senior staff from Acute and Mental Health Trusts, commissioners, London's police forces, London Ambulance Service, Local Authorities and the voluntary sector. Over 10% of attendees were service users and all organisations that formally endorsed the guidance were present at the event.

The event offered a chance to hear from service users and leaders across London's crisis care system, and to provide facilitated multi-agency discussions to familiarise delegates with the new guidance, identify current blockers in the system and understand the further work required to ensure its successful implementation.

The event included presentations from an expert by experience and representative of the NSUN voluntary organisation, Sadiq Kahn (Mayor of London), John Brouder (Chief Executive of North East London Foundation Trust), Fionna Moore (former Chief Executive of London Ambulance Service) and Commander Christine Jones (Metropolitan Police and National Lead for Mental Health). Feedback and discussions from the event were used to inform the crisis care delivery plan to implement the guidance across London.

173 unique Twitter users used the event hash tag #crisiscare16 in 400 posts. These tweets were delivered to over 3 million users and to almost 20 million Twitter streams. The launch of the new guidance was picked up by BBC London News and featured on both the lunchtime and evening programmes. The item featured service user Pat Kenny and Dr Mary Docherty, a psychiatrist from SLaM involved in the

development of the guidance. Dr Marilyn Plant, clinical lead for the programme, was interviewed for BBC Radio London.

Options appraisal workshops

In order to provide a viable solution to the existing issues, it was necessary to consider the full range of alternative delivery models for the s136 pathway and HBPoS specification. As such, a structured process made up of several steps was required to examine the options in order to identify the most desirable alternative to the status quo.

At each stage, a set of criteria was used to measure the different reconfiguration options in terms of patient experience and outcomes as well as efficiency improvements to the wider system. Before progressing to the next stage of the options appraisal process, the criteria was approved by the Crisis Care Implementation Steering Group, a group including members from the police, London ambulance service, mental health trusts, acute trusts and experts by experience.

Service user groups provided valuable input into the development of criteria and the options appraisal process, as described in the service user section. Frontline staff also had strong input into the options appraisal process, including outlining their priorities for a 'good' staff experience of the s136 pathway; this is shown in the figure below.

Specifically, in May 2017, an options appraisal evaluation workshop was held with senior staff from the different stakeholder groups as well as staff from London's mental health and acute trusts, and service users. At the workshop, pan-London configuration options were reviewed to provide recommendations for the optimal HBPoS configuration for London. The workshop representatives were able to use their experience and expertise to review and critique the options, and share opinions on the impact each option may have on patient experience, outcomes and the wider mental health and acute system. Recommended configuration options were then taken to a focussed testing workshop with mental health and urgent and emergency care clinical leads in June 2017.

At the multi-agency evaluation workshop, it was agreed that the assessment regarding CYP HBPoS sites should be completed in a more focussed session with Children and Adult Mental Health Services (CAMHS) clinicians and commissioners and needed to incorporate wider developments occurring across the CAMHS system. Therefore, a separate CYP options appraisal workshop was held in June 2017 which explored the HBPoS site configuration for CYP in the context of other CAMHS programmes in London. This workshop was supplemented by further engagement with CAMHS clinical leads from each Mental Health Trust which led to the notion that there should be one dedicated CYP HBPoS site in each STP to align

with local pathways; this was incorporated into the final proposed preferred pan-London configuration.

Figure 7: Staff priorities

- Staff are **part of a dedicated, skilled team** that have capacity to appropriately manage the service and able to deliver high quality care to those in crisis. Staff are able to maximise their skills due to enough throughput of activity through the site.
- Staff feel **supported in their role** and have access to the right tools and resources to carry out their responsibilities to deliver effective patient care.
- Staff have a **clear understanding of their roles and responsibilities** within the s136 pathway including the powers under the mental health act.
- The **physical environment** is pleasant, well equipped with good facilities and arranged in a way that supports staff to undertake their role.
- Staff **feel safe whilst carrying out their work** and should be supported by clear organisational procedures to reduce risk, and ensure appropriate response.
- Staff are **appropriately trained** to confidently carry out their role, e.g. training in the mental health act and de-escalation, and are provided with opportunity to learn and develop through their work.
- Staff have **positive working relationships** across the multi-agency pathway to allow effective cooperation and to improve morale.
- There are **clear, effective and timely escalation protocols** in place that ensure staff feel able to call on senior staff when necessary to provide additional support.
- There are **clear governance processes in place** for staff to feedback on the service and effectively manage quality, performance and risk.

Following the options appraisal workshops, a dedicated STP implementation workshop took place in mid-July 2017, with leads from each footprint. London's STP leads involved in the programme attended the workshop to discuss how to align outputs from the London-wide HBPoS options appraisal with local implementation and decision making processes. It was agreed at this workshop that more extensive testing with stakeholders would take place, as well as taking local Health Based Place of Safety configuration proposals through appropriate governance boards and forums. With the range of representatives in the room from different London STPs,

the group was able to define what needed to happen locally in order to get to the proposed configuration for HBPoS sites, including engagement methods and timeframes for implementation.

Programme STP leads tested the proposed short list of configuration options locally in late 2017 / early 2018, this included significant engagement with commissioners, Trust representatives, service users, Directors of Adult Social Services and Approved Mental Health Professionals as well as the London Ambulance Service and London's three police forces.

AMHP workshop

An AMHP workshop was held in June 2017 led by Simon Pearce (Association of Directors of Adult Social Services (ADASS)), with representatives covering all nine of London's MH trusts; this group discussed the challenges that the current AMHP service could face with changes in the configuration of HBPoS sites across London. The group acknowledged that these challenges could be worked through, and proposed options for achieving this, including a pan-London agreement for cross-borough working and dedicated AMHPs to each HBPoS site.

Physical health competencies workshop

A workshop was held in November 2017 between HLP and Health Education England (HEE) to scope existing opportunities to improve the physical health competencies of HBPoS staff. Discussions highlighted a particular interest in the development of rotational nursing programmes between EDs and HBPoS sites out of which came the HEE funded HBPoS/ED Rotational Nursing Programme (RNP). Twenty-four representatives from seven mental health trusts, four acute trusts (ED representatives), the Royal College of Nursing, Health Education England and the London Ambulance Service attended the workshop.

Mental Health Act Multi-agency training

Engagement with frontline staff involved in the crisis care pathway was further strengthened by multiagency training developed by HLP. This training was facilitated by an independent legal expert and aimed to inform staff on their roles and responsibilities under the new guidance.

It was also designed to ensure awareness of the Mental Health Act legislation changes and provide an opportunity to discuss with professions from other agencies the challenges for the s136 pathway. They also provided the opportunity to distribute supporting material for the guidance e.g. roles and responsibility posters for displaying in workplaces.

Over 300 delegates attended the sessions including service users, and frontline staff from MH trusts, LAS, police and local authorities. A training toolkit was developed to

allow further training to take place locally. Further training sessions will take place in 2018, focussing on the ED role in crisis care.

Marketing and media

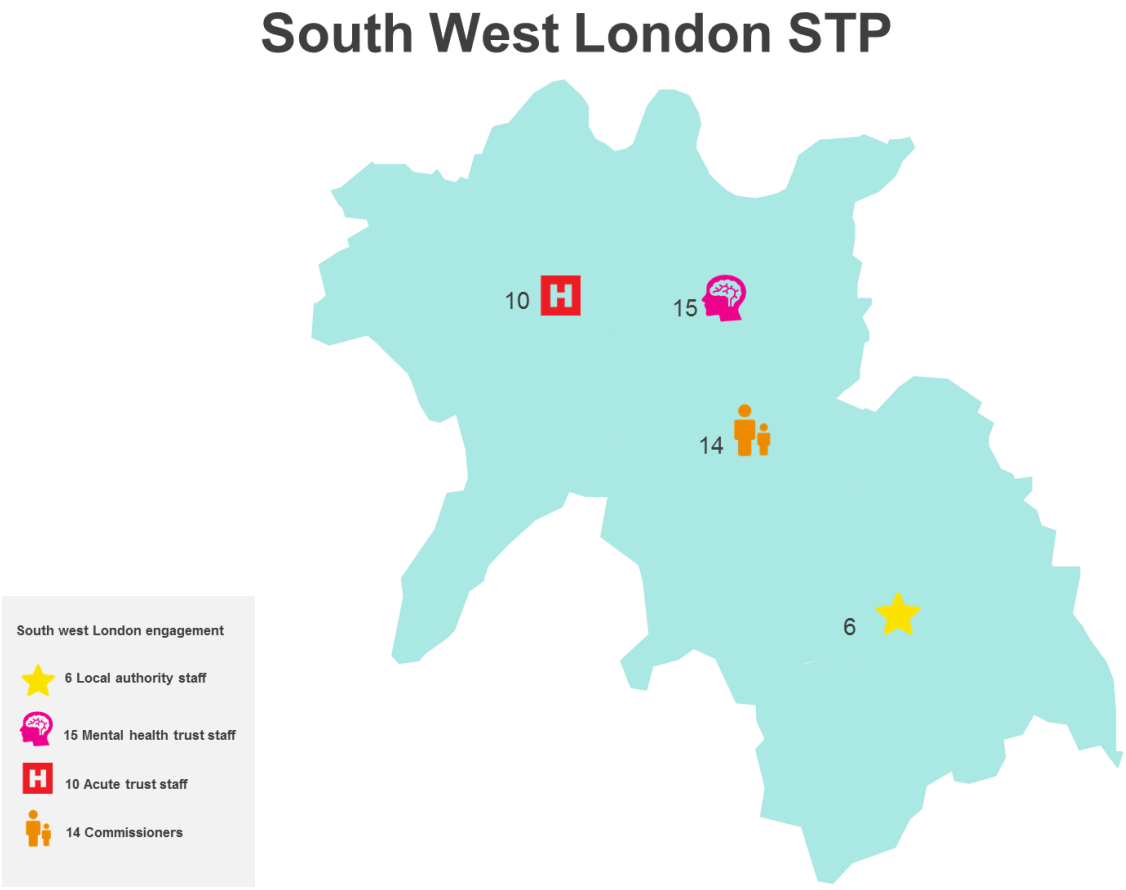
To increase engagement in the development of the s136 new model of care HLP undertook a range of marketing activities including:

- Social media activity e.g. Twitter (50 HLP Tweets from January 2016 – May 2018)
- Blogs e.g. Mental Health Today; HSJ; Rethink; and Taking the crisis out of mental health crisis care on the HLP site
- An improving crisis care for Londoners video outlining the success of the SLAM pilot evaluation (December 2017)
- In focus briefing - Healthy London Partnership London's s136 Pathway and HBPoS Specification (December 2017)
- Online news piece on new funding available to support crisis care (October 2017)
- Online news piece - Successful multiagency training for London's mental health crisis care professionals (July 2017)
- In focus briefing - Treat as One: Bridging the gap between mental and physical healthcare in general hospitals (April 2017)
- Online news piece - Specialist A&E mental health support around the clock 24/7 (April 2017)
- Award entries: Shortlisted for the Patient Safety Awards 2018; entered the HSJ awards 2017 and 2018; shortlisted for the Healthcare Transformation Awards 2018.

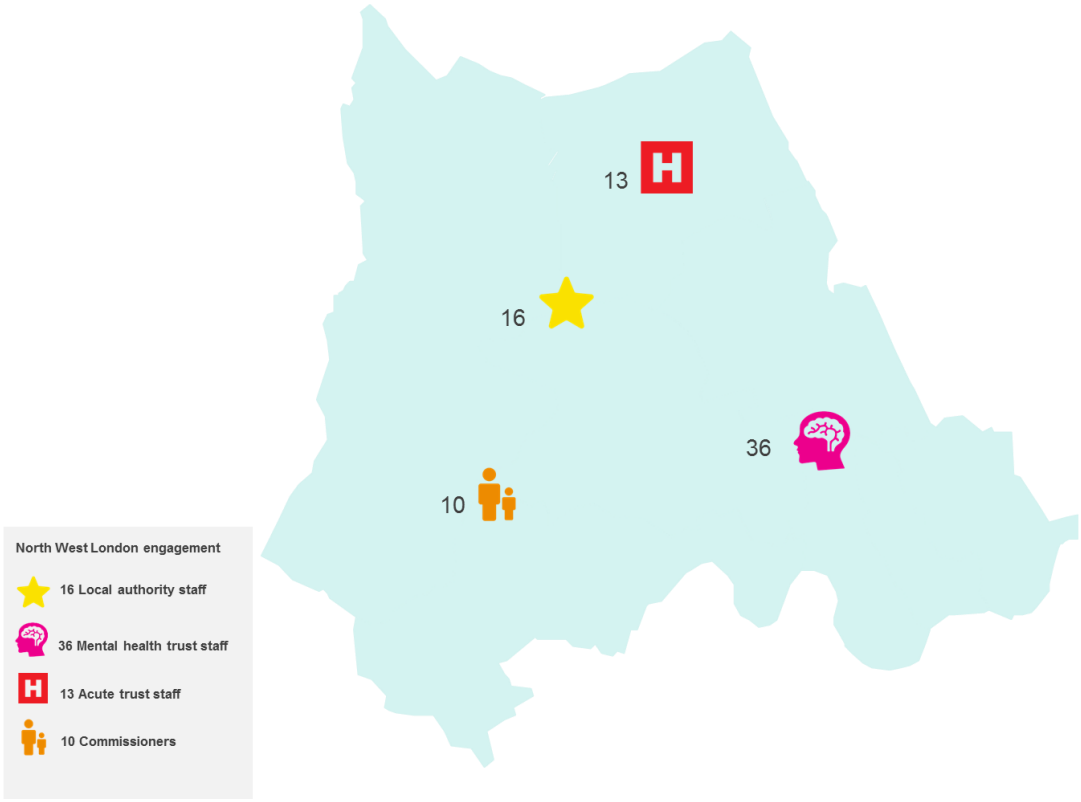
London's crisis care programme would like to thank all those involved in the programme thus far and going forward for their hard work and support.

Appendix 1: STP Engagement Maps

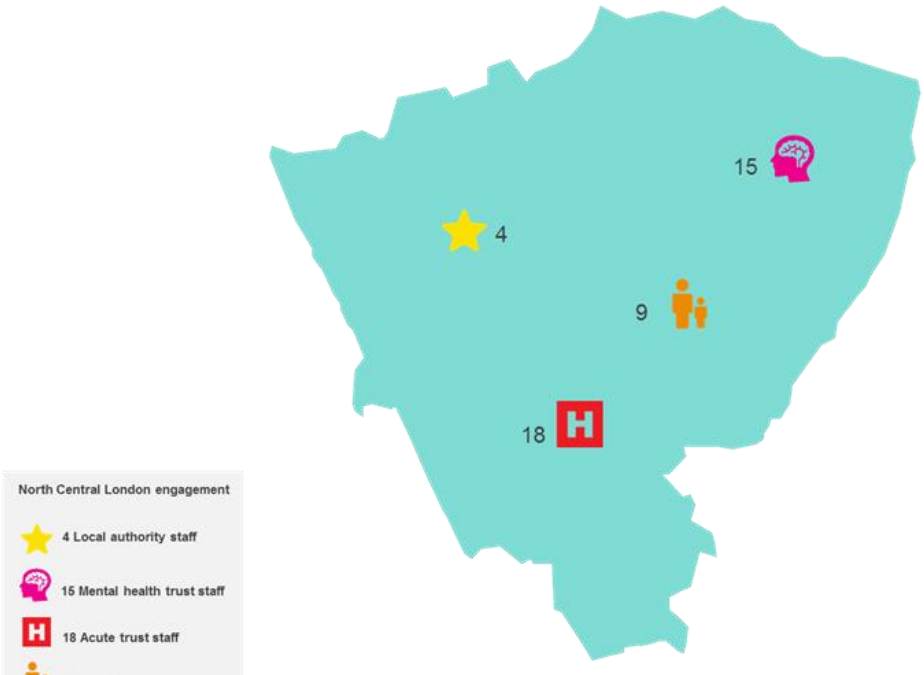
Individual STP maps to show engagement that has taken place more recently since the pan-London guidance has been developed, including activities to support implementation through 2017 and 2018.



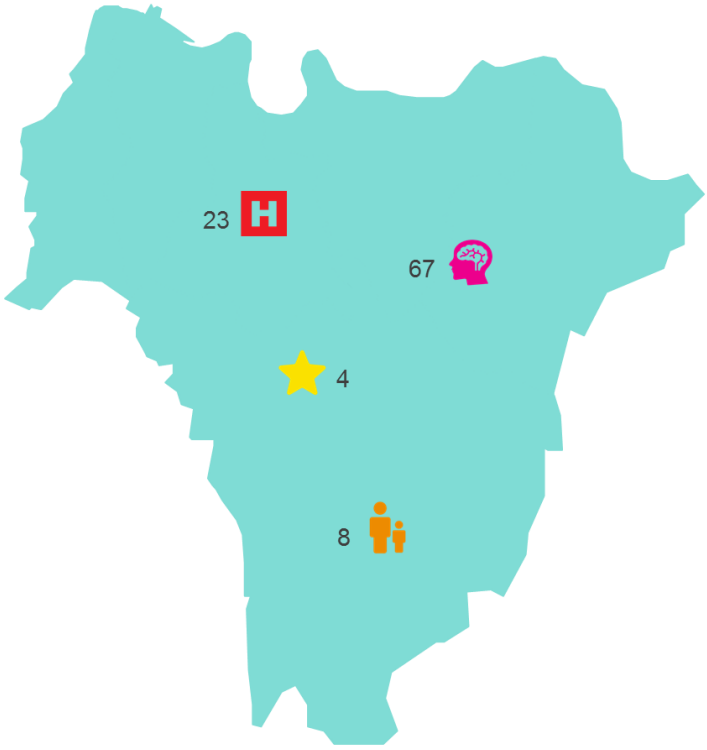
North West London



North Central London STP



South East London STP



South east London engagement

- 4 Local authority staff
- 67 Mental health trust staff
- 23 Acute trust staff
- 8 Commissioners

North East London STP

North East London engagement

- 6 Local authority staff
- 34 Mental health trust staff
- 7 Acute trust staff
- 9 Commissioners

Appendix 2: Online survey 2016 demographic information

The information below was collected at two points:

- 29th January – the point at which responses were analyses in order to develop initial drafts of the 'I' statements
- 24th February – the survey closure date

Characteristic	Online survey at 29/1/16 (104 responses)		Online survey when closed 24/2/16 (154 responses)	
Age				
12-17			3	3
18-24	7	11	12	13
25-34	14	22	16	17
35-44	10	16	17	18
45-54	23	36	31	33
55-64	9	14	12	13
65-74	1	1.5	2	2
75-84			-	-
85 and over			1	1
Gender				
Male	16	25	27	29
Female	48	75	66	70
Other			1	1
Transgender				
Yes	0	0	1	1
No	62	100	88	99
Sexuality				
Bisexual	10	16	13	14
Gay	3	5	4	4

Heterosexual/straight	45	73	65	72
Lesbian	1	2	3	3
Other	3	5	5	6
Religion				
No religion	**26**	**41**	**33**	**36**
Christian	**28**	**44**	**43**	**47**
Buddhist	**1**	**2**	**2**	**2**
Hindu	**2**	**3**	**3**	**3**
Jewish	**0**	**0**	**2**	**2**
Muslim	**0**	**0**	**0**	**0**
Sikh	**1**	**2**	**2**	**2**
Other	**5**	**8**	**7**	**8**
Long term health condition or disability				
Physical or sensory	**12**	**28**	**13**	**22**
Learning or developmental	**3**	**7**	**4**	**7**
Other (mainly mental health problems, also mental health problems with physical disability; diabetes; COPD; stroke survivor; chronic fatigue; asthma; vitamin and iron deficiency)	**28**	**65**	**43**	**72**
Ethnic group (only groups represented are listed)				
Asian or Asian British - Indian	**4**	**6**	**7**	**8**
Asian or Asian British – other Asian	**1**	**2**	**1**	**1**
Black or Black British - African	**1**	**2**	**4**	**4**
Mixed – White & Asian	**1**	**2**	**1**	**1**

Mixed – White & Black African	**2**	**3**	**2**	**2**
Mixed – White & Black Caribbean	**1**	**2**	**1**	**1**
Mixed – another mixed	**1**	**2**	**1**	**1**
White – White British	**43**	**69**	**61**	**66**
White – White Irish	**1**	**2**	**1**	**1**
White – another white background	**5**	**8**	**8**	**9**
Other ethnic group - Arab	**0**	**0**	**1**	**1**
Other ethnic group – another ethnic background	**3**	**5**	**5**	**5**

Appendix 3: Service User 'I' statements

When I'm not coping I can get the support I need at that time to manage everyday life, such as practical assistance with getting meals, or help to keep me from becoming isolated.

Right from the beginning, and throughout the crisis, all the professionals involved (whether paramedics, police, frontline emergency department staff, or any other staff) recognise me as a person in crisis. They treat me skilfully and lawfully, with care, compassion and respect.

If I am discharged from an emergency department or place of safety, I am provided with advice and support if I want it and safe transport home, especially at night.

If I am taken to an emergency department or place of safety, it is in health service transport such as a paramedic car or ambulance and not a police vehicle.

I feel reassured because I know I can easily access extra support when I need it, and I can rely on it being there. This includes local community mental health services that offer rest and respite, such as sanctuaries and crisis houses.

When I am in crisis police presence is as low key as possible and there is no unnecessary use of restraint.

If I am taken to an emergency department or place of safety, I am let in straight away. I don't have to wait in the transport or any other unsuitable place such as a general waiting room, corridor or outside, while staff negotiate whether or not I can go in.

Emergency staff and paramedics treat me with the same respect, confidentiality and care as all other patients and are skilled in managing mental health problems.

There is a reasonable and realistic plan for my aftercare that I and any chosen friends, family and carers have made with relevant professionals. I choose who knows about the plan and which parts of it they can access. People who are responsible for providing aftercare understand and perform their role fully.

My care is coordinated by someone I can trust, who will listen and take seriously what I say I need. They take time to understand my situation and if at all possible I will know them.

I am listened to and my voice is heard; at the point of crisis I might not be able to think clearly, make decisions or say everything I am feeling, but I am still a person and should not be ignored. If my behaviour is not appropriate I am not judged for this.

Emergency staff pay attention to any advance statement or crisis plan I have made and adhere to it, referring to my medical records when I have given consent.

The care I receive is tailored to my needs and circumstances at that time, and helps me reach my aspirations. It follows any plan I have agreed with mental health services, and covers all areas where I need assistance, such as physical health care, practical and emotional needs.

If I wish to involve family members, friends or carers, staff listen to them in my presence; they do not exclude them or ignore what they say.

Staff in the emergency department, place of safety or any other setting spend time with me and explain clearly and calmly what is happening and what is going to happen. They keep communicating with me and my family or carer and tell me if the plan changes. I am not left waiting for hours, without explanation or on my own.

My aftercare is helpful, reliable, easily accessible and local - it covers my wider needs (such as housing or benefits), supports my wellbeing and helps me achieve my aspirations.

Friends and family are involved in my care where we both want this and staff recognise their contribution.
My carer is offered support in their own right, to help them stay well.

In the emergency department or place of safety I am seen (and where necessary wait) in an environment that is safe and calm. Staff welcome me and offer me refreshment. The room is private, quiet, clean and comfortable – it does not feel like a prison. If it is important to me to be cared for by female or male staff this is respected and I can choose to have someone with me to provide friendly support.

Appendix 4: CYP 'I' statement

Staff believe what I am saying and take my opinion seriously. *My voice is not ignored just because I have an adult with me and I am not spoken over or about just because I am young.*

Those caring for me ***involve me*** *in discussions about my care and listen to what I think works well.*

I am never left waiting on my own without knowing what is going on *and I am always involved in making plans for what happens next.*

Wherever possible ***I am given options*** *in my care that recognise that I am an individual and that every situation is different*

Those involved in my care are ***always honest with me***. *They support me to gain confidence in them when I am feeling vulnerable.*

Those involved in my care ***make the effort to get to know me***. *They understand that although I may be an adult legally, I may not always feel like one.*

I am supported to achieve my aspirations *for other areas of my life such as education, hobbies and relationships.*

As far as possible ***my confidentiality is respected*** *and only the friends, family and carers that I choose are involved in my care.*

I am prepared for the changes which are coming up *and not left feeling I am going into the unknown.*

Those caring for me ***take the time to find out about my fears.*** *They take them seriously and reassure me.*