**Mental Health Crisis Care Concordat – Report on Action Plan**

**October 2015**

**Summary**

## 1 Introduction

This report on the action plan for 2015 for Tower Hamlets' Mental Health Crisis Concordat covers:

- Improvements in mental health crisis services at the Emergency Department of the Royal London Hospital
- Overview of progress on the implementation of the Crisis Care Concordat, including reference to the key challenges identified by the Minister of State
- Proposed Crisis Care Concordat action plan for 2016 (in outline).

Appendices cover:

- Detailed description of issues at Emergency Department at the Royal London Hospital
- Rag-rated update on 2015 action plan
- Key local strengths of mental health crisis services
- Local reporting arrangements
- Collection of information on key aspects of crisis services
- Confirmation of core strengths in crisis services in Tower Hamlets
- Response to comments from Crisis Care Concordat

## 2 Improvements in mental health crisis services at the Emergency Department of the Royal London Hospital

Mental health crisis services in Tower Hamlets have a strong record of achievement and signatories to the Crisis Care Concordat agreed to focus in 2015 on the Royal London Hospital, where services have to join up.

There have been two benefits for service users as a result of the action plan:

- **Patients have shorter waits for transport** (known as 'conveyance' in the jargon) from the Emergency Department to inpatient beds at Tower Hamlets Centre for Mental Health at Mile End
- **Partner organisations have clarified and re-stated procedures** at the boundary of their responsibilities, so that ***police forces know what they can expect*** when the mental health assessment room at the Royal London is full; and, secondly, voluntary organisations are aware that ***attendees at A&E (or their carers on their behalf) can ask for a mental health assessment*** from RAID.

These improvements have come about through the process of organisations 'holding each other to account', as the Crisis Care Concordat puts it - in other words, facing up to disconnections and putting them right. These improvements have come through the work of the RAID service (provided by East London Foundation Trust), which works closely at all times with the Royal London Hospital.

A third improvement has been introduced, also as a development of best practice by the RAID team:

- **Patients assessed by RAID whose history shows multiple previous A&E are attendances now invited to a clinic for follow up, and this reduces their A&E visits.** This clinic work has resulted in a significant reduction in repeat attendances for these individuals.

A more detailed account of these benefits is given in Appendix 1, including commissioning challenges for mental health assessments at RLH, and other matters reviewed.

## 3 Overview of progress

Wider perspectives on the action plan

The practical changes as a result of our action plan have been day-to-day operational improvements. However, the focus on the Emergency Department service has brought into view ***potential future challenges*** about the capacity, patient experience, and even location of the service. The work has also underlined the importance of looking at the upstream interventions which can divert people from A&E.

The ***decision to use existing structures*** (Police Mental Health Liaison and Mental Health Partnership Group) has been expedient, but needs now be strengthened in order to promote wider interagency discussion.

In fact, the biggest strategic investment to improve crisis services in Tower Hamlets has come through ***investment in the early intervention services***. This will enable ELFT to deliver timely and NICE-compliant interventions to 95% of referrals. This new investment in 2015/16 addresses the priority in the Crisis Care Concordat to avoid crises.

We included ***out of hours telephone*** access in our action plan, and this is addressed in our commissioning intentions, but we did not include 111 information. That this will be essential in the future, due to overall system pressures.

Governance

Overall the action plan's approach of 'task and finish' groups did not succeed because an overall delivery board would have been necessary to drive it. A further difficulty was that there was major change in both senior personnel and in internal structures in two signatory organisations, Barts Health NHS Trust and Tower Hamlets Council, leading to limited direct engagement.

The CCG will therefore put proposals for stronger governance to partners by the end of the year.

CQC and ministerial priorities.

Alistair Burt, Minister of State for Health and Social Care, highlighted a number of areas in in his letter of 15 August 2015. Our update is as follows:

- **Recommendations of CQC report**, *Right Here Right Now* (2015): we will share a version of this report with local organisations and invite them to hold us to account. As stated above, we will engage with local, regional and national partners to consider innovative approaches to crisis pathways
- **Review patient experience**: service user and carer input shaped our action plan, and further work is included in our 2016 action plan
- **Information about governance**: we will publish a revised action plan with updated arrangements for governance.

The minister also called for us to celebrate and share local experience. A paper on the Tower Hamlets crisis house and pathways has previously been shared on the national Care Concordat website.

## 4 Next steps in 2016

This section sets out our draft outline plan for 2016, for discussion with partners and agreement of lead responsibilities, timeline and deliverables.

### *4.1 By December 2015*

- Complete 2015 actions:
    - Populate draft dashboard
    - Complete information for service users and partner organisations on *In the Know*
- Continuing discussions with ELFT about place of safety and about on-going operational issues in delivery of RAID in the Emergency Department.

### *4.2 During 2016*

Strategic level:

- Put in place stronger governance arrangements
- Review CCG investment in local RAID and the evaluation report commissioned from UCL partners
- Produce a business case for strengthening out of hours telephone access to RAID for services and service providers, including consideration of 111 emergency links
- Review crisis care innovations which reduce emergency calls and responses for police and ambulance services and/or provide alternatives to A&E for service users
- Through the Transforming Service Together programme for East London, link up with other CCGs, and also learn from other city centre hospital Emergency Departments
- Obtain data on substance misuse crisis services (as covered by the Mental Health Crisis Care Concordat), as the basis for future crisis planning.

Service focus

- Review arrangements to obtain service user feedback: hold another focus group, supported by more publicity
- Review crisis pathway for under 18s (as in the local Children and Young People's Local Transformation Plan)
- Review the use of crisis services by under 25s, in order to gain a better understanding of transition and of use by younger people from BME groups
- Review crisis pathways for mental health and homelessness

**Appendix One: Detailed description of issues at Emergency Department at the Royal London Hospital**

**1.1 Shorter waits for transport**

One of the key feedback points from services users was the pain, mental anguish, vulnerability and isolation they experience in waiting in hospital during a mental health crisis.

For this reason, Crisis Care Concordat Partners have focused on waits for transport, and on patient experience.

Ambulance transport

Secure ambulance transport is necessary if patients are disturbed. (In RLH a private ambulance firm, ERS Medical, has the contract, not London Ambulance Service.) In 2014, there were reports of four hour waits for secure ambulance transport to take people in mental health crisis from the Royal London to Tower hamlets Centre for mental health and Mile End. This was subsequently improved, as ambulances were despatched from a different and nearer ambulance base, reducing waits to two hours.

As a result of the focus introduced the Crisis care Concordat action plan, waits were analysed using ledger records in 2015. The average length of wait for secure ambulances in May and June 2015 was 64 minutes. As a result of discussions with RAID, Bart Health and providers, a new subcontract for secure ambulance transport with Patient Transport Services has been introduced. (The main contract is held by Barts Health.)

Taxi transport

Where patients can be transferred in taxis, this method is used and is less stigmatising for patients, and has shorter waiting time. When a new taxi contract (for staff and patient transport between Mile End and the Royal London) was first introduced by ELFT, there were initial delays of up to an hour. However, contract management by ELFT successfully resolved this issue.

Reduced waits for transport are better for patients and also help ensure that waiting time targets are not breached.

**1.2 Procedures when the mental health assessment room (P1) is in use and another mental health assessment is needed**

British Transport Police raised this question of a 'resilience plan' – what happens if someone needs to be brought to a place of safety when the mental health assessment room, P1, is full. The question also applies whenever there is more than one person being assessed.

When it is safe, patients can wait in the locations above. A&E will prioritise cubicles nearest the P1 and RAID office.

If a place of safety is required for a person detained under section 136 of the Mental Health Act, Metropolitan Police practice is to default to the nearest A&E/place of safety – these are the Homerton and Newham Centre for Mental Health, where mental health services are both operated by ELFT. When the police ring ahead, however, RAID will offer them the choice of the police making their own contact directly with another place of safety, or RAID contacting the other ELFT sites.

The RLH may have section 136 requests from the Metropolitan Police, the British Transport Police, and the City of London Police. Discussions at the Mental Health Crisis Care Concordat have helped clarify the procedure, so that front-line staff know how to respond.

Approximately once every three months, RAID at RLH ED cannot take a patient because it is full. It has never happened that all three ELFT East London places of safety have been full at the same time.

Uniquely, on Monday 13 August 2015, there were three section 136 assessments requiring a place of safety. On this occasion the police did not ring ahead to say they were bringing someone in. Patients were taken to another place of safety.

### 1.3 Service user experience

Service users highlighted three key expectations about their experience at the Royal London (in a focus group in 2014).

- Not to feel alone, but to have some contact with friendly staff whilst waiting at A&E, and some connection with the team at A&E providing patient care, giving information about what's going on, in order to help us reduce our anxiety
- Respectful relationships and language in the general milieu of the Emergency Department (A&E)
- Staff to remember that people are still listening and aware even when in crisis – their views are not to be dismissed

In practice, there is one assessment room, called P1 which has a CCTV link to RAID office next door - visual only, no sound). Staff can monitor patients' wellbeing and, when available, can sit with them if they wish. It is unlikely that patients would overhear any discussions about themselves or anybody else in P1. However, when it is in use, patients may have to wait elsewhere:

- Both A&E and Urgent Care have cubicles – patients will sometimes see a doctor/nurse in cubicles
- Patients may wait on chairs in A&E and Urgent care

It is therefore unavoidable that patients will wait in areas other than P1 at busy times. The RAID team undertake continuous risk assessment and monitoring of those waiting elsewhere

The RAID team work closely with Barts Health staff and all A&E staff and run training sessions, and therefore have the opportunity to discuss the best ways of meeting patients' needs if they are waiting in these areas. RAID's work will also continue on training and liaison with the contractor for security at Bart Health sites.

For the winter of 2015/16, ELFT and the CCG have put forward a funding proposal that would provide additional night-time staff, one of whose main roles would be to spend time with patients in the Emergency Department.

### 1.3 RAID Clinic for frequent A& E attenders at RLH

This weekly, consultant-supervised, nurse-run clinic has been offered to anyone seen by RAID in the Emergency Department since May 2015. This covers frequent attenders, but also crisis management, and allows for a longer assessment when warranted, where there is not a high immediate risk. Most people attend once but up to three appointments are offered if needed. Data on the first 28 patients attending the clinic 35 times from June to August data shows that the number of repeat A&E attendances to date for these individuals has significantly reduced, with the potential for dramatic reduction if the improvement is sustained over time.

### 1.4 Commissioning early warning signs for mental health crisis services

Commissioning intentions to address shortfalls

THCCG will seek to improve out of hours telephone access for mental health crisis calls to the RAID teams. A business case will be developed.

Signs of pressure

The average number of attendances per month for mental health assessment by RAID at has increased by nearly one fifth in the first five months of the current financial year, compared to the last full year. The following shows the monthly average for the last full year and the year to date.

| **Period** | **Average attendance per month** |
|---|---|
| April 2014 to March2015 | 193.5 |
| April- Aug 2015 | 230.2 |

There are seasonal variations in A&E attendances, and additional metrics and time periods to consider, but this is a crude, high level indicator of pressure. Furthermore, since the local adoption of the Crisis Care Concordat in 2014, there has been pressure on the resources available to A&E and the related pathway:

- Proposal to remove social workers from Home Treatment teams (2014) – this has gone ahead
- Pilot second mental health doctor (psychiatrist) from 5 to 11 pm covering RLH – this pilot stopped
- Approved Mental Health Practitioner (AMPH) at RLH to be provided by AMPH rota, not on site at RLH.
- Crisis Intervention Service has moved its base to Mile End has been subject to a service review – this service is not part of RAID, but (following referral and assessment) offers a short waiting time for patients who have expressed suicidal thoughts.

Continuing scrutiny of the service will therefore be necessary through the contract monitoring process.

Clinical management of section 136 – optimum location

At the Police Mental Health Liaison Committee on 30 September, ELFT announced that the service intended to look into whether the place of safety for individuals' detained under section 136 should be at Tower Hamlets Centre for Mental Health at Mile End, i.e. next to the inpatient wards. The Trust has since received confirmation that the current s136 facility at RLH does meet CQC standards, but are currently weighing up service arguments as to the best location.

### 1.5 Summary

Improved telephone access will be a mitigating step but the 'structural' challenges remain and will need to be addressed in discussions between the CCG and ELFT, in the context of wider relationships with partner signatories to the local Crisis Care Concordat Action plan.

The meeting of signatory organisations in June helped make contacts for the first time with the British Transport Police and subsequently with Network Rail colleagues.

**Appendix Two: RAG-rated update on action plan**

This appendix updates the action plan

| Action | Intended outcome | What we did | Current position October 2015 | Next step |
|---|---|---|---|---|
| **Improve service user and carer experience of mental health crises at the Royal London Hospital Emergency Department** | People in crisis and the carers of people in crisis, should be treated with dignity and respect and their expertise listened to | On-site observation<br><br>Questionnaires in RAID evaluation<br><br>  | Pending | Review in 2016 plan |
| **Obtain feedback from service users and carers with experience of local crisis services** | | Arranged planning meetings with service users<br><br>Two service users planned focus group on use of crisis services in the last year<br><br>Discussion at carers forum | Key questions identified<br><br>Focus group not successful in attracting service users – one attended<br><br>Crisis house | Further focus group to be arranged<br><br>Discussion meeting with mental health carers |

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| | | Contract monitoring of crisis house satisfaction:  | contracts monitored quarterly | |
| **Review options for improvement at Royal London with partners** | Improved patient and carer out of hours response | Discussion with RAID manager<br>Review of position papers with key partners<br><br>Report findings |  | |
| **Develop improved on-line access to information and services** | | Outline plan to develop resource  | Action carried forward | Organise service user meeting event |
| **Audit crisis plans and CPA plans (including for older adults) and reduce variability in quality** | Service users at the centre of their crisis care planning | Audit in programme for ELFT – not yet reported  | The Trust has completed an internal audit of care and crisis plans. | |
| **Reduce proportion of mental health crises where police are first to attend**<br><br>**Continue to ensure good response times and high quality services from LAS for Mental Health Act call-outs, and work to reduce inappropriate emergency** | Partners in emergency response , the London Ambulance Service and the Metropolitan Police and British Transport Police report good liaison | **Police**<br>No new issues reported at police liaison meeting in September 2016<br><br>**Ambulance** (not LAS)<br>Improved contract performance for transfers from RLH to inpatient wards at Tower Hamlets for Mental Health, Mile End<br><br>Long waits for ambulance call out (LAS) reported for community MHA | No current issues reported<br><br>*(Not RAG-rated due to range of issues covered)* | Consider including community waiting times in dashboard<br><br>Review innovative practices elsewhere |

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|---|---|---|---|---|
| **ambulance crisis call-outs** | | assessments | | |
| **Improve reporting of crisis activity and develop a mental urgent care and crisis care dashboard, including monitoring ethnicity and age** | Scrutiny of performance including service user and carers | Dummy dashboard drawn up  | Dummy dashboard to be reviewed by senior partners | Finalise dashboard |
| **Engage service users and carers in monitoring the delivery of services according to expectations** | | No progress  | To be reviewed in 2016 action plan | To be confirmed |

**Appendix Three: Key local strengths of crisis service**

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| Access standards in the Emergency Department (A&E) at the Royal London Hospital are a priority focus for all agencies. In December 2014, 96% of A&E patients referred to the RAID team were seen in under an hour by RAID, and the overall A&E four hours wait target was met for 91%. | April to August 2015 – overall 4 hour target met for 90-93% |
| The local service system continues to offer good access to available mental health beds | Confirmed |
| The local standard of Approved Mental Health Professionals (AMPH) attendance within an hour of call-out is met | Confirmed |
| The designated place of safety for people detained under section 136 of the Mental Health Act is a hospital not a police station (and has been for some years) | Confirmed |
| Very few mental health assessments take place at police stations | Confirmed |
| Local services include police station diversion and court diversion by mental health professionals | Confirmed |
| Local police are actively involved in multi-agency forums and aftercare, where appropriate | Confirmed: meeting on 30 September 2015 |

**Appendix Four: Local reporting arrangements**

The following table shows the bodies to which reports were made.

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|---|---|
| Key partners meeting | 3 June 2015 |
| Health and Wellbeing Board | 7 July 2015 |
| Police Mental Health Liaison meeting | 30 September 2015 |
| Mental Health Partnership meeting | June, August and October 2015 |

…and forthcoming:

| | |
|---|---|
| Strategy Summit | Due 8 December 2015 |

The Crisis Care Concordat is a regular review item for the Mental Health Programme Board, which is a joint board between the CCG and the local Council.

**Appendix Five: Collection of information on key aspects of crisis services**

The following table updates the steps in the 2015 action plan to gather information to inform future action plans.

| **Need** | **Report** | **Next steps** |
|---|---|---|
| Children and adolescents: | Pathway for under 18s in place and interface with RLH reported to be working well by CAMHS | Review of crisis pathway (especially prior to crisis presentation and hospital admission) as part of Local Transformation Plan for Children and Young People's Mental Health and Wellbeing |
| Homeless people | Survey and Mental Health Partnership Group discussion | Highlighted key issues for discussion and need for greater priority |
| Black African and Black Caribbean service users who are currently disproportionately represented amongst users of section 136 and those admitted into hospital under other sections of the Mental Health Act: | Annual monitoring of sections of Mental Health Act and monthly reporting of ethnicity of sectioned patients | Monthly reports to be included in dummy dashboard<br><br>Review of under 25 use |
| Older adults people with dementia | Urgent pathway and RAID service in place | Monthly reports to be included in dummy dashboard |
| People who misuse drugs and alcohol | Re-procurement of service | For future discussion in 2016 |

**Appendix Six: Response to questions from Mental Health Crisis Care Concordat review of action plan**

Three areas were highlighted in feedback on our action plan. The following table shows the local response.

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| **Information sharing**: ELFT has a protocol re information sharing between ELFT and the Police and ELFT and Barts |
| Restraint – ELFT is doing a huge amount of work in reducing incidences of restraint, especially prone restraint, on patients admitted to our Wards. We are doing therapeutic restraint training with the Barts security staff so they can restrain patients on a section who are still on their premises, or people not yet detained who pose a risk to themselves or others. |
| **Conveyance between NHS sites,** e.g. RLH to THCFMH:<br>We are clear that this should be by ambulance or escorted taxi, if the risk assessment shows the latter is appropriate (which it almost certainly wouldn't be for patients detained under the MHA)<br>For people being "sectioned" from the community – we are clear Police transport should not be used except in very unusual circumstances<br>See also Appendix One |