

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

Development of Mental Health Services for Acutely ill People in South London

King's Emergency Department Redevelopment for Patients in a Mental Health Crisis

Meeting Date: March 27th 2014 -

INTRODUCTION

The Forum has been working with the LAS and the LAS commissioners to improve the quality of mental health care provided by the LAS and A&E departments. Concerns were raised at a meeting of the Forum about the development of mental health acute care at King's College Hospital A&E following the closure of the Maudsley Emergency Clinic in 2008. The service is still listed as being open by Southwark Council's library service but the phone numbers are dead.

EMERGENCY CLINIC MAUDSLEY HOSPITAL

24 hour service for people in need of urgent, crisis psychiatric assessment. When people arrive, a nurse takes their details and they are assessed as soon as possible by a nurse, and then may need to see a doctor. The service is available for people who live within the local catchment area i.e. East Lambeth & Southwark. All others will be referred to their local services. Clients should phone in advance for advice re which service to attend.

<http://www.communitycare.co.uk/2007/11/20/maudsley-psychiatric-emergency-clinic-to-close/#.U0fOdSbwkis>

WE MET WITH

Jane Walters (Director of Corporate Affairs)

Briony Sloper: Assistant Divisional Manager for Trauma, Emergency and Acute Medicine, on 07980 451972 or briony.sloper@nhs.net

Jessica Bush: Head of Patient and Public Involvement

Kirsty McAulay: Mental health nurse lead

Sally Lingard: Associate Director, Communications

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- 1) **Briony Sloper** described the development in King's A&E since 2008 when the Emergency Clinic closed at the Maudsley. She said she has been involved with the development of acute mental health services at King's for 10 years. She was responsible for the transfer of the acute mental health service to King's. Briony said that whilst the clinical systems for patients with acute mental health problems have changed and developed that the physical realignment and reorganisations of King's A&E was still incomplete.
- 2) **NEW ENTRANCE TO A&E:** We noted that a new entrance had been built to A&E with full disabled access, but this is not yet in use. Briony said the new entrance will lead into a central triage area with direct access to an A&E mental health suite and had been funded with a specific allocation from the old Regional HA. She said the design of the mental health suite was informed by the user group which had included patients/service users. The space required for this development to proceed is currently occupied by the fracture clinic. Briony said there will shortly be a significant review of space allocation in A&E, the mental health suite development is on the capital programme, funding is protected and the development will be completed in near future.
- 3) **STAFF DEVELOPMENT:** We were told that a particular focus is on staff training and development of appropriate pathways for effective mental health care at King's. To achieve these goals there are monthly joint planning meetings with the South London and Maudsley Trust. Patient experience of the system is also monitored and discussed at these joint meetings.
- 4) **CURRENT SERVICE MODEL:** The current service model has been running for about 3 years and operates from 8am-8pm, 7 days a week. Patients either self-present or arrive by ambulance. There is a 'meet and greet team' with a senior nurse at the front entrance. The department has a high number of patients who self-present. There are 'streaming nurses' (band 6) who identify the patients needs, ensure that the patients is directed to the right part of A&E and will direct people with mental health needs to mental health liaison nurses. There are 2 triage nurses in the waiting area. GPs also work alongside A&E staff from 8am-midnight. All are local practitioners, who can also see and manage patients with MH needs if appropriate for primary care.
- 5) **STAFF GROUP:** The Psychiatric Liaison Nurses (PLN) Team is led by Kirsty McAulay. There are 10 PLNs (band 6 nurses) – 2 per shift plus a 'twilight nurse' who works from 5pm to midnight. There are 3 RMNs (band 5) that care for patients whilst they are in A&E. The medical team comprises 24 doctors (SHO, SPR and consultants) but their experience/training in mental health work is not clear to us. We were told that staff numbers increase later in the day.

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- 6) **PLACES OF SAFETY:** There are four suites designated as 'places of safety' – one each for Lambeth, Croydon, Lewisham and Southwark. These are located in the 4 boroughs, not all in the Maudsley Hospital.

- 7) **VOLUME OF PATIENTS:** About 350 patients each month arrive at King's A&E with a mental health diagnosis, but most also have a physical illness. Presentations may include self harm.

- 8) **STREET TRIAGE: This model is being used more in Lambeth and Southwark to reduce** the number of people detained in custody under the Mental Health Act (MHA). Street triage enables mental health nurses to attend police incidents to carry out immediate assessments if the police suspect an individual has a mental illness. When police attend an incident and believe that an individual involved has a mental illness, they will contact the street triage team. A mental health nurse will carry out a comprehensive assessment to see whether the person needs help from mental health, social care or other support services.

- 9) **LEARNING DIFFICULTIES:** We were told that Kings' have an excellent adult safeguarding team to support people with learning difficulties and a flagging system to identify people with special needs.

- 10) **YOUNG PEOPLE:** The department has facilities for adolescents including access to CAMS and youth workers.

- 11) **PLANS FOR THE FUTURE:** Within the future development plans, additional private rooms will be provided for the assessment of people with mental health problems and those in crisis. There are rooms available at the moment for this purpose, but they are currently for general use though available for mental health assessments. There is one private room in majors. The private rooms have Royal College of Psychiatrists approval and are ligature free. Other development plans within the A % E department are to improve the resuscitation area and enhance the 'end of life' care service.

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- 12) DISTRAUGHT PATIENTS:** Ambulances are never turned away. Patients may be distraught/aggressive and present a significant challenge to staff. Staff are all trained in conflict resolution. There are 3 security guards 24/7 and the Department is signed up to the Crisis Care Concordat (see below) which focuses on parity of esteem between physical and mental health.
- 13) TRANSFER TO THE MAUDSLEY:** Patients transferred to the Maudsley wards or 'places of safety' can either walk over or be transported by ambulance depending on their condition. Cell (cage) vehicles are used occasionally for very disturbed patients.
- 14) WORKING WITH LOCAL SERVICES:** The A&E works closely with GPs in the department and in the wider community. There is good liaison with the HTT (Home Treatment Teams) which provides 24/7 care to service users in a crisis in their own homes. The teams are multi-disciplinary and provide a range of treatments and care to enable residents to stay in their own homes when unwell. They also provide 'early intervention' to enable residents to leave wards earlier (earlier discharge) with daily support from the HTT. HTT accept out of hours referrals from GP's – rather than GP's having to refer residents to A&E.
- 15) LAMBETH AND SOUTHWARK URGENT CARE NETWORK:** The network is chaired by Andrew Ayres, Chief Executive of Lambeth CCG, which has a mental health subgroup. <http://tinyurl.com/o5erg6w>
- 16) ACCESS TO SOCIAL WORKERS:** Social workers are required for assessments and are much 'stretched'. We were not sure what impact this problem has on discharge and on the Sectioning of patients under the Mental Health Act.
- 17) OTHER ISSUES TO BE EXPLORED:**
- Relating to the ethnicity of patients and culture issues
 - Simulation training
 - LAS handovers to A&E
 - Weekly meetings with LAS
 - Investigation of Serious Incidents
 - Future of the User Reference Group
 - Interviews with patient regarding their experience of the service
 - Carer research re use of A&E
 - Video Project - Fishbowl

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Kathy West
Malcolm Alexander
Patients' Forum LAS

APPENDICES

1) Mental Health Services – King's paper for Overview and Scrutiny Southwark Council **27/1/2014**

Features of our mental services relevant to preventing and responding to A&E attendance are set out below: Mental health services in Southwark are provided by integrated health and social care teams – under the auspices of SLaM. Integration enables there to be a seamless service between health and social care that uses an MDT approach (multi-disciplinary team approach – social workers, nurses, OT's, Doctors, psychologists, therapists etc) that is holistic and enables teams to support all health and social care needs under one service (holistic assessments and care plans – which are recovery orientated with good crisis and contingency plans). These teams also “in-reach” onto wards to enable earlier discharges. Over the past year in particular rates of delayed transfers from mental health setting have reduced and are now significantly below many neighbouring boroughs.

HTT (Home Treatment Teams) provide 24/7 care to service users in a crisis in their own homes rather than them having to either be admitted to hospital or attend A&E. The teams are multi-disciplinary and provide a range of treatments and care to enable residents to stay in their own homes when unwell. They also provide ‘early intervention’ to enable residents to leave wards earlier (earlier discharge) with daily support from the HTT.

HTT accept out of hours referrals from GP's – rather than GP's having to refer residents to A&E

Peer support is also provided for people in leaving HTT and / or in the community. A randomised control trial is to be set up soon to research the effectiveness of peer support for those that have been in crisis.

PLN (Psychiatric Liaison Nurses) – are based in A&E and provide a 24/7 mental health triage in A&E to enable a rapid assessment and care planning for those that come to A&E. They also assess for HTT – so a speedy discharge can be accommodated.

Reablement is a social care team that provides up to 13 weeks support to

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enable residents to be supported in any social care needs – i.e. feeling isolated, money management, housing etc. This is a new team, and relatively rare in mental health services. After re-ablement is completed people are subject to a Recovery and Support Plan aimed at avoiding any future mental ill health episode leading to a crisis situation.

Maudsley's "place of safety" (sometimes known as the 136 suite) – a dedicated unit open 24/7. Residents who may have a mental illness and who are picked up by the police are taken to this unit rather than A&E.

AMHP service – a dedicated team who are able to respond immediately to undertake assessment under the Mental Health Act – these assessments may take place in A&E or the Maudsley's place of safety.

Social care provides an EDT (emergency duty worker – social worker/AMHP) for out of hours. They provide rapid assessment (including AMHP work – Mental Health Act assessments) as well as care planning. EDT and HTT work closely together. There is no evidence that significant numbers of A&E breaches are created by lack of – or response time of – EDT/AMHP.

2) Crisis care concordat brings mental health closer to parity of esteem – Dr Geraldine Strathdee 18 February 2014 - 08:12

Dr Geraldine Strathdee, NHS England's National Clinical Director for Mental Health, explains why it is so crucial we get emergency mental health care right:

I am delighted the Mental Health Crisis Care Concordat launches today. It has been created in partnership with committed leaders from across health and social care, police and justice, local government and housing. It is a call to action and driven by the needs and views of people using mental health services, and their families and carers.

This initiative brings us a big step closer to ensuring that everyone's mental and physical health is equally valued by the NHS. Nowhere is this current gap more obvious than for people experiencing a mental health crisis.

At the moment, people in physical health crisis have a clear path to care and support, while those in a mental health crisis may have to deal with as many as fourteen different ways to try and get help.

This Concordat describes exactly how local commissioners, working with partners, can make sure that people experiencing a mental health crisis get as good a response from an emergency service as people in need of urgent and emergency care for physical health conditions.

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Most importantly, this Concordat clearly describes what people have told us they need, such as:

- When I need urgent help, both I and the people close to me, know who to contact at any time, 24 hours a day, seven days a week.
- I feel safe and am treated kindly, with respect, and in accordance with my legal rights.
- I have support to speak for myself and make decisions about my treatment and care.
- I am given information about, and referrals to, services that will support my process of recovery and help me to stay well.

We are gathering information on how people in need are accessing crisis care. Our Academic Health Science Networks are gathering information on best international models of crisis services and the methods to commission these.

Our clinical leadership across NHS England, in our Strategic Clinical Networks and Clinical Commissioning Groups, are rising to the challenge of transforming care. Many providers and our Strategic clinical networks are already planning changes to their services in response to what their communities need. I've seen great examples and they usually include:

- A single point of access into crisis care, with well-trained triage and tele-health workers who are supported by services which are available 24 hours a day, 7 days a week as they are for physical health crisis.
- Home treatment teams, so that when an individual is experiencing crisis, it is possible to reduce attendance at Accident & Emergency services and admissions to acute and mental health hospitals, where appropriate.
- High quality liaison mental health services for individuals who go to Accident & Emergency.

We've made sure the Concordat fully aligns with the urgent and emergency care review being led by Professor Keith Willett. The programme of work resulting from this, along with implementation of the Concordat, will lead to a significant change for people experiencing a mental health crisis in accessing services.

In discussions with the many incredible committed partners involved in developing the Crisis Concordat, we at NHS England have also committed to a number of actions to help make positive change happen faster. These include:

- Reviewing the availability, quality and gaps in information we need to assess the level of local need for crisis care.

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- Developing a baseline assessment of what care is currently being provided and where.
- Monitoring the effectiveness of how we respond to people who experience a mental health crisis, including those who are assessed under the Mental Health Act.
- Developing our mental health intelligence programme so that when data is routinely available, commissioners and providers can review what is happening locally against the needs of their community and make good choices.
- Setting standards for the use of crisis care plans in line with the Care Programme approach and NICE guidance.
- Commissioning services so that Liaison & Diversion services and Street Triage refer individuals with existing mental health and substance misuse problems to services which can help address their needs.

If we get crisis care right, then no matter where someone is or what they are experiencing, every person is supported, safe and helped to recover. This is what we are striving for.

3) QUESTIONS PUT TO KING'S COLLEGE HOSPITAL

- A) Do you have evidence that the A&E Meet and Greet system is working effectively from the experience of patients, i.e. that it facilitates rapid assessment/triage and signposting by senior mental health trained nursing staff?**
- B) Has the introduction of a 'calm A&E entry point' for people in a mental health crisis been achieved – i.e. safe and secure access for mental health patients from the main entrance?**
- C) How many additional rooms been provided to secure the privacy of distressed patients, e.g. through the use of space in the Golden Jubilee Wing.**
- D) Is the 24 hours Psychiatric Liaison Nursing Team fully functional, appropriately skilled, adequately staffed and always available 24/7?**

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- E) Have you identified assessment and waiting areas for people with a mental health crisis, adjacent to the 24hr Psychiatric Liaison Nursing Team?**

- F) Can you provide evidence of rapid access for patients who are suffering from serious mental health problems and who arrive by ambulance? How much designated capacity do you have for these patients?**

- G) Can you confirm that you now provide care for mental health patients, which is appropriate, adequate and tailored to meeting their individual needs in an environment that affords them privacy and where they feel safe?**

- H) Is there evidence of liaison with the LAS on the continuing development and effectiveness of the areas designated for the care of acutely ill patients with a mental health diagnosis?**

- I) Does User Reference Group have continuing involvement in the development and effectiveness of your facilities for patients with a mental health crisis using your A&E?**

- J) Can you supply copies of any equality impact assessments you have carried out on this service?**

- K) Are you satisfied that there are a sufficient number of beds available at the Maudsley to provide inpatient care for any patients with a mental health crisis who require and acute admission from your A&E?**

- L) Are you satisfied with the response of community mental health and home treatment teams and social work support, to meet any needs identified by your own mental health team for patients seen in A&E?**