**Transport arrangements for patients experiencing a mental health crisis**

Steering Group Minutes – 8th May 2015

**Draft**

**Attendees**

|  |  |
| --- | --- |
| **Name** | **Organisation** |
| **Malcolm Alexander** | **LAS Patient Forum** |
| **Nick Broughton** | **Co-Chair of Strategic Clinical Network for Mental Health** |
| **Sinead Dervin** | **NHSE** |
| **Ursula Gallagher - CHAIR** | **Brent, Harrow, Hillingdon CCGs** |
| **Andrew Graham** | **Barnet, Enfield and Haringey Mental Health Trust** |
| **Susan Green** | **District Judge – Camberwell Green Court** |
| **Mark Napier – MINUTES** | **CPI** |
| **Katy Neal** | **Commissioning Lead LAS** |
| **Elizabeth Ogunoye** | **LAS** |
| **Anne Sheridan** | **Social Care Lead for CNWL** |
| **Daniel Thorpe** | **MPS** |

**Apologies**

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| **Name** | **Organisation** |
| **Fionna Moore** | **LAS** |

**Actions**

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|  | **Action** | **Owner** | **Status****(RAG)** |
| **1** | ToR to be amended | **CPI** |  |
| **2** | Additional research to be carried out in relation to Hampshire model of delivery | **CPI** |  |
| **3** | Additional research to be carried out in relation to international examples of good/best practice | **CPI** |  |
| **4** | Additional research to be carried out in relation to existing MH Transport provision | **CPI** |  |
| **5** | Additional research to be carried out in relation to Camden transport activity | **CPI** |  |
| **6** | Roll-out of court survey to be followed up | **SG/CPI** |  |
| **7** | Design workshops to be planned | **CPI** |  |
| **8** | Communications plan to be circulated  | **SD** |  |
| **9** | LAS to be invited to Steering Group and their attendance to supersede that of Mental Health Partnership Board | **UG/DT** |  |
| **10** | Contact Hampshire CCG to see if they have information regarding the commissioning/paying for the MH transport service (Medisec)  | **KN** |  |

1. **Welcome and introductions**

UG welcomed attendees.

1. **Minutes from previous meeting**

No amendments were made to the minutes of the previous meeting.

1. **Review of Terms of Reference**

The draft ToR were reviewed.

Two minor amendments were requested to the ToR with regard to the spelling of names.

SG requested that transportation from the Crown Court system be included within the scope of the project and that the project documentation be amended to reflect this.

It was requested that the LAS Commissioning Team should be included in the group membership and added to the ToR accordingly.

1. **Project updates**

**4.a Research**

MN provided an update on the progress of the research element of the project.

*4.a.1 Hampshire Site Visit*

MN detailed the work that is being delivered in Hampshire in relation to MH transportation.

The group asked that a number of questions around the work in Hampshire be clarified:

* Is there an operational procedure manual/guidance? If so, can a copy be obtained.
* How were Medisec procured? (Was there a tendering process undertaken?)
* How is restraint defined?
* What are the exclusion criteria for Medisec – i.e. on what grounds will they *not* transport a patient?
* Who are the technicians professionally accountable to? Is there a professional body that represents the and ensures standards? Are they required to be registered to a recognised body?
* What is the typical pathway time from the point Medisec are contacted to the time at which they formally handover the client to the designated place of safety.
* How were targets arrived at?
* Did they consider covering Sections 2 and 3 of the MH Act?

The members of the group requested this additional information regarding the Hampshire pilot by the following Steering Group meeting. It was also suggested that Hampshire CCG are contacted to see if they can clarify commissioning, procurement and payment issues regarding the transport service.

Members of the group indicated that a pilot – similar to the work in Hampshire – had been carried out in Camden. It was requested that details of this work and the results were obtained.

Members of the group asked that the research look for any international examples of MH transport and best/good practice that has been identified.

Members of the group noted that MH Trusts will have some form of transport provision in place. It was requested that current arrangements are reviewed to determine what capacity and provision already exists and how this is used.

*4.a.2 AMHP survey*

MN noted that the AMHP survey had been agreed and is being rolled out by a number of London boroughs:

* Bromley
* Camden
* Hillingdon
* Islington
* Westminster

The survey period will end 28th June to allow for data analysis to take place.

*4.a.2 Court survey*

MN noted that he was having trouble engaging Dr Ian Cumming (SLAM) who it is hoped will roll-out the surveys across the courts he covers. SG agreed to escalate this.

*4.a.3 Data analysis*

MN noted that this exercise is underway and respective data holders have been contacted.

DT noted that existing data systems will not capture the full extent of demand for MH transport - for instance there will be no data on people who are detained under S136 and who volunteer to be taken by MPS. As such he noted that any data analysis is likely to under-estimate actual demand. MN agreed that the data analysis will be limited to what is currently recorded and that there is the possibility that demand for MH transport will rise following the roll-out of a new delivery mechanism as “pent-up” demand rises (that is for instance, people requesting MH transport when previously they would not have attempted to given the lack of response).

**4.b Contractual**

The group discussed the current LAS contractual arrangements. KN noted that in the 2015/16 there are much tighter arrangements that help the commissioners to understand why there is under-performance. KN noted that there has been significant additional investment by commissioners to support performance.

Three KPIs have been introduced:

* Red 1: life threatening – 8 mins 75% of the time
* Red 2: life threatening – 8 mins 75% of the time
* Cat A: 19mins 95% of the time
* Cat C: this has 4 sub-categories with associated targets

Given these KPIs, LAS now clearly understand what needs to be achieved. The pilot that will be undertaken therefore needs to explore how delivery can be optimised in order to enable LAS to achieve these contractual targets.

KN also noted that LAS are now signed up to parity of esteem between MH and physical health services.

KN noted that the 2015/16 contract has been signed so no further amendments are possible.

1. **Communications update**

SD indicated that a communications plan is being finalised that will provide routine communication to relevant stakeholders.

The plan will be circulated via email and signed-off prior to the next Steering Group.

1. **Pilot activity**

MN indicated that, with research activity up and running, attention will be paid to the workshops that will follow on and what format these will take.

UG stated that the “pilot” should be re-branded as an “implementation plan” given that there is every intention that the new delivery mechanism being developed will be rolled out in full to become the new standard.

1. **Project timeline**

MN noted that the project is on time according the original timeline set.

1. **Date of next meeting**

SD noted that dates have now been set for the next meetings.

1. **AOB**

LAS participation was discussed. It was felt that it was more helpful for them to attend the Steering Group than the Mental Health Partnership Board.