

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

MINUTES of the PATIENTS' FORUM MONDAY, January 17th, 2022 – 5.30pm

ATTENDANCE: FORUM MEMBERS AND ASSOCIATES

Alan Alexander – Whitehaven, Cumbria
Alison Cobb – Mind
Courtney Grant - Bromley
Georgina Taylor - Southwark
Janine Thompson - Southwark
Jon Williams – Healthwatch Hackney - Host
Joseph Healy - Lambeth
Liya Takie – Hackney Healthwatch
Logie Lohendran – Chair, Healthwatch Merton
Malcolm Alexander – Chair, Patients' Forum and Healthwatch Hackney
Maria Brynge – Lund, Sweden
Mary Leung - Harrow
MHCAW - representative
Mike Roberts - Hampshire
Natalie Teich - Islington
Paul Hunter – Mind, Calderdale
Philip Jones – Healthwatch Hackney
Polly Healy – Surrey
Robert Kersley -
Rory Cooper - Health and Social Care Senior Manager, CommUNITY Barnet
Sabu Ghosh
Sally Easterbrook – African Advocacy Foundation
Sister Josephine – Vice Chair of Patients' Forum, Chislehurst
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GUEST SPEAKER:

NORMAN LAMB, CHAIR, SOUTH LONDON AND MAUDSLEY TRUST

LONDON AMBULANCE SERVICE REPRESENTATIVE: NIL

LAS COMMISSIONER'S REPRESENTATIVE: Nil

APOLOGIES

Alexis Smith – Forum Lead on Acute Mental Illness
Carl Curtis - Lewisham
Maria Yianni – Outcome Volunteer
John Larkin- Company Secretary - Barnet
Louisa Roberts – Tower Hamlets – Board Member

1) NEZIAH'S MUM TALKS ABOUT HER TRAGIC EXPERIENCE WITH THE LONDON AMBULANCE SERVICE - Feedback

Feedback from meeting held November 15th, 2021, with Neziah's Mother. The previous meeting concerned the tragic death of Neziah as a result of LAS delays in getting Neziah's mother to King's College Hospital. On December 23rd a meeting was held with Daniel Elkeles, Chief Executive of the LAS and Dr Fenella Wrigley, Medical Director at which Dr Wrigley formally apologised to Neziah's mother (Duty of Candour) for the failure of the LAS to provide adequate and appropriate service, prior to the death of Neziah.

At that meeting, Dr Wrigley asked Neziah's mother:

- If she would help with expert learning for staff?
- How the LAS could be constructive in supporting her?
- Whether she needed external support, e.g. a bereavement group or counselling?
- Whether she felt able now to engage with bereavement support to deal more effectively with her loss?
- Whether she could liaise with Neziah's mother's GP to develop and propose a bereavement package?

A meeting will be held between Dr Wrigley and Neziah's mother early in 2022, and MA will meet with Daniel Elkeles in March 2022.

2) LAS PERFORMANCE DATA (attached)

Noted that the most recent performance dataset available to the Forum was published in October 2021 (September data). Both the LAS, and NW London CCG which commissions the LAS are **refusing** to provide the full data set on most recent performance of the LAS. Some data is available from the LAS board papers and the NHSE website.

It was noted that the September 2021 data shows that in 22/31 CCG areas, that the LAS were not achieving their 7minute response time target for patients at risk of death or serious harm, and that 26,429 handovers from the LAS to A&E department exceeded the 15minute handover time required by the CCG-LAS contract. In addition 9277 handover exceeded 30 minutes and 1943 exceeded one hour – although that actual length of handover over one hour is not known. The Forum continues to take steps to access LAS performance data.

3) SIR NORMAN LAMB – CHAIR, SOUTH LONDON AND MAUDSLEY TRUST PARITY OF ESTEEM

Parity of Esteem is the principle by which mental health must be given equal priority to physical health. It was enshrined in law through the Health and Social Care Act 2012, as a result of Norman Lamb's leadership on this issue when he was Minister of State for Community and Social Care. The government requires NHS England to work for parity of esteem between mental and physical health through the NHS Mandate. There are however many areas where parity of esteem has not yet been realised. Mental health problems account for 28% of the burden of disease but only 13% of NHS spending.

NL explained that early intervention is important for patients showing signs of mental health problems in order to prevent psychosis developing. He said that the current situation at SLAM is that patients are waiting six weeks to see a therapist for IAPT and two weeks for patients showing signs of psychosis. There are longer delay for patients with eating disorders and other conditions. This compares to 18 weeks waits for referrals for cancer treatment in the NHS. (IAPT – Improved Access to Psychological Therapies).

He described the situation at A&E departments where patients in a mental health crisis can wait in excess of 12hrs for a mental health bed and in some cases more than 24hrs. He said that it is common for patients to be sent far away from their home, because there are no local beds and, in some cases, may be sent 100s of miles. He said that this is a situation where parity of esteem is clearly not being exercised, because people with physical illness would not be subject to the same long waits or be transported long distances for treatment. To make matters worse, NL said that patients are sometimes transported in vans with an internal cage, in which patients are locked during transportation to a hospital. He described this situation as a scandal because patients may not know where they are being transported to and are put at a higher risk of suicide. He said this approach to finding beds for patients doesn't work, is harmful and must be confronted.

Referring to s136 detentions (Mental Health Act), NL said that at one time 50% of people detained by the police under s136, were taken to police stations and locked in a cell, but now people who are detained are rarely taken to police station – instead, they are taken by the police to Places of Safety or A&E depts at acute hospitals. Unfortunately, A&E department are often full and have no space or appropriate clinical teams to care for s136 patients. This is also another example of the police being put in the caring role for patients who are acutely ill, rather than being cared for by mental health professionals or specially trained paramedics.

NL said he had discussed the detention of patients with mental health problems by the police with Frank Bruno. He had described as demeaning his experience suffering from mental health problems and being visited at home by two uniformed police officers – who gave the impression that he had committed a crime when in fact he was ill. He also referred to the work of the Crisis Care Concordant, which has strongly objected to the use of police vehicles and cages to transport patients, because they undermine dignity and respect for the patient. (<https://www.crisiscareconcordat.org.uk/>)

Systems in other parts of England

It was reported that in some parts of the country services had been set up specifically to assist people suffering a mental health crisis without further traumatising them, e.g. in Northumberland and Cumbria. These services involved the use of focussed care plans, kindness, compassion, dignity, respect, and avoidance of s136 detentions (e.g. a decrease of 50% in s136 detentions in 2015) (<https://bmjopen.bmj.com/content/6/11/e011837>).

The London MH Compact

NL said this approach should be adopted in London too and informed that meeting that a Compact had been established in 2019 between London's Mental Health and Acute Trusts, Local Authorities, CCGs, NHS England, NHS Improvement, London Ambulance Service and Police to provide enhanced access to mental health services in London. [tinyurl.com/3cewxc93](https://www.tinyurl.com/3cewxc93)

NHS England and NHS Improvement London

The Mental Health Compact for London sets out cross-agency working to ensure high quality care for people in mental health crisis. It sets out working between London's mental health and acute trusts, Local Authorities, CCGs, NHS England and NHS Improvement, London Ambulance Service and Police services. "We intend to establish a common understanding of what is expected from each part of the health and care system in providing access to mental health inpatient facilities in London".

Access Standards for Patients with Mental Health Problems

NL said Simon Stevens, the former CE of NHS England had proposed five comprehensive access standards for the treatment of patients with mental health problems, but these were not mandatory. The proposals are intended to ensure that patients requiring urgent care will be seen by community mental health crisis teams within 24 hours of referral, with the most urgent cases getting help within 4 hours.

Liaison Services in A&E

It is intended that mental health liaison services for those admitted to A&E, would also be rolled out across the country as part of overall service expansion and improvement plan for mental health outlined in the NHS Long Term Plan. He said there are also proposals for children and young people with mental health problems to receive treatment within 4 weeks, which would

radically change the effectiveness of treatment for young people, who may currently be subject to long waits for treatment.

Simon Stevens said: “Together with the guarantee that mental health investment will increase each year as a share of the growing NHS budget – as has been the case each year since 2015 – these new waiting times standards are another key milestone in the journey to putting mental health on an equal footing with physical health; ‘parity of esteem’.”

Health and Care Bill – House of Lords Amendment

NL said that Simon Stephens the former CE of the NHS, has supported the need to expand mental health services in the NHS, especially in light of the impact of Covid on mental health. He has promoted an increase in funding for mental health services and tabled an amendment to the Health and Care Bill that was debated in the House of Lords on 11 January 2022, that would require the UK Government to increase investment in line with demand for mental health services for years to come.

www.theyworkforyou.com/lords/?id=2022-01-11b.1000.1

The Mental Health Investment Standard set out in the Long-Term Plan is an existing commitment for all CCG in England to disproportionately increase funding in mental health services in recognition of historic underfunding and increased prevalence of poor mental health. This amendment would make sure the UK Government increased investment in line with need beyond the scope of the Long-Term Plan.

NL said that people with mental health problems face a historic injustice and may die 15-20 years earlier than people without mental health problems. This is due to many factors including much higher smoking rates and a failure by the NHS to deliver parity in the treatment of physical and mental health.

He added that he hopes the LAS will play a key role in the campaign to increase funding for the mental health care, in view of their involvement in the care of patients detained under the Mental health Act. He said they have a key role in preventing patients going into crisis. The work of other organisations in the community is also critical in supporting patients who are becoming unwell. He added that preventative treatment can reduce the massive drain on police resources, which occurs because of the large number of s136 detentions.

Questions to Norman Lamb

Logie asked what could be done in London to create a more supportive service for people in a mental health crisis like the Northumberland/Cumbria services.

NL replied that volunteers have an important role as 'mental health champions' and that better collaboration was needed to enable earlier Intervention and the support of community organisations.

Courtney Grant described a situation where a young black student was left in the dark in great distress. His parents called the police for help, but the police pinned him to the floor, and he died of injuries caused by rough handling by the police. The police exacerbated the situation.

NL said he was completely with CG and that it is essential to confront the use of force. He said that reducing the use of restraint is essential, but recognises that prone restraint has been heavily used in acute mental health services, but is now used much less and that the use of force should be completely eradicated from mental health services.

The use of situational awareness – Courtney Grant

You mentioned that when someone is detained in London, they often have to be taken to a location far away from London because of a shortage of available spaces in London, and you mentioned that they are often given no details as to where they are being taken and how long it will take. Could more be done to help the person detained to understand the current situation and help them anticipate what's going to happen (i.e. being clear on where they are going, how far in distance it is, how long it will take to get there etc.)? There is a concept that we study a lot in Human Factors, known as 'situational awareness'. This is all about ensuring that a person is able to perceive what's happening in their environment, can comprehend the current situation, and then project what's likely to happen in their immediate future.

Norman Lamb has been asked for a response

Guidance on Language – Courtney Grant

Are there any guidelines on the effective use of language to help reduce anxiety levels when detaining someone? For example, there is Human Factors literature showing that terms such as "don't panic" can be counter-productive, because people are not good at processing negations (with the implications being that the person starts to think about doing the very thing you're asking them not to think about doing). Anecdotally, I've seen this happen when I was on an ambulance ride-out with paramedics, where another set of paramedics were dealing with a man who had a head injury, and they were telling him "don't panic", which only seemed to increase his levels of agitation and anxiety.

Norman Lamb has been asked for a response

Joseph Healy asked how the London mental health Concordat is funded. He said that many mental health services have been stripped bare and require substantial new investment.

NL replied that SLAM has received additional funds for community health services. He said that too many people are locked up in psychiatric wards when they need support in the community. There should also be much less use of s136 and detentions that follow. He added that 4-6% more young black men are sectioned under the MH Act, compared to young white men, and there is a pressing need for much earlier intervention to support people are developing a mental health crisis.

Philip Jones said that he had worked with SLAM in the past and noted a very high demand for mental health services in inner-city areas, and added that much higher levels of funds are required to meet need and demand.

NL agreed and said that all inner-city boroughs are underfunded to deal with the rising needs of people with mental health problems. He added that mental health problems are caused by poor housing, poverty, lack of green space and that better environments would reduce the high incidence of mental health crises. More training is required for police and ambulance staff to increase their awareness and the awareness of the public of the needs of people suffering a mental health crisis. Part of this approach includes reducing the impact of stigma for those with mental health problems. NL said that the charity Time for Change had worked on these issues:

“Experiencing a mental health problem is hard enough. Fear of judgement, shame and isolation just makes it that much harder. That's why we worked to end mental health stigma and discrimination



Some mental health trusts work with the police to better understand each other's roles. He said that better collaboration was essential between the police and providers of mental health services.

Sister Josephine agreed that joint work between the police and mental health services was important, but that paramedics should take a lead role in caring for people who are in a mental health crisis. She said that compulsory training was needed for the police and that the funding of voluntary sector organisations was also important to support patients in crisis. She expressed concerns about young people waiting long periods for assessment and that families don't know where to go for help in this situation.

NL thanked Sister Josephine for her words of wisdom. He described a case where a 15-year-old boy suffering from mental health problems waited a year for treatment, and another case where a teenage girl waited so long for treatment, and when she turned 18 was removed from the waiting list and had to wait on the adult list. He said that neglecting the needs of teenagers can lead to life of suffering due to neglect.

Malcolm Alexander asked whether NL agreed that patients who might be detained under s136 of the MHA should be supported and diagnosed by paramedics first and that police officers should only provide back up if required by the paramedic. He added that transporting patients in police vans was not conducive to appropriate mental health care and might exacerbate a patient's condition.

NL agreed that paramedics should be first on scene and that the police should provide back-up and sectioning only advised by the paramedics. He added that the police would probably be very happy support that change of roles.

Mike Roberts said that the 2020 report "Mental Health of Children and Young People in England" was shocking: Rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

He asked how this mental health crisis in the system was going to be resolved if funding for local government continues to be cut. Mike said this funding crisis was creating more Cinderella services instead of moving towards parity of esteem. Mike added that he valued NL's experience in mental health services and asked what more can be done to ensure that the NHS Mandate for MH is implemented, and that mental health is placed high up on the NHS agenda:

The Government's 2021-22 mandate to NHS England and NHS (March 21) Improvement https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/972947/The_government_s_2021_to_2022_mandate_to_NHS_England_and_NHS_Improvement.pdf

Mike supported Sister Josephine's approach of putting paramedics on the front line for the assessment of patients with mental health needs.

NL replied that he is continuing discussions with Simon Stevens who is now in the House of Lords. He said that he is worried that MH is losing its priority in the NHS especially as a result of the impact of Covid. He added that the situation is exceptionally challenging.

Sister Josephine recommended that the Patient' Forum takes steps to meet with the Secretary of State for Health and recommend to him that the Government guarantee that funding provided for MH services will ensure implementation of the Parity of Esteem in acute and community settings, especially in London where the need is so great.

The meeting finished at 6.30pm