
RESPONSE TO THE SCRUTINY OF SOUTH LONDON AND MAUDSLEY NHS TRUST'S PROPOSALS FOR REVIEW OF CRISIS MENTAL HEALTH SERVICES

INTRODUCTION

1. This document summarises the SLAM response to the recommendations of the Lambeth/Southwark Statutory Joint Health Scrutiny Committee. Under section 11 of the Health and Social Care ACT 2001, NHS bodies have a specific duty to consult and involve patients and the public in the planning and development of services and in relation to decisions that might affect services. If as a result of the review, a Joint Committee or an individual OSC concludes that the proposed change is not in the best interests of the health of the local population, and no agreement can be reached locally on the proposals, the committee has the power to refer the matter to the Secretary of State.
2. The proposals, subject to public consultation by SLAM are to:
 - ◆ create five clinical decision unit (CDU) beds in the Emergency Clinic (EC) at the Maudsley Hospital for service users with complex mental health needs who may be waiting for screening by Home Treatment Teams, discussion with their community mental health team or admission;
 - ◆ cease the walk-in, self referral function at the Emergency Clinic (whereby patients with mental health problems can self present in times of mental health crisis);
 - ◆ accept into the EC service users with complex needs who are finding it difficult to wait in A&E or whose behaviour is difficult to manage in A&E. These service users would be referred by mental health professionals in A&E rather than by direct self referral;
 - ◆ strengthen the rapid response of the community mental health services to service users known to services who are experiencing a relapse or deterioration in their mental state;
 - ◆ introduce a telephone advice line into the CDU to signpost service users and health care professionals to the appropriate service.
3. Following a detailed review of crisis services across Southwark and Lambeth the conclusion of the committee is that it could not support the SLAM proposals. The key finding is that, *'the Committee is not satisfied that the proposed changes to mental health crisis services, particularly the withdrawal of the self-referral, 24hr walk in facility at the Maudsley Emergency Clinic, as set out in the South London and Maudsley (SLAM) NHS Trust's' Lambeth and Southwark mental health crisis care review' consultation document, are in the interests of the health of local people in Lambeth and Southwark.*¹

¹ Scrutiny of South London and Maudsley NHS Trust's proposals for review of crisis mental health services.

4. This document includes a response to the nine recommendations outlined in the report of the O&S Committee and puts forward modified proposals in an attempt to reach local resolution.

RECOMMENDATION 1

The committee recommends that a whole system approach to mental health crisis services is needed across both boroughs – with shortcomings in the existing system addressed, and key parts of the system strengthened before any reconfiguration is progressed.

5. In the SLAM consultation paper it was recognised that it would be necessary to strengthen components of the whole crisis services system across Southwark and Lambeth. As changes to the emergency clinic are likely to impact most on King's College Hospital the following changes are proposed to strengthen the service there.
6. A psychiatric senior house officer (SHO) will be based at King's out of hours. Currently an SHO based in the Emergency Clinic also covers King's A&E. This revised arrangement will provide a more responsive service to mental health patients at King's out of hours as an SHO working with the specialist psychiatric liaison nurses will provide dedicated cover to King's out of hours. This change will be cost neutral.
7. By redistributing the medical cover currently available in the EC from 9.00 to 5.00 it will be possible to increase the medical cover available to King's during the day.
8. In the course of the consultation, services users were clear that they did not receive a prompt enough response from community mental health teams. This is acknowledged by SLAM and in both Southwark and Lambeth changes are being made to the community mental health teams to improve their responsiveness;
 - ◆ in Southwark a review is being carried out of Assessment and Brief Treatment Teams and CREST, the Home Treatment/Crisis Resolution Team, to ensure that they can respond to emergencies on the same day. Changes are also being made to improve telephone responsiveness for service users and GPs.
 - ◆ in Lambeth a reconfiguration of community services has already taken place as part of the 10 year review. These services are now coterminous with clusters of GPs within primary care localities. The Assessment and Treatment Teams undertake to respond to emergencies within 4 hours.
 - ◆ It is proposed that the EC continues to take direct referrals while these changes are made and consolidated. Monitoring of the responsiveness of the CMHTs should take place to ensure that they are able to meet agreed standards.
9. In addition to the above concerns service users indicated that they did not always receive copies of their care plans and crisis plans. It was noted that many care plans indicated that in the event of a crisis service users should attend the EC. In response to the issues raised in the consultation SLAM undertakes to develop an action plan to ensure that:
 - ◆ all service users are given a copy of their care plan and their crisis plan:

- ◆ all crisis plans should be reviewed to ensure that these stipulate the action that should be taken in a crisis and not just indicate that the service users should attend the EC.
10. Progress in relation to these two objectives should be audited and monitored throughout 2006/07 before any changes are made to the function of the EC.

RECOMMENDATION 2

Committee members, many service users, and some staff at St. Thomas' and Kings A&Es expressed serious reservations about the capacity and appropriateness of A&E facilities to provide quality crisis care for people in mental distress and to contain any increased pressure of demand for services. The committee would like to see the situation for patients attending and waiting at A&E addressed regardless of the outcome of the Trust's crisis services review.

11. SLAM supports this recommendation. A&E is a universal service and people with mental health problems attending A&E have a right to expect to receive specialist care and treatment and to be treated with respect and dignity. In the course of the crisis services review the audit of attendances at crisis services indicated that more mental health service users attend A&E than any other service. It is therefore important that these services are acceptable to service users.
12. It is acknowledged that service users who are very disturbed might find it difficult to wait in A&E. It was also indicated in the course of the consultation that service users found the EC to be a more 'containing environment' and fears were expressed that service users wouldn't be able to wait in A&E. For this reason the proposals put forward by SLAM indicated that service users who are finding it difficult to wait in A&E, or who are challenging for A&E staff to manage can be moved to the EC. This already happens regularly and over 30% of patients who sleep over night in the EC are transferred from the A&E departments to the EC.
13. In response to concerns about the way that service users are received in A&E, and the facilities available, SLAM undertakes to work with both King's and Guy's to develop an improvement programme. Guy's and St. Thomas' Foundation Trust has already embarked on a programme of improvement in collaboration with the psychiatric liaison nurses at St. Thomas'.

RECOMMENDATION 3

Although forming part of the Trust's overall plan for the future of local crisis mental health services, the committee would like to see increased commissioning emphasis on non-medical model services such as services which could provide informed support and valuable social contact particularly out of hours.

14. SLAM supports this recommendation and would welcome a wider range of out of hours services that can offer social and psychological support to service users in crisis. However in 2005/06 both Southwark and Lambeth PCTs indicated that no further investment would be available for crisis services in the immediate round of services planning. SLAM's proposal took this into account in planning the service reconfiguration. SLAM would support prioritising the development of this type of facility should new funding become available or funding be made available for re-investment from efficiency savings or service re configuration.

RECOMMENDATION 4

The Committee supports the need for a properly resourced, targeted and user friendly telephone advice service and notes the service user preference that this be provided independently of SLAM

15. SLAM supports this recommendation and recognises that mental health services are difficult to negotiate. However it is recommended that a review of the use of existing telephone helplines is undertaken to ensure that this investment represents good value for money. Any such initiative would also require additional investment which it was made clear by the PCTs is not currently available.
16. In an attempt to go some way toward meeting this need SLAM has indicated in its proposal that it will be possible to provide a 24/7 advice line in the CDU. This will signpost service users, carers, GPs and other agencies to the appropriate service. It is acknowledged that this does not meet the preference of the service users for an independent advice line run by the voluntary sector. However, in the absence of funding for this service, the SLAM proposal would provide one telephone number which can be used to access information about mental health care in both boroughs. This can be achieved within existing resources.

RECOMMENDATION 5

The committee would like to see the Trust and other delivery partners working closely with non-statutory organisations to ensure provision of clear and timely information to assist navigation around existing and future local provision. This should be available to service users, potential users of services, carers, those responsible for making referrals to services and the wider local community.

17. SLAM acknowledges that it can be difficult for service users, carers and partner agencies to navigate their way around existing provision. The proposed advice line described above would assist in improving this situation. SLAM is also prepared, as part of the action plan in response to the consultation, to work with service users, carers and partner agencies to design information that helps service users to access the appropriate service.

RECOMMENDATION 6

The concerns of the Mental Health Act Commission in November 2005 were reported to the committee. However, the committee would like to see the trust exploring alternative options by which these might be addressed, other than closure of the EC.

18. Both the Mental Health Act Commission and the Trust itself have concerns about a range of issues relating to patients sleeping overnight in the Emergency Clinic especially those undergoing detention under the mental health act. It is sometimes necessary to section patients in the emergency clinic and problems can arise if there are delays accessing a bed. The proposal to develop CDU beds means that service users can be admitted overnight. This has the added benefit of allowing screening by the Home Treatment Teams in the morning and offers the opportunity to provide an alternative to admission. The CDU facility was not the only option considered by the review steering group. The possibility of providing mental health CDU beds at St. Thomas' and King's A&E was explored by the crisis review group. However, neither St. Thomas' nor King's considered that they had the space or the resources to do this.

19. Although it would be possible to provide this service in another area, at present no suitable space is available on the Maudsley site. Such a development would also require significant additional investment which is not available at present.
20. SLAM therefore believes that alternatives to the provision of CDU beds in EC have been considered and rejected as a result of space constraints and lack of additional investment.
21. However SLAM is prepared to revisit the proposal of the service users to develop the CDU beds while continuing to provide walk – in facilities. This will need to ensure that any detention under the Mental Health Act conforms with with MHAC requirements and will have to achieve adequate standards of privacy and dignity is legal and will have to achieve adequate standards of privacy and dignity.

RECOMMENDATION 7

The committee believes that a self-referral, walk-in 24 hour specialist mental health facility should continue to be available locally, in whatever form.

22. The Trust acknowledges that service users and other agencies made a very strong case for retaining the 24/7 self referral walk in service. For this reason SLAM is willing to revisit the option proposed by service users to provide 3 CDU beds while continuing to provide the walk-in self referral service. In doing so it would have to ensure that such an arrangement was consistent with MHAC advice, or else the consequence would be that the EC's ability to accept seriously ill service users requiring assessment and admission from A&E Departments would be compromised.

RECOMMENDATION 8

The committee is concerned that SLAM's proposals for reconfiguration may impact disproportionately on BME communities. The committee recommends that the impact of EC closure across the local system is subject to a full Equalities Impact Assessment before any reconfiguration is proposed.

23. The audit of use of the Emergency Clinic indicated that a higher percentage of service users from BME communities presented at the EC than at the A&E Departments. As the majority of these service users suffer from a psychotic illness and are known to services a preferred pathway would be via their community mental health teams. This would promote continuity of care and would support earlier access to services to prevent relapse and the need to access emergency services. It is anticipated that improvements to the responsiveness of the CMHTs will make it easier for BME service users known to services to access help from clinicians familiar with their care plan and social circumstances. SLAM agrees with the need to carry out a race impact assessment of these developments prior to implementing plans to close self-referral walk in function of the EC.

RECOMMENDATION 9

The Committee considers that SLAM's consultation process including the way in which consultation options were formulated have been less than ideal because:

The views of non-SLAM members of the crisis services review steering group (i.e service users, carers and other relevant voluntary and statutory agencies including the police) appeared not to have been significantly reflected in SLAM's final consultation option for public consultation; and the perception of service users and user groups was that their contributions played no meaningful role in the outcome of the Trust's consultation process.

24. SLAM does not accept that the consultation process was inadequate. The final consultation paper was the result of 18 months of work which included service users, carers, partner agencies and other stakeholders from the start. The list of organisations either actively participating in the steering group or receiving minutes included 20 members representing 13 groups and agencies. A stakeholder's event with an attendance of over 100 people was held in January 2005. Although it was not possible to incorporate all the ideas for service development raised at the event SLAM has made an effort to address these concerns in a way that is cost neutral in line with the guidance given to the steering group by the PCTs on the resources available. Issues raised that will be central to SLAM's efforts to improve services include a review of the responsiveness of the assessment and brief treatment teams in a crisis, a review of the systems to ensure that service users receive a copy of their care plans and crisis plans, measures to improve the quality of crisis plans and the need for better information regarding accessing a service in a crisis.

25. SLAM acknowledges that the final proposal did not include the walk-in self referral function of the EC. This was because:

- ◆ to combine this function with the CDU beds results in problems providing out of hours care for patients in a way that meets NHS standards for privacy and dignity within the space constraints of the EC;
- ◆ to retain this function did not address the concerns raised by the Mental Health Act Commission regarding the legality of detained patients remaining in the EC while it is still open to unscheduled care;
- ◆ retaining the walk-in function is not always compatible with managing the increased numbers of service users with complex problems coming from King's and St. Thomas' A&E departments. This means that in practice, the EC has to be closed when complex patients are being managed. It is not consistent to provide a 24/7 emergency service which has to be closed a significant number of times in order to support the transfer of complex cases from A&E departments;
- ◆ the recommendation of NIMHE (National Institute of Mental Health in England) independent expert advice was that the EC is providing a therapeutically unfocussed service to patients with a very wide range of needs and is therefore unable to address these adequately.

26. Unfortunately no other service solutions emerged in the course of the consultation from PCTs, acute hospitals, service users or other agencies which addressed these issues in a cost neutral way.

27. A process of consultation and joint service planning does not mean a particular set of views will prevail. It does mean that compromises will have to be found to address the complex problems that we face.

SLAM does not accept that the views of service users and other agencies were not taken into account. The ways in which views were incorporated in the final plan are summarised below;

- ◆ at the start of the review it was clear that there was strong opposition to the closure of the EC. The final option retains the EC as a key component in Southwark and Lambeth crisis services though refocuses it to meet the needs of those with the most serious problems;
- ◆ service users expressed concern that A&E is a difficult environment for service users who are agitated, afraid and disturbed. This was acknowledged by SLAM and the final proposal indicated that service users who are very unwell and finding it difficult to cope in A&E should have the opportunity to move to a more contained environment in the EC;
- ◆ service users, carers and other agencies indicated that mental health services are complex and can be difficult to navigate. SLAM acknowledged this and therefore included in the proposal the intention to set up an advice line which will give stakeholders one number which can be contacted to access advice about appropriate pathways into the service;
- ◆ both King's and St. Thomas expressed concern about the impact of any changes to the EC on their four hour waits target. Numbers sleeping over in the EC have increased by 30% since the 98% four hour waits target was introduced. The four hour wait target has therefore had an impact on the EC's ability to sustain its service to walk-in clients. By developing the CDU beds SLAM will have improved facilities to continue to support the A&E Departments with complex cases which are most likely to result in breaches of the target;
- ◆ police raised concerns about the possible loss of a place of safety. There was never any question that the Maudsley will not provide a place of safety and Southwark police were fully involved in planning the new 136 suite attached to the psychiatric intensive care unit which provides a safer environment for 136 presentations.

28. However, although much was done to include service and other agencies in the steering group prior to the period of formal consultation SLAM welcomes the comments of the committee on the conduct of the formal consultation. As was pointed out in the document produced by the Scrutiny Committee this has been a learning experience for SLAM as well as the other organisations involved and SLAM found the suggestions of the committee as to how the wider population could be involved in a consultation of this type helpful.

THE WAY AHEAD

29. The report of the joint committee indicated that, *'the committee wishes to work with the local health providers to find a locally acceptable solution on this issue.'*² SLAM welcomes the opportunity to work with the Joint Committee and with local stakeholders to find a way forward to provide an effective service in a crisis for local people with mental health problems. SLAM acknowledges the over-riding

² Page 10 paragraph 15

preference of service users to retain the capacity of the EC to manage self referrals. However this needs to be reconciled with the need to manage complex presentations, service users detained under the Mental Health Act and transfers from King's and St. Thomas' A&Es to support them to achieve the four hour wait target. As the PCTs have pointed out any service reconfiguration to achieve these aims needs to be cost neutral.

Options

30. In revisiting the options available SLAM has reconsidered the option submitted by service users to provide a combination of CDU beds and the walk-in facility. SLAM has also considered a further option which would retain the EC as a walk-in facility but would reduce the capacity to transfer service users with complex needs from the A&E Department.

Option 1

31. This option was initially proposed by serviced users following the steering group meeting in September. The option proposes that the EC should be reconfigured to provide three CDU beds but continue to be available for self presentations. This option has the advantage of retaining the self presentation function. However:

32. SLAM will have less capacity to manage the transfer of more complex presentations from the A&E Departments. Currently three CDU beds would mean that SLAM can manage the current workload of service users remaining in the clinic overnight on 8% of occasions.

33. In order to satisfy privacy and dignity standards and avoid any illegal detention under the Mental Health Act it will be necessary to close the EC to self presentations if service users are sleeping in the CDU beds overnight.

34. Despite these constraints SLAM is willing to implement these changes on a pilot basis to assess the impact on the EC and to provide time to demonstrate that changes have been made to the wider system to bring about improvements in crisis management.

Option 2

35. In this option SLAM is proposing that the EC should remain as a service for walk-in presentations. However it will therefore not be possible to provide accommodation to service users with complex presentations sleeping overnight in the clinic. As this will reduce SLAM's capacity to provide alternatives to admission and manage bed capacity it will be necessary to create three additional emergency overnight beds on one of our male wards. This will require additional funding to manage an increase in admissions out of hours. As there will be no additional funding available for this SLAM is proposing that this will be funded by withdrawing the 24 hour Psychiatric Liaison Nurse cover from King's.

36. This option has a serious consequence as it is withdrawing an emergency psychiatric response from a universal service. It will also reduce the capacity that SLAM has to support both King's and St. Thomas' A&E Departments to manage complex presentations that are likely to breach the four hour waits target. This option will have to be discussed further with King's A&E to consider further its feasibility.

SERVICE PLANNING 2006/07

37. When the Steering group was set up in 2004/05 the PCTs indicated that although no new funding was to be made available for crisis services in Southwark and Lambeth there was no expectation that any savings would be made from any reconfiguration of existing services. However in the light of recent changes to their own positions both PCTs have notified the Trust that substantial savings will have to be made in 2006/07. Whilst discussions on how this will be achieved are still not concluded, both PCTs have acknowledged that this will not be achieved without significant service reductions. Any reconfiguration of crisis services in both boroughs will have to be considered in this context.

CONCLUSION

38. In an attempt to reach local resolution SLAM is prepared to:

- ◆ Consider the alternative options listed above**
- ◆ Monitor the impact of improvements to the responsiveness of the Assessment and Treatment Teams in an emergency**
- ◆ Develop an action plan to improve the access service users have to care plans and crisis plans**
- ◆ Improve the availability of information relating to access to services.**

However any proposals will have to be considered in the context of the overall reduction in activity which will result from any decreases in income from the PCTs.