

# **Lambeth and Southwark mental health crisis care review: summary**

## **1. Introduction**

A review of NHS crisis services for people with mental health problems in Lambeth and Southwark was launched in July 2004. This document provides a summary of the reasons for this review and a proposal for change to services.

## **2. How crisis care services are currently provided and used**

Mental health services in Lambeth and Southwark are provided by South London and Maudsley NHS Trust (SLaM). These services are commissioned and funded by Lambeth and Southwark Primary Care Trusts (PCTs). There are a number of ways people living in both London boroughs can get emergency help if they experience a rapid deterioration in their mental health.

- 1) The Accident and Emergency (A&E) departments at King's College Hospital in Denmark Hill and St Thomas' Hospital in north Lambeth both have specialist mental health teams, which are managed by SLaM.
- 2) Lambeth Hospital in Stockwell has a specialist unit (called a 136 suite) to assess people who are brought in by the Police under section 136 of the Mental Health Act.
- 3) The Emergency Clinic at the Maudsley Hospital in Camberwell provides a 'walk in' service and also currently houses a 136 suite.
- 4) All General Practitioners (GPs) in Lambeth and Southwark are part of an out-of-hours service called SELDOC, which people can access by telephoning their local GP practice.
- 5) Urgent assessments are carried out by community assessment and treatment teams between 9am-5pm.
- 6) A round the clock telephone advice service is provided by NHS Direct.

A two-week crisis care audit was conducted in November 2004. Of the 440 people using crisis care services during this period:

- 43% went to A&E (about 1 in 5 of whom were already known to mental health services).
- 29% went to the Emergency Clinic (nearly half of whom were already known to mental health services).
- 26% were seen by CMHTs (most of whom – over 90% - were already known to mental health services) and 2% assessed in the two 136 suites.

## **3. Improving crisis care**

In the last four years, about £3.2 million has been invested in improving crisis services in Lambeth and Southwark. This has led to the expansion of mental health A&E services at King's and St Thomas' Hospitals, as well as the introduction of four home treatment teams in the two boroughs. Home treatment aims to help people before they reach 'crisis point' by providing intensive support to

people at home - thereby avoiding the stress, disruption and upheaval that can be associated with admitting people to hospital.

At the same time Assertive Outreach Teams have been developed to provide targeted, intensive support to people with complex problems. The aim is to address the 'revolving door' syndrome where people are discharged from hospital, lose contact with services and become unwell again, and then have to be re-admitted.

More recently funding has been secured to relocate the 136 suite from the Emergency Clinic to Eileen Skellern 1 (ES1) ward at the Maudsley Hospital in March 2006. The expertise and number of ES1 staff will provide a safer environment for 136 assessments.

There is also a £250,000 refurbishment of Eden Ward at Lambeth Hospital, which also includes the attached 136 suite. During summer 2005, a separate room was introduced at King's A&E to provide a quieter and more private area for people with mental health problems to receive an assessment.

#### **4. Aim of the review**

The review was launched to help take stock of the way we provide crisis care for people with mental health problems in Lambeth and Southwark. This is about looking at what works well – particularly in the light of the new services we have introduced over the last four years - and what we could do better in future. The current system of care is complex and potentially confusing.

The review is not aimed at saving money, but equally, given the level of growth in funding for crisis services over the last few years, the PCTs have been clear that there is no scope for additional investment. The proposal for service changes described later in the document would not result in less money being spent on NHS crisis care services. However, it does consider how we make most effective use of the resources already available .

The review took place between July 2004 and September 2005 and has involved service users, acute trusts, joint commissioners from Southwark and Lambeth PCTs, current service providers, the police and emergency duty social workers.

#### **5. Issues about the Emergency Clinic**

The Emergency Clinic provides a 'walk in' service which is highly valued by many people. However, there are a number of reasons why it is necessary to re-examine the role of the Clinic. These include:

- The way mental health services are provided has moved on considerably since the Emergency Clinic was introduced in the 1950s. For example, emergency support for people with mental

health problems is now provided by specialist teams within A&E. The fact that the Emergency Clinic is situated directly across the road from King's A&E means there is the risk of a duplication of service which does not make most effective use of NHS resources.

- The Clinic's facilities are not designed for people with complex problems who need to stay overnight while they are awaiting further assessment or admission to hospital. There is inadequate space within the Clinic to cope with both people awaiting further assessment and admission and those who use the clinic on a walk in basis, which means we are unable to provide people with the level of privacy and dignity they are entitled to expect. When people do need to stay overnight then the Clinic has to be closed to 'walk in' presentations. In October 2005, for example, the Clinic was closed to self-presentations for a total of over 110 hours.
- The Clinic provides a number of different functions which can lead to a lack of focus and creates the risk that services are prevented from operating properly. This issue was raised in an independent review of crisis services commissioned by Southwark PCT and completed in December 2004.

## **6. A proposal for change**

The proposal recommended by the SLaM, Southwark and Lambeth PCT representatives on the review steering group is to change the role of the Emergency Clinic to a five-bed Clinical Decisions Unit for people with complex mental health needs. The advantages of this are as follows:

- The role of the Clinic would become clearer and more effective. It would provide back-up to A&E Departments for people who are awaiting admission to hospital or a further assessment for complex needs. It would also provide a place for people who are restless and distressed and finding it difficult to wait in A&E.
- The Clinic would be refurbished to provide space for people to sleep overnight and be supported in an environment offering greater privacy and dignity than is possible at the moment.
- Focusing on people with complex needs is an appropriate role for the Emergency Clinic, which is based on the Maudsley Hospital site and has access to support from the hospital's Emergency Team.
- The Emergency Clinic would continue to provide round-the-clock telephone advice on how to access mental health services in an emergency.
- There is a risk that the availability of the Emergency Clinic - which sees 44% of service users known to CMHTs according to the audit in November 2004 - may act as a disincentive for the development of preventative work within CMHTs on relapse prevention. Any reconfiguration of services would therefore enhance the crisis prevention work of the CMHTs.

The principal disadvantages would be that the clinic would no longer be available to self presentations – people would therefore need to use the other forms of crisis care available in the two boroughs. Service users have indicated how much they value the availability of this facility at the EC,

though it is also their view that it offers an overly medical model of care. Nevertheless, the net effect would be to reduce the options available at the moment. In addition some of the current users of the EC would be likely to attend A&E instead which would increase the workload there.

## **7. Implementation**

In the event of the implementation of this proposal there would be a review of its effectiveness after 12 months. Additionally, this change would be carefully implemented with monitoring for impact on Service Users, and both King's and St Thomas's Accident & Emergency Departments', taking the opportunity to adjust and make improvements in other parts of the system so that this change is an improvement with no unintended detrimental consequences.

## **8. Other issues highlighted during the review**

In the course of the review, service users have called for a number of further improvements to crisis care including the development of a 24-hour helpline and voluntary sector crisis beds. Service users have also indicated their strong desire to develop alternatives to the existing medical model of care.

There is no extra money available from Lambeth and Southwark PCTs to develop new services in 2005/06. This is why the consultation process described below does not include the developments requested by service users. However, Lambeth and Southwark PCTs have taken account of these comments in planning for the use of future resources, and have asked SLaM to do likewise.

Service users also proposed developing the Emergency Clinic as a Clinical Decisions Unit at the same time as retaining the 'walk in' aspect of the service for people already known to mental health services in Lambeth and Southwark. After detailed discussion about this proposal within the Trust, our assessment is that it is not possible to implement it in a way which will enable us to comply with Mental Health Act code of practice requirements, and with the effective operation of the clinic.

## **9. What happens next?**

Subject to the approval by SLaM's Trust Board on 29<sup>th</sup> November 2005, a formal consultation will take place between 1 December 2005 and 17 March 2006 on the proposal to change the role of the Emergency Clinic to a Clinical Decisions Unit

Comments on these options should be sent to: Jane Courtney, DOC Unit, South London and Maudsley NHS Trust, Tower Building, 11 York Road, London SE1 7NX.

The health Overview and Scrutiny Committees (OSCs) at Lambeth and Southwark Councils both took the decision earlier this year that the draft proposals represented a substantial service variation for each borough. They have subsequently established a Joint Committee to scrutinise the proposal

in a way which fits with the overall consultation period. The proposal will also be formally considered by other statutory agencies involved, including both PCTs. Following the consultation period, a final report will be presented to the SLaM Trust Board.