Mental Health Crisis Care: Waltham Forest Summary Report

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This inspection was carried out under section 48 of the Health and Social Care Act 2012. This gives CQC the power to assess how well services work together, and the effectiveness of care pathways, rather than the quality and safety of care of one single provider. Under Section 48, CQC has no power, to rate a service or services.

This report describes the key findings from CQC's local area inspection of health and social care providers delivering care and support to people experiencing a mental health crisis within the local area of the London Borough of Waltham Forest. Where appropriate, it references the role of the police force, voluntary organisations and commissioners.

The report assesses the services available through different providers within the council's local authority area. This is based on a combination of what we found when we inspected, information from our national data review on mental health crisis care, and information provided to us from patients, the public and other organisations. Using the key lines of enquiry (KLOE), we have made narrative judgements on the health or social care services, but the report should not be seen as a sole judgement on any one provider.

The findings of this inspection have been used to inform our national report on mental health crisis care in England. They will also be available to CQC inspectors when they undertake future inspection activity in this area.

Summary of findings

Overall summary

Waltham Forest is located in North East London and has a culturally diverse, mobile and relatively young population. We looked at the experiences and outcomes of people experiencing a mental health crisis in Waltham Forest. In particular, people who presented at accident and emergency departments and people detained under section 136 of the Mental Health Act.

North East London NHS Foundation Trust provides specialist community and acute mental health services for the whole of North East London including Waltham Forest. The trust provides a health-based place of safety at Goodmayes Hospital. The residents of Waltham Forest are served by the accident and emergency department at Whipps Cross University Hospital, part of the Barts Health NHS Trust. The London Ambulance Service and Metropolitan Police Force also cover the Waltham Forest area.

Mental health crisis care pathways have been reviewed and restructured over the last two years with the aim of improving the timeliness, quality and safety of services. We saw evidence that clear pathways were in place for mental health crisis care including a focus on crisis prevention. Multi-agency working was effectively established across the crisis care pathways that we reviewed.

The local authority, acute trust, mental health trust, the clinical commissioning group and other organisations including the police, ambulance service and voluntary sector organisations held regular meetings to ensure that information on strategy and performance was shared effectively. Service users were represented at these meetings and the representatives commented positively on their involvement and recent developments. However, some carers we spoke to felt engagement with them could be improved.

People who experience a mental health crisis and who present to Accident and Emergency

Adults presenting to accident and emergency with a mental health crisis were receiving prompt psychiatric assessment both during the day and out of hours although this could take longer for older people also requiring social care input and children out of hours. Some carers and service users we spoke with told us their experience of accident and emergency had been poor and that the general nursing staff were sometimes uncaring or dismissive of mental health problems. We saw that the mental health and acute trust teams were working together to provide joint working and training opportunities to address these issues. However the use of bank and agency nursing staff in accident and emergency might limit the effectiveness of this approach.

- **Care Pathways**

We found clear pathways were in place for people experiencing a mental health crisis and attending the accident and emergency department. The psychiatric liaison team were involved as soon as a patient had been triaged and, when possible, carried out the psychiatric assessment at the same time as any physical assessment. This model of "parallel clinical and psychiatric assessment" enabled clinical staff to work together, share information and facilitated joint decision making at an early stage. Patients generally received timely assessment and defined pathways were followed in relation to referral to community services if required.

The psychiatric liaison team, developed in line with the RAID (Rapid Assessment, Interface and Discharge) model was a visible presence in the accident and emergency department and the department staff told us they knew the team, how to contact them and valued their support. The psychiatric liaison team had recently been extended to 24 hour working to be able to respond quickly to the needs of patients as these arose.

There were clear routes of referral for follow-up care for people who had experienced a crisis. People were supported to develop a crisis plan and were given the telephone number for "Mental Health Direct" a telephone line provided by the mental health trust.

The psychiatric liaison team provided care to adults. Children under the age of 16 years were referred to Child and Adolescent Mental Health Service (CAMHS) which operated during working hours. Specialist out of hours support for children and young people was available on call but because of the complexity of cases, there were sometimes delays in assessment and appropriate placements being identified for children attending in crisis.

- **Sharing of information**

The psychiatric liaison team was located in a separate building a short distance from the accident and emergency department. The psychiatric liaison team told us this was not ideal and they would prefer to be permanently located closer to the department. In their view this would facilitate closer communication and greater efficiency. The acute and mental health trusts were aware of this issue which was under review.

Both the psychiatric liaison team and accident and emergency staff told us that information sharing between the teams was good. The psychiatric liaison team had access to the electronic patient records system. Social services used a different electronic system but the psychiatric liaison team were able to access relevant information from a terminal in their office.
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- **Staffing**

The psychiatric liaison service was well staffed. There was a combination of a consultant psychiatrist, a junior doctor and four nursing staff. Two nursing staff worked overnight, with on call access to a middle grade doctor.

The psychiatric liaison team provided formal and more opportunistic training and support on mental health awareness for accident and emergency clinical staff. Accident and emergency staff we spoke with welcomed this approach and said it was very useful. However the use of temporary and agency staff meant that the impact of training was sometimes limited in practice.

The psychiatric liaison team nurses although eager to learn and develop as part of the introduction of the RAID model did not feel adequately prepared especially in regard to assessing older adults and drug and alcohol referrals. We were told that the mental health trust would be arranging relevant training for staff as part of the introduction of the RAID model.

- **Inpatient care and transport**

Specialist mental health inpatient care was accessed through the mental health home treatment acute access team. The mental health trust had reduced its inpatient capacity and expanded its community and home treatment capacity. Nevertheless, we were told that the team always managed to locate a suitable bed within the trust if required. We were told that delays were rare and when they occurred tended to be due to the complexity of the case rather than a lack of bed capacity. Delays were more common for patients who resided outside of Waltham Forest because staff had to liaise with bed management services in other boroughs. Both teams needed to agree on the need for admission before necessary transfer arrangements could be made.

- **Provision of services prior to presenting to accident and emergency**

The commissioning strategy for mental health in Waltham Forest included a focus on sustaining good mental health in the community and crisis prevention. We saw that this programme had included extensive communication with GPs and primary care teams.

Waltham Forest Clinical Commissioning Group had appointed a clinical lead for mental health in primary care who was supporting the implementation of the strategy in general practice. This work included developing the relationship between GPs and secondary care mental health services; raising awareness of the depression and anxiety pathway; enabling GPs to provide ongoing care to patients with longer term mental health problems in the community and ensuring that talking therapy services were more accessible across the borough. The Clinical Commissioning Group was also supporting training and development programmes for primary care staff including some recent workshops for practice nurses which had been well attended and well received.

Performance data showed that uptake of talking therapies had improved over the previous year with a marked increase in the number of people entering IAPT (Improving access to psychotherapy) both through self and GP referral. The Clinical Commissioning Group was expecting this to increase further over the next year given the current trajectory of referrals.

Some carers also told us they had found it difficult in the past to get help from mental

health teams until their family member's condition deteriorated to the point of crisis and self-harm. The service had recently introduced a 24 hour telephone helpline "Mental Health Direct" for people who used mental health services. The service produced small cards and magnets with the contact details on for people to keep conveniently. Staff in the home treatment Acute Access team who responded to calls told us that, in their experience, it was a very helpful resource. Staff were able to give us examples of being able to resolve people's anxieties and arrange follow-up support over the telephone, potentially preventing a more serious crisis. However, some carers we spoke with about the telephone line were more critical. They said they were initially put through to an administrator rather than a mental health professional and directed to go to the accident and emergency department.

The ambulance service representative told us that they had access to psychiatric advice by telephone during working hours which was valuable. They thought that "Mental Health Direct" could also be developed to provide useful advice for ambulance staff when attending people with mental health problems out of hours.

People who experience a mental health crisis and who are detained under Section 136 of the Mental Health Act

- **Access**

The Care Quality Commission carried out a survey of Health Based Places of Safety in 2013 which indicated that people in Waltham Forest were being turned away from the place of safety. We found that this situation had changed. The place of safety suites had been relocated to one site in the borough. We saw evidence that no one had been turned away in 2014 and the suite was adequately staffed. The mental health trust told us the CQC survey took place at the time of this relocation and any capacity issues had occurred temporarily during this period. We also found that access to the heath-based place of safety was not restricted for any groups of patients, for example, people who were intoxicated, were not turned away.

We were told that caged vehicles were not used for patient transport under Section 136. Patients were transported by police car on occasion.

- **Staffing**

Staffing cover was provided to the place of safety on a 24/7 basis. Staff were moved from inpatient wards when necessary and there was a cover manager responsible for the health based place of safety at all times. Staffing on the wards did not always account for this additional responsibility however and staffing levels on the wards were sometimes inadequate if a staff member had to cover the place of safety.

The police had a designated lead officer to act as the liaison with mental health services and who attended regular multi-agency meetings to ensure information was shared across the organisations. There were also meetings involving all the mental health trusts in London and the Metropolitan Police to coordinate and ensure consistent responses to people being detained under Section 136 of the Mental Health Act.

There had been limited opportunities for joint training between mental health staff and the police. The police were trained on their role and responsibilities under Section 136 but this was not organised with local services.

Staff we spoke with at the health based place of safety consistently spoke positively and respectfully about service users coming into the service and this was also reflected in their documentation and handover meetings. However, some patients and carers told us their past experience of being detained under Section 136 had involved unnecessary force and had been frightening and humiliating.

Local strategic and operational arrangements

The local mental health trust, clinical commissioning group, local authority and other relevant agencies had built good relationships and meetings took place regularly between the organisations involved in the commissioning and provision of emergency mental health services.

Mental health was a local priority as set out in Waltham Forest's Joint Strategic Needs Assessment. This priority was developed in commissioning strategy and implementation plans and Waltham Forest is a signatory to the Mental Health Crisis Care Concordat. We saw that progress had been made in developing services in line with this strategy. People who used services were represented.

Changes to how services were delivered included the centralisation of the health based place of safety suites to one site at Goodmayes Hospital; an expansion of the Mental Health Home Treatment Team which coordinates care for people in crisis and a reduction in the number of mental health inpatient beds in the borough. The psychiatric liaison team has been developed in line with the RAID model and extended to provide 24 hour multi-disciplinary support to the local hospital accident and emergency department and acute inpatient wards.

Mental health crisis and related services were subject to ongoing monitoring and evaluation and this was reported to commissioners, the trust board and reported to the monthly multi-agency forum. For example, there had been a consistent reduction in acute admissions with a mental health diagnosis in 2014 following the implementation of the RAID model to psychiatric liaison.

Areas of good practice

- Engagement with general practice to tackle variations in access to and quality of mental health care and support. Training for wider primary health care team on mental health awareness.

- Extension of psychiatric liaison to 24 hour working and implementation of RAID model supported by expanded home care treatment team.

- Psychiatric assessment in accident and emergency was started as soon as possible and alongside any clinical assessment which fostered holistic care.

- Multi-agency forum for mental health in Waltham Forest was working effectively and included service user representation.

Areas for development

- Ensure all staff, including bank, agency staff and recently qualified staff have the appropriate skills to support people with mental health needs in the accident and emergency department.

- Increased availability of out of hours mental health assessments for all patient groups, including older people and children.

- Engagement with carers involved in mental health services, both strategically and operationally.

- Explore opportunities for further joint training for example between the police and local mental health services.