

Mental Health Crisis Care: Southampton 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 Southampton City Council. 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

Southampton is a unitary authority on the south coast of Hampshire. It has a population of approximately 241,886. We looked at the experiences and outcomes of people experiencing a mental health crisis in Southampton, in particular those people who presented at the accident and emergency department.

University Hospital Southampton NHS Foundation Trust (UHS) provides accident and emergency (A&E) services at Southampton General Hospital. Southampton General Hospital is a designated major trauma centre, and is one of only two places, outside of London in the south of England to offer adults and children full onsite major trauma care provision. Southern Health NHS Foundation Trust (SHFT) provides psychiatric liaison services to the accident and emergency department.

Protocols were in place for supporting people experiencing a mental health crisis and included procedures for frequent attenders, people who self harmed and people who left A&E prior to treatment. There could be delays in accessing psychiatric assessments particularly out of hours.

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

- **Care Pathways**

The A&E department had a protocol in place to support people who presented in mental health crisis. Staff told us that all people who attended the department were prioritised on need and that people who were in crisis had equal access to services as for those with physical health conditions. A&E staff were sensitive to supporting people in crisis. A designated quiet room was available and could be used to support people away from the main area if required. One person receiving care in the department on the day of our visit told us, they found the staff caring and sensitive to their needs.

Southampton has higher than the national average rate of people who are admitted to acute care as emergencies for self-harm and in response to this UHS had agreed an approach to managing people who self-harmed. This included involving the person in what information should be shared with their relatives. The acute trust had increased security staff to help minimise risks to staff and other patients. There was a procedure to follow for people who wanted to self-discharge, were at high risk of absconding or who left A&E while waiting for mental health assessment or treatment. This included ensuring they were treated with dignity and respect.

In response to the number of people presenting to A&E with psychosocial problems, including self harm, UHS had commissioned a vulnerable adult support team (VAST). This team worked in A&E until late evening seven days a week helping to support people in crisis while they were in the department. This support included undertaking initial risk assessments to help A&E staff support the person appropriately. This

initial risk assessment was shared with the mental health professional completing the mental health assessment.

Acute and mental health staff worked together, discussing assessments and agreeing the most appropriate response. This could be a referral to the community mental health team or a request for an assessment under the Mental Health Act 1983. People we spoke with in the A&E department told us that VAST team were supportive and they valued the team.

- **Information sharing**

We found that UHS and SHFT used different systems for recording and storing information electronically. Staff told us that they regularly shared relevant information between organisations. For example, risk assessments completed during psychiatric assessments were shared with the A&E department and placed on the patient's file. However, there was a risk that out of hours A&E staff and psychiatric liaison staff may not always be aware of a person's medical background or their latest risk assessment and management plan.

- **Access**

The psychiatric liaison service provided by SHFT into the A&E department at Southampton General Hospital operated seven days a week 24 hours a day. Monday to Friday between normal working hours, 9am to 5pm, there was a liaison psychiatry team based in the hospital and in most instances people who required a Mental Health Act assessment were assessed by an Approved Mental Health Practitioner (AMHP) and section 12 doctor with minimal delay during these times.

The out of hours service was provided by the Access and Assessment Team and staff told us that the service was not as responsive as during the day. Acute staff told us that they frequently experienced delays of three to four hours in accessing a psychiatric assessment. We were also told about delays in AMHP and section 12 doctors attending. We saw from records that on two occasions people had been admitted onto acute wards while awaiting a mental health assessment. This had resulted in delays to them receiving appropriate assessment or treatment.

Response times were monitored by UHS and these demonstrated a clear difference between the service in hours and out of hours. There was willingness from UHS to work with SHFT on improving these response times especially for out of hours.

Staff also told us that sometimes the health based place of safety was not able to accept a person due to either lack of staff or being fully occupied. This meant that people remained in the A&E department and potentially delayed further treatment if required.

- **Staffing**

Staff working within A&E had good knowledge of the procedures and policies to

support a person in crisis. Staff from both the A&E department and the psychiatric liaison service told us that they worked well together and there was open information sharing. A&E staff had good awareness of the section 136 pathway and worked closely with SHFT staff and the police.

A&E staff told us they had access to regular mental health training and this was provided by the trust on a regular basis. Joint training had been undertaken on a range of mental health issues including mental capacity and the mental health act.

Local strategic and operational arrangements

Southampton City clinical commissioning group and Southampton City Council were responsible for commissioning mental health services in Southampton. We found that there were procedures and policies in place that supported key stakeholders to work collaboratively in crisis care across Southampton. There was regular multi agency meetings and information sharing between key partners.

The Crisis Care Concordat had been signed by the relevant strategic partners involved in crisis care, including NHS organisations, the police and the City Council. There was a commitment across all stakeholders to work together and develop an action plan to meet the principles of the concordat.

Areas of good practice

- Partnership working supported by effective multi agency working between all Providers.
- Acute trust has developed its own Vulnerable adult support team (VAST) specifically to support staff to manage people who attend the A&E department presenting with a broad range of psychosocial problems, including MH crisis and or alcohol abuse.
- Staff are aware of people who self-harm and have an agreed approach of working with the person and information sharing with relatives.

Areas for development

- Improved out of hours access to mental health assessments, to reduce delays in people undergoing an initial mental health assessment.
- Access to AMPH and section 12 doctors, particularly out of hours, to reduce delays in people being assessed under the mental health act and the time they remain in A&E.

- Opportunities for joint training across stakeholders working jointly to provide mental health crisis services.
- Information sharing between organisations to ensure staff can access up to date information when providing care and support to people experiencing a mental health crisis.