

REPORT TO: Health Policy & Performance Board
DATE: 4 March 2014
REPORTING OFFICER: Strategic Director, Communities
PORTFOLIO: Health and Wellbeing
SUBJECT: Care Quality Commission visit to 5Boroughs Partnership NHS Foundation Trust
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 In November 2013, the Care Quality Commission (CQC) paid an announced visit to the 5Boroughs Partnership NHS Foundation Trust, to examine the operation and use of the Mental Health Act 1983. This report describes the findings from this visit and the actions that are being put in place.

2.0 **RECOMMENDATION: That:**

- i) The contents of this Report are noted
- ii) Members are invited to comment on the outcome of the CQC visit

3.0 **SUPPORTING INFORMATION**

3.1 **Context:**

3.1.1 The Mental Health Act (MHA) 1983 is the piece of legislation which sets out the circumstances under which a person with a severe mental health condition, and a high level of risk to themselves or others, can be assessed for detention and treatment in a hospital against their wishes. It is supported by a detailed Code of Practice, which sets out practice standards for all agencies involved in the process, and a range of other associated statutory instruments.

3.1.2 Until recently, the job of monitoring the way the MHA is used had fallen to the Mental Health Act Commission. This has now been incorporated into the reformed CQC, which undertakes regular visits – in effect, inspections, to all Mental health Trusts to examine service quality. There are three domains against which CQC can measure performance:

1. Assessment and application for detention

2. Detention in hospital
3. Supervised community treatment and discharge from detention

3.1.3 For the purposes of this visit, CQC were focusing solely on Domain 1 - assessment and application for detention. They were not therefore looking at the experience of the patient whilst on the ward, or at the arrangements and planning for discharge. This will be the subject of future visits.

3.1.4 Although the focus of the visit was on the 5Boroughs, who as the lead agency co-ordinated all arrangements for the visit, this was in fact an evaluation of how all partners work together to achieve the best outcomes for patients who may be detained under the Act. Assessment for detention is a fully multi-disciplinary process – it involves doctors from the hospital as well as GPs, Approved Mental Health Professionals (AMHPs) (who are almost always social workers), ward staff, and the police and ambulance services.

3.1.5 The visit covered four local authority areas – Halton, Warrington, St Helens and Knowsley, as well as the North West Ambulance Trust and Cheshire and Merseyside Police Forces. All agencies were required to submit a range of information ahead of the visit, to provide local context for the Commissioners.

3.2 The findings and subsequent developments:

3.2.1 This Report is providing information about key aspects of CQC's findings; there are some aspects of their report which are specific to other local authority areas and these have not been included.

3.2.2 There were some positive overall findings. These included:

From service users and carers:

- Community support was described as very good
- All carers received a carers assessment
- Follow up after discharge from hospital always meets the required national seven day target
- Carers feel listened to and taken seriously by staff
- The ward environments have improved considerably

From advocacy services:

- Referrals are received promptly
- Patients are told their rights and these are reiterated over time
- Advocates attend the wards regularly and can approach managers with any issues that arise
- There are leaflets and posters on the wards for patients

From AMHPs:

- Patients are no longer regularly having to be placed out of area
- There is improved accessibility to 5Boroughs doctors, with the result that the time taken to complete assessments has improved
- AMHPs have access to training, support, supervision and peer supervision
- Training to allow AMHPs to maintain their professional competence is satisfactory

From the police:

- A new risk assessment tool has been helpful in determining the levels of police support required during MHA assessments
- There are positive relationships with partner agencies
- There are regular mental health forums which are minuted and which allow issues to be addressed

From the ambulance service:

- There is less need to transport patients out of area
- There is a new regional protocol in place for conveying patients and this is working.

3.2.3 Issues for consideration and action:

- 3.2.3.1 Crisis services: over the past twelve months, the 5Boroughs has undertaken a complex service redesign of what is known as the Acute Care Pathway – the means by which people with more complex mental health needs can access services. The Trust's Crisis Service is available to support people in mental health crisis, and according to CQC, it is effective in doing this.

However, it was also noted that, across the footprint of the 5Boroughs, there are few community-based alternatives to admission, which could prevent people from being referred in the first place. This is being addressed in the local Halton action plan.

- 3.2.3.2 Access to beds: in the past two years, there have at times been problems in accessing beds for patients who need inpatient treatment. On occasion this has meant that people have had to be placed out of borough.

This has not been an issue unique to the 5Boroughs – the same problems have been reported consistently around the country. *Although there is still pressure on accessing beds, improved bed*

management has meant that the need to place people out of borough has significantly reduced for Halton residents. As part of the overall action plan, the 5Boroughs will be auditing the extent of the issue and reporting this to a range of strategic forums.

- 3.2.3.3 Data collection: largely, it is the local authorities which can capture the fullest data about the use of the Mental Health Act. The provision of data across the Authorities for the CQC visit was variable in its amount and quality. Locally, a data quality exercise has recently taken place, which gives useful information about the use of the MHA over the last five years. This will be reported on a regular basis to the Halton Mental Health Strategic Partnership Board.
- 3.2.3.4 Use of Section 136 Mental Health Act: this Section of the MHA allows the police to take to a place of safety anyone found in a public place who appears to be mentally disordered, and who may pose a risk to themselves or other people, for up to 72 hours so that they may have a formal assessment of their mental health. The use of this part of the Act has increased substantially in the past two years, which has placed an additional pressure on local services.

Central to the operation of this aspect of the Act – and a clear requirement of the Code of Practice – is the requirement that all key partners should have an agreed multiagency policy and procedure which details exactly what should happen when Section 136 is used. A lot of work has been going on to develop a policy and procedure which satisfies all partners. A final draft is now being completed and this should be signed off in the near future. Work is taking place with the commissioners of mental health services and the 5Boroughs to identify and properly resource additional places of safety across the area.

- 3.2.3.5 Partnership agreements: the nature of the relationships between the local authorities and the 5Boroughs varies significantly, and the partnership agreements that are in place tend to differ because of this variation. The CQC did not recommend that the agreements should all be the same, but they did recommend that all the partnership agreements should be reviewed and updated to take into account local need. Halton's own partnership agreement with the 5Boroughs was revised in November 2013.
- 3.2.3.6 Information and knowledge sharing across local authorities: as part of their recommendations, the CQC suggested that there would be a lot to be gained from a forum for the local authorities to meet on both a strategic and operational level, to share issues and develop a common approach to problem solving. This is being taken forward through the overall action plan.
- 3.2.3.7 Timeliness of referrals for assessments of patients already in hospital: from time to time, there has been a delayed notification

from hospital staff that an assessment may be needed under the Mental Health Act for a patient already in hospital. An assessment under the MHA is a complex process which requires considerable organisation, and needs to be based on the fullest levels of knowledge and information. If time is short then this may make the assessment less effective. The 5Boroughs is aware of this issue and is taking steps to rectify this. This will be monitored through the delivery of the overall action plan.

3.3 The next steps:

3.3.1 As already indicated, there are two processes that will be taking place to deliver the improvements recommended by CQC:

- The delivery of an overall action plan to address overarching and system-wide issues. This will be monitored through the development of a local steering group which will report to the Trust Board and to all local area
- In addition a local action plan has been developed to address specific issues. This will be monitored by the Halton Mental Health Strategic Partnership Board.

4.0 POLICY IMPLICATIONS

4.1 Across the country, the number of people detained in hospital under the Mental Health Act has substantially increased – the figures are up by 12% on last year alone, amounting to more than 50,000 people. The government has recently published a new policy directive – *“Closing the gap: Priorities for essential change in mental health”* – which addresses some of the complex issues facing people with serious mental ill health.

4.2 Locally, it is essential that all policies and procedures relating to the use of the MHA are up to date and fit for purpose. These are currently being fully reviewed and will be available on the intranet when complete.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications arising from this Report. Work will continue with the commissioners of mental health services to ensure the continued development of appropriate places of safety for people detained under Section 136, and for the development of suitable community-based crisis services.

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

6.1 Children & Young People in Halton

6.1.1 This was primarily a visit to assess the operation of the MHA as it

relates to adults and older people. The MHA can apply to people under the age of 18, (and indeed has happened on rare occasions in Halton) but there are additional safeguards in place to ensure that their needs as young people are fully considered. As part of this, it is a national requirement that children and young people are not detained on adult mental health wards – they have instead to be placed in specialist children’s wards.

6.2 Employment, Learning & Skills in Halton

6.2.1 There are no implications for Employment, Learning and Skills in Halton arising from this Report.

6.3 A Healthy Halton

6.3.1 Mental health has been identified as one of the key priorities for the Halton Health and Wellbeing Board. Good mental health is key to a healthy community. This report focuses on the service provided to people with some of the most complex mental health needs in the Borough, and the actions and issues identified will ensure that the service to this vulnerable group of people continues to improve.

6.4 A Safer Halton

6.4.1 As suggested, the group of people that this Report relates to has some of the most complex needs of any people in the Borough; on occasion there can be significant risk, either to the person themselves or to other people. It is essential that all services work together as effectively as possible to minimise the risk and ensure the most effective response to these needs.

6.5 Halton’s Urban Renewal

6.5.1 There are no implications for Urban Renewal arising from this Report.

7.0 RISK ANALYSIS

7.1 As indicated earlier, this report relates to people who have high levels of need and risk within the Borough. The actions identified will continue to ensure that the highest quality service continues to be offered to this group of people.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This report applies equally to all people within Halton.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Closing the gap – priorities for essential change in mental health	Runcorn Town Hall	Lindsay Smith 0151 511 8717
CQC Mental Health Act 1983 monitoring visit: 5Boroughs Partnership NHS Foundation Trust, November 2013	Runcorn Town Hall	As above