MENTAL HEALTH EMERGENCY

CRISIS IN OUR ACCIDENT AND EMERGENCY DEPARTMENTS

Report on Joint Public Meeting

Tuesday, 01 November 2022

PRODUCED BY HEALTWATCH HACKNEY AND THE PATIENTS' FORUM FOR THE LONDON AMBULANCE SERVICE

healthwatch Hackney

PATIENTS' FORUM
FOR THE LONDON AMBULANCE SERVICE

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MENTAL HEALTH EMERGENCY

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Report on Public Meeting Held Tuesday, 01 November 2022

WHY WE PRODUCED THIS REPORT

This report was produced following a Public Meeting on 1st of November 2022 on long and inappropriate waits in Homerton Accident & Emergency (A&E) for patients suffering a mental health crisis.

It was extremely concerning to find out that 110 patients suffering from a mental health crisis had remained in Homerton A&E for more than 12 hours from decision to admit, during the period April 1st, 2021, to September 30th, 2022. One patient waited in excess of 47 hours for a bed, and a serious incident investigation was carried out by Homerton Healthcare into the patient's escape from A&E on two occasions while waiting for admission.

BREACH OF THE DUTY OF PARITY OF ESTEEM

We also discovered that patients from areas not included within the remit of ELFT, were often transferred back to the Mental Health Unit closest to their residence, unless their local mental health Commissioners 'spot purchased' a bed for them at the Homerton ELFT Mental Health Unit, or in another location where a bed was available. This is a completely different approach to that adopted for people with physical health problems who would be admitted to a bed in the Hospital where they received emergency care. We regard this as a potential breach of the statutory duty known **as 'Parity of Esteem'.**

https://commonslibrary.parliament.uk/mental-health-achieving-parity-of-esteem/

"There are a number of sound clinical reasons for endeavouring to provide inpatient care for people with serious mental illness (SMI) as close as possible to where they live. SMIs are long term conditions, MH service users are often well known to and have existing therapeutic relationships, with Mental Health Professionals in their local services. They will often need aftercare from local Community Mental Health Teams and may have housing needs as well, that must be resolved to enable discharge. All of which is best arranged locally. The evidence is that MH Service users often have shorter admissions if they are treated by their local services."

Dean Henderson, Borough Director for City and Hackney ELFT
Hackney Mental Health Centre

GOVERNORS TAKE ACTION AT HOMERTON HEALTHCARE

The concerns of Homerton Healthcare's Governors were presented to the Council of Governors (COG) as motion, which was agreed and supported by Sir John Gieve, Chair of the Council of Governors and the Homerton Board. The motion read as follows:

"The Council of Governors is concerned about the large number of 12 hour plus waits in the Homerton Emergency Department in recent weeks for patients suffering from a mental health crisis. This is bad for the patients and puts a strain on the ED staff and capacity. It calls upon the Homerton Healthcare NHS Foundation Trust to work with ELFT and other partners in the City and Hackney Health and Care Partnership and the NEL ICS to reduce and eventually eliminate these very long waits with the aim of bringing waiting times for patients in a mental health crisis back to no more than four hours for admission."

THE PAN LONDON SITUATION

In order to understand more about the extent of severe delays in the specialised care and treatment of patients in a mental health crisis who are admitted to A&E, we sent Freedom of Information (FOI) requests to every Acute Hospital in London. We asked for data regarding the number of patients in a mental health crisis for the period April 2021 to September 2022, who waited in A&E for more than 4 hours and more than 12 hours from a decision to admit. We also asked for comparative physical health data which we are currently analysing.

In one North West London Trust (Ealing and Northwick Park) we found a total of 744 patients in a mental health crisis had waited in A&E for more than 12 hours from the decision to admit. The original target for admission from decision to admit was 4 hours for 98% of patients; the target has now been extended to 12 hours. These breaches of the 12-hour target appear to be happening in most London Acute Hospitals.

We may extend the data collection to other parts of the country.

OUR PUBLIC MEETING ON NOVEMBER 1ST 2022

In order to ascertain what action is being taken by the NE London ICS (Integrated Care Partnership) to stop extended waits in A&E for patients in a mental health crisis, we held a joint Healthwatch Hackney and Patients' Forum Public Meeting on November 1st, 2022. We wanted to ascertain whether the ICS and ELFT had the resources that would enable them to find a resolution to the crisis.

Guest speakers invited to the meeting were:

- Marie Gabriel (Chair of the ICS)
- Paul Gilluley (ICS Chief Medical Officer)
- Dean Henderson (Borough Director for ELFT Mental Health Services for Hackney).

What is so important about these speakers is that each has deep understanding of mental health issues – Marie Gabriel was Chair of ELFT, Paul Gilluley the Medical Director of ELFT and Dean Henderson the Director of the ELFT mental health unit at Homerton.

They are people with a great commitment to developing more effective mental health services and they have a deal of experience of mental health issues. Marie and Paul are now leaders of the Integrated Care System for NE London.

MARIE GABRIEL – Chair of the Integrated Care Board (ICB) for North East London

THE ROLE AND OBJECTIVE OF THE ICS AND ICB

Marie Gabriel was formerly the Chair of ELFT. She said that the Integrated Care Board (ICB) is focused on the needs of patients requiring mental health crisis care, and that the ICB is a partnership between organisations that are committed to meeting the health and care needs of a population within NE London.

The NE London ICB covers 8 Boroughs from the City of London to Havering and commissions all NHS services within this area; including Primary, Acute and Emergency Care. The ICB works in partnership with Local Authorities and voluntary/community sector organisations within NE London.

The ICB aims to co-ordinate, integrate and work innovatively by -

- **Improving outcomes in the population's health and health care by tackling inequalities between the different population groups, and the inequalities faced by people with severe and enduring mental health conditions.**
- **Tackling inequalities in access to health and care services.**
- **Enhancing the benefits of public money spent directly on patient care, and ensuring it is used to meet the challenges of population health.**
- **Supporting broader social and economic challenges, e.g. housing, education and training.**

Marie said that the ICS aims to enhance integrated care in order to achieve improved outcomes through the development of 'provider collaboratives', e.g. in NE London there is a mental health, learning disability and autism collaborative across the two Mental Health Trusts– ELFT and NELFT.

Marie added that the ICB is committed to working for local people in NE London to create significant improvements in health, wellbeing and equity, whilst providing support for people living with long-term conditions to live a longer and happier life.

IMPACT OF COVID ON THE MENTAL HEALTH OF LOCAL PEOPLE

The Office for National Statistics (ONS) data shows that the number of adults experiencing some form of depression almost doubled during the Pandemic.

World Health Organisation research on people presenting to mental health services, shows the impact of the Pandemic and economic crisis on people's mental health, and the impact of increasing numbers of people living in poverty.

Increased demand for health services has led to an increase in waiting times for mental health services and NHS data suggests that 1.6 million people in Britain are waiting for access to mental health services.

GREATER ACCUITY OF MENTAL HEALTH PRESENTATIONS

There has been a 30% increase in mental health crisis referrals since 2019.

People presenting to Mental Health Trusts have more serious and complex needs and many of them have not been seen by a mental health Trust services before.

The Royal College of Emergency Medicine has found that patients with mental health problems are twice as likely to spend 12 hours or more in most A&E Departments, than patients with physical health problems.

DELAYED DISCHARGES

Together with Local Authority and voluntary sector partners, the Integrated Care Board (ICB) is exploring the inter-dependences between social care, housing and wider community support. It is known that deficiencies in housing and social care are the main reasons for delayed discharges from Hospital. This leads to beds being unavailable for those arriving in A&E.

Marie Gabriel said the increase in demand for mental health care, has led to an increase in waiting times for mental health services.

MEETING THE NEEDS OF PATIENTS IN CRISIS

In the last three years, the NHS has established Mental Health Crisis lines across the country. The ICS is also looking at how it can improve support for patients in crisis closer to their home, rather than them having to seek Hospital-based emergency care.

Collaboratives in NE London are also working together to prevent adult patients from being admitted to a Hospital bed outside their home borough (place).

WORKING WITH THE LONDON AMBULANCE SERVICE (LAS)

The LAS has established a 'Mental Health Joint Response Car' with a mental health Nurse and Paramedic, to provide expert advice and care for people in a mental health crisis in their own homes. Their assessments include evaluations of patients' mental and physical health. They have a training program for staff on mental health care, and in 2018, introduced mental health Nurses into the Emergency Operations Centres, to provide advice, signposting and help in the assessment of people who call 999 in a mental health crisis, as well as providing advice to ambulance crews and emergency responders.

These services have increased effective communication between the LAS and mental health service providers, including monthly joint meetings and an increased understanding of how to support those in crisis.

Dr. PAUL GILLULY – CHIEF MEDICAL OFFICER, NHS North East London ICS

Paul was Chief Medical Officer at ELFT from 2017- 2022 and from 2012-2017 was head of ELFT's forensic services at the John Howard Centre. He has been a Consultant Psychiatrist since 2000.

UNACCEPTABLE LONG WAITS

Dr Paul Gilluly said that waits of over 4 hours, or even worse over 12 hours for patients in a mental health crisis in Emergency Departments (ED) are unacceptable - end of story.

"*That is not the right place to be waiting for a bed for a person who is seriously ill. I don't think there is any excuse for that at all.***"**

He said: "*EDs are not areas where service users can receive appropriate and adequate treatment and care. They are places for assessment. It is unacceptable for patients to wait for long periods in A&E because they cannot receive the care and*

treatment they require there. "We know for a fact that there is an increased risk of harm to service users who remain within ED for over six hours. Overall, this is a patient safety issue as well as a 'quality of care' issue. It's really urgent that we do something about this unacceptable situation."

INCREASING COMPLEXITY OF SERIOUS MENTAL HEALTH PROBLEMS

This is not just a NE London problem, but a national problem and it has been a national problem for many months. As a result of COVID, patients presented in a far more complex and more acute state, requiring longer lengths of stay and resulting in greater pressures on beds and inadequate funding.

"*This was the worse period in my whole 10 years of working in ELFT and NHS NE London*." **Dr Paul Gilluly**

Dr Gilluly said that when he worked with ELFT, he used to hold meetings every Monday morning with his Team, where they would come together to talk about the bed state (availability of beds). In the past five months that has been a real problem and access to beds has become really difficult.

"*I think it's a challenge throughout the whole of the country, but actually it has affected us in NE London very seriously.*" **Dr Paul Gilluly**

COLLECTION OF DATA ON THE PATIENT A&E JOURNEY

The ICS has a Research Team that monitors the flow of patients through A&E Departments across the whole of NE London, where there are six A&E Departments. The Team looks at 'real life' data in relation to attendances, ambulance handover performance, average length of stay before people are seen in A&E, and the time from 'decision to admit' until people are admitted to a bed.

The Team also looks specifically at mental health service users who are in A&E Departments, and their waiting time between 'decision to admit' and admission to a bed (which might be in another part of London). Reports on these factors are produced daily.

Weekly meetings are held with all providers in NE London (both physical and mental health) to increase their capacity to support each other and to address the major issues described above.

OUR CURRENT ACTIONS TO RESOLVE THE CRISIS

A specialist Team is available during the night to deal with complex problems and when necessary, they can link in with service providers. There is also a 'task and finish' group set up to look at mental health service users' needs in EDs in NE London.

The ICS is trying to establish an escalation process for patients who are in A&E for between 4 and 12 hours, so that senior staff, up to Chief Executive level, can take action to remove blockages to admission, and move the patient as quickly as possible to the place where they can get the right care and treatment to meet their needs.

DEAN HENDERSON, Borough Director for City and Hackney ELFT

Hackney Mental Health Centre

"*It's crucial that we achieve a reduction in the waits and delays that mental health patients are experiencing in Emergency Departments. We are working hard to reduce the waits in Homerton's A&E for patients in a mental health crisis, and to improve access to inpatient care for those who need it.***"** **Dean Henderson**

REDUCED BED CAPACITY

ELFT in Hackney has 50 male acute beds and 38 female acute bed in the 6 Mental Health Wards in the 'Hackney Mental Health Centre' (Homerton).

There was formerly the ability to flex the number of male and female beds available, but this flexibility has been lost. In one week recently, there were 6 female beds in Hackney available, but no male beds. Previously, there would have been the flexibility to adjust this bed base.

Dean said that over the past 14 years, ELFT has increased the number of beds for patients referred from Homerton ED and has, until the last year, often been able to provide beds for patients from other Trusts, which are 'spot purchased' by the patient's home Trusts. Unfortunately, ELFT has recently lost two beds as a result of poor ventilation, which has reduced male bed capacity.

During the past 6-8 months, the situation has changed significantly. Over the past few years, some other London Trusts have reduced the number of beds available while ELFT has maintained bed numbers. However, ELFT is now experiencing unprecedented pressures on bed occupancy. As are other Trusts. This is now a national problem. The repatriation of patients to their 'home' mental health service is on the increase across the country because of the shortage of beds.

LENGTH OF STAY IN MENTAL HEALTH WARDS

ELFT has busy weeks and busy days, but the number of admissions is not the main problem – it is the increased lengths of stay for some patients in excess of 40–60 days.

This is replicated across London and the whole country. Patients requiring admission are now more complex and more unwell than previously. Patients are taking longer to become well enough to be discharged, and some service users have returned in a crisis state when something has destabilised their mental health recovery after discharge.

One of the critical factors is that many people have become unwell due to the Pandemic, which has delayed discharge. ELFT is collaborating well with NHS and Local Government colleagues to reduce these longer stays, e.g. by commissioning private beds.

There have been signs of success, particularly regarding length of stay in Hospital, reduced number of long-stay patients, and better discharge planning. During July to October 2022 there were 78 long stay patients staying more than 40 days as inpatients before discharge. This figure has now dropped to 59. This increases ELFT capacity to admit more patients.

DISCHARGE PLANNING

Discharge planning has also been seriously disrupted because of the housing crisis. The demands on the housing system have increased, but it's not just a housing problem, it's a social care problem as well.

Previously, in Hackney, when a patient needed temporary or long-term accommodation, this was usually accomplished within 3-4 days. It now takes a couple of weeks for the same type of accommodation to be provided, thus delaying the implementation of discharge plans. It also takes longer to get landlords and Housing Associations to make repairs and 'make good' patient's accommodation so that they can return home.

Community Mental Health Teams are supporting patients with very complex presentations in the community and trying to support them to remain in the community.

Community Teams are also involved in discharge planning with patients in Hospital Wards, and these teams have been under extreme pressure over the past 6 months (May-October 2022).

ESCALATION PROTOCOL

In 2018, ELFT developed an Escalation Protocol, which is used at an early stage in the admission process. This Protocol raises the problem of bed shortages to Director level in order to get a service wide response.

When there was greater bed capacity, ELFT's policy was to admit patients from outer areas when a bed was not available in their own area, and then transfer the patient to their home area when beds become available. This approach was effective in reducing length of stay in ED, i.e. it prevented 12 hour plus waits

INVOLVEMENT OF SENIOR CLINICIANS IN RESOLUTION OF BED SHORTAGES

Senior Clinicians are actively involved in finding a resolution to the problem of bed shortages and delayed discharge through weekly Complex Case Reviews, Multi-Disciplinary Teams and Nursing and Community Mental Health Teams.

ELFT also has a Quality Improvement Group, which looks at capacity and flow issues and is led by the Clinical Director with the support of consultant nurses, and doctors.

DISCHARGE TEAM AND SOCIAL WORK LIAISON

Another recent development is the in- Social Worker led 'Discharge Team' which was established by ELFT during 2022. The Team works across all the Wards and supports patients who do not have a 'Care Co-ordinator'.

If a patient is well known to ELFT and has a Social Worker or Nurse 'Care Co-ordinator' to support their care in the community, discharge planning tends to work well. If the patient does not have a Care Co-ordinator, or if they are 'out of area' (from their local service) it can be difficult to make effective discharge arrangements.

The Discharge Team has had a significant influence on effective discharge planning. If patients are ready for discharge and well enough to be at home, but there is a delay in housing being available, they can be transferred to a B&B. This prevents them from staying in Hospital longer than necessary.

DEVELOPMENT OF THE RAYBOULD CENTRE IN HOMERTON

ELFT recently received 150k from NHS England to provide additional care, up to March 2023. This will enable ELFT to employ an additional Senior Practitioner, three additional Registered Nurses and three Support Workers to provide more effective clinical care in Homerton A&E for patients in a mental health crisis.

This extra capacity is intended to enable more effective discharge from A&E and to support the establishment of a crisis Hub in the Homerton Raybould Centre, which is planned to open in February 2023. This Centre will enable the transfer of patients with mental health problems, who have been medically cleared in A&E to be assessed in a more appropriate environment.

The impact of this development is expected to be a reduction in pressure on A&E, and the ability to place patients in a place where their needs can be properly assessed and hopefully met.

INCREASING BED CAPACITY ACROSS LONDON

In order to increase overall bed capacity across London, Mental Health Trusts have commissioned forty additional beds from a private provider.

This extra capacity is being co-ordinated by the South London and Maudsley Trust and is expected to enable faster access to inpatient beds and services for mental health Trusts across London.

NOT MEETING NHS ENGLAND PERFORMANCE TARGETS

Dean Henderson said that the Homerton Healthcare and ELFT are failing to meet the target for 95% of patients to be admitted or discharged within in four hours. But Homerton remains one of the best performing A&E Departments in London. He said that 80% of patients are admitted or discharged within four hours.

Referring to the attached slides (on Page 14), he said that the important column is the one on the left-hand side (number of 12-hr breaches) which shows that in August and September 2022, there were twenty-three 12-hour breaches in the Emergency Department (ED), and then twenty. In October the number fell to fourteen, which suggests that the system is working better, but all 12-hour breaches are unacceptable.

Homerton A&E Case Studies

About 1pm in September 2022, I got a call from Dr Emma Roland, Consultant in the Homerton ED. She said, "we've got two patients that have been here since yesterday, can you help?" Because of all the developmental work that had happened between our nursing and community teams, I was able to confirm to her that we had identified and made beds available for each of the patients that had been waiting, and they would be admitted later that afternoon.

Then at 5pm, I got a call from the Whittington Hospital. Their On-call Director said they had a Hackney patient who had been in their ED for a long period. Because of our collaborative work, I knew what had been going on and the various options that were available. I rang our duty senior nurse and confirmed that through the work we put in to try and move people's discharge plans along- we were able to provide a bed for this patient as well.

DEAN HENDERSON'S CONCLUSION

"Signs of success are demonstrated by reduced length of stay and by the reduction in the number of long stay patients. We are also improving our discharge planning and throughput. We have worked very hard to improve communication between all the discharge pathways. It is a complex process and sometimes communication can break down.

ELFT has 'quality improvement' at the core of everything it does – the Quality Improvement Group is currently looking at capacity and flow issues. It is also about collaborative working between ELFT and Acute Hospital partners.

Performance over the last 4 Months

NHS East London NHS Foundation Trust

Still far too many 12 hour Breaches - but signs that the situation is getting better slowly

Mental Health Referrals – Homerton A&E

Month	No of 12 hr Breaches	% of Total Breaches - 12hrs +	Mental Health Referrals to HPM	% Seen within 4 hours
July	12	26%	347	87%
August	23	38%	330	82%
September	20	29%	376	82%
October (upto 23/10)	9	18%	249	

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We respect
We are inclusi

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The number of 12-hour breaches up to 23/10 was 9 - but increased to 14 by the end of October.

2021-2022	Mental Health		
Month	**MH**	**Medical**	**Total**
Apr 21	1		1
May 21	2		2
Jun 21	2		2
Jul 21	1	1	2
Aug 21	2		2
Sep 21	1	2	3
Oct 21	2	1	3
Nov 21	1	1	2
Dec 21	1	4	5
Jan 22	2		2
Feb 22	6	1	7
Mar 22	3	1	4
Apr 22	5		5
May 22	17		17
Jun 22	19		19
Jul 22	9	2	11
Aug 22	18		18
Grand Total	**92**	**13**	**105**

QUESTIONS TO SPEAKERS

Questions to Paul Gilluley

<u>What action is being taken regarding 12-hour breaches for patients in NE London A&Es suffering from a mental health crisis?</u>

From: Penny Crick, Homerton Healthcare Governor

Paul Gilluley said he recognised 12-hour plus waits as a major problem and something Acute s have to resolve across London. He said he would raise this problem with all of London's Chief Medical Officers at their weekly meetings. That gives Medical Directors a chance to develop plans across the whole of London, to stop patients ever having to wait 12-hours or more for admission to a mental health bed. It also provides an opportunity for shared learning.

Paul is also Chair of the NE London, Urgent and Emergency Care Group, which provides opportunities for greater clinical input to achieve system improvements. He said he would prioritize the care of mental health patients through that group and explore ways to reduce 12-hour breaches.

Development of Emergency Mental Health Hubs in London

From Steve Lancashire, Mental Health Working Group, Keep Our NHS Public.

The Emergency Clinic at the Maudsley Hospital in SE London was closed in 2007, and the campaign to get it re-opened had not been successful. Patients were admitted instead to King's A&E, which couldn't provide adequate mental health care for seriously ill patients.

Steve asked whether there were current discussions between London's ICS Medical Directors about setting up Crisis Hubs, so that when an Ambulance Crew is caring for a patient suffering from a mental health crisis, they can take the patient to one of eight regional hubs. He said that the Maudsley Hospital, which is part of the South London and Maudsley Trust, would be a perfect location for such a Hub.

https://edm.parliament.uk/early-day-motion/32332

Paul Gillully said that he had trained at the Maudsley and had worked in its Emergency Clinic. He said there were good things about the Clinic, but there were also challenges because quite a lot of mental health patients also present with physical health problems, overdose, or other complex problems that could not be resolved in a 'special mental health clinic'.

Re-opening Emergency Clinics has been discussed many times, however, there is still not a strong case for it to happen. "*This issue has not been discussed nationally but it's something we have to creatively think about".*

Lack of Emergency Mental Health Expertise in London's A&Es.

Steve Lancashire replied that, whilst King's might provide good physical health care, that patients with a mental health diagnosis often felt abandoned because there was a lack of mental health expertise in King's A&E.

Paul Gillully added that patients with a serious mental illness may also require physical care. He said we must be careful not to miss physical health problems and that we must think about people as having a 'whole body', not a separate mind and body. He added that we need to think about what the needs of the population are, and how we meet those needs in an effective and compassionate way.

From: Malcolm Alexander who described his experience of the Maudsley Emergency Clinic which he had monitored for a number of years.

Malcolm said that when the excellent Emergency Clinic closed, patient went to King's A&E, which did not have adequate and appropriate mental health facilities or staff.

Patients were often kept for very long periods inside King's A&E with Security Guards around them, instead of Clinical staff. They were not cared for by Mental Health staff until they were transferred across the road to the Maudsley. Sometimes, when they were transferred from King's to the Maudsley, they did not even hand over detailed clinical data and medical histories, e.g. in relation to patients with diabetes.

Malcolm said the closure of the Emergency Clinic was a disaster, similarly patients in Homerton A&E suffering from a mental health crisis often are not cared for by expert mental health staff and teams.

How will the ICS Improve the Quality of and Access to Mental Health Services

From: Chelliah Lohendran, Healthwatch

Logie said he had observed the mental health system for about ten years, and although the system helps people, it has not improved. He felt that mental health services were getting worse. He asked how the new Integrated Care System (ICS) will help improve services so that people get better care when they have a mental health problem?

Paul Gillully replied: In the past NHS Trusts have been too focussed on competing against each other for contracts. The main purpose of the ICS is to start building care around the needs of local residents.

The aim is for service users and patients to get their care needs met as close to home as possible, which means providing really good care in the area where the patient lives, so that we can prevent them ending up in A&E.

A key question is how we build resilience - post-covid – in local communities and in particular amongst children and young people**.**

The impact of the pandemic on children and young people is massive, and long waits in A&E are potentially harmful to people suffering a mental health crisis. Paul Gilluley.

Importance of Developing Locally Based Mental Health Services – St Leonard's

From: Carol Ackroyd, KONP

Carol said she was surprised by Paul's argument regarding the need for holistic local care (physical and mental health services operating together), given that NE London ICB seems to be going in the opposite direction.

Regarding the closure of the Emergency Clinic at the Maudsley, she suggested that the primary physical health need would be in relation to those patients who have taken an overdose, and that the Maudsley was surely expert in this field.

In the case of patients who have physically self-harmed, they would be better cared for in A&E or a major Trauma Centre.

Carol agreed that mental health services should be located locally and that a redeveloped St Leonard's Hospital, would be a perfect location in the community to provide intermediate term mental health services. She hoped the ICB would take this proposal seriously.

Paul Gilluly agreed to consider Carol's proposal for St Leonard's to become a centre for intermediate and community based mental health care. He said that some patients who have taken overdoses need high levels of physical care – it depends upon which substance the patient has taken or what physical harm the patient has suffered.

Paul added that the NHS must be careful not to neglect the physical health of service users with serious mental illness. He said that we cannot have one place that deals with mental health and another that provides physical health care. The service must be holistic, and community mental health services need to co-create and co-produce services that meet local need, e.g. crisis houses and crisis cafes.

Marie Gabriel said the NE London ICS is committed to and endorses what Paul said regarding the importance of physical and mental health services working closely together in emergency medicine; she said this approach is a principal objective of the ICS. That is why the body is called an 'integrated care system'.

The ICS operates at both system, and place level i.e. with local communities and neighbourhoods.

Questions to Dean Henderson

Risk of Normalizing 12-Hour Mental Health Waits in A&E

Malcolm Alexander asked if there is a risk that the NHS has adapted to 12 hours waits? He said that the previous target was four-hour (admit or discharge) in 95% of cases, but the target now seems to be to admit within 12 hours of decision to admit.

Malcolm also asked whether, instead of purchasing more private beds, each ICS in London should be creating more NHS beds locally to meet local need? Going to the Private Sector doesn't seem to be the long-term answer when there are so many people who are seriously ill?

Dean Henderson said that 12 hours waits are never acceptable when a patient is in a mental health crisis. For most people 12 hours waits would be quite traumatizing, so I don't think it's ever acceptable. I don't know anybody who thinks 12 hours waits or even four-hour waits are acceptable.

We work incredibly hard to stop this happening and we will continue do so. I do not think we shall become conditioned to 12 hour waits - it's something we all know needs to stop. 12hour waits for admission are not acceptable and it feels like a failure every time it happens.

Malcolm Alexander asked Dean if he felt that a much larger number of permanent beds were required in London, and why two beds were closed in ELFT locally.

Dean Henderson said that ELFT closed two bedrooms because they had no external ventilation. They were internal rooms created about 10 years ago. Based on the health and safety regulations, ELFT realised they couldn't continue to use these poorly ventilated rooms - so it was a health and safety decision to take them out of use.

There is a question about getting the bed base right across London. The use of private beds is a short-term measure to get through the winter.

Providing Adequate Numbers of Mental Health Beds in North East London

Malcolm Alexander said that during the hight of the COVID pandemic, there was much discussion about having additional beds in the Excel Centre. He asked if that could be a solution to ensure that the number of beds in NE London is adequate to meet the needs of patients in a mental health crisis? He said that NHSE was willing to fund the Excel bed expansion for Covid patients.

Dean Henderson said he is not certain that more beds are required. ELFT believes that it has the right number of beds for the population they serve (Hackney, Newham, Tower Hamlets).

Dean acknowledged that ELFT needs to make sure the population growth and changes to the population are being regularly reviewed and services developed to meet the needs of population changes. He added that the important thing is getting all the other parts of the system to working better, e.g. the lack of available housing is probably a more pertinent and pressing issue than that lack of beds.

Ensuring there are sufficient numbers of Well Qualified and Competent staff in Mental Health Units.

Adrian Dodd referred to the importance of recruiting well qualitied and competent staff in the Mental Health Sector. He said that recruitment needs to be tackled with the same level of commitment as dealing with the shortage of beds.

Adrian added that having additional beds - if you haven't got the staff to provide the right type of care - may cause harm to patients, and that ELFT needs to attract Nurses moving through the Universities and qualifying as Mental Health Nurses, so that they can provide the services and staffing needed to properly care for patients.

Dean Henderson said the most important thing for Managers is to appoint the right staff - and getting those recruitment decisions right is critical. A 'values-based' approach to recruitment is as important as having the right clinical skills and the exercise of compassion for patients.

Dean described the successful recruitment of Liaison Nurses to two vacancies in the mental health liaison service, which cares for people in A&E who are suffering a mental health crisis – the Trust appointed five Band-6 Nurses to this role instead of two, because the quality of the applicants was so high – three of those Nurses will work on the 'crisis pathway'.

Effective Mental Health Care at Primary Care Level

From James Guest

James asked about the development of wrap-around services in General Practice to support patients with mental health problems, prevent admission to Hospital, provide care post-discharge to prevent future admissions, and to support children referred to CAMHS?

James said that he sits on a Police Liaison Panel in his Borough of Ealing and gets the impression that quite a lot of Police response time is taken up responding to individuals who may be experiencing a mental health crisis. He asked Dean if it would be helpful to train Police Officers to learn more about identifying patients in a mental health crisis?

(Wraparound is an intensive, individualized care management process to support people with serious or complex needs).

Marie Gabriel said one of the things that Integrated Care Systems (ICSs) will be responsible for, is workforce planning and making sure we have the right number of appropriately qualified staff in the right place.

Marie said that NEL ICS is training many Mental Health Nurses, but the numbers are not enough to meet patients' needs. The ICS will have to increase the number of places for training, which is not a decision that can be made at ICB level. However, the ICB is going to develop workforce plans to resolve this problem.

Marie added that part of her role in the NEL ICS is to Chair the 'London People Board'. A primary focus of that Board is to determine how to transform the current unsatisfactory staffing situation. The capacity of Mental Health Units can be badly affected if there is a scarcity of essential staff.

The ICS is looking at new roles, and retention is a very important factor, i.e. how will the ICS retain and keep staff working within the mental health field? Retention helps with recruitment of local people and maximizes support from people with experience of mental health services, through a programme of 'peer support 'workers.

Implementation of the Government MH Strategy (2021)

From Sister Josephine – Vice Chair, Patients' Forum for the LAS

What are the views of the speakers on the Government's strategy to reduce ED waiting times for patients with mental health problems, as well as other comorbidities.

www.gov.uk/government/news/better-mental-health-support-for-people-in-crisis

www.england.nhs.uk/2021/07/nhs-england-proposes-new-mental-health-access-standards/

Dean Henderson responded:

I haven't seen this new strategy. I think this relates to the plan where they talk about reducing wait times, response times, handover times, and to develop a focus on patients with long-term conditions, including mental health problems.

It is good to see a priority around urgent and emergency care, and that mental health has been included. That is a positive for me because I know we've talked about 'parity of esteem' and mental health care, but I sometimes wonder if we have parity of thought.

However, how are we going to implement the sort of improvements that the Government has prioritized? It is good to have a 'Call to Arms' but there are not any additional resources, that I'm aware of, that are assisting with implementation of the Government's plan.

Concealment of LAS Performance Data

Malcolm Alexander asked Marie Gabriel for her assistance with accessing Performance Data from the LAS. He said that, for over a year, the LAS has been refusing to share key elements of their Performance Data, e.g. Borough level Performance Data (Place) for Cat 1-4 and some of their handover to A&E data.

Malcolm said that essential information about their Handover Performance e.g. 15 minutes handovers, one hour plus handovers are no longer available. He added that the data provided by the LAS on its website is months out-of-date, whereas until September 2021, the LAS provided the Patients' Forum and Healthwatch with monthly Data Packs, which contained high quality data.

These monthly packs are still being provided to the ICSs who refuse to provide them to Healthwatch or the Patients' Forum, at the request of the LAS. Malcolm said he had written to Marie on this issue and awaited a reply. He said it was not acceptable for the LAS - which has provided excellent data for many years - to hide their data to conceal the performance problems that they are having,

James Guest added that the LAS used to publish two separate sets of Performance Data … one was the comprehensive data set which was published each month and included handover data for each individual Hospital in London, and Cat 1-4 response data for each London Borough.

This data has now dribbled down to Performance Reports produced during months when the LAS holds a Public Board Meeting (every two month) which is well out of date.

We have now lost really valuable monthly Performance Reports. In addition, the LAS reports in their Board papers are unreadable. James said he is producing a Data Pack which shows the variable performance between each London Borough, based on data obtained by the PF up to September 2021.

Some Boroughs get a better response than others, e.g. Southwark and Westminster get good Cat 2 response, whereas Barnet and Waltham Forest get poor response times. This means there is a lack of equality in relation to response times for people who are seriously ill, and this is likely to impact on local deprivation.

The pack will be sent to all ICS in London so that they can see the potential impact on equalities.

Marie Gabriel confirmed that Malcolm has written to her about the refusal of the LAS to provide Performance Data. She said that she had followed this issue up with Heather Lawrence who was the LAS Chair, who referred it her Chief Executive, Daniel Eskeles.

Marie said she had also raised the issue with Penny Dash, Chair of the NW London ICS and the new LAS Chair, Andy Trotter who was the former Chair of Oxleas Mental Health Trust. She said she will raise the issue with the new Chair of the LAS.

Malcolm Alexander said he had met the LAS Chief Executive in the Hackney Healthwatch office, but he refused to provide the data.

Importance of Borough Based LAS Performance Data

James Guest said the whole point of the ICS is that we have Borough-based partnerships (place-based). The London Boroughs need the Performance Data so that they know what's happening at Borough level. The ICS, as Commissioners of the LAS, have the right to demand that reasonable performance information is placed in the public arena.

Marie Gabriel responded that, as an ICS, we do not have the information we need to be able to make good decisions that tell us about variation in access and experience and outcomes, in relation to London Ambulance Service performance, then that is definitely is an issue which I can take back to the ICS Commissioners and to Andy Trotter. The ICS Chairs meet across London, and I will raise the issue there as well.

Malcolm Alexander closed the Meeting and thanked Marie, Dean and Paul for their excellent Presentations. He thanked everybody who attended the meeting for their great contributions and said that the Forum and Healthwatch will be producing a joint Report on the Meeting, as soon as possible.

RECOMMENDATIONS TO ICP, HOMERTON UNIVERSITY HOSPITAL , EAST LONDON FOUNDATION TRUST AND THE LONDON BOROUGH OF HACKNEY

MENTAL HEALTH EMERGENCY RECOMMENDATIONS

RECOMMENDATION 1 - ACCESS TO PERFORMANCE DATA

a) Send monthly data to Healthwatch Hackney (HWH) and the Patients' Forum for the LAS (PFLAS), showing the number of patients waiting in excess of 4 hours and in excess of 12 hours from decision to admit.

b) Send monthly bed occupancy data for the six Homerton MH wards to HWH and PFLAS.

c) That ELFT shares their daily acute care performance reports with HWH and the PFLAS.

RECOMMENDATION 2 - DECLARATION OF SERIOUS INCIDENTS

Clarify when it is a duty on Homerton Healthcare to declare long stays in A&E as Serious Incidents requiring investigation, in view of the increased risk of harm to service users who remain within ED for over six hours.

Clarify when it is a duty on ELFT to declare long stays in the statutory Place of Safety as Serious Incidents requiring investigation, in view of the possible increased risk of harm to service users who remain within Places of Safety for long periods.

RECOMMENDATION 3 - POLICIES ON PARITY OF ESTEEM

a) Provide a copy of the Homerton Healthcare policy on compliance with the duty to exercise Parity of Esteem between patients who have a physical health problem, and those with a mental health problem.

https://commonslibrary.parliament.uk/mental-health-achieving-parity-of-esteem/

b) Provide a copy of the Homerton Healthcare policy on returning patients to their home area mental health service, if this would in practice result in 'spot purchasing of a bed in a private Hospital far from the patients home.

RECOMMENDATION 4 - HIGH QUALITY CARE ALWAYS

Ensure that high quality mental health care is always provided to patients who are waiting for admission to a mental health bed at Homerton or to their home area.

RECOMMENDATION 5 - CONSENT FOR TRANSFER TO ALTERNATIVE MH UNIT

a) If a patient is to be transferred from the Homerton ED to their home area, ensure that the patient has given consent for this transfer.

b) If a patient is to be transferred to a private facility outside their home area, ensure that the patient has given consent to be provided with care, away from their home area.

RECOMMENDATION 6 - ADMIT TO A HOMERTON BED UNTIL A BED IS AVAILABLE IN THE HOME AREA

Admit patients to a bed in ELFT if it would take more than 12 hours to locate a bed in the patient's home area, i.e. with patients consent return to previous policy of taking patients to their home area only when a bed is available.

RECOMMENDATION 7 - AGENCY COLLABORATION TO STOP LONG WAITS

Homerton Healthcare NHS Foundation Trust should work with ELFT and other partners in the City and Hackney Health and Care Partnership and the NEL ICS, to reduce and eventually eliminate very long waits, with the aim of bringing waiting times for patients in a mental health crisis back to no more than four hours from decision to admit to admission.

RECOMMENDATION 8 - OPEN MORE BEDS AND DEAL WITH PUBLIC HEALTH ISSUES

The ICS, HUH and ELFT should publish an assessment of the resources they would need to provide more mental health beds in Hackney, in order to return to maximum 4 hour waits in ED, from decision to admit, to admission to a mental health bed, and ensure resources are used to meet the challenges of population need and health inequalities in relation to mental health.

RECOMMENDATION 9 - DETERMING REQUIRED NUMBER OF MH BEDS IN NEL TO STOP EXCESSIVE WAITS FOR ADMISSION

The NEL ICS should determine how many beds would be needed in North East London to stop MH ED waits in excess of 4 hours, and publish a plan to open the required beds within the NHS – not the private sector.

RECOMMENDATION 10 - ETHNICITY DATA

Publish data each month on the ethnicity of patients who are held in ED in excess of 4 hours and in excess of 12 hours from decision to admit to admission to a bed or discharge.

RECOMMENDATION 11 - CLOSER WORK WITH LOCAL AUTHORITY TO SECURE ADEQUATE AND APPROPRIATE ACCOMMODATION

Work better with local authorities to ensure that supported accommodation is available as required for patients discharged by ELFT who are homeless.

RECOMMENDATION 12 - ADVICE FOR MH PATIENTS AFFECTED BY COVID

ELFT should develop an expert multi-disciplinary Team to support and advise patients who have suffered mental health conditions as a result of COVID, including Long COVID, and collaborate with the CoRe Long COVID service in Hackney.

RECOMMENDATION 13 - ACCESS TO MENTAL HEALTH SERVICE

ELFT should publish monthly data on the number of local residents who are waiting for access to mental health services at Vivienne Cohen House and other mental health services in Hackney.

RECOMMENDATION 14 - RAYBOULD MENTAL HEALTH CRISIS CENTRE

Provide more information about the objectives of the Raybould Centre, when it will be open to patients and the impact it is expected to have on the care of patient suffering a mental health crisis in the Homerton ED.

RECOMMENDATION 15 - INCREASING BED CAPACITY ACROSS LONDON

Provide information on the expected impact of the 40 additional private sector mental health beds on the Hackney's capacity to provide care to patients in a mental health crisis.

RECOMMENDATION 16 - ELFT QUALITY IMPROVEMENT GROUP

Invite Healthwatch Hackney to join or observe the ELFT Quality Improvement Group

Further Questions to Paul Gilluly

1) What action is now being taken by London's Chief Medical Officers and the NE London, Urgent and Emergency Care Group, to reduce waits in ED for patients in a mental health crisis to no more than 4hrs?

2) Have London's Medical Directors discussed setting up Mental Health Crisis Hubs across London, where patients in a mental health crisis can receive effective mental and physical health care, in order to meet their needs in an effective and compassionate way?

3) What action is being taken by the ICS to build resilience and meet the mental health needs of children and young people post covid?

4) Will the ICS consider using the St Leonard's Hospital site as a location for development of mental health services for older people, intermediate care, and step-down care for patients preparing for discharge? This would be consistent with the ICS focus on developing local services and 'place.

Further Questions to Marie Gabriel

1) **Government's Mental Health Strategy**
   What action is the ICS taking to implement the Government's strategy and standards for mental health care?

- **Better mental health support for people in crisis.**
- **NHS England proposes new mental health access standards.**

www.gov.uk/government/news/better-mental-health-support-for-people-in-crisis

www.england.nhs.uk/2021/07/nhs-england-proposes-new-mental-health-access-standards/

2) Concealment of LAS Performance Data

What action will the ICS take to ensure that Healthwatch and the Patients' Forum have access to monthly data sets on LAS performance, that the LAS have been concealing since September 2021.

Will the ICS also ensure that Borough based performance is also restored to assist with analysis of the effectiveness of the LAS at Place level?

APPENDIX ONE

QUESTIONS TO THE HACKNEY HEALTH AND WELLBEING BOARD

CRISIS IN THE CARE OF PATIENTS SUFFERING FROM A MENTAL HEALTH CRISIS - VERY LONG WAITS FOR MENTAL HEALTH BEDS AT THE HOMERTON A&E - 12 HOURS OR MORE

I know you are fully aware of the data below regarding 12 hour plus waits in the Homerton A&E for patients in a mental health crisis needing a bed to be found for them.

Such long waits not only exacerbate the patient's crisis but are likely to be unlawful in terms of breaches to the statutory duty of Parity of Esteem. Long waits in A&E for patients in a mental health crisis also puts a strain on the A&E staff and reduces their capacity to admit patients needing emergency care arriving in A&E. The consequences for patients are dire.

In one case a patient waited in A&E for 48 hours and twice fled from the A&E - and in another, a patient waited for a long period in A&E for re-admission to ELFT and attempted suicide.

Thank you for your questions and your concern. Please see the answers below, prepared by:

Dan Burmingham, Mental Health Programme Director North East London Andrew Hobobin, Deputy Borough Director - City and Hackney| East London NHS Foundation Trust.

1) **Can you please tell me what action you are taking at ICB and LBH level to resolve this crisis?**

   We should like to highlight the following actions that are being taken locally.

   - Extra funding has been granted for additional psych liaison staff for the winter until the end of March 2023.
   - A new crisis hub in the Raybould Centre is due to open in February 2023. As a way of reducing waiting times, this will assess people who attend the Emergency Department but don't need to be seen there.
   - The Homerton have appointed two mental health nurses in the Emergency Department to look after people with a mental health problem who are waiting.
   - Forty additional beds have been contracted in the Private Sector until the end of

March 2023.

- Since 2018, an escalation protocol has been in place in order to avoid 12 hour breaches for patients in A&E. These are escalated to Senior Managers within 4-6 hours. The number of long-stay patients is reducing, and discharge planning throughput, is improving.

- Length of stay is being monitored through weekly reporting, which keeps the issue visible and a priority.

- Weekly complex case discussions with Consultants and Multi-Disciplinary Teams are carried out.

- Communication and decision making along the patient discharge pathways has been improved.

- There is increased buy-in from senior clinicians for finding solutions to this problem, including a Capacity & Flow QI Group - lead by Clinical Director.

- A Social Work Discharge Team has been established, which works across the wards with non-care co-ordinated patients.

- Bed and breakfasts are used as a transition when necessary to avoid housing issues causing delays (only for patients ready for discharge).

2) Will the ICB commission the provision of more beds to meet local need?

Five additional beds have been contracted in the private sector until the end of March 2023.

3) How are the ICB, ELFT the City and Hackney Health and Care Partnership and NHS England, collaborating to secure adequate numbers of beds for patients in an acute mental health crisis?

The ICB, ELFT and NELFT meet several times a week to share bed numbers and we regularly 'share' beds between the two Trusts. The ICB, ELFT and CH Health and Care Partnership work together through our collaborative integrated care structures at both a place-based level and a NEL-wide level, to ensure that there is adequate inpatient bed capacity and that the bed capacity is supported by alternatives to admission which reduce the demand.

In addition, ELFT and NELFT monitor the bed situation through weekly UEC Meetings attended by Operational Leads. The bed-base is currently being reviewed as part of our 2023-24 review of the Mental Health Long Term plan

against our other commitments. All of the above organisations are part of this planning process which will conclude at the end of March 2023.

4) **Is each organisation committed to reducing and eventually eliminating these very long waits, with the aim of bringing A&E waiting times for patients in a mental health crisis, back to no more than four hours from arrival in A&E to admission?**

Yes. Each organisation is committed to this target, and as part of the 2023-24 planning process, they are reviewing the A&E mental health pathway with a view to providing a higher level of support.

APPENDIX TWO

Homerton Healthcare NHS Foundation Trust

HOMERTON COUNCIL OF GOVERNORS

CARE FOR PATIENTS SUFFERING FROM A MENTAL HEALTH CRISIS IN HOMERTON EMERGENCY DEPARTMENT

COG Discussion Paper - SEPTEMBER 22, 2022

Malcolm Alexander,
Former Healthwatch Appointed Homerton Governor

COG Agenda – Presented by Malcolm Alexander, Former Healthwatch Appointed Governor

CARE FOR PATIENTS SUFFERING FROM A MENTAL HEALTH CRISIS IN HOMERTON ED – VERY LONG WAITS FOR MH BEDS

Introduction

I first examined the problem of long delays in Homerton ED back in 2017, when Healthwatch received information about patients who were suffering a mental health crisis, spending over 8 hours in the ED. Some of those patients were on sections of the MHA and were detained in Homerton ED, even though there is a fully operational Mental Health Hospital (ELFT) next door to the Homerton.

I have personal experience of spending time in ED with patients who are in a mental health crisis and I believe ED is never the right place for a person who is so ill that they have to be detained in ED, probably under s2 of the MHA.

One of the things I discovered at that time was the failure of the NHS to operate legally in relation to the Health and Social Care Act (2012), which requires Parity of Esteem between physical and mental health, i.e. they must be given equal clinical priority by NHS staff.

Patients in Homerton ED, with a mental health diagnosis who did not live in City and Hackney, were not offered a bed by ELFT a few hundred yards from ED, unless they

lived in an area where ELFT provides services, or a bed was spot purchased for them by their home MH service. But even when a bed was spot purchased it could be in any part of London or beyond.

Thus, if a patient from south west London (in the area served by Springfield Hospital) was in Homerton ED and needed admission, Homerton ED would request a bed from Springfield and would have to wait until that Hospital could provide a bed or was prepared to pay for a bed (spot purchase) from ELFT or a in another part of London. Consequently, many patients remained in Homerton ED for long periods of time until a bed could be found or purchased.

By comparison, if a Hackney patient broke their leg in Manchester, they would not sit in Manchester ED for a day or two until a bed was free in the Homerton, they would be admitted to a Manchester Hospital until they were well enough to travel back to London.

Gathering Information from Local Leaders

When we asked **Tracey Fletcher, former Chief Executive of HUH** for more information about the reasons for the patient having to spend extended period of time in the ED, which we regard as potentially harmful to the patient, Tracey replied as follows:

“You have probably outlined a reasonable summary of the situation. Unfortunately, this is not an uncommon event if the patients are from out of the local NEL area. I assume that on this occasion the patient was from south London if a bed was being sourced in Tooting. It does take the ED department a significant amount of time to locate a bed in these circumstances. ELFT are usually very clear that they cannot take out of area patients unless the “home” organisation contacts them to spot purchase a bed, if indeed they have a bed. Other Trusts seem very reluctant to do this.”

In June 2017 Paul Calaminus, Chief Executive of ELFT wrote:

“We will be reviewing our local protocols so that we are more proactive in chasing bed availability in other trusts to establish a full picture more promptly to try and avoid this situation recurring. A greater clarity in this way should enable us to then provide admission to an ELFT Hospital bed if necessary, as we do on frequent and multiple occasions throughout the year.”

We then wrote to the CCG as follows:

“The situation regarding long stays in ED for patients in a MH crisis is appalling and we have to stop this from happening. Patients cannot be made to suffer because of the failure of commissioners and providers of mental health care, to join up their services for the benefit of patients. Seriously ill patients are being kept in A&E for many hours regardless of the needs of the patient and the duty of parity of esteem laid on every NHS agency.

This must stop. It is outrageous that there may be a mental health bed 200 yards away from the patient, but despite the seriousness of the patient's condition, adequate and appropriate care is dependent on 'spot purchasing/commissioning'. The patient comes first. We must work together to solve this problem as a matter of urgency."

The CCG replied:

"There are clear policies about what should happen in these circumstances, and it appears they weren't followed in this case. There is a formal review process underway and whilst it wasn't one of our residents, we will bring the results to the CCG Governance Board.

I've cc'd Dave Maher and Rhiannon England in as the CCG managerial and clinical lead commissioners so they can keep you in the loop. You may also want to flag your interest in this case to Navina Evans at ELFT if you've not already done so."

Dr Rhiannon England the former CCG Clinical Lead

Wrote to Healthwatch on May 18th, 2017, giving a commitment to solving this problem. She said: "I totally agree with you, Malcolm and we will certainly discuss this case, and others, with ELFT.

The prime need is to rapidly admit a patient if that is clinically indicated and argue about who pays later. Unfortunately, the mental health bed situation in London is so problematic that I wonder if the LAS are choosing to come to Homerton with people who have acute mental health issues as they are seen and assessed promptly.

Many of these patients are known to other Trusts already and have been admitted to them in the past- yet they still are brought to Homerton. 25% of all psychiatric liaison patients seen at A&E are from other boroughs so you can see what a workload is being managed. That said – admit to any empty bed promptly has to be the way forward.

The same situation arises with Section 136s where many, if not all, City of London 136s are brought to Homerton, which manages them really well. Most of these patients are not C&H residents though (>70% are from other areas), so this is a strain on resources.

We will certainly expect Homerton and ELFT to work together to prioritise patient needs and will work towards preventing further situations like this happening again.

Moving forward five years from 2017 to 2022

The current data for patients held in Homerton ED for more than 12hours – <u>after decision to admit</u> - is worse than ever.

2021-2022	Mental Health		
Month	**MH**	**Medical**	**Total**
Apr 21	1		1
May 21	2		2
Jun 21	2		2
Jul 21	1	1	2
Aug 21	2		2
Sep 21	1	2	3
Oct 21	2	1	3
Nov 21	1	1	2
Dec 21	1	4	5
Jan 22	2		2
Feb 22	6	1	7
Mar 22	3	1	4
Apr 22	5		5
May 22	17		17
Jun 22	19		19
Jul 22	9	2	11
Aug 22	18		18
Grand Total	**92**	**13**	**105**

Thus, a patient might wait several hours to be assessed by a Psychiatrist, who determines that the patient needs to be admitted and perhaps placed on a section of the MHA. Notice that the number of MH patients held for over 12 hours has massively increased since May 22, and that 92 patients with mental health problems have spent more than 12 hours in Homerton ED, after decision to admit, over the past 17 months.

A patient on s2 of the MHA was recently held in Homerton ED for 48 hours, waiting for a bed to be found, but the investigation into this incident was not about the length of stay in ED, but about the fact that the patient attempted to leave the Hospital on two occasions.

For data on the 238 patients with a mental health diagnosis, who waited in ED for admission for over 4 hours see Appendix 3.

Breeda McManus, Chief Nurse at Homerton described the current process:

"Previously, prior to COVID and the notable increase in the volume of MH cases, RCAs were completed for DTA's (Decisions to Admit) for > 12hr breaches. Completing this process provided minimal learning so a decision was taken to stop undertaking this process as the learnings from each case were all related to lack of MH bed capacity".

"When there is a long wait escalation is made to the SURGE team and NHSI/E, who assist with trying to identify and support with identifying a bed or plan for patients".

"There has been a lot of discussion in UCCQG (Urgent Care Clinical Quality Group) about increased length of stay in ED. There is a risk on the risk register about patients staying in ED over 4 hours, **we are also in the process of adding a new risk in relation to increased length of stay for MH patients within the ED department."**

Louise Egan, Deputy Chief Nurse for Emergency Care explained the situation as follows:

"Sadly, there is a lack of available mental health beds nationally and, therefore, patients often have to wait a considerable amount of time for a placement to be found. You might ask why do we not admit them to an acute bed whilst they are waiting? However, if they do not have any medical needs, this is inappropriate. We need to ensure that they receive their care in the correct place which, in this scenario, is specialist mental health care which, as you know, the Homerton do not have an inpatient facility for.

Please be assured that whilst they are waiting for placement, we ensure they have meals, are kept hydrated and are transferred onto a bed within a cubicle and are regularly reviewed by both the ED and HPM team".

On September 1st, 2022, I asked Dear Henderson, Borough Director - City & Hackney ELFT

a) To tell me about the latest situation regarding access to beds for patients who live outside the ELFT catchment area.

b) To clarify situation re ELFTs catchment area? For instance, if a Tooting resident was admitted to Homerton ED, would Homerton ELFT admit if a bed was available, or would patient go to Springfield or to a spot purchased bed?

Dean replied:

"There is currently extreme pressure on Acute Mental Health beds across Mental Health Trusts in London. Unfortunately, this has and does mean that on occasions patients have had to wait extended periods in Homerton A&E and other A&Es across London, awaiting admission. ELFT works very closely with HUH, other Mental Health and Acute Trusts to minimise these delays."

"We would expect the local responsible Trust to admit in the first instance e.g., Tooting or to agree to fund an external/private bed if necessary. If we had available bed capacity, we would offer the responsible Trust the option of spot purchasing an ELFT bed until they can identify a bed locally, Unfortunately, at the present time we are rarely in the position to offer spot purchases to other Trusts."

So, in five year the system has not changed except that the number of patients waiting in ED suffering a mental health crisis has massively increased and there is a massive shortage of beds for patients who are in a mental health crisis.

I also contacted, Sue Graham, Urgent and Emergency Care Programme Director for NHS North East London who wasn't able to provide information about improving access to beds for patients in a mental health crisis who are in NEL EDs, but did describe measures to reduce the use of EDs for urgent mental health care which include:

- London Ambulance Service emergency response cars for each NHS region in London staffed by a Paramedic and a Mental Health Nurse.
- Improving crisis lines and links with 111 referrals to acute mental health services
- Single point of access in London for the s136 detention Places of Safety
- Mental Health Learning Disabilities and Autism collaborative to improve access to therapeutic environment

I was told that NEL is busy moving forward with the mental health crisis pathway transformation. But I have not yet found out who is responsible for this**.**

The ICS 'Delivering the City and Hackney Partnership Strategy: Developing Quality Priorities' does not currently include the appalling plight of patients in a mental health crisis, waiting for over 12 hours in EDs, but I have asked Jenny Singleton to include this unacceptable situation in the Quality Priorities. She has acknowledged this request.

PROPOSED ACTIONS

1) COG and the Board of Homerton Healthcare NHS Trust are asked to acknowledge the gravity of this problem and agree to develop solutions in the short-term.

2) Adequate number of beds must be provided or located to ensure that prolonged waits in ED are stopped.

3) Homerton Hospital should work with ELFT and other partners in the City and Hackney Health and Care Partnership and the NEL ICS to reduce and eventually eliminate these very long waits with the aim of bringing waiting times for patients in a mental health crisis back to no more than four hours for admission.

4) The considerable trauma suffered by patients who wait more than 12 hours to be admitted to a MH ward should be acknowledged and an apology should be given to each of these patients.

5) Arrangement should be made to enable patients who have been through this extended process of waiting for a bed to describe their experience.

RESOLUTION TO COG – 22-9-22

The Council of Governors is concerned about the large number of 12 hour plus waits in the Homerton Emergency Department in recent weeks for patients suffering from a mental health crisis. This is bad for the patients and puts a strain on the ED staff and capacity.

It calls upon the Homerton Healthcare NHS Foundation Trust to work with ELFT and other partners in the City and Hackney Health and Care Partnership and the NEL ICS to reduce and eventually eliminate these very long waits with the aim of bringing waiting times for patients in a mental health crisis back to no more than four hours for admission.

Proposed by Malcolm Alexander
Seconded by Penny Crick

Appendix 1 – On 19th May, Dan Burningham, Head of Service Development for C&H CCG wrote the Healthwatch Hackney:

"Thank you for your letter highlighting concerns about mental health bed management from A&E. Please could we have your permission to share the contents of your letter with East London NHS Foundation Trust?

The Trust provides the Psychiatric Liaison service at the Homerton and has a responsibility for finding psychiatric beds for patients in A&E who need a psychiatric admission.

We are currently engaged in discussions with ELFT about bed management protocols and I would like to refer to your letter."

Permission was given to share the Healthwatch letter with ELFT and we also discussed the situation with Dan Burningham, and he explained there had been another patient from Camden who needed a bed but had remained in Homerton ED for an extended period. Dan said that the pan London agreement – the Compact – had not yet been signed by all London CCGs and Hospital Trusts. He said there was a protocol in ELFT that dealt with this situation which would need reviewing especially in view of the current situation where beds would be provided, but only if other Trusts confirmed that payment would be made. We also discussed the role of the NHS Constitution in guaranteeing primacy for the patient.

Appendix 2 – Discussion with Briony Sloper, then Deputy Head of Quality at the LAS and now leading health and care in the community covid-19 response and recovery cell for the London Region NHSE/I

Briony said she had met with the pan-London group of MH Trusts and told them that a consistent approach needs to be taken in terms of acceptance criteria for MH patients, e.g. “if the person becomes poorly in Lambeth they are taken to a SLaM bed- regardless of whether they are from Barnet or Bournemouth- they can then be transferred later as needed... if you get knocked over in Lambeth you don't sit in ED at Kings until your local can admit you to ICU/orthopaedics”.

Briony added that the MH Trusts do not disagree and that the practice of refusing beds in the location that the person becomes ill, needs to be exposed in terms of what is best for the patient - it is currently not consistent.

This issue has been discussed several times by the pan London group of MH Trusts, but the draft agreement has not yet been signed. It is recognised as an issue and one that must also be agreed before the new pan London s136 pathways are introduced with potentially fewer but more reliably accessible, higher quality and better staffed centres across London. This should enable the patient to be seen where they present, not where they live.

Appendix 3 - All Patients Waiting >4 Hours at the Homerton - Decision to Admit to Admission

2021-2022	Mental Health		
Month	**MH**	**Medical**	**Total**
Apr 21	3	1	4
May 21	7		7
Jun 21	9	4	13
Jul 21	7	4	11
Aug 21	11	1	12
Sep 21	4	9	13
Oct 21	7	8	15
Nov 21	13	21	34
Dec 21	9	37	46
Jan 22	17	9	26
Feb 22	17	9	26
Mar 22	18	11	29
Apr 22	24	17	41
May 22	30	12	42
Jun 22	37	6	43
Jul 22	18	23	41
Aug 22	7	1	8
Grand Total	**238**	**173**	**411**

Malcolm Alexander, Healthwatch Hackney Appointed Homerton Governor

APPENDIX THREE

NHS England proposes new mental health access standards.

22 July 2021

The NHS is set to take another major step towards improving patient access to mental health services with the introduction of five new waiting time guarantees, under plans set out today.

The proposals could ensure that patients requiring urgent care will be seen by community mental health crisis teams within 24 hours of referral, with the most urgent getting help within four hours. Mental health liaison services for those who end up in A&E Departments would also be rolled out to remaining sites across the country.

The NHS is consulting on the new standards, which have been piloted by mental health providers in collaboration with acute NHS trusts and are backed by clinical and patient representatives.

They are part of overall service expansion and improvement for mental health outlined in the NHS Long Term Plan.

NHS Chief Executive Simon Stevens said: "Together with the guarantee that mental health investment will increase each year as a share of the growing NHS budget – as has been the case each year since 2015 – these new waiting times standards are another key milestone in the journey to putting mental health on an equal footing with physical health, so-called 'parity of esteem'."

Claire Murdoch, the NHS's National Mental Health Director, said: "These new standards represent another major step towards parity of esteem, ensuring people who need care know when they can expect to receive it and will support more rapid access to evidence-based treatment and support.

"They will help with work already underway with the NHS turning the tide in mental health for a range of conditions as part of the Long-Term Plan.

"This includes thousands of women benefitting from specialist perinatal mental health care last year and improvements to our children and young people's services meaning more children and young people are accessing treatment than ever before, including timely, evidence-based care for eating disorders."

Mark Winstanley, the Chief Executive of Rethink Mental Illness, said: "These standards act as building blocks on which we can build a potentially first-class model of mental health care and recognise the universal truth that the quicker we can step in to provide high quality treatment, close to home for someone living with mental illness, the more we improve prospects of recovery. While they will depend on the right staff

being in post, they will also set the bar for something similar in social care, where so much of someone's support for their mental illness actually takes place."

Dr Adrian James, President of the Royal College of Psychiatrists, said: "These proposed new standards for community and liaison mental health services are an important step to delivering parity of esteem for mental illness. Access standards can make a real difference for patients by providing a clear set of priorities for services and commissioners.

"Improving care for our patients so they're seen quickly and close to home is key to their recovery. We look forward to engaging with the consultation to ensure that these standards are introduced in the most effective and clinically appropriate way."

Paul Farmer, Chief Executive of Mind, said: "A huge number of people have developed a mental health problem since the start of the pandemic and some groups have been hit particularly hard, including young people, those on low incomes and people from racialised communities, but not got help early on. With increasing numbers of people reaching crisis point, it is critical that they get the right mental health support quickly, which these standards would help to achieve.

"Many thousands of people will be left with long term impacts from this period, whether because of bereavement, unemployment, trauma or the weathering effect of life during lockdown. Knowing that the NHS is committed to timely access to support could make all the difference as we emerge from the pandemic and plan for the future."

Imelda Redmond CBE, national director at Healthwatch England, the patient champion, said: "The COVID-19 Pandemic has seen a significant rise in the number of people struggling with their mental health. The unpredictability of day-to-day life – combined with a personal loss and pain that so many of us have experienced in the past year – has had significant knock-on effects on our wellbeing.

"Good mental health is important to us all, so we need concerted action to address and meet the increased demand for mental health services.

"The proposed standards will help people understand what level of care to expect and will help NHS track progress. Crucially, this will surface the performance of mental health services and give them the same sort of attention as emergency care and elective care backlogs. Ultimately, the true test is whether or not these standards improve experiences for patients.

"We'll be encouraging people to tell NHSE exactly how mental health services work for them to help ensure their voices are heard."

Minister for Mental Health, Nadine Dorries, said: "I am absolutely committed to supporting everyone's mental health and these proposals are a crucial step forwards in ensuring vital treatment can be accessed quickly.

"This work complements our mental health recovery action plan – supported by £500 million – which ensures we offer the right support over the coming year to help people with a variety of mental health conditions. We have also provided £2.3 billion a year – the largest increase in mental health funding in NHS history – to expand and transform services in England, which will help 2 million more people to access mental health services by 2023/24."

The proposed new standards are:

- For an 'urgent' referral to a community based mental health crisis service, a patient should be seen within 24 hours from referral, across all ages.
- For a 'very urgent' referral to a community based mental health crisis service, a patient should be seen within four hours from referral, for all age groups.
- Patients referred from Accident and Emergency should be seen face to face within one hour, by mental health liaison or children and young people's equivalent service.
- Children, young people and their families/carers presenting to community-based mental health services, should start to receive care within four weeks from referral. This may involve immediate advice, support or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment that may take longer and,
- Adults and older adults presenting to community-based mental health services should start to receive help within four weeks from referral. This may involve the start of a therapeutic intervention or a social intervention, or agreement about a patient Care Plan.
- The NHS Long Term Plan, which sees investment in mental health rise by at least £2.3 billion a year in real terms by 2023/24, is delivering real improvements for patients.
- The world-leading programme of talking therapies for adults with common mental illnesses sees more than one million patients per year, with more than half of those finishing treatment recovering, and there are 24/7 liaison services in 80% of general s, up from only 39% in 2016.
- The new standards come on top of existing measures of mental health access which are:
  - 75% of people referred to the Improving Access to Psychology Therapies (IAPT) programme should begin treatment within six weeks of referral and 95% of

people referred to the IAPT programme should begin treatment within 18 weeks of referral; and

- More than 60% of people experiencing a first episode of psychosis will start treatment within a NICE-recommended package of care with a specialist early intervention in psychosis service within two weeks of referral; and

- 95% of children and young people referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case.

Background

Responses can be submitted through the consultation form on the NHS England website or by email to England.reviewofstandards@nhs.net.

The consultation period ran from 21 July to 1 September 2021.

- **Date published**: 22 July, 2021
- **Date last updated**: 21 July, 2021

www.gov.uk/government/news/better-mental-health-support-for-people-in-crisis

Press Release

APPENDIX FOUR

Better mental health support for people in crisis

Patients to benefit from new mental health ambulances and improvements to crisis care backed by £150 million as draft Mental Health Bill moves to next stage.

Department of Health and Social Care, The Rt Hon Gillian Keegan MP, The Rt Hon Sajid Javid MP
Published 27 June 2022

People experiencing a mental health emergency will be able to access more care in the community, such as through crisis houses and safe havens, and those detained under the Mental Health Act will benefit from landmark reforms which provide patients with more control over their care and treatment.

A £150 million investment over the next 3 years will bolster NHS mental health services, better support people in crisis outside of A&E and enhance patient safety in mental health units. These were all recommendations from Professor Sir Simon Wessely's independent review of the Mental Health Act which will now be implemented to improve patient care.

The funding includes £7 million for specialised mental health ambulances across the country to reduce the use of general ambulance callouts for those experiencing a mental health crisis and prevent the inappropriate use of police vehicles as a way to take people to Hospital. This will ease pressure on services, improve response times and outcomes for people in crisis which will help save lives, as well as ensuring patients experiencing a crisis are treated with dignity and respect.

The government has also published its draft Mental Health Bill today setting out wide-ranging reform to the Mental Health Act to ensure greater choice and autonomy for patients in a mental health crisis. They will also aim to tackle the racial disparities in mental health services, better meet the needs of people with a learning disability and autistic people and ensure appropriate care for people with serious mental illness within the criminal justice system.

The draft bill is now subject to pre-legislative scrutiny where a parliamentary select committee will examine the draft in detail before the government publishes a final version.

Health and Social Care Secretary Sajid Javid said:

This is a significant moment in supporting people with serious mental health issues.

We're investing more money to ensure NHS patients have tailored services and support, so people in a mental health emergency get the right care at the right time.

Our reforms to the outdated Mental Health Act are another important milestone in better supporting those with serious mental health issues and giving people greater control over their treatment, particularly those from ethnic minority backgrounds who are disproportionately detained under the act.

Funding will also support local communities to invest in alternatives to admission for people experiencing a mental health crisis, such as 'crisis houses' run by the voluntary sector which will ensure people can access the treatment they need within their community.

Increasing local capacity will reduce avoidable admissions and inappropriate out-of-area placements. This will result in improved patient outcomes as people in crisis will be able to receive specialised treatment in appropriate environments, reducing the risk of readmission to .

Ensuring patients are receiving the appropriate care from the start will help to free up beds, assisting the government's continued mission to bust the COVID-19 backlogs.

Minister for Mental Health Gillian Keegan said:

It's crucial NHS's mental health care and treatment works for people.

I've heard first-hand the anguish of patients and their families when they have been subject to inappropriate care. Bolstering the mental health support available to people in a crisis will ensure patients are at the centre of decisions about their own care if they're detained under the act.

I look forward to receiving the committee's feedback on the draft bill so we can bring the act into the 21st century.

NHS Mental Health Director Claire Murdoch said:

This is a significant and welcome milestone towards the much-needed reform of the Mental Health Act, and I look forward to working with the government on developing a plan for implementing these changes.

The NHS Long Term Plan is expanding and improving mental health services across the country – from specialised mental health ambulances, opening new buildings, and refurbishing older ones – this much needed funding will modernise facilities and most importantly, ensure mental health patients get access to the best and suitable care when they need it.

Reforms to the Mental Health Act will help tackle deep-seated health disparities, ensuring everyone is treated with the dignity and respect they deserve and ending the stigma of mental illness once and for all. This includes the disproportionate number of people from black, Asian and ethnic minority communities detained under the Mental Health Act. Black people are over 4 times more likely to be detained under the act and over 10 times more likely to be subject to a community treatment order.

Work is already underway – improved culturally appropriate advocacy services are being piloted in 4 areas in England so people from ethnic minority backgrounds can be better supported by people who understand their needs and NHS England are developing a Patient and Carer Race Equalities Framework to provide mental health trusts with practical steps to improve the experience of care within mental health services for people from ethnic minority communities.

The reforms will also change the way people with a learning disability and autistic people are treated in law by setting out that neither learning disability or autism should be considered reasons for which someone can be detained for treatment under section 3 of the act. Instead, people with a learning disability or autistic people could only be detained for treatment if a mental health condition is identified by clinicians.

The benefits of reform will also be felt by people with serious mental illness within the criminal justice system. A 28-day time limit will speed up the transfer of prisoners to , ending unnecessary delays and ensuring they get the right treatment at the right time and the outdated practice of using prisons as ‘places of safety’ for defendants with acute mental illness will end. Instead, judges will work with medical professionals to ensure defendants can always be taken directly to a healthcare setting from court.

Prisons Minister, Victoria Atkins, said:

It is essential that those in the criminal justice system get the right mental health support, so we can keep them and the public safe while also cutting crime.

The new Mental Health Bill will speed up access to treatment, enshrine important protections for vulnerable people and ensure prisons are not used as an alternative to treatment.

Reforms will also take steps to ensure parity between mental health and physical health services. The government is already investing over £400 million to eradicate dormitories in mental health facilities as part of its response to Sir Simon’s recommendations so people admitted to can receive care in a modern and genuinely therapeutic environment.

More widely, the government is expanding and transforming mental health services to meet rising demand by investing an additional £2.3 billion a year to expand and transform services in England, which will help 2 million more people to access Mental Health Services by 2023 and 2024.