

CNWL Westminster Borough OSC Briefing: Working with the Police

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Background:

In January 2015 CNWL implemented an organisational restructure from service lines into three divisions with borough or service line structures underneath. A Westminster borough structure was established for adult and older adult mental health services (where other services such as CAMHS, Forensics, Addictions, Inpatient Rehab and IAPT remained in service lines in other divisions).

There was much strategic, Trustwide and local partnership working with the police already underway across all services prior to this change and the new borough structure has sought to maintain, build upon and develop further these existing arrangements. Locally, there have been historical (special measure arrangements for the Gordon Hospital in March 2008- February 2009) and more recent events (changes to police station provision in the borough, CQC inspection in February 2015) which form the foundation for on-going and close working relationships between our integrated mental health services and the police.

Trust wide Partnership Working:

Community Services Redesign Programme:

There has been much discussion as to how CNWL can deliver the expectations of the Mental Health Crisis Concordat which sets out an agreement between agencies of how they will respond and work together better to make sure that people get access to the help that they need when in a crisis. The Trustwide programme of redesign to community mental health services is resulting in the development of a Trustwide Single Point of Access (SPA) for all referrers. Work on implementation has included discussions with senior Police and LAS (London Ambulance Service) colleagues to explore how a dedicated telephone line could be set up for them to the SPA team to access information that may inform how they respond when they are called to someone experiencing a mental health crisis (with the intention of avoiding A&E or detention via the section 136 process). New investment from the CCGs will see the development of a rapid response team (RRT) function to the Home Treatment Team enabling a 24 hour response to all emergency (within 4 hours) and urgent (within 24 hours) referrals.

The development of an in-hours centralised AMHP service in Westminster is envisaged to improve the coordination of mental health act assessments in the borough and the pathway with the out-of-hours EDT service. There is an expectation that the RRT function will operationally develop close working relationship with both AMHP teams to support the response and management of people presenting to services in a crisis.

Pan London Mental Health Partnership Arrangements:

Central and North West London NHS Foundation Trust is part of a Pan London Mental Health Partnership Board that is working to provide a consistent and collaborative

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approach to partnership working between the three London police forces, London Ambulance Service (LAS) and the nine Mental Health Trusts across London. The Board and its working group has now incorporated the Government's Crisis Care Concordat which was launched on 18 February 2014 setting out expectations on agencies to ensure the quality of response in crisis situations when people with mental health problems urgently need help. Through its work, the Board plans to improve the patient experience by:

1. **Reviewing Places of safety** - The Trust review in February 2015 found sufficient 'Places of Safety' S136 suites across the Trust which can be easily accessed and have sufficient rooms to meet the local need most of the time, noting that this will fluctuate. S136 suites now have dedicated staff to ensure that a high standard of care can be provided by healthcare staff, without reliance on police support to safely assess and care for acutely disturbed individuals.
2. **Examining data on S136** -The data used is that collected by the Trust's Mental Health Act Team in partnership with the borough's Approved Mental Health Professional (AMHP) Service. There has been a 30% increase in the number of S136 patients detained this year when compared with the same period last year. The data also looks at response times for AMHP and Section 12 doctors. The Trust has introduced a S12 rota from 9am-5pm from Monday to Friday and this has greatly improved response times. There are still concerns about access to AMHP availability after 5pm.
3. **The management of absconding patients from inpatients services** - This is essentially a partnership function between the police and the Trust. There is an action plan to reduce the number of people that abscond which is beginning to see the numbers reduce. Actions have included review of inpatient ward layout with introduction of swipe care entry and greater usage of CCTV facilities in some areas. There has also been a review of risk assessment and management plans and use of S17 leave under the Mental Health Act.
4. **Conveyance of Patients** - The majority of S136 patients are still transported in a police vehicle rather than in an ambulance. The long term aim (although challenging to achieve) is that the London Ambulance Service would convey all S136 cases. There is Task and Finish group reporting into the London Mental Health Board and this is addressing this issue.
5. **Escalation Process** - When the police are called inappropriately to an incident involving the Trust there is an 'escalation process' to ensure appropriate action.
6. **24 hour helpline** - The Trust's 24-hour telephone line for professionals is enabling professional's access information to make informed decisions. This is been used by the police and feedback suggests that it is giving them vital extra information about a person.
7. **The use of S135 (1) warrants** - The principal purpose of a S135 warrant is to overcome a refusal to enter someone's property. The numbers of warrants have increased due to concerns police officers have for the legal basis for their attendance at assessments. The London AMHP Network has identified a Lead who is chairing a Task and Finish group reporting into the Pan London Board and this is addressing AMHP issues with the Police and Magistrates.

8. **Working to never use a police cell as a Place of Safety-** The number of people on S136 in London was over 6,000 in 2013 and only about 87 of these were held in custody. In 2014, 19 people were held in custody and none of these patients were from the Trust. This is felt to be very good especially when compared with figures elsewhere in the country.

There is no doubt with greater focus on partnerships, the role of this partnership in supporting people experiencing mental health crisis and their families/carers has never been more important. Forging a working partnership for when things are going well and learning together when things have gone wrong has never been more crucial.

Trustwide AWOL/ Absconson Programme:

Whilst the AWOL Policy and Board oversight of AWOL issues has clearly been in place for many years, a review of arrangements to support a reduction in the number of patients who go (AWOL from acute in-patient units was completed after the serious incident at the Gordon and subsequent CQC inspection. A report and its recommendations were agreed at the Operations Board in April 2015. The report clarified that AWOLs of detained patients include both those who abscond from the ward and those on Section 17 Leave who fail to return.

A target to reduce absconson of detained patients from Wards by 50% by 1 April 2016 has been agreed. Progress is being monitored by Divisional Governance Teams, as well as at the weekly Bed Management Meetings. Implementation of the actions has been overseen by the CQC group which meets weekly. Board oversight is undertaken by the Quality and Performance Committee.

The Trust is also reducing the cohort of patients who fail to return from leave in a project with the Thames Valley Academic Health Science Network (AHSN). The project employs an evidence-based methodology from the Institute of Healthcare Improvement to test a range of interventions.

In addition to this, work is on-going with inpatient staff to ensure that where a risk of absconson for a patient is identified that the risk management plan is reflected in the patient's care plan. Monitoring is via local Quality Governance Groups and Team Meetings. Care plans are regularly audited by Ward Managers and Clinical Team Leaders. Therapeutic engagement between service users and staff is being emphasised as part of the Observation and Engagement training as well as at ward level to improve relational security. Assurance of the effectiveness these actions are via peer reviews and learning walks that are planned in each Division.

Westminster Borough Partnership Working:

Borough Partnership Arrangements:

Collectively senior members from key mental health partner organisations (CNWL, Central London CCG, WCC, the Metropolitan Police, Healthwatch, Joint Commissioning) have been coming together since June 2015 to look at how we are working together across the system locally; holding influencing wider strategic direction to meet local n The meetings are held quarterly with plans currently to expand out to include Kensington & Chelsea and West London CCG colleagues given the interdependencies for many services across the

two boroughs. The draft work plan has been agreed against the following topics with key priorities identified:

Prevention Priorities: *IAPT, public health prevention, addressing complex needs in housing support, GP education)*

Access to routine care *(Priorities: linking social care in to the MHA, access to IAPT, deep dive of patient pathway and provision available)*

Access to crisis care support *(Priorities: Single Point of Access (SPA) implementation, carers support, services directory, Joint Strategic Needs Assessment (JSNA), crisis houses, ensuring SPA is compliant with Care Act 2015, availability of AMHPs for timely MHA assessments)*

Emergency and urgent access to crisis care *(Priorities: Understanding bed pressures)*

Quality and treatment in crisis care *(Priorities: Coordinated response to SPA)*

Recovery and staying well *(Priorities: Carers support, Personalisation, JSNA)*

At the last meeting in June members were asked to vote on the key priority project area for the year with the majority votes cast for carers support.

Westminster Borough Police Liaison Meeting:

This meeting is held bi-monthly and chaired by the Westminster Social Care and AMHP Lead. It is attended by representatives from the Metropolitan Police, British Transport Police, Fixated Threats Team, St Mary's Liaison Psychiatry team, AMHPs in the borough and colleagues from inpatient and community mental health services. The meeting strengthens partnership working and is a forum for monitoring how we work together with the Police. This meeting allows us to look at s136 activity over the preceding two month period in line with requirements under the Code of Practice to the Mental Health Act 1983.

Community Services:

The local MARAC (Multi Agency Risk Assessment Conference) meetings are attended by one of our Community Recovery Team Managers who acts as a link between mental health and the MARAC. Similarly the Team Manager of our community forensic service (Focus) represents the borough at the local MAPPAs (Multi Agency Public Protection Arrangements). We have worked with our Police Liaison Officer to be clear about how to request Police input into safeguarding strategy meetings when appropriate.

AMHPs (Approved Mental Health Practitioners) will apply to our Magistrate Courts for s135 warrants when following a risk assessment it is deemed necessary to request that Police attend with the AMHP and assessing doctors.

We have a dedicated AMHP who is part of the Westminster Magistrates Court Diversion service working in partnership with the court, probation and nurses and psychiatrists from West London NHS Trust. This service ensures that where appropriate people with mental health problems are diverted from custody into psychiatric hospital for assessment and treatment.

All the police custody suites in Westminster have a police liaison psychiatric nurse attached to them which again allows for the identification of people detained in custody who are mentally unwell and where it is felt that an assessment under the Mental Health Act is required.

Acute/Inpatient Services:

The acute and in patient Service for Westminster have been working proactively with the police and have met several times with representative of Westminster Metropolitan and British Transport Police Services and with the Fixed Threat Assessment Centre (FTAC).

The focus of the work has been to improve:

1. Improved Section 135/136 assessment Suite - Mental Health Act 1983 / 2005 (<http://www.legislation.gov.uk/ukpga/1983/20/contents>)

CNWL identified that the Place of Safety for people requiring assessment under Sections 135 and 136 did not meet the requirement under the Code of Practice for the Act (<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>) or the Recommended Guidance from The Royal College of Psychiatry (https://www.rcpsych.ac.uk/pdf/PS02_2013.pdf), The Care Quality Commission (CQC) (http://www.cqc.org.uk/sites/default/files/20141021%20CQC_SaferPlace_2014_07_FINAL%20for%20WEB.pdf) also highlight this as an area for improvement in their report to CNWL this year.

CNWL had already identified this on the annual estates work programme and had allocated capital funds to improve the suite. The local Gordon Hospital Management Team and estates colleagues worked with representatives from The Metropolitan Police and British Transport Police on the design plans to ensure the space created would work for both the CNWL and police services.

The refurbished suite now conforms to the recommendations of the Code of Practice and the Royal College of Psychiatry guidance. This includes a separate entrance into the suite (from Vincent Square), one of the two assessment rooms having an en suite toilet for people who require assistance, CCTV cover, two doors into each assessment room and an improved waiting area for friend and relatives.

2. Reduction of patients who are Absent Without Leave (AWOL) from the Hospital

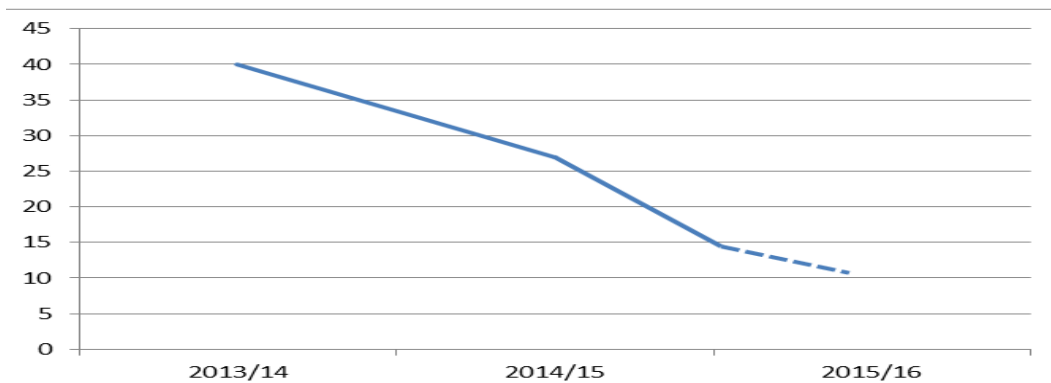
An AWOL, for the purposes of this paper is defined as people, detained under the Mental Health Act, who do not have authority to be outside the hospital grounds from their Responsible Clinician i.e. the provisions of Section 17 leave.

The Gordon Hospital Management Team has worked with the local Metropolitan Police, the Mental Health Lead Sergeant for Westminster and local Sergeant in Belgravia to consider the environment of the hospital in response to AWOL's. The work included so far has been the removal of push buttons for main doors to the ward; increased strength of locks, replacement of break glass fire points with turn key points (these opened doors that exited the ward and were abused by some patients), increased staffing and installation of internal doors to improve security.

The work done so far has shown a significant decline in the number of AWOL's as demonstrated in table 1 (below). Extrapolation of the data for 2015/16 indicates that the Gordon Hospital is on target to reduce the number of incidents within the year, to 15 as illustrated in the graph 1 below:

Locations in the Gordon Hospital where AWOLs can occur	2013/14	2014/15	April – August 2015/16
136 Suite	8	1	1
Ebury Ward	8	4	1
Gerrard Ward	12	10	2
Vincent Ward	12	12	2
Total	40	27	6

Table 1: AWOLs from the Gordon Hospital Wards 2013/14 to August 2015



Graph 1: Line Graph of AWOLs from the Gordon Ward and Trajectory for 2015/16

3. Reduce the reported crimes from The Gordon Hospital

The meetings with Belgravia Police Station early this year highlighted that The Gordon Hospital generated a high numbers of call that the police had to attend. Working with the police and CNWL Health and Safety Team the Gordon Hospital Management Team have used existing patient forums and staff meetings to manage incidents that had previously been reported to the police. Through this work and regular bi-monthly meetings with the local Sargent, The Gordon Hospital is reported to have significantly reduced its call levels to the Police. In June 2015 the local Sargent informed The Gordon that there was a significant reduction in activity. He went on to conclude:

“This is an outstanding result for the month. What pleases me most is the complete absence of MOPAC 7 crimes (Violence with injury, robbery, theft from person, criminal damage, burglary, theft of motor vehicle and theft from motor vehicle) I’m particularly impressed by the massive reduction in violent crime. Please accept and pass on my thanks and congratulations to your team.”

Further meeting has confirmed that the level is activity has significantly reduced with the Sargent reporting the Police are attending calls two to three times a week down from at least daily.

4. Develop closer working relationships

In line with good practice The Gordon Hospital Management Team now meets bi-monthly with the local Metropolitan Police service for Westminster. This meeting is in addition to the bi-monthly Westminster Borough Police Liaison Meeting and is a forum to discuss specific issues for The Gordon Hospital. The meetings have been successful in identifying areas that require joint working and have been used to focus on strategies for managing the environment in the Hospital to reduce AWOLs and reduce crime reports.

There are now clear lines of communications outside set meeting times and frequent ad hoc discussions in response to specific incidents that may raise concerns.

In addition to the work with the Metropolitan Police the service has also met with the Fixated Threat Assessment Centre (FTAC) as they have regular contact with the service. The teams have now agreed to have regular meetings with the nursing representatives of FTAC with the Matrons in The Gordon Hospital. This is in the planning stage and there is also a possibility for joint training / support.

5. Joint Training

As part of the work done to improve services in The Gordon Hospital all senior nursing staff at this site completed training in June 2015 in the management of Section 135/136 Suite. This included a training session with the Metropolitan Police service as well as an opportunity for CNWL staff to shadow the police service. As previously mentioned the CNWL service are currently working to identify work/ training that can be developed with FTAC.

6. Improve escalation procedures for areas of concern to senior staff for both Police and CNWL staff

The police and CNWL now have agreed escalation procedures within normal working hours and outside this time. This was identified as a weakness in the system by the police. In hours any issues are escalated to the Acute Service Manager and local Inspector out of hours it is done through CNWL's on call system for Senior Nurses / Managers. This system will support resolution of blockages in system and dispute throughout the full day.