

**Dorset HealthCare NHS Foundation Trust  
PAPER FOR DORSET HEALTH SCRUTINY COMMITTEE**

**PURPOSE OF THE PAPER**

This paper will outline the response and progress made by Dorset HealthCare (DHC) and Dorset County Council (DCC) following the announced CQC Admission and Assessment visit to provider services on 12 and 13 December 2013

**RECOMMENDATIONS**

The Committee is requested to note the response and progress made following the visit.

**AUTHORS AND CONTACT DETAILS**

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**1. INTRODUCTION**

- 1.1. On 12 and 13 December 2013 the CQC undertook an announced Assessment and Admission visit to the Trust and DCC during which they highlighted a number of issues. The review was carried out by talking to staff from DHC and DCC and other agencies, as well as talking with local carer and user groups such as the Hughes Unit Group and the Dorset Mental Health Forum. Policies and procedures were also examined as well as minutes of meetings and other key documents.
- 1.2. On receipt of the CQC report, DHC and DCC made a joint response by submitting the required Provider Action Statement in which are described 9 actions (please see Appendix 2 for details). The concerns and actions being taken to address these are summarised within section 2 of this report. The response to the CQC was submitted at the end of January 2014.

- 1.4. In addition to the submission of the Provider Action Statement; on 28 January 2014 the Trust wrote to the CQC to highlight some factual inaccuracies within the report. This included for example, inaccurate references to a number of West Dorset patients being admitted to out of county placements due to shortages of beds within the DCC area. (Please see Appendix 3 for a copy of this letter).
- 1.5 The Trust has not received an amended report following the submission of correspondence regarding the inaccuracies and therefore the original report is included at Appendix 4.

## **2. ACTION TO ADDRESS CONCERNS RAISED**

- 2.1. This section of the report summarises issues raised by the CQC and the Trust and DCC response to these. More detailed information can be found in the Provider Action Statement (Appendix 2).
- 2.2. The CQC required the Trust to demonstrate that alternatives to hospital admission are considered prior to admission and that decisions made about crisis services do not disadvantage people living in rural areas. Plans are in place to improve links between Community Mental Health Teams (CMHTs) and Crisis Teams. The Crisis Team will also have a regular attendance at the Dorset County Council Approved Mental Health Professional (AMHP) county meeting commencing from June. AMHPs and CMHT staff have been reminded of the Crisis and Home Treatment service provision and the role of the Recovery House in providing an alternative to admissions and treatment at home. The model for the Crisis Team in the West of the county is in line with the service commissioned by the Clinical Commissioning Group (CCG). The Trust has also arranged an independent review of the Crisis Teams which includes in its terms of reference specific consideration of rurality. The final report is expected shortly. The Trust has informed the CCG of the comments made by the CQC within the report and has asked them to take them into consideration when they carry out their service review.
- 2.3. Significant concerns were expressed regarding the AMHP service. These concerns relate to the numbers of AMHPs, the support and supervision of AMHPs, and the safety and sustainability of the AMHP service. Concerns were also raised regarding unlawful detentions under the Mental Health Act and access to legal advice for AMHPs.
- 2.4 It is important to note there were only 2 unlawful detentions related to the DCC area and this was because of a failure to fully complete the necessary documents in each respective case. A further concern expressed by the CQC relates to the remuneration of Dorset AMHPs, particularly when compared to their counterparts in Bournemouth and Poole. All AMHP concerns are/have been addressed as set out in the attached AMHP Improvement Plan (Appendix 5). Also attached for information and background context is the letter to the CQC dated 27<sup>th</sup> February from the Director for Adult and

Community Services in response to the CQC Monitoring Visit and Report (Appendix 6) and the CQC letter dated 23 December 2013 to the Director for Adult and Community Services (Appendix 7). This letter gives a detailed explanation about the number of DCC AMHPs and assurance about the safety and sustainability of the AMHP service.

- 2.5 Emerging evidence from the AMHP Hub confirms that as at 29 April there had been 69 requests for AMHP assessments since the Pilot commenced and 53% of these were dealt with by the Hub AMHPs, thereby diverting this amount of urgent work away from the community based AMHPs. Almost all of the assessments carried out by the Hub AMHPs are emergency assessments which tend to be more complex and take more time. AMHPs located in community teams continue to complete planned assessments, mainly for individuals who are known to them. Initial feedback from key partners such as Psychiatrists, CMHTs, the DCC Adult Access Team and the pan Dorset Out of Hours Service is very positive about the impact of the Hub.
- 2.6. The CQC reported concerns expressed to them regarding the impact of bed closures in West Dorset along with implications for bed availability for the provision of care closer to home. It is important to note that patients placed out of area in the preceding months were predominately from the East of the county as highlighted in the letter to the CQC dated 28 January 2014. The Trust closely monitors all out of area placements and can confirm that significant improvements have been made to ensure that admissions can be accommodated locally as far as possible. At the time of writing this report there are only three Trust placements out of area. Of these, two related to female Psychiatric Intensive Care, which is not provided locally, and are expected to be short out of area admissions and the other will be transferring to a local bed as soon as possible with an enhanced package of care. Concerns were also reported regarding the provision of day care and clarity was provided by the Trust regarding this, along with the 7 day a week service in operation within West Dorset from January 2014, although uptake has been low.
- 2.7. The CQC noted that there is no longer a Section 136 suite (place of safety) at Forston Clinic and that patients and staff reported lengthy travelling times to the designated place of safety at St Ann's Hospital. The Trust continues to monitor the most appropriate location for the designated place of safety. This will ensure that it is provided in the location where there are sufficient numbers of staff to respond in an efficient and effective manner and where it is safe to do so for the patient. A recent national CQC survey of Section 136 suites highlighted that in some areas the service was restricted in terms of age and access; there are no restrictions in place in respect of the Dorset service. It is also important to note that a 'Street Triage' is being introduced which will provide front line assessment, without the need for the application of Section 136 and removal to a place of safety. In other areas where this has been introduced up to a 25% reduction in Section 136 applications has been seen.

- 2.8. Concerns were raised regarding AMHP response times for Mental Health Act (MHA) assessments, the availability of Section 12 Doctors and the responsibility for locating a bed. The introduction of the AMHP Hub, as has previously been outlined to the Committee, is now in place and the pilot will be evaluated. Each CMHT has a system in place to facilitate the availability of a section 12 Doctor for urgent MHA assessments. Although the ideal would be for a Consultant with prior knowledge of the patient to be involved, this cannot always happen for emergency MHA assessments, as Consultants have other clinical commitments such as outpatient clinics. In the case of planned MHA assessments, arrangements are made to involve doctors with previous knowledge. AMHPs always seek to involve the GP and will speak with the Consultant or another senior doctor who has been involved in the persons' treatment previously. The Trust has reminded Doctors of the relevant section of the code of practice via the Medical Advisory Committee. AMHPs will continue to feedback issues to the AMHP lead, who can bring specific examples to the Multi Agency Group meeting should the issues highlighted within the inspection continue. As outlined previously in the report the availability of local beds to accommodate admissions has been significantly improved since last summer.
- 2.9. The housing needs of patients on discharge from hospital was highlighted by the CQC as an issue requiring greater emphasis. The Local Authority is continuing to work with partner agencies to implement the Mental Health Housing and Support Strategy for Dorset. This aims to address the need for specialist high support, medium support and floating support options for people leaving hospital. In addition, the strategy is seeking to develop alternative ways of offering people housing and support, such as increasing the use of schemes such as Shared Lives for people with dementia. Progress reports are presented to the DCC/DHC Mental Health Joint Operational Board (MH JOB).
- 2.10. Finally, as part of the inspection the CQC heard that a patient (referred to as patient A) had been initially detained at Pebble Lodge but transferred out of area to a specialist adolescent unit. The CQC heard that this had meant the patient's relatives had difficulty in visiting the patient. Concern was also expressed to the CQC regarding the availability of Independent Mental Health Advocates (IMHAs) and consultation with the patient's relatives about the transfer. DHC responded to the CQC directly via email on 19 December 2013 regarding this matter. Arrangements were made with the patient's family to pay mileage twice weekly to facilitate visiting. In addition the Head of Specialist Services for Dorset Adult Social Services agreed with the Head of DCC Children's Services to set up a meeting involving the patient's relatives, a representative from the CCG and a representative from Dorset Mental Health Forum to look at the IMCA issue.
- 2.10. Additional improvements have been made following the inspection. These include:

- Setting up an additional Multi Agency Strategic Management Group to improve joint working. This strategic group will be responsible for the agreement of multi-agency mental health policies and guidance, and ensuring implementation within respective agencies.
- The implementation of day care in West of the county, 7 days a week.
- Improved bed management and reduction in out of area placements.
- Increase staffing through filling vacancies in Crisis Team in the West of the County.
- Access to RIO (the electronic patient record system) for the AMHP hub.
- The promotion of joint working with Crisis Team and the AMHP hub being co-located at Forston Clinic.

### **3. ONGOING ASSURANCE**

- 3.1. The Trust and DCC are monitoring progress within the action plan and this is reported regularly to both DCC and DHC to ensure that improvements are being made.

### **4. RECOMMENDATIONS**

- 4.1 The Committee is asked to note this report.

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