



Out of hours mental health services in Coventry

Recommendations for mental health Commissioners

July 2010

Your views on Your care

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1 Introduction

Coventry Local Involvement Network or LINK is one of 151 LINKs in England set up by the government through the Local Government and Public Involvement in Health Act 2007. The role of a LINK is to enable local people to have greater influence on how local NHS and adult social care services are delivered and commissioned. Coventry LINK is an independent network of local people and local voluntary and community groups.

2 The issues

Investigating out of hours mental health support services was one of 6 work streams identified for Coventry LINK's first full work programme for 2009-10. The focus of the work was to look at the availability of information about out of hours services and to think from the perspective of people who may not have used services before.

Between February and July 2009 Coventry LINK carried out 6 months of community outreach and events to gather feedback about local health and social care services. From this work we received feedback from service users about out of hours mental health services including telephone support.

This was further supported by information obtained from support groups working closely with users of this service in the autumn of 2009.

Concerns were raised by service users with regards to the Crisis Resolution/Home Treatment Team. Some of these included:

- Access to the service - calls going to voicemail
- Staff answering calls whilst with other clients
- Inappropriate advice

Concerns were also raised about the 24 hour mental health helpline and about the information provided about the different kinds of services available.

3 Questions asked and information gathered

This LINK investigation was carried out by members of the Coventry LINK Mental Health Services Working Group, which is made up of volunteers supported by one of the LINK's project officers.

The LINK was supported in carrying out their investigation by the health care professionals involved with service delivery and the Mental Health Commissioners at NHS Coventry. The LINK would like to thank the service managers and commissioners who helped with this work.

A mapping exercise was undertaken to establish the mental health support and crisis services available to Coventry residents.

A meeting took place in December 2009 with Simon Peat of Coventry PCT. This was to understand, from a commissioning perspective, the services available. It highlighted the importance of two services in particular; Improving Access to Psychological Therapies (IAPT) and The Crisis Resolution Home Treatment Team (CR/HTT).

As a follow on from this the LINK met with Coventry Mind, (Coventry Mind oversee the IAPT programme in Coventry) to develop an understanding of the new service, how it would work and what it would mean for local people.

Meetings took place with Maria Smyth who is the team leader for CR/HTT in February and March 2010. The initial meeting was for LINK to establish a greater understanding of the roles and responsibilities of the CR/HTT.

Information was obtained on how the team worked, in particular how the service operated after 5 pm and at weekends and bank holidays. The LINK also needed information on who the team were able to help. How and why people may call for their assistance and how people are signposted to this service.

A follow up meeting was arranged to address some further points: What calls were the team receiving out of their remit and what support was in place for staff. The LINK needed this further information to support their work.

The working group requested and reviewed the Service Specification for the CR/HTT as held by the Strategic Commissioning Lead at NHS Coventry.

After the first draft of this document (Coventry LINK, Out of Hours Mental Health) was completed it was submitted to staff at the Coventry and Warwickshire Partnership Trust and Commissioners at NHS Coventry. A formal written response was received from NHS Coventry and a meeting was held between members of the Mental Health Working Group; LINK staff; the lead commissioner, service provider and service manager to discuss the recommendations and resulting actions. Details of the responses to LINK's recommendations are included at the end of this report.

The LINK would like to thank all of the professionals involved and looks forward to a good working relationship in the future; together we believe we can make services better for everyone.

4 Service delivery: findings

4.1 Outline of services

The working group identified four key services which have a bearing on each other.

- There is a Mental Health 24 hour helpline based out of Coventry. It is contracted by the Coventry and Warwickshire NHS Partnership Trust to deliver support, advice and signposting. The helpline is for anyone known or not known to mental health services and their carers if they are experiencing emotional distress.
- The Samaritans provide an on demand service at any time of day or night. In addition to these telephone services, the Samaritans also operate a referrals scheme in partnership with the Coventry and Warwickshire Partnership Trust. Under this scheme they provide emotional support to patients who are referred by staff from the Mental Health Liaison Service, Crisis Teams and the Community Mental Health Teams. This generally involves making daily telephone contact with patients for an agreed period to enable them to share their concerns.
- The Crisis Resolution/Home Treatment Team (CR/HTT Team) operate a 24 hour service for people experiencing acute mental health problems; this service offers more extensive assistance for 16-65 year olds, including home visits and pharmacological support. Intervention is provided as an alternative to hospitalisation in inpatient mental health facilities.
- Improving Access to Psychological Therapies (IAPT) is an advice, information and therapy service. It is a service for people in Coventry and Warwickshire who are feeling stressed, anxious, low in mood or depressed. This service it to act as the initial one stop shop for people experiencing any of the above and should be used by all GPs and other Health Professionals to ensure clients, both in and out of 'the system' of mental health are all being signposted to the appropriate service. (Please note that this service is new to Coventry and is not operating on a 24 hr basis).

The LINK discovered that it was the Crisis Resolution/ Home Treatment Team (CR/HTT), provided by Coventry and Warwickshire Partnership Trust, which has a key role in providing out of hours support as it is the provider of a crisis service involving home visits and treatment. This service was also the one which the LINK had received most feedback on from service users about how effectively the service was working in Coventry. Therefore the LINK focused on investigating the work of this team and how it was meeting service users' needs.

4.2 Access to CR/HTT services

The purpose of the CR/HTT is to deliver a 24 hour service seven days a week to deal with existing clients and new referrals. Their phone number is given to clients with whom the Team has existing contact. However, referrals can also be made to the team via GPs, the Police, Accident and Emergency (A&E), IAPT service, NHS Direct, The Mental Health Helpline and the Samaritans.

Between the hours of 9 am – 5 pm the referrals to the team can be made by the Community Mental Health Team (CMHT). GPs make their referrals to a City wide duty desk (manned by the CMHT) which will then signpost to the relevant service. They may refer to the Crisis Team/IAPT/ voluntary sector support services or the Partnership Trust. Primarily the Crisis phone line out of hours should be used by service users as an alternative to hospitalisation. The line is for existing clients of the team and clients can also often be redirected from their Community Psychiatric Nurses.

All referrals will be telephone triaged initially (if the call is made between 9am and 7pm). If after this triage it is felt that an assessment via the CR/HT is required then a face to face assessment will be undertaken at a location mutually agreeable to the team and the service user/significant other.

After 5 pm and at the weekends, the staffing levels decrease. (Two members of staff are on shift at these times). Therefore the LINK has concerns over the access to the service and also about the consistency of support on a 24 hour basis. There may also be an underlying issue of lack of capacity in this service to deal with the work which it is contracted for.

Our consultation with service users has indicated that people with mental health problems are likely to experience heightened vulnerability in the evening. This is particularly problematic as many other services whose role is to support individuals, cease to operate outside of office hours.

The LINK also received information that calls were often answered whilst the team was providing support in another client's home. However, it must be considered that the alternative would leave calls unanswered because in the evening the staffing levels are lower so no duty desk acts as a buffer system for calls made to the team. If the professionals didn't answer calls whilst with another client the calls would go unanswered.

4.3 Review of the service specification for the CR/HTT

The Mental Health Working Group looked in detail at the service specification for the CR/HTT services. LINK is concerned that there is a mismatch between elements of the specification and the reality of service delivery (based on the information received by LINK at the meetings with CR/HTT).

The service specification states that:

‘The CR/HTT service provides a 24 hr, 7 day a week service to people experiencing an acute psychiatric crisis, who require urgent assistance.’

The LINK received feedback from service users indicating that after 5 pm the support and advice given was not as good as that received in the day time. The CR/HTT works with less staff at these times and the LINK is concerned that this has an impact on the support offered. For example, calls being taken when with other clients.

In the quality assured section of the specification some of the information needs to be updated. It mentions using PPI Forum reports to aid the service. PPI Forums have ceased to be in existence since 2007.

The CR/HTT told the LINK that they often get calls out of their remit. These are from users of older peoples’, younger people’s and drug and alcohol services. The team are not equipped or trained professionally to deal with these client groups. The service specification is unclear about the role the staff team have in supporting clients with substance misuse issues. However it seems that out of hours there is no other service provision for this client group, so calls will be directed to the team.

With regards to older peoples’ services the specification makes no reference to the team providing support for over 65’s, other than that there is a duty to clients who have been known to the team prior to this age. The telephone lines for these services are understood to be transferred to the CR/HTT at night.

5. Our conclusions

5.1 Remit of CR/HTT service

The LINK has identified that the CR/HTT service seems to be taking calls from service users out of its remit (as detailed in the services specification) after 5pm and that parts of the service specification do not provide clarity about its remit.

5.2 Staffing levels

The different staffing levels between day and out of hours may prevent the service from operating the same continued level of care and support on a 24 hour basis.

5.3 Understanding of the aims of the CR/HTT service (who is the service for?)

The LINK believes that a lot of the confusion about the service offered by CR/HTT comes from the use of the term 'crisis'. It is open to personal interpretation, particularly when dealing with vulnerable clients.

This confusion has also been perpetuated by the leaflets which have been distributed. The original leaflet was designed to be given out by the staff team. However these were mistakenly distributed to all GPs in the city when the CR/HTT service began and these have not been recalled.

The information in the CR/HTT service leaflet was not sufficiently detailed to be of use to GP's and individuals.

There is no mention of the full name of the service or that it was a mental health service. As a consequence the leaflet and information about the CR/HTT was inadequately introduced to local GPs.

The leaflets have not been redesigned since production some eight years ago. The LINK would like to see the PCT working with service providers and health professionals to make sure that information about services in mental health in Coventry are fully understood. More work should be done to understand why the CR/HTT are receiving calls out of their remit and not in accordance with their service specification. Service Users need to be made aware of the other support mechanisms available and how to contact these services.

The Team was not aware of any other work undertaken to educate the Health Professionals in the role of CR/HTT.

The LINK is concerned about the repercussions of this for the service and service users.

5.4 Some of the advice given

The LINK received feedback from service users regarding some of the advice administered by the CR/HTT. The LINK is unable to comment on the advice given by the health care professionals but believes that if services users were adequately informed about the role and remit of the team there would be less scope for the service users feeling unsupported and ill advised.

It seems that the adequacy of the advice given has been a matter of concern for clients, largely as a consequence of the misunderstandings surrounding the service.

Such misunderstandings could be addressed by providing clearer information to service users and by developing a better description of the service and what it can provide

5.5 Quality monitoring of the service

Complaints about the service are dealt with internally, and information about the complaints procedure is not publicised on service literature. The LINK has concerns about the quality monitoring of this service and feels that appropriate procedures would enable professionals to better evaluate and monitor their work.

Complaints are dealt with using the 'Coventry and Warwickshire Partnership Trust Complaints Procedure'. CWPT aims to deal with and resolve all complaints at an informal level where possible.

5.6 Coventry IAPT

Coventry LINK met with the lead for IAPT in Coventry. As this service is crucial in effective signposting for people in need of support it is essential that all health care professionals are aware of how it works and what it can do. However recently Coventry Mind (oversees IAPT in Coventry), put on an event to educate GPs in Coventry on the new service. Only 6 attended. This was disappointing attendance and more work needs to be undertaken to promote IAPT to GPs, NHS Coventry should lead on this as part of their quality management role in primary care.

6 Recommendations

From our investigation of current service delivery the LINK has identified specific recommendations for the future commissioning of services:

- i. **Better 24 hour care:** The PCT should ensure the CR/HTT team is well equipped to deliver the same standard of care on a 24 hour basis. A review of staffing levels and a consideration of the reallocation of services resources should take place. People are more likely to need support out of normal working hours (which only make up a 1/3 of a week). Increased staffing levels would ensure that clients would not get an answer phone message and also not have to speak to staff when on a visit to another client's home. If this is not possible then the same standard of care cannot be delivered on a 24 hour basis and the service must make changes to their service specification accordingly.

If CR/HTT staff are unable to deal with all clients contacting the service because of demand or the specific needs of clients, consideration must be given to the extra provision for all out of hours support for clients experiencing mental health problems, including provision for older and younger people and substance misuse service users out of hours.

- ii. **Better information:** much clearer information must be given to existing users and the public about all out of hours mental health services. There also needs

to be clearer information about the Crisis Team, what it is, who it is for and what to expect, as well as details of how to raise an issue/complaint.

- iii. **Better information:** there must also be much clearer information provided about CR/HTT to other health care professionals on the role and remit of the team and information should be targeted at GPs. Staff involved with inpatient facilities also need to be providing appropriate information about this and other services.
- iv. **Better information:** the original CR/HTT leaflets and information distributed to GP surgeries should be recalled.
- v. **Better information:** the use of the term 'crisis' in CR/HTT should be reviewed and literature amended accordingly. The LINK suggests the use of the new certification scheme for health and social care information (The Information Standard) , should be considered. As this would help production of an easy read and relevant information guide.
- vi. **Remit:** the CR/HTT should not receive client groups out of their remit. Out of hours clients from the older people's service, younger people's service and drug and alcohol service must be redirected and supported by another service.
- vii. **Reviewing current need:** a review needs to be conducted to find out how the current calls are monitored to establish how many calls to the Crisis Team are made when an alternative service would be more appropriate.
- viii. **Information** on the 0800 mental health helpline should be available to service users before information about CR/HTT is offered. If this service can be contracted to provide extra services for service users which would decrease the work load of CR/HTT, then this should be considered.
- ix. **Quality monitoring:** a publicised and well advertised complaints procedure for all services will enable effective monitoring of each service. This should be included in the service specification. The monitoring of this should be carried out by the senior staff members of the teams.
- x. **PCT support:** the IAPT service in Coventry needs greater support by the PCT. NHS Coventry should support this programme by ensuring that all health professionals including GPs are signposting into this service correctly.

7 Responses from NHS Coventry and Coventry and Warwickshire Partnership Trust

Background

- 7.1 A formal written response was received from Anima Thawait at NHS Coventry. A meeting was then set up to discuss them in full. The meeting was held on 23rd June and attended by Sue Smith from Coventry and Warwickshire Partnership Trust, Maria Smyth from CR/HTT, Anima Thawait from NHS Coventry and members of the LINK's Hospital Services Working Group.

This section gives details of the written response to LINK's recommendations and the actions agreed through discussion.

- 7.2 At the time of printing, a review of the service was underway, and it is envisaged a single point of entry due to be implemented late 2010 with the aim of enabling professionals to have one route for referral to mental health services. This should make a significant difference and is likely to address some of the access issues and confusion about services LINK identified.

Response to recommendations

i) Better 24 hour care:

"It is not feasible to have staff waiting around for calls to come in, they have to ensure they are either undertaking community assessments or indeed doing home treatment, this would be a poor use of skilled staff and would not be value for money.

The service has the same or enhanced staff levels on for core hours 9am-9.30pm seven days a week then we staff in accordance with our review of demand appropriately ensuring we have experienced staff with back up arrangements should demand require it.

NHS Coventry commissions the service to ensure 24 hour care is provided for people who are experiencing crisis in relation to their mental health and I am reassured that Coventry and Warwickshire Partnership Trust (CWPT) has appropriate workforce to deliver what is required and to manage the capacity and demand requirement".

In follow up the LINK requested information on exact staffing levels at all times of the day.

The following information was provided about staffing levels:

- 4 qualified Mental Health Workers
- 2 AMHPs
- 2 Support workers
- 1 Manager/Service Lead
- 1 Consultant Psychiatrist
- 2 Doctors

The Doctors, Support Workers and the AMHPs work on a call system; all other workers work a waking night shift.

A 4 shift system operates between the following hours:

*7.30 – 15.30
9.00 – 17.00
13.45 – 21.00
21.00 - 7.30*

The Majority of staff will be on shift during the core hours which are 9.00am to 21.00. Over night the minimum staffing levels area 2 band 6 qualified staff who are supported by the on call arrangements.

ii) Better information:

“Whilst we are aware that some literature is given to service users and their carers when they are taken onto the home treatment element of the service we would want to work together with CWPT to improve upon this recommendation.”

It was agreed that LINK would review all information prior to printing

iii) Better information:

“The Crisis Team works as an integral part of the other teams and provision within secondary mental health services, a great deal of information has been sent out and presentations have been delivered to other services since the Crisis Team’s conception some years ago.

The inpatient service works closely with the Crisis Team on a daily basis and acts as the gatekeeper for all potential admissions into inpatient care. As this issue has been raised we will work in partnership with CWPT to look at how this can be reviewed and evaluated further to see if and where gaps exist.”

iv) Better Information:

“We are unaware if the information you are referring to is actually on behalf of the separate helpline, the helpline mailshot all GPs and others to ensure that anyone can access and be aware of the helpline facility, however we will pick this up with CWPT and ask them to investigate this further.”

LINK clarified with NHS Coventry that it was CR/HTT that was being referred to in this recommendation.

v) Better information:

“We have discussed this with the Crisis Team and would agree that this needs to be taken forward, a review of all service specifications in relation to CWPT is planned for this year.”

There was agreement that then use of the term ‘Crisis’ in the service name was not helpful.

vi) Remit:

“This service is predominantly for adults, however CWPT are reviewing current services to these groups to look at how a more dedicated service such as the CR/HT could be offered. The current workforce within the Crisis Team receives a whole range of training which can support this being offered where mental health is the predominate issue, for other cases the team would always be aware of how to access help for those specific groups.”

In discussion LINK highlighted that a role for the CR/HTT in picking up care for older people and children out of hours is not in the service specification.

vii) Reviewing current need:

“We agree with this and we will pick this up with CWPT.”

viii) Information:

“We agree and will be discussing this with CWPT, however this will be difficult to control”.

ix) Quality Monitoring

“Complaints are dealt with using the organisational complaints procedure, therefore it is my understanding that it is their aim to deal with and resolve all complaints at an informal level where possible”.

The LINK would still like to see this on all literature emanating from NHS Coventry about any service they provide. The LINK will be closely monitoring this.

x) PCT support:

“Can I reassure you that NHS Coventry is in support of this service and is doing as much as it can to retain this, however the initial money from the SHA was for a pilot scheme only.”

Coventry LINK is an independent network supported by the charity Voluntary Action Coventry, which acts as the Host organisation.



Coventry LINK is one of 151 LINKs in England.



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