

Local Government Association/Association of Directors of Adult Social Services  
LGA/ADASS

Peer Challenge of the Mental Health Act Pathway. This has been completed in partnership between Avon and Wiltshire Mental Health Partnership Trust (AWP), Avon and Somerset Police, Bristol City Council and Bristol Clinical Commissioning Group (CCG) that delivers the mental health pathway for service users and carers

## Context and Self Assessment – February 2015



## Summary

Bristol City Council has requested a Peer Challenge to focus on Mental Health Act (MHA) services. In addition to the criteria set out by the LGA/ADASS, we selected this area for review for three main reasons:

- Follow up on the 2011 Care Quality Commission service review
- Need to respond to the significant increase in requests for MHA Assessments both within and outside of regular hours.
- The Bristol communities' desire to be compliant with the Crisis Care Concordat

## Bristol AMHP Service

The local authority has a duty to ensure sufficient Approved Mental Health Professionals (AMHPs) are available to carry out their role under the Act, including assessing patients to decide whether an application for detention should be made (Mental Health Act Code of Practice. 4.33).

The AMHP service undertakes Mental Health Act assessments for individuals who are in acute mental health distress who may require compulsory admission to hospital. The service also completes the following statutory work defined by the Mental Health Act:

- Community Treatment Orders
- Administration of Mental Health Review Tribunals Reports
- Guardianship, including supporting members panel and training and organising Mental Health Review Tribunals
- Delivering the 18 hours statutory training per year required for the AMHP to remain accredited to practice.
- Advice on Mental Health Act to internal and external teams.
- Applications for warrants
- The appointment, displacement and delegation of Nearest Relative role

The AMHP service operates 24 hours a day, 7 days a week. From 9am-5pm (Mon-Thurs) and 9am-4.30pm (Fri) it is provided by the local authority AMHP service. Outside of these hours, the AMHP services are externally contracted to the Emergency Duty Team run by South Gloucestershire Council on behalf of North Somerset Council, Bath and North East Somerset Council and Bristol City Council.

<https://my.alfresco.com/share/bristol.gov.uk/page/site/peer-challenge-review---bristol/document-details?nodeRef=workspace://SpacesStore/9b30f37b-410a-4bbe-a528-d7719f925770>

The in house service is overseen by an Operational Manager who undertakes a wider strategic role across Adult Services. This includes Operational responsibility for the AMHP service. There are 3 AMHP Senior Practitioners who do the day supervision of AMHPs and triaging of referrals on a rotational basis. In 2013/2014 the number of referrals continued to increase. Therefore, in July 2014 a 6 month pilot Core Team with 3 AMHPs was set up in response to the increase in referral to the service which has enabled the

service to be more efficient. In addition to this, there are 23 AMHPs who continue to work on a rotational basis drawn from teams across the People Directorate and 5 sessional AMHPs who work on an ad hoc basis.

The AMHP has the responsibility for co-ordinating Mental Health Act assessments from referral through to hospital admission or making necessary arrangements for after care if required. Once an assessment has been started by an AMHP it cannot be transferred to another worker. The person starting the assessment must follow this through to conclusion as required by the Mental Health Act. This may require AMHPs to work out of hours. There is an on-call Service Manager rota for providing management support to AMHPs working out of hours. A number of improvements to MHA practice and governance have taken place since 2011, and this peer review is an opportunity to understand progress as well as current standards and issues.

## Strengths

- Clear governance and oversight of the Service
- Well established processes for delivery of reflective supervision to AMHPs, both on an individual and group basis
- High quality training and development programme which we deliver and commission in partnership with neighbouring authorities
- Multi-agency working processes are in place
- Experienced and well established cohesive AMHP leadership team
- A creative and committed team who are responsive to change and challenge

## Areas for improvement

- Forward planning. Under developed succession and forward planning so that the service has capacity and ability to meet rising demand.
- Some of our technology is inefficient and inflexible and could benefit our ability to work more efficiently.
- We will benefit from a more strategic assessment of the Mental Health Act pathway as well as focusing on day to day operational issues.
- We need to develop a coherent and shared view of what is required to improve the pathway to reduce multiple assessments and delays in order to improve the service user experience of being assessed under the Mental Health Act.
- Currently service users receive a differential service out of hours from Emergency Duty Service.

## Background

Bristol is a unitary authority, a city and a county in the South West of England. It has a population 432,500 and is the sixth largest city in England. Bristol is the eighth most populous city in the United Kingdom.

The City of Bristol is surrounded by 3 unitary authorities, Bath and North East Somerset to the west, North Somerset to the south and South Gloucestershire to the north. Together

the four Councils are sometimes referred to as CUBA (Councils that used to be Avon) as a reference to the former Avon County Council. This area is sometimes referred to as the West of England or Greater Bristol.

## Governance

Bristol has, since November 2013, had an elected Mayor, with a Cabinet of one Deputy Mayor and 4 Assistant Mayors. The Cabinet provides accountable leadership to the city, and decides the Council's key policies. The Mayor has decided that he will assume ultimate responsibility for all major policy decisions at Cabinet.

The Health and Wellbeing Board is co-chaired by the Mayor and Chair of Bristol Clinical Commissioning Group.

The Mayor has set out his vision for Bristol <http://www.bristol.gov.uk/page/mayor/vision-bristol> and he has set this vision out in summary as follows:

*Only by supporting every citizen to reach their potential and by creating successful places in which to live, work and play, can Bristol maintain its position and growing reputation as the most liveable city in the UK, and be truly prosperous in a global economy.*

There are 14 Neighbourhood Partnership Areas in Bristol and the City Boundary is conterminous with the Avon and Somerset Police Bristol Policing Area and Bristol Clinical Commissioning Group. For operational and administrative purposes each divides the city in three areas which are not conterminous – see Appendix 2.

## Population

432,500 is the estimated population of Bristol. 18.6% of the population are children aged under 16, in line with the national (England and Wales) average of 18.9%. 13.2% of the population are aged 65 years or over – below the national average of 17.0% (ONS 2012 mid-year population estimate)

### Black and Minority Ethnic Population (BME)

- The BME population make up 16% of the population in Bristol, or 68,600. This is an increase from 8.2% of all people in 2001 and is higher than the national average of 14% (England and Wales).
- 28% of children are BME, 15% of the working age population are BME and just 5% of older people are BME

### Lesbian, Gay, Bisexual and Transgender population (LGBT)

The Census does not collect information on the LGBT population. Stonewall, the national lesbian, gay and bisexual, charity estimate 5-7% of the population is LGB. The Gender Identity Research and Education Society estimate that 1% of the population is Transgender.

### Carers

There are approximately 50,000 people who define themselves as carers in Bristol with 9,000 of those providing 50 hours or more per week of care.

## Avon and Somerset Constabulary – Bristol Policing Area

The Avon and Somerset Constabulary covers Bristol, Bath and North East Somerset, South Gloucestershire, North Somerset and Somerset. The Constabulary is divided into three 'policing areas'. Bristol Policing Area has the same boundary as Bristol City Council and is divided into three Local Policing Areas – North/West, South and East.

[www.avonandsomerset.police.uk](http://www.avonandsomerset.police.uk)

The Police and Crime Commissioner is Sue Mountstevens, who has set the priorities for the force as:

- Reducing the impact of anti-social behaviour,
- Tackling domestic and sexual abuse
- Preventing and reducing burglary and fear of burglary
- Ensuring victims are at the heart of the criminal justice system and
- Road safety

<http://www.avonandsomerset-pcc.gov.uk/Official-site.aspx>

The Bristol Area Commander, Chief Superintendent Jon Reilly, has overall responsibility for delivering policing services across Bristol working with his Senior Leadership Team. Chief Inspector Kevan Rowlands is the Local Policing Area Commander for South Bristol and is the mental health lead for the senior team across Bristol.

The uniformed Neighbourhood Policing Teams and Response Teams operate out of four main bases across Bristol to meet the varying challenges of policing the sixth largest City in the UK.

All staff have recently received training in dealing with vulnerability and further back received training in mental health. That training was contracted out to an outside provider specialising in mental health. The College of Policing is in the process of designing training in mental health but this is not expected to be delivered for some time.

Following a recent re-organisation, investigative and safeguarding services are provided centrally by the Constabulary.

The Constabulary has recently opened four new custody units. The new purpose built sites at Keynsham and Patchway, on the Eastern and Northern fringes, provide the vast majority of the custody provision for Bristol Policing Area. These are run by the Criminal Justice Department.

The hospital based place of safety provision under the Mental Health Act for the Avon area is based at Mason Unit in Southmead Hospital. This has 4 spaces to cover the approximate 1.15 million population in the four CCGs of Bristol, South Gloucestershire, Bath and North East Somerset and North Somerset.

The unit has just started to accept children under the age of 16. The Mason Unit opened in February 2014, prior to this there was one space at Callington Road Hospital. Whilst the majority of Section 136 detainees do go to the Mason Unit, a significant number are still taken to police custody. The majority of those that come into police custody are transferred to the Mason Unit when a place becomes available; therefore most people do access a hospital facility even if some do have to be detained in police custody first.

Whilst the opening of the Mason Unit has reduced the number of Section 136 detainees in police custody, police custody units being used for mental health act detention is far from 'exceptional'.

There is now a seven day a week service that operates 8AM to 8PM available to the two custody units which take detainees from the Bristol area offering a Mental Health Liaison and Diversion Service, this service has been in place for approximately 18 months and has made Mental Health services that bit more available in custody.

MHA assessments for those within custody are arranged within hours by the Bristol AMHP team and out of hours by the Avon Emergency Duty team. On week nights, the Avon EDT will usually only have two staff on duty. This means that they are often not available for in custody MHA assessments and consequently an assessment will usually pass over to the day time team. There is often a delay in Section 12 doctors.

Due to these issues, assessments in custody regularly take a long time to arrange and often result in people being detained for periods of over 24 hours. Finding beds for those who are to be detained under Section 2 of the Mental Health Act can also be problematic.

There are three Safeguarding Coordination Units covering the force area – including one for Bristol. They act as a central point of contact for all safeguarding issues, whether that is child protection, domestic abuse or vulnerable adults and deal directly with professionals in a multi-agency environment.

The Safeguarding Coordination Units risk assess all incidents and intelligence received, making appropriate decisions and referrals. Rather than looking at incidents in isolation, they link patterns in order to proactively safeguard victims.

Over the past year, there have been significant changes within the Constabulary, with the focus being on placing the victim at heart of our processes. The creation of the Lighthouse project, which was trialled in Bristol from March 2014 – September 2014 prior to being implemented force wide, has ensured a high level of support for all enhanced victims, including those within the Adult Care arena. In addition, the restructuring of our internal processes has meant that referrals for service users who reach the threshold for a discussion under the Adult Safeguarding procedures are highlighted at an early stage, enabling swift interaction with relevant partner agencies.

Information sharing, and links with relevant partners is an area which has been built upon a solid foundation. Referrals for vulnerable adults have increased over the past twelve months by around 100%, which indicates increased confidence from partners and service users in approaching the police for assistance, as well as an increased knowledge in operational staff at identifying vulnerable people. In addition, safeguarding vulnerable adults now forms part of a mandatory training package for all new police staff and police investigators.

Our current priorities for improvement are to organise and implement a formal Multi Agency Safeguarding Hub (MASH). This will enable all partner agencies to have a shared vision and approach towards safeguarding vulnerable persons, ensuring a holistic approach to risk management and reduction, and service user support. The identification of Adult Safeguarding issues will be one of the cornerstones of the process, together with domestic abuse and child protection.

Assistant Chief Constable Kay Wozniak, as the Force lead on Mental Health, chairs the Mental Health Strategic Board for Avon and Somerset Constabulary. The board provides the strategic steer on how we should deal with the larger issues presented by mental ill health, answer the demands placed upon us by legislation, best serve the public and work in a positive collaborative fashion with partners to ensure the best possible outcomes for the population we serve.

### **Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)**

AWP is a significant provider of high quality mental health services across a core catchment area covering Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. The Trust also provides specialist services for a wider catchment extending throughout the south west.

AWP's aim is to enable and empower people to reach their potential and to live fulfilling lives through providing recovery and reablement focused services that yield positive outcomes for service users and their carers.

Specifically, The Trust provides services for people with mental health needs, with needs relating to drug or alcohol dependency and mental health services for people with learning disabilities. They also provide secure mental health services and work with the criminal justice system.

Increasingly AWP provides treatment and care in people's own homes and other community settings, reflecting the preferences of service users. AWP's community services are supported by high quality inpatient services that provide short term assessment, treatment and care.

In terms of AWP's support for MHA services in Bristol, there are two main areas of activity. These include the provision of a Place of Safety unit. This is in the Mason Unit at Southmead Hospital and it opened on 3 February 2014, which increased the available capacity from 1 to 4 places of safety spaces. The unit covers Bristol, North Somerset, South Gloucestershire and Bath and North East Somerset, and is for use for those detained under Section 135 or Section 136, Mental Health Act.

Since March 2014, the unit extended the remit to be able to accept any individual over 16, and further extended this on 1 February 2015, to include under 16s; therefore there are now no exclusions based on the age of the individual.

The unit is managed by AWP and is staffed by a nursing team of 4 on a 24/7 basis; this is currently split into 1 RMN and 3 HCAs, with a supernumerary Unit Manager. In hours there is a nominated Responsible Clinical (Consultant Psychiatrist) who is divided between the place of safety and an inpatient ward with additional medical input from the ward junior

medical staff. Out of hours, the medical input (outside of that required under MHA) is through AWP on-call rotas of trainees and on-call consultants.

### **Bristol Process for Bed Finding**

After all the pre assessment discussions have taken place and the MHA is entering the planning stage the AMHPs call the Bed Capacity Manager for the initial bed discussion.

Very occasionally there is a straightforward relationship between an empty bed (usually becoming available rather than empty) and the need, for example. male/female open acute/ Psychiatric Intensive Care Unit timing of the MHA and also the correct ward for the team North, South or Central (less important but also a consideration).

Where there is greater need than potential beds, any empty bed would be allocated on a first come, first served basis.

As a general rule a MHA assessment in the community would be a higher priority in terms of bed allocation than an assessment at the Place of Safety simply because the situation can be contained in the latter case.

When demand is higher than available beds all other avenues will be pursued. These would include:

Speaking to the teams of any people placed in a Bristol bed from other AWP areas, to assess whether those patients could be repatriated. At times this may be escalated to senior managers. Review by crisis teams and inpatient units whether any movement is possible i.e. to crisis house, move to rehabilitation or Facilitated early discharge. This would usually be for service users where plans are in progress regarding discharge but to see if there is the possibility of moving someone.

Once all local bed options have been explored and none found then it becomes a process of finding an Out Of area – private – bed. Both Cygnet Healthcare and The Priory send daily updates of their bed states by email to the AWP Bed Capacity Manager. Often any referral is in competition with 2 or 3 similar referrals from other parts of the country. Once the bed has agreed as available and appropriate, funding forms and permission for funding are resolved.

Once a bed is agreed the AMHP begins the negotiation on transport. The AMHP communicates with the Bed Capacity Manager throughout the process but the Bed Capacity Manager can often be juggling 4/5 or even more admissions simultaneously.

Other specialist beds, such as those for children are accessed via commissioners (link to children pathway) <https://my.alfresco.com/share/bristol.gov.uk/page/site/peer-challenge-review---bristol/document-details?nodeRef=workspace://SpacesStore/06a90328-5b91-4991-8b09-709268bcaeab>

## **The Crisis Service model**

The Crisis Service model will provide an enhanced quality service to people contacting us in distress. People in emotional crisis require immediate help, matched to their needs, to resolve their current difficulties and reduce recurrence. It will be:

- Highly responsive to people at point of need
- Accessible for all communities, including those least likely to engage
- Seamless and rapid transition on entry, exit and transfer
- Excellent at signposting, advising and communicating
- A strong partner to all city emergency services

### Key Features

- 24/7 Clinically led Single Point of Access (SPA) using psychologically informed approaches
- Mental health emergency assessments seen within the hour
- Provide enhanced levels of home treatment
- Co-located and jointly working with the Assessment and Recovery Service (A&R) on crisis prevention and building resilience
- Strongly connected to acute pathways (Acute Inpatient beds, Crisis Houses, Crisis Sanctuary)
- Intervention-rich Crisis Service building future crisis resilience
- Systemic working with the network within which people live and work
- Highly mobile workforce based in Community Mental Wellbeing Centres (CMWCs)
- Jointly delivered service (AWP and Voluntary and Community Sector (VCS) partners) - a strong collaboration with wider Bristol network of crisis resources offering a choice of care pathways and interventions
- Peer Support Working and Assistive Technology to reduce stigma
- Support and training to community organisations

### Hub and Spoke Service

- The Crisis Hub is base for:
  - 24/7 clinically led telephone SPA - central referral and triage point for Crisis and Recovery service referrals
  - City-wide Crisis Assessment and Home Treatment service from 9.30pm to 7.30am
- Three Crisis Spokes - co-located with A&R (North, South and Central Bristol) 7.30am to 9.30pm, collaborating in the CMWCs to provide the Crisis Assessment and Home Treatment service

## Bristol City Council

### People Directorate

The People Directorate is one of four within the City Council. The other Directorates are Business Change, Place and Neighbourhoods.

The People Directorate commissions, arranges and delivers a range of functions and statutory responsibilities to children, adults, families and young people in the city. Its remit newly combines the following services into the single directorate:

- Education and skills
- Housing solutions and crime reduction
- Social care for adults including the elderly
- Safeguarding vulnerable adults and children
- Responsibility for children in care
- Support for carers
- Commissioning services

### Our Priorities - the 'wheel' of our intent

Our priorities are set out in a wheel graphic, something we can all share and visualize as we go about improving services delivered to Bristol. At the heart or hub of the wheel are citizens - the users of all our services. The wheel of intent divides principally into four areas and states:

'Together we will work with the citizens of Bristol and our partners to make the best use of resources to deliver the greatest impact by:



- **Leading and championing learning and skills** - keeping Bristol working and learning.
- **Getting involved early to reduce risks later** - early help reduces the impact of problems later on.
- **Promoting independence** - supporting people to live as independently as possible in their community
- **Safeguarding the most vulnerable** - fulfilling the statutory responsibility of the city to protect vulnerable children and safeguard adults.

The wheel has many spokes and connecting points through which our services join together or overlap. Importantly, for the work that we do this connectivity serves to support and safeguard the citizens of Bristol and close or avoid potential gaps occurring in the lives of more vulnerable people.

### **The Directorate Leadership Team**

The Directorate is led by John Readman, Strategic Director, and across the following five service remits:

- **Adult Care Provision and Support** - Service Director: Mike Hennessey
- **Housing Solutions and Crime Reduction** - Service Director: Nick Hooper
- **Education and Skills** - Service Director: Paul Jacobs
- **Strategic Commissioning** - Service Director: Netta Meadows
- **Care and Support for Children and Families** - Service Director: Jean Pollard.

The People Directorate works to deliver these elements of the Corporate Plan and to the Mayor's Vision for the City. The key parts of the Vision we deliver to are: 'Healthy and caring Bristol'; 'Keep Bristol working and learning', and 'Active Citizens'.

### **How our performance is measured**

A range of performance measures show how the services we provide compare to other local authorities. For example, how we meet targets relating to:

- Provision of housing advice
- Percentage of secondary schools rated good or better by Ofsted
- Uptake of Direct Payments for adult social care
- Percentage of 'reception' applicants offered a place at their preferred school
- Numbers of rough sleepers in the city
- Numbers of older people returning to live independently at home after a stay in hospital.

### **Working with partners**

Another connective element of the People Directorate is the work we do with partner organisations, including:

- Avon and Somerset Constabulary
- NHS - further integration as part of Better Care Fund, Connecting Care and Children First
- The Bristol Clinical Commissioning Group (CCG)
- Bristol Housing Partnership
- Care partners - from Care Home providers to Shared Lives carers - throughout the region.

### **Partnership Boards**

Bristol benefits from a range of Partnership Boards:

- Older People Programme Board
- Bristol Carers Voice
- Learning Disability Partnership Board
- Autism Forum
- Mental Health Partnership Board
- Physical and Sensory Impairment Partnership Board

Link to Local Account:

<http://www.bristol.gov.uk/page/health-and-adult-care/adult-care-consultations-and-reviews>

These are first and foremost partnership boards, which aim to reflect the range of commissioners, providers and citizens across the City in planning services to support relevant groups.

### **Clinical Commissioning Group**

Bristol CCG has prioritised mental health services over the past 3 years and has undertaken a re-commissioning exercise to remodel and then re-procure all of its mental health provision. The purpose of this was to deliver a more locally focussed service that took into account the demographics in Bristol as well as having a more responsive service. The result has been to establish a system of different providers delivering mental health services to newly designed specifications which have been informed by service users, carers, GPs and other stakeholders.

There are 18 different providers who are co-ordinated by a system leader function to ensure the services work together and individuals do not fall through the gaps. One of the overriding principles for this system is that there is “no wrong door”.

Currently the services are embedding and going through a transition process from the old to the new provision. This is being closely monitored by the CCG commissioning team and other stakeholders including GPs, service users and carers.

## Appendix 1 - Assistant Mayor portfolios

The Cabinet has five members as well as the Mayor. The Assistant Mayors and their portfolios are as follows:

- Councillor Geoff Gollop - Deputy Mayor - with overall responsibility for budgetary control.
- Councillor Mark Bradshaw - Assistant Mayor for Place, to include Transport and Regeneration.
- Councillor Brenda Massey - Assistant Mayor for People, to include Education, safer Bristol, strategic housing and childrens and adult social care.
- Assistant Mayor for Neighbourhoods, to include Health, Sports and Leisure.
- Councillor Simon Cook - Assistant Mayor for Business Change, Resources and the Arts.

Also, the Mayor has established the following Cabinet Advisors:

- Cabinet Advisor for Place - Councillor Mhairi Threlfall
- Cabinet Advisor for People - Councillor Barry Clark
- Cabinet Advisor for Neighbourhoods - Councillor Glenise Morgan
- Cabinet Advisor for Business Change and Resources - Councillor Charles Lucas

The Mayor keeps direct responsibility for other policy areas within his own portfolio. Councillor Geoff Gollop is the Deputy Mayor. Bristol City Council consists of 70 councillors representing 35 wards

The current political representation on the council is:

Labour 31  
Liberal Democrat 16  
Conservative 15  
Green 6  
Independents for Bristol 1  
UK Independence Party 1

The current Mayor has no party political affiliation.

## Appendix 2

### Bristol Neighbourhood Partnership Areas Clinical Commissioning Group Clusters



#### Clinical Commissioning Group Clusters

1,2,3,4\*,6,7 – Bristol North and West

5,8,9 – Inner and East Bristol

10,11,12,13,14 – Bristol South

\*CCG boundary runs north to south dividing Horfield and Lockleaze