

**North Norfolk Clinical Commissioning Group
1 Mill Close
Aylsham
Norfolk NR11 6LZ**

17 February 2014

Dear Commissioning Group,

We are writing to you as the lead coordinating CCG for mental health. We know that you are already aware of the crisis in bed availability in the Norfolk and Suffolk Foundation Trust (NSFT); however, we need to point out that the situation is worsening by the day, and we have reached a point where Approved Mental Health Professionals (AMHPs) are no longer able to operate on a legal basis. Patients' safety is being placed at risk, and their legal rights infringed, as follows:

1. Patients who are willing informally to be admitted to hospital close to home end up unnecessarily being detained under the Mental Health Act because they refuse admission when the available bed is hundreds of miles away.
2. Patients who require urgent admission under the Act cannot be detained because an admitting hospital cannot be identified. This means that, following an assessment, the patient has to be left to their own devices. In other cases, the assessment itself is delayed and sometimes patients are then kept overnight in police custody – on dubious legal authority – while a bed is found.
3. Patients detained under the Act are being given preference to voluntary patients, even when their needs for treatment are equal.

In our view, the Clinical Commissioning Group is in breach of its statutory duty under Section 140 of the 1983 Mental Health Act (as amended, 2007):

'It shall be the duty of every Clinical Commissioning Group (England) and of every Local Health Board (Wales) to give notice to every local social services authority for an area wholly or partly comprised within the area of the CCG or LHB specifying the hospital or hospitals administered by or otherwise available to the CCG or LHB in which arrangements are from time to time in force –

- a) For the reception of patients in case of special urgency;
- b) For the provision of accommodation or facilities designed so as to be specially suitable for patients who have not attained the age of 18 years

This means that every CCG and LHB has a legal duty to specify hospitals to the AMHPs in their area(s) those hospitals which can receive patients in cases of special urgency and which have facilities suitable for under 18s.

In addition to this breach of statutory duty, the failure of the CCG to ensure that beds are available for urgent cases is preventing AMHPs from carrying out their legal duty under Section 13, 1983 Mental Health Act to make an application when it is considered “ necessary and Proper to do so. “

Only this week a patient was assessed under the Act after being taken into custody by the police; the patient was assessed as needing to be admitted and medical recommendations completed but because no bed was available the AMHP could not make an application and the patient was allowed to return home alone; a bed did not become available until Thursday 20/2/14 when the AMHP was then able to complete an application; an application for a Warrant of Entry under S.135 was then required to effect the admission.

The other major problem stemming from the lack of local beds which relates directly to the duties of the CCG is that the East of England Ambulance Service becomes unfit for purpose. It is rare that an NHS ambulance can be made available in an urgent situation to convey a patient to hospitals which are often over one hundred miles away from Norfolk. If we add to this the fact that NHS ambulance staff are not PMA trained then they can only be used if police are willing to provide an escort. We frequently have to rely on [two private ambulance providers], the former often not having the capacity to respond and the latter being based in Essex, having a 2 hour journey before they even arrive.

We are appalled that – given the current situation – NSFT is proposing to close **13** pre-discharge beds at Hellesdon Hospital, and a further **20** acute beds in Great Yarmouth and Waveney (Northgate Hospital and Carlton Court).

We attach an account of some recent happenings on one day’s AMHP duty. You should also be aware that the number of detentions under the Act has gone up nationally by 12% and – for the first time ever – has passed the 50,000 mark.

In our view, it is only a matter of time before an aggrieved patient or relative takes legal action over this issue. Similarly, other agencies such as the police and ambulance services are being overtaxed by the lack of local psychiatric beds.

As AMHPs, we have been drawing attention to this deteriorating situation for the last two years. We need urgent action from government, the Trust and CCGs to rectify this situation, which is not only harming patients but also destroying the morale of professional staff. We would be happy to meet as a group with the CCG to provide further examples of the detrimental impact this disastrous policy is having on patients and their families.

Yours sincerely,

Terry Skyrme (Approved Mental Health Professional/ social worker/NSFT Crisis Resolution and Home Treatment Team) on behalf of Approved Mental Health Professionals in Norfolk and Suffolk.

ONE DAY'S EVENTS

1. A patient assessed at 10 am as needing urgent admission – psychotically depressed and had badly self-harmed – could not be admitted for lack of a bed and had to be left in the care of his parents. Later in the day, a bed was found for him in Brighton, but no means of conveyance was available. He was eventually admitted, late in the night – to a ‘red leave’ bed in King’s Lynn. He was conveyed by two members of CRHT staff, leaving the team without any assessors for the evening shift. (“Red leave beds” are the beds of patients who are on leave from hospital and are considered to be such a risk that their bed must be available in case they need to return urgently.)
2. A patient with a diagnosis of schizo-affective disorder was seriously ill and refused entry to his home. A warrant of entry under Section 135(1), 1983 Mental Health Act was obtained from the magistrates’ court, but was not executed as no beds were available, and nor was the Section 136 suite. It was considered not to be in the patient’s best interests to force entry into her house without a clear plan of action should admission be needed. She could not be admitted until late the following day.
3. Another patient had spent the night in the Section 136 suite and could not be admitted until the afternoon of the following day, for lack of a bed and appropriate conveyance. Admitted to Ipswich.
4. Another patient – with a diagnosis of schizophrenia – had been arrested by the police for assaulting a staff member in the care home where he lived. The police requested an assessment under the Mental Health Act. Medical recommendations were completed but the AMHP could not complete an

application because no admitting hospital could be identified. The patient was kept overnight – under doubtful legal authority – in police custody. The following day, again no hospital bed could be found for him and the police were pacified by being given leave to bring him to the Section 136 suite – again under dubious legal authority, as he was not subject to Section 136 and he could not be detained under the Mental Health Act. Two members of staff had to be brought from Kings Lynn to the Hellesdon Section 136 suite, to relieve the police, from where the patient was finally admitted – at 9pm – to Rollesby Ward, Hellesdon Hospital.