

Mental Health Urgent and Emergency Care Programme

Purpose

The increasing system pressure from acutely unwell mental health patients is a key local and national priority. In the summer, the first acute mental health summit across the STP was held. This followed a number of incidents where people had very long waits in A&E. The strategic A&E delivery board subsequently sponsored the mental health urgent and emergency care winter planning group to ensure that we have a robust plan for winter pressures. The group has brought together managers and clinicians from across physical health, mental health and social care to develop this plan. The pressures were also witnessed by the members of the Thurrock Health and Wellbeing Board during a recent visit to BTUH A&E where high volumes of people experiencing mental health crisis were waiting for extended periods, often accompanied by the police.

This paper shows that the demand on A&E from people with mental health problems is increasing. The paper sets out the plans to improve mental health urgent and emergency care in Thurrock. The plan reflects both the short term initiatives (the Winter Plan) to manage the current demands and the medium term transformation plan.

The paper focusses on urgent and emergency care. However, it should be noted that this work programme sits within a wider mental health transformation programme including primary care and early intervention services. Children's and young people crisis care is led by West Essex CCG and is therefore not within the scope of this paper.

The CCG, with partners, commissioned Healthwatch Thurrock to run a 2 month Mental Health Consultation. The report made a number of recommendations including the need to review crisis care. The reports states 'Out of Hours Crisis support needs to be reviewed to ensure a service is available to prevent people attending/being sent to A&E as their only option'

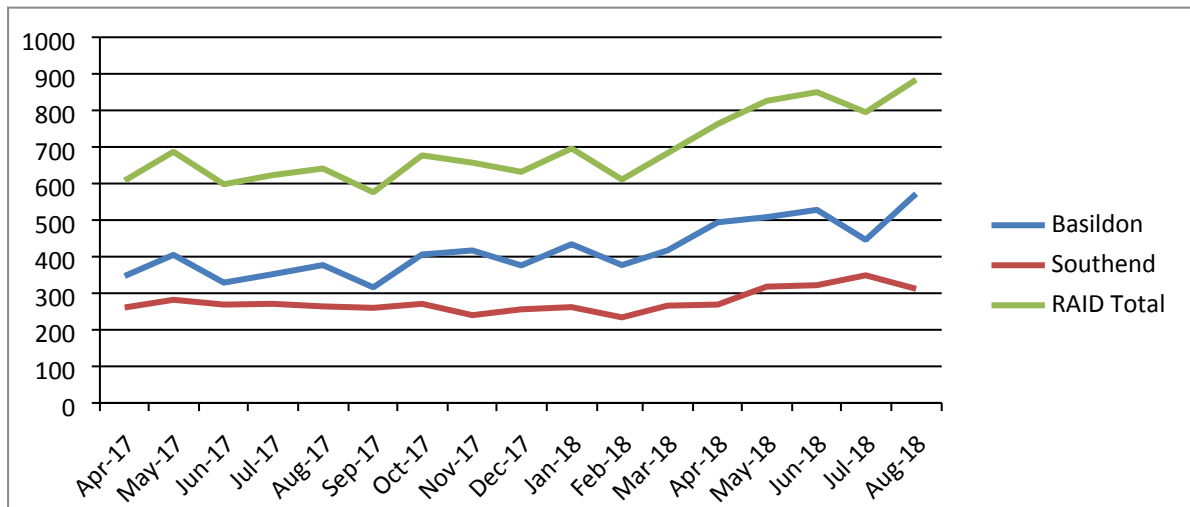
The recent paper from Ian Wake, Director of Public Health, has identified the need to employ a full time 'Strategic Lead for Mental Health Transformation to coordinate and lead further work on mental health transformation in Thurrock.' One of the areas of work identified in the paper is to 'undertake a comprehensive review of the literature to better understand best-practice models of delivering crisis care in Mental Health'.

Increasing acute adult mental health pressures

Thoroughly analysing activity is a critical part the winter planning process. This helps to identify challenges and potential solutions. There are a number of indicators which indicate the growing demand issue.

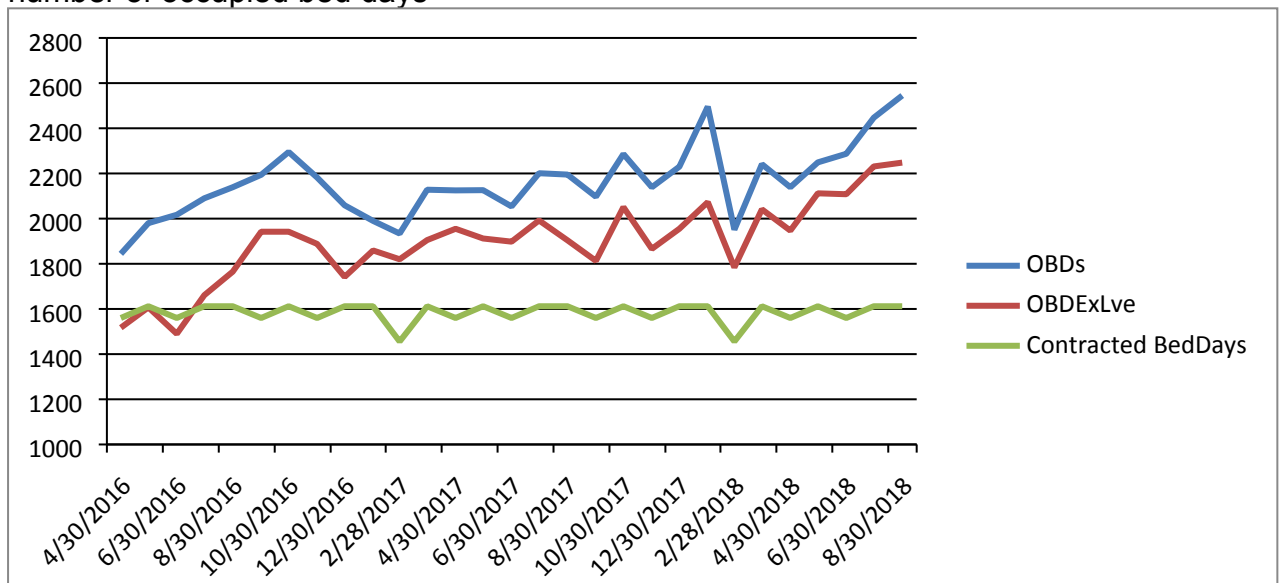
Analysis of number of referrals to RAID shows a steady increase in the number of people attending A&E and being referred to psychiatric liaison services (RAID) over the last 16 months in both hospitals.

Graph 1: Referrals from April 2017 – August 2018 to RAID



Analysis of occupied bed days (inc those placed OAA) for Adult MH beds also a steady increase over the same period. The Royal College of Psychiatry states that the optimum bed occupancy should be 85%. At times, bed occupancy has peaked at 120% whereby people on leave do not have a bed to return to.

Graph 2: Occupied bed days from April 2016 – August 2018 showing increasing number of occupied bed days



At the EPUT CQC inspection in April/May 2018 they found that the service did not always have beds available when needed. “Patients often did not have a bed to return to following leave. Managers and staff spoken with informed CQC that there was pressure to admit new patients to leave beds. Managers told us that patients would also be discharged following leave if no bed was available. CQC were given examples of patients having to wait to access a bed. There had been a serious incident and complaints relating to beds not being available.” (CQC inspection report 2018).

A review of acuity of patients looking at proportion of those adult inpatients who are detained shows a sharp increase in 2017-18 to 83% (63% in 2016/17) and this increase is continuing for 2018-19. Analysis shows that the total number of adult acute capacity has remained the same. However the number of people detained under the mental health act has increased. This suggests that inpatients are increasingly being utilised for patients under section. If a section is not required, community alternatives are available.

Table 3 shows numbers of detained patients

	Total Beds 2016/17	Total Detained Pts 2016/17	Total Bed 2017/18	Total Detained Pts 2017/18
Adult (inc Ass Unit and PICU and 10 additional Thorpe Beds)	92	696	92	870

Unexpected deaths, who are known service users, were benchmarked from the 2016/17 data period at 53 and the 2017/18 Trust ambition was a 10% reduction. The 2017/18 position records that the Unexpected Death data was 81 vs the baseline position of 53 from 2016/17. Essex Partnership University Trust reported 137 Serious Incidents in 2017/18 and Unexpected Death was the most common type of Serious Incident. In Q1 of 2018/19 there were 14 unexpected deaths reported (11 suicides reported as Serious Incidents and 10 of these were completed suicides and 1 was a serious attempted suicide)

Reasons why people are attending A&E

The analysis of the reasons for A&E attendances shows that the top three reasons for attending A&E are:

- Suicidal ideation and/or attempts
- Depressions
- Co-dependent drug and alcohol problems

The analysis of the demographics shows that the cohort of patient attending A&E are typically under 40 years old. There is an even mix of males and females. Typically, the presentations occur out of hours and there is often a drug and alcohol component.

MH Urgent and Emergency Care Programme

The current transformation programme on Mental Health UEC began 18 months ago. The work initially focussed on s136 as a response to the changes in national legislation.

The legislative amendments of s135 and s136 of the Mental Health Act (1983) by the Policing and Crime Act (2017) were enacted on Monday 11th December 2017. A System Preparedness Plan signed off in November 2016 by the 7 Essex CCGs, 5 Acute Trusts, 3 Local Authorities, Ambulance Service and Essex Police continues to be implemented with all emerging issues being used for learning to refine processes

and pathways. The ambition is to have an Essex s135 and s136 Protocol in place by June next year that outlines roles and responsibilities of the different agencies to ensure through collaboration, partners can provide a high quality, comprehensive and compassionate response to people in a mental health crisis. Work is also currently underway to finalise the s135 pathway, Information Sharing Agreement and the Police Custody pathway.

The Street Triage Service commissioned by the 7 Essex CCGs was secured as part of the Integrated Health and Justice pathway, continues to divert s136 activity from Acute Hospitals and has significantly supported the Police in discharging their duties under the Act where a 14% reduction in s136 detentions was delivered in 2017-18 against a national rising trend. Police custody has also not been used as a place of safety since June 2017. Conveyance by Ambulance has increased from 28% to 72% in 2017-18 as Police cars are no longer used as a default position to transport people in a mental health crisis to a place of safety and patients are supported in a manner that preserves their dignity, privacy and enhances patient experience. YTD reduction in s136 detentions was 16% in Q1 of 2018-19 and conveyance by ambulance stands at 79%.

Current data indicates that 25% of people entering the s136 pathway are under the influence of alcohol or drugs. Work with public health colleagues is on-going to strengthen the community services and pathways and enable more proactive support and care options.

The second phase of work focussed on improving psychiatric liaison services. CCGs have commissioned enhanced (CORE 24 Model) psychiatric liaison services at BTUH. The service went live in the summer 2018. The service philosophy is to ensure that for all those attending the general hospitals have their mental health considered on par with their physical health, ensuring a quality of care, respect and dignity.

The service aims to see patients in A&E within 1 hour and to discharge patients from the A&E department to the clinically appropriate pathway within 4 hours. The service is provided by a multi-disciplinary team comprising of medical staff, nurses, psychologists and support workers. The service provides an assessment, diagnosis, treatment and risk management model. The initial evidence shows that the service is performing well and the average time from referral to assessment is just over an hour.

The third phase of transformation is to develop 24/7 Crisis Response and Care pathway. The Mental Health Five Year forward View sets out that, by 2020/21, the NHS needs to commission 'Crisis Resolution and Home Treatment Teams (CRHTTs) across England to ensure that a 24/7 community-based mental health crisis response is available in all areas and that these teams are adequately resourced to offer intensive home treatment and not just assessment as an alternative to an acute inpatient admission.

The current CRHTT service offer only covers 12 hours a day, 7 days a week and to make it fit for purpose work is underway to scope out the 24/7 service model that will ensure people can be supported in the community more intensively as a default position without the need for a hospital bed. Additional investment will be necessary

to pump prime the enhanced service to ensure it meets fidelity of the 24/7 pathway. The business case is currently under development and will form part of the contract negotiations for 2019/20.

The Strategic A&E delivery Board has also been working since the summer to develop a plan for managing 2018/19 winter pressures. The winter plan sets out a number of short term, operational initiatives to manage winter pressures. These include:

- Weekly extraordinary DTOC meeting to minimise delayed transfers of care
- Setting up an EPUT winter room to ensure that flow and capacity is actively managed and communicated to the system
- Sitrep shared three times a day to communicate EPUT bed pressures
- Introduction of 'Red and Green' day initiative to reduce length of stay
- Establishing a high intensity users group to manage frequent attenders
- Ensuring that people within secondary care have more robust crisis plans and know how to access care
- Integrating drug and alcohol services within psychiatric liaison service
- Reviewing PTS arrangements

Despite this, there remain concerns about the ability of the system to manage the 18/19 winter period. One of the peak demand times for mental health care is just after Christmas and New Year. The bed modelling suggests that we require an additional 16 adult acute beds to successfully manage the winter period.

The final part of the winter plan is, therefore, to temporarily open an additional adult inpatient ward by merging two older people dementia wards.

Maple Ward (Dementia Assessment Ward - Rochford Hospital) and Meadowview Ward (Dementia Assessment Ward - Thurrock) have low occupancy. This is because the respective dementia crisis teams have been very successful in treating people with dementia in their own homes. The community based model of care has reduced demand for inpatient beds. The beds are mainly used when someone with dementia has to be detained under the mental health act for their own safety. Even then, the length of stay is lower because there is better community support on discharge. This enables us to merge the two wards onto the Meadowview site.

Ashingdon ward (Thurrock Community hospital site) ward is currently empty. This ward is being re-furbished to enable the older people functional ward currently located in Basildon to be temporarily located in Thurrock.

This will enable an adult acute winter pressure ward to be opened in Basildon by December 2018. It is important that the ward is co-located with the assessment unit and is environmentally appropriate.

This sequence of moves enables us to ensure that the right locations and environments are matched to the appropriate patient groups. A full quality impact assessment has been completed. A review will be completed and engagement will commence in the spring 2019 regarding the long term bed configurations.

The plan has been approved by the Essex and Southend HOSC committees. Concerns were raised by Southend because the move meant longer travel times for some Southend patients. Southend HOSC have approved the plan subject to a number of factors to mitigate the potential longer travel times.

Recommendations

The committee are asked to note report and the current plans to manage mental health urgent and emergency care needs.