

<b>8 November 2018</b>		<b>ITEM: 7</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Mental Health Urgent and Emergency Care</b>		
<b>Wards and communities affected:</b> Thurrock	<b>Key Decision:</b> Paper for noting	
<b>Report of:</b> Mark Tebbs, Director of Commissioning, Thurrock CCG & Malcolm McCann, EPUT Executive Director of Community Services and Partnerships		
<b>Accountable Assistant Director:</b> Not applicable		
<b>Accountable Director:</b> Not applicable		
<b>This report is public</b>		

### **Executive Summary**

Demand for adult acute mental health is increasing. This is demonstrated by more people attending A&E with mental health problems. The people attending A&E often suffer from suicidal ideation, self-harm, depression and drug and alcohol problems. The number of people being detained under the mental health act is also steadily increasing year on year. There has been a small rise in the number of people in mental health services committing suicide.

As a result, the system is under increased pressure. This is shown through higher occupancy levels in the EPUT inpatient services, more people being treated out of area and the need to open escalation beds.

Over the last 18 months commissioners have focussed on developing and delivering an urgent and emergency care transformation programme. The first two phases of the transformation plan have focussed on improving:

- S136 pathways and development of street triage services. The street triage provides 24/7 mental health support to the police.
- Psychiatric liaison at BTUH providing expert assessment and treatment in A&E and on the wards

The third phase of the transformation is focussed on developing community crisis care. The Mental Health Five Year Forward View states that all areas must have community crisis services by 2020/21. The recent report from Thurrock Healthwatch highlights the difficulties people face in Thurrock in receiving co-ordinated crisis. The business case for developing 24/7 community crisis care is currently being developed but will not be ready to mobilise for winter 2018/19.

The winter plan is focussed on improving the operational efficiency of the current service. For example, reducing length of stay and reducing delayed discharges. Despite the hard work that is going on, there is concern across the system that we will not have enough beds to safely manage the peak demand over the winter period.

As such, there is a plan to temporarily merge two older people wards which are currently under occupied to form an adult inpatient ward. This will enable us to safely manage the winter plan whilst the transformation work continues to develop. Further engagement will occur in the spring to firm up the permanent future model of urgent and emergency care in Thurrock.

## **1. Recommendation(s)**

### **1.1 The committee is asked to note the content of the report and proposed urgent and emergency care plan.**

## **2. Introduction and Background**

2.1 The Mental Health Five Year Forward View sets out an ambitious national programme to improve mental health urgent and emergency care. In particular, it sets out the ambition that there should be 24/7 community crisis services across the whole of England by 2020/21.

## **3. Issues, Options and Analysis of Options**

3.1 The plan to merge the two older people wards was taken after extensive options appraisal. The process was led by EPUT clinicians who back the proposed plan. The options focussed on Southend residents who will have to travel further for dementia assessment facilities.

## **4. Reasons for Recommendation**

4.1 The proposed plan is recommended as a response to the growing demand for adult acute crisis care.

## **5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 The report makes reference to the extensive engagement work undertaken by Healthwatch regarding mental health care.

## **6. Impact on corporate policies, priorities, performance and community impact**

6.1 The impact on Community Mental Health Services has been considered. There has been an increase demand in terms of referrals over the last few years. The proposal to open Acute Adult Inpatient beds is not anticipated to add to a further increase in demand. Patients placed in out of area

placements does place additional pressure on community staff when discharge planning and staying in touch during admission dues to the distance staff have to travel. It is anticipated by having these additional beds based in the South East, the need for staff to travel outside Essex will be removed for this group of patients.

## **7. Implications**

### **7.1 Financial**

Implications verified by: Not applicable

### **7.2 Legal**

Implications verified by: Not applicable

### **7.3 Diversity and Equality**

Implications verified by: **Linda Smart**  
**Thurrock CCG, Deputy Director of Quality**

The Equality Impact Assessment has been sent to the council for review.

### **7.4 Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Staff will be consulted as this may impact on staff. EPUT will manage this through their normal HR processes. It is not expected that any staff would be made redundant as a consequence of these changes.

## **8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

Not applicable

## **9. Appendices to the report**

Appendix 1 - Mental Health Urgent and Emergency Care Programme

### **Report Author:**

Mark Tebbs, Director of Commissioning, Thurrock CCG

Malcolm McCann, EPUT Executive Director of Community Services and Partnerships.

