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Update and appraisal on the development of the MH UCD

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Status: For Approval

Purpose

The purpose of this paper is to provide the Health & Wellbeing Board an update and appraisal on the development of the Mental Health Urgent Care Department. It will:

- Outline the background
- Set out the current position
- Identify any potential risks

Background

The scope of the Mental Health Urgent Care Department (MHUCD) project is determined as a model for providing rapid intervention for patients with mental health needs without referrals, as an alternative to Emergency Departments (ED's). This will include construction of a new purpose built facility, based in repurposed footprint of the current Mental Health Assessment Unit (MHAU) and development of a new operational service by February 2023.

Outline of the service

The service aims to provide a 24/7 mental health urgent care service that enables a full and robust mental health assessment and onward care planning in a calm & therapeutic setting for patients in crisis. It will aim to understand how the patient is feeling, what triggered the crisis and provide support that will enable the patient to return home or onward refer to an appropriate service.

We expect the Mental Health Urgent Care Department will cater for the entire adult population (18+) of Mid & South Essex ICS (MSE ICS). On a population basis the patients will be in the following groups, by need:

1. Patients who would've gone to the acute emergency departments previously but come directly to the MHUCD instead

2. Patients diverted from the acute emergency departments
3. Patients who will be referred directly to the unit from 111/999, the professional line and other services
4. Those who currently seek crisis support, or attend emergency departments and leave without treatment (the unmet need).

By geography

Predominantly the patients are likely to be drawn from Basildon, Thurrock and Southend however the service will be open to all patients within MSE.

The service will provide rapid specialist assessment for all MH patients over the age of 18, presenting to the unit in crisis including those with minor self-harm and intoxication (full inclusion and exclusion criteria to be added as appendix). Further it will act as a hub to access and signpost to various resources in the community and voluntary sectors.

It is expected that no patient will stay longer than 24 hours in the service, with a vast majority either discharged or admitted to appropriate facility within 12 hours and most expected to stay no longer than 2 hours.

A summary of the services expected is detailed below:

- A triage of patient's urgency and needs
- A biopsychosocial assessment of their physical and mental health.
- A medical review; including mental state assessment, and administration or recommencement of medication if required
- Minor self-harm treatments
- One-to-one time with the team
- Referral to other mental health services/ specialist pathways or crisis alternatives
- Planning for future risks and care
- Signposting to relevant charities or community support
- Liaising with other services or carers who are involved in patient's physical and mental health care
- Immediate crisis care planning
- A clear discharge or transfer plan.
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Referral routes

The Mental Health Urgent Care Department expects patients to access the services through a wide range of referral routes. Primarily we expect patients to be attend the service via NHS 111 option 2, the professional line/ contact centre referral, ambulance conveyance or walk-in. However, the service will also accept patients diverted by the acute ED at Basildon Hospital or any other hospital in the MSE ICS, those referred by general practitioners,

community response service or conveyed by police services. The walk-in patients are likely to be known to mental health services and have crisis care planning in place which clearly outlines the expectations of the MHUCD service and patients support requirements. The MHUCD project group will work with the ambulance service and contact centre to create appropriate criteria, pathways and tools to support the triage and onward referral of patients to the appropriate services within the Urgent Care pathway.

Onward referral or Discharge

Following an assessment most patients will be expected to be discharged home with either appropriate guidance and/or onward referral to alternative services such as mental health community service, primary care, psychology support, and substance misuse service, crisis alternatives such as The Sanctuaries, housing & social care support or voluntary sector support. A small number of patients may be transferred to the Mental Health Assessment Unit for prolonged observation or trial of drugs. A few patients may need to be admitted to our inpatient facilities in an adjacent unit or to one of our other admitting facilities.

Rationale and background

The project was initiated to support the Systems current and worsening pressures within local Emergency Departments. This includes; the frequent and increasing patient length of stay in Emergency Departments while awaiting Mental Health Assessment Unit or inpatient bed availability, increasing general Emergency Department demand and limited capacity, impact on ambulance services due to delays in offloading and handing over patients posing significant risk to the system's ability to meet growing patient demand and need.