



Mid and South Essex
Integrated Care
System



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Health & Wellbeing Board Update

Background Overview

- Covid-19 pandemic prompted national creation of Emergency Department Mental Health Diversion pathways
- Some evolved into Mental Health Emergency Departments or similar
- Varying inclusion, exclusion criteria and services offered
- Varied names (MHED, MHUCH, MHCAH, MHCH)
- Some working examples are:
 - Camden and Islington NHS Foundation Trust
 - Leicestershire NHS Foundation Trust



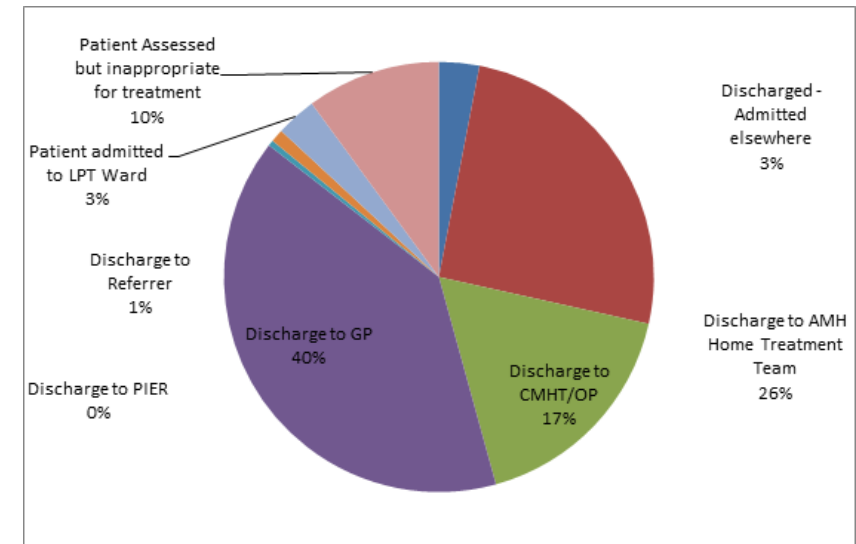
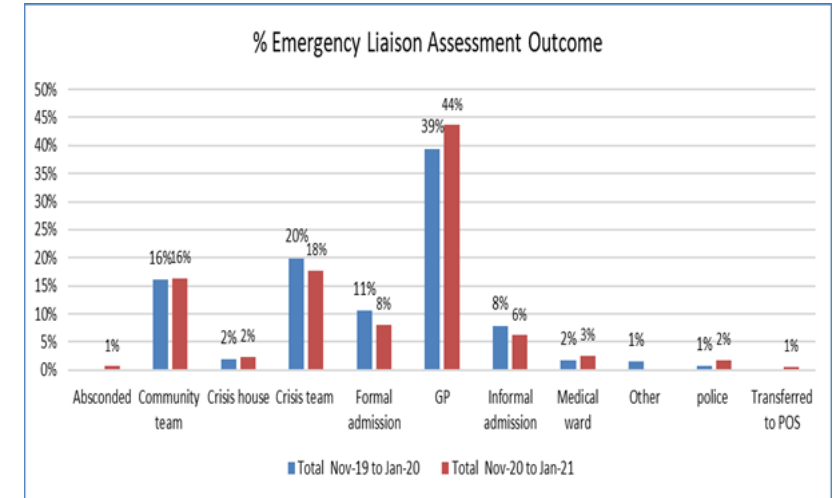
Camden and Islington
NHS Foundation Trust



Leicestershire Partnership
NHS Trust

Expected impact of this new service based on experience of other providers

- Improved patient and staff experience
- Reduction in rates of admission, less referrals for inpatient beds from MHUCD when compared to the MHLT based in A&E (less than 2% of patients referred for admission following implementation)
- Positive impact on system partners; Ambulance Services, Acute Trusts, Police and GP's due to improve patient flow and transparent entry points
- Less pressure on staff to make quick clinical decisions, more time to allow for senior medical/nursing input
- Good links with external partners; housing and social care to problem solve issues which are linked to repeated attendances
- Seamless transition to Crisis Team and Mental Health Liaison Team; same assessment tool used which reduces the workload for them
- Integrated bed management process; all informal admissions where possible and appropriate are reviewed at MHUCD
- 60% of all emergency mental health referrals now seen in MHUCD (40% of activity continues in ED)
- 92% reduction in 12-hour trolley breaches in ED
- Improved average length of stay. Average length of stay in MHCUD of 5.2 hours



To be delivered Early February 2023

Based at Mental Health Basildon site

5 assessment rooms with sofas

Walk in and ambulance entrance

Waiting area

Clinical and treatment room for medication preparation and minor injuries

Integrated staff and support service including;

Doctors

Mental Health Nurses

Physical Health Nurses

Psychologists

Social Care staff

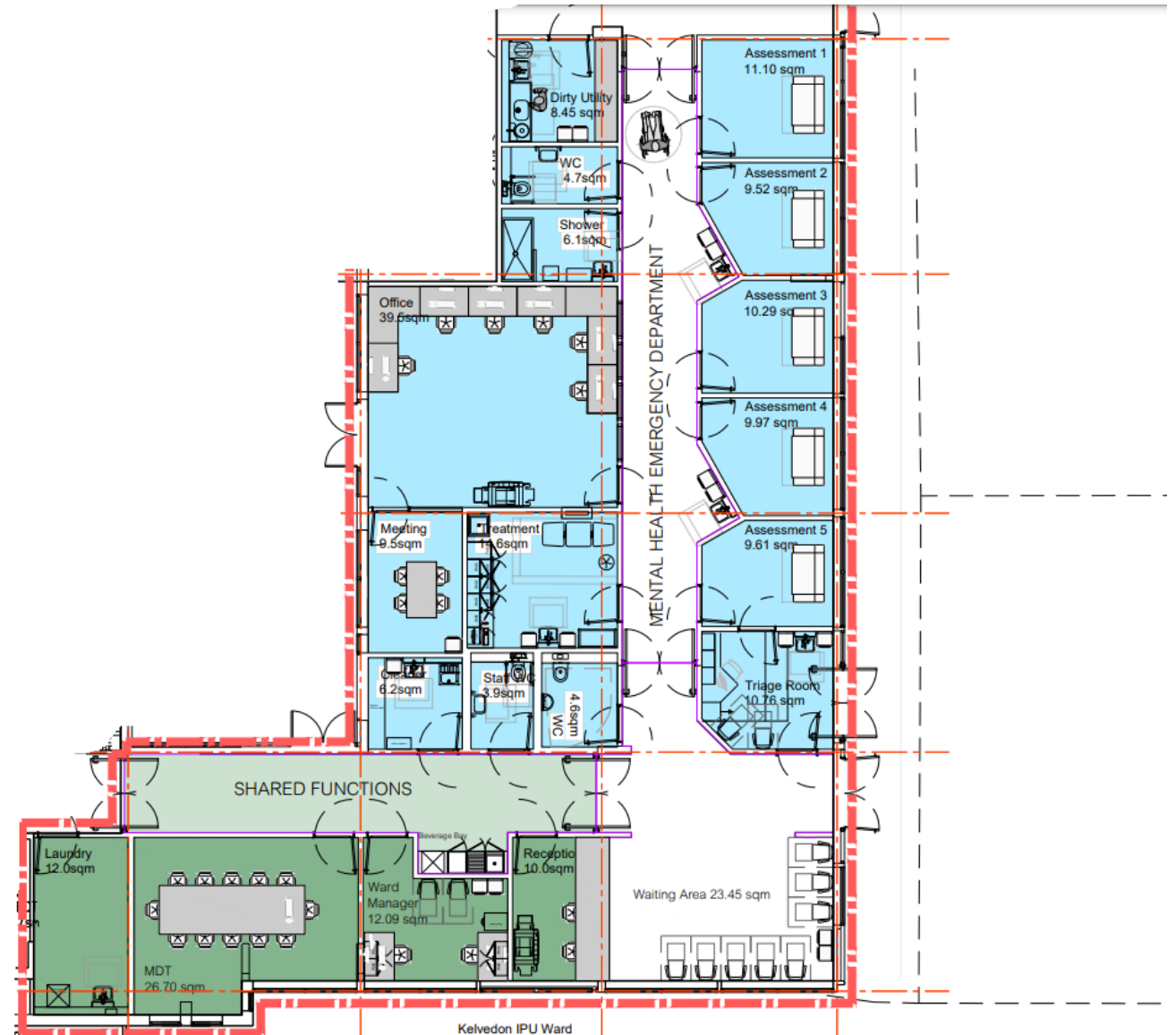
Paramedics

Pharmacy Technician

Admin and support staff

Community Teams

Voluntary sector



5 Key workstreams alongside a live experience involvement group

Estates workstream deliverables:

- Collaboratively produce a detailed design and building plan for MHUCD
- Produce the tender specification document for use in invitation to tender, and appointment and mobilisation of the chosen contractor
- Handover the constructed MHUCD estate according to design plans, brief and in accordance with the national and trust patient safety guidance

Operations workstream deliverables:

- Collaboratively create and document details of the MHED service model; Patient flow within the service, interactions and with other services, escalation pathways, robust inclusion and exclusion criteria, transportation, and wider system impact.
- Creation of service governance documentation and tools such as SOP's, relevant policies and a triage tool.

Staffing workstream deliverables:

- Collaboratively produce details of the MHUCD staffing model
- Produce the required job descriptions
- Recruit required staff including interviews, and pre employment checks
- Determine and deliver required training and induction

Comms and Marketing workstream deliverables:

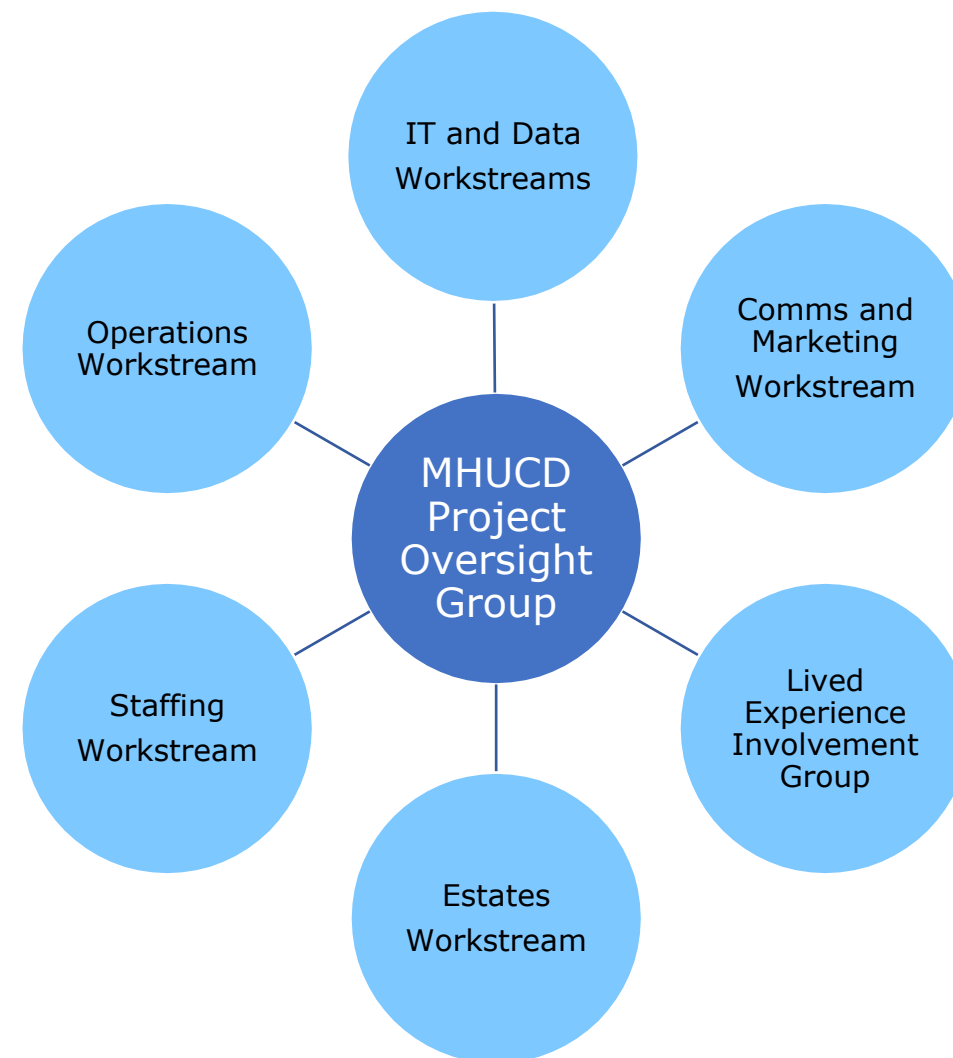
- Collaboratively produce a detailed marketing and comms plan fit for purpose
- Design and produce the required marketing and comms material
- Deliver the marketing and comms plan

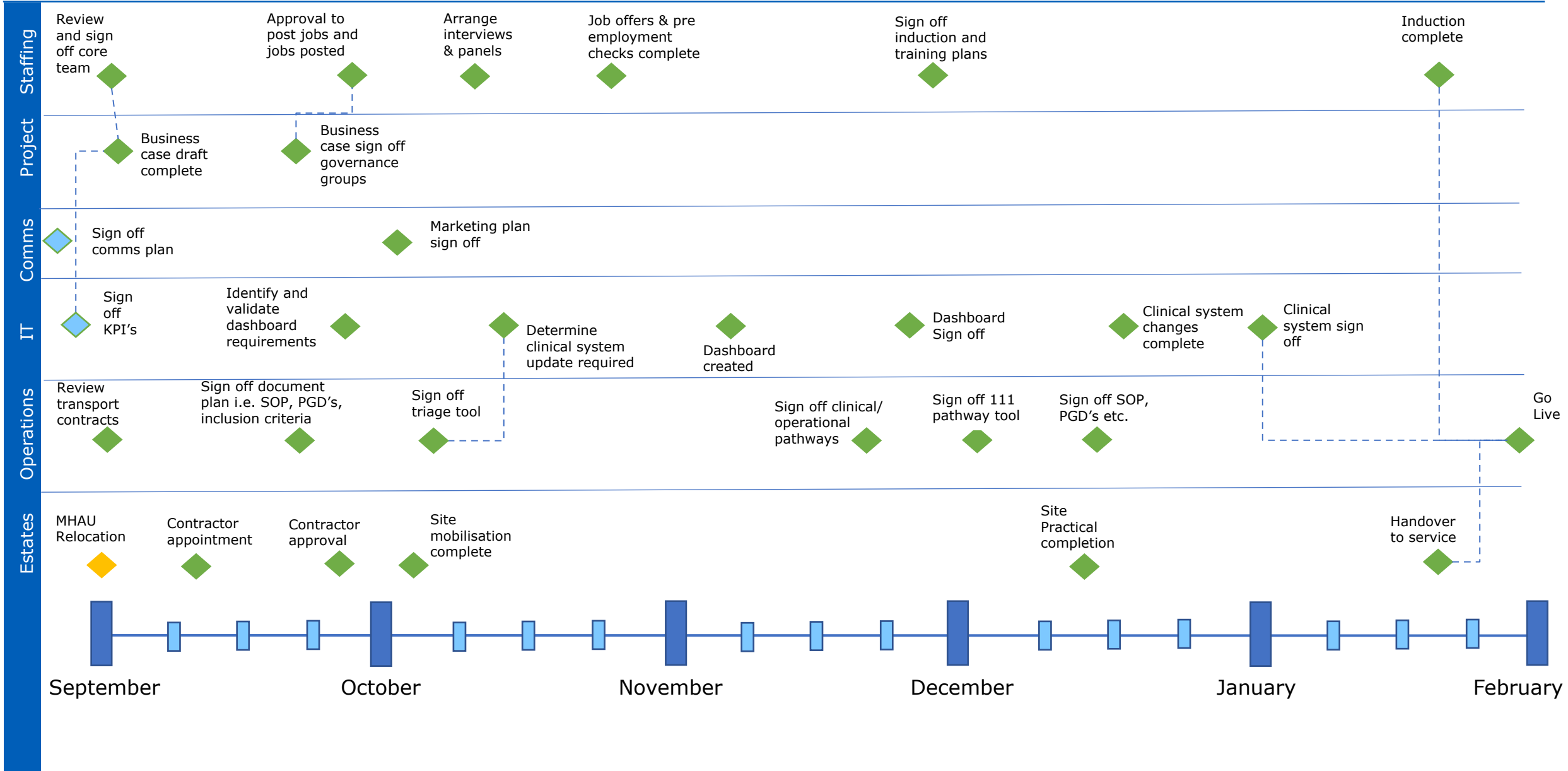
IT and Data workstream deliverables:

- Collaboratively determine the minimal viable clinical system according to data capture, clinical dashboard and operational requirements
- Collaboratively determine and produce data capture points to use for the business case, project KPI's, mandatory/ externally reported service KPI's and benefits realisation
- Design and construct the required clinical systems
- Dashboard creation and validation of input data

Lived Experience Involvement Group:

- To provide a co-productive voice of those with lived experiences to shape the workstream deliverables





ID	Risk/ Issue	Description	Probability	Impact	Mitigating Action
RL01	Risk	There is a risk of this new model of Mental Health emergency provision not being utilised correctly and not fit for purpose. As this is not a widely used and reviewed model in the UK there is little experience to draw from. This could impact the benefits of the service such as shorter handover time from ambulance service, shorter wait time for patients and reduction of inpatient admissions.	Low	Medium	Support sought from UK and worldwide providers who have successfully implemented this model of mental health emergency care. This can provide shared lessons learned and ensure EPUTs implementation of this model is supported with appropriate project stakeholder input and data capture. Clear marketing plan will support the appropriate use of the service by patients and other professionals and avoid patients/ professional misusing the service/
RL02	Risk	There is a risk that the current Diversion pathway supporting system pressures will need to be stopped to enable MHUCD construction to begin. There are currently no alternative options presented which suitable provide location alongside Grangewater ward for emergency procedure support, equipment and medication provision for the Diversion team from MHAU staff	High	High	Operational and system planning to be undertaken to determine impact and supportive plans to mitigate risk
RL03	Risk	There is a risk that workforce challenges will lead to continued vacant posts in the core team after recruitment adversited and put futher strain on already stretched system workforce	Medium	High	Review of the workforce contract options such as rotational posts to limit impact on existing system workforce. Adjust core workforce plan in favour of including easily recruitable band 7 or 8a positions vs traditinal band 6 posts to improve recruitment success and appropriate skill mix
RL04	Risk	There is a risk that data accuracy from MSE and EPUT fails to identify risks to the project success and incorrectly informs the project group of the project feasibility. This will also impact benefits realisation. Data currently shows decreasing Mental Health related attendances to Basildon and Southend Emergency Departments	High	High	Review and validate data capture comparing EPUT, MSE and manual data collection to identify areas of inaccuracy. Analysis of MSE and EPUT data underway to review the extent of the issue and begin planning actions to mitigate/progress forward
RL05	Risk	There is a risk that the reduction of MHAU beds from 18 to 15 due to the relocation to Grangewater Ward will impact patient flow and increase system pressures	Medium	Medium	There is evidence to suggest that reduction of the patient caseloads for clinical teams improves patient flow and will enable decreased length of stay Operational and system planning to be undertaken to determine impact and supportive plans to mitigate risk