

# Health and Adult Social Care Overview and Scrutiny Committee

BRIEFING NOTE – No.05/15

Date: 22 July 2015

Briefing paper to: All Members of the Health and Adult Social Care Overview and Scrutiny Committee

## **Mental Health Decisions Unit**

### **Briefing Paper – Medway HASC**

**June 2015**

#### **Background:**

Responsive mental health care at point of an individual experiencing mental health crisis is essential. Crisis Resolution and Home Treatment teams (CRHT) have traditionally been the main source of urgent care. Over the past few years other services have developed recognising that people do not always access their GP or local community mental health teams at point of crisis. The development of Liaison psychiatry has provided responsive mental health advice and assessment within physical health settings particularly within emergency departments. This has been viewed as a valuable service. With the review and redesign of acute services it has been acknowledged that acute care is more than CRHT and inpatient beds. Acute care at its best is responsive, flexible and offers choice where care is delivered.

#### **Scope:**

Mental Health Decisions Unit (MHDU) aims to provide part of the response to offer opportunity to reassess need for admission and consider accessing appropriate alternatives.

The mental health decision unit (MHDU) is a 24 hours/ 7 days per week service providing mental health support to those who have been assessed after presenting in crisis and who may require admission to hospital. The maximum capacity at any one time will be for 6 patients. It is not a bed based service, but a safe environment for a maximum period of 24 hours in order to determine ongoing care. MHDU is specifically for those who are currently not ill enough to warrant an inpatient admission but also not well enough to return home. The MHDU is available for those who are eligible for adult secondary care mental health services.

Applying this approach to KMPT we would anticipate having a facility per locality (North, West & East) with an additional service established in Medway. Each facility would have capacity to manage up to 6 patients but anticipate that they would on average have 3 patients at any one time.

## Purpose:

MHDU provides a safe place where a decision to admit has yet to be made and a period of additional assessment /observation period is required. It also provides a safe and supportive environment where a patient can reside whilst awaiting an inpatient bed.

Reassessment of need (whether admission is required or not) will be conducted by a qualified member of staff in consultation with a member of the medical team as required.

To effectively manage patient flow the MHDU can be accessed by inpatient services for patients waiting for discharge that day. It provides a safe supportive environment to the patient for final discharge plans to be implemented (i.e. medication, support).

For those assessed under Section 136 who do not require admission but need access to alternative to admission services/social support the MHDU can be accessed whilst these arrangements are being made.

## Workforce:

The staffing compliment of the MHDU will consist of 2 senior support workers who will have a constant presence in the unit. Clinical responsibility will be provided by MHDU co-ordinator (a qualified CRHT worker) who will reassess needs and refer to the appropriate service (alternative to admission, admission). The senior support workers in addition to providing emotional support and contributing to the ongoing assessment will work with the patient to identify what is required to support their return home. They will also as required liaise with community teams, carers and other organisations (CAB, Housing, Primary care, Wellbeing Café etc.).

## Anticipated Benefits:

Benefit	Desired Outcome	Metric
Reduced Admissions from Liaison referrals	<ul style="list-style-type: none"><li>• 25% reduction in admissions from Liaison referrals</li></ul>	<ul style="list-style-type: none"><li>• Liaison psychiatry referrals to CHRT for admission</li></ul>
Continued improved performance	<ul style="list-style-type: none"><li>• 50% reduction in breaching 4 hour A&amp;E for those referred to Liaison Psychiatry</li></ul>	<ul style="list-style-type: none"><li>• Liaison psychiatry referrals</li><li>• Liaison psychiatry response and disposal times</li></ul>
Timely access to mental health support in crisis	<ul style="list-style-type: none"><li>• 75% reduction in waits following assessment for MH admission for those presenting in A&amp;E</li><li>• 10% reduction in ambulance referrals to A&amp;E</li><li>• If street triage is in place<ul style="list-style-type: none"><li>○ 25% reduction of ambulance referrals to A&amp;E with those presenting with MH difficulties.</li><li>○ 25% reduction in waits for assessment in S136</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Liaison referral and response times</li><li>• Ambulance disposal outcomes for those identified with mental health difficulties</li><li>• Police referrals &amp; disposal outcomes</li></ul>
Enhanced quality and safety of Mental Health patient care	<ul style="list-style-type: none"><li>• Timely support accessed</li><li>• Reduction in waits</li><li>• Improved satisfaction</li><li>• Reduction of risk of harm for those waiting admission to mental health facility following assessment by CRHT- target 0 incidents</li></ul>	<ul style="list-style-type: none"><li>• Patient Satisfaction Survey</li><li>• HONOS</li><li>• SI report</li></ul>
Reduction in Crisis Admissions lasting 72 hours or less	<ul style="list-style-type: none"><li>• 25% reduction of admissions 72hrs in duration or less</li></ul>	<ul style="list-style-type: none"><li>• Admission data</li></ul>

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