

Core 24 Psychiatric Liaison / RAID

Operational Guidance

Version 1

Guided by our vision 'Working to improve lives' and our values to be 'Open', 'Compassionate' and 'Empowering'



OPERATIONAL POLICY

Core 24 Psychiatric Liaison - RAID

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OPERATIONAL POLICY SUMMARY		
The Trust monitors the implementation of and compliance with this operational policy in the following ways;		
Services	Applicable	Comments
EXAMPLE: MH&LD		

The Director responsible for monitoring and reviewing this policy is
Director of xxx

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Core 24

Psychiatric Liaison - RAID

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Core 24 Psychiatric Liaison - RAID

1.0 THE SERVICE

2.0 INTRODUCTION AND BACKGROUND

This operational guidance is built on and supported by the following drivers, reviews and publications:

- ✓ The Mental Health Crisis Care Concordat, Care Quality Commission (CQC) report
- ✓ Right Here, Right Now
- ✓ Urgent and Emergency Care Review
- ✓ Five Year Forward View for Mental Health
- ✓ NICE - Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care
- ✓ RCPSYC Quality Standards for Liaison Psychiatry Services Fifth Edition 2017
- ✓ NHSI, Good practice guide: Focus on improving patient flow July 2017

This Operational guidance has been jointly produced by EPUT, Basildon and Southend Acute Trusts, and Clinical Commissioning groups.

The Purpose of this document is to set out the operational framework for **Core 24 Liaison Psychiatry** (RAID: Rapid Assessment Interface and Discharge). The services are located at the general hospitals in Southend and Basildon covering the South Essex locality.

Mental Health Liaison services provide the interface between mental and physical healthcare. The services provide specialist assessment and interventions for patients undergoing assessment and treatment with in the general hospital settings. Referrals to the services can be received from inpatient services, A&E, or directly from the Emergency Doctors service (Southend Emergency Department).

Core 24 (NICE 2016)

Where the hospital has a 24/7 ED, then it should have a core 24 service level as a minimum to ensure 24/7 mental health cover. The core 24 model provides the following functions on a 24/7 basis. This includes consultant psychiatrists being available 24/7 (on-call out of hours) to:

- Provide a response to mental health crises in EDs and inpatient wards within one hour and to all urgent ward referrals within 24 hour

- Complete a full bio psychosocial assessment and formulation and contribute to treatment and collaborative care plans
- Offer brief evidence-based psychological interventions as inpatient or short-term outpatient follow-up
- Work with general hospital teams to reduce length of stay in general hospitals and improve follow-up care, particularly for older adults
- Provide advice and support to general hospital staff regarding mental health care for their patients
- Provide specialist care for older adults
- This model provides urgent and emergency, as well as unplanned, care pathways (that is, non-elective admissions to general hospitals).

3.0 PHILOSOPHY AND PRINCIPLES

'Parity of Esteem' is the principle by which mental health must be given equal priority to physical health. It was enshrined in law by the Health and Social Care Act 2012.

The service philosophy is to ensure that 'for all those attending the general hospitals their mental health is considered on par with their physical health, ensuring a quality of care, respect and dignity.

It is our endeavour to provide the highest standard of care and strive to maintain independence, whilst acknowledging the choices and rights of the individual.'

CORE 24 Model Principles:

- See patients, right place, right time:
- A&E 1 hour; inpatients 24 hours
- Assess, Diagnose, Treat, Manage risk
- Brief evidence – based interventions, short-term follow up
- Liaison with multiple professionals and agencies
- Advice, support, expertise to referrers

4.0 SERVICE AIMS AND OBJECTIVES

Service Aims (in accordance with NICE Core 24, Nov 2016)

Identify, assess and respond to urgent, emergency & routine mental health presentations in A&E and across the acute hospital

- One point of contact and access for the acute hospital.
- Early detection of mental health problems to enable rapid and appropriate intervention,
- Assess needs
- Respond to the mental health crisis in line with the EBTP standard
- Have on-site access to current clinical (including mental health care) records

- Have access to a consultant psychiatrist with significant experience in responding to mental health crises, including specialists with expertise in older adult mental health
- Have access to a range of health and social care staff with significant experience and competences in responding to mental health crises
- Work with general hospital staff to ensure the person is safe and supported while waiting for, and during, an assessment
- Have protocols in place with social care teams to provide swift access to Mental Health Act Assessments
- **Treat the symptoms of the mental health crisis**
 - Provide access to NICE-recommended urgent and emergency care, including NICE- recommended treatment for self-harm
- **Provide access to ongoing support**
 - Offer follow-up care within the service (or refer to another service if clinically appropriate). This has been shown to improve patient care and reduce ED re attendance rates
 - Continuity of care for people already known to mental health services,
 - Signpost to other support, including voluntary sector and community groups.
 - Help with discharge planning, and general advice and support
- **Provide service-level support**
 - Ensure effective and transparent pathways by establishing links with other emergency, health and social care services, including those provided by the voluntary sector
 - Provide training to other healthcare professionals who may need to respond to mental health crises (for example, training ED and general hospital ward staff on local protocols, legal frameworks, mental health awareness, and responding compassionately and appropriately). Wherever possible, mental health awareness training should be co-produced and co-delivered with people with lived experience
- **Enable data, record and information sharing** across mental health services, general hospitals, primary care and other health and social care services to ensure:
 - rapid, appropriate and safe treatment
 - timely and effective community-based follow-up
 - that patients' up-to-date histories and preferences are known

By the detection, recognition and early treatment of impaired mental wellbeing and mental disorder the service will realise the following benefits:

- Reduction in excess morbidity and mortality associated with co-morbid mental and physical disorder.
- Reduce the overall cost of care by reducing the time spent in A&E departments and general hospital beds.

- Reduction in the excess lengths of general hospital inpatient stays (4:1 savings by reducing lengths of stay).
- Effectively manage risk to reduce the risk of harm to the individual.
- Improved service user experience
- Increased knowledge and understanding of mental health issues amongst general hospital staff
- Improved care outcomes
- Reduced emergency department waiting times
- Reduced admissions and lengths of stay
- Reduced readmissions, frequent attenders
- Reduced use of acute bed by patients with dementia
- Reduced risk of adverse events
- Improved compliance of acute trusts with legal requirements under the Mental Health Act (2007) and Mental Capacity Act (2005)
- Reduced psychological distress following self-harm, and reducing suicide

Performance outcomes are monitored by the following Indicators:

- A&E liaison assessment with in a maximum of 1 hour of referral (90% of referrals)
- Urgent ward Assessment with in a maximum of 4 hours of referral. (90% of referrals)
- Routine ward assessment with in a maximum of 24 hours of referral (for 95% of referrals).
- CQUINN 2017/18 Frequent attenders/readmissions
- PLAN
- Friends and family
- Referrer satisfaction

5.0 SERVICES PROVIDED

The service provides liaison psychiatry to Basildon and Thurrock University Hospital (BTUH) and Southend Hospital University Foundation Trust (SHUFT) 24 hours a day 365 days a year.

Liaison mental health is concerned with the care of a person who presents with both mental and physical health symptoms regardless of presumed cause. The service will see people when they are experiencing or have experienced any of the following:

- Co-morbid mental illness
- Self-harm leading to medical or surgical treatment
- Suicidal ideation

- The consequences of alcohol and drug use, including when co-occurring with a mental health problem
- Dementia or delirium
- A severe mental illness, such as schizophrenia, bipolar disorder or severe depression, or a personality disorder
- Social vulnerability that may have a mental health problem or trauma as a component or root cause, for example, homelessness or domestic abuse
- Those in the acute settings with medically unexplained symptoms.
- Learning disability
- Eating disorder
- Psychological assessment and support.

In addition the service also provides:

- training to general hospital clinical staff to enhance their existing skills and improve recognition, treatment and appropriate referral for people with mental illness/disorder
- helping to ensure the same attention is paid to people's mental health and physical needs while they are in hospital
- identifying underlying mental health problems for people primarily presenting with physical health problems
- supporting the efficient running of the hospital through prompt and well-coordinated discharge, increasing the safety of patients and staff, and ensuring a good

Service Components:

5.1 A & E services – MDT Liaison Service:

- To provide timely and high quality A and E mental health liaison assessment.
- To work with community mental health services, DIST & Home Treatment to prevent unnecessary hospital admissions.
- Provide assessment, diagnosis, risk management, brief intervention, short-term follow up; and referral/signposting to appropriate services.
- Manage the admission between the general hospital to Inpatient mental health service both informally and those detained under the mental health act.

Please refer to specific Operational protocol regarding the Mental Health Suite (Appendix)

5.2 Inpatient Wards – MDT Liaison Service:

- To provide timely and high quality emergency mental health liaison assessment for hospital inpatients. All Urgent referrals assessed with in a maximum of 4 hours of referral.
- To provide timely and high quality routine mental health liaison assessment for hospital inpatients within 24 hours.

- To provide timely and high quality specialist dementia assessment, and liaison work with DIST
- To contribute towards a reduce length of patient stay of patients on the general medical and surgical wards.
- As required provide follow up for duration of stay in hospital.
- Where a person is transferred from Mental health inpatient services for physical care provide support and liaison between services.

5.3 Liaison Team will:

- Work collaboratively following mutually agreed care pathways with general and mental health services.
- Gate keep admissions from the general hospitals to the Mental health assessment unit between the hours of 20:00 – 08:00
- Ensure effective referral to both inpatient and community Mental health services.
- Ensure effective evaluation and performance monitoring of the service.
- Provide education and support to general medical and surgical staff at the General Hospitals to enable them to better recognise, treat, care for and refer appropriately mental illness.
- Improve recognition and treatment of mental illness on the medical and surgical wards.
- To provide specific education and support to enable general medical and surgical staff to care better for patients with dementia

5.4 Psychology Service

We provide specialist psychological assessment and psychological interventions and therapies for individual clients and provide advice, guidance and consultation on clients' psychological care to non-psychology colleagues, carers and family.

5.5 Clinical Responsibilities include

- To provide clinical assessment, treatment, consultation about clients, as well as supervision and training for MDT members.
- Provide a diagnostic assessment / consultation to individual patients in a supportive and positive team environment.
- Provide recommendations for further action / treatment of patients referred for clinical psychology opinion, referring on to other agencies as required.
- To provide specialist psychological assessment of referred patients in order to determine immediate psychological treatment needs, which may include referral on to other specialist mental health services, primary care services, or community services.

- To ensure that referrals are triaged, discussed and managed appropriate to capacity for the contracted number of sessions, whilst ensuring 18 week referral to treatment waits are not breached.
- To provide evidence-based and where possible NICE-recommended group and individual treatments.
- To develop appropriate discharge plans for clients.
- To undertake risk assessment and risk management for individual clients and to provide advice to other professionals on the psychological aspects of risk assessment and risk management.
- To manage agreed outcome data appropriately, including quarterly reports on data analysis.
- To contribute towards teaching of staff at the Hospital where appropriate to capacity, and provide clinical consultation to medical staff.

5.6 Primary Care / Community

Acute hospital staff should have access to an up-to-date NHS111 Directory of Services (DoS) and primary care social prescribing directory, to enable faster onward referral to appropriate community services

By the time of discharge, those having experienced a crisis should have been appropriately assessed, an urgent and emergency mental health (UEMH) care plan or follow-up care accepted and scheduled, or advice/signposting provided.

5.7 DIST

For people with mental health needs and dementia on acute hospital inpatient wards, early involvement of liaison teams including embedded social care and housing expertise will improve discharge planning and co-ordination, resulting in shorter lengths of stay and reduced general hospital readmissions for adults and particularly older adults.

5.8 Perinatal

5.9 Substance Misuse Service

People who are intoxicated and experiencing mental health problems:

- Should be assessed and given appropriate support. All hospitals should have access to a drug and alcohol liaison service, which is either part of a liaison mental health team or provided through another model, such as an alcohol care team.
- Should be kept safe physically and assessed clinically as having sufficient mental capacity to receive mental healthcare.
- Should be assessed for transient suicidality or psychosis, in which cases the liaison mental health team should provide interventions.

5.10 Frequent Attenders (CQUIN)

People who are known to mental health services and also frequent attenders should have a co-produced care plan in place, including an advance decision crisis plan of the actions to take to manage a crisis, as well as arrangements to support the patient to share that plan safely with ambulance, ED and other staff.

6.0 LOCALITIES

Core 24 Liaison Psychiatry services are provided at the following sites by South Essex Partnership NHS foundation trust.

- RAID team East, Southend Hospital University Foundation Trust
- RAID team West, Basildon and Thurrock University Hospital.

7.0 REFERRAL TO TEAMS

People thought to have a mental health condition should be triaged by compassionate staff trained in line with the National Confidential Enquiries into Patient Outcome and Death (NCEPOD) 2017 recommendations, as adverse attitudes increase the risk of repeat self-harm and suicide. Particular attention should be given to providing a compassionate response to those groups who report poorer experiences of ED and are at much higher risk of suicide, including those diagnosed with personality disorders and those who self-harm. Care should be provided in line with NICE guidance CG16 for the short-term management and prevention or recurrence of self-harm.

Referrals to RAID are made directly to the service in writing and faxed directly in line with locally agreed procedures.

All referrals will be recorded, detailing the date and time, source, reason for referral. Each referral will then be prioritised in line with care pathways.

8.0 PRIORITISATION OF REFERRALS

Priority	Description	
Emergency	High risk self-harm/suicide, unlikely to wait for assessment (ED or ward)	Response time: Not exceeding 1 hour of time of referral
	Mental Health Act assessment	

	Presentation with likely acute & severe mental illness, agitated or disturbed behaviour	
	Mental health presentation to emergency department where accepted for assessment	
Urgent	Patients where mental health advice required for immediate management decision e.g. capacity	Response time: Within a maximum of 4 hours of time of referral.
	Patients admitted following self-harm or self-injury	
Routine	Non urgent inpatient referrals	Response time: Within a maximum of 24 hours of referral.

9.0 ASSESSMENT OF REFERRALS

Once received a referral will be reviewed by a member of the team. Where deemed appropriate an initial assessment will be undertaken. If it is deemed that the referral is not appropriate at this point this will be communicated directly with the referrer.

Most assessments will be completed at initial contact, allowing a decision to be made as to clinical needs and on-going management. Where this is not possible, further assessment may be necessary.

For patients with in the wards the outcome of the assessment will be clearly recorded in the ward notes in addition to EPUTS electronic records.

A joint decision between the RAID team and general hospital medical team will be made as to a person being deemed medically fit for assessment.

10.0 ENTRY CRITERIA

No exclusion criteria

11.0 RECORD KEEPING

All staff will adhere to the trusts records management policy and procedures CP9. All documentation will be via the Electronic records system (Mobius) for in patients the liaison service will have access to the general hospital case notes to facilitate effective communication between services.

12.0 CASE MANAGEMENT

The person will remain the responsibility of general hospital case management throughout their inpatient stay, with support provided by the RAID service.

[See separate operational protocol for the mental health suite]

13.0 DISCHARGE FROM THE SERVICE

Discharge from service will be made following completion of treatment, following review of the caseload of the team or when referral to another service is indicated.

Prior to discharge, a review of the plan of care will be undertaken and discussed with the patient. A discharge summary will be sent to the General Practitioner along with other services involved services at point of discharge.

14.0 INTERFACE WITH OTHER SERVICES

Referral to other services will be made with the agreement of the patient. Referral will be by letter which will include where appropriate, full mental health assessment, risk assessment and, recommended treatment.

15.0 INTEGRATED GOVERNANCE

The Liaison mental health service will have fully integrated governance arrangements (involving senior clinical staff) in place with A&E and other general hospital departments. This will assist the development of relationships, processes and shared learning between liaison mental health teams and A&E and ward teams, including improving quality and safety. There are opportunities for shared learning from adverse incidents, such as people leaving A&E and delays in pathways. In practice, integrated governance could be achieved through, for example, regular meetings involving professionals from both mental health and acute medicine, with

clear reporting lines to A&E delivery boards/hospital boards and links to other relevant in-hospital professional groups.

Liaison mental health services have joint ownership and governance arrangements between acute trusts, mental health trusts and other local providers including senior clinical and operational leadership from those providers. This should improve partnership working by the liaison service and local providers of community, primary, social care, housing and public health

16.0 PROVIDING TRAINING TO HOSPITAL COLLEAGUES

Rolling programme includes:

- Mental Health Awareness
- Mental Health Act (2007) & Mental Capacity Act
- Safeguarding
- Self-Harm Management (NICE)

17.0 ESTABLISHMENT OF LIAISON PSYCHIATRIC STAFFING LEVELS

Establishments of liaison psychiatry staffing levels including MDT, 12 hr rota & innovative roles – see sections 17.1 - 17.6 for Key Competencies

Who we are:

Basildon

Staffing	Core 24
Consultant Psychiatrist	1.50
Band 6 Nurse	11.50
Band 2 Nurse	3.00
Psychologist Band 8a	2.00
Clinical Manager Band 8a	0.20
Medical Secretary Band 4	1.00
Admin Band 3	1.00

Southend

Staffing	Core 24
Consultant Psychiatrist	1.50
Band 6 Nurse	11.50
Band 2 Nurse	6.05
Psychologist Band 8a	2.00
Clinical Manager Band 8a	0.20
Medical Secretary Band 4	1.00
Admin Band 3	1.00

17.1 Key competences common to all roles (Core 24 NICE, 2016)

- Up-to-date knowledge of relevant legal frameworks (for example, Mental Health Act and Mental Capacity Act)
- Ability to complete personalised risk assessments, including for self-harm and suicide prevention
- Up-to-date knowledge of the general hospital system
- Knowledge and skills around the care and treatment of older adults, people with drug or alcohol use problems, people with learning disabilities and people with physical health problems
- Skills in providing training and support to general hospital staff around mental health problems
- Knowledge of local services for people who use drugs or alcohol, including social care and voluntary sector services.

17.2 Medical

- Expertise in pharmacological treatments
- High level of competence in bio psychosocial assessment
- High level of leadership
- Specialist training in working with older adults and people who use drugs or alcohol (in enhanced 24 or comprehensive services)

17.3 Nursing

- High degree of clinical leadership, providing clinical expertise and supervision
- Specialist training in working with older adults and people who use drugs or alcohol
- Ability to work autonomously and complete bio psychosocial assessments
- See the competence framework for liaison mental health nursing

17.4 Drugs and alcohol

- Skills in addiction treatment, including comprehensive assessments, care planning, medically-assisted alcohol withdrawal, detoxification, psychological interventions and relapse prevention support
- Skills in brief intervention
- High level of competence in assessment of co-occurring drug or alcohol use and mental health problems
- Specialist training in drug or alcohol use in line with National Occupational Standards (NOS) Skills for Health
- Ability to train, advise and supervise others in co-occurring drug or alcohol use and mental health problems
- High level of skills in engaging, liaising and co-ordinating across organisational boundaries
- See the Dual Diagnosis Competency Framework

17.5 Older adults

- Specialist expertise in old age psychiatry
- Knowledge of particular presentations and treatments of mental health problems in relation to coexisting physical health problems
- Ability to identify social factors in the presentation of mental health problems in older adults
- Expertise in the assessment and management of those presenting with delirium
- Specialist expertise in dementia identification, assessment and diagnosis

17.6 Developmental and learning disabilities

- Expertise in developmental and learning disabilities
- Knowledge pertaining to complex needs and completing

18.0 MENTAL HEALTH SUITES / HIGH RISK ASSESSMENT ROOM

People presenting with a mental health crisis need to be assessed in an environment that is quiet, safe and supportive. While waiting for assessment and treatment, to reduce their distress and during the assessment itself, patients should have access to a bespoke mental health assessment room. (NHSI July 2017, Good Practice guide: Focus on improving patient flow)

In Basildon and Southend Hospital Mental Health suites have been provided that will include a High Risk Assessment room in accordance with PLAN.

Rooms need to be furnished so that furniture cannot easily be used as a weapon.

The seating should be sturdy and comfortable. Ideally the room needs to be large enough to allow four people to sit comfortably in. The peer review team and the Accreditation Committee need to agree that your facilities are safe and private.

Due to the safety requirements of the room, the room can look stark and unfriendly. Canvas pictures, murals and artwork which are secured tightly to the walls are a way of making the room more inviting, as is painting the walls.

Teams who are unsure whether their room meets the requirements are encouraged to consider the following points:

- Is the room located in the main Emergency Department? Are colleagues easily accessible in an emergency?
- Are there any ligature points, or items that could be used to make a ligature? This includes fittings protruding from the wall.
- Can the furniture be easily picked up or moved?
- Are any windows in the room made of toughened glass?
- How big is the observation panel or window? Privacy is important and frosted film can be used to cover two thirds of the window, or a blind could be installed outside the room if needed.
- Is there a strip alarm if staff do not carry personal alarms? Can the alarm be easily accessed in an emergency?
- Are there two doors?
- Does at least one door open outwards and ideally both ways?
- Are any pictures or noticeboards on the walls securely fastened and made

Figure 1: Summary of the pathway for an emergency response from liaison mental health services

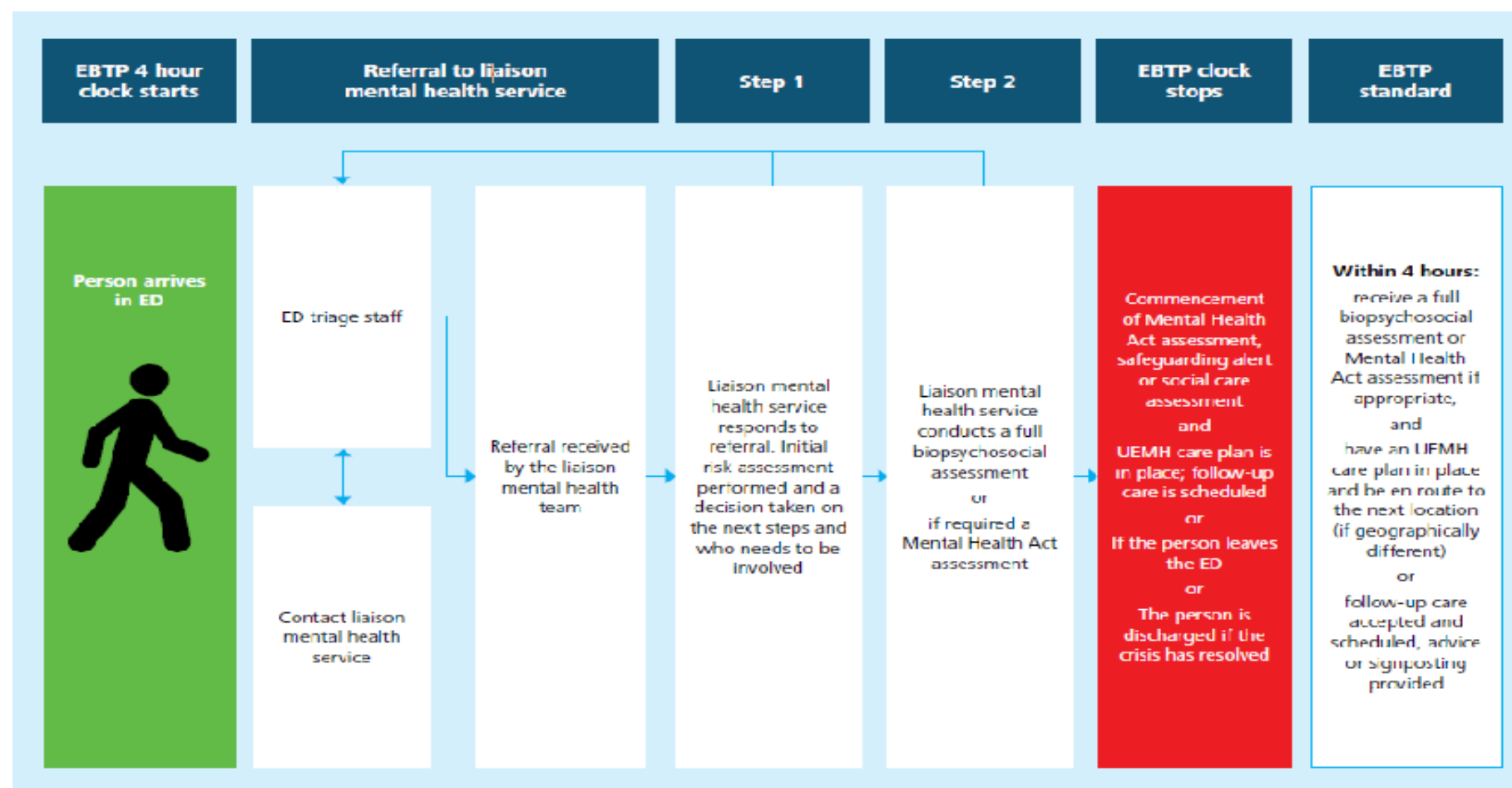
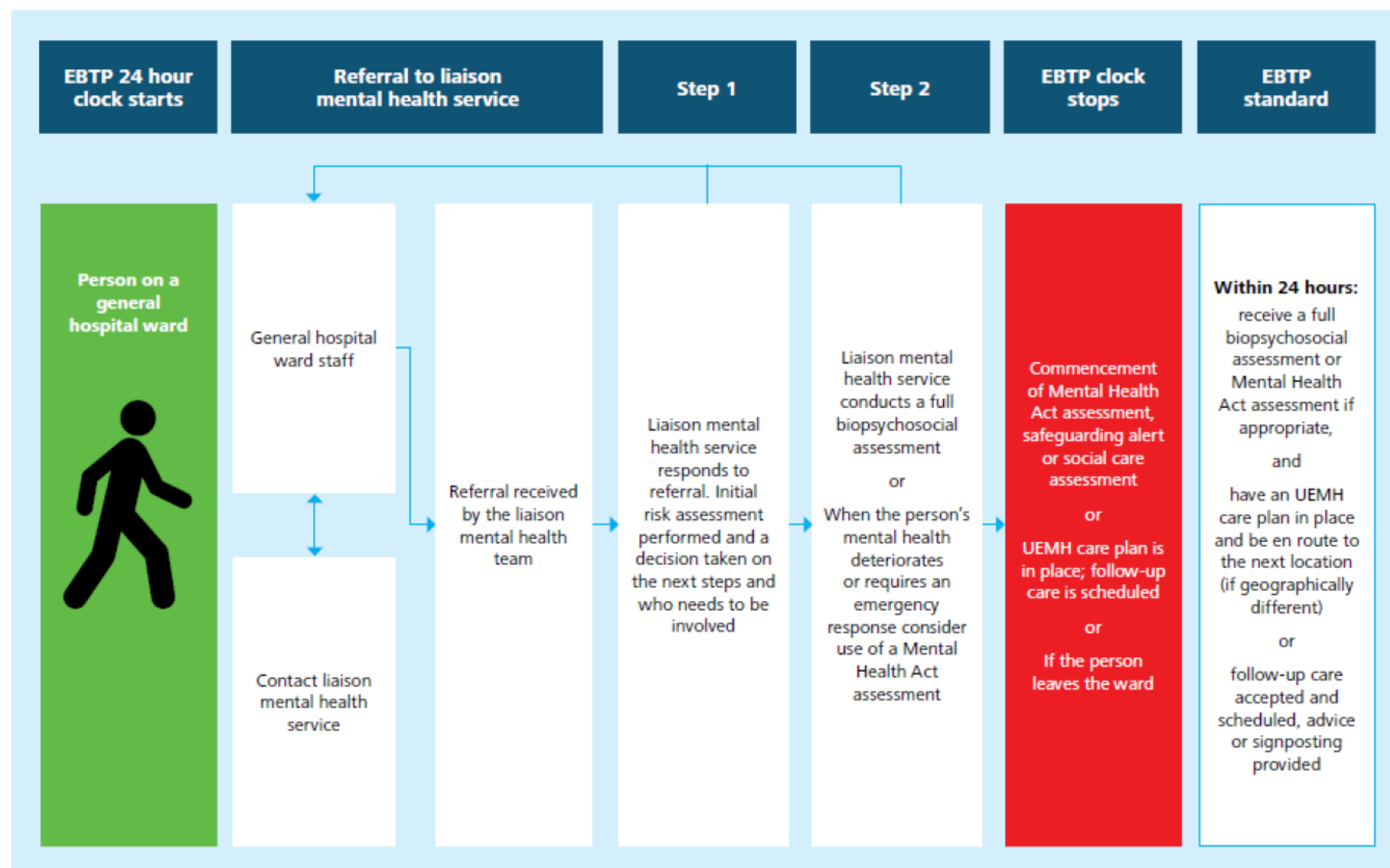
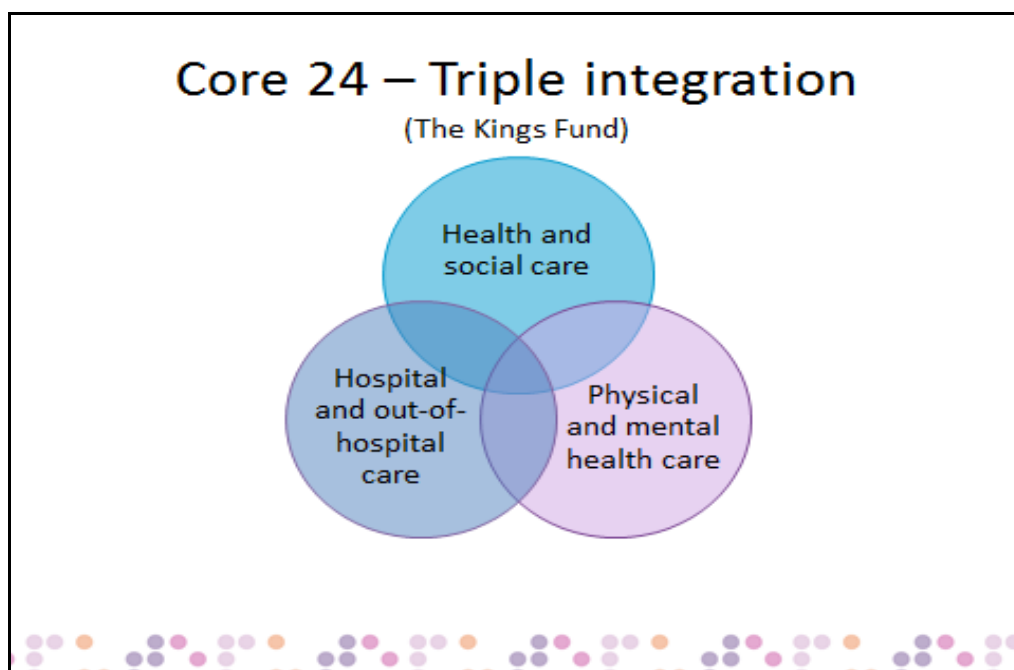
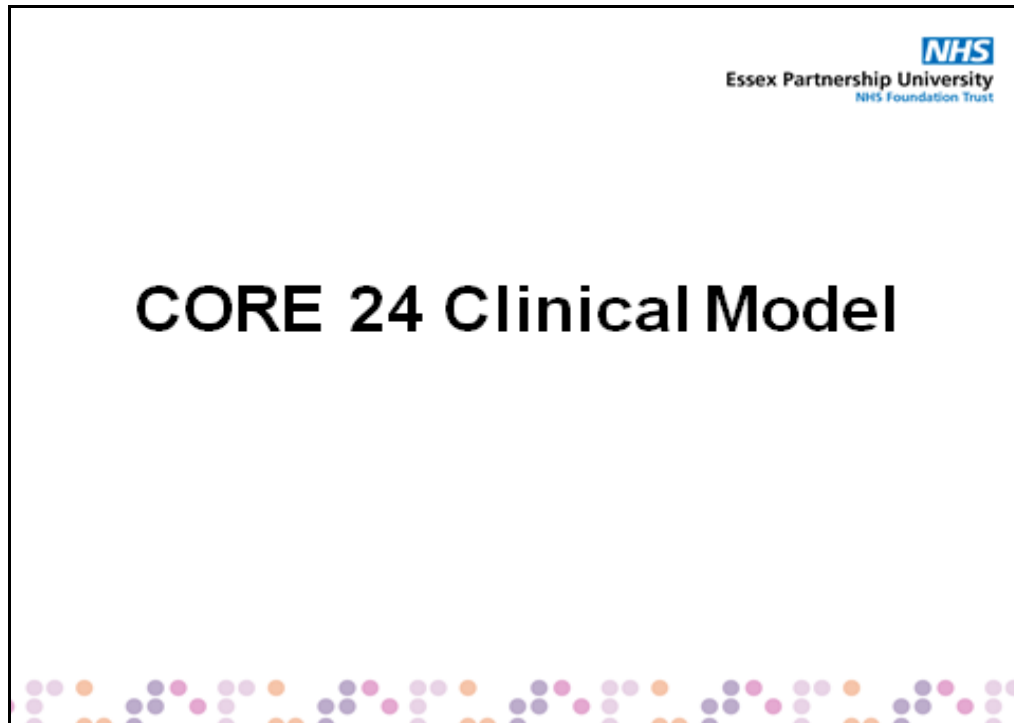


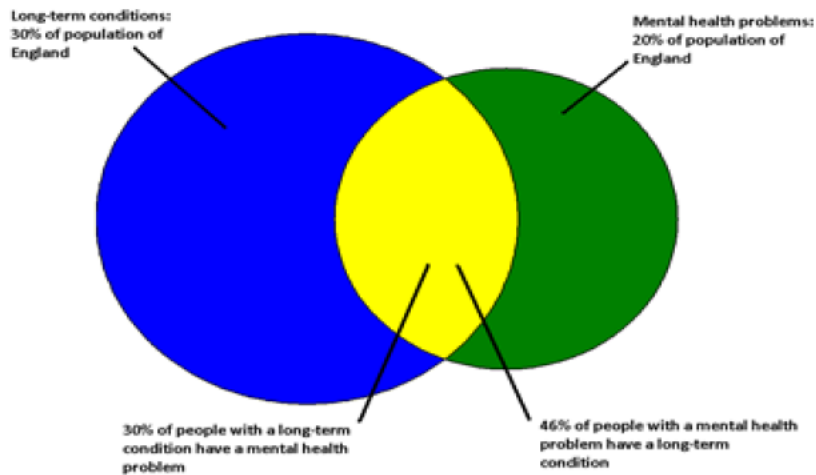
Figure 2: Summary of the pathway for an urgent response from liaison mental health services



SUMMARY OF URGENT & EMERGENCY PATHWAYS



Mental and physical health are highly interdependent (The Kings Fund)



CORE 24 model principals

*See patients, right place, right time:
A&E 1 hour; inpatients 24 hours.*

Assess, Diagnose, Treat, Manage risk

Brief evidence-based interventions, short-term follow up

Liaison with multiple professionals and agencies

Advice, support, expertise to referrers

Operational Policy underpinned by NICE Guidance and PLAN Accreditation

- Referral sources & procedures - see audit
- Mental health assessment and care planning
- Collaborative working in the general hospital i.e – COPD, Older Adults, Dementia
- Interfaces with other services
- Staffing, support and communication
- Quality, Audit and Governance
- Providing urgent and emergency mental health care
- Providing routine mental health care to adults
- Providing psychological therapies & interventions recommended by NICE.
- Providing training to hospital colleagues- MH awareness, MHA, self harm management (NICE)
- Establishment of liaison psychiatry staffing levels – MDT, 12hr rota
- Mental health suites & high risk assessment rooms

Benefits

- Reducing length of stay (Other trusts 4:1 savings by reducing length of stay)
- Improved service user experience
- Increased knowledge and understanding of mental health issues amongst general hospital staff
- Improved care outcomes
- Reduced emergency department waiting times
- Reduced admissions and lengths of stay
- Reduced readmissions, frequent attenders
- Reduced use of acute bed by patients with dementia
- Reduced risk of adverse events
- Improved compliance of acute trusts with legal requirements under the Mental Health Act (2007) and Mental Capacity Act (2005)
- Reduced psychological distress following self-harm, and reducing suicide

Benefits cont

- Reduced psychological distress following self-harm, and reducing suicide
- Reduced risk of adverse events
- Improved compliance of acute trusts with legal requirements under the Mental Health Act (2007) and Mental Capacity Act (2005)
- Reduced psychological distress following self-harm, and reducing suicide
- Integration with other resources
- Training and recruitment
- Innovative roles – physician assistant, nurse px practitioners, peer support workers, Clinical training fellows