Cheshire and Wirral Partnership
NHS Foundation Trust

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Operational Policy for an Integrated West Cheshire Crisis Resolution Home Treatment and Liaison Psychiatry Team

Lead executive	Medical Director
Authors details	Deputy Clinical Service Manager

Type of document	Policy
Target audience	All CWP staff
Document purpose	This policy explains how the CRHTT and Liaison Psychiatry teams can operate together to provide a more responsive approach for people in mental health crisis.

Approving meeting	West Locality Governance Meeting	Date 18-Dec-15
Implementation date	18-Dec15	

CWP documents to be read in conjunction with	
CP20	Operational Policy for Crisis Resolution and Home Treatment Teams within the adult mental health service line
CP68	Liaison Psychiatry Teams Operational Policy
AMWC1	West Clinical Service Unit (CSU) SOP for out of hours service
CA2	Assessment and Outreach team policy

Document change history	
What is different?	New policy document
Appendices / electronic forms	N/A
What is the impact of change?	Closer working between Liaison and CRHTT and aim for clients to be seen within 4 hours of referral.

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	Consultant Psychiatrist Acute Care, PCMHT Manager, CRHTT Manager
Corporate services	N/A
External agencies	N/A

Financial resource implications	None

External references
1. Crisis Care Concordat
2. Acute Care process pathway

3. Referral for Access Assessment into Inpatient services for Children and Young People form
4. Cheshire and Wirral Partnership NHS Foundation Trust, (2015): Assessment of capacity to consent to treatment.
5. Department of Health, 2015: Deprivation of Liberty Safeguards Form 1: Request for Standard authorisation and urgent authorisation.
6. HM Government (2011): Parity of Esteem.

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
No		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Contents

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1. Introduction

The Department of Health has prioritized the provision of mental health services within the Parity of Care and Crisis Care Concordat policies (HM Government 2011, NHS England, 2014). The Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester Healthpark Accident and Emergency Department (AED) are signatories to the Pan Cheshire Crisis Care Concordat agreement. This has provided a declaration in January 2015 and a plan to implement the aims of the Concordat was agreed in April 2015.

The Crisis Care Concordat is a national agreement between the Department of Health and the Home Office. Signatories also include Local Authorities and Police services. Service user and care input was supported by Mind.
The aim of the Crisis Care Concordat is to provide early intervention for people in mental health crisis. The Concordat sets out how organizations will work together better to ensure that people get the help that they need.

The Concordat focuses on 4 main areas:

- Access to support before crisis point 24 hours per day;
- Urgent and emergency access to crisis care as a physical health emergency;
- Making sure that people are treated with dignity and respect in a therapeutic environment;
- Preventing future crisis by referring people to the appropriate services.

2. Joint working between CRHTT/Liaison/PCMHT

To begin to address the goals of the Crisis Care Concordat and improve access to the West Cheshire mental health services this policy will reflect the changes in working practice and referral pathways.

To meet the goals of the Crisis Care Concordat and the needs of people in crisis who require urgent care has required closer operational working between the Crisis Resolution Home Treatment Team (CRHTT), Liaison Psychiatry team, and the Primary Care Mental Health team.

This is because these statutory services are the first contacts that will people have who are seeking help.

Closer joint working is necessary because:

1.The West Cheshire CRHTT is a larger team than the Liaison Psychiatry team and has the capacity to provide an Out of Hours Service for people presenting to the Countess of Chester Accident and Emergency Department (COCH AED). This requires closer working and handover between the 2 services.

2. One member of the CRHTT is based within the Primary Care Mental Health team (PCMHT). This provides an urgent care pathway for General Practitioners (GP) to the PCMHT for people in mental health crisis who do not require medical treatment. This worker is able to arrange urgent appointments with people instead of attending COCH AED. They can also provide advice to the GP and a referral pathway to services. The CRHTT is worker is well placed to make appropriate referrals to the CRHTT for people in crisis.

3. To develop closer working a system of meetings take place: monthly meeting between CRHTT and Liaison team managers; quarterly meeting between CRHTT, Liaison, and PCMHT Team Managers

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and Consultants, and quarterly multi professional meetings for frequent attenders to COCH AED. This is attended by COCH AED Matron, Liaison Psychiatry Team Manager, CRHTT Team Manager / Clinical Lead, Street Triage, and North West Ambulance Service.

Each meeting is minuted and GPs are informed of the outcomes for their patients discussed in the Frequent Attenders Meeting by correspondence. From a client perspective the goal will be to improve access to mental health services and aim for 80% of new referrals to be seen within 4 hours.

3. Working Practice

1. From 13th April 2015 the West Cheshire Crisis Resolution Home Treatment team (CRHTT) operates a 2 shift system. All full time band 3, band 5, and band 6 practitioners work either a Long Day shift (0800-2030) or a Long Night shift (2000-0830) which will include a one hour break. This can be adjusted according to individual whole time equivalent employment contracts.

Out of hours working

2. All staff within the CRHTT will be required to also complete night shifts as Out of Hours workers.

3. The current office for day shifts for the CRHTT is Upton Lea Resource Centre. The Liaison Psychiatry office that is based in the Countess of Chester Healthpark Accident and Emergency Department (COCH AED) is the base for the Out of Hours workers (OOH).

4. There will be a minimum of one band 6 worker on each night shift. They will be supported by either another band 6, band 5, or band 3 worker.

5. The role of the band 6 worker will be to complete initial assessments of people admitted to COCH AED or the Medical Assessment Unit. The band 3 or band 5 worker role will be to answer the CRHTT patient contact phone.

6. Each referral accepted by the OOH will have an assessment and report completed in accordance with the Out of Hours Policy AMCW1.

7. Each telephone contact received will be documented in the electronic patient record and recorded for audit purposes.

4. Contingency planning in the event of sickness / absence

The contingency for a band 5 and band 3 in the event that a band 6 is unable to attend the night shift and that there has not been enough notice to cover that shift is addressed in Appendix 1 and Appendix 2.

Delivering an accessible service during periods of sickness and absence

At times of low staffing within the Liaison Psychiatry service when there is only one member of staff on duty, or that nobody is on duty after 5pm the Liaison bleep will be transferred to the CRHTT.

The team will be able to respond to referrals **if** they have the capacity for a Band 6 practitioner to attend the COCH to complete an assessment.

Existing client contacts within the CRHTT will be prioritized before attending the COCH. If a client in AED cannot be seen because of CRHTT commitments a Datix must be entered and the Matron in COCH AED will be informed. This will then be referred to the OOH practitioner.

Exceptions to this will be if a patient in COCH AED is acutely distressed and / or a significant risk to himself or others. This will be treated on an individual basis and will be discussed between the AED

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Matron and CRHTT Shift Coordinator. In the event that CRHTT visits are cancelled as a result - a Datix will be completed , the clients will be informed and an alternative appointment arranged as soon as is convenient to them.

5. Referral Pathways

Liaison Psychiatry

Liaison Psychiatry assess new referrals to the COCH AED, and will assess those people in the Medical Assessment Unit, Acute Medical Unit, and the medical wards. The team will also assess and provide interventions for Older People and access the Ellesmere Port Hospital that is part of the COCH footprint.

Referrals are received either from AED, MAU, or the wards. Interventions are biopsychosocial assessment and referring to primary or secondary services.

The Liaison Psychiatry team can refer directly to the CRHTT, and arrange follow up either same day or the following day. A clinical note, CARSO, GP letter and HONOS will be completed by the Liaison team following referral.

In the event that assessment indicates that an inpatient admission to Bowmere Hospital is necessary the CRHTT are contacted. A band 6 worker will attend AED and complete a face to face assessment with the Liaison Practitioner.

Referrals can also be made to the Single Point of Access urgent care pathway.

Single Point of Access urgent care pathway.

The Primary Care Mental Health team is the Single Point of Access for GP surgeries for people presenting with mental health problems. A tiered structure of interventions are provided: counselling/ anxiety management/ cognitive behavioural therapy / and Psychologist intervention including dialectical behavioural therapy.

Urgent referrals from GPs and Liaison Psychiatry are triaged by the CRHTT Practitioner based in the Primary Care Mental Health Team.

Urgent referrals from the PCMHT to the CRHTT will not always be following a face to face contact. A referral can take place if enough information is obtained from the telephone triage to make a clinical decision and formulate an action plan.

This is an alternative pathway to attending COCH AED. Referrals will be accepted if there are no medical concerns i.e. no evidence of deliberate self harm or overdose that requires medical treatment.

The Urgent Care worker can refer to CRHTT if they assess that further support is required.

In the event that the urgent care worker is on leave or off sick the role is managed by band 6 member of staff within the PCMHT.

Blacon Mental Health referral pathway

During Monday – Friday from 0900-1700 people in custody who are suspected to have mental health problems or are known to CWP are referred to the Criminal Justice LiaisonTeam.

During Out of Hours the CRHTT can be contacted to assess people in Blacon Custody Suite. The pathway (appendix 6) was agreed with Cheshire Police, Cheshire West and Chester Social Services, Cheshire and Wirral Partnership NHS Foundation Trust, and Tuscor who staff the custody areas.

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6. Assessing capacity

An assessment of capacity needs to be completed and documented within each initial assessment. This will be to determine that a client is able to understand their treatment options and make an informed decision about being admitted to hospital, follow up by the CRHTT or receiving therapy (CWP 2015, Department of Health 2015).

The Determining capacity and assessment of capacity forms are guides to inform an assessment. The Form 1 Authorisation document **does** have to be completed in the event that an admission is organized for a client who lacks capacity.

A clinical note about capacity has to be titled 'Assessment of Capacity' . This would not be applicable if the capacity assessment was part of the assessment report.

7. Young people who in crisis

In the event that a young person presents to COCH AED and is thought to require a hospital admission the Liaison team would contact the CRHTT.

They would arrange a joint assessment with the Outreach team and would contact Maple ward tel 01244 397305.

The Outreach team work 9am-9pm Monday to Sunday. During Out of Hours the CAMHS Duty Consultant can be contacted via COCH switchboard.

If a bed is agreed to Maple ward **Part A** of the Access assessment form is completed (NHS England, 2015). The other information about mental state and risk assessment will be gathered from the electronic patient record to avoid duplication.

This is completed because the beds are organized by NHS England, and document capacity of the young person.

If the young person does not have capacity then a mental health act would be considered. If there is no bed on Maple ward , contact numbers are embedded in the Outreach Policy with other North West Units.

The Outreach team are gatekeepers for Maple because it is a regional unit.

8. Outcomes

The common variable within the CRHTT, Liaison, Urgent Care, and Out of Hours service is the time from referral to face to face contact. The duration period will be used to measure the effectiveness of the service in being accessible and responding to people in mental health crisis.

This will be collected on a spreadsheet and used in reports to demonstrate gaps in service and whether 80% of new referrals are seen within 4 hours.

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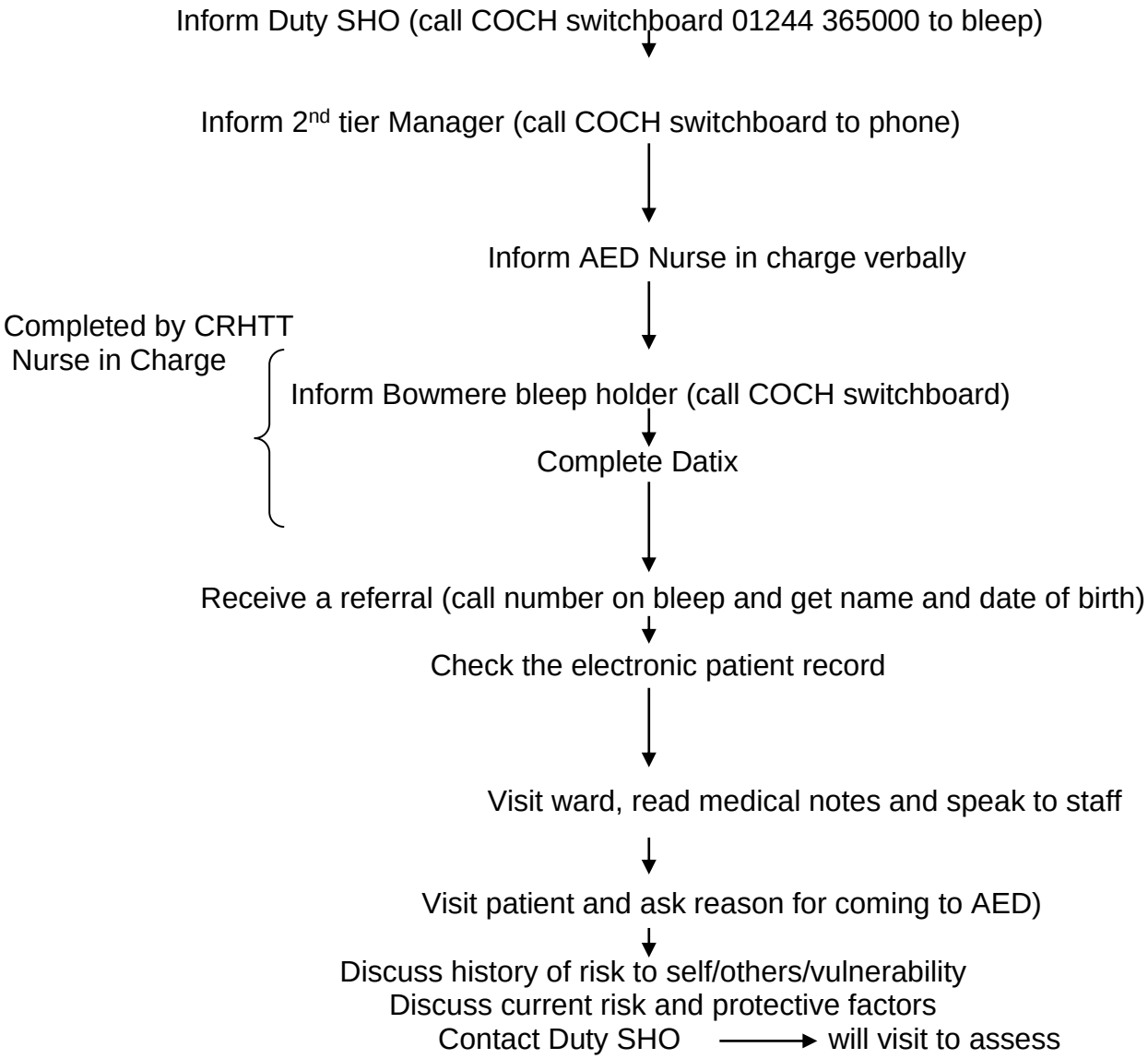
Appendix 1 - Band 5 Flow chart if single worker on night shift



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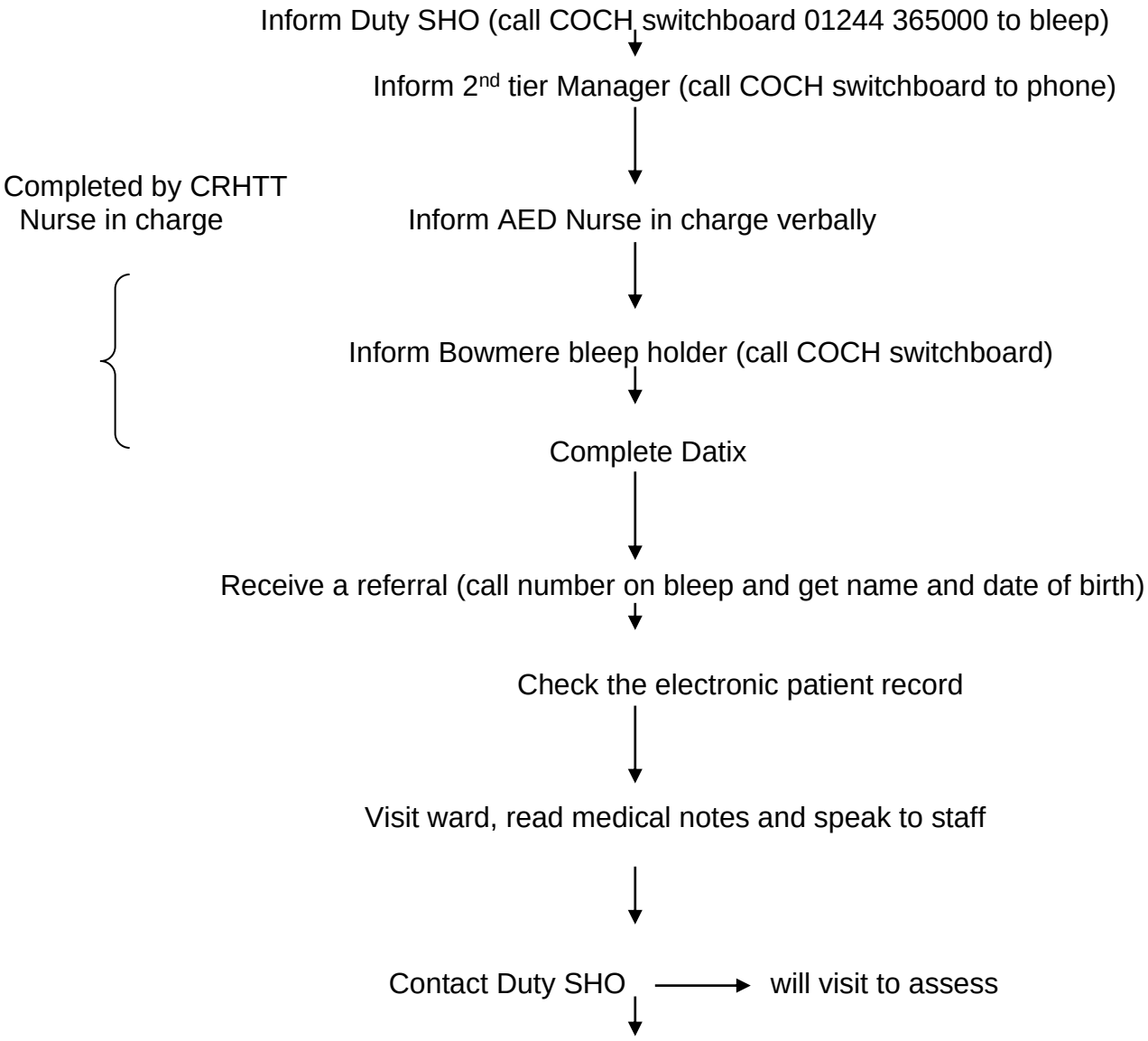
Appendix 2 - Band 3 Flow chart if single worker on night shift



Inform the ward and client that there is no qualified nurse available but that the Duty Psychiatrist has been informed. Provide an approximate time when the person will be seen.

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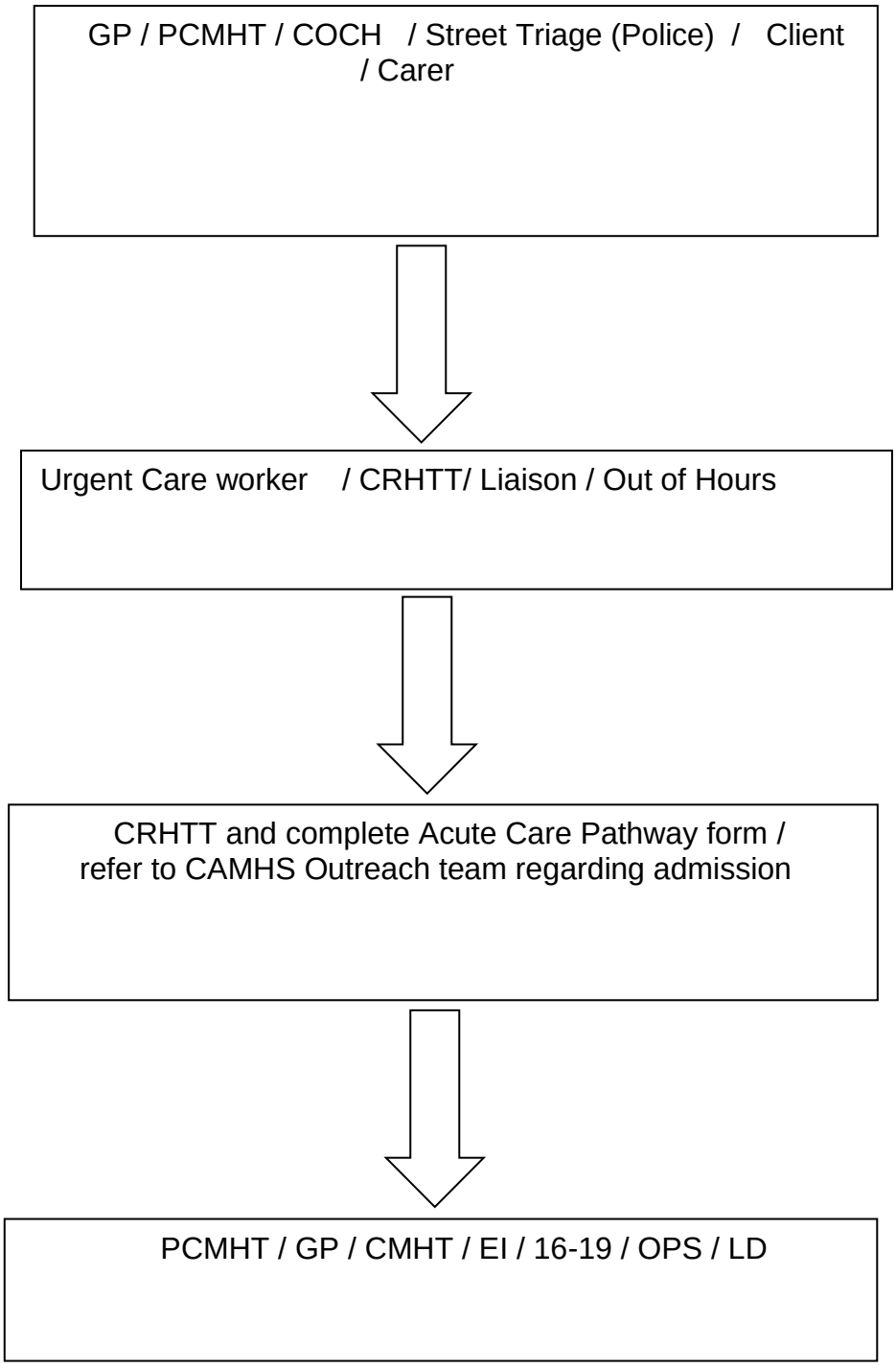
Appendix 3 - Urgent Care Referral Pathway



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Appendix 4 Crisis Pathway

Crisis Resolution Home Treatment team.

The CRHTT will support people known to secondary care who are in crisis. They can facilitate discharges from inpatient settings, and will accept referrals from Liaison Psychiatry and SPA.

There are 2 treatment pathways within CRHTT:

High risk

PCMHT / AED/ CJLT/Police Triage/

24 hrs

Initial formulation – Allocate CCO/ Lead Practitioner, use Hamilton Anxiety / Depression scale, initial /update care plan and CARSO

5 days

If SMI – Review by CRHTT Consultant.
If mild to moderate illness – discuss in weekly mdt.

If review for secondary services refer to Home Treatment pathway.
If for primary care refer to PCMHT/ GP – complete care plan and relapse prevention, discharge letter to GP within one week.

Low risk

Discuss in daily CRHTT handover, option of follow up by PCMHT.
Complete clinical note, CARSO, and HONOS.
Discharge letter to GP and copy client in one week.

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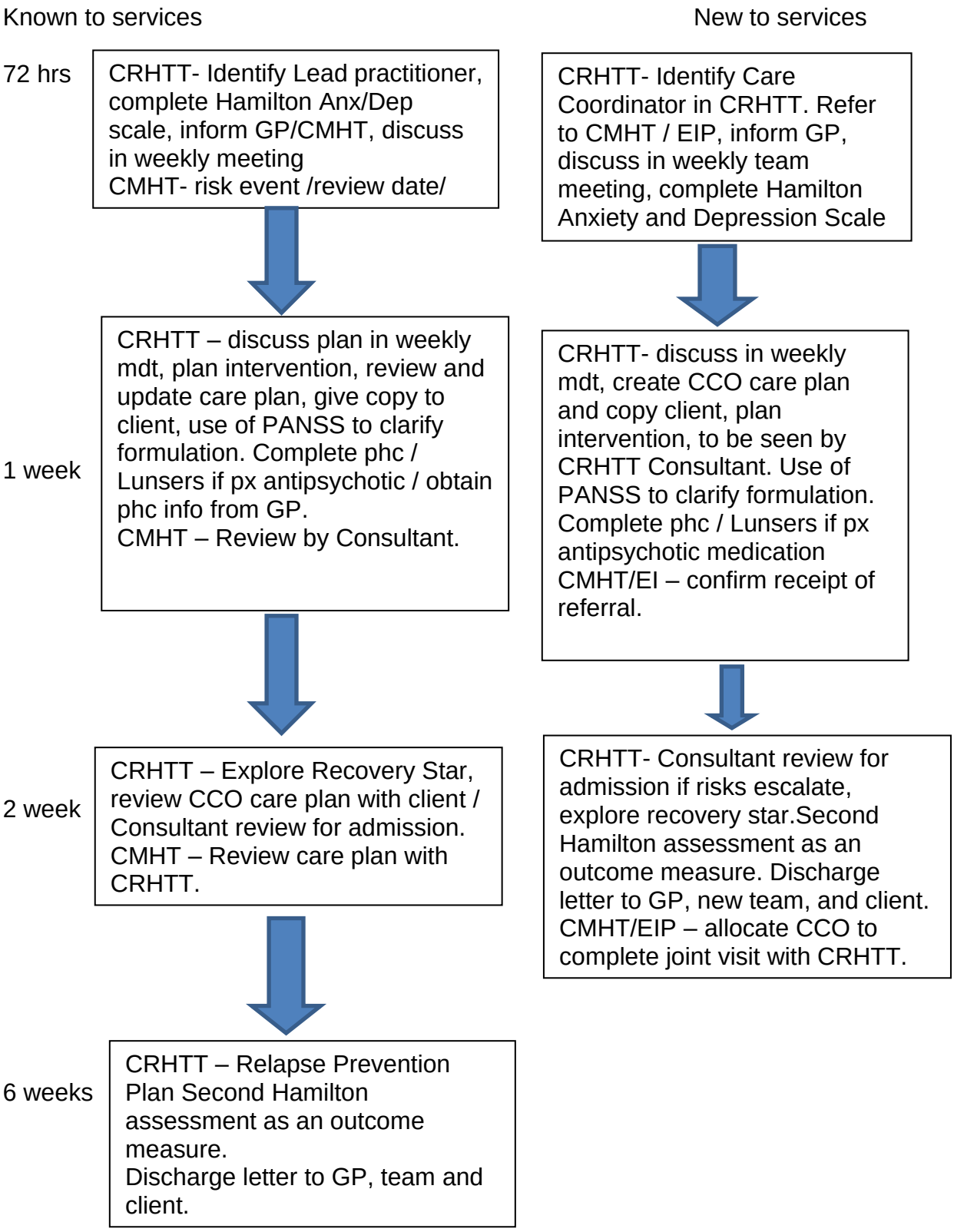
Appendix 5 Home Treatment pathway



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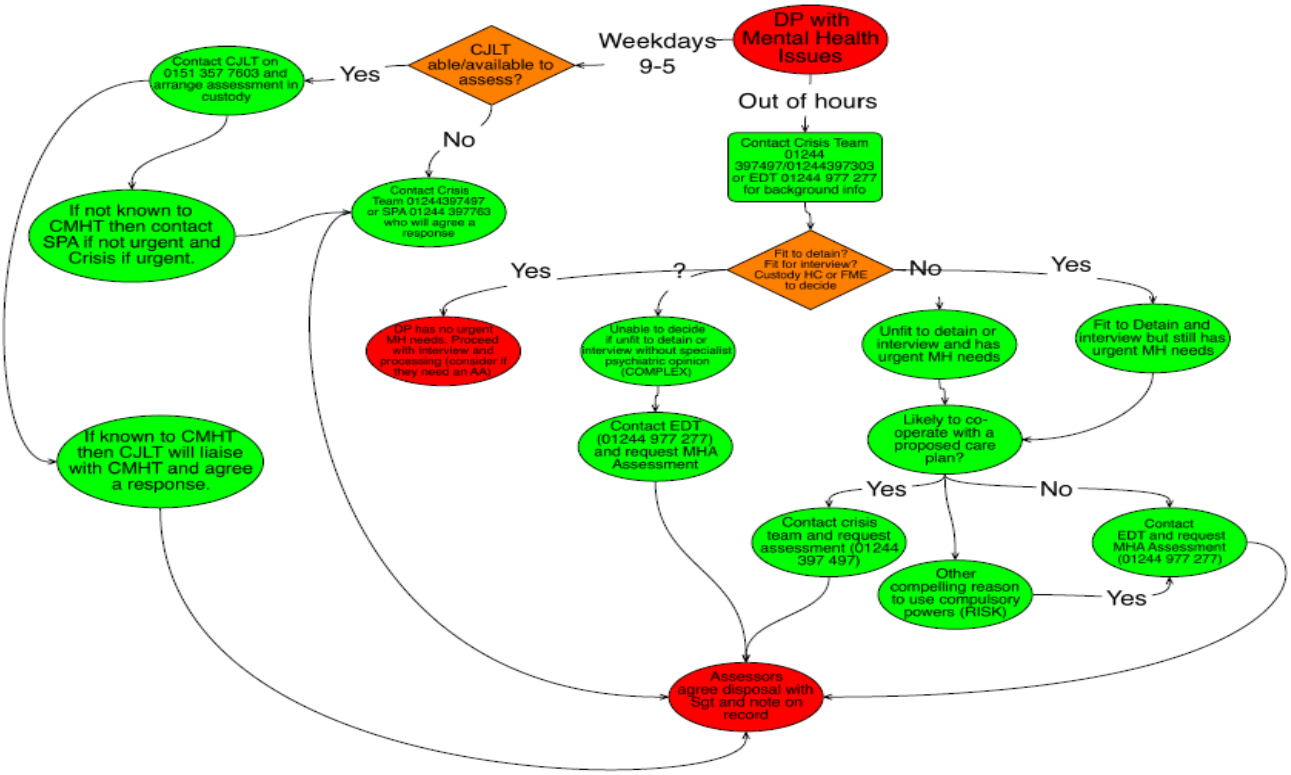
Appendix 6 - Flowchart



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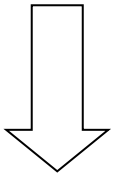
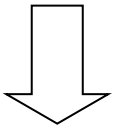
Appendix 7 - Flowchart

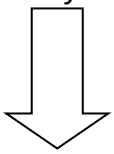
Assessment of capacity to consent to treatment form



Determining Capacity Form that includes a functional test of capacity: understanding information , retaining information , weighing information , communicating decision.



Deprivation of Liberty Safeguard Form 1



Inform Local Authority and Mental Health Act Office.

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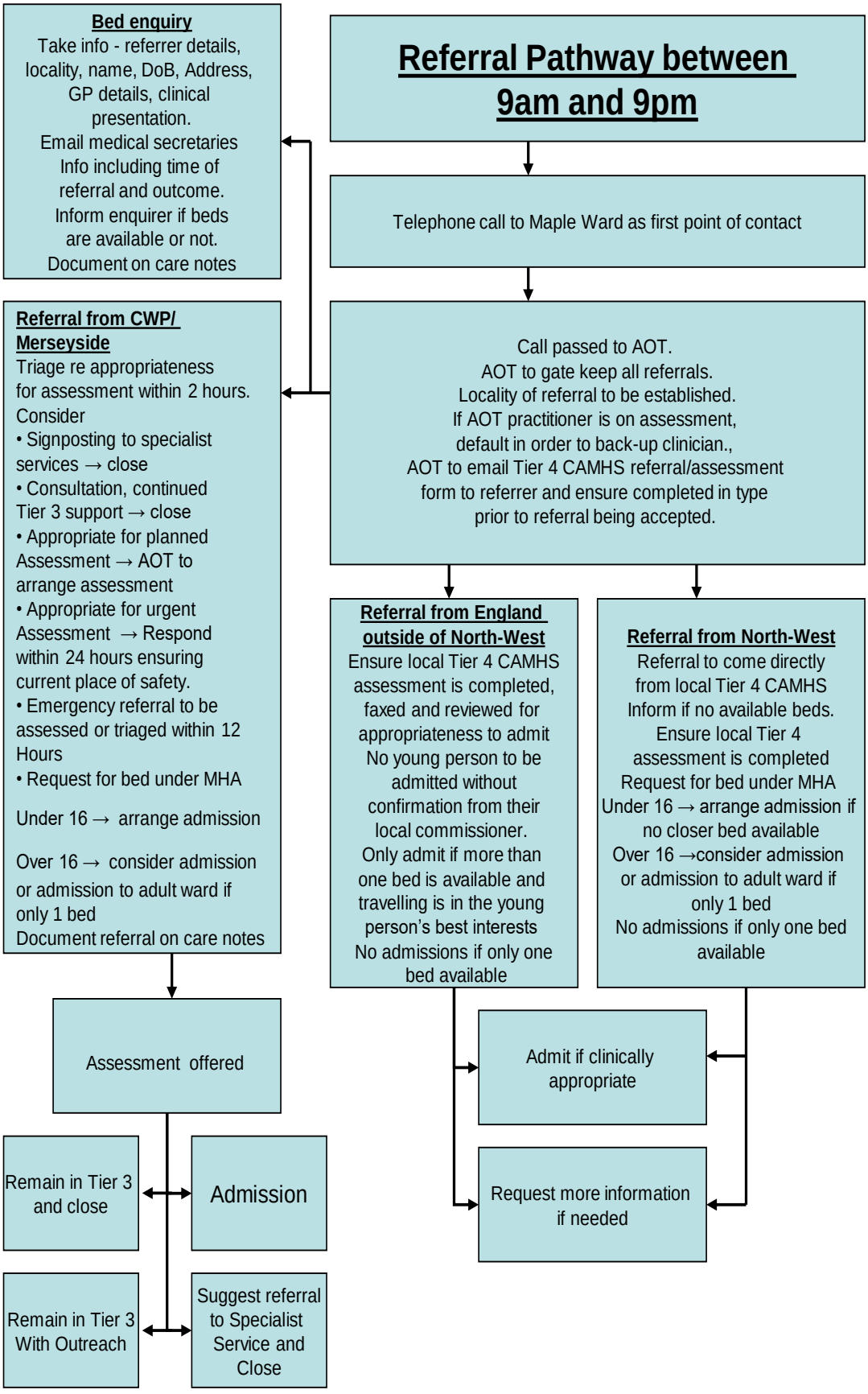
Appendix 8 - Referral pathway



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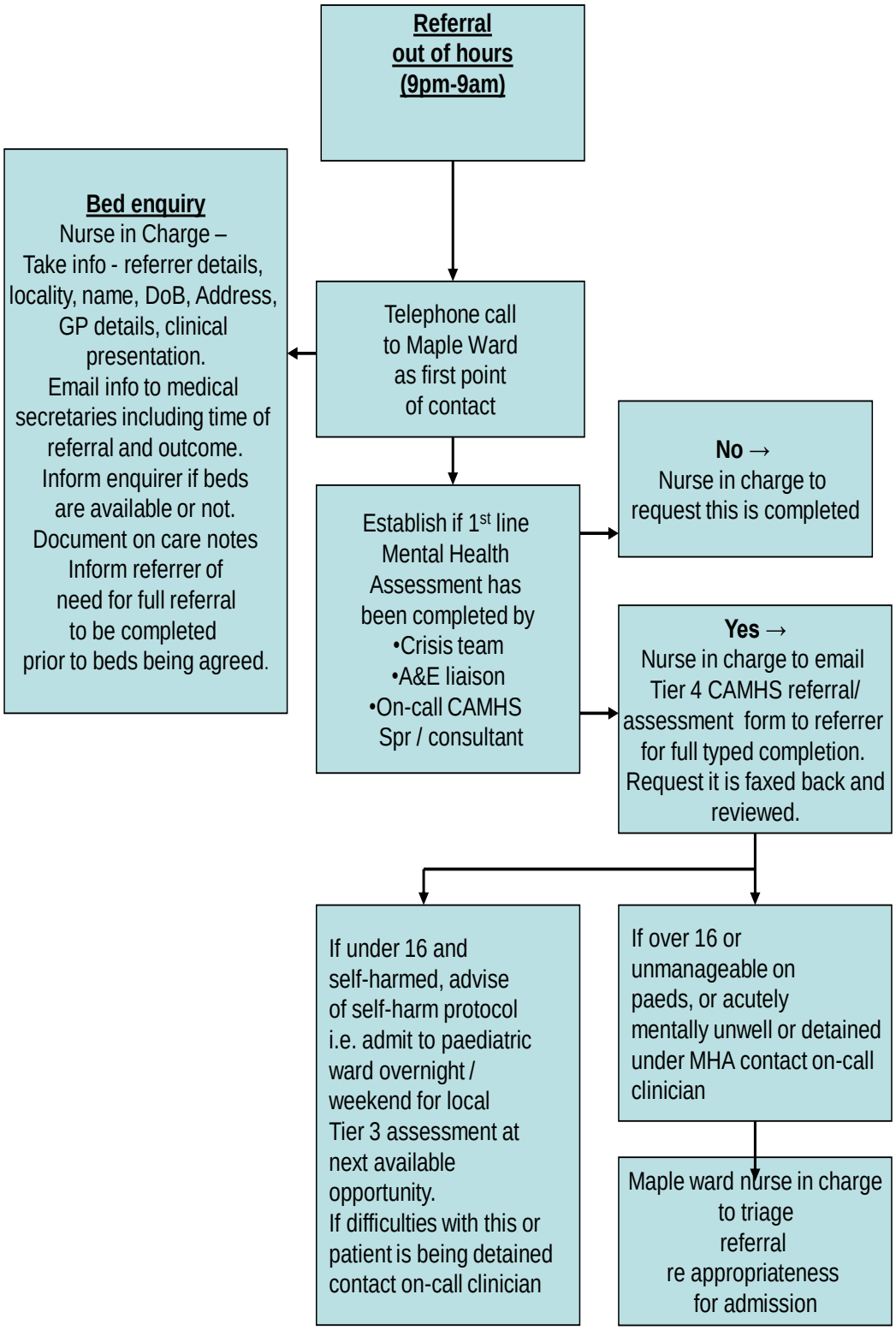
Appendix 9 - Out of hours referral pathways



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