SECTION B PART 1 - SERVICE SPECIFICATIONS

Mandatory headings 1 – 5. Mandatory but detail for local determination and agreement.
Optional heading 6. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement.

Service Specification No.	
Service	**Lancashire & South Cumbria Mental Health Acute Trust Adult & Older Adult Liaison Service**
Commissioner Lead	
Provider Lead	**Lancashire & South Cumbria Care NHS Foundation Trust**
Period	**April 2020 – March 2023**
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

In 2016, only 12% of hospital Emergency Departments (ED's) had an all-age mental health liaison service meeting the 'core 24' service standard.

NHS England has been working to ensure that no acute hospital is without an all-age mental health liaison service in Emergency departments and inpatient wards by 2020/21, and that at least 50% of these services meet the 'core 24' service standard as a minimum. By 2023/24, 70% of these liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter.

The provisions of Mental Health Acute Trust Liaison services as locally applicable is key to supporting the Lancashire wide strategic intention of reducing the number of in-patient beds and supporting more service users with mental health needs from within community based services.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health following injury**	
Domain 4	**Ensuring people have a positive experience of care**	**x**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**x**

2.2 Local defined outcomes

3. Scope

3.1 Aims and objectives of service

The main features of the Service will be:

- This is a specialist service provided on acute trust premises and in partnership with acute trust providers.
- To offer a responsive service to adults and older adults with mental health problems within an acute setting
- Knowledge and skills around the care and treatment of adults of working age, older adults, people with learning disabilities and people with physical health problems
- Close cooperation working with commissioned local specialist Mental Health Services (including working age and older adult services) and Substance Misuse Services ensuring effective cross-referral systems and care pathways.
- Ability to identify social factors in the presentation of mental health problems in across the adult and older adult age range
- To link to diagnostic services such as Memory assessment, to facilitate appropriate follow up post discharge
- Knowledge of presentations and treatments of mental health problems in relation to coexisting physical health problems
- Expertise in the assessment and management of those presenting with delirium
- Specialist expertise in dementia identification, assessment and diagnosis
- Knowledge of and access to expertise in developmental and learning disabilities
- Timely completion of Mental Health Assessments for individuals presenting at Emergency departments who may be experiencing a mental health problem and are fit for assessment. This will enable the Emergency department to meet the “4 hour” target for this client group.
- To increase the detection, recognition and early intervention of mental ill health
- Carrying out mental health assessments in response to referrals from the general acute wards.
- The ability to complete personalised risk assessments, including for self-harm and suicide prevention
- It is expected that Lancashire & South Cumbria Acute hospitals will work collaboratively with LSCFT to ensure the service specification is delivered. They will ensure any variance between the specification pathway is timely and effectively co-managed.
- The collection and analysis of activity data to inform the efficient deployment of staff resources and the future development of the Service.
- The provision of support, advice and training in mental health issues, at an agreed level of team activity, to the range of staff working in the acute hospital departments, including Emergency Dept.
- Supporting and advising other key practitioners, such as local GPs and Acute Trust clinicians, thereby reducing inappropriate signposting to Emergency dept and general acute admissions.
- Up-to-date knowledge of relevant legal frameworks (for example, Mental Health Act and Mental Capacity Act)
- Up-to-date knowledge of the general hospital system
- Knowledge of local services for people who use drugs or alcohol, including social care and voluntary sector services.
- Expertise in pharmacological treatments
- High level of competence in biopsychosocial assessment
- Clinical leadership which provides clinical expertise and supervision
- Staff with the ability to work autonomously and complete biopsychosocial assessments

The principal objectives of the service are:

- to create the channels necessary for effective liaison and communication in both directions between Service Providers in the Mental Health Trust and the Acute Hospital Trusts through regular interface meetings
- To work in partnership with Acute Trust colleagues and others to manage the demand that presents via Emergency departments and contribute to the ED 4-hour target
- Contribute to preventing delayed discharges by completing a MH assessment as soon as possible after the patient is 'fit for assessment'.
- To be provided in an environment compliant with RCPsych Guidance and RCEM Guidance

3.2 Service description/care pathway

Specialist mental health assessments will be carried out using agreed assessment processes and will be completed to a consistent standard.

Front line practitioners should be trained and equipped to include routine questions about domestic abuse, including in ante-natal care. Information about local services on domestic abuse must be available to all patients whether they are affected by domestic abuse or not. Further specific guidance is available in the tool kit for front line practitioners 'Improving safety, Reducing harm Children, Young People and Domestic Abuse' (DH 2009) accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108697

Provide psychological support to those inpatients under the care of the team. At the point of discharge from the acute trust, the MHLT will facilitate access to specific psychological support (including services offering specific therapies) by onward referral to the appropriate service.

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. The Liaison mental health teams will include the necessary expertise in caring for people with comorbid mental and physical health problems and they will work in parallel with medical teams. They should therefore be proactively involved in the person's treatment and be ready to provide mental health input as soon as the person is able to be seen. This should not be just a request to be notified when the person is declared medically "fit for discharge", which can often lead to undue delays in the pathway. The MHLT will work to a "medically fit for assessment" ethos; however, there will also be a need to review patients before making that decision and providing any interim advice as may be necessary.

Provide acute ward staff mental health care plans where appropriate inorder to assist and inform acute ward staff on the mental health needs of the patient during the period they are a patient on the acute ward.

Provide specialist care for older adults. A liaison mental health team will therefore include staff with specialist expertise in working with older people, in order to support the specific needs that come with age.

The target for speciality referrals is to respond with telephone triage within 1 hour of request and face to face response within agreed timescales (see below). The Mental Health Liaison team are commissioned to achieve this target in 95% of cases.

Following assessment, the mental health professional will, where appropriate:

- agree a plan of care with the patient;

- initiate the plan according to the agreed care pathways;
- make contact with the relevant agencies included in the plan.

Days/Hours of operation
Mental Health Liaison team services are available 24 hours per day

Referral Process
Please see Appendix 1

The service will:

- Provide face to face assessment for patients presenting at Emergency Department / Urgent Care Centres within 1 hour of referral.
- Provide face to face assessment for patients admitted to Acute wards within a maximum 24 hours of urgent referral and 48 hours of routine referral.

Upon completion of a full biopsychosocial assessment the person should have an urgent and emergency mental health care plan in place and at a minimum, be en route (if assessed in Emergency Department) to their next location if geographically different, or have been accepted and scheduled for follow-up care by a responding service, or have been discharged because the crisis has resolved OR have started a Mental Health Act assessment.

If at any point the person's mental health deteriorates, or it is deemed they require an emergency response, including a Mental Health Act assessment, the emergency pathway should be followed.

Further to the above response time targets:

Where the patient is being admitted to a Mental Health bed, the commitment is to move the patient out of the ED / UCC department within 4 hours of attendance – this is a joint target and relies on Acute trusts referring to Liaison within 1 hour of attendance.

Where a breach of the ED 4-hour access target in respect of a patient referred for Mental Health Assessment occurs, both LSCFT & the acute trust will jointly work to identify the causes of the breach and where appropriate take remedial action to prevent future breaches. There is a joint commitment for both organisations to work together to understand and minimises breaches of the 4-hour target.

It is accepted that it will not always be possible to meet the 4 hour target for assessments under the Mental Health Act because of statutory obligations beyond the control of the acute trust and LSCFT or due to specific patient related factors such as a need for treatment prior to implementation of the mental health care plan.

Care Pathways
Care pathways for the management of follow up referrals post assessment by the Mental Health Liaison Service must be in place and be locally agreed by the relevant stakeholders including the acute trust and the full range of mental health community teams.

Discharge Process

People will be discharged with an agreed care plan, and copies of the agreed follow up arrangements/care plan will be forwarded to the GP and appropriate agencies within 72 hours.

Training/Education/Research activities
Mental Health professionals in the Liaison Service will work closely with Emergency depts. MAU and ward colleagues to share their expertise daily on how to support a patient on a medical ward who also has a mental health diagnosis and how to support a mental health patient in crisis whilst in an acute setting. Significant events – e.g. Selected ED breaches, will be used to identify lessons learnt and improve pathways in a joint and collaborative manner. Inappropriate referrals to the Liaison service

will be analysed and reported to the acute trust via quarterly provider performance review meetings.

The Liaison Service will deliver a rolling programme of support to Acute Trust staff which will include:

- Face to face Mental Health awareness training.
- Information, articles, other literature on the above subjects
- Advice on access to appropriate websites
- Information and contact details regarding voluntary organisations, self-help groups, charities etc.
- Shared reflective practice/supervision.

3.3 Population covered

This service will be delivered in appropriate main acute hospital trust venues across the Lancashire & South Cumbria ICS 'footprint', with locally agreed responses into peripheral satellite units.

3.4 Any acceptance and exclusion criteria

Individuals over the age of 16 who attend the Emergency department or who are an in-patient on an acute ward and who appear to be experiencing mental health problems.

Young people under the age of 16 will not be seen by the service and will instead be managed through CAMHS pathways.

3.5 Interdependencies with other services

The Mental Health Liaison Team will likely have contact with patients from across a range of mental health and social care services, and will have key interdependencies with Acute Trusts, Rapid Intervention & Treatment Teams, Home Treatment Teams, Local Authority AMHP services, Mental Health Inpatient Wards and Substance Misuse Services.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- CORE 24 Standards
https://www.england.nhs.uk/wp-content/uploads/2016/11/lmhs-helpful-resources.pdf

4.2 Applicable standards set out in Guidance and/or issued by a competent body

- Psychiatric Liaison Accreditation Network (PLAN) Standards https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/psychiatric-liaison-services-plan/plan-5th-edition-standards-2017.pdf?sfvrsn=ae984319_2

4.3 Applicable local standards

This service should adhere to all relevant standards, guidelines and local formulary. The service should notify commissioners should any benchmarking against these standards identify gaps in commissioned services.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

- Lancaster: Royal Lancaster Infirmary & North Barn, Pathfinders Drive (Furness Vale is the a satellite site of the RLI?)
- Fylde Coast: Blackpool Victoria Hospital
- Central Lancashire: Royal Preston Hospital (satellite service for Chorley General Hospital)
- Pennine Lancashire: Royal Blackburn Hospital (satellite service for Burnley General Hospital)

A suitable room will be provided within each ED / UCC for the assessment of referred patients. This room will meet all required standards with regards health and safety.
Each acute trust will provide 'hot desk' facilities within each acute hospital site Emergency Department to enable the Liaison Team to access relevant IT systems and undertake required administration in respect of patients being assessed.

7. Individual Service User Placement

[Insert details including price where appropriate of Individual Service User Placement]

Appendix 1.

MHLT SOP on a Page