"Difficult, Disturbing and Dangerous Behaviour"

A one day course to provide a range of skills to assess, contain and respond to people exhibiting challenging behaviour. Drawing upon case studies participants have the opportunity to consider their own reactions, understanding and approaches to some of the most challenging aspects of behaviour encountered in your work.

January 16th 9.30-4.30
February 17th 9.30-4.30
March 6th 9.30-4.30
Venue: F6 Education Centre , SMH

For more information please contact :
Jo Odell: Practice Educator Vulnerable Adults/Older People. joanne.odell@porthosp.nhs.uk Ext 7700 1200 or Sue Metcalfe-Modern Matron Medical Unit- sue.metcalfe@porthosp.nhs.uk
To book a place contact :Sue Luke suzanne.luke@porthosp.nhs.uk Ext 7700 5864

Places are free, but limited so please book early for this exciting and innovative course. You will need to have the authority from your manager to attend and may be charged if you fail to attend once booking is complete.

Commissioned from IMPACT-Training Consultancy-Responding to violence, suicide, psychosis and trauma

Portsmouth Hospitals NHS
NHS Trust

Challenging Behaviour Project
2006 – 2008

Development for clinical teams

The Challenging Behaviour Project has three main strands of work. These are:

1. The development of a pathway for people with dementia
2. The development of policies and guidance for people with challenging behaviour
3. The development of clinical teams

This document is concerned with the third strand of work: the development of clinical teams

1. Definition of personnel and roles

1.1 Project Lead
Responsible for:

- budgetary management of project
- providing critical companionship for named facilitators
- taking reports to Trust board
- presenting progress of project to groups as required
- ensuring timely progress in all three strands of project
- chairing steering group
- chairing operational group
- collating information for publication

1.2 Project Facilitator
Responsible for:

- providing critical companionship for named facilitators
- preparing reports to go to Trust board
- presenting progress of project to groups as required
- providing a contact point for all project participants

1.3 Teams
Multi-disciplinary clinical teams (5/6 in number) each comprising 6 **participants.** These participants should be drawn from all disciplines within the team (this includes clinical and administrative). The exact composition of the team will reflect the nature of the area and will be a group of people that are willing and able to influence the care environment in their area.

Responsible for:

- attending action learning sets
- sharing their learning with team members who are not participants
- acting as change agents within the teams
- optional pre-project reading (**appendix 5**)

1.4 Facilitators

There are two facilitator roles in the project:

- Practice Based Facilitators(PBF)
- Action Learning Set Facilitators(ALSF)

Each team will have a facilitator allocated (PBF) This person will build a relationship with the team which will facilitate skilled development of the individuals within their team culture. There will also be external facilitators (ALSF) who will facilitate the teams' learner sets on a rotational basis. It is hoped that this will allow the team access to a fresh perspective on their work on a regular basis, and will also give the PBF and external view of how their group is functioning

1.4.1 Practice based facilitators

Each team will be allocated a PBF who will negotiate ward based time with them. They will also ordinarily run the learner sets

The aim of the action learning sets is to support quality improvement and development arising from the learning occurring during the project. (See **appendix 1** for a further description of the aims and function of action learning)

Responsible for:

- arranging and conducting action learning groups for allocated teams
- collecting data regarding the development of individual team members during the set meetings
- undertaking ward based facilitation for the teams
- attending quarterly self facilitated learner sets jointly with the ALSF's
- attending monthly operational meetings
- keeping a reflective diary of activities
- pre-project reading (**appendix 5**)
- time commitment of:
    - 10 hours per fortnight in ward based facilitation
    - 2 hours per quarter in a facilitators' learner set
    - 1 hour per month in an operational meeting
    - 1 hour per week administrative and recording

1.4.2 Action learning Set Facilitators

ALSF's will facilitate the learner sets on a rotational basis. (See **appendix 2**)

Responsible for:

- conducting action learning groups for teams on a rotational basis
- collecting data regarding the development of individual team members during the set meetings

- attending quarterly self facilitated learner sets jointly with the PBF's
- pre-project reading (**appendix 5**)
- Time commitment of:
    - 1.5 hours per month to conducting the action learning sets
    - 2 hours quarterly participating in a facilitators' action learning set

Administrative support to arrange the sets will be given.

1.5 Overarching groups

Two groups will scrutinise and support the work of the project:

- steering group
- operational Management group

1.6 Summary of main activities

To summarise, the main activities that will occur in order to support learning and development are:

- monthly learner sets for teams. (Facilitated by PBF's and ALSF's)
- fortnightly ward based facilitation by PBF's
- quarterly learner sets PBF's and ALSF's Self facilitated
- monthly operational meeting for PBF's
- 6 weekly meetings of project management group
- quarterly meeting of steering group

2. Ongoing development opportunities

2.1 Ad hoc workshops

It is expected that teams within and outwith the project will identify learning needs as the project progresses. Response to these will be co-ordinated by the PBF's at the monthly operational meetings (eg study sessions).

2.2 Learning from incidents

The project facilitator will also scrutinise adverse event forms and identify opportunities to hold reflective sessions with teams across the Trust. Requests for facilitators for these session will be made via email

3. Induction programme

3.1 Attendees

Days 1 and 2 are for teams
Day 3 is for facilitators, to be joined by teams for lunch

3.2 Outline of content of induction days (See **appendix 3** for detail)
Day 1

- Principles of the project – aims and outline of activities
- What happens at the moment
- Aims and organisation of the project
- Outline of activities (3 main work streams)
- Action learning and practice based facilitation
- Challenging Behaviour – experiences and feelings
- A and P
    - Dementia
    - Delirium
    - Learning Disability

Day 2

- TNA
- Critical companionship (**appendix 4**)
- The change agent role

Day 3

- How to run an ALG. Theory and practice
- Organisation of the learner sets and meetings

Finish with lunch for all participants – official end of induction and launch of the operational phase of the project

3.3 Dates

Day 1 October 31st 2006
Day 2 November 14th 2006
Day 3 November 20th 2006

4. Ongoing support

- Monthly action learning sets for each team – each assigned a team facilitator.
- PBF's to work in practice with teams for one day a fortnight
- Quarterly action learning sets for ALSF's to be facilitated by 3 PBF's
- Monthly operational meeting for PBF's
- Ad hoc workshops on topics identified by participants

Appendix 1

Action Learning

Action learning is a method of management and organizational development[1] that is characterized as a continuous process of learning and reflection, supported by colleagues, with the intention of getting things done. Through action learning individuals learn with and from each other by working on real problems and reflecting on their own experiences so enabling the linking of the academic world of theory to the practical world of work[2].

An action learning group or set works by bringing people together to act on the problems and issues facing them and to learn from that process.

Mc Gill and Beatty also suggest that action learning is based on the relationship between reflection and action. We all learn through experience by thinking through past events, seeking ideas that make sense of the event which helps us to find new ways of behaving in similar situations in the future. The group works by helping individuals to understand their situation, to explore issues and pressures around the individual and to help inform any judgement about future action. It remains for the individual to decide how to act but the group achieves this by supporting reflections and challenging assumptions.

[1] Neubauer J 1996 Action Learning Guide Book, Kings Fund
[2] McGill I, Beatty L 1992 Action Learning: A practitioners guide

Appendix 2

Learner set Rotas

Team 1
PBF: KB

Date of set	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
facilitator	KB	KB	KB	LA	KB	KB	KB	PG	KB	KB	KB	LA	KB	KB	KB	PG	KB	KB

Team 2
PBF: KB

Date of set	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
facilitator	KB	KB	LA	KB	KB	KB	LA	KB	KB	KB	LA	KB	KB	KB	LA	KB	KB	KB

Team 3
PBF: SB

Date of set	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
facilitator	SB	PG	SB	SB	SB	PG	SB	SB	SB	PG	SB	SB	SB	PG	SB	SB	PG	SB

Team 4
PBF: JD

Date of set	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
facilitator	JD	JD	PG	JD	JD	JD	PG	JD	JD	JD	PG	JD	JD	JD	PG	JD	JD	JD

Team 5
PBF: PH

Date of set	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
facilitator	PH	LA	PH	PH	PH	LA	PH	PH	PH	LA	PH	PH	PH	LA	PH	PH	LA	PH

Appendix three

Workshop agendas(draft)

Day 1

Time	Topic	Facilitator	Comments
09.00	Welcome and introductions	SB	
09.15	Icebreaker Groundrules	KB	
09.30	What happens at the moment	SB/KB	Brainstorm based around issues identified by facilitators
10.15	Aims and organisation of the project Roles of PBF's and ALSF's and organisation of facilitation	SB	Presentation and discussion
10.30	COFFEE		
11.00	Outline of the work streams The role of the participants (change agents)	SB	Presentation and discussion
11.30	Principles of action learning and ward based facilitation	KB	Presentation and discussion
12.00	Challenging Behaviour – what is it how does it feel	KB	Facilitated discussion
12.45	LUNCH		
13.30	A and P of dementia	AD	
14.00	A and P of delirium	AD	
14.30	A and P of learning disability	LP	
15.00	TEA		
15.15	Reflections on the day	KB/SB	Facilitated discussion Fears/expectations/hopes to be surfaced
15.45	Homework – identification of learning needs	KB/SB	Proforma to be given to prompt – must be brought to Day 2
16.00	CLOSE		

Day 2

Time	Topic	Facilitator	Comments
09.00	Welcome and ground rules revisiting		
09.15	Reflections on day 1	KB/SB	Learning needs to be identified – team and individual. ?use Likeart scale to provide pre-data
10.15	Experiences of learning in the workplace		Exercise in 3's Story teller tells story; listener listens actively but neutrally and facilitates critical reflection; observer notes facilitation skills /strategies. (10 mins) Then each feeds back about the experience of the role. (5 mins) Then swap role so each person in each role. Share key skills an strategies in main group
11.00	COFFEE		
11.30	What is CC and how does it work	KB	Brief overview of Reflective Practice with specific reference to Proctor model. Overview of CC model Prepare Flip chart sheets with grid
12.30	LUNCH		*Prepare flip chart sheet with grid*
13.30	Rehearsing.	KB plus one other with story	Story teller and grid - identifying skills Repeat main points of story and highlight CC skills.
14.00	How to be a change agent		Discussion on the challenges involved Practice at challenging poor practice
14.30	TEA		
	Creative session	KB	Aims is to develop self awareness - crucial to being a CC. Need to be open and honest with self before you can facilitate others. Session will help to identify what CC means to you - starting point for developing as a CC Visualisation/relaxation Create something that reflects how you feel about the day and the concept
15.30	Feedback on both days	KB/SB	?? How

Day 3

Time	Topic	Facilitator	Comments
09.00	Welcome and icebreaker	KB/SB	
09.15	Theory of reflective practice, and brief exploration of critical companionship	KB	Presentation, small group work and questions
10.00	Practice of facilitating reflection	KB/SB	Role, play in 3's
10.30	COFFEE		
10.45	Theory of action learning	KB	
11.00	Practice of facilitation of ALS in large group	KB and SB	Facilitation of groups. Issues to be brought by facilitators (or group members if they have issues) and group members to take turns in practising facilitation
12.15	Feedback of issues Set dates for Operational meetings (monthly) facilitators' leaner sets (quarterly) Learner set rotas – how to organise	KB/SB	Surfacing of issues and helping strategies
13.00	LUNCH		

Appendix 4

Critical Companionship

Critical companionship is a metaphor and conceptual framework for holistic, person centred, helping relationship in a healthcare context, in which an experienced facilitator accompanies another on an experiential learning journey[3]. It is a relationship built on trust and using methods of "high challenge and high support" [4](Johns 1997).Critical Companionship combines intuitive processes of relationships with the rational processes of analysis, critique and evaluation of practice, with the overall aim to enable others to practise in ways that are person centred and evidenced based.

The companion helps practitioners to:

- Analyse knowledge / evidence of all types
- Check out the rigour and/ or usefulness of the knowledge/ evidence for the particular patient and situation
- Blend them to act effectively
- Expose critique for public scrutiny and critical review
- Overcome internal and external obstacles to person centred care and evidenced based practice.
- Create new knowledge in and from practice

This model of facilitation has been used locally within the Primary Care Trusts on a three year collaborative project between the Royal College of Nursing Institute and Portsmouth University which commenced in 2001.

Some findings from the project were that using critical companionship helped practitioners to gain new insights and to move away from ritualistic practice to focusing on the uniqueness of the individual person.

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[3] Titchen A 2003 Critical Companionship Part 1: Nursing Standard 18 (9) 33- 40 Titchen A, Wright J 2003 Critical Companionship Part 2: Using the framework Nursing Standard 18(10) 33-38

[4] Johns C 1997 Becoming an effective practitioner through guided reflection Unpublished PhD thesis, University of Luton.

Appendix 5

Reading

Essential reading for Facilitators (hard copy provided)
Optional reading for participants (on request from your PBF)

O'dell, J (2003) Action Learning – an evidence-based guide. unpublished
Titchen, A (2003) Critical Companionship part 1.Nursing Standard; Nov 12 Volume 18, no 9
Titchen, A (2003) Critical Companionship part 2:using the framework. Nursing Standard Nov 19, Vol 18, no 10

List of personnel involved

Team participants
BI – Medicine for Older People

B4 – Post Acute Medicine

Outpatients

D1 and D2 – Orthopaedic Trauma for Older People
Lynne Holloway _ Matron
Bev Vaughan – Clinical Nurse Specialist
Joy Sanders – Practice Development Nurse
Physio tbc
OT tbc
Ian Jeffery

G2M – Acute Medicine

ALSF's

- Lorraine Albon
- Penny Gordon

PBF's

- Sarah Balchin
- Kim Bezzant
- Julia Davey
- Pam Hobson

Steering Group

Project management group

Researcher
Ruth Sander

Project Administrator
Doreen John

Mental Health and Learning Disabilities Liaison Services for Portsmouth Hospitals NHS Trust

A proposal for future service provision

Prepared by:

Ms Sarah Balchin
Lead Nurse - Clinical Practice, Portsmouth Hospitals NHS Trust
Dr Bill Cutter
Consultant - Older Peoples Mental Health, Hampshire Partnership Trust
Ms Carol Bailey
Lead Nurse - Learning Disabilities Service, Portsmouth City Teaching PCT
Ms K Thorne
Team Manager - Mental Health Liaison Services, Portsmouth City Teaching PCT

September 2008

Executive Summary

Portsmouth Hospitals NHS Trust (PHT) provides acute secondary care services and serves a population of approximately 600,000 people from Portsmouth, South East Hampshire and the surrounding areas. One in four of this general population have a mental health problem or a learning disability. It is acknowledged locally that access to, care and treatment in, the general hospital setting of people with specialist mental health needs, and/or a learning disability is not of the consistently high standard that service users, and their relatives and carers should expect. The provision of mental health and learning disability liaison to patients of Portsmouth Hospitals NHS Trust is currently uneven, complex to use, often difficult to access rapidly and inequitable due to differing funding for Portsmouth and Hampshire patients. This gap in services leads to poorer health outcomes, longer length of stay and has contributed on several occasions to very serious untoward incidents. This proposal provides a well-researched, evidence-based and locally driven solution to these issues.

Mental Health

- Mental illness is 2 –3 time more prevalent in the general hospital setting than in the general population.
- 30% of general hospital inpatients who are adults of a working age have a psychiatric disorder - rising to 45% of those who are over the age of 65 years.
- The length of stay of a person with a psychiatric disorder is significantly higher than the general population and they have a higher rate of readmission.

Learning Disabilities

- People with a learning disability find it harder to access general health care
- They are 58 times more likely to die before the age of 50 years than non-learning disabled people.
- Each year for the next 10 years will see a 1% increase in the learning disability population

National audit and local data suggests that at any one time 350 – 400 in-patients of Portsmouth Hospitals NHS Trust have specialist mental health needs and/or a learning disability. With the rapidly aging population this is expected to increase incrementally, thus the challenges faced will also increase. Recent legislation(e.g. Mental Capacity Act 2005, Mental Health Act 2007) and national guidance (e.g. Healthcare for all 2008, Managing Urgent Mental Health Needs in the Acute Trust 2008) also refer to the need for an integrated approach the provision of mental health and learning disability liaison services.

Proposal

This proposal aims to improve the quality of care for people with mental health needs and/or learning disability by enhancing the on-site specialist mental health liaison service and introducing a learning disability aspect to the service. This will provide prompt access to services for all adults over the age of 16 regardless of age, ethnicity, disability and address, thus promoting dignity and improving mental and physical health outcomes for patients in PHT by bringing the clinical decision making process earlier for this vulnerable group. Additional resources will enable:

- The introduction of proactive systems of learning and development, to improve staff awareness and understanding specialist mental health and learning disabilities needs
- A single point of access for referrals and advice in core hours and contact advice for urgent out of hours advice
- Ward based assessment, advice and interventions for all people with specialist mental health and learning disabilities needs

Summary

The provision of an onsite mental health and learning disability liaison service, which is adequately resourced, will ensure prompt access to specialist assessment and advice. This will enable an improvement in the overall experience of patients, their relatives and carers and support the delivery of the statutory and mandatory requirements in line with legislation and evidence based guidance.

Introduction

Portsmouth Hospitals NHS Trust (PHT) provides acute secondary care services and serves a population of approximately 600,000 people from Portsmouth, South East Hampshire and the surrounding areas. One in four of this general population have a mental health problem or a learning disability. It is acknowledged locally that access to, care and treatment in, the general hospital setting of people with specialist mental health needs, and/or a learning disability is not of the consistently high standard that service users, and their relatives and carers should expect. The provision of mental health and learning disability liaison to patients of Portsmouth Hospitals NHS Trust is currently uneven, complex to use, often difficult to access rapidly and inequitable due to differing funding for Portsmouth and Hampshire patients. This gap in services leads to poorer health outcomes, longer length of stay and has contributed on several occasions to very serious untoward incidents. This proposal provides a well-researched, evidence-based and locally driven solution to these issues.

Numerous national and local drivers exist recommending the development of liaison mental health and learning disability services within the acute trust, including several recent government documents and initiatives.

Levels of mental illness are 2-3 times higher in the general hospital setting than in the general population and lead to considerably poorer physical and mental health outcomes, higher healthcare costs and serious adverse incidents. 30% of general hospital in-patients, rising to 45% of older people, and 30-60% of general hospital out-patients have psychiatric disorders (commonly dementia, depression, anxiety, substance misuse and somatoform disorders/medically unexplained symptoms). Length of stay and re-admissions are known to be higher for people with co-morbid mental illness (e.g. after hip fracture: Holmes and House, 2001) and have been shown to be reduced by on site liaison psychiatry teams (Strain et al. 1991). Depression, dementia and mental health problems associated with alcohol are the three most frequently recorded secondary codes in Portsmouth Hospitals Trust related to mental health. 3210 mental health related codes were recorded in 2007/8[1], but this must be considered a very conservative estimate as it is recognised that secondary codes are recorded very infrequently. Data from national audits and reports[2] suggest that at any one time 350 – 400 in-patients beds out of approximately 1000 in Portsmouth Hospitals are occupied by some with both a general health problem and a mental health problem or learning disability.

It is suggested that the older population in Hampshire is set to increase by 16% between 2007 and 2013 and in Portsmouth 10%. Currently 2/3rds of in-patients are over 65yrs and of those 2/3rds will have a mental disorder at sometime during their admission. The commonest reported are depression (29%), dementia (31%) and delirium (20%) making these much more common than in the community. With the rapidly aging population, this will become more common in general hospitals in the coming years. This is supported by local evidence[3].

People with a learning disability find it much harder than other people to access assessment and treatment for general health problems. They are 58 times more likely to die before the age of 50, only partly associated with increased risk of unavoidable death (e.g. congenital heart problems in people with Down's syndrome, higher risk of gastrointestinal problems and cancer). Increasingly people with LD live longer and have an increased risk of dementia. There will be an increase in the LD population of 1% per year over the next 10 years (Micheal 2008). General healthcare staff have very limited knowledge about learning disability and this has led to poor experiences locally and nationally. Insufficient attention has been given in the past to making reasonable adjustments to the development and delivery of services, in line with the requirements of the Disability Discrimination Act and there has been limited partnership working with the Commission for Equality and Human Rights to promote, enforce and ensure compliance with Human Rights legislation.

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[1] Source – PHT Performance Management Team
[2] Academy of Medical Royal Colleges (2008)
[3] Portsmouth City PCT Census and audit of general hospital in-patients September 2008

Proposal Objectives

This paper proposes a whole health community approach to the enhancement of specialist mental health and learning disability services on site for Portsmouth Hospitals NHS Trust patients.

Aim

To improve the quality of care for people with mental health needs and/or learning disability by enhancing the on-site specialist mental health liaison service and introducing a learning disability aspect to the service. This will provide prompt access to services for all adults over the age of 16 regardless of age, ethnicity, disability and address, thus promoting dignity and improving mental and physical health outcomes for patients in PHT by bringing the clinical decision making process earlier for this vulnerable group.

Objectives

1. To enable prompt mental health assessment and implementation of appropriate care/treatment for in-patients requiring specialist mental health or learning disability care, improving the quality of the patient experience and reducing the risk to staff and other patients.
2. To reduce the length of stay of people with mental health needs and/or a learning disability, supporting the delivery of the reduction of number of beds for PFI.
3. Promote appropriate and safe admission avoidance in ED and MAU.
4. To improve care coordination, advocate for, people with ongoing mental health problems or a learning disability to facilitate timely, appropriate and seamless admission, transfer/discharge, including end of life care, by working in collaboration with community based services.
5. To provide a single point of access during core hours for referral to the multidisciplinary mental health and learning disability liaison team. To provide learning and development opportunities for general secondary care staff, thus increasing their confidence and skills in caring for people with mental health problems or a learning disability.
6. To actively participate in the PHT trust's mental health and learning disability agenda, feeding into clinical governance processes.
7. To increase compliance with statutory and mandatory requirements including, but not exclusive to, Mental Capacity Act 2005, Mental Health Act 2007, Standards for Better Health and recommendations from Death by Indifference, Healthcare for All, National Suicide Prevention Strategy and local Coroner's Reports.

National and Local Drivers

There are a significant number of national, regional and local drivers aimed at improving the care of people with a mental health problem and/or a learning disability within acute secondary care settings.

National

- National Service Framework for Mental Health (1999)
- National Service Framework for Older People (2001)
- Valuing People: A New Strategy for Learning Disabilities for the 21st Century (2001)
- Valuing People Now (2001)
- Alcohol – can the NHS afford it? (2001)
- National Suicide Prevention Strategy (2002)
- Death by Indifference: following up on the Treat me Right Report by Mencap (2007)
- Mental Capacity Act (2005),
- Everybody's Business: Integrated mental health services for older adults (2005)
- Who Cares Wins: Improving the outcomes of older people admitted to general hospitals (2005)

- Mental Health Act (2007)
- National Dementia Strategy Consultation (2008)
- Managing Urgent Mental Health Needs in the Acute Trust (2008)
- Healthcare for All (the Health Inquiry in response to Death by Indifference) (2008)
- High Quality Care for All : NHS Next Stage Review (Darzi) 2008
- NICE Guidelines

All identify a need to improve access to, and the quality of service provided for, people with mental health problems or a learning disability and their relatives and carers in the general hospital. On-site dedicated mental health and learning disability services for acute hospitals are recommended in most of these reports. Integration of specialist psychological/mental health aspects of physical healthcare is also widely recommended.

Regional

The NHS South Central SHA Mental Health Clinical Pathway Group reported in 2007, as part of the NHS Next Stage review, that commissioning for all age groups needs to improve mental health services input for general hospitals and reduce a physical–mental health divide that impedes equitable and effective care. It recommends dedicated on-site multidisciplinary mental health service in general hospitals that can respond in a timely fashion. In addition, a collaborative of specialist learning disability service providers and general hospital staff, supported by the Network Lead at the Strategic Health Authority, have developed an integrated care pathway for the acute care journey for someone with a learning disability. The pathway requires a much more proactive approach to the management of people with a learning disability, including preoperative assessment and intervention. The Joint Hampshire Commissioning Strategy of Older People's Mental Health 2008-2013 also identifies liaison services as an area 'for attention.'

Local

Local drivers include adverse incidents, two of which were catastrophic, and one leading to the serious injury of two members of staff. The number of reported incidents associated with mental health, issues, learning disabilities or challenging behaviour average 15 per month (noting that it is estimated that approximately 22% of incidents are not reported, this is likely to be approximately 20 per month – source National Audit Office Report: A safer place for patients). Complaints clearly indicate that services are not of the consistently high standard that people with specialist mental health and/or learning disabilities needs and their relatives and carers should expect.

A stakeholder's event hosted by PHT in February 2008, with 80 participants from health and social care, statutory and voluntary agencies, service users, relatives and carers, clearly identified that improvements are needed and the following issues were agreed as priority:

- To utilise the evidence from this workshop to inform the enhancement of the current Mental Health Liaison Service, to include capacity for the provision of education, training and development opportunities for PHT staff
- To introduce a specialist learning disabilities aspect to the service
- To have a centralised, on-site, single point of access liaison service to aid ease of access
- To continue to work in partnership across PHT, Portsmouth City PCT, Hampshire Partnership and Hampshire PCT, provider and commissioning services to ensure an equitable service to all
- To improve the general hospital staff understanding of the value of involving relatives and carers in the care planning and decision making process

Current Service Provision

There are anomalies between the service provided to Portsmouth City residents and those of Hampshire: all Portsmouth City residents of 16 and over with a functional illness whilst in ED are seen by the Mental Health Liaison Team, but only those Hampshire residents between 16 and 64 are. Provision of mental health services to inpatients aged 16 and above for issues other than self-harm is still provided on a consultation basis by community services. Urgent on-site advice and assessment is hence difficult to access leading to avoidable delays. There is no on-site learning disabilities service. Community learning disability teams have seen a significant growth in requests for input and advice but due to resource constraints, service is patchy and complex for staff to access.

A recent coroners inquiry identified a need to have a single process across the whole health community to reduce the risk of process failure and suggested increased resource allocation from PHT. There are no service level agreements between PHT and providers of specialist mental health and learning disabilities services to ensure urgent access at times of need, which is not uncommon but does need addressing. The development of systems and processes to facilitate a more proactive approach to service provision, including the provision of robust learning and development opportunities will enable systematic service and practice development and improvement.

Current Mental Health Liaison Service

The Mental Health Liaison Team is based within the Emergency Department at Queen Alexandra Hospital. Operational Hours are 10.00hours – 23.30 hours seven days per week including public holidays and the team provides:

- Mental health assessments for anyone aged 16 – 65 years who have been admitted to Portsmouth hospitals as a result of self-harm This includes all wards and departments across all three Portsmouth Hospitals sites
- Mental health assessments within the Emergency Department for people aged 16 and over (over 65 years for Portsmouth city only) who present with evidence of mental health issues
- Advice and signposting across Portsmouth Hospitals Trust for mental health issues as operational activity allows
- Teaching and support within Portsmouth Hospitals Trust on issues related to self-harm, mental health problems and risk management
- Delivering a training programme to trainee doctors on psychiatric placement

Current Learning Disability Liaison Service

There is no on-site specialist LD Liaison service available. Currently community services provide in-reach for patients with an LD when known to community team. Additional specialist support is provided as requested and when operational activity allows. Wards and departments have been provided with resource packs, which provide contact details for specialist learning disabilities practitioners. It is evident however, that all wards and departments do not actively use these resources consistently. Education programmes have been initiated, working with those areas that more frequently care for people with a learning disability (MAU, Head and Neck), nursing and HCSW induction programmes, and FY1 Medical staff. The LD teams have also responded to requests from wards and departments for urgent advice and education after the receipt of complaints or the report of adverse incidents. This unfunded activity is fulfilling some need but further development and innovation is not possible without further investment.

Current Older People Mental Health Services - Hampshire

Specialist services for older people are provided using an in-reach model to PHT wards. The service is available Monday – Friday, 09.00 – 17.00 hrs only. The team comprises 0.1 wte Consultant in OPMH (covering Fareham and Gosport patients only) and 0.4 wte associate specialist (2 days per week, based off-site), who are supplemented by the community mental health teams (primarily consultants) in the

absence of the associate specialist and during especially busy periods. The issue of poor response times to requests for support and advice is the same for OPMH as AMH due to limited capacity within the teams. There is presently limited ability to attend urgently for crisis situations and little capacity to provide input into PHT teaching and education, and policy development. As with the Learning Disability service, some initiatives have been implemented but without further investment, progression of training and development opportunities, and the provision of urgent advice will remain limited.

Out of Hours Services

Access to urgent advice out of hours is exceptionally complex due to fragmentation of community mental health services including in-patients units, crisis teams and medical on call cover (Table 1). There have been a number of serious untoward incidents in the Trust, which may have been avoided if urgent mental health advice had been available.

Urgent Mental Health Advice	Portsmouth City Patients	Hampshire Patients	Comments
Availability	17.00 - 09.00 Mon – Fri 24hrs Sat/Sun/BH	17.00 - 09.00 Mon – Fri 24hrs Sat/Sun/BH	This service is not on site, in-patients are often thought to be lower priority as in relative place of safety compared to patients in the community
Response time	Not defined – clinician on call will make judgement	Not defined – clinician on –call will make judgement	
Process	Call SJH front hall. Calls screened, judgement made and advice given.	Call SJH front hall. Calls screened, judgement made and advice given.	Informal arrangement for telephone advice from senior nurse at SJH with bleep but not commonly known or used. SJH will signpost to appropriate service
Mental Health Act Advice	Call SJH front hall. Calls screened, judgement made and advice given. .	Contact Hants CC Social Services directly or Call SJH front hall. Calls screened, judgement made and advice given.	
Urgent Learning Disability Advice	Between 17.00hrs and 09.00hrs Senior on call Psychiatrist on - call via front hall SJH	Between 17.00hrs and 09.00hrs Senior on-call Psychiatrist on - call via front hall SJH	

Future Service Provision

Through consultation and negotiation with stakeholders, clinicians and managers from general and specialist providers and commissioners, the following principles have been agreed as essential to underpin the further development of on-site mental health liaison services, and the implementation of learning disabilities liaison services:

- Onsite, Ageless multidisciplinary service with appropriate facilities ensuring equity of access (work to enhance working relationships with children's and adolescent services is ongoing via the Children's Department).
- Single point of access for all of the population served by PHT where referrals are screened and allocated to appropriate service.
- Rapid access to expert advice at time of urgent need
- Enhanced knowledge and skills of PHT staff by provision of learning and development opportunities
- Improved processes within PHT for identifying and managing people with/at risk of mental health problems, and those with a learning disability, leading to reduced length of stay and improved clinical outcomes
- Partnership working across PCTs, PHT and Hampshire Partnership Trust
- Contribution to mental health and learning disabilities agenda in PHT, feeding into clinical governance process

This proposal to increase the mental health liaison and introduce a learning disability aspect to the service will ensure equity of access to services for patients, increase and enhance the knowledge of clinical practitioners and have a positive effect on the overall experience of people with specialist mental health needs and/or a learning disability.

Reviews by specialist clinical staff from across PCPCT and HPT, supported by data analysis of in-patient episodes[4] have identified the need for a change in the current service provided. It must be acknowledged that data capture and data quality related to secondary diagnosis is generally poor. Local experience[5] suggests that 20% of secondary diagnosis only is recorded so it is asserted that the actual number of patients with a recognised mental health need is significantly greater that this report suggest.

Key points are:

1. There has been approximately **50% increase** in the number of patients coded with a mental health related code between 05/6 – 07/8 from **5434** in 05/6 to **7269** 07/8.
2. The **projected increase** for 08/09 is **18%** based on activity April – August.
3. People[6] **16 - 64 yrs** account for approximately **52%** of people with coded mental health problem.
4. People **over 65 yrs** account for approximately **48%.**
5. Portsmouth City residents over 65 yrs = 1314, Hampshire = 2025
6. Portsmouth City resident 16 - 64 yrs = 1599, Hampshire =1835.
7. Local snap shot audit of people over 16 yrs in general hospitals wards at QAH report **47%** (30/64) **have recorded or reported mental health problem.**
8. Liaison visits for 07/8 = 572 (303 Portsmouth City Patients, 269 Hampshire patients), supplemented by 325 Hampshire Community Mental health team Consultant visits.

An integrated service provision framework, with generic and specialist functions is proposed (see App I) with a central point of referral to dedicated administrative support. Team members will primarily support their area of specialist practice (e.g. learning disabilities, adult mental health, older people's mental health) but in the case of sickness of unplanned absence will screen and respond appropriately. The role of the team will be divided into the following areas of clinical, educational, governance and managerial practice.

Key Functions

Clinical Practice

- Provide specialist input to assessment (Medical Assessment Unit, Surgical Assessment Unit and Emergency Department), in-patient and out-patient areas provided by PHT in accordance with operational policies (to be developed) ensuring timely and appropriate access to specialist advice.

[4] Source – PHT Performance Management Team
[5] Data analysis of secondary codes
[6] People with a secondary code related to mental health

- Work with PHT staff and locality mental health and community learning disabilities teams to develop, implement and monitor care plans to ensure improved transfer/transition across services.

Education, training and development

- Working with the Learning and Development Team, develop, implement and monitor learning opportunities for clinical staff in the care of people with specialist mental health needs and/or a learning disability.
- Provide informal learning opportunities by working in practice in assessment, in-patient and out-patient areas.
- Facilitate the learning of others (including practice development nurses and clinical educators) to enable them to transfer knowledge and skills to members of ward/departmental teams, ensuring good practice is embedded in everyday working.

Governance

- Actively participate in the governance process related to MH and LD issues, taking on responsibility for leading on MH and LD issues.
- Participate in clinical and managerial supervision processes.
- Support the development of operational and clinical policies and guidelines to support the delivery of evidence clinical practice and service delivery.

Management and leadership

- Further develop systems and processes for the effective referral, screening and assessment of people with specialist mental health needs and/or a learning disability.
- Participate in senior meetings across the organisations to raise the profile of and promote effective use of the service.

Managerial Accountability

This will be dependent on the requirements of the provider organisation(s)

Service monitoring and evaluation

Outcome measures and key performance indicators will be set by the commissioning organisations. Evaluation and performance will be monitored in accordance with contract with commissioners.

Summary

The current overall service provision is not adequate to meet the needs of patients with a mental health problem and/or a learning disability, staff and the organisation as a whole. This proposal will ensure equity of access to services for patients, increase and enhance the knowledge of clinical practitioners and have a positive effect on the overall experience of people with a mental health problem and/or a learning disability. It will further reduce lengths of stay in PHT and serious untoward incidents.

Integrated Service Framework for Mental Health and Learning Disability Liaison Service

The following (which include the current funded posts) are required to deliver these additional functions:

1. Implementation of single point of access for referral and advice related to Portsmouth and Hampshire patients
2. Implementation of single point of access for contact details for urgent out of hours advice for Portsmouth and Hampshire patients
3. Development and implementation of ward based assessments and advice for patients with specialist mental health and/or learning disability needs.
4. Pre-admission interventions for elective admissions
5. Development and implementation of data management systems to improve the data quality (including coding) and enable accurate recording of activity.
6. Development and implementation of operational and clinical policies and guidelines to support the delivery of improved access, advice and intervention to ward based patients.
7. Development and implementation of robust multidisciplinary training and development programmes to increase general hospital staff knowledge and understanding of the specialist needs of people with a mental health problem and/or a learning disability.
8. Provision of clinical support to the proposed Department of Medicine for Older People Unit for people whose behaviour challenges.

Central Roles Providing Support to whole Team					
Team manager	1wte B8a	Team Administrator	1.79wte B4	Clinical Psychologist	1wte B8A
Specialist Teams					
AMH		**OPMH**		**Learning Disabilities**	
Team Leader	1wte x B7	Senior Practitioner	4.2wte x B6	Team Leader	1wtexB7
Senior Practitioner	8wte x B6	Consultant	1.8wte	Senior Practitioner	0.8wte x B6
Consultant	1 wte				

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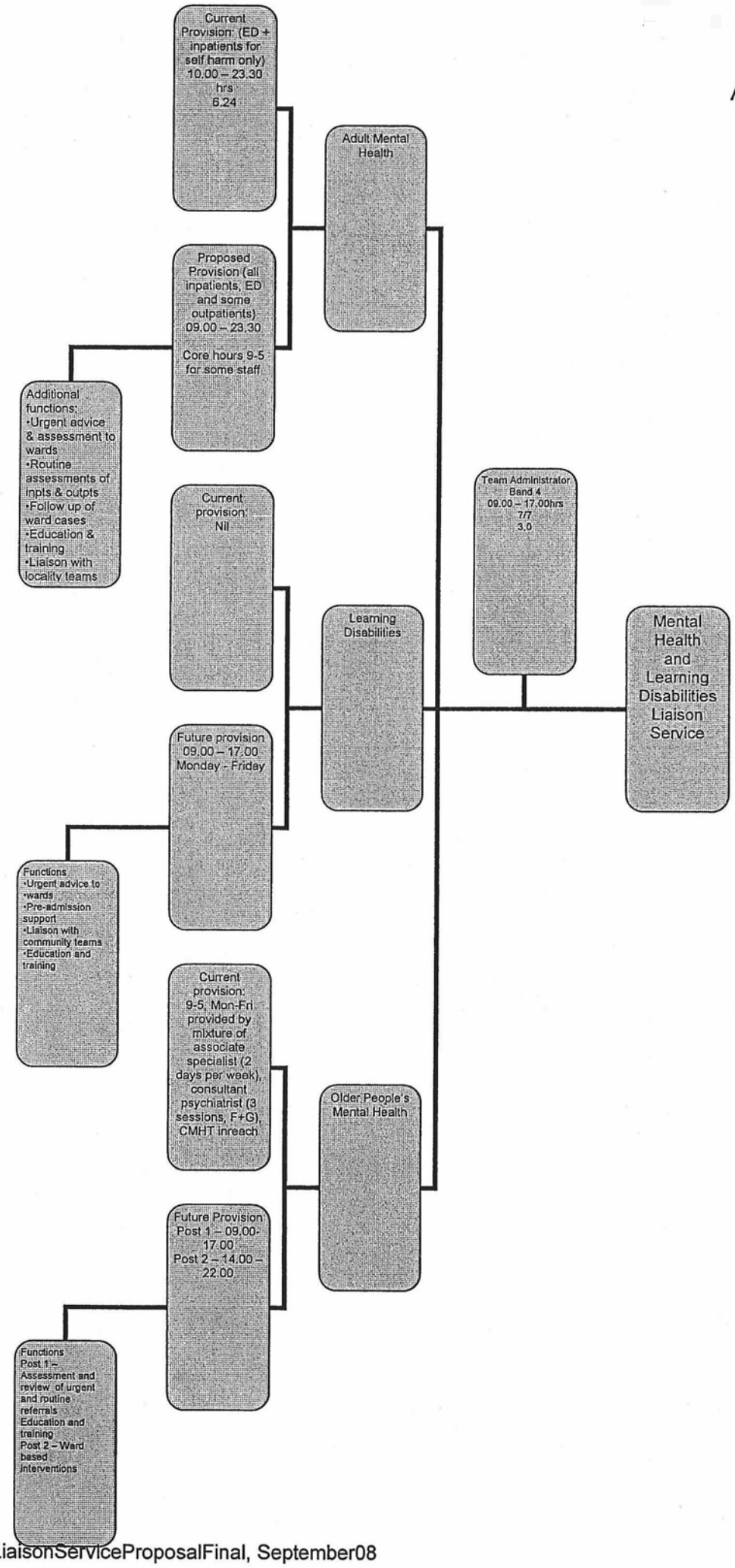
NSF for Long Term Conditions
NSF for Coronary Heart Disease
NICE Guidelines for Chronic Heart Failure
NICE Guidelines for Stroke
NICE Guidelines for MS

NSF for Older People
NICE Guidelines for Parkinsons Disease
NICE Guidelines for Dementia
NICE Guidelines for Epilepsy
NICE Guidelines for COPD
NICE Guidelines for Cancer Networks
National Guidance for Cystic Fibrosis
NICE Guidelines for the management of self harm
NICE Guidelines for PTSD
NSF for Renal Disease
DoH report on psychological therapies

App I


Mental Health and Learning Disabilities Liaison Service
Team Administrator Band 4 09.00 – 17.00hrs 7/7 3.0
Adult Mental Health
Current Provision: (ED + inpatients for self harm only) 10.00 – 23.30 hrs 6.24
Proposed Provision (all inpatients, ED and some outpatients) 09.00 – 23.30
Core hours 9-5 for some staff
Additional functions: •Urgent advice & assessment to wards •Routine assessments of inpts & outpts •Follow up of ward cases •Education & training •Liaison with locality teams
Learning Disabilities
Current provision: Nil
Future provision 09.00 – 17.00 Monday - Friday
Functions •Urgent advice to •wards •Pre-admission support •Liaison with community teams •Education and training
Older People's Mental Health
Current provision: 9-5, Mon-Fri provided by mixture of associate specialist (2 days per week), consultant psychiatrist (3 sessions, F+G), CMHT inreach
Future Provision Post 1 – 09.00-17.00 Post 2 – 14.00 – 22.00
Functions Post 1 – Assessment and review of urgent and routine referrals Education and training Post 2 – Ward based interventions