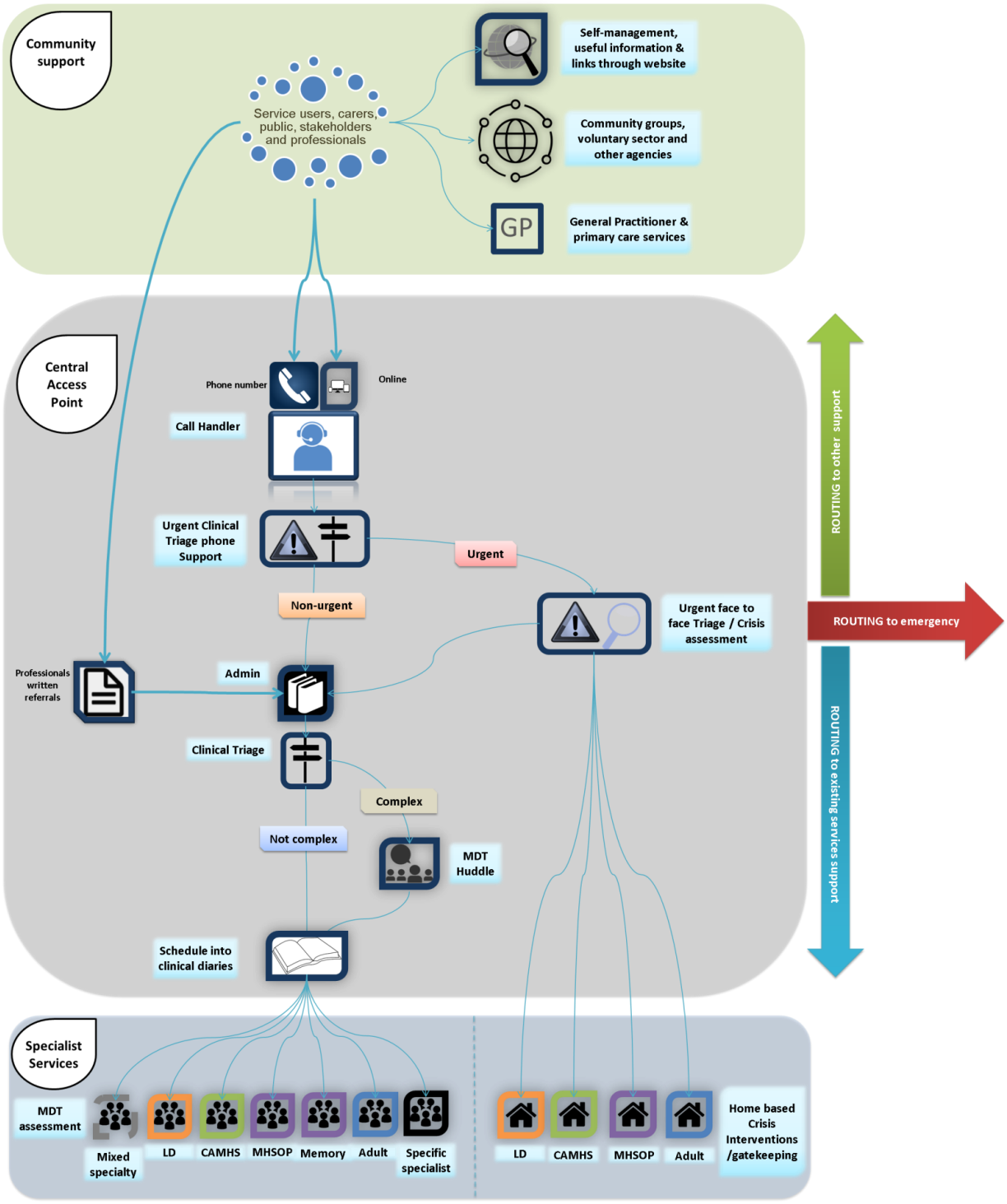
How people will access our mental health and learning disabilities services

Key Feature: Central Access Point for Mental Health and Learning Disabilities

There are several different elements to the Central Access Point. Figure 1 shows the referral and triage process and a detailed description is provided below.



Central Point

The Central Access Point will be a central point for:

- All referrals for mental health and learning disabilities[1]
- All mental health crisis referrals
- All phone enquiries (e.g. general, advice, appointment related etc)

When assessments are required the Central Access Point will be aspiring to:

- Undertake urgent assessments within four hours of referral.
- Schedule non-urgent assessments within a working day of referral.

Community Support

There will be information for self-guidance and support available on LPT's website and advertised in different community venues. This is to help people to be aware of what support may be available to them in primary care (such as IAPT) and the community (such as services run in the voluntary sector). There will also be key contact information for them to self-navigate to these resources.

Contacting the Central Access Point

If service users, carers, stakeholders, public or professionals believe that they need to speak to and/or access specialist mental health services they will have initially three ways to do so.

Written referral from professional

Professionals, like GPs, will be able to make a written referral through the electronic system they use or through a letter. This will be received and logged by the Central Access Point Administrative Team and then reviewed by a clinician as part of clinical triage (this is described in more detail under 'clinical triage').

Phone call

Service users, carers, stakeholders, public or professionals will be able to ring the Central Access Point number. This will be answered by a call handler. The call handler determines the nature of the enquiry and some initial information. The call handler will manage the call if the nature of the call is not directly clinical such as general information, appointment changes (that the call handler can amend) or navigation advice. If the nature of the call is clinical then they will direct the call to

[1] There may be an alternative 'Triage and Navigation hub' commissioned specifically for children and adolescence referrals. If in place then processes will need to be established for two access points to seamlessly work together. This could work initially by referrals for CAMHS that are received directly to the Central Access Point being redirected to this new hub and referrals accepted. Any specialist CAMHS referrals agreed at the hub will be routed to the central access point for scheduling appointments.

either the individual's existing clinician (if the caller is known to services) or urgent triage practitioner (this is described in more detail under urgent clinical triage below).

Online enquiry

As an alternative to a phone call, service users, carers, stakeholders, public or professionals will be able to use a secure digital platform to make contact with the Central Access Point. This will be using LPT proven technology (Chat Health) and provide an alternative to phone contact for individuals. The online queries will be managed similarly to the phone call described above. It is recognised that clinical related queries may need to be transferred to phone contact to best support people's needs.

Urgent clinical triage phone support

The urgent clinical triage will be made up of practitioners with skills and knowledge from each of the broad specialties (see distinct specialties that work together key feature). There will be urgent clinical triage available 24 hours a day, 7 days a week. Additional analysis is planned to estimate the shift pattern and the number of practitioners required at given times of the day. The urgent clinical triage practitioner will undertake one or more of the following to support individuals:

- provide telephone advice to inform care and treatment, and advise on a range of clinical issues and/or
- provide telephone support to calm and de-escalate where there are difficult situations and/or
- organise or undertake a face to face triage (this will be undertaken by the same practitioner where achievable) and/or a face to face crisis assessment
- transfer (this can be directly or by tasking depending on practitioner availability) to non-urgent clinical triage to focus on identifying the right non-urgent service to support the individual (see non-urgent clinical triage)

In all instances the person taking the call is focused on ensuring the caller gets the right support for their query.

Urgent face to face triage and/or assessment

If the urgent clinical triage practitioner, in collaboration with the caller/referrer, identifies a need for crisis assessment then this will be organised. Again the practitioner with the right skills and knowledge of the relevant specialty will be allocated for this assessment. It is expected that the service will work towards this being undertaken **within 4 hours** of the initial contact with the Central Access Point.

The urgent clinical triage practitioner may need to see a caller face to face to help identify whether or not they need a crisis assessment and what support to offer. If the individual requires a full crisis assessment then the practitioner will move from triaging to undertaking the assessment.

From the assessment the practitioner with the service user (and carer wherever relevant) will identify the right support for their needs. This could include:

- self-management plan and/or routing to alternative services outside of LPT
- Home based crisis interventions (see Crisis support)
- Non-urgent additional assessment[2]

Admin

The non-urgent written referrals will be organised by the Administrative Team who will provide:

- Initial information gathering to support triage and future assessment
- Book and re-book appointments for service users' initial assessment appointments
- Scheduling and tracking to ensure service users are booked for an appropriate appointment, once they have been triaged and they are not "lost" within the system.

The Administrative Team will help support the clinical triage practitioners and also support the call handlers during periods of high phone traffic.

Clinical triage

The clinical triage clinicians will review every referral received. They will make a decision on the urgency of the referral and stream the referral for urgent assessment if required. If non-urgent they will make a decision on streaming the individual to the most appropriate specialty assessment (*see specialty streams and assessments below*), and/or whether the individuals' needs would be better met through other services or support (*see routing below*). If there is any missing information required to make these decisions the clinical triage clinician (supported by the Administrative Team when appropriate) will seek this information from the referrer or service user/carer.

If the referral is complex then the clinical triage clinician will take the referral to an MDT 'huddle' (which will involve a wider team including medical, therapists etc. and also draw together cross specialty discussions) to help decision making. See MDT huddle section below.

There will be some specific types of referrals which will be supported by very specific clinical triage (such as in-reach older people's team referrals from nursing homes and eating disorder referrals). These referrals will be directed to specific clinical

[2] The additional non-urgent assessment will be looking to build on (rather than repeat) the crisis core assessment with greater depth and/or additional elements. This will be taken into account in scheduling who is to be involved in the non-urgent assessment.

triage clinicians who will review the referral in the same timescale (within a working day). If the case is complex then this will also be taken to MDT huddle.

MDT huddle and Additional Support and Expertise

The clinical triage clinician may not be sure of the best plan for a referral due to complexity or other factors. In these circumstances they can contact specific expertise from the wider services for advice and/or take the referral to a planned MDT huddle (at least daily meeting with input from wider disciplines such as consultant, psychologist, occupational therapists and other professionals scheduled to support the triage clinicians). This meeting will be scheduled to minimise disruption to the wider MDT clinicians' days.

There may be some instances where physical health checks may be required prior to any mental health assessment. The clinical triage clinician would dictate a letter or electronic system task to go to the service user's GP and the service user/carer would be advised to make an appointment with their GP.

Schedule into clinical diaries

If an individual is triaged as requiring an assessment the clinical triage practitioner will provide the details to the Administrative Team including:

- target timescale to be seen
- the specialty stream for the service user
- specific requirements of individuals to be involved in the assessment

The Administrative Team will then agree suitable times with the service user and schedule the assessment directly into clinical diaries.

Specialty Streams and Assessments

If a service user requires further assessment from the clinical triage then they will be streamed into one of the following areas:

- Learning Disabilities (LD)
- Adult Mental Health Services (AMH)
- Children and Adolescence Mental Health Services (CAMHS)
- Mental Health Services for Older People (MHSOP)
- Mental Health Services for Older People (MHSOP) - Memory assessment
- Specialist services (e.g. Eating disorders, Forensic, Nursing home in-reach etc.)[3]
- Mixed specialty

Each stream has differences in either the specialist expertise of the practitioners and/or mix of different disciplines that will normally be involved in the assessment. The clinical triage clinician/MDT huddle will identify any additional disciplines that are needed to support an individual's assessment based on their particular needs. The mixed specialty stream will be used where a mixture of specialist expertise is required from across the broad specialties (e.g. MHSOP, AMH, CAMHS, LD) to undertake an assessment together. See assessment key feature below for more information.

Routing

At any point during any element of the Central Access Point there will be a consideration of possible routing of the service user to other advice and support. This can include:

- Routing a service user/referrer to the emergency services (e.g. police, ambulance) if at any point there are concerns that an individual requires immediate service support
- Routing a service user/referrer to advice and support provided by external agency (including IAPT, voluntary sector, GP, community groups, website etc.) where this meets their specific needs better than LPT's specialist mental health and learning disabilities services
- Routing a service user/referrer to existing clinical team when known to services. Where there are clinical concerns or queries the existing clinical team will most likely be best placed to support the service user/referrer. Therefore the individual will be routed to the existing clinical team unless the urgency of the need required support sooner than the existing team can respond to. In those circumstances the urgent clinical triage will support the individual with liaison with the existing team wherever possible.

Key Feature: Crisis support

The urgent/crisis triage and assessment of the service user's needs is described in the Central Access Point key feature above. The different specialty expertise that provides the urgent triage and crisis assessments will also deliver broad specialty specific home-based crisis interventions.

Home-based Crisis Interventions

There will be different home-based crisis interventions delivered by each broad specialty to best match the support offered to the presenting needs of the service user and their carers. The different specialties will work together where required to

ensure that individual needs can be supported where needs require a combination of specialty expertise and interventions.

Facilitated Early Discharge Planning

An aspect of the crisis support services is in facilitating earlier discharge from specialist mental health inpatient settings. The model for facilitated discharge within adult services is currently under design in Wave 2.

Increased local support within community services

There will be community 'step up' support offered within community services (initially described in adult services – see community step up in treatment paper on main webpage) that is expected to reduce demand for ad-hoc crisis support for adults receiving community services.

Key Feature: Peer support workers

There will be a programme of preparing, training and equipping current or previous service users with knowledge, skills and confidence to become peer support workers. There will be peer support worker roles introduced across all the core community teams, with recruitment planned for the initial cohort to commence at the autumn of 2019. There will be a central support structure, ongoing supervision and specific safeguards for the health of individuals recruited into the roles.

The peer support workers will integrate within each wider team and become part of a mix of different skills within each area. They will have a distinct role of utilising their lived experience, sharing personal experiences to build trust and develop a sense of mutuality in a service user's journey. They will focus on building on service user's strengths, promote increased self-management, engagement in services and connection with community activities amongst wider support and team tasks. They will also have an important role in supporting their wider team in continually improving their care delivery approaches to best support service users using experience insight.

Based on other mental health organisation experiences and published studies, the involvement of peer support workers in our teams will be expected to have multiple benefits. This includes releasing clinical time within a team, help improve service user experience, reduce likelihood of admission to hospital for some and help service user's to be ready for transition out of specialist services earlier. In many instances, based on the service user's circumstances, the peer support workers will focus on the wider family as well as the service user. This can include supporting connection and communication between specialties (where different individuals are involved in different members of a family unit).