# FOI 0258/2023 Response

### Request

To whom it may concern,

Hello, I am a final year Master's (MSc) student in Mental Health (MH) nursing at the University of Lincoln. I am working on my Service Transformation project, where I am trying to introduce the Acute Day Centre locally. Could you share some of the information about your ADU: are there any apparent benefits and barriers you have faced? Can you provide me with some of the challenges faced when proposing the business case for justifying ADU(s) within your locality? Your response would be very much appreciated.

## Response

Please note that currently the Trust does not have enough data to confirm the benefits and barriers of implementing the adult day unit, as the data analysis of this unit is ongoing.

However, the Trust an confirm the following:

- The overall function of the Acute & Crisis Day Service is to provide a high-quality recovery focused mental health service to service users who are receiving treatment from Acute & Urgent care known to services.
- Service users referred to the Acute & Urgent Care AUC Service will have a skilled assessment, appropriate interventions and identified outcomes. The Acute and Crisis Day Service is a reactive service, which will deliver acute interventions when necessary.
- The Acute and Crisis Day Service operates 7 days per week and, depending on the needs of service users, between the hours of 9am-8pm.
- The service can operate an extended hours service to support the needs of individual service users when required and out of hours, service users should be made aware of other local services such as Home Treatment teams, A&E and 111 Crisis Line.
- The Service is staffed by a multidisciplinary team comprising of mental health professionals, who are skilled in the delivery of evidence-based interventions to those experiencing mental health difficulties and who support in there stabilisation without coming into hospital.
- The service will work proactively with home treatment and CMHT services to prevent admission wherever possible and will facilitate discharge from inpatient units by providing interventions which supplement the care provided by the treating team.
- The Acute and Urgent Care Day Service will also work with third sector organisations to ensure best outcomes for service users.
- For further details of the pathway please see below.

## **Acute and Crisis Day Service Pathway**

#### ACUTE AND CRISIS DAY SERVICE → DISCHARGE **REFERRAL ASSESSMENT** Referral from HTT/Liaison Assessments allocated at the Assess within 48 Psychiatry/Crisis House (via daily allocation meeting. When service users Service user appropriate for interventions as Members of the daily allocation have completed their program, the service meeting will decide on the clinician who is best suited to part of Acute and Crisis Day Service. Referral from Acute Inpatients Assess within 1 week\* (via email) will liaise with the complete the initial assessment treating team and & where the assessment should This service promotes recovery. All interventions will discharge the service The Acute and Crisis Day Service will take place. user from the Acute and Crisis Day Service provide assessment and specialist be evidence based, aligned to care clusters and reflected in NICE guidelines to realised clinical support, care, and treatment for \*Timeframes may be modified to meet the individual needs of the service user, following consultation with the referrer. outcomes as reflected in the care packages. The people with: caseload. focus of these interventions will be to support nent Process recovery and to build resilience of service users. Severe and persistent mental disorders associated with significant The referrer will facilitate attendance to the assessment appointment. The Acute & Crisis Day Service will have access to a disability, predominantly psychoses Assessment appointment. Assessments will be comprehensive and include bio psycho social and risk elements, directory of voluntary services and other third sector organisations which can be accessed by the service such as schizophrenia and bipolar disorder with complex needs. incorporating other assessment tools as required. A care plan agreed recovery plan will Any disorder where there is an ongoing significant risk of harm to in order to support the needs of their service users. be completed. The service will support the care planning process by self or others. Assessments will determine carer needs. inputting into the care plan the interventions being offered to the service user and the outcome Disorder of personality which may Following assessment, all documentation to be benefit from available evidence completed fully, commensurate with BSMHFT Care Records Management Policy and BSMHFT based specialist interventions. measures. Care Management & CPA/Care Support Policy The management of clinical risk is retained by the BSMHFT treating team. The Acute and Crisis Day All referrals received via email are to be Assessment outcome to be communicated to patient & referrer within 48 hours of assessment. added onto RiO by the Acute and Crisis Day Service Administrator. A telephone or face to face discussion should accompany all referrals. All relevant Service will contribute to and update the risk assessment where required. In times of crisis, Acute and Crisis Day Service staff Service **not** indicated – assessing clinician will discuss outcome with the ICR documentation must be completed are to liaise with the treatment team regarding the Urgency of the referral to be discussed by most appropriate management. the referrer and assessment clinician referrer.