

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	05/MHLD/0043
Service	Psychiatric Intensive Care Service
Commissioner Lead	Kath Florey-Saunders
Provider Lead	Mike Kelly
Period	1 April 2014-31 March 2015
Date of Review	December 2015

1. Population Needs

1.1 National/local context and evidence base

Evidence that informs the service delivery model includes;

- National Service Framework for Mental Health - DH September 1999
- Mental health policy implementation guide - adult acute inpatient care provision, DH April 2002
- An executive briefing on adult acute inpatient care for people with mental health problems - Sainsbury Centre for Mental health June 2002
- Acute inpatient mental health care - education, training and continuing professional development for all -NIMHE 2004
- Dual Diagnosis in mental health inpatient and day hospital settings -DH October 2006
- Delivering the Government's Mental Health Policies - services staffing and costs - Sainsbury Centre for Mental Health 2007
- The pathway to recovery - a review of NHS acute inpatient mental health services - Health Care Commission 2008
- More than just staffing numbers - a workbook for acute care redesign and development - Care Services Improvement Partnership, DH September 2008
- Standards on the use of Section 136 MHA 1983 (2007) - Royal College of Psychiatrists September 2008 (CR149)
- Accreditation for acute mental health services (AIMS) - standards for acute inpatient wards - working age adults - Royal College of Psychiatrists January 2009
- Inpatient services for people with learning disabilities - standards for healthcare professional –Pilot Edition, Royal College of Psychiatrists
- Links not boundaries - Service transitions for people getting older with enduring or relapsing mental illnesses - Royal College of Psychiatrists January 2009

(CR153)

- New Horizons - towards a shared vision for mental health - A Consultation, DH July 2009

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 or following injury	*
Domain 4	Ensuring people have a positive experience of care	*
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	*

3. Scope

3.1 Aims and objectives of service

The purpose of Psychiatric Intensive Care Unit (PICU) is to provide high quality holistic care in a safe and therapeutic setting for service users in the most acute and vulnerable phase of illness, who meet the Dorset Definition of Severe Mental Disorder and require an intensive care treatment. It is not for long term care. This will be provided in collaboration with service users, carers, statutory and non-statutory organisations in order to ensure that admissions and inpatient episodes are timely and appropriate. The service will promote recovery and wellbeing.

- Provide assessments, treatment and multidisciplinary care, 24 hours a day, 7 days a week, 365 days a year to service users experiencing acute mental health problems
- Provide access and choice to a varied service of psychosocial and therapeutic activities
- To promote a recovery, social inclusion and whole systems model, ensuring all staff work simultaneously with statutory and non-statutory services, and care is delivered through joint and integrated practices
- Develop partnerships and access to outside agencies and resources with the local community and promote social inclusion (employment and vocational agencies, benefit agencies, education, sport and leisure) as appropriate in a

PICU setting

- Enable service user empowerment, choice and decision making through active discussion and engagement on meaningful strategies to a successful recovery.
- Ensure that service users receive intensive care for the minimum time necessary, maintaining the service user's role in the community
- Maintain or create links with Primary Care to ensure that the service user's GP receives a discharge summary as soon as possible following discharge.

3.2 Service description/care pathway

The Haven Unit is a 5 bedded unit providing assessment, intensive care and treatment for males detained under the Mental Health Act (1983), in the most acutely disturbed phase of a serious mental disorder. It also includes a seclusion area.

The intention is to commission and in-county service for males and females in line with population needs, which will reflect the St Ann's redevelopment defined bed-stock and appropriate funding for population based need.

Assessment: Behavioural Assessment; Carer's Assessment; OT Assessment Including Assessment of Motor and Processing Skills (AMPS); Neuropsychological Assessment; CPA Assessment; Assessment of Psychosis

Care Planning and Management: Flexible Person Centred Care using Recovery principles

Intervention: Management of Mental Health Crisis; ECT; Prescribing, Monitoring and Review of Psychotropic Medication; brief solution focussed therapy ; Psychosocial Interventions;

Liaison: Developing Partnerships

Social Care: Social Activity

Haven Psychiatric Intensive Care Unit (PICU) provides assessment and intensive acute treatment for detained individuals in the most disturbed phase of their mental illness, whose capacity for self-control and associated risks cannot be therapeutically managed on an acute ward.

Individuals are referred in the initial stages of illness or during exacerbations of illness in hospital. The unit provides rapid intensive psychiatric treatment with enhanced levels of care, observation and security, for a period that is therapeutically appropriate and service users are reviewed frequently to ensure they still require this level of support.

Assessment and care plans

On admission, medical and nursing staff will assess the service user and following a case formulation, the necessary treatment and management plans are collaboratively agreed with the service user where possible and put into place.

These plans are reviewed on a daily basis with the unit team to ensure that treatment maintains safety and to ensure that physical and psychological needs are met.

A preliminary risk assessment and nursing care plan is formulated immediately following admission to the unit, and a full care plan documented within 3 days, by the named nurse for that patient. Where possible this is carried out in conjunction with the individual service user and any other person involved in his/her care, in accordance with their wishes.

An individual treatment programme is designed and implemented by the multi-disciplinary team, wherever possible in conjunction with the patient. Full MDT reviews of care will take place on a weekly basis.

Interventions are focused around rapid assessment and brief therapy. Any of the following treatment modalities could be utilised in the individual treatment programme if clinically appropriate:

- Cognitive Approaches
- Behavioural Approaches
- Occupational Therapy
- Psychotherapeutic Approaches
- Physical Treatments (including medication and ECT)

3.2 Days/Hours of operation

24 hours per day, 7 days per week

3.3 Referral processes

Through the Mental Health Service.

Referrals are normally received from Acute In-patient Wards, Prison In-reach Teams and the Crisis and Home Treatment Team. These are usually in writing, but telephone referrals are accepted where there is an immediate risk and clinical need dictates. Referrals are assessed by senior nursing staff on the Unit in collaboration with the appropriate clinical staff.

Emergency Direct Admission via Mental Health Act Assessments, Police cells or local

Units

Only in extreme emergency out-of-hours circumstances will direct admission to the Unit take place without prior joint nursing and medical assessment e.g. in the Police Cells, 136 Suite or other in-patient unit.

The decision to admit directly to the unit will be taken by the Ward Manager, Modern Matron or Nurse in Charge (Bleep Holder Out of Hours) at St Ann's Hospital, and the reason for direct admission, including evidence of pre-admission discussion with PICU nursing staff, documented in the service user's notes.

Non-urgent Referral & Admission from within St Ann's Hospital

In normal circumstances, referral should be made via the Responsible Clinician (RC)/AC and/or Ward Manager/Modern Matron.

In circumstances where a planned transfer is requested from an open ward, a joint pre-admission assessment must take place. All pre-admission assessments will be discussed at the MDT referral meeting prior to transfer.

Emergency Transfer from within St Ann's Hospital

Out-of-hours, the Nurse in Charge of the transferring ward may refer directly to the Nurse in Charge of PICU.

Out of hours, the lead nurse for the shift on Haven will assess the service user to be transferred.

The outcome of the assessment must be discussed with the Bleep Holder (Out of Hours) and on call Dr if available, and transfer agreed.

In the event of a dispute relating to the proposed transfer, the on-call doctor will be called to undertake an assessment.

3.4 Response times

Non urgent referrals will be considered by the unit within 3-4 hours and urgent referrals will be considered as a priority.

3.5 Transfer Of Patients – To Open Wards

The Multidisciplinary Team will agree when individual service users may be transferred to acute wards based on their clinical presentation and a reduction of the risk factors that highlighted the need for admission in the first place. A Transfer Protocol will be in place and followed.

Patients will be transferred back to the care of their referring Consultant

Psychiatrist on their designated ward.

Between the hours of 9.00am and 5.00pm, there is an expectation that the PICU doctor will be involved in the decision making process and, if appropriate, the RC/AC and PICU Consultant will be consulted prior to transfer.

Where a transfer/discharge is required out of hours the Nurse in Charge in discussion with the Bleep Holder will discuss and agree the appropriate actions in consultation with the on-call manager if required.

The service users record will be update by the transferring clinician to reflect service users move to a treatment ward and the care plan amended as necessary, including risk assessment and observation level. In addition, all patients transferred out of PICU will have a summary of their treatment whilst on PICU recorded within their electronic record and particular emphasis on recent and current risk

All relevant paperwork will be completed and appropriate people informed of transfer by key nurse/transferring nurse.

The receiving nurse on the treatment ward and the key nurse in charge on PICU must agree on a joint risk assessment, and agree on a management plan, including level of observation, which must be documented in the clinical notes.

3.6 Transfer Criteria

The following criteria must be followed for consideration to transfer to another ward/unit or hospital (out of area);

- The service user has experienced a significant decrease in psychiatric symptomatology and significant reduction in risk. The service user has demonstrated increased control over any problem behaviours that would allow them to function appropriately within a less intensive environment, and where appropriate has demonstrated an appropriate use of unescorted leave from the unit.
- The service user has achieved maximum benefit from the available treatment and is unlikely to respond further to a prolonged stay.
- The service user is demonstrating behaviour, which is felt to be unmanageable within the PICU.
- The service user is demonstrating the potential for serious offending which requires a level of security offered by a Regional Secure Unit.
- Where a service user within PICU has appealed against their detention, a CPA meeting should be held in the days leading up to the hearing, in an effort to ensure that adequate discharge planning is agreed with the relevant team in the event of the section being revoked.

3.7 Discharge Process

If transfer or discharge from PICU is deemed appropriate from any ward, then the transfer may take place at any time during the day or night on the agreement of the nurses in charge of the relevant wards.

In exceptional circumstances it may be possible to transfer a service user from the PICU back to the originating ward, thus allowing the incoming transfer to take place.

PICU expects the referring ward to respond promptly to any requests for transfer once the PICU multi-disciplinary team has decided the need for intensive care is no longer required. If possible a “pre-transfer CPA” meeting will be held.

Any referring agency will maintain close links with the PICU staff regarding the progress of their service user and therefore the request for a transfer back to the open ward would be predicted in advance. This, in addition to CPA meetings, should allow for a bed to be allocated in advance of the transfer request, or at least allow for the minimum delay in securing an appropriate transfer back

3.8 Population covered

Bournemouth, Poole and Dorset

Service users admitted to the PICU will have behavioural difficulties in the context of a significant mental disorder, that seriously compromises their or others’ physical or psychological well-being, and which cannot be safely assessed or treated in an acute psychiatric ward. These behaviours may include one or more of the following:

- Externally directed aggression towards people or property
- Internally directed aggression (i.e. suicidality or serious deliberate self-harm)
- Unpredictability that potentially poses a significant risk and/or requires further assessment
- Persistent absconding with associated risks, rather than absconding for its own sake
- Vulnerability (e.g. sexual dis-inhibition or over activity)

3.9 Any acceptance and exclusion criteria and thresholds

The following admission criteria must apply:

- The service users that are detained under the Mental Health Act 1983 (as amended 2007) for planned inpatient admissions, however it is recognised that some service users may be required to access the PICU if there is an urgent need to do so.
- Their mental illness which cannot be managed within either their own environment or a less restrictive alternative, even with an increased level of support, care and treatment.

- Individuals with a learning disability need who are primarily in crisis due to their mental state (also see statement below).
- Individuals with a dual diagnosis will be admitted if their presenting issue is crisis and where the primary issue is their mental state.
- There may be circumstances where informal patients (for example those experiencing a hypomania episode) would benefit from a period in PICU and would consent to do so. These protocols would also apply for those informal patients who are on controlled access, i.e. they will be informed of their rights and given a care-plan outlining this as an option if the need arises.

Patients under the age of 18

- Patients aged 18 or over and not normally over the age of 65. Although there are no strict age limits regarding admission (in keeping with the National Service Framework for the Care of Older People), individuals whose general physical level of functioning, emotional maturity or physical condition preclude admission to a PICU will not be admitted. Careful consideration must be given to the safety and care of service users at either end of the age spectrum and the appropriateness of a PICU. Admissions of this nature are to be agreed in advance by Senior Clinician or Ward Manager.
- The Unit has received sufficient clinical information to formulate an assessment of the potential risks associated with their admission on the PICU.
- There may be exceptional circumstances where it becomes necessary to admit a young person under the age of 18 years to PICU because no other suitable adolescent facility is immediately available. Admission is restricted to those young people detained under the Mental Health Act 1983 (as amended 2007) where the presentation of their mental disorder necessitates an intensive care environment. Admission is not appropriate for a young person under the age of 16 years.
- Prior to admission to PICU due consideration must have been given to all other options, including transfer to an out of area adolescent intensive care unit. Agreement for admission can only be given following discussion between the Consultant Child and Adolescent Psychiatrist and Consultant Psychiatrist for PICU. Out of hours the discussion needs to take place between the On-call Consultant Psychiatrist and On-call Director.
- Admission to PICU should only be seen as a temporary solution and a plan for transferring the young person to more suitable environment needs to be formulated prior to admission. This transfer should be facilitated as soon as is practicably possible.
- Responsible Clinician responsibility should remain with the Child and Adolescent Psychiatrist during the young person's admission to PICU, but there will be close communication and clinical management planning with the PICU Consultant Psychiatrist. All young people admitted to PICU should have a named member of staff with them at all times and every effort should be made to ensure that this is a member of CAMHS staff.

- All admissions of under 18s to PICU must be reported to the Mental Health Act Office who have a duty to report the admission to the Mental Health Act Commission.
- The current environment on Haven is not compliant with guidelines to achieve appropriate safety measures for the implementation of mixed sex accommodation. The unit is therefore designated male. Female PICU will be purchased out of area.
- Any patient requiring seclusion will be in accordance with the Seclusion policy.

3.10 Exclusion criteria

No male service user will be excluded from PICU by virtue of their diagnosis. Alternative provision will be considered for service users with any of the following criteria:

- A primary diagnosis of severe organic brain damage, dementia, or degenerative diseases of the central nervous system
- A primary diagnosis of learning disability, however, assessment and/or treatment may be provided to individuals with mild learning disability or a dual diagnosis (of learning disability and significant mental disorder) who are at too high risk or difficult to manage in their present environment.
- Individuals with a primary diagnosis of a personality disorder and/or substance misuse disorder, whose behaviour is unlikely to be modified by brief intensive care and treatment, unless urgent necessity in other in-patient areas dictates otherwise, and the admission to PICU is for an agreed time limited plan with clear discharge plans in place.
- Individuals who are identified as posing a level of risk that is beyond what can be safely managed within the unit, or who could present a grave and immediate risk if they were to abscond. These individuals would require a more secure environment such as that provided by a Regional Secure Unit or Special Hospital.

3.11 Interdependence with other services/providers

All female PICU needs at present will be commissioned by DHC from Out of Area service providers. This will be the delivery method until DHC have developed suitable in-county service. The service will seek to repatriate people placed OOA as soon as it is clinically safe to do so to ensure that they receive care in the least restrictive environment as possible and as close to their home as possible. All OOA placements will seek to place the service user as close to home as is possible.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

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

body (eg Royal Colleges)

- Accreditation for acute mental health services (AIMS) - standards for acute inpatient wards - older people, Royal College of Psychiatrists January 2009
- Inpatient services for people with learning disabilities - standards for healthcare professional –Pilot Edition, Royal College of Psychiatrists
- Standards on the use of Section 136 MHA 1983 (2007) - Royal College of Psychiatrists September 2008 (CR149)

6. Location of Provider Premises

The Provider's Premises are located at:

Haven Ward, St Ann's, Poole (Male Unit)

Appropriate OOA PICU service providers for females until a suitable location for an in-county service is developed