

Reference Number: UHB 292 Version Number: 2	Date of Next Review: 20 th Jun 2021 Previous Trust/LHB Reference Number: N/A
Crisis Services Protocol for the Emergency Assessment of people with No Fixed Abode	
Introduction and Aim The aim of this protocol is to ensure safe and effective management of people who are have no fixed abode and have no locality GP and for whom an emergency mental health assessment is requested that might result in admission to hospital. It has been developed to provide an equitable solution to define responsibility for potential new service users who fall into the scope of this protocol and to prevent disputes between clinical teams at a time of crisis for the service user.	
Objectives This protocol is intended for staff working within the Mental Health Crisis Services to assist them with the management of potential service users who present with No Fixed Abode (NFA) and are not registered with a General Practitioner (GP) associated with Cardiff and Vale University Health Board Locality.	
Scope The protocol relates to people who are deemed to require admission to Adult Mental Health Services, as per operational policy for the Crisis Assessment Ward / Crisis Resolution and Home Treatment Services, and are referred for consideration for admission to hospital.	
Equality Impact Assessment	An Equality Impact Assessment has not been completed as it is not required for a protocol.
Documents to read alongside this Protocol	<ul style="list-style-type: none"> • Operational Policy for the Crisis Resolution and Home Treatment Teams • Crisis Assessment Ward Operational Policy. • Operational Policy for Community Mental Health Services. • NFA (no fixed abode rota)
Approved by	Mental Health Policy Group Mental Health Clinical Board Quality & Safety
Accountable Executive or Clinical Board Director	Mental health Clinical Board
Author(s)	

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If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	11/6/15	06/04/16	New document.
2	20/6/18	18/0718	None

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Roles & Responsibilities

It is the responsibility of the Crisis Resolution and Home Treatment Services (CRHTTs) to assess all people who are referred for admission to hospital in crisis according to the criteria set out in the CAW Operational Policy. The outcome of this assessment will either be:

1. Admission to the Crisis Assessment Ward.
2. Take on for Home Treatment by the CRHTT.
3. Divert to another service that is better placed to provide treatment or support as necessary.

Main Body

The CRHTTs provide a gateway to all adult admissions within the Cardiff and Vale UHB. Anyone deemed in need of admission to the Crisis Assessment Ward will (usually) receive an assessment from the appropriate CRHTT to determine which of the above outcomes is deemed appropriate, taking into account the reasons for referral for admission and the risks associated with the service users clinical presentation and needs at the time.

Most people referred for admission reside in the Cardiff and Vale UHB locality, known to a local GP and are often open to a Community Mental Health Team (CMHT).

On occasions, people can present for admission assessment and have no local address and are not registered with GP in the Cardiff and Vale area, leading to potential problems as to who should be responsible for taking on medical responsibility in the first instance and ongoing treatment and care thereafter. This protocol has been developed to clarify clear and equitable arrangements that do not present an obstacle at a time of crisis for the service user.

The protocol is as follows:

There are two Crisis Resolution and Home Treatment Teams that cover Cardiff and the Vale of Glamorgan. These are divided geographically into a North Team and a South Team.

The North Team covers service users who are known the following CMHTs; Gabalfa Clinic, the Pendine Centre, Pentwyn Health Centre.

The South CRHTT covers the Amy Evans Centre, Hafan Dawel, the Hamadryad Centre, the Links Centre and the Cowbridge CMHT.

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All of the above CMHTs are aligned to GP practices as defined in their Operational Policies.

This protocol is designed that in the event that service user does not have any formal association with any of the above CMHTs (i.e. NFA no GP), then both CRHTTs will alternate requests for admission assessments to ensure a balanced allocation of work.

The attached form (appendix A), will be used by both CRHTT teams to enter dates for assessments completed (whatever the outcome) by the CRHTT duty worker on completion of the assessment.

Each team will take it in turns to undertake the next admission assessment in circumstances covered by this protocol.

Service users with no fixed abode (NFA) will only be allocated a Locality (CMHT) Consultant when admitted to the Crisis Assessment Ward, where the existing medical NFA rota is held indicating which Consultant will take responsibility for the service user from that point forward by prior agreement on a rota basis. This is assuming a follow up by a Locality Consultant is indicated following a period of assessment as an inpatient.

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There are a number of potential scenarios that could happen for which the following guidance should cover:

1. NFA and no GP

Where a service user is deemed as needing an admission assessment the CRHTT who is next in turn on the rota (appendix A) will be responsible for completing the assessment.

2. NFA and no GP but is open to a CMHT

The assessment will be carried out by the CRHTT associated with the CMHT as defined previously.

3. NFA with GP in another location (Not within C&V locality)

Follow the ‘NFA and no GP’ as above (scenario 1).

4. NFA with GP within Cardiff and Vale UHB Locality

If the service user is registered with a C&V locality GP, then the respective Crisis Team for that GP practice / CMHT will carry out the assessment.

5. Has address in Cardiff & Vale locality but no GP

In cases where the service user has an address within the C&V locality, but is not registered with a C&V GP, then the location of their address will determine which CRHTT will assess them according to geographical proximity to the nearest CMHT (see Operational Policy for Community Mental Health Services).

6. Has Address and GP but not in Cardiff and Vale Locality

Follow ‘NFA and no GP.’ (Scenario 1).

7. Service User has Address and GP not in our area but staying with someone in Cardiff & Vale Locality

In this scenario, the temporary address where the person is staying will be used to determine the team responsible for the assessment as in scenario 5.

8. Other

In the event of any other scenario or reason why the above protocol guidance cannot be used, then mutual agreement should be reached

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between the two CRHTTs managers as to which team will take responsibility to undertake the assessment.

Further Information

This protocol should be used in conjunction with the existing Operational Policies for the Crisis Assessment Ward, The Crisis Resolution and Home Treatment Services, The Community Mental Health Teams and with reference to the existing medical NFA rota.

Equality Impact Assessment / Review timeframe.

Although an EQIA is not required for a protocol, it is likely that service users falling under the remit of assessment by the SCHTT are likely to receive a less timely response and in some cases not receive an admission assessment from the team at all (breach) due to the current disparity in workload between the two teams. This is likely to result in direct admission to the Crisis Assessment Ward without the opportunity for an admission (avoidance) assessment. This had become exacerbated since C&V UHB taking over responsibility for the Western Vale of Glamorgan. This therefore could constitute an inequity in service provision to people served by the south CRHTT.

It would therefore be prudent to audit the activity of both teams including the alternating responsibility for service users with NFA and review this protocol early into its implementation. It is therefore recommended that this takes place six months from the date of agreed implementation and again following ongoing work to reorganise the CMHTs currently being undertaken to provide more equitable community mental health service provision overall.

