



### Context

There are a number of challenges associated with delivering mental health services on the Isle of Wight, not least that the scale of services is small (we serve a population of 140,000), and we are geographically isolated from other services. This isolation was more evident through the pandemic as the frequency of ferries markedly reduced.

We have to be innovative and flexible in order to deliver safe and sustainable mental health services. We have worked with people who use our services, primary care, adult social care and third sector partners to describe a new model of mental health care that opens up access and improves our responsiveness to people in mental health crisis. We have called this 'No Wrong Door', and we have applied the principles of this to our liaison service.



Before the pandemic we had three very small liaison services, providing adult mental health, dementia and learning disability assessments in ED and the wards in office hours only. This was clearly an unsustainable model, but a full multidisciplinary liaison service is unaffordable – there simply isn't the demand for it to justify the investment. In addition recruitment of nursing and medical staff is very challenging, and often results in creating gaps elsewhere in the service.

### The benefits of the new model

- We have been able to improve the quality of experience to people being referred for support by the team.
- We have been able to respond to referrals in a significantly more timely fashion, positively impacting on the performance of the Emergency Department.
- We have become more visible in the Acute Hospital, enabling earlier support, treatment and care to be delivered.
- We have learnt from the practices of each specialty and shared ways of working which have improved the experience for the people who need our support.
- We have been able to provide training and support to the Emergency Dept and Acute wards.

### What we did

Through the pandemic we have made significant improvements to our liaison service:

- We freed up some specific and effective leadership time for the team – a team leader who has experience of working in both ED and mental health services.
- We created new Assistant Practitioner roles (5.5 senior support workers) to provide support, structure and strength the team and improve the quality of experience of people being referred to the service. This enabled us to provide a more responsive service to the Acute Hospital, and free up liaison nurse time.
- Assistant Practitioner roles have more recently been developed further to provide support to Children and Young People with a mental health need in the Children's Emergency Department and Children's Ward.
- We combined the various liaison functions into one team, maintaining the specialist functions, but providing mutual support and increasing resilience.
- We have developed a triage tool to enable us to prioritise and allocate resource appropriately.
- We increased the hours of provision from Monday to Friday 9-5, to seven days a week 7am-9pm, with plan to move to 24/7.
- The team decided to wear uniform so that they were more easily recognised and seen as part of the team in the acute hospital settings.
- A Substance Misuse Nurse role was developed in the team provided by our partner drug and alcohol service to bridge the gap for people with needs in relation to use of substances.



### Conclusions

An integrated, proactive and innovative approach to delivery of liaison services, in an island setting serving a small population, has enabled us to deliver significant improvements. The service now has improved resilience, extended hours, and is more responsive. 4 and 12 hour breaches due to mental health delays are now very rare, and relationships between ED and mental health services have significantly improved.