**Primary Function of FIRST**

The team will:

* Gate keep all referrals for admission to functional older Adult Mental health wards for patients resident in Basildon, Brentwood and Thurrock areas.
* Offer an assessment service for functional older adult patients from Basildon, Brentwood &Thurrock areas who have been assessed as requiring admission to hospital where significant risk(s) to self or others has been identified.
* Provide intensive treatment to patients in the acute phase of mental illness in their own homes or in suitable accommodation, thus diminishing the need for hospital admission.
* Facilitate admission to hospital if required, identifying the purpose of admission.
* Facilitate early discharge from hospital once the purpose of admission is achieved or at the point risk is reduced and treatment can be continued in the community.
* Secure appropriate follow-up care for the patient once the alleviation of the acute phase of mental illness has occurred.
* Be fully integrated into the older Adult mental health systems, frailty services and the community as a whole.
* Provide relapse prevention interventions and support to patients with an established diagnosis of severe and enduring mental illness who are presenting with early warning signs of relapse and/or non-concordance.
* Provide clinical mental health advice and signposting to health and care services for functional older adults

**Client Group and Access Criteria**

FIRST covers the functional older adult populations of Basildon ,Brentwood and Thurrock areas and the service user should have a GP within the catchment area, however support will be considered for those temporarily residing in the area if appropriate.

The team is available 7 days a week, operating from 0800 to 2000. Outside these hours access to mental health support with no medical need will be through CRS 111 option 2. FIRST will ensure handover of patients open to FIRST is shared with CRS at the end of each day. Patients that require to attend ED due to a medical need will be seen by the Mental Health Liaison Team and referred to FIRST if appropriate or if admission is considered.

**Access Criteria**

FIRST accepts referrals for those aged 70 years and over who have had a face to face assessment by a health or care professional in the last 24 hours and the following:

* Are experiencing an acute and severe deterioration in functional mental health including those with existing co-morbidities such as physical health, and mild cognitive decline.
* Are considered at risk of admission to psychiatric hospital or at risk of compromising their current placement without additional intensive intervention for their treatable acute mental health needs.
* Present an acute and significant risk to themselves or others.
* Present as an imminent risk of relapse due to non-concordance and/or historical relapse indicators.

In addition to the above criteria, the team can accept referrals for a person aged 65-70 who is frail. Frailty will be determined utilising the criteria set out for admission to EPUT older adult inpatient wards MHOP28 which includes all of the following - Presence of 2 or more chronic long term health conditions, Polypharmacy: more than 5 medications, and a Rockwood score greater than 5

FIRST can take referrals from the following sources:

* Community adult and old age Mental Health Teams
* AMHP (Approved Mental Health Practitioners) service
* On call doctors (EPUT)
* Outpatient clinics
* Mental Health Assessment Unit
* Mental Health Liaison Team
* Inpatients wards
* Section 136 suites
* Crisis Response Service / 111 option 2
* Primary Care Nurses
* Criminal Justice Mental Health and Liaison Team
* Community Nursing services
* Police
* Ambulance
* Care Homes
* GP’s
* Social care
* Drug and alcohol services
* Emerging frailty services (virtual frailty wards)
* UEC
* Responsibility for care remains with the referring team until taken on for treatment by FIRST if the patient is care co-ordinated the expectation that joined up working will continue regardless of the source of referral.
* The service user should be aware of, and have capacity to consent to the referral to FIRST.
* It would be appropriate to discuss possible outcomes from this referral. However it should be made clear that the actual outcome will be dependent on the assessment by FIRST. Patients should not be offered/promised admission to hospital before the gatekeeping assessment is completed by FIRST.
* Care co-ordinators will be expected to have increased their input prior to referral.
* Referrers will be required to have completed an assessment including an updated risk assessment, notes should accurately reflect the course of deterioration, interventions attempted by the referring team and severity of the current presentation. Referrals from Mental Health Liaison Teams, CRS and Inpatient wards should be 2.1 (Mobius) V3 (Paris) dependant on the local system.
* FIRST can take referrals for service users to have a course of ECT (not maintenance sessions) while remaining in the community if they are living with a carer or in a care home and are able to make suitable travel arrangements.

This facility will be dependent on FIRST caseload at the time given the substantial commitment of medical provision required.

* FIRST will provide intensive support and interventions typically lasting between 2-6 weeks.
* Service users should be referred to FIRST if they are referred for MHA Assessment as part of the gatekeeping function demonstrating consideration of the least restrictive option.

If a first recommendation for formal detention has been completed prior to FIRST input, the process of arranging MHA Assessment cannot be delayed. The FIRST care pathway and MHA Assessment pathways are independent processes that will run in parallel. Depending on the individual clinical circumstances, FIRST may attempt to engage the service user prior to MHA Assessment, attend the MHA Assessment to determine viability of community treatment or not attend MHA Assessment and complete an administrative gatekeeping function.

FIRST can take referrals for in-patients from the older person in-patient wards at Rochford hospital and Thurrock hospital and Crystal centre in order to facilitate early discharge

FIRST may receive calls from patients, or their carers if FIRST has at any time previously worked with them. These calls will be taken by the shift co-ordinator or appropriate clinician and, in most cases will be handed over to their care co-ordinator. Occasionally it may be appropriate for FIRST to consider this as a direct referral dependant on risk, however this should not be routine practice and correct pathways should be followed.

Referrals to FIRST should be made by telephone only, a dedicated referrals line will be manned by the shift co-ordinator (band 6 and above).

For MHLT and CRS out of hours assessments will need to be handed over at the beginning of the shift at 0800hrs via the referrals line.

Referrals from care co-ordinators should offer a joint visit with FIRST in the first instance.

The FIRST service does not exclude but will need to take additional considerations to the suitability of referrals for the following:

* Mild anxiety disorders due to risk of dependence, and the benefits of non-medical interventions.
* Primary diagnosis of alcohol or other substance misuse.
* Crisis related solely to relationship issues with no mental health component.
* As a substitute for care package / to address, routine care needs.
* Solely for medication concordance in the absence of acute mental illness unless the risk of relapse is imminent.