Mental Health Intermediate Care Team (MHICT)

Operational Policy

Version:	Version 10.0
Consultation:	Gloucestershire Localities Delivery Committee.
Ratified by:	Localities Board
Date ratified:	
Name of originator/author:	Rosemary Neale, Alex Burrage
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Scope:	All Trust employees
Replaces	The policy replaces all other policies for the Mental Health Intermediate care Team.
This policy / procedure /guidance has been equality impact (EIA) assessed using the Trust's agreed process, and the assessment has not identified any significant adverse impact on people with one or more protected characteristic.	Version 10.0
This policy / procedure /guidance has been quality impact assessed (QIA) using the Trust's agreed process.	Version 10.0

Contents

1. Introduction

This document has been developed to describe the operational procedure for the Mental Health Intermediate Care Team (MHICT)

2. Purpose

2.1 Purpose

The Mental Health Intermediate Care Team incorporates the IAPT (Improving Access to Psychological Therapy) service and Primary Mental Health Service (PMHS).

The Mental Health Intermediate Care Team will deliver rapid and direct assessment and evidence based treatment in line with NICE guidance to adults in Gloucestershire experiencing mental health problems aligned with identified PbR clusters. It will support Primary Health Care Teams in the care of their patients in order to maximise quality of life, social inclusion and employment opportunities.

The aim of the Mental Health Intermediate Care Team is to provide integrated care needs assessment, planning, treatment and coordination for Adults experiencing mental health problems in Primary Care. This will involve working with Primary Care Health Teams and their service users, their families and carers in GP Practices and , in other community settings and acting as a gateway to other services.

2.2 Scope

This policy applies to all staff employed within the Mental Health Intermediate Care and should be referred to for agencies accessing the service. In all cases the aim will be to provide a high quality service in line with best practice and national guidance.

2.3 Aims and Objectives

- Educate and advise primary care based colleagues on mental health in primary care.
- Offer timely and flexible opportunities for early screening of mental health needs of the patient population in primary care that aims to minimise DNA rates.
- Deliver a comprehensive stepped model of care that manages and navigates patients through a wide range of interventions appropriate to their needs at that time.
- Work with secondary care to manage the interface between GP practices and wider primary care and community care based services ensuring that patients do not fall between a gap in provision between primary and secondary care mental health and wellbeing services.
- Maximise referrals into the service to meet local and national targets.

- Ensure accessible information about psychological self-management is widely available across communities www.letstalkglos.nhs.uk
- Provide sufficient numbers of appropriately trained therapists and nurses to work in accordance with NICE guidance.
- Provide sufficient numbers of staff to establish and sustain a dedicated face to face input into GP practices.
- Offer a range of treatments to fit in with people's lives, preferences and needs.
- Maximise patient health and well-being, satisfaction and choice.
- Maximise social inclusion opportunity as an integral part of the assessment and treatment package.
- Minimise inappropriate referrals to Specialist Care (Mental Health and Acute Care).
- Closely monitor outcomes to ensure continual service improvement.
- Reach out to populations to ensure access is for the whole community.
- Establish excellent relationships with GP's and Specialist Mental Health Care to ensure seamless pathways for patients.
- Develop innovative solutions to the challenge of improving access.
- Provide assessment and brief time limited evidenced based interventions for clients who fit the criteria of care clusters 1, 2 3 and some 4, some in cluster 8 and 11 (Nursing only)

2.4 Duties

Responsibility for the development, maintenance, review and ratification of this document lies with the **Chief Operating Officer (COO).** The COO has Board level responsibility for the development of this document and may delegate this responsibility to a subordinate.

The Governance Committee will be notified when this policy has been approved by the **Chief Operating Officer** (COO) and made aware of any amendments.

All staff who have contact with service users and other care agencies are responsible for using the policy correctly to ensure patient safety.

2.5 Ownership & Consultation

The Community Service Manager (CSM) responsible for the Mental Health Intermediate care Team is the owner of this document.

2.6 Ratification Details

This Policy has been ratified by the Chief Operating Officer (COO) with notification to the Trust Governance Committee.

2.7   Release Details

This policy will be available on the trust intranet page, in the policy section under care practice polices, general section. Notification of its review and updating will be published in Bytesize.

2.8   Review Arrangements

This document will be reviewed annually.

2.9   Process for Monitoring Compliance

The policy will be reviewed annually to ensure that it is contemporaneous to modern mental health practice and research.

2.10   Training

The service will induct all new staff to their role within the MHICT. All staff will be offered an induction period to develop a working knowledge of the elements of the service. This will be recorded in accordance with Trust Policy.

Staff will attend statutory and mandatory training related to their role as per Trust policy.

The service will ensure that every Staff member involved with the provision of services:

- Receives an appraisal and on-going education and training in accordance with the standards of their relevant professional body.
- Receives Continuing Professional Development (CPD) appropriate to their role.
- Have access to protected learning time on at least a quarterly basis.
- Receives training on IAPTUS care pathways, systems and infrastructure.

2.11   Associated documentation

An Equality Impact Assessment for this policy has been completed.

3.0 Demographics and target population.

3.1 Service Provided

- Rapid access and assessment in primary care and community locations and which is flexible enough to provide a service response as close to home as possible.
- Promotes psychological self-management and wellbeing.
- Delivers NICE approved treatments as required and where appropriate.
- Provide choice of treatments to fit people preference and need.
- Minimises referrals to secondary care.
- Maximises patient health, wellbeing, choice and satisfaction.
- Maximise social inclusion and support access to wider health and social care services.
- Ensures all population and cultural groups have fair access to services.
- Promote close and productive working relationships with GPs and Specialist Care to ensure smooth care pathway operation.
- Provides innovative solutions and a flexible service to improve access and treatment delivery and completion.
- Promote recognition and treatment of dual physical and mental health needs including people with long term conditions and medically unexplained symptoms.
- Provides education, support and consultation to GPs, primary care teams, community services and voluntary/Independent sector mental health services.
- Delivers an effective Stepped Model of Care within MH ICT.
- Promote non-medical interventions.
- Delivers recovery based assessment, care planning and tailored interventions, that responds to service user perception of need and goals they are able to understand.
- Provides a choice of engagement and interventions that respond to an increased patient choice and preference agenda.

3.1 Geographical population served

The service will provide for the targeted population registered with a Gloucestershire GP.

3.2 Inclusion Criteria

The service will provide treatment which covers elements of the following PbR Care Clusters:

- Clusters 1-3 characterised as non-psychotic low/moderate severity. This is our core business.
- Some Cluster 4 characterised as non-psychotic severe and requiring only a single professional group to meet their needs. This will form part of the Step 4 programme.
- Some Cluster 11 characterised as recurrent psychosis low symptoms requiring brief intervention (expert assessment, relapse prevention, coping mechanisms and

signposting) to prevent onward referral to specialist service and to support primary care - delivered by the Nursing element of the team only.

- Some Cluster 8 characterised as non-psychotic chaotic & challenging who are sufficiently stable to benefit from primary care input (by mental health nursing element of service only)
- Triage, assessments and sign post for other clusters 0-13, maintaining clusters 1-3 as core business.
- The patient group may include those with medically unexplained symptoms and /or long-term health problems where there is a mental health component.
- People with Learning Disability (LD), ADHD, or Autistic Spectrum Conditions (ASC) should have reasonable adjustments made as necessary to enable access to mainstream services.

3.3 Exclusion criteria

The service does not accept referrals where the <u>primary</u> diagnosis is one of:
- Learning disability
- Alcohol/Substance Abuse
- Organic Illness
- Personality disorder
- Significant offending behaviour where the primary management is in the criminal justice system as opposed to mental health services
- Where service users are in a state of mental health crisis that requires inpatient treatment

4.0 Performance Measures

4.1 Activity Performance Indicators

4.1.1 The IAPT arm of the service

- The service will ensure that data is captured in a way which enables national IAPT targets to be reported against, benchmarked and monitored.
- The service will ensure 75%of people referred to IAPT will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral.
- Waiting list management processes will make all waits over 18 weeks visible to commissioners and identify what performance management actions are in place.
- The service will ensure a Recovery rate of 50% for people referred to IAPT.
- The service will ensure an access rate of the estimated prevalence for the Gloucestershire population, as agreed with the CCG in line with national guidance.

4.1.2 The Nursing arm of the service

- Referrals to the nursing arm will be screened within 28 days of referral.

5.0 Service Delivery

5.1 Team Structure

The service is delivered by multi-disciplinary teams consisting of registered mental health nurses, accredited psychological therapists and psychological wellbeing practitioners experienced and trained in working with people with mental health issues.

Teams will operate in each of the three localities:

➢ Gloucester and the Forest (based at Pullman Place and Collier's Court)
➢ Cheltenham and North Cotswolds (based at the Brownhills site)
➢ Stroud and Cirencester (based at Park House)

Care will be delivered at Trust premises, community venues and GP Surgeries.

5.2 Clinical Services

5.2.1 Assessment
Standardised assessments are used in both the therapy and nursing arm of the service to agree an appropriate care pathway based on presentation and level of need.

5.2.2 Care Planning and Treatment:
All service users are subject to the GHC Assessment and Care Management policy.

All clients will be assessed for the level of risk in accordance with GHC's Risk Policy and appropriate risk management plans will include statutory and non-statutory agencies as appropriate including Child protection, Safeguarding procedures and MAPPA.

5.2.3 Care and treatment interventions:
- Psycho educational courses
- Guided Self Help (Step 2)
- High Intensity Individual CBT (Step 3)
- High Intensity Group CBT (Step 3)
- Trauma Programme (Compassionate Mind CBT) (Step 4) in association with GHC CPI service.
- Mental and behavioural state assessment
- Risk assessment and management
- Social prescribing
- Across agency Liaison work,
- Treatment review and rationalisation
- Hosting services when referring to 2 care
- Individual Psycho-education
- Solution Focussed Therapy

- Motivational Interviewing
- Non-medical prescribing
- Problem Solving
- Couples Therapy for Depression
- IPT
- DIT
- EMDR
- Counselling for Depression
- Mindfulness Based CT
- Mindfulness Based Stress Reduction
- Digital Therapy - Silvercloud

5.3   Which services can refer to this service?

- Referrals to the service are accepted from primary care and other mental health services.
- Service Users can self-refer to the IAPT Arm of the service only.

5.4   Response Times

- The service aims to see new patients in the nursing arm of the service within 28 days.
- Response times for the Therapy arm of the service are in line with national IAPT KPI's.

5.4.5 Management of Cancelled/ Missed Appointments

- The person will be discharged back to the referrer with a contingency plan for re-referral.
- If there is evidence that the person has moved to a different location or part of the country, attempts will be made to alert local services/transfer care wherever possible.

5.5   Clinical Responsibility & CPA

- At all times during treatment in the MHICT, medical responsibility remains with the General Practitioner.

6.0   Risk Assessment and Management

- Staff working in the team will adhere to the Trust's Lone Working Policy
- Risk will be assessed in line with GHC Trust's Risk management Policy.

7.0 Links to other Agencies/Services

At times we will work in partnership with other professional colleagues & agencies e.g. Intermediate Care Teams to deliver joint interventions. It's the joint responsibility of all agencies to ensure good communication to ensure safe and efficient service delivery for the patient with the following:

- Recovery Teams (inclusive of Psychological Therapies Services)
- CRHTT
- Eating Disorder Service
- Forensic Service
- Complex Needs Service
- Change Grow Live
- Learning Disability Service
- CYPS
- Inpatient units including the Recovery Units.
- GPs/Primary Care Services
- Criminal Justice Liaison
- Mental Health liaison
- Carers Mental Health Support teams including the relevant locality Carers Support Workers
- Employment Services
- Job Centre Plus
- Schools and Further Education establishments
- Voluntary Sector including Neighbourhood Projects, non-statutory providers of day and support services, CAB, Rape Crisis
- Criminal Justice Agencies including Police, Probation, Courts, HMP Prison Gloucester

8.0 Discharge/Transfer Arrangements

At completion of treatment, patients will be discharged back to the care of their GP unless onward referral to another Trust team is indicated.

9.0 Service Times

The Mental health Intermediate Care Team will operate between the hours of 09.00 to 17.00hrs with some flexibility as required meeting the needs of service users and carers.

10.0 Service User/ Carer Involvement

The MHICT Team will aim to involve service users and carers in recruitment of staff, audit and service development.

11.0 Staff Support

11.1 Clinical/Management Supervision

Supervision and Workload management will be provided in line with Trust Policy. Staff will receive workload management / supervision 4-6 weekly.

11.2 Staff Appraisal

This will be under taken as per GHC policy by the Team Manager or delegated other.

11.3 Training/Continuing Professional Development

- Training and development will reflect the needs of ²gether and of the individual.
- Team members will attend mandatory/statutory training sessions.
- Team members will be able to identify their individual training needs within their staff appraisal in line with GHC Policies and Guidance.
- Team members will have regular protected learning time for the purpose of Staff development and ensuring compliance with latest Evidence based Practice.
- The MHICT Team will accept students from various disciplines as part of their training. All students will be advised of the MHICT Team Operational Policy and will have a nominated supervisor.

11.4 Staff Induction

Staff Induction will be undertaken in a planned and negotiated way agreed with the new team member taking in to account team and local induction frameworks and Trust Induction policy and procedure. This will link in to the Workload Management and Appraisal policies.

11.5 Team Meetings

The MHICT Team will hold a weekly team meeting in each of the localities. Complex referrals and the progress of assessments will be discussed at this meeting.

11.5.1 Day to Day Management

The operational team manager will ensure that there is daily coordination within each team to:

- Ensure the smooth running of the team and manage any interface issues with both internal GHC teams and external partner agencies
- Business continuity
- Management of buildings

12.0 Clinical Governance Issues

Clinical Governance: is the framework through which we are accountable for improving the quality of our services and safeguarding high standards of care. This includes how we reflect on both adverse events and areas of good practice and will reflect the required standards outlined in the Service Specification (quality requirements - see Schedule 4 parts A-D of the Trust Contract).

13.0 Business Continuity

The teams will have a business continuity plan that will identify actions required in the event of an issue that affects the provision of the service.