Intensive and assertive Community Mental Health treatment: ICB review outcome template

Review details - to be completed	
ICB Name	Nottingham and Nottinghamshire
Region	Midlands
Please list the providers in your area, which the review covers	Notttinghamshire Healthcare NHS Foundation Trust
Has system completed a review of its policies and practices in line with national guidance?	Yes
Name of SRO overseeing review	
Operational lead responsible for completing review	
Please provide the email address for the operational lead responsible for completing the review	

About this template

NHS Priorities and Operational Planning Guidance 2024/25 required all ICBs to review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge. This template is to be completed by ICBs to provide feedback to NHS England on the outcome of their local reviews.

This template accompanies national guidance to ICBs on Intensive and Assertive Community Mental Health care. The national guidance sets out in detail:
- The characteristics and presentations of individuals in scope
- Themes and lessons for services from previous severe untoward incidents
- The features of intensive and assertive community care
- How ICBs should undertake local reviews
- How ICBs should undertake local reviews

NHS England Regional teams will lead the review of the returns and continue to work with ICBs where gaps in provision have been identified to ensure alignment with national guidance. The National NHS England team will collate national trends from the reviews, use it to inform future policy, as well as communicate the outcomes to the CQC and Department of Health and Social Care.

Reviews should be completed by 30 September 2024, with the outcome of the review communicated to your regional NHS England team. We recognise that this is just the first step, with continued work required to improve the depth of the reviews and develop longer-term action plans to address any gaps in provision.

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NHS England

Purpose of local reviews

The purpose of local reviews is to to ensure appropriate intensive and assertive mental health care and treatment is available to meet the needs and to support the wellbeing of a particular group of people with severe mental health illness. The group under consideration includes individuals who:

- Are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness)
- May not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms
- Are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
- Have multiple social needs (housing, finance, self-neglect, isolation etc)
- Likely present with co-occurring problems (e.g. drug and alcohol use/dependence)
- May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)
- Concerns may have been raised by family / carers

Please refer to chapter 2 of the national guidance for a full description of the individuals in scope of this review.

Involvement of all relevant services and stakeholders - to be completed

ICBs should involved all relevant partners in local reviews. Please refer to chapter 5 of the national guidance for a list of services and stakeholders that should be involved in the review.

Which provider organisations were reviewed?	*Nottinghamshire Healthcare NHS Foundation Trust (NHT)*

Policies and practices reviewed - to be completed

Reviews should consider all relevant policies and practices that involve delivery of care to individuals in scope (see above). This includes reviewing policies for teams delivering dedicated intensive and assertive community care as well as core community mental health services. ICBs should also review governance, partnership and monitoring arrangements that support the identification of individuals who might need intensive and assertive community care, as well as the capacity of local services to provide appropriate levels of care. This review should clarify that DNAs are never used to discharge this patient group. Consider reviewing local data and intelligence on populations currently accessing services, as well as those who aren't. Local reports on serious incidents, patient experience, and patient complaints and compliments should also be reviewed.

Which of their policies and practices were reviewed?	*Practice in Community teams was reviewed. NHT do not have a policy or pathway for assertive engagement currently. The discharge and Did Not Attend (DNA) policies were reviewed as well as a range of policies referred to in the Maturity Matrix including Safeguarding, risk assessent procedures, medicines policies, staff support and wellbeing, staff sickness management, lone worker.*

Outcome of review - to be completed

Using the information detailed in the national guidance, ICBs are asked to review the policies and practices they have in place to identify and provide appropriate care to people with severe mental illness who might need intensive and assertive community care (as defined in chapter 2). ICBs should use this process to identify gaps and barriers to providing good care as set out in this guidance (e.g. resourcing and workforce challenges) and report these back to NHS England.

Following your review are you assured that the services in your area are able to identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow-up?	*No*
In no, what are gaps in their ability to meet the needs of this group were identified?	*There is no overall policy or pathway in place for assertive engagement within NHT. NHT report being unable to deliver to the guidance consistently, particularly reduced caseloads, intensive full Multidisciplinary team (MDT) staffing, team management model, extended hours and have identified specialist training for any staff delivering assertive engagement approaches as a gap.*
If no, what are the barriers / challenges that were identified to the provision of intensive and assertive community mental health care as described in the national guidance? (e.g. workforce, financial, etc.)	*Capacity – A demand and capacity review is in place which is being supervised by NHSE. However, the current model doesn't identify dedicated staffing for this model of service with staff being spread across much larger and diverse caseloads. Workforce planning and job plans do not reflect this way of working. Caseloads are not reduced and largely comprise a broader mix of presentations and needs. Individual Placement and Support (IPS) and Peer Support Workers also cover a broad range of presentations. Housing support is limited. Whilst the Local Mental Health Teams (LMHTs) have access to Psychology and psychological therapies, this is limited and difficult to provide to the intensity required. The Trust is exploring Pyschosocal interventions training options.* *Clarity is required on the future of Care Programme Approach to provide a consistent clinical currency and defined role expectations.*
	Do you have key workers and/or care coordinators in place who can provide continuity of care during periods of service user disengagement? — *Yes* — *But this is difficult to sustain*

It would be good to understand some of the secific provision in place:	*Do services involve families and carers?*	*Yes*	
	Is there a process for long term planning of care?	*Yes*	*However, urgent clarification is required around the future of Care Programme Approach*
	Are there clear information sharing protocols in place?	*Yes*	*For commissioned services*
	Are DNAs ever used as a reason for discharge for this patient group?	*No*	
	Are discharges overseen by an multi-disciplinary team?	*Yes*	*For hospital and within Early Intervention in Psychosis and for the Assertive and Intensive Treatment cohort where oversight is maintained.*

What next steps have been identifed to improve care for individuals in scope of the reivew following the completion of your review?	*The above specific provision section is what NHT have reported to the ICB based on their assessment of each area, but further joint work will be undertaken in Q3 2024/25.* *Actions already underway:* *1. A review of the DNA and discharge policy was completed NHT confirmed to the ICB that people who require intensive and assertive support would not be discharged on the basis that they did not attend appointments. Further amendments have been made to make the policy explicit and not subject to interpretation.* *2. Work has commenced on a process for identifying individuals who require intensive and assertive engagement, using the profile detailed in the guidance to identify patients through the clinical case record. The identified patients are then monitored for Risk Assessment, Care Plan, Care and Treatment Order status, Multidisciplinary team (MDT) review and date last seen. This work will continue to be developed alongside the actions below.* *3. A review of all current assertive outreach identified patients has taken place, the patient lists are being validated by the senior clinical teams and work is underway to ensure all patients have up to date risk reviews and MDT oversight, which will be completed by Mid- October 2024.* *4. The minimal numbers of patients in the assertive engagement cohort waiting for Care Coordination allocation are overseen weekly in the Patient Tracking List (PTL) meeting. The teams provide detailso of the safety plans for this cohort for assurance that these are expedited. Note PTL is currently chaired by the Associate Director of Operations, this will be shared with the Associate Director of Nursing when they are in role.* *5. Patients in the assertive engagement cohort who DNA 2+ appointments are escalated in the PTL, with clear plans to engage patients or escalation to senior colleagues.* *Actions planned:* *1. Development of a policy and pathway for assertive engagement in line with the guidance which will address inconsistencies and variation in approach and practice by the end of Q3 2024/25. The policy development will also be informed by a thematic review of Trust serious incidents involving this patient cohort. This will align to the wider clinical pathways development work underway within community teams which will take an evidence based approach.* *2. Capacity and demand modelling is already underway in community mental health teams, including the wider MDT such as psychology, and speech and language therapy. This work will be expanded to understand the gap between the current resource and required resource to deliver the pathway in line with the guidance by the end of Q3 2024/25.* *3. Gaps in training were identified in the review, including training generally on assertive engagement, identifying relapse signatures and better involving family and friends in care planning and treatment, These gaps will be further quantified and training programmes will be identified to address the gaps by the end of Q3 2024/25. NHT have committed to training 20 staff in 2025 by investing in the Psycho Social Interventions (PSI training/ Supervision/ Coaching Course) delivered by the Nursing Practice Academy of Royal College of Nursing.* *4. A Clear process is required for oral medications for those not concordant with medications by the end of Q3 2024/25.* *5. A review of the Mental Health Services for Older People (MHSOP) transfer of care policy from Adult Mental Health to MHSOP will be undertaken. Clarification is required over non- cognitive transitions to MHSOP by end of Q3 2024/25.*

Closing questions	
Thank you for taking the time to support this review. Please return the completed template to your regional NHSE team.	
Following the review were areas of good practice identified that you would like to share, including any innovative approaches or use of digital tools? If yes, please provide details	*Please provide details on good practice to meeting the needs of the individuals in scope*
What additional support is required from NHSE to meet the needs of the individuals in scope?	*Support with modelling prevalence for people who may require assertive engagement* *Newly qualified Mental Health Nurses are not taught assertive engagement approaches. Consideration for how this is factored into education going forwards.*