Northamptonshire Healthcare
NHS Foundation Trust

Individual Packages of Care Recovery Team

Operational Policy

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Why we need this Policy

The Recovery Team has been set up as a component of the Individual Packages of Care (IPC) budget which has transferred from Nene and Corby CCG. This shifts both the budget and the responsibility to manage those services effectively, efficiently and safely to NHFT. This budget covers such pathways as rehabilitation, locked rehab and specialist psychological support.

It is therefore essential to develop new recovery focused pathways in the local community alongside a recovery team to support those people who are leaving hospital with a need for IPC packages of care.

Whilst some existing care packages are appropriate and a good use of resources, there are opportunities to make these packages less complex to set up, more service user focused and better value.

It is important that as this model develops we work together to think differently about some of our existing care packages and the decisions we make with our local providers as we work towards new, innovative and genuinely individualised care packages as part of a new community based recovery offer.

What the Policy is trying to do

Inform the staff team, the wider teams within NHFT and stakeholders of the role and function of the team, including referral eligibility, interventions and discharge process within the recovery team.

The IPC Recovery Team works within the recovery model:

"[Recovery is] a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness…"
(Anthony, 1993)

People who may benefit from IPC Recovery will be identified as early as possible within their care pathway to enable the development of positive relationships and a thorough understanding of that person's needs. This will be achieved by working with other care providers and facilitating a handover to support a seamless transition.

It is expected that packages of care will be quite intensive and will reduce over time. The team will however have the ability to increase support during difficult times to prevent acute admission.

Which stakeholders have been involved in the creation of this Policy

CCG, NHFT teams – IPC, PCART, CAMHS, NHSE, Service Users, NASS, Deputy Director.

Any required definitions/explanations

IPC – Individual Packages of Care
CCG – Clinical Commissioning Group
NASS- Northamptonshire Adult Social Services
CPA- Care programme Approach
RC- Responsible Clinician
PCART-Planned Care and Recovery Team
CAMHS-Child and Adolescent Mental Health Service
NHSE- NHS England

Key duties and Policy detail

Referral eligibility:

- Service User has been referred to the IPC Team (for a package/placement).
- 100% Health Funded Packages eg therapeutic communities, locked rehabilitation hospitals.
- Open to secondary care NHFT mental health services with an allocated RC and CPA Coordinator, this cohort of patients have S117 status and require CPA coordination. In the event someone is not allocated a referral will be made.
- Has a mental health diagnosis.
- Aged 17-65 years old including graduates of adult services above 65 years.

Referral process:

Referrals will be received on the IPC referral form and will be screened by the IPC Management Team and if appropriate allocated to the IPC Recovery Team for screening and assessment.

1. Screening and assessment: Up to 3 months

   Allocate to Band 6 (and Band 4 recovery worker)
   Collate clinical information/history
   Liaise with IPC Broker/Reviewer
   Liaise with CPA coordinator
   Attend CPA review/discharge/professional meeting
   Discuss with wider recovery team and agree allocation or close

2. Transition: Up to 3 months

   In-reach and out-reach
   Engagement
   Identify Goals – consider interest checklist and employment checklist
   Complete Individual Safety plan with service user, provider, CPA Coordinator and Recovery Team
   Case formulation

3. Interventions: Up to 15 months

   Support and enable people to

   - Live in the least restrictive environment
   - Identify their own goals to improve their quality of life
   - Write their own recovery plans
   - Attend the IPC placement reviews to inform level of support
   - Support the service user and provider to implement their recovery plan which will include (but the list is not exhaustive)
   - Express their needs and wishes
   - Provide support around managing emotions/ impulses/ interpersonal problems
   - Develop skills in order to attain and maintain independence
   - Activities of daily living
   - Maintain their personal hygiene and physical health
   - Actively engage in health promotion
   - Vocational and educational aspirations
   - Engage in meaningful and enjoyable activity
   - Attend appointments
   - To structure time positively
   - Initiate, maintain and strengthen familial and social relationships
   - Increase self-confidence
   - Embrace new opportunities
   - Plan future recovery goals
   - Build and maintain collaborative relationships
   - Support service users to develop their own meaningful general and specific recovery focussed strategies that have theoretical underpinning from the best evidence based practice

- Support the building and maintaining of motivation for change
- Support with co morbid substance misuse
- Case formulation to inform the discharge process

The aim is to reduce interventions over time as people become more skilled in managing their recovery and to support the individual in the discharge from the team.

4. Discharge process : Up to 3 months

- 3 contacts are available within the 3 month period – at the service users request within operational hours
- If appropriate support transition to PCART
- Consider discharge to primary care

PCART will continue to provide Responsible Clinician (RC) and CPA Coordination and the IPC Recovery Team will liaise and work jointly with the workers to provide extensive support to maintain service users in the least restrictive environment.

CAMHS transitions will be identified at the earliest opportunity after the service users 17th birthday to support via the CAMHS referral and bed meeting on a monthly basis. This will enable early planning for the service user's pathway and will support appropriate treatment, placement and support before the service user reaches 18 years of age.

NHSE step-down's from low secure provision will be identified and discussed with the IPC Referral team at the earliest opportunity and if appropriate this will enable early planning for the service users pathway and will support appropriate treatment, placement and support.

Training requirements associated with this Policy

MANDATORY TRAINING

The IPC Recovery Team recognises the importance of continuing to update and develop knowledge and clinical skills in order to maintain and deliver a high quality service.

Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management of training will be in accordance with the Trust's Statutory and Mandatory Training Policy.

SPECIFIC TRAINING NOT COVERED BY MANDATORY TRAINING

Staff training and development will be provided by the following methods:

- All staff joining the IPC Recovery team will receive a tailor-made induction programme.
- Clinical and non-clinical staff will be supported to access relevant training courses and conferences.

- Individual appraisal of staff and ensuring all staff have a Personal Development Plan to identify individual training needs.
- Regular education/case formulation/ presentation meetings provided by staff within the team to share different ideas, knowledge and evidence-based practice.
- There will be the opportunity to access external courses and conferences for personal development following identification in appraisal that the course meets the development need of the member of staff as well as the needs of the service.
- Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

How this Policy will be monitored for compliance and effectiveness

The table below outlines the Trust's monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Attendance at the Trust and local inductions will be evidenced in staff personal files and held by their line manager.	**Ad hoc**	**Line Managers**	**Annually**	**N/A**	**Line Managers**
Staff have completed training related to this policy in line with the Trusts mandatory training schedule	**Training will be monitored in line with the Statutory and Mandatory Training Policy.**				
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is completed showing how any gaps have been addressed.					

For further information

Please contact the Service Manager.

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Race
- Religion or belief
- Sexual orientation
- Pregnancy and maternity
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

APPENDIX A IPC REFERRAL AND PANEL PROCESS

Clinical team recognise unmet need through current commissioned services therefore refer to IPC /NASS

IPC MDT (Service Manager, Operational Managers for IPC and Recovery Team, Medic, Principal Psychologist, Social Worker) screen all referrals and agree actions. (CCG are welcome to join the meeting as a degree of scrutiny and information will be applied at this point) Actions to be brought back to next meeting. IPC Team Administrator to record referrals and agreed actions.

NASS

Once a decision has been made by IPC MDT and NASS eligibility assessment completed, referral passed to Specialist and Complex Services Team (LTT)

NHFT

Once a decision has been made by IPC MDT a broker is allocated to develop a bespoke package of care.

JOINT FUNDING PANEL

Both NASS and NHFT staff will need to collate the following documentation and submit to Steph Munday Business Manager via email: stephanie.munday@nhft.nhs.uk **1 week prior to panel.**

Documents required: Case Summary, completed FACE Assessment, Funding split tool, provider assessment, OT assessment, Psychology assessment, risk assessment, HCR20 if appropriate; this list is not exhaustive and is a guide.

Staff will no longer be required to attend panel as clinical scrutiny is applied at the point of referral. Actions and funding agreements will be documented and SO1's part completed with agreed funding and outcomes, actions and SOI's will be shared in an email NHFT (Steph) NASS (Central Business Team South).

100% SOCIAL CARE FUNDED PACKAGES

Sign off by Assistant Director for NASS to assure due diligence with clinical review and CCG

JOINT FUNDED PACKAGES

Sign off by Assistant Director for NHFT and NASS to assure due diligence with clinical review and CCG

100% HEALTH LOCKED/OPEN REHAB ,SPECIALIST ASSESSMENTS AND THERAPY PACKAGES

CCG commissioner signs to agree due diligence has been made on the case and Assistant Director sign for funding agreement – this will go through aggresso when invoices come in but placement agreement is needed before transition to placement – this is all managed within IPC business

Reference Guide

Document control details

Author:	Lynda Patino Service Manager and Sheila Cox Operational Manager
Approved by and date:	Clinical Executive – 25/09/2017
Responsible committee:	Clinical Executive
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2	25/09/2017	26/09/2017	25/09/2020	