

OPERATIONAL & CLINICAL GOVERNANCE

Clinical Governance is an important aspect of service planning and provision. There is now considerably more emphasis on demonstrating clinical effectiveness set formulas and agreed standards. Research-based evidence is now intrinsically linked to the funding of services.

A series of national and local frameworks, such as the national service framework and best value policy have underpinned much of the thinking regarding the commissioning of new and existing services. The question of Clinical Governance in relation to the functioning of the team requires they have full authority to plan the care for the client team to operate effectively as an Assertive Outreach Team they must assume responsibility for co-ordinating the care programme of clients referred to the service.

The Consultant Psychiatrist will provide full RMO responsibility for the Assertive Outreach clients. With the Team Leader and Senior Social Worker acting as CPA key workers delegating the daily work with the clients to members of the Outreach Team. Our secondary research data highlighted a clear need for the service, however, it also indicated that in relation to the projects' aims and objectives these clients were more than likely to demonstrate a marked reluctance to use our service.

REFERRAL CRITERIA

All referrals to the service must meet the following criteria:

- ❑ Black African
- ❑ Black African Caribbean
- ❑ Age 16-25 years
- ❑ Living in the postal districts of N15, N17 and Edmonton
- ❑ Suffering the effects of mental ill health
- ❑ No more than two admissions to an adult mental health hospital

- Missed three more consecutive appointments within the last 12 weeks.
- At risk to self or others (professional assessment/carer concern).
- Level 2 and above CPA

REFERRAL AGENCIES

The Outreach Service will accept referrals from any section of the community regardless of professional status. In many instances self-referrals and referrals from primary carers will be encouraged as part of the core preventative work of the service.

REFERRAL PROCESS

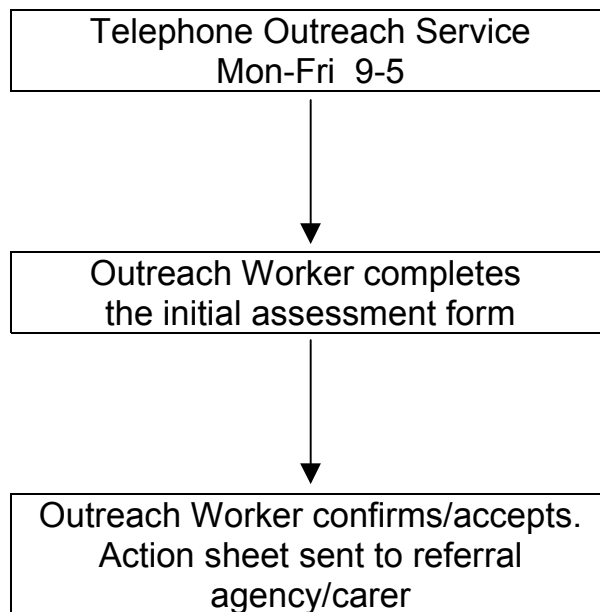
Guideline for receiving referral

The aim of the referral process is to establish a system that ensures the right clients receive the service as defined by the original bid. There are also other key issues that need to be taken into consideration, such as the speed of access, risk assessment and quality of the intervention.

In order to address the above areas the initial referral form has been designed as follows:

- Only telephone referrals accepted by the service (Speed of access)
- Initial risk assessment included in referral form (Safety)
- Weighting attached to specific care areas (Focused visits)

The process



Average time from initial referral to Outreach Intervention = three* working days

*Subject to access regarding recent risk assessment, i.e. last three months.

MAKING A TELEPHONE REFERRAL TO THE SERVICE

1. All information regarding the referral of the client must be recorded on the initial assessment form. The scores of the weighted areas should be totalled and entered in the space provided.

(No referrals can be accepted, unless the above protocols are observed).

2. All the team members present will assess the new referral. In accordance with Haringey Healthcare Trust a Clinical Risk Assessment and Risk Management plan will be completed in line with current Mental Health Guidelines.
3. Once it has been confirmed that the client has met the criteria a plan of action for the first **twenty-four hours** should be completed and sent via facsimile or post to the primary referring agent. Verbal confirmation can be given, however, this must be supported by a completed **24-hour action sheet**.
4. Where permission has given, a relevant information pack should be sent directly to the client and referral source ahead of any planned visit. If for any reason it is not possible to distribute an information pack. One should be taken on the initial visit.

CLIENT PACK	FAMILY PACK
<p>Post card</p> <p>Fact file</p> <p>On-call card</p>	<p>Information pack</p> <p>Post card</p> <p>Covering support letter</p> <p>On-call card</p> <p>Fact file</p>

5. Joint visits must be undertaken to all clients and carers for a minimum of six consecutive visits, or until a decision have been agreed by the team to review the visiting arrangements.
6. After the first visit the team 'plan of action' is drawn up, i.e. obtaining further information, book visit, out-patient appointment, etc. will revise the plan of action according to definitions outlined below:

Process Plan:

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| <ul style="list-style-type: none"> ▪ Problem recognition ▪ Problem implementation ▪ Attention to problems ▪ A Courses of action ▪ Post action | <ul style="list-style-type: none"> Key facts (alcohol, homeless, etc). Service understanding of issues. Opportunities/options/interventions. Key players, time, place, and approach. Intended, unintended outcomes |
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Referral information collection and storage:

- Date stamp information (administrator/manager/senior).
- Place in the designated tray marked referrals.
- Referral discussed at new referral meeting (staff team).

All client information will be stored in the new referral folder for a period of four weeks. After this period will then be transferred to main folder in the following order:

- Recording section (daily recordings i.e. clinical diary)
- Risk assessment
- CPA
- Admin section/housing benefit, education, etc.

Equal Opportunities

The Equal Opportunities policy underpins the work of the Antenna Outreach Service:

- All referrals to the service will be governed by Haringey Healthcare NHS Trust and professional guidelines regarding Anti-Discriminatory Practice.
- Referrals to the service should actively involve clients, families and carers, and should be a collaborative process.
- The Equal Opportunities policy is a statement of intent. The Antenna Outreach Service will ensure the client's cultural, gender, educational, socio-economic and spiritual needs are considered as an essential part of the referral process.