NEWCASTLE AND NORTH TYNESIDE
ASSERTIVE OUTREACH TEAM

Updated March 2010
What is Assertive Outreach?

Known as Assertive Community Treatment (ACT) in the United States, a huge and largely US, literature and research base underpins this model. Assertive Outreach is not a treatment but a way of organising and delivering care via a specialised team to provide intensive, highly co-ordinated and flexible support and treatment for clients with longer term needs living in the community.

Specifically those referred to Assertive Outreach are people with whom mainstream mental health services have found it difficult to engage, and with histories including a severe and enduring mental illness, social chaos, high use of inpatient beds and with multiple complex needs. To be effective, teams must deliver a mix of evidence-based psychosocial intervention and intensive practical support from multi-disciplinary practitioners. The focus of the work must be on engagement and rapport building up, often over the long-term, strong relationships. Effective teams can replicate the findings of numerous international randomised controlled trial studies comparing ACT with standard care. These outcomes for ACT are summarised as:

Large impact on: Moderate impact on: Weak Impact on
Hospital use Symptoms Employment
Housing Quality of life Substance use
Retention in treatment Jail and legal Problems

The teams work intensively, with an assertive approach to maintain regular contacts, providing both treatment and rehabilitation. There is a tension between this assertive approach and aspirations of collaborative approach, recovery and self-determination. In other words, taking responsibility, monitoring and maintaining ‘patients’ versus nurturing, empowering, and fostering growth with ‘clients’ or ‘service users.’
Assertive Outreach team features:

- Delivery by a discreet multi-disciplinary team able to provide a full range of interventions
- Most services provided directly by team not brokered out
- Low staff to client ratios (1:10 – 1:12)
- Most interventions provided in community settings
- Emphasis on engagement and maintaining contact with clients.
- Caseloads shared across clinicians, staff know and work with the entire caseload although a CPA care co-ordinator is allocated and responsible
- Highly co-ordinated intensive service with brief daily handover meetings and weekly clinical review meetings
- Extended hours seven days a week service with capacity to manage crisis and increase contact to daily according to need
- Time unlimited service with continuity of care

FURTHER READING


TEAM BASE

Students will be based with the Newcastle and North Tyneside Assertive Outreach Team at:

- The Oxford Centre
  West Farm Avenue
  Longbenton
  Newcastle upon Tyne
  NE12 8LT

  Telephone Number : 0191 220 5772
  Fax Number : 0191 220 5771
TEAM COMPOSITION

1 x Team Manager
6x Band 6 Community Psychiatric Nurses
1x Band 5 Community Psychiatric Nurse
2 x Support Workers
5 x Social Workers
1 x Consultant Psychiatrist
2x Medical secretaries
1x Administrators

CLIENT GROUP

Individuals suffering from severe enduring mental illness, typically they may have a history of avoidance or poor response to traditional services or have needs that traditional services struggle to meet.

They may have co-existing problems such as homelessness, substance abuse problems or involvement with the criminal justice system.

They will often have a poor general health status and a lower life expectancy than other members of the population. Some may have a history of violence and self-harm, will be at risk of severe self-neglect. Most will require assistance with practical everyday tasks such as shopping, house-keeping, budgeting and personal hygiene.

They will typically be high service users having frequent hospital admissions and poor compliance with treatment plans.

REFERRAL CRITERIA

The Assertive Outreach Service accepts clients from Newcastle and North Tyneside aged between 18 and approximately 65 with the following:

- A severe and persistent mental disorder (psychosis) associated with a high level of disability
- Difficulty in maintaining lasting and collaborative contact with services
- Where a period of attempted engagement by local mental health services has been unsuccessful despite repeated intensive efforts
- Multiple complex needs including a number of the following:
  - History of violence or persistent offending
  - Persistent risk of significant self-harm or neglect
  - Poor response to previous treatment
  - Dual diagnosis of substance misuse and serious mental illness
  - Detained under the Mental Health Act (1983) on at least one occasion in the past 2 years
  - Unstable accommodation or homelessness
  - A history of high use of inpatient or home-based care/or attempted home-based care, (for example, more than two admissions or more than 6 months inpatient care in the past two years)
EXCLUSION CRITERIA

Our service will not accept clients who:

- Have a primary diagnosis of personality disorder
- Have a primary diagnosis of learning disability
- Have a primary diagnosis of substance misuse
- Have a predominant forensic issues over psychiatric issues
- Live outside of the Newcastle and North Tyneside area
- Are no longer mentally ill and/or who cope independently with little or no support
- Are already living in high-support residential or institutional settings (such as hostels, forensic or inpatient accommodation) and who are likely to stay there for the foreseeable future

INTERVENTIONS OFFERED BY THE ASSERTIVE OUTREACH TEAM

Include the following:

- Therapeutic relationship
- Engagement
- Risk assessment and management
- Identifications of relapse signatures and management strategies
- Activities of daily living
- Specific skills training
- Family work
- Psychological treatments
- Medication concordance – assessment, delivery and side effect monitoring

PHILOSOPHY

The Assertive Outreach Team will operate a flexible and client centred approach to empower its service users to take an active role in making choices, giving consideration to their complex needs. This will assist in enabling the clients to develop and to attain their long-term ambitions.
CRITICAL CHARACTERISTICS OF THE SERVICE

These vital elements of the service are based on the most robust evidence available (see Appendix 1).


2. Primary provider of services. The multi-disciplinary make up of the team and the low staff:client ratio facilitates the team’s ability to provide most services with minimal referrals to other mental health service providers.

3. ‘Out of Office’ services. The majority of contacts will be provided in community settings such as the client’s home, neighbourhood or work place.

4. Highly individualised service. Treatment goals are based on individuals strengths and needs.

5. Assertive – intensive service. The team makes active efforts to engage clients in care programmes and have multiple weekly contacts for most clients.


7. Flexible support – which varies in response to fluctuating levels of need.

8. Continuity of care (Inreach Work) – the team will take responsibility for admission and discharge planning and will remain closely involved with clients when admitted to hospital.

EXPECTATIONS OF STUDENTS

Students on placement are supported by the whole multi-disciplinary team and have opportunities to work with mental health nurses, social workers, user development worker and medical staff.

Prior to your first day, please telephone the identified mentor to arrange a specific time to meet on the first day. On your first day you will receive an initial student induction (See Appendix 2).

For the first two weeks you will have a structured timetable of joint visits with all team members, this will help you to get to know the staff and clients and a picture of the work of the team.

From this you will progress to pieces of supervised one-to-one work.

It is recognised that students have different learning needs, through discussion with your mentor you will be encouraged to take personal responsibility for your own learning experience and to take steps to enable the successful completion of your placement objectives.

You will receive formal supervision weekly but can access your mentor and the wider team for support at any time.
Whilst on placement, students are expected to advise their mentor of any unplanned absence. Sickness should be reported to their mentor as well as to the University. Dress code for staff is smart casual.

Look to update student information pack during placement and reading list within e POLO.
# Learning Opportunities

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<tr>
<th>Key Elements</th>
<th>Learning Opportunities</th>
<th>Resources</th>
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<td>Clinical Interventions</td>
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<tr>
<td>Referral Process</td>
<td>Referral documentation Observing / discussion of practice</td>
<td>AOT – qualified staff</td>
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<tr>
<td>Assessment Process</td>
<td>Client interview Observation skills Engagement skills Assessment documentation</td>
<td>AOT – qualified staff</td>
</tr>
<tr>
<td>Risk Assessment and Risk Management</td>
<td>Risk Assessment documentation Interview skills Observation skills Information from other sources Confidentiality Contingency / crisis plans Advance directives</td>
<td>AOT – qualified staff</td>
</tr>
<tr>
<td>Care Planning</td>
<td>Documentation Negotiation skills Evaluation skills</td>
<td>AOT – qualified staff Clients / carers</td>
</tr>
<tr>
<td>Understanding of Care Co-ordination Process</td>
<td>Registration Assessment Risk Assessment Reviews</td>
<td>AOT qualified staff Care Co-ordination Office – St Nicholas Hospital</td>
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<tr>
<td>Physical Treatment</td>
<td>Depot injections and medication Monitoring compliance / dose / effects / side effects</td>
<td>AOT – qualified staff Physical Treatment Centre – Newcastle General Hospital</td>
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<tr>
<td>Psychosocial Intervention</td>
<td>Cognitive Behavioural Approach Family Therapy Interventions Insight into Schizophrenia Project</td>
<td>Specific workers in AOT</td>
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<td>Communication Skills</td>
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<tr>
<td>Role of AOT</td>
<td>Understanding of the Assertive Outreach Model in the UK context</td>
<td>AOT</td>
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<tr>
<td>Personal Communication Skills</td>
<td>Practice engagement and disengagement skills Therapeutic interventions with clients Information sharing with team members</td>
<td>AOT Clients / Carers</td>
</tr>
<tr>
<td>Formal information giving / communication</td>
<td>Verbal Clinical presentation Morning handover meeting Liaison with statutory and non statutory agencies Teaching sessions to team Written Maintaining accurate client</td>
<td>Mentor AOT AOT qualified staff Mentor / Practice Development Group AOT qualified staff</td>
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<tr>
<td><strong>KEY ELEMENTS</strong></td>
<td><strong>LEARNING OPPORTUNITIES</strong></td>
<td><strong>RESOURCES</strong></td>
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<tr>
<td><strong>Clinical Management</strong></td>
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<tr>
<td>Time Management</td>
<td>Understand and practice the concept of personal time management</td>
<td>Mentor</td>
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<tr>
<td>Clinical Supervision</td>
<td>Weekly clinical supervision&lt;br&gt;Informal supervision on request</td>
<td>Mentor&lt;br&gt;AOT qualified staff</td>
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<tr>
<td>Record Keeping</td>
<td>Understanding record keeping policy. Rio recording</td>
<td>AOT qualified staff</td>
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<tr>
<td><strong>LEGAL AND ETHICAL ISSUES</strong></td>
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<tr>
<td>Mental Health Legislation</td>
<td>Use of the Mental Health Act&lt;br&gt;Possible chance of attendance at Mental Health Review Tribunals&lt;br&gt;(client’s permission needed)&lt;br&gt;Supervised Community Treatment Orders</td>
<td>Mentor&lt;br&gt;Mental health Act Office – St Nicholas Hospital</td>
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<tr>
<td>Child Protection Legislation</td>
<td>Understanding of The Children’s Act</td>
<td>AOT – Social Workers</td>
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<tr>
<td>Professional Code of Conduct</td>
<td>Understanding and practical application of the NMC Professional Code of Conduct</td>
<td>AOT – qualified Nursing staff</td>
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<tr>
<td><strong>Policies and Procedures</strong></td>
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<tr>
<td>Trust wide Policies and Procedures</td>
<td>Understanding of NTW Policies and Procedures i.e. Health and Safety&lt;br&gt;Accident reporting&lt;br&gt;Untoward Incidents&lt;br&gt;Safety in the Community</td>
<td>Policy and Procedures file&lt;br&gt;Team Manager&lt;br&gt;Trust Intranet</td>
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# Weekly Timetable for Newcastle and North Tyneside Assertive Outreach Team

<table>
<thead>
<tr>
<th>Day</th>
<th>Time Block</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td>9.00 a.m. – 9.30 a.m.</td>
<td>Alternate Groups 12.30 p.m. – 2.00 p.m.</td>
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<td>2.15 p.m. – 3.00 p.m.</td>
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<tr>
<td>Tuesday</td>
<td>Start up Meeting</td>
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<tr>
<td>Wednesday</td>
<td>Start up Meeting</td>
<td>Monthly Business Meeting</td>
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<td>2.30 p.m. – 4.30 p.m.</td>
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<td></td>
<td>Clinical Reviews</td>
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<tr>
<td>Thursday</td>
<td>Start up Meeting</td>
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<tr>
<td>Friday</td>
<td>Start up Meeting</td>
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<tr>
<td>Saturday</td>
<td>Start up Meeting</td>
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<tr>
<td>Sunday</td>
<td>Start up Meeting</td>
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<td></td>
<td><strong>09.00- 09.30</strong></td>
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APPENDIX 1


- Department of Health 1999 Safer Services, national Confidential Inquiry into Suicide and Homicide by People with Mental Illness.


<table>
<thead>
<tr>
<th>Activity</th>
<th>DATE</th>
<th>SIGNED STUDENT / MENTOR</th>
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<tbody>
<tr>
<td>Introduction to staff</td>
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<tr>
<td>Orientation to Office</td>
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<td>Name Supervisor</td>
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<tr>
<td>Discuss aims of AOT</td>
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<td>Discuss shift system</td>
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<tr>
<td>Review fire procedure, i.e. alarm board, phone calls 9,999</td>
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<td>Discuss housekeeping, meal breaks etc</td>
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<tr>
<td>Discuss hand over times, communication re highlighting problems</td>
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<td>Discuss door access codes – allocate key / pass as necessary</td>
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<tr>
<td>Discuss and read screening documentation</td>
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<tr>
<td>Discuss Wednesday Team Meeting, nominate time and date to review patient of their choice</td>
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<tr>
<td>Discuss safety systems i.e. tracker and white board</td>
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<tr>
<td>Point out location of Policy and Procedures file</td>
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<tr>
<td>Identify / point out location of client’s records</td>
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<tr>
<td>Read AOT information about the service</td>
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<tr>
<td>Rio registration form to be completed and any training necessary.</td>
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<tr>
<td>Familiarise with Lone working procedure and tracking policy. To be aware of emergency contact code CHARLIE.</td>
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<tr>
<td>If using car for work purposes, contact to be made with university and ensure car insured for business use</td>
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Welcome to Longbenton Assertive Outreach Team:
A guide to policies and procedures

Information for Students
About Longbenton AOT

Trust: Northumberland, Tyne and Wear (NTW)

Location: Oxford Centre, Longbenton, NE12 8ST

Telephone: 0191 2205772

Age: Working Age Adults (aged 18-64)

Function: Assertive outreach in the community

AOT Staff: consists of Consultant Psychiatrist, Team Manager, Band 6 CPN's, Band 5 CPN's, Support Workers, Occupational Therapist, Social Workers, Approved Mental Health Professional and Administration support.

Catchment area: Newcastle and North Tyneside

Referrals from: Community Mental Health Teams, other mental health teams where clients are seen to not be engaging with services

Why are clients referred to AOT?
Clients are referred generally that have a long history of mental illness, typically with a diagnosis of schizophrenia or bipolar disorder primary problem which is impacting on their quality of life, who are living or aiming to live in the community and seen to need support in order to successfully engage with mental health services.

Aims for recovery

- To help clients come to terms with their condition and to help them to understand the importance of engaging successfully with services
- To provide clients with a range of coping strategies to help with the symptoms of their illness and the distress they feel due to their condition
- To give clients hope and help them to aim for future goals
- To act as a transitional stage in aiding them to become more independent
- To provide these services for as long as is needed
- To engage clients with mental health services with a view to introducing them to CMHT’s for future support

Model of Nursing Care

Recovery Model
- To promote hope and wellness
- To encourage and facilitate self management
- To help people discover a sense of personal identity separate from their illness

More information about the recovery model can be found at the following links:

http://www.scmh.org.uk/pdfs/Making_recovery_a_reality_policy_paper.pdf
IMPORTANT INFORMATION

Mental Health Act Sections

The 3 most common sections that you are likely to come across on the AOT placement are:

SECTION 2
For clients needing to be assessed under the MHA

SECTION 3
Clients may already be on a s3 whilst in the care of AOT – visiting them on the ward, and taking them for social time on their s17 leave

SECTION 37
Similar to a section 3, but the client has been seen before the criminal courts.

Community Treatment Orders – Section 17A
Sometimes when a client’s care is being transferred from a ward to a community setting, to help them in this transition period a CTO is put in place to ensure they continue to progress with their care

Appointeeship
The Department of Work and Pensions can appoint someone else to receive a client’s benefits and to use that money to pay expenses such as household bills, food, personal items and residential accommodation charges. An appointee should be someone who is regularly in contact with the client and could be a close relative or friend.

Where a client has no one who can take this on, it is possible in certain circumstances for an officer of the Council to become appointee.

Depot medication
Many clients receive these from AOT nurses every 2-4 weeks.

Communication
At the beginning of each shift members of staff should attend the daily handover meeting. This is where all the previous day’s events are discussed with the team. As AOT works with a team approach, all team members should be aware of each client’s progress in order to promote the best possible care.

Team visits to clients
These visits are dependant on each individual client, ranging from multiple weekly visits, to once a month. Deciding factors include client need and risk assessments.
FACTILITIES

Interview rooms

These are used for meetings with clients and other health professionals. For example care coordination reviews can take place here.

The Offices

- Clients are not to be allowed in the nursing offices due to confidentiality reasons.
- When making external phone calls from the offices please dial 9 before entering the telephone number you wish to contact.

Multi-disciplinary team (MDT) meetings

All relevant members of staff are invited to take part each week in the MDT – e.g. Occupational Therapist, Key Worker, Care Co-ordinator. The client also has an opportunity to attend their care reviews to discuss any issues they may have regarding their care.

MDT meetings also take place in the form of daily handovers and weekly team meetings.
USEFUL INFORMATION

Parking

- There is free parking available behind the Oxford Centre for staff. Parking in front of the Oxford Centre is subject to a maximum stay of 4 hours.

Entering the Team Base

Please inform reception when entering the base if you are unable to get in via a swipe card. Please ask staff for relevant codes and swipe cards.

Shift times

Full time staff at AOT work a 5 day week. This can sometimes include one weekend a month. Please discuss this with your mentor.

<table>
<thead>
<tr>
<th></th>
<th>Monday - Friday</th>
<th>Weekends</th>
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<tbody>
<tr>
<td>Time</td>
<td>09:00 – 17:00</td>
<td>09:00 – 17:00</td>
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</table>

Computer Set Up

Using the computer is an essential part of nursing practice. It is used for recording and accessing information on Rio and the intranet.

- If it is the first time you have needed to set up an account as part of the Northumberland, Tyne & Wear Trust, please ask your mentor to complete the “Online User Request” form with you. This can be found on the trust intranet site and at the link below:
  http://nww.ntw.nhs.uk/onlineuserrequest/login.aspx
- To access Rio you will also need to fill out a Rio Form. This can be found on the trust intranet site and at the link below:
- If you have previously used the IT system at a past placement and need to change your access details to this hospital and ward then ask your mentor to fill out an “IT Account Amendment Form” with you. This can be found on the trust intranet site and at the link below:
  http://nww.ntw.nhs.uk/cpanel/files/NNN%20Amendment%20Form_12792830.pdf

If you have any problems with setting up your IT account, please contact IT services on Tel no: 8703 32999.

Library access

Nearest library to the Oxford Centre is at Northumbria University’s Coach Lane campus. Access to hospital libraries such as St Nicholas’ or St George’s can be gained by taking your university library card to them to activate an account with them.
Staff and Facilities

It is beneficial to get to know the team and facilities to understand how they integrate with the clients in the community. Here is a list of people and services you could ask to find out about. Try to arrange some time (half an hour) with each whilst you are on placement:

- Support Workers
- Community Psychiatric Nurses
- Occupational Therapist
- Social Worker

Admin

Get to know the documentation used in the team. Ask to be shown how to fill out forms correctly and find out why these admin processes are put in place. E.g. IR1 forms, Section 17 leave forms, WRAP documentation, Advance decision and Advance statements.

Links to AOT

<table>
<thead>
<tr>
<th>Service</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>CATS</td>
<td>0191 2194656</td>
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<tr>
<td>Liaison Psychiatry</td>
<td>0191 2824842</td>
</tr>
<tr>
<td>Plummer Court</td>
<td>0191 2061100</td>
</tr>
<tr>
<td>Scrogg Road</td>
<td>0191 2656310</td>
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Get Involved

Processes: Referral process
Discharge meetings
Care reviews
Rio documentation