Cheshire and Wirral Partnership
NHS Foundation Trust

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Code: AMHEC4
Issue number: 2

Well Being Hub: Operational Protocol

Lead executive	Associate Director of Operations
Authors details	Head of Clinical Service

Type of document	Standard Operating Procedure
Target audience	Clinical and administrative staff working within the Mental Health Gateway
Document purpose	This document sets out the operational protocols for staff working within the Central Cheshire Mental Health Gateway together with the clinical pathways to be followed for patients referred to this Primary Care level service.

Approving meeting	Specialist Mental Health Care Group Business and Governance Meeting *(Chair's approval)*	Date 30/07/2019
Implementation date	31/07/2019	

CWP documents to be read in conjunction with	
CP3	Health Records Policy
CP5	Clinical Risk Assessment Policy
CP10	Safeguarding Children Policy
CP40	Safeguarding Adults Policy
CP44	Social personal sexual relationships good practice guidance
CG2	Mobile Devices Policy
GR10	Equality, Diversity and Human Rights Policy
GR33	The Lone Worker Policy
GR14	Supervision Policy
GR35	Safe Transport of People that use our service and others
HR2.6	Annual Leave Policy
HR2.11	Guide to claiming and approving travelling and subsistence expenses
HR3.5	Managing attendance

Document change history	
What is different?	Clarification that, for IAPT referrals, a letter confirming outcome of appointment is to be sent within 5 working days.
Appendices / electronic forms	N/A
What is the impact of change?	Clear guidance and information for staff.

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical services	Clinical staff working within existing clinical services across the Central and Eastern Locality; Specialty Clinical Director for Adult and Older People Mental Health Locality Clinical Director for Central Cheshire

	Professional Advisor - psychological therapies Western Cheshire Primary Care Mental Health Team
Corporate services	N/A
External agencies	NHS South Cheshire CCG and NHS Vale Royal CCGs Cheshire East Council amd Cheshire West and Chester Council

Financial resource implications	None

External references
• New Horizons (Department of Health, 2009) • No Health Without Mental Health (Department of Health, 2011) • The 5 Year Forward View (NHS England, 2014) • Long Term Conditions and Mental Health: The cost of comorbidities (The Kings Fund, 2012) • The Care Act (2015) • Talking Therapies: A 4 Year Plan of Action • Achieving Better Access to Mental Health Services by 2020 • Guidance to Support the Introduction of Access and Waiting Time Standards for Mental Health Services in 2015/16

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	Yes	Service aimed at traditionally adult focused referrals
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Select		
Is the impact of the document likely to be negative?	Select	
- If so can the impact be avoided?	Select	
- What alternatives are there to achieving the document without the impact?	Select	
- Can we reduce the impact by taking different action?	Select	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	Select	
What is the level of impact?	Select	

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Contents

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1. Introduction

The Well-being hub is embedded in primary care, acting as a single point of referral/ access into secondary care mental health services provided by Cheshire and Wirral Partnership NHS Foundation Trust (CWP); offering support to adults with mild to moderate mental health problems in the community; and acting as a resource for GPs and other primary care community services staff. The service will treat a range of presenting mental health problems.

The service will be delivered by a multi-disciplinary team consisting of clinical psychologists, counsellors, psychotherapists, specialist mental health nurses, psychological well-being practitioners, CBT therapists, a Consultant Psychiatrist and other appropriately qualified staff:

The Well Being Hub will be open between 08:00 – 20:00 from Monday to Friday with emergency referrals outside of these times being managed through the existing Out of Hours pathways. Referrals to the Well Being Hub service will generally be for adults aged 18+ however it is acknowledged that referrals to IAPT are from the age of 16 and Early Intervention in psychosis from the age of 14 (these referrals will be passed straight through to the relevant teams).

This policy will detail the operational protocols for the Well Being Hub including the clinical pathways that will be followed to ensure that:

- The person only has to tell their story once;
- Support, care and treatment is provided by the right person, in the right place at the right time; and
- Referrals get to the correct service without being returned to Primary Care for onward referral, i.e. adopting the '*no wrong door'* principle.

The Well Being Hub will allow for; earlier detection, better management and improved treatment outcomes. It will also improve holistic management of patients so that their physical and mental health can be treated together. The approach will ensure improved partnership working because it is embedded in the extended primary health care team; it will also facilitate improved local community support networks with other providers, primary care, social care and the third sector.

2. Policy Objectives

The objectives of this Operational Protocol are to:

- Provide a consistent, coherent and integrated model of service provision;
- Outline care pathways to guide the people that use the Gateway service through and between the services offered by Cheshire and Wirral Partnership NHS Foundation Trust (CWP); and
- Develop a culture of continuous evaluation and service improvement including that of learning from good practice.

3. The Well Being Hub- Primary Care Mental Health Service

The Well Being Hub is a mental health service that is embedded within primary care and results from the transformation and enhancement of primary care level mental health services across the Central Cheshire locality. Its aim is to develop an integrated team to provide high quality care that results in improved health and wellbeing and a better experience for adults with complex care needs through the joining up of mental health and physical health services to focus on individuals in their own homes and community, and as a result reduce the need for emergency care.

The Well Being will act as the single point of referral/access to secondary care/ specialist mental health services and following triage it will provide;

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Step 1

- Onward referral for those requiring secondary care mental health services;
- Mental health screening for people with primary care needs;
- Mental health support and services for people with common mental health problems; and
- Signposting to alternative services within the wider health and care economy including, but not limited to, social care, third sector support, self-help networks and social prescribing models. Signposting will be in the form of either a direct referral, providing the person with the appropriate information to make the contact themselves or through a third party to support the person's engagement with appropriate services.

Step 2

At step 2 low-intensity interventions will be delivered by a range of workers with appropriate training, supported and supervised by professionals with the relevant competences.

This is a low-intensity service and will include these components:

- Psycho-education
- Bibliotherapy
- Group work
- Behavioural activation
- Signposting
- Guided cognitive-behavioural self-help
- Problem-Solving
- Guided self-directed exposure therapy
- Information giving
- Computerised Cognitive Behavioural Therapy (CCBT)
- Advice for any patients requiring information at telephone triage
- Concomitant medication advice and support for patients receiving medication
- Telephone 'collaborative care' support for patients on medication
- Individual sessions with a mental health practitioner (up to 6 face-to-face sessions)

These components can be provided through individual and group sessions and will include both brief face-to-face contact and telephone support.

Step 3

At steps 3 high-intensity interventions will be delivered by professionals competent in the delivery of CBT and other evidence-based interventions. This level is generally a high-intensity service and includes the following components:

- Individual Cognitive Behavioural Therapy (CBT) (up to 20 sessions as per NICE guidelines with an average of 12 sessions)
- Individual counselling sessions with a therapist (6-12 sessions)
- Therapy sessions should be supplemented by guided self-help when appropriate materials are available.
- The provider will be responsible for case management and communicating with the service users GP when required, including referral to higher steps (specialist services outside the PCMHT service, CMHTs, in-patient care), discharge and progress with therapy.

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Step 4

At steps 4 high intensity interventions will be delivered by professionals competent in the delivery of specialist psychological interventions. This is a specialist high intensity service and includes:

- Specialist psychological interventions 8-24 sessions (CBT, CAT)
- Dialectical Behavioural Therapy
- Applied psychological/shared clinical formulation driven care

The service will provide appropriate treatment and improve access to psychological therapies for people with long-term conditions via the stepped care model

The team is comprised of:

- A Consultant Liaison Psychiatrist;
- Team Managers;
- Clinical Lead
- Clinical Psychologists
- Primary Care Mental Health Nurses;
- CBT Therapists
- Counsellors
- Psychotherapists
- Psychological Well Being Practitioners
- Administrative and Clerical staff.

The team will work as one across the entire Central Cheshire footprint with Mental Health Nurses linked to the Integrated Community teams as they develop. This link to the Integrated Community teams will mean:

- The improved mental health of people with long term conditions;
- The improved physical health of people with a severe mental illness; and
- Increased awareness of mental health and dementia amongst health and social care professionals working at a primary care level.

The team will also mean:

- Increased involvement with the 3rd sector, recognising their expertise;
- Improved compliance with NICE Quality Standards of Care;
- A reduced demand for acute and specialist provision; and
- The seamless transfer of people into specialist and secondary mental health treatment according to need.

4. Team Philosophy

Primary care services are the stalwart of health care provision and generally form the first point of contact for people who have concerns about their health and wellbeing. The Well Being Hub plays a pivotal role in improving the mental health and wellbeing of people from across the Central Cheshire locality. The service has an integral role to play in empowering the person using our service, their families and carers in community settings and underpinning this is the concept of recovery.

Promoting recovery: Working in partnership to provide care and treatment that enables people that use our service and carers to tackle mental health problems with hope and optimism working towards a valued lifestyle within and beyond the limits of any mental health problem. Whilst recovery is unique to the individual, the following key themes are applicable to all people that use our service.

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Facilitating personal adaptation

- Helping the person to mobilise internal resources for recovery: confidence, self-belief and recognition of skills and ambitions.
- Helping the person to reach an understanding of what has happened in a way that makes sense and allows the possibility of growth and development.
- Helping the person to gain control over mental health problems and his/her life.

Promoting access and inclusion

- Helping the person to access the roles, relationships, activities and resources necessary for recovery.
- Facilitating access to material resources including enough money, decent clothing, housing and material possessions.
- Helping the person to maintain roles, relationships and activities (work, friendships, social activities, etc.) and develop new ones.

Creating hope-inspiring relationships

- Valuing the person for who he/she is
- Believing in the person's worth
- Seeing and having confidence in the person's skills, abilities and potentials
- Listening to and heeding what is said.
- Believing in the authenticity of the person's experience
- Accepting and actively exploring the person's experience
- Tolerating uncertainty about the future
- Seeing problems and set-backs as part of the recovery process: helping the person to learn from and build on these.

Respecting diversity: Working with people that use our service and their support networks in ways that recognises, respects and values diversity including; age, race, culture, disability, gender, spirituality and sexuality.

Practicing ethically: Recognising the rights and aspirations of the people that use our service and their families, acknowledging power differentials and minimising them wherever possible. Providing treatment and care that is accountable to people that use our service and carers within recognised professional, legal and local codes of practice.

Challenging inequality: Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion of people that use our service, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from. Recognising and implementing appropriate legislation; Disability Discrimination Act (1995) and Disability Equality Duty (2006).

Working in partnership: Developing and maintaining constructive working relationships with people that use our service, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspirations that may arise between partners in care.

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Identifying peoples' strengths and needs: Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of people that use our service, their families and friends.

The provision for people that use our service centred care: Negotiating achievable and meaningful goals; primarily from the perspective of the person and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

5. Clinical Pathway

It is recognised that the introduction of the Mental Health Gateway element will lead to a significant change in the referral pathways for mental health services across Central Cheshire and that this will require some significant change in the behaviour of referrers.

In order to ensure that all appropriate referrals pass through the Well Being Hub, the gateway duty worker will make twice daily contact with the SPA team in South Cheshire and the Community Mental Health team (CMHT) based in Vale Royal. If a referral is found to have bypassed the Gateway, this will be followed up promptly with the referrer.

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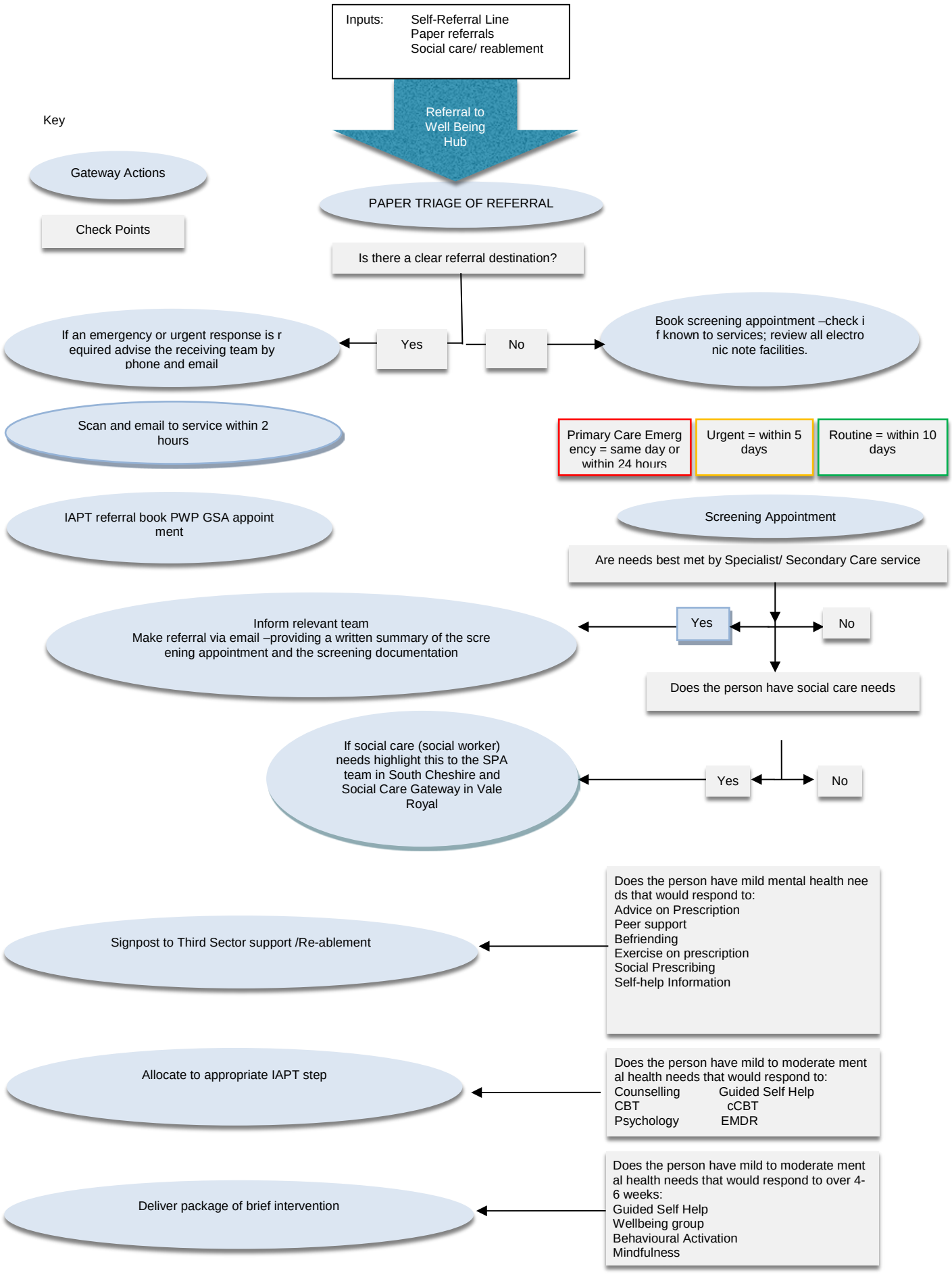

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Full Service Pathway Diagram:

Step	Target Group	Intervention
Step 2	Focused brief intervention for mild difficulties (PHQ9/GAD7 <15), in the CBT model. Mild depression Moderate depression (1st presentation) Mild anxiety difficulties Work stress Acute onset adjustment reaction Mild difficulties with irritability/anger	Maximum intervention 6 sessions Guided Self Help Exercise /books on prescription Psychoeducation Mood management Stress Control cCBT Sign posting Single workshops (e.g. anger)
Step 3	A psychological problem focus, with a reasonable prospect of reliable improvement within a course of 16 sessions, using a pprotocol driven evidence based treatment for the following disorders - Moderate depression Moderate anxiety disorders (GAD, Panic Disorder with/without agorophobia, Health Anxiety, Social Phobia, Simple Phobia) OCD Single incident PTSD Low self-esteem Please refer to appendix 1 CBT step 3 criteria.	CBT Initial 10 sessions Further CBT +6 sessions -where agreed in supervision For specific protocols – up to 20 sessions with regular review in supervision
Step 3c	A present day issue, impacting on functioning, that would benefit from brief guided resolution of difficulties. Current relationship difficulties including morbid jealousy (without history of long-term attachment problems). Problems with a circumstantial adjustment e.g. parenthood, retirement Prolonged grief reaction (> 6 months) Moderate Depression (where patient choses counsellin approach) PTSD – where EMDR available	Brief Counselling 8 sessions Further Counselling +4 sessions (where agreed in supervision)
Step 4	An IAPT client with a psychological problem focus with a reasonable prospect of reliable improvement within a maximum of 26 sessions. Requires an alternative model or modification to the CBT model. Moderate depression and/or Moderate anxiety disorders Single incident PTSD or a multiple trauma with onset in adulthood Common mental health problem which requires a broader adapted formulation. Repeating patterns of relationship difficulty (including those stemming from early childhood abuse/neglect **BUT evidence of**	Consultation and Formulation 3 sessions Individual therapy - adapted or third wave CBT - trauma processing of specified trauma - psychoanalytic/dynamically informed 20 sessions (evidence of marked reduction in IAPT data scores is expected within 1st 10 sessions) Further individual therapy +6 sessions Psychoanalytic Group Therapy

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	previous positive attachments is required). Many patients with early childhood abuse will not be appropraite for focal psychological therapy.	

a. Referral

Whilst striving to become a 'paper free' service, referrals will be accepted in any format – letter, fax, telephone call, or email to the 'single point' based at the team's hub in Winsford.

Referrals will fall into one of three areas of priority:

- **Emergency** referrals are those requiring a prompt assessment including a person who is in mental health crisis and will be displaying behaviours or voicing beliefs that place the person or others at imminent risk. This may include an acute deterioration or exacerbation of a severe mental illness (including dementia) or actively suicidal ideation with a plan and the means. It is expected that the referring agent will have, in most instances, seen the person and would contact the team by telephone, fax or email to avoid any unnecessary delays. The registered practitioner allocated to the triage role each day will clarify with the referring agent the reasons why the referral is classed as emergency or urgent, as opposed to routine if it is not clear from the referral. If the referral is clearly indicated as for CMHT or other specialist service this referral will be sent straight through to the relevant team within 2 hours.

The Duty Worker will ensure that all necessary information where possible including risk factors, is gathered from the referring agent and others who may be involved in the person's care, and if the person was previously known to services, their previous history and risks are obtained from electronic records systems.

- **Urgent Referrals** are those where a screening appointment needs to be offered within **5** working days due to associated risk factors. This may include referrals for people expressing suicidal ideation but have no plans or means; increasing symptoms of an anxiety or depressive disorder

The Duty Worker allocated to the triage role each day will ensure that all necessary information including risk factors is gathered from the referring agent and others who may be involved in the persons care and if the person was previously known to services, previous history and risks are obtained from electronic records systems.

- **Routine Referrals:** Routine referrals will be managed through the pathway.
- **IAPT referrals**: All goal setting with be offered within 6 weeks and assigned to step. Letter confirming outcome of appointment to be sent within 5 working days.

b. Triage

A nurse from the Gateway team will be allocated on a rostered basis to the role of Duty Worker and will undertake the triage role each day. They will determine:

- The priority of response required;
- Whether there is a clearly denoted and appropriate referral destination.

If there is a clearly denoted referral destination or this can be elicited from the information detailed within the referral, i.e. Community Mental Health Team. Memory Referral, Early Intervention in Psychosis, the referral will be passed on within 2 hours to the appropriate service by electronic means

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to the relevant team's mailbox If there is evidence that the referral is **urgent** based upon the criteria above, the Duty Worker will confirm this in a telephone call to the relevant service.

Self-referrals for IAPT will be managed in line with the '*Goal Setting Process'* and be given an appointment for a Goal Setting Appointment with the IAPT team on making contact with the service. A pack confirming the arrangements will then be sent to the individual.

Where the self-referral has evidence of added complexity - previous difficulty in engaging with services or previous (at least 2) IAPT episodes without recovery, the Screening Appointment will be undertaken by a Gateway nurse.

Where the referral route is unclear or is specifically for someone with a mild to moderate mental health difficulty and does not meet the threshold for secondary care or specialist services, a screening assessment will be undertaken by a Gateway nurse in accordance with the timeframes highlighted above.

The Well Being Hub has no prescribing functionality. If the referral relates to a review or advice about medication, this will be discussed with the Consultant Psychiatrist to determine if a referral to CWP services is needed or if this can be dealt with via fax, email or a telephone call to the GP. Any medication that falls under a shared care agreement (e.g.: antipsychotics/lithium) should only be initiated by a CWP consultant psychiatrist.

If following triage the referral indicates the need for an Emergency response on the basis of increased risk to the individual or others but it is unclear whether the referral meets the threshold for a secondary care or specialist service the Gateway Duty Worker will contact the person that same day and offer a screening appointment on either the same day or within 24 hours of receiving the referral whichever is most appropriate.

The Duty Worker will also liaise with the Community Mental Health team to advise that there is an emergency assessment being undertaken in case a referral to the team is then indicated.

In some instances it may be appropriate to undertake a joint assessment between the Gateway nurse and another service where it is anticipated that the onward referral route may be unclear. For the CMHTs this will be facilitated by the CMHT duty practitioner.

c. Screening Appointment

A screening will be undertaken with all people who are seen by the Gateway nurse. Wherever possible this will be completed face-to-face, however where this is not possible and the person elects, alternate technological solutions may be adopted including telephone or skype.

Where there are concerns***/*** risks raised during the assessment or the presentation has additional complexity due to risk, co-morbidity, Medically Unexplained Symptoms (MUS), etc. the case will be discussed within the gateway team at the case discussion meeting and where appropriate booked for a screening appointment.

d. Allocation to Treatment

Following screening if it is clear that the person has needs best met by and meets the threshold for secondary or specialist services the assessing nurse will contact the relevant service to discuss and make the referral, following it up in writing to the relevant service.

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If assessment indicates that the person may be eligible for social support in line with the Care Act (2014) and does not meet the threshold for secondary care services, the assessing nurse will liaise directly with the appropriate Local Authority team and make the necessary referral within 4 hours.

If the person's needs are best met by the Well Being Hub, allocation will be based upon the 'stepped care' approach taking into account the severity and duration of symptoms.

Direct allocation to therapy within IAPT can only be done if:

- The all of the requirements of the Goal Setting appointment are met during the screening appointment;
- The IAPT Minimum Dataset has been completed;
- The person is able to commit to therapy and has sufficient motivation to make the necessary changes.

The Well Being Hub will develop and deliver a range of individual and group based interventions to be delivered across the Central Cheshire locality. The service will continue to identify demand in order to develop areas of specialism within the team and continually broaden the range of therapies offered to increase the degree of choice available.

Where onward referral/ signposting to service operated by a third party, consent to share the persons information will be sought and clearly documented within the clinical record.

6. Social Care Needs

Named social care staff from the locality's community mental health teams will support the Gateway service, offering a point of advice and guidance on the appropriate referral route for people to access an assessment of their social care needs.

7. Risk

Risk will be assessed in line with the Trust's Clinical Risk Assessment policy using the approved risk assessment tool. Clinical risk will be 'shared' within the team and will require excellent communication between the wider health economy where appropriate.

Individual risk assessments and management plans will be required to be reviewed, updated and shared where appropriate in line with the Trust's policy. Where risks/ risk events are identified they will be reported via the Trust's reporting tool – DATIX.

8. Safeguarding

"Safeguarding is everybody's business; everyone within CWP has a responsibility for, and is committed towards safeguarding and promoting the welfare of vulnerable adults, children and young people"

Staff are directed to CP10 Safeguarding Adult policy and CP40 Safeguarding Children Policy documents for the relevant procedures should they have concerns about the welfare of a child, young person or vulnerable adult.

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9. Transporting people that use our service

Any member of staff using their vehicle for work purposes must ensure it is appropriately insured for such use. Team managers will ensure that staff hold a current, full driving licence and their vehicles are appropriately insured.

At times staff may need to transport people that use our service from one location to another. All people that use our service must be assessed prior to transportation and potential risks identified (i.e., whether they pose a danger to themselves, the driver, other passengers or other road users) as per Trust Policy GR35 Safe Transport of Service Users and others.

10. Lone working

Maintaining the safety of staff is a high priority of the team. Team managers have a duty to implement local procedures and systems for their team members to ensure safe working conditions for staff.

Staff must be aware of their safety at all times and are referred to the GR33 Lone Worker policy as a priority.

11. Record keeping

All staff are directed to CP3 Health Records policy.

In addition to the existing policies it is essential that each contact with, or concerning a person, is recorded in their clinical record as soon as possible after the event but within a maximum of 48 hours, or the next working day in the event of a weekend or Bank Holiday. All issues reflecting changes in clinical risk should be recorded in the electronic record before the end of a working shift; if there are risk concerns and staff are not able to document the risks immediately they should contact another member of team or the Out of Hours, the Home Treatment Team or inpatient service and request the information be documented on the clinical record immediately.

All efforts will be made to maintain paper records to a minimum, however where this is not possible, all clinical paper records must be stored as per Trust Records Policy.

12. Hours of Operation

The Well Being service will operate across the Central Cheshire footprint between the hours of 08:00 and 20:00 from Monday to Friday inclusively. In order to maintain the team's ability to function across the working week as well as maintaining the safety and security of the staff, the service will operate a joined up response outside of normal operating hours.

Outside of the service's operating hours, **emergency** referrals will be managed through the existing 'Out of Hours' pathways:

- **South Cheshire residents:**
    - For people already in receipt of support from mental health services, telephone support can be obtained on 01625 505666
    - Telephone advice for people not currently in receipt of support from mental health services can be obtained through Cheshire East Council's Emergency Duty Team on 0300 123 5022
    - Assessment and treatment of a mental health crisis in an emergency where there is a risk to the person or others can be accessed through the mental health Out of Hours service based at the A+E Department, Leighton Hospital, Crewe.

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- **Vale Royal residents:**
    - For people already in receipt of support from mental health services, telephone support can be obtained on 01244 397537
    - Assessment and treatment of a mental health crisis in an emergency where there is a risk to the person or others can be accessed through the mental health Out of Hours service based at the A&E Department, Countess of Chester Hospital, Chester.

If an emergency assessment has been undertaken by the Out of Hours practitioner and an onward referral is required, this will be made directly by the Out of Hours/ Liaison Psychiatry service to arrive with the receiving service on the next working day.

Appointments will be offered both in a range of locations including but not exhaustively, GP surgeries, community venues, mental health resource centres and where deemed appropriate, at the person's home address. Home visits may be carried out by a lone worker following completion of a risk assessment and taking into consideration the Lone Worker Policy.

13. Equality and Diversity

The team will operate under the NHS Equality and Diversity system, offering a service to those in need of primary care level mental health services regardless of race, gender, sexual orientation, age, religion or disability. The team will, where necessary, actively plan reasonable adjustments to the plan of care to ensure that those from the protected groups can access and benefit from services. This could include arranging interpretation services or leaflets in different languages or easy read format.

The teams will endeavour to actively engage with voluntary groups who represent people from the protected groups, and to work towards improving equity of access and treatment for those who may otherwise be excluded from the care, support and treatment that they need.

14. Supervision/ Appraisals/ Absences

Team members are guided to the GR14 Supervision policy.

The three supervision elements are; Line Management, Clinical Support and Professional Support. All team members must meet at least once every 6 weeks for one hour's supervision session and must also have an annual appraisal as per Trust policy.

When a member of staff is absent from work the team manager or duty professional will ensure that consideration is given as to whether scheduled appointments need to be re-allocated for that day, cancelled or a further appointment offered. If it is deemed that there are significant risks then the person must be seen by another member of the team in the absence of the Lead Professional.

If the member of staff is not expected to return to work after 10 working days the team manager will review their caseload and determine the reallocation of all cases to other team members to act as lead professional.

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Appendix 1 - Step 3 CBT Criteria

Protocol driven evidence based treatment for the following disorders:

Depression - Mild to moderate depression. Consider history/chronicity.

Panic Disorder with/without agoraphobia - Intermittent intense bouts of fear with marked physical sensations where the person is convinced they are in immediate danger with marked avoidance of situations associated with the panic attack.

Simple Phobia - Fear associated with a specific trigger, marked avoidance of the trigger (i.e. blood, needles, heights, dogs)

Social Phobia - Fear of being judged negatively by others in specific situations i.e. eating in public, attending social events, public speaking, with marked avoidance of such situations.

Generalised Anxiety Disorder - Fear/worry about several areas most of the time, over-arousal, irritability, poor concentration and sleep.

Health Anxiety - Unfounded fear/worry about physical illness, frequent checking of bodily symptoms and reassurance seeking from GP or others.

Obsessive Compulsive Disorder - Presence of obsessions and/or compulsions. Unwanted intrusive thoughts/images, with overt or covert compulsions.

PTSD (single event trauma) - Re-experiencing - flashbacks/nightmares; avoidance; hyperarousal; emotional numbing)
Exclusions within step 3 PTSD:

- Multiple or complex traumas (such as gang rape, war atrocities, witness to murder etc) or people with dissociative symptoms.
- If there is a layering of trauma (e.g. experienced childhood sexual abuse, emotional or physical abuse, or domestic violence and additional single event trauma).

Self-Esteem interventions may be used where there is a clear primary presentation of anxiety or depression. This approach will not be suitable for people who have a childhood history of abuse as the problems will have a complexity/severity requiring a more intensive approach to gain significant improvement.

Exclusions to step 3 CBT:

- Body Dysmorphic Disorder
- Binge eating
- Tics/Tourettes
- Pain
- Addiction
- Morbid jealousy
- Anger
- Self-harm and/or daily suicidal ideation – period of stabilisation will be important.

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