This document describes how people will be assessed through Leicestershire Partnership NHS Trust's (LPT) mental health and learning disabilities services

Key Feature: Structured assessment

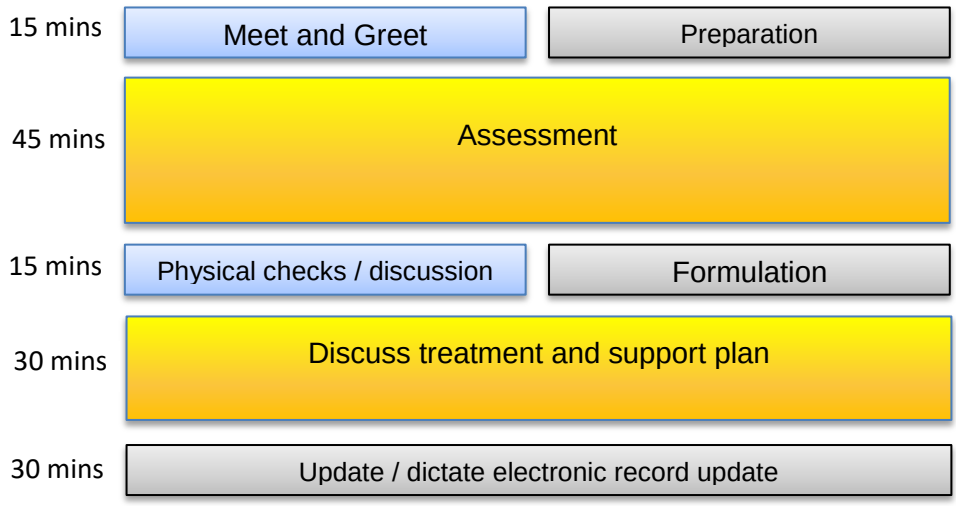
There will be a new approach to initial assessment for adults, older people and individuals with LD.

At the Central Access Point, a service user will be streamed into the most appropriate broad specialty for assessment. At the Central Access Point, the clinical triage clinicians will determine the broad specialty that a service user should be streamed to and how quickly they should be assessed. They will also determine which specific disciplines (including where there needs to be additional expertise from a different specialty) need to be involved in the assessment. The assessment will be scheduled directly into clinical diaries and could be for home or clinic based contact. The service user will remain under the Central Access Point until the assessment has taken place to avoid the individual becoming lost in the system. The assessment will occur within the geographically aligned team that the service user has been streamed to.

The service user will be provided information explaining what to expect from their appointment when it is scheduled at the Central Access Point. This is intended to make sure they feel that there are no surprises in the assessment and can prepare themselves. They will also be provided with a form that they can use to generate any specific concerns, questions and queries that the can be addressed in the appointment.

For a clinic based contact, the service user will have a support worker meeting and greeting them. At the same time, the assessing practitioner will have time to prepare well. The practitioner will then undertake a core assessment. The service user will then have time for physical checks and further discussion (e.g. on other support needs) whilst the assessing practitioner undertakes formulation. The assessing practitioner will be able to do this with the support of a senior practitioner, where required, to support the assessing practitioner think about their formulation and thoughts on treatment. The assessing practitioner and, if required, senior practitioner then both meet with the service user and carer to collaborate on developing a treatment and support plan that best suits the service user's needs. There is then allotted time for the assessor to dictate and record the assessment.

The following diagram and table describe how this is expected to work where a community nurse and consultant are required for the assessment (depending on the need of the service user this could be a combination of different practitioners).
Please note: the timescales in the diagram represent a hypothetical example only.



Action:	Tasks:	By: (staff member)	Time allocated:
Meet & Greet	Meet service user, explain the format of the assessment, complete paperwork	Support worker	15mins prior to appointment starting
Preparation	Reading notes, familiarisation with referral & patient history	Nurse	15mins prior to appointment starting
Assessment	Complete assessment tasks	Nurse	45mins
Formulation	Discussion between nurse & consultant to formulate and agree treatment plan. Phone call to other clinicians	Nurse / Consultant	15mins
Physical checks/ further discussion	Physical checks as required. Discussion with support worker about other support needs/ social prescribing	Healthcare Support Worker/ Peer Support Worker	15mins
Discuss treatment & support plan	Clinician/s, service users and carers discuss and agree initial treatment & support plan	Nurse / Consultant	30mins
Update Electronic Patient Record	Clinician/s update the electronic patient record and perform other admin tasks regarding the assessment (e.g. contacts)	Nurse	30mins

This structured approach will be adapted for home-based assessments which can include joint visits or phone call slots allocated with senior practitioners, as required.

If the service user requires further assessment time then this will be offered which could include involvement of other practitioners (e.g. if a need is identified that

requires alternative expertise to help assess). This would be scheduled directly from the local team.