


Operational Policy for Mental Health Physiotherapy Service (Adult and Older Adult)

See also:	Located in the following Policy folder on the Trust Intranet
Physical Health Monitoring Community Pathway Policy	Connect Site
Minimum Standards for Physical Health Care of People with Serious Mental Illness	Connect Site
Physical examination policy	Connect Site
Physical care of in-patients	Connect Site
Healthy Living Standards	Connect Site
Smoking cessation health and wellbeing	Connect Site
NICE Guidance	www.NICE.org.uk
Risk Management Strategy	Connect and Datix
Agreed Safety Assessment and management procedures	Datix and Physiotherapy Shared Drive
Untoward Incident Reporting and Investigation process	Connect
Lone Worker Policy	Physiotherapy Shared Drive and Datix Risk Assessments
Fax and Secure Mail Procedure	Connect

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Document published on the Trust Intranet under: Operational Policies and Procedures



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Name of policy document:	Operational Policy for Mental Health Physiotherapy
Issue No:	2

**Checklist for Operational Policy for Mental Health Physiotherapy Service
[Adult and Older Adult]**

Name / Title	Operational Policy for Mental Health Physiotherapy Service (Adult)
Summary	Operational guidance for delivery of the community and inpatient physiotherapy service
Sponsor	
Author(s)	


Reason for document production:	Update
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Operational Policy for Mental Health Physiotherapy Service (Adult)

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Operational Policy for Mental Health Physiotherapy Service (Adult)

1.0 Statement of Intent

This operational policy governs the provision and management of the mental health physiotherapy service (adult and older adult) within

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 This is a review of the previous department operational policy and aims to encapsulate all the evolutions in the service in line with local and national changes in care delivery and standards.

2.0 Target Population


The mental health physiotherapy team will endeavour to provide appropriate and fair access to their service for all members of diverse communities and individuals with specific needs and will work with adults of working age, including older adults.

The target population are those who are registered to GP practices that are served by, irrespective of whether they are inpatients or in the community. The service will also consider people who are placed in Derbyshire as out-of-area patients as inclusive. The mental health physiotherapy department will also accept individual contracts for service users from other areas where there are issues around confidentiality in their residing area or where they do not have access to specialist mental health physiotherapy in their area.

2.1 Geographical boundaries

This service is commissioned primarily for the people who reside within the geographical boundaries as per those commissioned by Derbyshire Healthcare NHS Foundation Trust (which excludes the town of Glossop and its immediate surrounds), but will consider referrals from all areas.

The service will have identified team workers within each locality with dedicated caseloads but this will be a flexible arrangement according to the demand of the service and the need of the service user.

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3.0 Referrals

3.1 Who can refer?

The Chartered Society of Physiotherapy advocates an open referral system and the mental health physiotherapy service accepts referrals from GP's, staff of all areas of Derbyshire Healthcare NHS Foundation Trust, other physiotherapy providers unable to meet the mental health needs of the person and self-referrals.

3.2 How are referrals made?


Referrals can be made by the electronic system. Telephone support to facilitate this is available. Referral letters are also accepted and will be scanned to the electronic system.

3.3 How are referrals assessed as being eligible for a service?

Referrals will be assessed as eligible for service dependent upon whether the person has both physical health and complex mental health needs that could not be met in mainstream physiotherapy services. For the most part if someone is not known to mental health services elsewhere it is considered that they do not need specialist mental health physiotherapy services but will be considered in exceptional circumstances and only upon the agreement of the physiotherapist and referrer.

3.4 How will referrals be allocated?

For the main part referrals are allocated to the physiotherapist who is delegated that geographical area, however exceptions are made to meet needs of gender, specialisms of the physiotherapist, sociocultural needs or to cover periods of leave. Where possible, the same physiotherapist will provide care to the service user irrespective of whether they are an inpatient or living at home.

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3.5 Procedures for cases pending allocation.


The waiting list is prioritised on clinical need as per the referral information. If possible and clinically indicated, input may be offered sooner (for example an item of equipment might be ordered or a physiotherapy assistant may provide input) and this will be followed up by a full physiotherapy assessment when available.

This will also apply to instances where an urgent consultation is required. Waiting lists and caseloads are monitored by the band 7 team leads and guidelines on prioritisation have been formulated. The physiotherapy department will be organised to try to accommodate more high priority referrals to prevent hospital admission or to offer a consultation on a care plan. This is using a duty system. Where a high priority consultation is offered and routine treatment is recommended the treatment will be offered when a routine slot is available. Where more intensive physiotherapy intervention is required notice should be given to the team so they can organise to safely meet this need, for example someone being transferred from the Burns Unit or post hip fracture where regular and intensive physiotherapy is required.

Referring teams need to discuss referrals that will require intensive physiotherapy in advance as although efforts will be made to accommodate such needs, the team is a limited resource and cannot be expected to operate as other physiotherapy groups, for example orthopaedics physiotherapists who have two physiotherapy staff per ward.

4.0 Configuration of the Mental Health Physiotherapy Services within Derbyshire

Mental Health Physiotherapy Services are provided within the Derbyshire County and Derby City covering 7 neighbourhood teams. The team also cover campus facilities and offer in-reach and out-reach work as required.


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The mental health physiotherapy team comprises:

- X2 WTE Band 7 clinical specialist's and operational lead Chartered Physiotherapists
- X2.3 WTE Band 6 clinical specialist Chartered Physiotherapists
- X1.8 WTE Band 3 physiotherapy assistant staff
- X0.6 WTE Band 2 physiotherapy assistant and environmental specialist
- X0.80 WTE Band 3 administrative support

The service will aim to provide:


- Specialist physiotherapy Interventions physical and or mental health wellbeing of the service user
- Comprehensive evidence based assessment (including a comprehensive assessment around safety and a safety management plan), care plan formulation, intervention delivery and review
- Specialist assessment and consultation where appropriate of complex mental and physical health needs
- Support and inclusion in the co-production and delivery of the identified plan of care through appropriately skilled practitioners
- Care plan to be comprehensively reviewed on a needs led basis or as identified in previous review
- Services users will be sign posted to other agencies as indicated e.g. crisis team, orthotics and mainstream physiotherapy services where able
- Information and support to access opportunities to access leisure, education, training, and employment and a range of self-help and non-statutory resources will be provided

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- The service will offer a consultative function when indicated
- Work with families, carers and voluntary networks
- A range of formal and integrative physiotherapy treatments including exercise therapy, manual therapy, pain management, re-enablement post injury, musculoskeletal therapies, massage, cognitive behavioural techniques, mindfulness awareness, compassion promotion, return to work and more.
- Mental state monitoring will occur at every contact
- Support the learning needs of the organisation, physiotherapy staff and trainee professionals
- Relapse prevention and promotion of self-management
- Advice and guidance will be provided as required
- Engage in Trust changes, transformations and clinical and operational groups as indicated
- Care, safety management and crisis contingency plan to be the responsibility of the identified key worker /care coordinator. Any care plans formulated should relate to the overarching Recovery based care plan

4.1 The Guiding Principles or the Mental Health Physiotherapy Team are:

- The Quality Assurance Standards as set out by The Chartered Society of Physiotherapy
- REGARDS principles
- A recovery focussed service that offers hope, empowerment and principles embedded within the Trust Values

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- Meaningful and sustained engagement that is person centred
- Failure to engage should not automatically lead to discharge


4.2 Targets for care provision

- Use of PBR Care Cluster and PBR review in accordance with PBR guidance
- The meet The Quality Assurance Standards or care as set out by The Chartered Society of Physiotherapy
- Development and implementation of recorded plan of care
- Minimum CPA review every 12 months
- Safety planning strategies delivered in partnership with the patient
- Interventions are informed by an evidence base
- At the end of the jointly planned intervention, the care of the individual is transferred thoughtfully back to primary care with a discharge care plan, and crisis contingency plan
- Delivery of the number of contacts for the service as per the calculated clinical capacity of its staff

5.0 Liaison with Other Teams

The Mental Health Physiotherapy Service will liaise as appropriate with all elements of the Health and Social Care System. However, primary relationships are with the following:

- In-patient Care
- Crisis & Home Treatment
- Assertive Outreach Service

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- Liaison Teams and Rapid Response Teams
- Recovery Teams
- Other specialist physiotherapy services internal and external to the Trust
- Primary Care
- Pathfinder Teams
- Veterans Services


6.0 Discharge and Transfer Arrangements

6.1 Discharge from Physiotherapy Services

- The team work with people to facilitate prompt transfer back to the community mental health team or Primary Care when deemed clinically appropriate in conjunction with self management of health and wellbeing
- Discharge letters should be timely and comprehensive and comply with Trust standards
- Discharge is arranged in accordance with current Trust discharge policy

6.2 Routine Transfer

- If a patient is to be transferred to another Locality or another physiotherapy service provider a full handover will be given
- Where possible, the physiotherapists will offer a period of support to the new team when a transfer is made to ensure its success

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- A patient who is being transferred for another physiotherapy team for intervention, remains the responsibility of the transferring team until the new team accepts the referral
- The service user and carers will always be involved and kept up to date

7.0 Management of Service

7.1 Caseload

Individual caseload management will be undertaken by Service Managers. The team members will have activity targets rather than referral targets. Caseload numbers will vary dependent upon levels of experience, complexity of patient need and team member role. The team overall have a caseload target of approximately 160. Workload weighting takes place via workload management capacity calculator and is negotiated with the Service Manager.


7.2 Hours of Operation

Working hours are generally from 08.30 -16:30 hours, Monday to Friday

7.3 Communication

The mental health physiotherapy team will have a structure of meetings that will ensure forums are available for the following:

- Cascading of information relating to the operational management of the service e.g. new structures & processes or policies, team briefing etc.
- Professional development such regional physiotherapy meetings etc.
- The service will make use of technology to ensure staff are kept informed of and up to date with Trust and local service developments.

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- Information about service users is shared on a need to know basis with those involved in their care, and that this information is recorded in accordance with Trust standards. Service users will be given copies of care plans where able and advised on how to access further information held about them.
- Staff will be provided with resource areas such as notice boards and journal and reference book libraries.
- Reviewing new evidence and NICE guidelines

7.4 Supervision

- Service Managers receive supervision from their Line Manager in accordance with Trust policy.
- Access to regular clinical supervision and this will be varied as per contract between group and one to one and possible with different professionals
- Professional supervision is required for each registered physiotherapist
- Individual performance reviews and Personal Development Plans (PADR) are completed annually, but will be reviewed every regularly as decided between supervisor and supervisee
- Practice development forums help staff keep up-to-date with a range of new practise initiatives

7.5 Staff Training

All staff will have their training needs identified within an annual appraisal process. All identified needs are aggregated into a Service training plan which, in turn, informs future training and development opportunities and the Divisional training plan. Induction plans will be completed on an individual basis, however, all staff must complete the Trust mandatory induction

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All staff will complete compulsory training as per the requirements of their contracts

Staff will need to undertake competency training to undertake any duties they are not professionally covered to undertake


7.6 Safety Assessment and Policy on Violence

The Mental Health Physiotherapy Service Operational Policy is supported by the Risk Management Strategy, agreed Safety Assessment and management procedures, Working Alone in Safety, the Untoward Incident Reporting and Investigation process, and Dignity at Work Procedures, which outline the commitment to addressing harassment, bullying, and intimidation from both service users and fellow workers.

7.7 Information for People Who Use the Services

Information about the service is accessible on the Core Care Standards Website comprising:

- Description of the service, the range of interventions provided and what to expect.
- Contact details of the service.
- Details of the team base.


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**Equality Impact Risk Assessment (EIRA) Form for
[enter title]**

	Yes/No	Comments
1. Does the policy/guidance 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	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2. Is there any evidence that some groups are affected differently?	No	
3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4. Is the impact of the policy/guidance likely to be negative?	No	
5. If so can the impact be avoided?	N/A	
6. What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7. Can we reduce the impact by taking different action?	N/A	

Action to be taken following EIRA assessment:	None identified
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EIRA completed by:	Lauren Fordham	Date completed:	08/08/2019
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