



# Working Together

## Community Mental Health Transformation: Quality Guidelines for sharing information in referrals and assessment

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## Our guidelines are designed to facilitate effective information sharing with a particular focus on identifying and accessing additional specific support.

The NHS Long Term Plan proposed changes to Community Mental Health Services, designed to help people with mental health challenges thrive and live well in their communities. The changes promote:

- **Closer working between professionals in local communities to eliminate the issue of people not being able to access support due to their diagnosis or level of complexity**
- **The avoidance of unnecessary repeat assessments and referrals**
- **Care centred around an individual's needs which will be stepped up or down based on need and complexity and the expertise required at a specific time.**

Community Mental Health Transformation (CMHT) upholds the principle of 'right door, right time,' ensuring individuals are directed to the appropriate services promptly.

To support these aims, the CMHT partnership in Middlesbrough, developed a set of guidelines to

- **Improve the quality and quantity of information shared between organisations when seeking additional specialist support,**
- **Reduce repeated assessments by encouraging practitioners to trust the information gathered by other organisations**
- **Reduce multiple referrals for support**
- **Improve communication between practitioners and individuals regarding the progress of referral requests**

This document highlights that services must consider the specific needs for their specialist support, but it stresses that revisiting the individual's detailed history (which we know won't change) should be avoided to prevent re-traumatisation.

Instead, the focus should be on asking, "What are your support needs today?" and "How can we help you now?"

### Intention of the document:

This document is designed to support practitioners in trusting the assessment information and request for support provided by the referring organisation.

While additional information may occasionally be needed for clarity and context, we recommend that practitioners engage in discussions to strengthen decision-making, streamline procedures, and improve support pathways for individuals.

The purpose of developing these guidelines is to address and improve issues occurring within current processes, such as:

- **Inconsistency in the quality and quantity of information shared for the purpose of seeking additional support for individuals.**
- **Lack of clarity in describing the reason for / purpose of referrals resulting in requests not being accepted or delays in processing of referrals.**
- **Lack of communication with individuals regarding the outcome of referral decision resulting in increased anxiety and distress.**
- **The collection of core information including historical / background information by organisations is repeated and duplicated.**
- **Differing assessment and referral processes embedded in organisational procedures and systems.**

### Common Assessment One Person, One Story

"I already told my story, why do I have to tell you as well?"

## The aims of the guidelines are to:

- To reduce distress for the individual and family members / carers going through referral and assessment processes
- To improve the individual and family members / carers experience and build trust in the system
- To ensure the individual is at the centre of their care and their needs are considered within the context of the support being requested and offered.
- To improve the quality of information shared between services for the purposes of requesting support for individuals
- To build trust in information gathered by services during assessment / building relationships with the person who they are seeking additional specialist support for, from another organisation
- Reduction in unnecessary referrals and repeated assessments
- To improve the processes and pathways of referral between services / organisations so reducing the potential for requests to be turned down / not acknowledged or processed and people being stuck in the system
- Improvement in the efficiency of the system resulting in timely decisions regarding referrals outcomes.
- The person being accepted by the right service at the right time and reduce 'bouncing' around the system.
- Reduce the scattergun approach to referrals.

## Information sharing agreement / GDPR / information governance

This document is supported by CMHT Partnership organisational information sharing agreements that are in place. This may be similar to the information below:

CMHT Partnership organisations are fully committed to ensuring that if they share information it is in accordance with their legal, statutory and common law duties, and, that it meets the requirements of any additional guidance.

All CMHT Partnership organisations have in place policies and procedures to meet the national requirements for Data Protection, Information Security, and Confidentiality. The existence of, and adherence to, such policies provides all agencies with confidence that information shared will be transferred, received, used, held and disposed of appropriately.

All CMHT Partnership organisations acknowledge their 'duty of confidentiality' to the people they serve. In requesting release and disclosure of information from other agencies, employees will respect this responsibility and not seek to override the procedures each organisation has in place to ensure that information is not disclosed illegally or inappropriately. This responsibility also extends to third party disclosures: any proposed subsequent re-use of information which is sourced from another agency should be approved by the source member organisation.

An individual's personal identifiable information will only be disclosed to facilitate smooth implementation of the specific service objectives and action plan. For all other purposes, information must be anonymised.

Where information is shared, in order to facilitate the smooth implementation of the specific service only that which is needed and relevant will be shared. This will be on a 'need to know' basis.

All CMHT Partnership organisations will ensure that all relevant staff are aware of, and comply with, their responsibilities in regard to both the confidentiality of information about people who are in contact with their agency and to the commitment of the agencies to share information. (Source: Teesside Mind)

## ACKNOWLEDGEMENT.

These guidelines have been developed in partnership with organisations involved in Community Mental Health Transformation and people with lived experience of mental health problems.

**Thank you to representatives from:** Teesside Mind, Impact on Teesside, Tees, Esk and Wear Valleys NHS Trust, Adult Social Care and Lisa, Sara and Ruth.

## Principles of sharing information

The CMHT Partnership Organisations have identified the following principles to support the sharing of information for the purpose of seeking support for individuals including sharing assessment information as and when appropriate and required.

### The 5 C's:

- **Common language** – all organisations will use terms that is understood by all or seek to clarify the meaning.
- **Conversation** – organisations will use a conversational approach to assessment which is trauma informed.
- **Collecting the right information** – organisations will collect the right information from an individual to best support their current needs.
- **Communication** – organisations will be transparent and endeavour to use all appropriate methods to communicate information about individuals that result in appropriate decisions regarding access to support.
- **Commitment** – all organisations will commit to working within these quality guidelines to improve pathways to support for individuals.

### Additional supporting information:

Principle	Supporting comment
Information shared between organisations for the purposes of requesting support for an individual will be:	
Proportionate, purposeful and appropriate to the context	<p>The amount of information shared will be in proportion and relevant to the purpose of the referral</p> <p>The information shared will not contain historical or sensitive information if not relevant or required but will describe the impact of that issue when it may affect the person's ability to engage in the support being requested.</p>
A collaborative conversation with the person	<p>The person being referred will contribute to the information being shared about them.</p> <p>The person will be asked what they want shared with another organisation and given an opportunity to check the accuracy of the information being shared</p>
Based on the person's priority for their issues / concerns to receive help in a way that will most benefit them	Discuss and agree the priorities of issues with the person and the support that will benefit the person with each issue
Offered to the person for their records	The person will have a choice about accepting a copy of their referral and assessment documentation
A verbal conversation over written referrals	Practitioners will speak with each other following a referral to clarify details and purpose of referral
Communicated with the person regarding the referral outcome	People will receive information on the progress of the referral, the outcome of any decisions and the reason

## Guidelines on referral processes

- **People will be informed and involved about decisions regarding referrals to services.**
- **People will be involved in decisions about the information to be included in referrals.**
- **People will be offered a copy of the referral.**
- **Practitioners receiving a referral will follow up with a discussion e.g. virtual hub or phone call when required to provide clarity and context for the referral resulting in a quicker decision to accept or refuse.**
- **Contact details and availability of the referrer will be included on all referrals to make it easier for the receiving organisation to contact the referrer (and / or the person) for additional information if required.**
- **A decision regarding the referral will be made within a specified timeframe specific to each organisation.**
- **Receipt of the referral will be acknowledged to the referring practitioner who will inform the person.**
- **Appointment letters to people will describe the reason for the appointment.**
- **If practitioners are unsure whether a service will be suitable or be able to provide appropriate support for a person, they will contact the organisation to discuss the potential referral prior to sending it.**

## Guidelines on assessment processes

It has long been recognised that people are required to repeat their story with each new organisation they engage with the potential of causing additional distress and trauma. There needs to be recognition that factual information does not change but the current impact on a person's life does change or people's situations change and that can impact on people's mental health.

This proposal recognises that there will be a requirement for a full assessment of a person's life to gain a full perspective and understanding of the mental ill health that a person experiences and for some people, this may lead to a diagnosis.

For some people, there may be a need for a referral to another organisation to address specific need or issue.

The expectation in the future is that information gathered through the initial assessment will be shared in full or part, as appropriate when a referral is accepted by another organisation preventing the need for the individual to repeat their story.

Organisations accepting the referral, will be encouraged to check the details of the shared assessment information are correct and ask if there is any additional information that has not been shared.

It is recognised that some organisations people are referred to, will be specialist services and will be required to conduct assessments for the purposes of developing care and support plans to address a specific need. However, the focus of the assessment should be on that specific, specialist area and not a repeat of the full history.

People should be offered a copy of their assessment and agreed care and support plan for their own records.

## How organisations will implement / embed the guidelines

These guidelines may challenge current processes and relationships between organisations and services resulting in changes to current practices and cultures. To effect the proposed changes, senior management support will be required to embed the guidelines across the organisation.

- **Senior managers will be asked to sign a pledge committing to supporting the implementation of the guidelines**
- **Senior managers will disseminate information and training resources to staff and ensure that staff engage with the guidelines**
- **Staff will engage with the information and training resources**
- **Staff will work within the proposed guidelines**
- **Supervisors will support staff to engage and work within the proposed guidelines**

## Supporting Resources:

The following materials support the implementation of the guidelines:

- **Organisational Pledge**
- **Video**
- **Poster**
- **Information for intranet pages**