Tees, Esk and Wear Valleys
NHS Foundation Trust

Concordance

Individuals who decline treatment and / or disengage with services

Ref: CLIN-0008-v7

Status: Ratified

Document type: Policy

Contents

1 Introduction....3
2 Why we need this policy 3
2.1 Purpose 3
2.2 Objectives....3
3 Scope....4
3.1 Who this policy applies to 4
3.2 Roles and responsibilities 4
4 Policy....5
4.1 Service Users Declining Care 5
4.2 Service Users who lose contact with services....6
4.2.1 Options to be considered in completing the Plan....7
4.3 When members of the public are referred to services but do not engage....7
5 Definitions 8
6 Related documents....8
7 How this policy will be implemented....8
7.1 Training needs analysis 9
8 How the implementation of this policy will be monitored....9
9 Document control 10
Appendix 1 - Equality Analysis Screening Form....11
Appendix 2 – Approval checklist 15

1 Introduction

The report of the National Confidential Inquiry into Suicide and Homicide by people with Mental Illness, ‘Safer Services’ (1999) found that non attendees and loss of contact with services are frequent findings in inquiries into suicides and homicides. This report recommends that Trusts have written policies regarding people who decline treatment and disengagement from services.

Tees, Esk and Wear Valleys NHS Foundation Trust recognises that there could be numerous factors that influence whether service users decline treatment and / or disengage with services. In line with our recovery and wellbeing strategy and values, we recognise the importance of; Listening and understanding what is important to individuals; exploring treatment and support options and providing meaningful choices. By working in this way we hope to better meet the needs of service users and reduce the likelihood the service users will decline treatment or disengage. It is important to acknowledge that despite this approach there will still be circumstances where individuals decline treatment or disengage with services, in these situations there is a need for effective and sound clinical judgement to assess potential harms and respond appropriately in order to ensure the safety and wellbeing of service users and where relevant others; including the effective use of professional time.

Members of the public who are referred to our services for assessment and/or treatment may also choose not to engage. Therefore, this group will not be classed as service users of the Trust as they have never been assessed in order to determine whether services are appropriate or not.

2 Why we need this policy

2.1 Purpose

This policy describes the Trust’s approach to situations where service users decline care and/or treatment and when service users lose contact with services including members of the public who have been referred but who do not / will not engage with services.

This policy should be used in conjunction with the Trust’s, ‘Did Not Attend Policy’ and ‘Missing Persons Procedure’ and Mental Health Act (1983) and Mental Capacity Act (2005).

2.2 Objectives

The objectives of this policy are to describe the Trust’s approach:

- When service users decline care and / or treatment

- When service users lose contact with services
- When members of the public are referred to services but decline to engage

In all cases, based on information from referrers, consideration will be given to the compulsory powers under the 1983 Mental Health Act.

It must not be assumed that the person therefore lacks the capacity to make decisions. The first statutory principle of the Mental Capacity Act (2005) applies equally to people with mental disorder – ‘a person must be assumed to have capacity unless it is established that he lacks capacity’.

3 Scope

3.1 Who this policy applies to

All clinical and support staff.

3.2 Roles and responsibilities

Role	Responsibility
Directors	Implementing this policy within their relevant directorate.
Heads of Service	Ensuring this policy is communicated to all staff within their area of responsibility.
All Clinical Staff	• Ensure they are aware of procedures for managing refusals of care and/or treatment and have available comprehensive range of information on treatment options in order to offer choice where possible • Ensure they are aware of the Trust ‘Missing Persons Procedure’ • Ensure they are aware of the Trust ‘ Did Not Attend Policy’ • Ensure they are aware of the Trust ‘Care Co-ordination Policy’

4 Policy

4.1 Service Users Declining Care

If a service user declines all or parts of care and/or treatment plan, the care team should:

- Not assume that the person therefore lacks the capacity to make decisions. The first statutory principle of the Mental Capacity Act (2005) applies equally to people with mental disorder – 'a person must be assumed to have capacity unless it is established that he lacks capacity.
- For those assessed as lacking capacity, then any act done for, or decision made on behalf of the person lacking capacity must be done or made in that person's best interests.
- Record in the case note of the service user's electronic record which part(s) of the planned care are being declined.
- Consider with the service user their current views on treatment and care offered and what is important to them. Discuss alternative options that may support engagement in services/ care treatment.
- In the situation of children and young people, the current views about the care and treatment from their parent/guardian should be also taken into account, discussing alternative options that may support improved engagement in services.
- In the situation of services users who lack capacity, the current views about the care and treatment should be also taken into account, discussing alternative options that may support improved engagement in services.
- Referral to safeguarding should also be considered for both adults and children where there may be aspects of self-neglect.
- Consider whether or not declining treatment could result in potential harm to the service user and/or others and give consideration to use compulsory powers under the 1983 Mental Health Act.

It is the responsibility of the care team to ensure that the service user care and treatment plan is co-produced and is provided with adequate and clear information to support them in making informed choices. This involves ensuring that:

- We understand what is important to the service user
- Exploring their current understanding of the situation and options. Discuss the various different care and treatment options and the pros and cons of declining or accepting any or all of them. These may include any possible side effects, detrimental effects and benefits.
- Within this process the service user needs to be involved with the co-production of their care and treatment plans and provided with sufficient information and time to explore the options. This approach should help to reduce the incidence of service users declining care and or treatment.

It may be appropriate to seek the assistance of other professionals when discussing treatment options. For example, the Trust Pharmacy Team to provide information on medication issues.

As part of this process an individual's advanced statement should be considered.

When discussing options we need to be clear with the service user about the power we hold and whether the use of compulsory powers is being considered. Even when operating within the Mental Health Act 1983 staff should consider the principles of shared decision-making within constraints of that legal framework.

In all cases, the outcome of the service user declining any care must be notified to key clinical staff at the next available huddle or report out and with the clinical leadership set and the service user's general practitioner.

Where the outcome is that the service user declines **all** care and/or treatment and they are to be discharged from service, the lead professional/care coordinator is required to inform the service user, and when appropriate carer/parent or legal guardian, of this decision in writing with clear guidance on how they may access services in the future should they wish to do so.

4.2 Service Users who lose contact with services

If contact is lost with a service user the Care Coordinator / Lead Professional should make necessary attempts to make contact with the service user and /or ascertain their whereabouts. Once the service user has been located the professional should ascertain information on their wellbeing and any potential risks of harm. Necessary steps include:

- Phone service user using all available phone numbers
- Write to service user requesting the phone the Lead Professional
- Contact associated people (relatives, carers, friends, other professionals)
- Contact GP

If contact / whereabouts cannot be established, the Care Coordinator / Lead Professional should call a meeting of the care team involved in the service user's care in order to review the situation as follows:

- Consider the outcomes of attempts to contact/ locate the service user and make a list of those who have been contacted
- Review care plan, safety plan, advance statements and recent care records to inform an accurate assessment of the situation.
- Determine the level of potential harm to the service user and/or others.
- Identify a plan along with timescales that are appropriate in the circumstances of the specific case and record these in the services user's records. A copy of the plan is to be sent to the service user's GP.

4.2.1 Options to be considered in completing the Plan

- If the level of potential harm has been assessed as anything other than low, consider whether or not a 'Missing Patients Procedure' should be implemented or any other appropriate strategy e.g. police assistance.
- If the level of potential harm has been identified as low, the service user may be discharged from care with notification going to appropriate people (e.g. relevant other professionals, family member, external agencies), including the person's GP.
- In all cases, decisions are to be recorded in the person's care record.

Out of hours, missing person alerts would be coordinated with the Emergency Duty Team and /or Police, as appropriate.

In exceptional circumstances, a wider health community distribution may be considered following discussion between the Care Team and the Director of Operations.

4.3 When members of the public are referred to services but do not engage

There may be occasions when members of the public are referred to Trust services and full assessment cannot be completed due to the person making it clear that they do not wish to engage with mental health or learning disability services.

In these cases, the person will not be classified as a service user of the Trust since they have actively declined to engage and, therefore, have not been assessed as needing care or treatment.

In all such cases, consider whether an assessment is required under the compulsory powers under the 1983 Mental Health Act before a decision is made not to pursue the assessment. It is recognized that not all individuals who are referred to services and decline assessment, require intervention and decisions surrounding course of action should be informed by the information we hold and may include consultation may with key agencies e.g. GP, Police, and Social Services.

If it is clear that the person does not fit the criteria for compulsory powers to be applied and they continue to decline to engage with services, the following actions will occur:

- The referring agency to be notified of the outcome with information on how to access services in the future if they should wish to re-refer the person back to the services.
- A letter, if possible, to be written to the individual informing them of how they may contact services in the future should they wish.
- A written record to be kept in the Trust of the initial assessment and outcome (if undertaken) or documented in the electronic referral record outcome /recommendation

section , specifying the risk factors, the clinical decision and the correspondence sent as outlined above.

5 Definitions

Term	Definition
Service User Declining Care and/or Treatment	Service users should be offered care related to their assessed need and may decline all care or specific parts of the proposed care and/or treatment. However, such decisions could have a negative consequence for the service user. Not attending an appointment Declining all or part recommended interventions within care plan
Loss of contact with services	When a service user has lost contact with service and the care team is unable to engage or in some circumstances locate the service user. For example, the service user is not answering phone calls, does not respond to written requests to contact services, appears not to be at home when staff visit.

6 Related documents

Did Not Attend Policy

Care Programme Approach Policy

Harm Minimisation Policy

Missing Persons Procedure

Safer Services, 1999

Data Protection Act, 1998

Mental Health Act, 1983

Mental Capacity Act, 2005

7 How this policy will be implemented

- Directors, Heads of Service, Locality and Service Managers are responsible for ensuring that this policy is effectively implemented.
- The Policy will be available on the Trust's website and inTouch.

7.1 Training needs analysis

There are no additional or specific training needs for staff

8 How the implementation of this policy will be monitored

There is no specific audit requirement for this policy; implementation would be considered as part of any case-by-case learning.

9 Document control

Date of approval:	11 April 2018	
Next review date:	11 November 2021	
This document replaces:	CLIN/0008/v6 Policy for Non Compliance with Treatment	
Lead:	Name	Title
	Dr Liz Herring	Head of Service
Members of working party:	Name	Title
	Trust-wide Modern Matron group Specialty Development Groups Nursing and Governance	
This document has been agreed and accepted by: (Director)	Name	Title
	Brent Kilmurray	Chief Operating Office
This document was approved by:	Name of committee/group	Date
	Service Development Groups	March 2018
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	11 April 2018
An equality analysis was completed on this document on:	5 July 2017	

Change record

Version	Date	Amendment details	Status
7	11 Apr 2018		Published
7	22 Sept 2020	Review date extended by six months. Intouch links removed,	Published

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

<table>
<tr><td>Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.</td><td colspan="6">Trust-wide</td></tr>
<tr><td>Name of responsible person and job title</td><td colspan="6">Dr Liz Herring, Head of Service</td></tr>
<tr><td>Name of working party, to include any other individuals, agencies or groups involved in this analysis</td><td colspan="6">Trust-wide modern matron group
Nursing and Governance
Specialty development groups</td></tr>
<tr><td>Policy (document/service) name</td><td colspan="6">Individuals who decline treatment and / or disengage with services</td></tr>
<tr><td rowspan="3">Is the area being assessed a;</td><td>Policy/Strategy</td><td>x</td><td>Service/Business plan</td><td></td><td>Project</td><td></td></tr>
<tr><td colspan="3">Procedure/Guidance</td><td></td><td>Code of practice</td><td></td></tr>
<tr><td colspan="5">Other – Please state</td><td></td></tr>
<tr><td>Geographical area</td><td colspan="6">Trust-wide</td></tr>
<tr><td>Aims and objectives</td><td colspan="6">The objectives of this policy are to describe the Trust’s approach:
• When service users refuse care and / or treatment
• When service users lose contact with services
• When members of the public are referred to services but refuse to engage</td></tr>
<tr><td>Start date of Equality Analysis Screening</td><td colspan="6">31 March 2018</td></tr>
<tr><td>End date of Equality Analysis Screening</td><td colspan="6">31 March 2018</td></tr>
</table>

<table>
<tr><td colspan="6">1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</td></tr>
<tr><td colspan="6">The safety and well-being of service users, career, the general public and Trust staff</td></tr>
<tr><td colspan="6">2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?</td></tr>
<tr><td>Race (including Gypsy and Traveller)</td><td>No</td><td>Disability (includes physical, learning, mental health, sensory and medical disabilities)</td><td>No</td><td>Gender (Men, women and gender neutral etc.)</td><td>No</td></tr>
<tr><td>Gender reassignment (Transgender and gender identity)</td><td>No</td><td>Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)</td><td>No</td><td>Age (includes, young people, older people – people of all ages)</td><td>No</td></tr>
<tr><td>Religion or Belief (includes faith groups, atheism and philosophical belief’s)</td><td>No</td><td>Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)</td><td>No</td><td>Marriage and Civil Partnership
(includes opposite and same sex couples who are married or civil partners)</td><td>No</td></tr>
<tr><td colspan="6">Yes – Please describe anticipated negative impact/s
No – Please describe positive impacts/s</td></tr>
</table>

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**			

Sources of Information may include:		
• Feedback from equality bodies, **Care Quality Commission,** Equality and Human Rights Commission, etc. • **Investigation findings** • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership
Yes – Please describe the engagement and involvement that has taken place
This policy has been reviewed by the matron group, trust recovery & equality leads, as well as having undergone full consultation with Trust staff who include people from each protected group.
No – Please describe future plans that you may have to engage and involve people from different group

<table>
<tr><td colspan="6">5. As part of this equality analysis have any training needs/service needs been identified?</td></tr>
<tr><td>No</td><td colspan="5">Please describe the identified training needs/service needs below

There are no specific training needs linked to this policy requirement</td></tr>
<tr><td colspan="6">A training need has been identified for;</td></tr>
<tr><td>Trust staff</td><td>No</td><td>Service users</td><td>No</td><td>Contractors or other outside agencies</td><td>No</td></tr>
<tr><td colspan="6">Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</td></tr>
<tr><td colspan="5">The completed EA has been signed off by:
You the Policy owner/manager:
Type name: Dr Liz Herring</td><td>Date:
31 March 2018</td></tr>
<tr><td colspan="5">Your reporting (line) manager:
Type name: Tim Cate</td><td>Date: 31 March 2018</td></tr>
<tr><td colspan="6">If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: sarahjay@nhs.net</td></tr>
</table>

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	Mental health act office Equality & diversity team
	Is there evidence of consultation with stakeholders and users?	Yes	Trust-wide matron group Specialty development groups Nursing & Governance
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
Signature:			