October 2009

Pilot Police Custody Liaison & Diversion Service for Eastern and Coastal Kent PCT area and Medway PCT area

Service Manual

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Service Model

Introduction

This service model describes an eight month pilot programme to scope a model for a recurrent service required for the delivery of police custody suite and court liaison/diversion mental health services in the Eastern and Coastal Kent PCT area and Medway PCT area. Subsequently, a tender to operate a recurrent service will be submitted. The service will be active for 6 of the 8 months allowing a one month service lead-in time and a one month service evaluation, audit and write-up time.

The key driver of this pilot programme is to prevent inappropriate disposal of offenders with mental health problems (including learning disability) into custody. At present, people in these areas with mental health problems who come into contact with the criminal justice system do not have access to a police custody suite or court diversion scheme.

This pilot programme will undertake an eight month evaluation of the mental health needs of individuals detained at Ashford, Dover, Folkestone, Swale, Canterbury, Thanet and Gillingham police custody areas and provide an assessment of the 'added value' of the forensic mental health service provided as part of the pilot. The pilot service will enable timely access to a dedicated forensic community psychiatric nurse, consultant forensic psychiatrist and onward referrals to other relevant statutory and voluntary agencies in the health and social care arena. Of particular note, the service will provide a link between secondary care community mental health teams and primary health care agencies. Providing advice to courts and the probation service on the mental health needs of individuals will assist in diversion away from custody where appropriate and access to care and / or treatment through liaison.

Key characteristics of people within the criminal justice system include:

- They are often socially excluded
- They have significant health and social care needs
- They suffer from health inequalities

The criminal justice system can act as a gateway to health services for a population who find it hard to access appropriate mainstream health and social care services, for a number of reasons. It can present a particular opportunity to make a significant contribution to the health and well-being of an excluded proportion of our society. An offender may receive a custodial sentence when a community order with a treatment requirement or admission to hospital would be more appropriate.

Background information

Custody liaison and diversion schemes in the United Kingdom started operating in the early 1990s to meet the objectives set out by the Home Office (1990) and the Reed Report (Reed, 1992). Their aim is to provide appropriate intervention for people with mental disorder charged with a criminal offence, in the least restrictive environment according to risk assessment and the direction of a magistrates court.

The primary function of court diversion is the transfer of people with mental disorders from the criminal justice system to hospital, if their condition warrants it (James, 1999). Prosecution is not necessarily discontinued. The defendant may be admitted to hospital under a section of the Mental Health Act 1983. A court diversion scheme can also provide a liaison service, in which people with mental disorder facing minor summary charges who would not be incarcerated can be referred to community agencies and services, if their condition does not warrant their admission to hospital. Police custody areas provide a convenient and timely opportunity to assess defendants. Law dictates that individuals charged with a criminal offence must appear before magistrates early in the criminal justice process, to be remanded either on bail or in custody.

Schemes have found high rates of alcohol and drug misuse in referred individuals, amounting to approximately a third of referrals in Glasgow (White et al, 2002) and Leeds (Greenhalgh et al, 1996). The proportion of people diagnosed with a major mental illness varies greatly between published studies, and may reflect the threshold of suspicion in the person making the referral. In a study of the East Sussex Court Assessment and Diversion Scheme (Kingham and Corfe, 2005), referring agencies generally recognised the presence of mental disorder reasonably accurately in the people they referred, so that 70% of those referred warranted a diagnosis. However, it was not known how many people with mental disorder were unrecognised as such and not referred to the scheme. A study conducted in Manchester examined whether defendants with mental disorder were reliably detected by court staff and referred to the court diversion programme (Shaw et al, 1999). Only 14 of 96 defendants from overnight custody with serious psychiatric disorder were detected and referred by court staff. Considering this low rate of detection, the authors suggested that screening questionnaires and training might increase the rate of detection. Given this and the high rates of disorder found in a psychiatric morbidity survey of remanded prisoners (Singleton et al, 1998), it may be that although court diversion schemes are successfully identifying a proportion of people with mental disorder and diverting some away from the criminal justice system, a substantial number are not identified, and others are deemed unsuitable for diversion.

Regarding short-term outcome, the success of the East Sussex Court Assessment and Diversion Scheme was demonstrated by completed diversions to either community or hospital treatment, as recommended (Kingham and Corfe, 2005). Regarding medium and long-term success, James et al (2002) studied 214 admissions through the courts in central London, the Horseferry Road and Clerkenwell schemes, comparing them with a sample of 214 matched compulsory admissions from the community. They examined the outcome of admission through the courts in terms of the admission episode, readmission and reconviction rates within 2 years of discharge: 81% of admissions from courts reached planned discharge, with no significant difference between court and community admissions; 86% reached satisfactory clinical outcome at discharge, again with no significant difference between court and community admissions. There were similar readmission rates between the two groups and relatively low offending rates compared with individuals given other disposals by the court. James (1999) found that three court diversion studies prepared for publication had admission rates of more than 25%, and indicated a wide variation of admission rates in others, with some schemes not diverting any cases to hospital. Few schemes were able to achieve admission to locked beds. The East Sussex scheme had an admission rate of 7% between 2000 and 2002, with the majority of recommendations for admission being accepted (Kingham and Corfe, 2005). Admission to secure unit beds was not uncommon. Although James (1999) considered that courts tend to deem community disposal inappropriate, the study by Kingham and Corfe (2005) found that courts generally accepted recommendations for referral to community psychiatric or substance misuse services.

The Maidstone and South West Kent Custody/Court Liaison Service commenced in April 1996. It is based at the Trevor Gibbens Unit and forms part of the directorate of the Kent Forensic Psychiatry Service. It provides a service to Maidstone and Tonbridge police stations and input into the related magistrates' courts. The staff team consists of three experienced forensic community psychiatric nurses and one forensic social worker, who work within the scheme on a daily roster. The two police custody areas are the primary source of contact. Staff telephone each custody area every weekday morning, at around 7.30am or earlier. Police officers appraise staff of detained persons, and staff undertake assessments as required. In the first year of the operation of the service, staff visited each police custody suite on a daily basis to ensure a high level awareness of the service and assist police custody staff to identify and refer appropriate people.

After performing an assessment, the practitioner completes a standardised assessment form, a copy of which is provided to appropriate agencies to enable referral. The

practitioner is in a position to co-ordinate specific interventions from relevant agencies via locally determined resources. Approved mental health professionals on call in Maidstone, Tonbridge, Tunbridge Wells and Sevenoaks community mental health teams co-ordinate Mental Health Act assessments following a referral. The Trust's crisis resolution and home treatment teams accept direct referrals for access to their service. In cases where the detained person is likely to be remanded into custody for whom secondary mental health outpatient care is identified as appropriate, the practitioner will make a referral to the Prison In-Reach Service, a limb of the Kent Forensic Psychiatry Service Directorate.

A National Service Framework for Mental Mealth (Department of Health, 1999) set seven Standards in five areas. Those five areas were: mental health promotion; primary care and access to services; effective services for people with severe mental illness; individuals who care for people with mental health problems; action necessary to achieve the target to reduce suicides. Standard four (within the area of effective services for people with severe mental illness) states that all mental health service users on the CPA should receive care which optimises engagement, prevents or anticipates crisis and reduces risk.

Five years later, Standards for Better Health (Department of Health, 2004) set the following priorities:

- Safety of patients
- Clinical and cost effectiveness
- Governance
- Patient focus
- Access and response
- Environment
- Public health

It regarded National Service Frameworks and guidance produced by the National Institute of Health and Clinical Excellence (NICE) as being integral to a standards-based system. The document discussed giving greater scope for addressing local priorities, with an emphasis on local services allocating their resources accordingly.

Diversion, a better way for criminal justice and mental health (Sainsbury Centre for Mental Health, 2009), undertook to assess the costs and benefits of mental health diversion schemes by:

- Reviewing published evidence, including studies from other countries;
- Visiting 16 diversion schemes in England;
- Analysing value for money based on the evidence gathered.

The evidence collected indicated that well-designed arrangements for diversion had the potential to yield multiple benefits, including:

- Cost and efficiency savings within the criminal justice system;
- Reductions in re-offending
- Improvements in mental health.

The report notes that existing arrangements seriously under-perform in delivering these benefits. In the absence of a clear national policy framework, diversion services have developed in a piecemeal and haphazard way. Many schemes are insecurely funded and there is an "unacceptably wide" degree of variation in their ways of working. The coverage of schemes is patchy and some areas have no arrangements at all. The report notes that significant change is needed in national policy and local delivery to improve value for money and to capture more of the benefits of diversion. The report makes 21 recommendations for the commissioning, operation and management of a diversion and liaison team for

people with mental health problems who come into contact with the criminal justice system in every PCT area in England, and includes national considerations.

The report by Lord Bradley (2009) makes recommendations for individuals with mental health problems and learning disability who come into contact with the criminal justice system, at all stages of legal proceedings. Tabulated here are some of the key recommendations of the Bradley Report that relate to the operation of the pilot service, and ways in which the service will meet them.

Bradley Report recommendation	Activity of the pilot service
Implementation of police "Safer Neighbourhood Teams" identifying and supporting people with mental health problems.	Training for police officers regarding mental disorder. Maintaining a low threshold for assessing people before the imposition of an Anti-Social Behaviour Order or Penalty Notice for disorder.
Consistent screening for mental health problems and learning disability in police stations with access to information about detainees' previous contact with mental health services.	Development of a screening instrument which is sensitive and specific. Electronic patient record at Kent and Medway NHS and Social Care Partnership Trust available to CPNs during screening and assessment.
Mental health service liaison and diversion when appropriate for people with mental health problems.	Core components of service provision: - identify and assess mental health/learning disability needs swiftly and effectively after arrest; - assist police in risk assessment; - identify need for the attendance of an appropriate adult; - ensure detainees with serious mental health problems are diverted to mental health facilities, avoiding remand into custody; - signpost people with mental health problems to mental health service, avoiding drop out.
Mental health services in police custody commissioned by NHS	Medway PCT is commissioning this service
Provide information to courts, assisting decision making regarding: - fitness to plead; - commissioning a psychiatric report; - remand; - sentence (including consideration of mental health treatment requirement in a community sentence); - transfer to hospital.	Completed assessment proforma to be made available to the court. Link with other services within the Trust, particularly outpatient services for community sentences, inpatient services for transfer to hospital and the Prison InReach service for remands into custody.
Specialist courts – "mental health courts", "drug courts" and "drug and mental health courts".	Examine the case for a specialist court.
Link between police custody mental health and prison mental health services to inform the reception screen and subsequent assessment/management.	Communication will be afforded a high priority.

This is an eight month pilot service, after which there will be a tendering process for continuing a court liaison and diversion service in the Medway and Eastern and Coastal Kent areas. The pilot will inform and guide the future of court liaison and diversion in Kent, and is likely to highlight the need to expand service provision with greater resources.

Current quality gap

The provision of mental health services to police custody areas in Eastern and Coastal Kent and Medway is patchy. At present, there is no dedicated commissioned police custody liaison/diversion service, leaving community mental health teams to attempt to provide this service, with wide variations in resource allocation and success.

Interested parties	Concerns about quality
Patients	Access to care and treatment Appropriate treatment Supportive intervention
Providers	Providing excellence Improving clinical outcomes Reducing untoward incidents
Commissioners	Efficiency Value for money
Fellow professional groups - Magistrates - Forensic nurse practitioners - Forensic medical examiners - Police - Probation service	Inappropriate disposal in criminal justice system because of a lack of diversion options Lack of information about a detained person's mental state Risks associated with continuing detention
General public	Confidence

"Hub and spoke" structure

The "hub" of this structure will be the KFPS base in Maidstone and the "spokes" police custody suites in each of the areas served.

Resources

Four forensic community psychiatric nurses (FCPNs) at Band 6. They will be supported by a consultant forensic psychiatrist. There will be a team secretary. Office resources and interview facilities will be needed at KFPS base and in each of the police custody suites. The ability to travel in a timely fashion between sites is essential for clinical staff.

This model will be commissioned according to police custody area, as follows:

Eastern and Coastal PCT area:

- One forensic community psychiatric nurse (FCPN) whole time equivalent (WTE), Canterbury and Swale
- One forensic community psychiatric nurse WTE, Thanet and Dover
- One forensic community psychiatric nurse WTE, Ashford and Folkestone

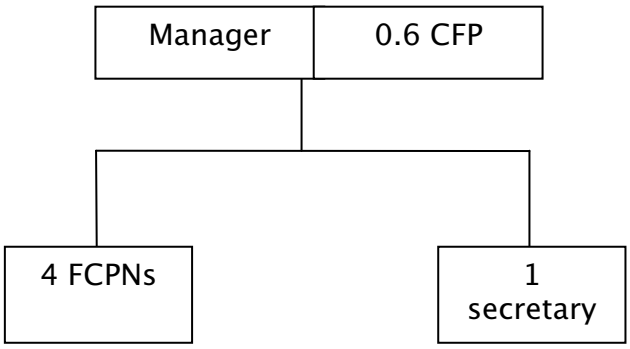
0.4 WTE consultant forensic psychiatrist.

Medway PCT area:

- One forensic community psychiatric nurse WTE, Gillingham

0.2 WTE consultant forensic psychiatrist

Staff organisation



Referral criteria

Any person detained in police custody who is suspected of having a mental health problem (including learning disability) that requires assessment.

1. Persons aged 18 years and over that are identified by the custody sergeant or forensic nurse practitioner as requiring a mental health assessment across the spectrum of need.

2. Persons detained in police custody during any point of the arrest, interview or detention period who are exhibiting evidence of mental disorder (including learning disability).

3. Information obtained from the person detained that indicates the need for further investigation and enquiry.

4. Persons detained in custody who indicate that they have been recently receiving a mental health service and / or learning disability support within the community.

5. History of self-harm and/or attempted suicide either in the community or during a previous or current period of detention.

6. Individuals who appear to have a dual diagnosis (drug/alcohol diagnosis and other mental/behavioural disorder diagnosis).

Exclusions

People aged 17 years or under
People not detained in police custody suite settings

Proposed referral sources - police custody areas

Custody sergeants

Forensic nurse practitioners

Forensic medical examiners

Defence solicitor

Operating schedule

This service will operate Monday to Friday 8am – 4pm (excluding public holidays).Last referrals are accepted for assessment at 2pm after which telephone advice will be available until 4pm. It will concentrate on providing a liaison and diversion service for recently arrested defendants detained in police custody, before their appearance in court. The coordinating FCPN will telephone each police custody area every morning in order to prioritise work. They will visit each custody area to make assessments and screen other detained people in order to increase the opportunity to detect mental health problems and intervene appropriately. This may involve the provision of advice to custody staff or performing an assessment. They will have the benefit of a laptop computer with Trust intranet access, to enable examination of the electronic patient record's using the ePEX system.

Following assessment, the FCPN will prepare a standardised report, a copy of which is provided to appropriate agencies to enable referral. They will liaise with health care and social services in the statutory and non-statutory sectors to manage the health care and social needs of detained people. They will refer detained people to inpatient and outpatient mental health services according to their clinical needs. They will provide reports for care providers and a brief typed report for the magistrates court, where appropriate, observing usual rules of confidentiality.

The FCPN will refer detained people to the local AMHP and psychiatrist when detention under the Mental Health Act appears to be necessary. They will liaise with secondary care services within Kent and Medway NHS and Social Care Partnership Trust, particularly crisis, inpatient, intake and assertive outreach clinical teams, to enable provision of high quality joined-up mental health care. FCPNs will maintain accurate and timely clinical records using the electronic patient records.

FCPNs and the team secretary will maintain accurate statistical information and assist in the development of evaluation and auditing processes using a service database to ensure best practice and scoping for a recurrent service. As well as recording outcome on the day of the assessment, the service will explore longer term outcomes. It will implement user and partner service evaluation measures.

FCPNs will engage in the Trust's supervision and appraisal procedures and participate in continuing professional development and mandatory training. They will provide training for police custody staff.

The FCPN will discuss individual cases with the consultant forensic psychiatrist where an assessment under the Mental Health Act appears necessary and there is a specialist need. The consultant forensic psychiatrist will contribute to the clinical and risk assessment and management, and consider compulsory treatment under the Mental Health Act where indicated.

The service will not be responsible for carrying patient caseloads and will discharge its responsibility for the detained person following assessment, reporting, liaison and information sharing. However, FCPN's may liaise with mental health services to assist in guiding an individual's onward care pathway.

Roles and responsibilities within the police custody suite

Key: DP – detained person

Forensic CPNs:

- CPNs will undergo a CRB check and any other verification necessary before access to police premises is granted.

- CPNs will, at all times, display appropriate photographic identification.

- CPNs must report to the custody sergeant upon arrival and must notify them before leaving the custody suite.

- CPNs will, at all times, comply with the instructions of the custody sergeant.

- CPNs may only access the areas of the building for which explicit permission has been granted – other areas remain strictly prohibited.

- The CPN and the custody sergeant will assess any risks involved in the assessment of the detainee. The sergeant may deem that an interview or particular form of interview is not appropriate at that time and alternative arrangements will be agreed.

- CPNs can access custody records (front sheets only) and consult with clients in the interview rooms or medical room (if agreement has been sought from the Forensic Nurse Practitioner). A request should be made to the custody sergeant for the client to be taken to a room. Where there is no room available, a consultation may be carried out in the cell but only in agreement with the custody sergeant and in the presence of police staff.

- Results of CPN assessments will be documented and added to the Detained Person's (DP) custody record which will include further action/treatment/referral dates/risks etc.

- CPNs must not administer medication to any Detained Person

- CPNs must accept that the custody environment has inherent dangers and therefore should take all reasonable steps to protect the safety, not only of themselves, but others.

- Security is the responsibility of all of those working in the custody team. Particular care should be taken when leaving the custody suite to ensure that no-one else is able to leave the area before the door is closed.

- CPNs must disclose immediately to the custody sergeant any information that is disclosed by the detainee, or is otherwise apparent to the CPN, ***relating to the risk of harm to the detainee or any other individual e.g. child protection matters.***

- CPNs will not forward information received from Kent Police custody records to other agencies or parties without the permission of Kent Police.

- CPNs should brief the custody sergeant about any outstanding or arising matters before leaving custody.

- CPNs can use mobile phones at the discretion of the custody sergeant. It may be necessary to leave the custody suite to make a call.

- CPNs will not supply prisoners with **any** items whatsoever without the permission of the custody sergeant.

- CPNs will ***not*** allow the DP access to mobile phones or landlines, or carry messages from one prisoner to another.

- CPNs are responsible for their own personal possessions whilst in the custody area.
- CPNs must ***never*** leave a detainee unsupervised.
- CPNs must provide custody staff with a telephone number whilst outside the custody suite.
- CPNs are expected to take part in joint training events and attend briefings where appropriate, with police officers and staff, to promote a shared understanding of this project and to focus on performance improvement.

Police custody staff:

- The custody sergeant will identify DPs suitable for referral using the two headings under the Genesis Risk Assessment process:
    1. 'Do you suffer any mental health problems, nervous disorder or depression'
    2. 'Have you ever tried to harm or kill yourself'
- Additionally, the custody sergeant has discretion to make a referral, for example from observation of a DP's presentation and behaviour.
- The custody sergeant will place a copy of the Genesis front sheet containing the detainee details in the allocated tray in custody.
- If a detainee has been arrested out-of-hours and would clearly benefit from being seen by a CPN, then a copy of the Genesis front sheet containing the detainee details should be placed in the tray for the attention of the CPN.
- The custody sergeant will instruct the CPN on all safety aspects of working within the custody suite, its inherent dangers and the obligation of the CPN under PACE and health and safety.
- The custody sergeant will allow the CPN access to all appropriate detainees and their custody records (front sheets only), except where the custody sergeant decides that it is inappropriate for the detainee to be seen at that time. Custody staff will make the required entries on the prisoner's custody record.
- The custody sergeant will provide the CPN with suitable accommodation for conducting consultations with detainees, wherever possible.
- The custody sergeant must be aware at all times of the whereabouts of the CPN in the custody suit.
- Custody staff must respect the confidentiality of any conversation between the CPN and the detainee – the CPN is expected to disclose information that may relate to the risk of harm to the DP or any other individual (eg child protection matters)
- Where risks are highlighted by the CPN the custody sergeant must ensure Genesis markers and information section are updated as soon as practicable.
- Custody staff are expected to facilitate joint training between police, detention officers and the CPN.

Complaints

In the event of a formal complaint being made against a specific member of staff operating within the framework of this protocol, the procedures to be followed will be those of their employing agency or organisation of the member of staff being complained about.

If a general complaint is made in respect of any of the working practices or procedures highlighted within this agreement it should be referred immediately to a line manager from any of the stakeholder agencies who will then be responsible for meeting the initial needs of the complainant. If necessary the complaint can then be discussed with line managers from each agency to determine the most effective course of action.

Compliance and management

Any problems encountered in operational delivery should, in the first instance, be brought to the immediate attention of the custody manager of that BCU. Out of hours they should be referred to the officer in charge of the relevant custody suite, who will seek to resolve the matter and then, if necessary, refer it, at the first opportunity, to the custody manager.

Quality and cost

The provision of this service will increase costs in the short term, as new resources are needed. However, it is likely to reduce cost in the longer term for the health economy, by putting patients in contact with appropriate services at an earlier stage, and diverting patients to hospital sooner. There may also be reduced cost in avoiding SUIs. There may be external cost savings in terms of prosecuting offenders and imprisonment (approximately £50000 per prisoner annually). A successful service will also prevent erosion of public confidence in the reputation of the Trust. It will improve clinical and personal outcomes.

This is entirely consistent with the "prevention-appraisal-failure" model, in which prevention costs rise and failure costs fall. This service will improve dimensions of quality described by Berry ***et al*** (1985) in terms of improving reliability, responsiveness, competence, and credibility.

Requirements for success

The service will need to have the following components:

- Adequate resourcing by commissioners and support by top management at the Trust.
- An organisation-wide commitment to quality, working to meet Standards for Better Health.
- A patient focus, with equity in access and care.
- Approval by, and engagement from, CMHTs in Kent and Medway.
- Co-operation between the police custody liaison and diversion service and CHMTs.
- Ensuring that the service provided meets the requirements of all interested parties.
- Pursuit of continuous improvement through evaluating clinical management.

Expected benefits to service users and local health economy

- Diversion of people with Mental Health problems, away from prison custody into appropriate care and treatment.

- Early identification and support for people, reducing the risk of them committing a serious offence and/or deterioration in their mental state.

- Early detection of psychosis, to enable early intervention.
- Improved partnership working between local mental health services and criminal justice services.
- Information for magistrates for their decision making.
- Reduction in the rate of re-offending as individual's health and social care needs are better met.
- Improved public protection and risk management of dangerous offenders.
- Reduction in the number of people transferred from prison to hospital under the Mental Health Act 1983.
- Reduction in barriers, stigma and myths surrounding mental health problems.
- Engagement of family members where there has been a breakdown in relationships.

Expected outcomes

- Increase in number of people referred to mental health services from police custody areas.
- Timely availability of specialist assessment and liaison/diversion for detained people.
- Improved health outcomes for offenders with mental health problems.
- Improved access to services for hard to reach communities and promotion of the social inclusion agenda.
- Availability of mental health professional assessment, triage and information about offenders' mental health before their appearance in court.
- Services will be accessible for people with a learning disability.
- Early intervention and mental health promotion.
- A mental health aware police staff team via training.
- Reduction in chaotic repeated minor offending by people with mental disorder by facilitating their engagement in health and social care interventions.

Clinical targets

The key clinical targets for the service are provided here with measurable outcomes.

Target	***Outcome measure***
Demonstrate patient satisfaction with the service provided to them	Patient satisfaction survey; survey of compliments and complaints

Improve the mental health of secondary care patients and promote recovery Improve access to and outcomes from other services for patients not provided ongoing secondary care	Assess clinical progress and apply clinical instruments at first contact and after six months for individuals provided aftercare by Trust services: Compulsory: Health of the Nation Outcome Scale (HoNOS – adult working age) Optional: Brief Psychiatric Rating Scale Obtain feedback from services to whom patients are referred.
Improve secondary care patients' clinical risk profiles	Examine CPA4 "Mental Health Risk Assessment" at first contact and after six months for existing patients of the Trust.
Reduce SUIs, other incidents and "near misses"	Obtain information regarding incidents and "near misses" from Trust reporting mechanisms
Reduce arrests	Explore arrest data by liaison with Kent Police

Required outcomes (defined by commissioning)

Required outcome	Measure
Partnership working: Positive and effective partnership working between the service and local CMHTs, Assertive Outreach Teams, Trevor Gibbens Unit, DVH and Willow Suite PICUs, Drug Intervention Programme Workers, MAPPA, voluntary sector agencies, Probation Services, Magistrates	Clear recording of communications between other agencies and service activity reporting.

Courts and Kent Police.	
MAPPA: adherence to National MAPPA guidance	Record keeping and evidence of effective communication with MAPPA.
Information sharing: Effective information sharing with internal and external key stakeholders	Evidence of timely, written information sharing and individuals' health and social care outcomes and criminal justice disposals.
Key stakeholder training: To provide mental health and learning disability awareness training to Police Custody Suite Officers based in Magistrates Courts across ECK and Medway PCT, Security Guards placed at Magistrates Courts and Police Custody Suite Officers.	Evidence of training provided
Provision of mental health and / or learning disability assessments: To provide summaries of assessments of mental health and / or learning disabilities to Police Custody Sergeants for use in advising criminal justice proceedings. Where appropriate these summaries will be made available to Magistrates Courts and Probation Officers for information.	Evidence of quality of written assessments and who copied to / shared with (i.e. share standard format of report.)
Signposting onward: When appropriate the service must provide a signposting service to individuals with regards access to appropriate services i.e. correspondence to GP's, local CMHT's requesting a referral for assessment and treatment. If an individual is in crisis and requires urgent assessment and treatment during a mental health crisis episode the service will oversee the transfer and admission of the individual until the person leaves the Police Custody Suite.	Activity data, evidence of written correspondence and individual outcomes
Information about the service: Users will be provided with clear information about the role and function of the service and team members. This will be available to carers (i.e. police custody officers, prisoner custody officers).	Users will be provided with clear details of referrals. Leaflets and information will be provided in custody areas for custody officers and DP's. Evidence of availability of clear information.
Staff training: All staff will have an appraisal/PDP which is reviewed at least annually and which addresses their needs and the wider needs of the service to ensure a motivated and skilled staff base.	Audit of appraisal/PDP/training.
Information systems: The service must have information communications technology to support clinical care and performance activity monitoring	Appropriate IT system in place.
The information system will comply with the requirements of the Mental Health Information Strategy, the Caldicott Report in regard to confidentially and enable the Mental Health Minimum Data Set to be collected	Reports available via EPEX reporting

Service policy in place for recording and following up serious and untoward incidents	Evidence of policy

The service must, on request, provide evidence to demonstrate compliance with all statutory requirements including:-

- Mental Health Act 1983 and any amendments thereof
- NHS Community Care Act 1990 and associated guidance
- Health and Safety requirements
- Care Programme Approach
- NHS Complaints Procedure

Measurement of service (defined by commissioning)

Activity

The following activity dataset must be made available to the Secure Services Commissioner in the final Pilot Programme Evaluation Report in April 2010:

- Total Number of referrals to liaison service by Police Custody Suite
- Number of inappropriate referrals by Police Custody Suite
- Number of referrals by ethnicity
- Number of patients assessed by Forensic CPN
- Number of patients assessed by Consultant Forensic Psychiatrist
- Number of onward referrals made (following assessment) by service type: e.g. PICU, MSU, primary mental healthcare, housing, GP for physical health, Drug Intervention Programme, Intake team, voluntary sector (i.e. Mind, Domestic Violence Intervention Programme for Perpetrators, Anger Management Programmes).
- Number of individual assessments distributed by type of key stakeholder (i.e. to Magistrates, Probation, CMHTs)
- Evidence that describes how assessments were used by key stakeholders and impact on individuals (i.e. custodial sentence, released without charge, conditional discharge, community treatment order).
- Description and outcomes of training provided
- Service User and Key stakeholder pre and post outcome measure reports
- Report on number of people still in contact with services after assessment and onward referral and liaison
- Number of people diverted away from custody as a result of mental health / learning disability assessment and liaison
- Waiting times to see practitioner from receipt of referral to initial assessment
- Number of people already under CPA management at time of assessment
- Number of people referred for transfer to hospital under the Mental Health Act 1983

Quality standards

National policy and directives provide details with regards quality standards and must be adhered to. Examples of good practice should also be adopted when developing and delivering the service

The service must have in place the following policies and procedures that are regularly reviewed:

Policy and Procedure Documents	Date last reviewed
Adult Protection	

Care Programme Approach	
Clinical governance	
Complaints	
Confidentiality	
Corporate governance	
Diversity and Equality	
Gender	
Patient / carer experience	
Referrals	
Risk assessment / management	
Untoward incidents (SUI's)	
Violence and aggression	

Suzy Bailey, Bernard Brady, Joseph Kent, Lars Rasmussen
Forensic Community Psychiatric Nurses

Michael Kingham, Consultant Forensic Psychiatrist

Alan Stewart, Manager, Community Services

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Kent & Medway Care Programme Approach CPA 1

REGISTRATION/SCREENING/ADMISSION/CHANGE OF DETAILS FORM *

*delete as appropriate

Ward/Team: **Date and time of receipt of referral:** Date: Time: **(**24hrclock**)**

Previously known: Yes No **Method of Referral:** Post Fax Email Phone Caller/Office

Care Group receiving referral: AMH OPMH LD CAMHS Other Specify

First seen by MH services (anywhere) date:

NHS number:			Social Services ID number:
Title:	Forename(s):	Surname:	Alternative names(s):

Present address: Postcode: Contact number:			Usual place of residence: Postcode: Contact number:
DoB:	Estimated:	Gender: M F	Lives alone: Y N
Religion:	Employment status: School attended:		Marital status:

Ethnic group (Tick one box only)

White British ☐ Irish ☐ Any other white background ☐ (Tick and specify)	Asian or British Asian Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian background ☐ (Tick and specify)	Black or Black British Caribbean ☐ African ☐ Any other black background ☐ (Tick and specify)
Other ethnic groups Chinese ☐ Any other ethnic group ☐ (Tick and specify) Not stated ☐	Mixed White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed background ☐ (Tick and specify)	Main language: Interpreter required: Y ☐ N ☐

Registered GP: Address: Contact number:	Consultant/RMO: Address: Contact number:
Referred by: if not GP above:	Contact Number:
Allocated to: Profession: Worker ID: Allocated date: Assessed date:	
Form completed by: Supervisors name: Signature: Supervisors signature: Closure date:	

Named significant other/carer: Relationship: Address: Contact number:	Duty Room only: Ongoing: Action completed Code: Responsibility code: Referral requested by Code (SSD)	Referral data input **Initials: Date:** Allocation data input **Initials: Date:** All data input to computer **Initials: Date:**

Drug Sensitivities/Allergies **Signed: Date:**	**Psychosocial Sensitivities (eg: not informing or contacting certain persons)** **Signed: Date:**

SCREENING INFORMATION

Client Name:

Information from referral:
Is named significant other/carer aware of referral/admission? Yes ☐ No ☐

Is client aware of referral? Yes ☐ No ☐	
Risk factors: (include homelessness) Yes ☐ No ☐ Comment:	
Provisional diagnosis: Yes ☐ No ☐ Comment:	
Medication (Including length of time prescribed): Yes ☐ No ☐ Comment:	
Duration of current difficulties: Comment:	
Psychological factors (emotional, interpersonal, cognitive, behavioural) which may require Psychological assessment: Yes ☐ No ☐ Comment:	
If previously known to the service give details here:	
Summary of screening evidence:	
Further information required? Yes ☐ No ☐ Comment:	

Client Name:

Client status:
Eligibility criteria met: Yes ☐ No ☐

Which level: A ☐ B ☐ C ☐ D ☐ E ☐ X ☐

CPA level – Standard	☐	Section 117	☐
CPA level – Enhanced	☐	Supervision Register	☐
Supervised Discharge	☐	Guardianship/Section 7	☐
Other Mental Health Act Section	☐		

Referral: Accepted ☐ Comment:
Declined ☐

Immediate action:

Contact as:		Fast track to:	
Emergency	☐ Response within 4 hours	CRHT/MIST	☐
Urgent	☐ Response within 24 hours	Enhanced Team/Assertive Outreach	☐
Routine	☐ Proceed to	Tertiary/Rehabilitation Services	☐
allocation –	Response within 7 days, Seen within 3 weeks	Specialist Psychotherapy Services	☐
		Initiate Mental Health Act assessment	☐

For Psychiatrist only:
Diagnosis (ICD 10):

Primary	☐	1st ◦ secondary	☐
Subsidiary	☐	2nd ◦ secondary	☐

Informed of outcome:	Verbally	In writing	By whom	Date
Client	☐	☐		
Referrer (if appropriate)	☐	☐		

Nearest Relative (as defined under the Mental Health Act):

Relationship:

Address:

Contact number:

Care Co-ordinator:	Covering worker:
Profession:	Profession:
Contact number:	Contact number:

Other professionals involved ***(including named nurse for In-patients)***:

Name	Profession	Contact number

Mental Health/Needs Assessment Form

Police Custody Liaison and Diversion Service

Client name: **NHS No:** **SSD No**

People present at assessment:	**Date of assessment:** **Place of assessment:**

IDENTIFY ANY RISKS ASSOCIATED WITH CLIENTS' NEEDS IN EACH CATEGORY –
ALSO STATE CLIENT'S STRENGTHS AND OWN COPING STRATEGIES

Major recent events: *time of referral, reason for referral, time of assessment, current alleged offence, custody area, circumstances, note info from custody records if any)*

Mental health problems, include:

Mood (dsh etc):

Sleep:

Diet:

Cognition:

Past Psychiatric History:(previous/current contact with health services)

Psychological Factors:

Treatment:

Admissions:

Possible Precipitating Factors:

General health, include:
Physical Illness:

Allergies:

Use of Alcohol/Drugs(type, frequency, amount, duration, effect, withdrawal, maintenance medication):

Baseline Observations:

Medication:

Details:

Compliance:

Dependence:

Side Effects & Sensitivities:

Personal and family relationships and history: (Including social networks, dependants/children. State ages of children and caring arrangements, names of schools attended) **Dependent children:** **Social Networks**:
Children: Is this a "Child in Need" of an assessment for Children's services? Yes/No Is this child a Carer? Yes/No Are there issues of risk or Protection? Yes/No (NB – you can call the local Children's Duty Team and request a Telephone Consultation to help you decide how to proceed) Referred to: Date: Alert complete? Yes/No N/A Date completed Details:
Adult Protection: Issues: Yes/No/ N/A Reported to: Date: Alert complete? Yes/No/ N/A Date completed Details: **Appropriate adult needed: Yes No?**

Forensic history: **(***Probation details, mappp, conviction record, history of offences, disposals)*
Housing and environment: (include social agencies record/ contact) **Housing Issue?** **Being Addressed?**
Occupation, training, leisure and education: **Are there issues?** **Are they being addressed?**
Financial, Advocacy, Legal: **Full benefit entitlement?**
Social skills: (Communication skills and interaction)
Self care, mobility and daily living:
Culture: (Consider gender, diet) **1st Language:**

Spiritual needs :
Early warning signs of relapse:
Summary of key events:
Summary of assessed need:
Appropriate to refer for assessment for AOT. **Yes/No** (Referral to CMHC/T, Referral for Mental Health Act assessment, Referral for hospital admission, Referral to other service, referral to crisis intervention,)

Form completed by:
(Please print name)

Signature:

Profession:

Date:

Name of client:	**DoB:**
CPA level:	**NHS Number**
Date of assessment:	
Location of assessment:	

1. Risk of suicide or self-harm?:	**ANSWERS Past/ Past & Present/Present/None**
Minor self-harm without significant risk to life or health	
Suicide threats or gestures	
Serious contemplation/planning of suicide	
Attempted suicide	
Comments:	

2. Risk of harm to others?: (Including children, staff, and the public)	**Past/ Past & Present/Present/None**
Violence towards others	
Aggression without violence eg threats, verbal aggression	
Fantasies of violence expressed	
Known to possess dangerous weapon(s) eg firearms, combat knife	
Arson/fire setting	
Comments:	

3. Risk of self-neglect/exploitation/abuse by others?:	**Past/ Past & Present/Present/None**
Self -neglect	
Inability to recognise hazards	
Difficulties with activities of daily living	
Vulnerable to exploitation or abuse (financial/sexual/physical)	
Comments:	

4. Sexual risks?:	**Past/ Past & Present/Present/None**
Rape, indecent or sexual assault committed	
Sexual behaviour towards children	
Non-violent sexual offences eg inappropriate sexual behaviour	
Fantasies of engaging in any of the above expressed	
Comments:	

5. Substance/alcohol misuse?:	**Past/ Past & Present/Present/None**
Intravenous use	
Multi-drug/chaotic use, including prescribed medication	

Psychiatric risks are seriously exacerbated by abuse of drugs or alcohol	
Other:	
Comments:	

6. Forensic Information:

7. Children – if risks to children identified please answer the following:

Is this a "Child in Need" of assessment for Children's services? YES/ NO

Is this child a Carer? YES/NO

Are there issues of risk or Protection? YES/NO

(NB you can call the local Children's Duty Team and request a Telephone Consultation to help you decide how to proceed.)

Referred to:
Date:
Alert complete?
Date completed:
Details:

CONSIDER THE IMPACT OF THE FOLLOWING FACTORS IN RELATION TO RISK BEHAVIOUR:

YES/NO	**The client has a diagnosis or history of severe mental illness**
YES/NO	**The client is experiencing major life stresses (consider debt, isolation, bereavement, feelings of guilt or hopelessness, physical illness)**
YES/NO	**A recent discharge from a mental health unit**
YES/NO	**Client is refusing medication/relapsing/disengaging with Mental Health Services**
YES/NO	**Client is currently homeless or in major housing need**
YES/NO	**Impaired driving**
YES/NO	**There are other factors indicating the need for repeated risk assessment eg discrepancies or gaps in information – or specialised risk assessment**
COMMENTS:	

Analysis/summary of risk assessment: **West Kent staff refer to CLIN.GOV.35.01 Policy on Communicating Risk to Other Agencies)**

Immediate action to manage risk: (To be reflected in the care plan. If client's children are in need or at risk, contact SSD)

Appendix C

Who notified	How	Date

Name(s) of assessor(s): **Profession of assessor(s):** **Signature(s) of assessor(s):**

Is client aware of the above action plan?

If no, give reasons why:

Date of review: **Reviewer's Signature:**

Kent and Medway NHS
NHS and Social Care Partnership Trust

Kent Forensic Psychiatry Service
Pilot Police Custody Liaison and Diversion Service
Eastern and Coastal Kent and Medway

COURT REPORT

This Report is prepared by a Forensic Community Psychiatric Nurse and is based on an interview with the detained person in Police Custody with access to limited background information. It is **CONFIDENTIAL** and its contents should not be disclosed to a third party beyond Officers of the Court without reference to the author. Unless otherwise indicated, the information in this report is derived from the detained person at interview.

Name of D.P:	**D.O.B**
Address:	**Time/Date:**
Police Custody Area:	**Court:**
Assessed By/Designation:	**Where Assessed:**
Reason for Referral and Alleged Offence:	
Presentation:	
Relevant Psychiatric History:	
Clinical Opinion:	
Clinical Recommendation: *(Referrals, Signposting, Risk, Management Plan):*	
Signature:.....	**Print Name:**.....
Consent Given by Detained Person **Please provide a copy of this report to Officers of the Court present at Hearing: Clerk, Magistrates, Probation, Defence, Prosecution, Defendant.**	

Kent and Medway NHS
NHS and Social Care Partnership Trust

Kent Forensic Psychiatry Service

Pilot Police Custody Liaison and Diversion Service

Eastern and Coastal Kent and Medway

RECORD OF CONSENT

I the undersigned give consent to …… (FCPN Name) preparing a report on my mental condition. I understand that the purpose of this report is to assist the Police/Court and treatment providers in meeting my mental health needs.

I understand and confirm that the usual rules of medical confidentiality do not apply, and the contents of this report will be available and shared with the relevant professionals, verbally/electronically and data may be used anonymously for service and capacity planning.

Dated ……

Name……**Signed**……

Dated……

Witnessed by…… **Signed**……