PROVISION OF NORTH CUMBRIA FORENSIC OUTREACH CLINICS FOR CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST

Document Summary

To ensure that practitioners within Cumbria Partnership NHS Foundation Trust are aware of the arrangements in place to assist Multi disciplinary teams in North Cumbria to assess and manage Mentally Disordered Offenders, who are currently resident in North Cumbria, either in the community or within hospital units.

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MONITORING REPORT	Annually in March of each year
ACCOUNTABLE DIRECTOR	Director of Quality and Nursing
POLICY AUTHOR	Development Officer for Mentally Disordered Offenders

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments

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1. INTRODUCTION

As part of the consortium arrangements with the Specialist Forensic Services, two Forensic Outreach Clinics operate in the North Cumbria NHS Clinical Commissioning Group area, covering East, West and North Cumbria. There are separate Forensic Clinic arrangements for South Cumbria.

Clinics

1.1 Adult Mental Health Clinic is provided by St Nicholas Hospital Adult Forensic Service. This clinic runs once a month at the Carleton Clinic, Carlisle and as demand requires (but no more that bi monthly) at the Psychiatric Unit of West Cumberland Hospital. Each clinic is administered by a Practitioner in the relevant Community Mental Health Team, on behalf of Cumbria Partnership NHS Foundation Trust. There should be flexibility between the two clinics to meet the demands of the required appointment times for patients.

1.2 Forensic Learning Disabilities Clinic provided by Northgate Forensic Services at Morpeth, Northumberland and administered by the team secretary of the Learning Disabilities Team based at Cedarwood, Carleton Clinic.

The purpose of the clinics is to assist Multi disciplinary teams in North and West Cumbria to assess and manage Mentally Disordered Offenders, who are currently resident in North Cumbria, either in the community or within hospital units

The referral form for urgent forensic access assessment can be found in Appendix M of the Cumbria Mentally Disordered Offenders (MDO) County Protocol

In this context Mentally Disordered Offenders includes those patients who demonstrate violent or potentially violent behaviour including verbal threats to others, which have been referred or liable to be referred to the Criminal Justice System. It also includes patients who have in the past committed serious offences or show a potential for other serious offences. Such serious offences will include sexual offending, arson, kidnap, harassment, threats to harm etc.

It must be stressed, however, that many Mentally Disordered Offenders have forensic histories, which do not require the intervention of Specialist Forensic Services. Access to Specialist Forensic Clinics will be through the relevant Clinics Administrator and fully outlined within the referral process of this document.

Definition

Mental Disorder includes

- Adults suffering from severe and enduring Mental illness who are subject to CPA or a Care/Risk Management Plan
- Adults with a severe personality disorder who are subject to CPA or a Care/Risk Management Plan
- Adults with Learning Disabilities
- Adults with acquired brain injury (where the patient is receiving a service within Mental Health Services)

2. REFERRAL PROCESS

Referrals to the Clinics in the first instance should be sent to the relevant local Administrator and the following procedure will apply

- Referrals to the clinics will not be accepted in cases where there is no active involvement by Secondary Mental Health or Learning Disability professionals within Cumbria.
- Mental Health Clinic appointments will be coordinated by the clinic administrator and any change to clinic appointments or times must be through the relevant clinic administrator.
- Learning Disabilities Clinic referrals will be made by either the Consultant Psychiatrist in Learning Disabilities, the Clinical Director for Learning Disabilities or the Senior Community Nurse (Forensic Learning Disabilities). Any change to clinic appointments or times must be through the clinic Administrator.
- Referrals will be submitted from the Multi disciplinary team involved in the management of the Mentally Disordered Offender and the identified Care Coordinator/RC/Ward Manager from the team should take responsibility for forwarding the referral to the relevant administrator.
- Where it is agreed at a multi disciplinary team meeting, case conference or other multi agency forum that a forensic assessment is required, the meeting/forum will identify the professional responsible for making the referral.
- The administrator will forward the referral to the Lead Forensic Clinician for the relevant clinic who will in turn decide which professionals from the Forensic team will attend the clinic. Appointments at forensic clinics will be made within 20 working days after the decision for referral is made.
- The referral should state whether forensic psychiatric or forensic psychological assessment is required or both.

2.1 Referral Information

Referrals should contain as much information as possible and the referral papers must include the following;

a) Name, address, date of birth and GP of patient
b) A concise summary of reasons for referral.
c) Name and address and telephone number of referrer
d) Current CPA, Care Plan, relevant risk assessment and relevant criminal history and if subject to MARE, minutes from all MARE meetings
e) Historical Information, Social History and details of RC and Care Coordinator for referral.
f) Details of other agencies/professionals and circumstances of their involvement with the patient.
g) Referrers expectations of assessment outcome i.e. risk assessment, case management, therapeutic interventions etc.
h) **The following four questions (2.1.1 – 2.1.4) must be addressed in the referral**

2.1.1 Should the person be admitted to hospital?

- Is the person detainable under the Mental Health Act?
- What are the (provisional) diagnoses?
- Can these disorders be treated effectively and safely in the current setting?
- Is there more effective treatment available in a hospital setting?
- Is that treatment likely to be effective for this particular patient and are they likely to engage?
- Will there be any potential increase in risks to the individual associated with admission to a secure hospital?

2.1.2. What level of security is required?

Recent Risk Behaviours

<u>Violence</u>

A. Seriousness
   i. Risk of serious harm
   ii. Use of weapons
   iii. Evidence of planning/premeditation/revenge
   iv. Evidence of excessive violence/sadism/torture

B. Imminence, including
   i. Whether mental state & situation now are the same as at the time of previous violence

Fire setting

i. Seriousness
ii. Imminence

Sexually inappropriate behaviour

i. Contact/non-contact
ii. Relationship to mental health

Self harm

i. Seriousness
ii. Imminence

- **Past Risk Behaviours**

i. Violence
ii. Sexual violence
iii. Subversive behaviour
iv. Absconding/escaping
v. Drug use
vi. Fire setting
vii. Self harm
viii. Self-neglect
ix. Coercive behaviour

} Consider the frequency of each behaviour, relationship to mental health, and the setting in which each have occurred, especially noting previous periods of hospitalisation at a specified security level

- **Victim Issues**
  a. Note any individuals at risk, or types of individuals at risk
  b. What is the immediacy of risk to these individuals (in the event of escape for example)
  c.
- **Publicity/Public Confidence Issues**
  a. Media profile of individual or nature of (alleged) offence
  b.
- **Legal Status**
  a. Remand or sentenced? Prospective release date
  b. Current mental health Act Status
  c. Current charge or offence

2.1.3. How urgent is the admission?

- Severity of current mental disorder
- Stability of current mental disorder
- Degree of treatability in current setting
- Immediacy of risk of suicide or serious self-mutilation
- Risk of absconsions or escape from current placement
- Current physical health, including dietary intake
- Legal requirements (release date approaching, court order already in place)

2.1.4 What are the initial assessment/treatment needs?

- Overall initial objective of admission, immediate needs and initial treatment pathway plan.
- Initial pharmacological treatment needs
- Initial nursing observations and supervision needs
- Other specific initial risk management measures
- Security needs
- Adult protection/vulnerable adult issues
- Child protection issues
- Initial visitors to be approved (or specifically excluded). Consider necessary restrictions on telephone use
- Communication needs
- Cultural/ Faith/ Diversity needs. Dietary needs
- Physical health needs
- Service user choice about the geographical location of hospital e.g. close to home
- Potential discharge routes

Expected Outcome

The Access Assessment process will be applied consistently by all providers and will identify the least restrictive care environment that will appropriately and safely meet the assessed needs.

2.2. Learning Disabilities referrals must be made using the standard form and contain the information outlined above.

3. CLINICS

Consultations at the respective clinics can take place with

i. Clients and patients
ii. Health & Social Care professionals
iii. Multi disciplinary teams, including Probation staff if subject is being managed on a Court Order by an Offender Manager.
iv. Carers
v. A member of the Subjects Care team should be present at the assessment preferably the subjects RC and Care Coordinator/Key worker

- It is expected that in most cases the Forensic clinics role is to offer advice to the attendees/multidisciplinary team.
- Following consultation at the clinic a completed assessment report should be sent to the referrer and any recommendations should be included in the subjects care/risk management plan. The patients care plan should be amended by the patients care coordinator/RC.
- Where the Forensic assessment indicates a changed degree of risk it is imperative that the risks are relayed verbally to the referrer as soon as practicable, and also in writing within 7days, in order that

the Care Coordinator/RC can adjust the patients care plan.

- Non-urgent written reports should be received by the referrer and clinic administrator **within 14 days of the assessment**.
- Management and clinical responsibility will always rest with the Multi disciplinary team in Cumbria; the only exception to this is where a client/patient is admitted as an inpatient to a Forensic Unit. In due course when that client/patient is discharged primary management responsibility will revert back to the Multi disciplinary team in Cumbria.
- Where a patient/client is referred to a particular Forensic clinic and after assessment judged to be more suitable for referral to another Forensic clinic (e.g. Adult Mental Health Forensic Clinic to Adult Learning Disabilities Clinic), the Care Coordinator for the patient should refer via the correct referral process to the appropriate Clinic. In the event of any difficulty in relation to referral, the Care Coordinator should call a case conference to determine which is the most suitable discipline for that patients needs.
- Once the relevant assessing discipline is determined the referral process will be the responsibility of the relevant clinics administrator.
- The Forensic clinics will reserve the right to refuse to work with any case where they feel the care plan is not comprehensive in addressing all the risk factors involved, or, if they feel that their advice is not being taken.
- The Forensic team will not be responsible for any consequences if their advice is not followed.

4. URGENT ASSESSMENTS

Where the Cumbria Multi disciplinary team refer a patient/client into a relevant Forensic clinic and that clinic is full, a decision will have to be made whether a referral is made to the next available clinic.
Where the patients needs are urgent, telephone contact should be made with the Clinical Lead (or deputy) at Newcastle, North Tyneside and Northumberland NHS Trust, at St Nicholas Hospital, Newcastle (in the case of Mental Health Forensic Clinics) and the Forensic Services Case Manager (or deputy) at Northgate Hospital, Morpeth (in the case of Learning Disabilities Forensic Clinic).

5. SECURITY

Security in relation to patients and staff will be the responsibility of Cumbria Partnership NHS Foundation Trust.

6. AUDIT

- Administrators of each clinic will collate the following information for audit
    a) Number of clinics held annually
    b) Number of patient/clients referred
    c) Number of patients/clients assessed
    d) Average wait for appointment
    e) Number of assessment reports received in timescale

- The above information will be submitted to the Development Officer for Mentally Disordered Offenders for Cumbria by 31st March each year, in order that NHS Cumbria Clinical Commissioning Group Commissioners and the Forensic Services Development Group can be appraised of the service requirements and effectiveness of the clinics.

7. CONTACT PHONE NUMBERS

Administrators - Mental Health Forensic Clinics

Carlisle CMHART:	01228 603873
Eden CMHART:	01768 245505
Allerdale CMHART:	01900 705264
Copeland CMHART:	01946 853350

North Cumbria Administrator - Learning Disabilities Forensic Clinic

Secretary, Community Learning Disabilities Team Carleton Clinic	01228 603189

Forensic Case Managers/ Clinical Leads

St Nicholas Hospital, Newcastle:	0191 246 7274 (ext. 57274)
Northgate Hospital, Morpeth:	01670 394148
Development Officer for Mentally Disordered Offenders:	01228 608321 or 01228 608343

APPENDIX 1- GLOSSARY OF TERMS

Accountable Director

The Director accountable for the policies within a specific area of responsibility. Also the person responsible for the process or production of specific policies.

Adult

For the purpose of this policy adult means aged 18 to 65 years inclusive

Policy File Holder

Person in charge of the administration systems for policies and procedures in a particular service location.

Policy Author

The person nominated by the Accountable Director to prepare the draft of a specific policy.

RC

Responsible Clinician

CPA

Care Programme Approach

F.A.C.E.

Functional Analysis of Core Environments

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

APPENDIX 2
Forensic Psychiatry Liaison Referral Proforma
(Cumbria Clinic)

Forensic Psychiatry Liaison Referral Proforma (Cumbria Clinic)

Please email completed referral to cpt.mdo@nhs.net

Name of Patient/Service User	
DoB	
NHS Number	
Marital Status	
Ethnicity	
Current Location	
Consultant Psychiatrist(s) Name(s)	
Care Coordinators Name Contact Number: email address:	
Other Key Clinicians and Teams Involved	
GP Name & Address	
MHA Status (including relevant dates)	
Diagnosis	

REASONS FOR THE REFERRAL (including recent causes for concern, urgency and desired outcome

CASE SUMMARY

Background History
(Family/personal/developmental/social history)

Drug and Alcohol History

Previous Criminal History

Past Medical History

Psychiatric History
(Including presenting features, diagnoses, treatments, outcome for each episode)

Recent Mental State Examination

RISK ASSESSMENT

Risk History

(Brief Chronology of all incidents of concern – violent behaviour; violent ideas – consider victims; severity; location; circumstances; precipitants etc)

Current Risk Assessment

Current Risk Management/Treatment Plan
(Include all aspects of treatment such as medication, OT, psychology, social interventions, current monitoring and supervision arrangements, contingency plans etc)

REFERRER(s):

Signature: _____

Print Name: _____

Designation: _____

Date completed: _____

Contact Number: _____

email address: _____

APPENDIX 3 - COMMITTEE / BOARD / GROUP TERMS OF REFERENCE

1	Name of Committee	Criminal Justice and Mental Health Steering Group
2	Connectivity Reports to	N/A
	Committees reporting to this group	N/A
3.	Chairman	Jane Horrocks Joint Commissioner
	Vice Chairman	Chief Inspector Gordon Rutherford Cumbria Police
	Management Lead	Phil Lea Development Officer for Mentally Disordered Offenders (CPFT)
4.	Members of the Committee	County Partner Agencies including Police, Probation, Adult Social Care, CCG, CPS, The Courts, YOS, G4S
5.	Reference No.	POL/001/035
6.	Function of Committee	To ensure a partnership approach to manage Mentally Disordered Offenders who are in the Criminal Justice system or at risk of involvement with Criminal Justice
	Inputs	Cross reference through Steering group and sub Groups and vice versa and then through partner agencies
	Outputs	Cross reference through Steering group and sub Groups and then through partner agencies
7	Quorum	Four
8	Review date for committee terms of reference / structure	Terms of Reference newly ratified ?
9	Frequency of meetings	Quarterly
10	Principal Functions	Partnership working in relation to Mentally Disordered Offenders
11	Basis of Authority	

APPENDIX 4 - AUDIT TOOL GUIDANCE

STATEMENT

The Trust will work towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance regular audits must be carried out. Policy authors are encouraged to attach audit tools to all policies. Audits will need to question the systems in place as outlined in the policy. It is suggested that each policy will list at least ten standard statements which can then be audited in practice and across the Trust.

Provision of Forensic Outreach Clinics for CPFT				
STANDARD STATEMENT			**Yes**	**No**
Statement 1	Administrators of each Forensic Outreach Clinic will collate the following informtion for audit:			
	a) Numbers		✓	
	b) Number of patient/clients referred		✓	
	c) Number of patients/clients assessed		✓	
	d) Average wait for appointment		✓	
	e) Number of assessment reports received in timescale		✓	
	The above information will be submitted to the Mentally Disordered Offenders Officer for Cumbria by 31st March each year, in order that NHSCommissioners and the Forensic Services Development Group can be appraised of the service requirements and effectiveness of the clinics.		✓	

APPENDIX 5 – EDUCATION AND TRAINING NEEDS ANALYSIS AND ACTION PLAN

STATEMENT

All policies will provide clear analysis of the amount of education and training required to ensure compliance. Policy authors will be asked to complete the following table to support submission to the Policy Monitoring Group.

<table>
<tr><td colspan="2">Training Assessed at:</td><td>For which staff</td><td colspan="2">Suggested cost implications</td></tr>
<tr><td>Level A (Green)</td><td>☐</td><td rowspan="2">See training needs analysis below</td><td>No cost</td><td>☐</td></tr>
<tr><td>Level B (Amber)</td><td></td><td>Minimal cost</td><td></td></tr>
<tr><td>Level C (Red)</td><td></td><td rowspan="2"></td><td>Large costs</td><td></td></tr>
<tr><td colspan="2">Please refer to training matrix below</td><td colspan="2">Comments</td></tr>
</table>

TRAINING MATRIX

Level A (Green) - A policy will be designated for this required level of training if the policy is felt to present minimal risk to the Trust. These policies designated green would be disseminated to the local policy file holder. It is acknowledged that all staff must be aware of all new and reviewed policies. A central record of acceptance from local policy file holders will be recorded on the policy database. Local policy file holders will need to place the new/reviewed in the correct policy file, change the contents page which will be attached to the new/reviewed policy and inform all staff in their area of the new/reviewed policies.

EDUCATION AND TRAINING ISSUES ON POLICIES: ACTION PLAN

STATEMENT

All policies require an action plan to provide assurance to the Policy Monitoring Group on education and training needs to ensure compliance with the policy. Policy Authors will be asked to complete the following Action Plan to support submission to the Policy Monitoring Group. Policy Authors are also requested to provide evidence on education and training to the PA of the Director Responsible for the policy to ensure that the SharePoint document management systems is kept updated.

APPENDIX 6 TRAINING NEEDS ANALYSIS

Inpatient Unit (Please specify)	*Community and/or Directorate (Please specify)*	*Staff Group*	*Level of training required*	*How often*
All adult inpatient services (Mental Health and Learning Disabilities)	All adult community teams (Mental Health and Learning Disabilities)	Doctors	Awareness of policy	At each review or amendment to policy.
		Qualified Nurses	Awareness of policy	At each review or amendment to policy.
		HCA/Support Workers		
		Social Workers	Awareness of policy	At each review or amendment to policy.
		Occupational Therapists	Awareness of policy	At each review or amendment to policy.
		Psychologists	Awareness of policy	At each review or amendment to policy.
		Psychotherapists	Awareness of policy	At each review or amendment to policy.
		Other Non Clinical Staff		
		Admin and Clerical		
		Managers	Awareness of policy	At each review or amendment to policy.
		or All Staff		

No.	**Action Required**	**Criteria for Success i.e. evidence of education and training**	**Lead Officer**	**Target Date**	**Completion Date**	**Status**
1	All clinical policy file holders within their sphere of influence to make sure that all relevant staff as outlined above are made aware of and have read the policy	All relevant staff are aware of the policy and know how to make a referral to Forensic clinics	Phil Lea Clinical Policy file holders	31/04/16		Ongoing