Essex Partnership University
NHS Foundation Trust

Freedom of Information Request

Reference Number: EPUT.FOI.19.1094
Date Received: 26 May 2019

Information Requested:

As the Government explores the idea of reducing short term custodial sentences (House of Commons, 2019), it could be assumed that Community Orders and Suspended Sentences will become more prevalent. Whilst there is limited evidence about how successful MHRTs are in reducing recidivism, good supervision and appropriate interventions increases rehabilitation away from criminality (Ministry of Justice, 2013). By better understanding the reasons why MHTRs are not being used effectively, could assist further research to refine its implementation on a national level for more effective uptake by relevant public sector agencies. Therefore, the legal basis for the collection of this data is a task in the public interest.

References:

House of Commons. (2019). General debate on the cost and effectiveness of sentences under 12 months and consequences for the prison population. (CDP-2019-0063). London: The Stationery Office.

Ministry of Justice. (2013). Transforming Rehabilitation: a summary of evidence on reducing offending. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/243718/evidence-reduce-reoffending.pdf

Ministry of Justice. (2018). Strengthening probation, building confidence. Retrieved from: https://consult.justice.gov.uk/hm-prisons-and-probation/strengthening-probation-building-confidence/supporting_documents/strengtheningprobationbuildingconfidence.pdf

National Offender Management Service. (2014). Mental Health Treatment Requirements: Guidance on Supporting Integrated Delivery. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/391162/Mental_Health_Treatment_Requirement_-_A_Guide_to_Integrated_Delivery.pdf

Liaison and Diversion Service Questionnaire – Mental Health Provisions for Suspects

1 Liaison and Diversion Service Team
Please see attached structure chart. The Trust is unable to provide all of the information you have requested. This is because the Trust considers the staff names to be personal information which is exempt under Section 40 (Personal Information) of the Act.

2 Population Coverage
The Trust believes that this information is publicly available on the Essex Partnership NHS Trust website (https://eput.nhs.uk/about-us/) and therefore is applying a

Section 21 exemption of the Act (Information accessible to applicant by other means). *

3 Number of Employees

The Trust believes that this information is publicly available on the Essex Partnership NHS Trust website (https://eput.nhs.uk/about-us/) and therefore is applying a Section 21 exemption of the Act (Information accessible to applicant by other means). *

4 Is there a local policy in relation to suspects with mental health problems?

Please see attached policy.

5 Please provide details of the service availability:

a. When was the service started?

As an outcome of the Bradley Report (2009)- so around 2010 but it was already in operation as a Criminal Justice Mental Health Team in Magistrates Courts prior to this so services were adapted rather than started from scratch.

b. Which NHS or other trust provides this service?

Essex Partnership University NHS Foundation Trust

c. Which stations provide this service?

All Essex Custody suites.

d. Which of these stations also have custody suites?

Some stations have part time custody suites which are not constantly manned so it would be necessary to refer to Essex Police regarding operational matters.

e. Which days/times is this service available?

7 days per week from 08.00 to 21.30

f. What Out of Hours arrangements are there?

At night the custody medics offer cover.

6 Is a Street Triage Service in place for those with Mental Health Problems?

Yes (Please provide details below)

a. When was the service started?

The service started in 2015

b. Which NHS or other trust provides this service?

Essex Partnership University NHS Foundation Trust

c. Which stations provide this service?

It is centrally managed from the Police Control Room.

d. Which of these stations also have custody suites?

Please see response to Q5(d)

e. Which days/times is this service available?
10.00 - 02.00

7 Further to NHS England's Liaison and Diversion Operating Model 2013/14, please provide the following key performance date by year since the Liaison and Diversion Team has been in service:

a. Number of referrals

ADULTS	2014-15	2015-16	2016-17	2017-18	2018-19
Referrals	1,396	2,019	4,516	6,253	3,660
YOUTH	2014-15	2015-16	2016-17	2017-18	2018-19
Referrals	104	152	496	670	247

b. Number of assessments

ADULTS	2014-15	2015-16	2016-17	2017-18	2018-19
Assessments	756	985	3,036	3,888	2,094
YOUTH	2014-15	2015-16	2016-17	2017-18	2018-19
Assessments	66	80	327	407	148

c. Type of referrals (mainstream, voluntary, other) and the numbers for these.
All referrals are mainstream

d. Percentage of first appointment kept

ADULTS	2014-15	2015-16	2016-17	2017-18	2018-19
% of appointments kept	53.8%	34.5%	34.4%	56.0%	52.1%
YOUTH	2014-15	2015-16	2016-17	2017-18	2018-19
% of appointments kept	29.6%	41.2%	25.8%	48.8%	51.5%

e. Percentage of follow up appointments kept
The Liaison and Diversion Team does not hold follow up appointment data

f. Percentage of completed course of treatment/discharge
The Liaison and Diversion Team does not hold follow up treatment information

g. Desistance rates of re-offending
The Liaison and Diversion Team does not hold desistance rate of re-offending information

h. What information sharing protocols are in place
The Trust has ISA's in place with the following agencies:

- Essex Police
- CRG Medical
- Phoenix Futures
- Barnardos
- NPS
- CRC
- HMCTS

i. Service user satisfaction data
No service user survey forms are issued due to the risk to this vulnerable group of people

8 Please provide the number of suspects who are not diverted from the judicial court system and receive a sentence for each year since the service has been in place. Where possible, please provide the type of outcome and numbers for each for the following:

a. Custodial sentence

b. Community order
i.) Mental Health Treatment Requirement

ii.) Drug Treatment Requirement
iii.) Alcohol Treatment Requirement
iv.) Other Treatment Requirement/Conditions
c. Suspended sentence

d. No sentence/order

No data is kept on the final court outcomes of the individuals having contact with the service.

9 Are there any other agencies (charity, NHS, etc.) working with the Liaison and Diversion Team in relation to charged suspects with mental health? (Please provide as much detail as possible)

Yes (Please provide details below)
Phoenix Futures. Please see their website for details. www.pheonixfutures.org

10 What validated tool is used for case identification/screening of charged suspects with mental health problems? Please name, and if possible attach copy of any adapted tools.

a. Validated Tool for Case Identification to Screen for Mental Health Problems name:
No specific tool for case identification as this is carried out by partner agencies who have their own tools.

b. Who undertakes this assessment? (For example custody officer, arresting officer, etc.)

Any responsible person from a partner agency. This could include custody officers or medics in police stations or courts.

c. Who is responsible for making referrals for this assessment?
The partner agency.

d. At what point is the need for assessment/referral identified?
On booking in.

11 If a charged suspect is identified as having a mental health problem, is this information provided to:

a. Local Police Force
b. National Probation Service
c. Crown Prosecution Service
d. Local NHS Mental Health Teams
e. Any other agencies (please specify)? Phoenix Futures

All of the above if the patient consents. If they do not consent limited information is shared for risk purposes only.

Response:

*** Section 21: Information accessible to applicant by other means.**
(1) Information which is reasonably accessible to the applicant otherwise than under section 1 is exempt information.
(2) For the purposes of subsection (1)—
(a) information may be reasonably accessible to the applicant even though it is accessible only on payment, and
(b) information is to be taken to be reasonably accessible to the applicant if it is information which the public authority or any other person is obliged by or under any enactment to communicate (otherwise than by making the information available for inspection) to members of the public on request, whether free of charge or on payment.
(3) For the purposes of subsection (1), information which is held by a public authority and does not fall within subsection (2)(b) is not to be regarded as reasonably accessible to the applicant merely because the information is available from the public authority itself on request, unless the information is made available in accordance with the authority's publication scheme and any payment required is specified in, or determined in accordance with, the scheme.

***Section 40: Personal information**

(1) Any information to which a request for information relates is exempt information if it constitutes personal data of which the applicant is the data subject.

(2) Any information to which a request for information relates is also exempt information if—

(a) it constitutes personal data which do not fall within subsection (1), and

(b) either the first or the second condition below is satisfied.

(3) The first condition is—

(a) in a case where the information falls within any of paragraphs (a) to (d) of the definition of "data" in section 1(1) of the Data Protection Act 1998, that the disclosure of the information to a member of the public otherwise than under this Act would contravene—

(i) any of the data protection principles, or

(ii) section 10 of that Act (right to prevent processing likely to cause damage or distress), and

(b) in any other case, that the disclosure of the information to a member of the public otherwise than under this Act would contravene any of the data protection principles if the exemptions in section 33A(1) of the Data Protection Act 1998 (which relate to manual data held by public authorities) were disregarded.

(4) The second condition is that by virtue of any provision of Part IV of the Data Protection Act 1998 the information is exempt from section 7(1)(c) of that Act (data subject's right of access to personal data).

(5) The duty to confirm or deny—

(a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and

(b) does not arise in relation to other information if or to the extent that either—

(i) the giving to a member of the public of the confirmation or denial that would have to be given to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the Data Protection Act 2018 or would do so if the exemptions in section 33A(1) of that Act were disregarded, or

(ii) by virtue of any provision of Part IV of the Data Protection Act 1998 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).

(6) In determining for the purposes of this section whether anything done before 24th October 2007 would contravene any of the data protection principles, the exemptions in Part III of Schedule 8 to the Data Protection Act 1998 shall be disregarded.

(7) In this section— "the data protection principles" means the principles set out in Part I of Schedule 1 to the Data Protection Act 1998, as read subject to Part II of that Schedule and section 27(1) of that Act;

- "data subject" has the same meaning as in section 1(1) of that Act;
- "personal data" has the same meaning as in section 1(1) of that Act.

Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link https://eput.nhs.uk/

OPERATIONAL Protocol for Essex Health & Justice Service

POLICY REFERENCE NUMBER	
VERSION NUMBER	V22
REPLACES SEPT DOCUMENT	
REPLACES NEP DOCUMENT	
KEY CHANGES FROM PREVIOUS VERSION	Integration of the Liaison & Diversion team, Street Triage and Forensic Medical Services
AUTHOR	
CONSULTATION	
IMPLEMENTATION DATE	1st April 2018
AMENDMENT DATE(S)	N/A
LAST REVIEW DATE	N/A
NEXT REVIEW DATE	1st April 2019
APPROVAL BY	Health & Justice Board & SSMG
RATIFIED BY	
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OPERATIONAL POLICY SUMMARY

This policy incorporates three services including Street Triage, Liaison & Diversion and Forensic Medical services which include mental health, Learning Disability and Physical Health issues.

The aim of the service is to identify service users from the age of 10 years on and are within the criminal justice system or are at the point of arrest and have physical health, mental health, learning disabilities or other vulnerabilities, support them through the criminal justice system and act as a conduit for other services by referral on after screening and assessment.

The Director responsible for monitoring and reviewing this policy is Director of Specialist services

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

ESSEX HEALTH & JUSTICE SERVICE OPERATIONAL POLICY

CONTENTS

BREIF COURT REPORT	**APPENDIX 3**

1.0 INTRODUCTION

1.1 The Document sets out the operational policy for the Essex Integrated Health & Justice Service which is delivered to Essex Police and HM Courts and Tribunals Service (HMCTS) by Essex Partnership University Foundation Trust (EPUT), Phoenix Futures (PF) and Castle Rock Medical services (CRMS).

1.2 Essex County Council has developed an Integrated Health & Justice pathway that incorporates Criminal Justice Liaison & Diversion service (L&D), Street Triage service (ST) and Police Custody Healthcare Service (PCHS). EPUT have been successful in delivering the service in partnership with CRMS and PF from 1st April 2018.

1.3 For the purpose of clarity this policy will explain individually how each of the three elements of the service is delivered however the service remains integrated.

1.4 Many individuals only access relevant mental health and/or social care services when they enter the youth or criminal justice systems. When this occurs, there is pressure on the justice systems and their interface with other organisations to ensure that the defendant's needs are addressed appropriately. This has resulted in inconsistent and insufficient provision to those individuals in the criminal justice system. Practical solutions are required to ease the transition across the interface between the youth and criminal justice systems and other health and social care sectors. An integrated Health & Justice service that is present within each area of the criminal justice system is vital part of this process.

1.5 Integrated offender health pathways is a process whereby people of all ages with any health problem are identified and assessed as early as possible as they pass through the youth justice and criminal justice systems. Following screening and or assessment, an individual are given access to appropriate services, but is not limited to, mental health and physical care, social care and/or substance misuse treatment and other vulnerabilities, whether they are identified in a police station, court or as part of the street triage, where crisis intervention is offered in the community.

1.6 This operating model should be read in conjunction with the NHS England Liaison and Diversion, Forensic Medical Services and Street Triage service specifications.

2.0 OBJECTIVES

Liaison & Diversion

2.1 Identifies individuals from age 10 years with mental health, learning disabilities, substance/ alcohol abuse and other vulnerabilities at any point within the criminal justice system that could include police custody, voluntary attendance and court and provide an exemplary and comprehensive screening and multi-disciplinary assessment.

2.2 To provide high quality information to key decision makers in youth and criminal justice agencies, including the police, courts, Crown Prosecution Service (CPS), probation and Youth Offending Teams (YOTs) and youth offending services

2.3 To secure referrals into mainstream health and social care services, voluntary sector organisations and other relevant interventions and support services

2.4. To support individuals to engage with treatment or support services

Street Triage

2.5 The primary objective is to provide an improved response to people in crisis and reduce the time spent dealing with incidents by providing a better initial assessment

2.6 To provide an immediate joint screening assessment and support to residents within Essex who may be experiencing a major mental health crisis.

2.7 To provide both police officers and mental health service staff the potential to reduce demand on limited resources, an opportunity to benefit from cross over training, developing a greater understanding of

early warning signs and provide an opportunity to develop a better understanding of the challenges faced by each agency.

Police Custody Healthcare Services

2.8 The provision of services aimed at addressing the health needs of individuals in police custody and obtain forensic samples and assess fitness to be detained under the Police And Criminal Evidence Act.

2.9 HCP's will be embedded within 5 custody suites 24/7 and shared/mobile between 2 further suites (Clacton and Colchester)

2.10 The HCP's will be further supported by an Enhanced Care Practitioner 24/7 and an FME 24/7

2.11 HCP's will normally be the first point of contact for all individuals requiring access to the integrated service pathway, screening and assessment conducted on a single IT system and further referrals to specialized practitioners being completed by the same and coordinated through the call center.

Engagement Service - Phoenix Futures

2.12 In partnership with Healthcare Professionals (HCPs), where substance misuse is identified PF will undertake a joint screening within the custody suites for vulnerabilities including; substance misuse, low level mental health issues, learning disabilities, autism etc.

2.13 Assessing the suitability of individuals and subsequent completion of Drug Rehabilitation (DRR) and Alcohol Treatment Requirement (ATR) reports for both Magistrate & Crown Court(s).

2.14 Building & maintaining relationships with appropriate partnership agencies in Essex, Southend and Thurrock so adults and young people can be seamlessly transferred to the relevant service in the community for advocacy and support.

2.15 Support the Voluntary Attendance (VA) scheme in partnership with the police within the County.

2.16 Complete regular Service User focus groups throughout the contract and feedback to all stakeholders.

3.0 REVIEW AND MONITORING

3.1 The operating procedures and monitoring of service will be reviewed as part of the Operational Delivery Group.

4.0 REFERENCE TO OTHER TRUST POLICIES

4.1 Joint Policy on the use of section 136 of the Mental Health Act 1983 (As amended by Section 44 of the Mental Health Act 2007)

4.2 Crisis Home Treatment Team Operational Policy

4.3 Safeguarding Vulnerable Adults Policy

4.4 Safeguarding and protecting Children and Young Peoples Policy

4.5 Clinical Risk Assessment

4.6 Clinical Operating Procedures MH First Response Team

5.0 PURPOSE

5.1 To offer an integrated health service to those people in the criminal justice system, identifying the needs through screening and refer on to other services that would meet that need.

5.2 To offer specialist assessment of all those individuals who present with physical, mental health and alcohol & substance misuse needs and liaise with the relevant agency to ensure those needs are met.

5.3 To support the individual through the offender health pathway and liaise with all relevant agencies within the criminal justice system to ensure the most appropriate disposal by completion of court reports and making recommendations.

5.4 To support the person to their first appointment through a hand holding service

6.0 DELIVERY SERVICE

STREET TRIAGE

6.1 The Service is based out of the Essex Police Force Control Room (FCR).

6.2 The service will provide 7 day a week coverage between the times of:
10:00 – 18:00
18:00 – 02:00
Two cars will be operating between the above times

6.3 The respective teams will all respond in police vehicles where required and each clinician will be accompanied by a uniformed Police Officer. The Police Officers are from a dedicated team under the FCR Command Structure. They will be line managed by the dedicated ST Police Staff Supervisor, who in return with report to the Operations Inspector within FCR.

6.4 This service primarily seeks to engage with incidents other than those which occur within a dwelling. This is in accordance with the power under S136 which as amended by the Police and Crime Act 2017 can be used anywhere (including private premises or places where the public don't have access) except for inside dwellings. The service will extend to incidents within dwellings as follows:

(a) Where the police officer in the street triage team has been tasked to attend a mental health incident that requires the team to enter a dwelling. Both the Police Officer and Mental Health Practitioner (MHP) would be expected to enter these premises subject to the consent of the occupier and provide the service. Clearly in such a place S136 does not apply but there is scope for an intervention and support to a consenting patient.

(b) Where the Police Officer in ST exercises their powers under S17 Police and Criminal Evidence Act 1984 to enter a premises to save life or limb or prevent serious damage to property or enter a premises under Common Law. The Police Officer may request the assistance of the MHP and it will be for the MHP to decide whether or not they enter the premises to assist. Wherever possible the Police Officer will seek the consent of the occupier to allow the MHP to enter and a MHP may only enter when they have been given explicit consent from an individual present within the premises.

6.5 The service has no minimum age limit however where a young person (under 18) is detained s136, they should be in the first instance be taken to Rochford Place of safety, if there is no availability the next available s136 suite should be identified. The MHP is specifically trained to deal with adults, if the person in crisis is under 18; the MHP will contact the Emotional Wellbeing and Mental Health Service to request assistance as appropriate.

6.6 On receipt of a referral, the Police Officer and MHP will check their respective systems to gain background information to inform any assessment and future decision making. On arrival at the scene there will be a screening assessment undertaken to inform of any actions required, the outcome of the joint assessment will be agreed by completing the referral screening form (Appendix 1).
Should advice be given remotely the non-attendance advice form will completed (Appendix 1)

6.7 Further to the screening assessment, options for future support will be outlined with the individuals in crisis. This may include referral on to Crisis Home Treatment Teams (CRHT). Between 08;00 -20:00 the ST worker will be required to make contact with the east and west CRHT to refer the individual over. After the hours of 2000hrs the ST worker will need to use the hand over book where they would put the referral with a message for the 1000hrs shift workers to make contact with the CRHT and hand over the referral. North referrals will go to the access and assessment teams who operate 24 hours a day.

6.8 If the individual is taken to A&E as there is a medical need or the ST worker is committed and a screening is felt to be immediate then ST workers should liaise with Rapid Assessment, Interface and Discharge team (RAID) to make them aware of the situation.

6.9 The use of alcohol or drugs does not preclude assessment. If the person appears to be under the influence of alcohol or illicit substances a decision will be made as to their capacity for assessment. If it felt the person lacks capacity due to intoxication and there is no history or evidence of mental disorder then the street triage worker will aim to signpost that person to the relevant agency.

6.10 Following assessment the MHP will discuss the need to communicate outcomes to their carer/family.

6.11 Where admission is deemed appropriate the system, including the wards, should work together to facilitate patient admission. The ST

workers will be required to complete the necessary assessment form used by the admitting team unless otherwise stated. ST workers will need to contact CRHT between 0800-2000 to discuss potential admission – after hours ST to liaise with the bleep holder and discuss plan for admission.

6.12 At the conclusion of the incident the recording of any offences, completion of safeguarding referrals (except to Mental Health Services) or resolution of any other matters is the responsibility of the police unit not ST.

7.0 USE OF SECTION 136 MENTAL HEALTH ACT

7.1 Unless in exceptional circumstances where it's not practicable (e.g. immediate risk of harm to the person or another), all officers will consult the ST when they are on duty prior to using their powers under Section 136 MHA. This in accordance with the Police and Crime Act 2017 which places this requirement on officers. The intention is that if available ST will physically attend the incident.

Once detained under S136 unless the detention was unlawful the person can only be released by a Section 12 Doctor or following a MHA assessment. They cannot be de-arrested by a Police Officer (as with a criminal arrest) and the MHP has no power to release the person from detention.

The final decision to detain an individual under S136 always remains with the police officer in attendance.

7.2 The police officer retains the legal right to detain an individual under the MHA. The decision to use S136 will therefore ultimately lie with the police officer; however there will be a full discussion between both agencies and the individual in crisis as to possible alternatives.

7.3 At any time, if the police officer makes the decision to detain under the MHA this decision will be supported by the mental health practitioner. The power to detain under S136 lies solely with the Police Officer.

7.4 The police officers will record their rationale for their decision to detain or not under S136 and document a dynamic risk assessment to support that decision. This rationale will take account the advice of the mental health practitioner as part of the gathering of information/intelligence stage of the Police National Decision Making Model.

7.5 Where an individual needs to be conveyed to a place of safety under S136, the responsibility for organising conveyance will remain with the Police Officer who initially attended the original incident. Street Triage is not for the purpose of conveyance.

7.6 The final decision about the outcome of any intervention will remain with the Police officer who initially attended the scene. Where there is any dispute between health and Essex Police regarding the outcome of a case, then this will be retrospectively independently reviewed and recommendations regarding any learning made.

8.0 PHYSICAL HEALTH ASSESSMENT

8.1 The MHP (where they are trained) will provide basic first aid i.e. to treat minor self-harm injuries.

8.2 If following an assessment there is any concern about the individual's physical health, a decision should be made as to whether this require urgent and immediate attention. If an emergency, then ambulance should be called to convey the person to the emergency department. If there are physical health concerns that do not require immediate attention, the MHP should assist the person in arranging an appointment with their GP.

9.0 INFORMATION SHARING

9.1 The Police have no general right of access to health records however there are legal statutes which require disclosure to them. The disclosure exceptions almost entirely relate to reducing risk of harm or abuse, preventing a serious crime from occurring or in response to serious crime having been committed. For this Policy and the need to ensure a person accesses mental health services in a timely manner any exchange of information would likely be to support the reduction in harm or risk to a vulnerable person/s.

9.2 The request to disclose or the disclosure of personal information by EPUT staff to the Essex Police must be:

- Considered on a case by case basis

- Done in a manner that balances the confidentiality of the person against any risks posed by the person to themselves or others
- Done so in a safe and secure manner
- Relates only to the person's demographics-name, date of birth and address and specific details about a person's mental health state or relevant mental health history.
- ST workers will be required to complete the triage form as "other" (Appendix 1) when obtaining individual records whilst sharing vital information on request which administrators will place onto the individual's mental health records

9.3 The mental health practitioner will be exposed to radio traffic containing confidential information relating to other police calls while in the company of the Police Officer or (if diverted to an incident in the catchment of the alternative NHS mental health trust) information about a service user of the alternative NHS mental health trust. The mental health practitioner will be obliged to respect the confidentiality of this information and will be required to sign a confidentiality agreement to participate in the street triage project. Confidentiality Agreement .

10.0 DUTY OF CARE

10.1 It must be remembered that the MHP is not an employee of Essex police and does not have the same degree of training or equipment in order to manage conflict. As such officers have a duty of care towards these individuals. MHP also have a duty to ensure they do not put themselves in situations of significant risk as so far as is possible, and will follow all directions given by officers in the management of risk and conflict. If while allocated to and on route to any incident there is a suggestion of violence then the mental health professional will remain in the police vehicle until officers have assessed the level of risk and mitigated it as much as possible. MHP will not be deployed to an incident of violence or aggression without the support of police resources.

As the MHP is not an employee of Essex Police they do have the right to refuse to attend an incident. This would be on the basis they believe that even if they remain within the police vehicle initially, the risk to their personal safety is too high. FCR supervisor will escalate any such incidents to Oscar 1, to resolve and identify how the risk can be mitigated to enable the MHP to be safely deployed.

10.2 During the provision of this service it is possible that the MHP could become a victim of crime or a witness to a crime. In these circumstances the police officer must treat the MHP as a witness, would seek to obtain evidence and provide and protect their rights.

11.0 VOLUNTARY ATTENDANCE

11.1 Voluntary assessments have been agreed between Phoenix Futures and Essex Police to provide screening assessment and referral processes for Voluntary Attendances.

11.2 The Investigating Officer invites children, young people and adults that are suspected of committing a criminal offence and who are being dealt with outside of Custody to attend an interview on a voluntary basis. This is done either face to face or over the phone.

11.3 The Investigating Officer refers client to the Phoenix Futures Team by telephone PF RSW will look on HIE/ Theseus/ Excelicare for any previous history of mental health or learning disability and arrange a suitable date, time and location for the Voluntary Attendance to take place (providing signed consent forms have been completed).

11.4 A recovery worker from phoenix futures will then attend the meeting to complete an assessment with the investigating officer and ascertain what support is needed for the individual and refer on to treatment services / specialist assessments.

11.5 Phoenix futures worker will then record information on local database and Excelicare

11.6 If the Investigating Officer has attempted to make contact via telephone to the Phoenix Futures Team however no one is available, but the individual is consenting to be seen; The Investigating Officer will complete a referral form and email to health.justice.secure@cjsm.net. The recovery worker will make contact to arrange an appointment and include the investigating officer to attend. The recovery worker from PF will attend and ascertain what support is needed for the individual and refer on to treatment services / specialist assessments if needed

11.7 Phoenix futures worker will then record information on local database and Excelicare

11.8 All Referral emails will be received by the recovery workers as they have a joint mailbox. It is the responsibility of the Recovery worker to allocate to themselves (depending on the area the individual resides)

12.0 FME & LIAISON & DIVERSION

12.1 The service will be accessible at the earliest stage once an individual is suspected of having committed a criminal offence, be available at the point of need, and be available at, but not limited to, the following locations:

- Community settings
- Police custody suites
- Police stations (or other prosecuting authorities) where voluntary attendance occurs
- Magistrates' courts
- Youth courts
- The Crown Court
- Probation to assist with the production of Pre-Sentence Reports (PSR)
- Youth offending teams (YOTs)

The exit point from service is at sentence or other criminal/youth justice disposal.

12.2 Police

12.2.1 The Healthcare Professional (HCP) will be co-located within the custody suites within five police station in Essex and mobile across a further 2 sites in the North East of the County. The operational hours will be 24/7. The Recovery Support Workers (RSW's) will be available between the hours of 9am – 5pm Monday to Friday. They will be on call to cover a total of 7 police stations (Southend, Thurrock, Chelmsford, Basildon, Harlow, Colchester & Clacton). These hours compliment the Courts and hours of opening for other young persons and adult agencies/services.

12.2.2 All paperwork in relation to the detainee's mental health, learning disabilities or vulnerabilities will be available to SERCO to accompany any prisoner movement to court.

12.2.3 Police will use the risk assessment tool on booking in to case identify people that may have mental health issues, learning disability or other vulnerabilities. Police will share the risk assessment that is completed by custody when booking in the person on arrest with the HCP to ensure that all relevant information is shared before seeing the person.

The HCP will then complete the screening and decide whether to refer to Phoenix, L&D and/or other third sector agencies or to take no further action.

12.2.4 When a detainee has been identified by the police they will call the CRG call centre to log a request for an HCP to assess the detainee. Either the police or the call centre will contact the appropriate HCP to alert them of the referral.

12.2.5 On introduction to the detainee the HCP will attempt to gauge to what degree the detained person (DP) has mental capacity and if appropriate, ascertain their lack of capacity. When the DP provides consent, the HCP should explain how that consent may affect them. The DP will be consenting to medical assessments (including access to their medical history) and an examination. The DP may also consent to forensic samples or swabs that could be used for forensic analysis. They may also consent to having their injuries documented for police or court evidence. The HCP will also explain that a statement may be required by the police for court proceedings. DP's consent may also be required to share information with other HCPs or their GP or any other healthcare professional. The HCP may not always be able to gain written consent but there is an option for the HCP to gain verbal consent if appropriate. Ideally, this type of consent would be witnessed by a third party. If the DP does not consent to screening, this will be recorded as 'declined services'. The police custody staff will be informed and it will be recorded that the DP refused to engage with screening. The individual's capacity should be considered when offering screening in line with the Mental Capacity Act 2005 and codes of practice 2007.

12.2.5 Before seeing the DP, the HCP will seek relevant background information from custody staff as well as Athena, Excelicare and the HIE portal before the assessment takes place. The HCP will request relevant consent from the DP to share information. If the DP declines to be seen this will documented on Athena, clinical assessment form and CRG call centre will be updated.

12.2.6 If the DP consents and is a service user open to secondary mental health services within EPUT, the HCP should make a direct referral to the CPN for a specialist assessment.

12.2.6 The HCP will normally see the detainee in the medical room or police cell. After suitable risk assessment, the HCP may request a police presence during the assessment for personal safety purposes.

12.2.7 If no consent is obtained from the detainee or they refuse to engage with a clinical assessment due to lack of capacity, information should be shared in the detainee's best interests with partners such as EPUT, Phoenix Futures the police and CRG. The clinical assessment form should be completed using Excelicare which allows for information to be shared with partners. Medical emergencies and PACE code C medical requirements may take priority over mental health issues where the custody staff could assist with observation level 3 or 4 until HCP is available.

12.2.8 If the DP is presenting as being acutely psychotic or mentally unwell and has declined an assessment, the HCP will refer them to EPUT for a specialist assessment. If such an event occurs outside of office hours, the FME will be called to attend to the DP in the first instance.

12.2.7 HCP will then seek consent from the individual to carry out an initial screening for health and vulnerabilities one of three pathways will be followed (Appendix 2). If the individual consents then the HCP will carry out a health/vulnerabilities screen, which involves asking the individual questions about their mental and physical health, including any learning disabilities or difficulties, drug and alcohol history and their social circumstances following any of the three pathways. If there are no issues found then the case will be closed and the screening assessment recorded. In the case of the police a secure email will sent to the custody staff/ Investigating officer. As far as possible, all women and young people that are arrested will be offered a health/vulnerability screen and this will be done by same gender practitioner if possible.

12.2.8 The HCP will discharge the DP back to their GP if there is no identified need and/or is refusing onward referral.

12.2.9The HCP will inform CRG call centre of the outcome including if any onward referral is requested with EPUT or PF. Information will also be shared with custody staff if the DP is fit for interview, fit to be detained and whether an appropriate adult is required or an onward referral made to any other service.

12.2.10 If the DP is identified as having vulnerability on screening an onward referral will be made to the specialist nurse for assessment. The nearest CPN will attend the custody suite to complete the full assessment. All paperwork and information should be available to the CPN, this will enable the CPN to build on information gathered during the previous stage and will be age appropriate and include assessment of mental health; cognitive functioning; key vulnerabilities; family and

social circumstances; risks; drug and alcohol needs; cultural, religious or spiritual needs; safeguarding; and gender needs.

If the detainee is a young person under the age of 18 years and requires a specialist assessment; a referral should be made to the identified young people's nurse within the Health & Justice service and on acceptance of the referral the nurse will make a planned appointment to complete the assessment.

If a specialist learning disability assessment is required then the nurse will make a referral to the team LD nurse who will make arrangements for a planned assessment to be completed.

12.2.11 On completion of the assessment, a decision will be made to divert to into other treatment services or work alongside criminal justice interventions. The CPN along with other agencies will ensure that information and decision making is recorded along both the care and criminal justice pathways and will include verbal advice, and written records and reports.

12.3 Probation and service to courts

12.3.1 A key function for these agencies will be to provide assessment that is available to staff writing Pre-Sentencing Reports (PSR) or Stand down reports for courts (Stand down reports will be completed on the day). Any person that has been identified as requiring a PSR whether in community setting or custody will be identified from the court list daily and the court worker will be allocated to screen and provide further assessment as needed. The mental health assessment will be completed within 7 days and shared with the Probation PSR writer.

12.3.2 Other referrals for screening from court staff including SERCO cell staff or solicitors will be made by use of the case identification tool. The processes remains the same as above however a brief court report (Appendix 3) will be completed and presented to the court highlighting any health and social issues including risk factors and make any recommendations for the court to consider.

12.3.3 The court worker will email the court at the start of business with the list of people to be seen in court that day and update them on progress throughout the morning to ensure the case is not dealt with before the worker has the opportunity to offer a screening

12.3.4 If there are identified needs or risks when screening completed and remanded into custody the court worker in court will complete a fax alert for the accepting establishment to inform them of any issues or risk factors and a copy will go onto the PER (Person Escorting Record).

12.3.5 If there are identified needs and the person is released from court a referral will need to be completed to the appropriate team/agency and a discharge letter completed to their General Practitioner outlining the issues and any referrals made.

13.0 ENGAGEMENT SERVICE

Key Functions for this service will be to -:

13.1 Support persons above the age of criminal responsibility into an appropriate service. This may also include involving family members, carers or appropriate others. This may also include advocacy and follow up work where necessary.

13.2 Building & maintain relationships, including referral pathways with adult services, including; Full Circle, Futures in Mind, CGL, Inclusion, Mind, to signpost adults into a recovery network and peer mentor/befriending service within the County.

13.3 Building & maintaining relationships, including referral pathways with all Youth Services, including YOT, EYPDAS, Barnardo's etc within Essex, Southend & Thurrock to ensure YP have a seamless transition into appropriate agencies.

13.4 Building & maintaining relationships with Full Circle in HMP Chelmsford as well as services in other prison establishments, such as HMP Peterborough so individuals can be highlighted and receive the necessary support at the earliest opportunity.

13.5 Complete regular service user focus groups throughout the County and feedback to stakeholders.

14.0 MANAGEMENT OF HEALTH & JUSTICE SERVICE

14.1 The overall responsibility for the delivery of the health & Justice service remains with the Service Manager within EPUT and there is a monthly meeting between the Service Manager and the leads for PF and CRG to address any operational issues.

14.2 A quarterly operational delivery group meeting will be held between all stakeholders to review the service and agree any changes and this will be chaired by the service manager.

14.3 Paperwork completed by the FME and L&D element of the service will be inputted onto Excelicare. The Street Triage will continue to input onto Remedy and Mobius.

14.4 Where a safeguarding has been identified, the worker that identifies the safeguarding issue will need to complete a safeguarding referral without exception and regardless of whether other agencies have completed a referral and a RADAR or Datix completed

14.5 It is the responsibility of the Police Officer and MHP in ST to ensure that:

- All incidents attended are documented on the ST Form (PPU 45 – (Appendix 1).
- All incidents where remote advice (i.e. via telephone or radio) are documented on the on the ST Form (PPU45 – (Appendix 1).

14.6 It will be the responsibility of the team administrators to ensure copies of completed ST forms (Appendix 1) are uploaded on the appropriate electronic clinical record system within 1 working day.

14.7 Administrators will also complete a letter to the GP based on the presenting difficulties and the outcome to ensure continuity of care for the individual. ST workers will also be required to complete daily diary sheets to collate data.

END

ESSEX HEALTH & JUSTICE TEAM STRUCTURE

Essex Partnership University NHS Foundation Trust

SERVICE MANAGER

Manager Phoenix Futures	**Senior Social Work Practitioner**	**Clinical Lead**	**Clinical Lead**	**PA Administrator**
Phoenix Futures	**CPN**	**CPN**	**CPN**	**Administrator**
Phoenix Futures	**Support Worker**	**CPN**	**CPN**	
Phoenix Futures	**Support Worker**	**CPN**	**CPN**	
Phoenix Futures	**Vacant Support Worker Post**	**CPN**	**CPN**	
Phoenix Futures		**CPN**	**CPN**	
		CPN	**CPN**	
		CPN	**CPN**	
		CPN	**CPN**	