

Welcome to Sussex



Community Forensic Outreach Service



Libertarian?



'water-tower' speech

- Delivered to National Association for Mental Health in 1961
- Followed on from reform of MHA 1959 and development of new psychotropic medication
- Plan for development into mid 1970's
- Plan to reduce hospital beds by at least 50% - to 75,000
- Plan to develop community services
- Recognised that a small number of patients would need hospital care because of risk
- Development of 'local authority services' to support this plan
- To close asylums and not to re-use

- ‘This is a colossal undertaking, not so much in the new physical provision which it involves, as in the sheer inertia of mind and matter which it required to be overcome. There they stand, isolated, majestic, imperious, brooked over by the gigantic water-tower and chimney combined, rising unmistakable and daunting out of the countryside – the asylums which our forefathers built with such immense solidity to express the notions of their day. Do not for a moment underestimate their powers of resistance to our assault...
- Enoch Powell, Minister for Health 1961

And now the same for
Forensic Services???

So back to Sussex!



Forensic Services Sussex

- **Population of Sussex 1.6 million**
- 45 MSU Beds – 15 for women – at Hellingly
- 64 LSU beds – 16 for women = at Chichester and Hellingly
- 24 ‘locked rehab’ beds near Crawley
- Mental Health in-reach into HMP Lewes (Cat B males remand) and HMP Ford (Cat D males)
- Court Diversion Services
- IIRM’s Service
- **Community Forensic Outreach Services!**

Who are we?

- The CFOS is commissioned by NHS England to support the people of Sussex who are detained in conditions of security to move into the community in a safe and timely way, securing appropriate community resources to facilitate this and in defined cases delivering ongoing care. The principle of 'least restriction' will be applied at all times, and where other mental health teams can deliver care safely and effectively this will be supported by the CFOS.
- **Established 1987**



Who we are

Our Bases

- We are a pan Sussex service with two bases. One at The Firs, **Hellingly**. The other at Chanctonbury, Swandean, **Worthing**

Our Team consists of:

- RMN's
- Social Workers
- Psychologists
- Psychiatrists
- Support Workers

Personnel

- Support Workers – 0.8
- Occupational Therapists – 1
- Psychologists – 2
- Consultant Psychiatrists – 2.4 wte's
- Community Nurses 6
- Social Workers – 6.4 wte's

What do we do

- The CFOS will provide a specialist service for the assessment and, where indicated, case management of adults with a mental health diagnosis related to serious risk of harm to others, and where this risk is considered to be current. The team will work with other services where appropriate, consulting other specialists and jointly working with individuals to manage risk safely.
- The CFOS seeks to support other services to manage risk in their clients safely, with a view to avoiding escalation to secure care, by offering 'risk reduction' to service users where the risk of harm is judged to be high.
- The CFOS liaises with partner agencies in the prevention of crime and works closely with Probation and Police, Public Protection Teams across Sussex
- The CFOS does not offer an emergency service, although telephone advice can be offered within office hours via the Referral Co-ordinator. Where not urgent the timing of assessments may be linked to the legal process.
- Community services are primarily provided within core business hours of Monday – Friday 9am – 5pm.

Case Management

- Where the criteria are met, the CFOS will take full responsibility for the mental health management and treatment of a service user. Three clinicians will be involved in every case initially dependent on the individual this can then be reduced as necessary.
- Effective case management may include engaging the specialist skills of other services, such as Learning Disability, Older Peoples mental health, Autistic Spectrum Services, Crisis and Home Treatment Teams etc.
- All Restricted service users (S41) care of the Trust will be case managed by the CFOS
- **Current case-load - 89**



Risk Reduction

- Where case management by CFOS is not indicated specialist interventions to reduce risk may be offered if appropriate.
- Referrals will be accepted for Risk Reduction where the case is supervised by another agency. These may be cases where the risk is judged to be high, and the service user's needs can be managed effectively by the referring agency but specialist intervention is required in an aspect of their care. This work may be undertaken by a single clinician from within the team
- Typically this will be a specialist assessment of the service user followed by a report detailing a risk formulation and recommendations for treatment and care. The case will then be closed to the CFOS.
- When further specialist work is indicated, the team may work alongside the managing team to deliver a specialist treatment. The CFOS will not take on cases for interventions that could adequately be accessed elsewhere, e.g. probation or other psychology services. When this is complete a report will be written and the case closed.

Risk reduction cont'd

- In addition to specialist clinical and risk assessments, consultation, staff support and advice we offer the following specialist interventions:

Violence Management Programme (VMP)

Sex Offender Treatment Programme

Other offence related work

Drug and alcohol advice

Restorative Justice

Shared formulation of risk

Family Work

Stalking assessment/management

- Cases engaged in risk reduction who are not managed by another health team and who deteriorate and require medical review will be seen within the CFOS and accepted for case management if appropriate.

- **Current Case-load - 28**

Service users/Carer's

- Use triangle of care to assess carer needs and involvement
- Carer's support group/forum
- Carer lead for forensic service in development (one for Trust already)

- Peer support training to deliver Recovery College training
- Service user lead for the forensic service
- Experts by experience forum

Who do we work with?

- Secure inpatient services
 - Criminal justice services (including PCLDS)
 - Solicitors
 - Probation Service
 - Statutory Community Mental Health Services
 - Voluntary Community Mental Health Services
 - GPs
 - Social care
- This service will work closely with other health and social care agencies both statutory and non statutory, the criminal justice system including police and probation, HM Prison services and other services provided within the care group and wider Trust.
- We also provide input to those placed in out of area placements and provide a monitoring role for NHSEngland.

How do you access CFOT?

Services are provided to people who are 18 years of age and above who have a mental disorder and who have committed a serious offence (Eastman criteria) or who are considered to be at risk of committing a serious violent or sexual offence. Risk reduction is offered to those aged 16+, it is possible that the service would case manage if the individual is not in full-time education.

Service users must be presenting a medium to high level of risk of harm to others, either of violence or sexual offending and the risk must be current. There must be reason to believe that the risk is related to a mental illness or disorder.

In most instances individuals will have convictions for such offences, but in the event that the legal process was not pursued but there is a high degree of acceptance that the dangerous behaviours have occurred, the person will be seen. In addition a service user may be seen if no offence has occurred but the risk of future offending has been deemed as high.

Referrals

- Where the service user is known to another health team, that team will be required to remain responsible for their client for the duration of the assessment. Referrals of clients that have been closed by the referrer will not be accepted.
- Individuals who meet the criteria will be offered a level of service appropriate to their needs, where it is believed that the service will positively impact on the presenting risk or the risk management plan and the advice and resource could not equally be accessed from another service.
- The depth of the assessment will vary from case to case, according to the severity of the offending, the length of the psychiatric history, the strength of the link with a mental health problem, the imminence of the risk and the complexity of the presentation and social context.

- Referrers may request attendance at a professionals meeting. If criteria are met, this will be offered. The team member attending the
- Specialist assessment tools may be used where indicated. HCR v3 is the standard risk assessment tool, however where clinically indicated other case relevant assessment tools may be used.



DISCHARGE FROM CASE MANAGEMENT – will be within the CPA framework.

- Where handover is to be to another team, referral will be made well in advance and the expectation communicated that attendance is required at a CPA. Following this CPA care coordination will be agreed following which there may be a period of joint working or it may be agreed that handover occurs immediately.
- On occasion it may be appropriate to discharge a service user from the CFOS to their GP. Comprehensive information will go to the GP to assist in any future management of mental health needs.
- Any receiving team or GP will be advised that if they have concerns up to a maximum of six months post discharge about the service user, they can make a telephone re-referral and expect appropriate consultation or review within one week.

Discharge - continued

- S&F will joint plan for discharge for all those people who are discharged from secure beds on a s.3 to a CTO in the community with the local adult services prior to discharge (aim for adult services to be represented at last CPA and s.117 planning meeting) with the expectation that where possible and to reduce multiple handovers adult services take lead role with joint working / active support being provided from S&F community services.

Assertive Transitions Team



Length of Stays

- NHS – in-patient and community forensic team – 588 days
- NHS – in-patient only services – 742 days
- Independent sector services – 832
- Apples and Pears?

The question is....

.....can we do better?