NORTH LONDON NHS FORENSIC COLLABORATIVE

NHS East London NHS Foundation Trust

North London Mental Health Partnership

NHS Barnet, Enfield and Haringey Mental Health NHS Trust

Camden and Islington NHS Foundation Trust

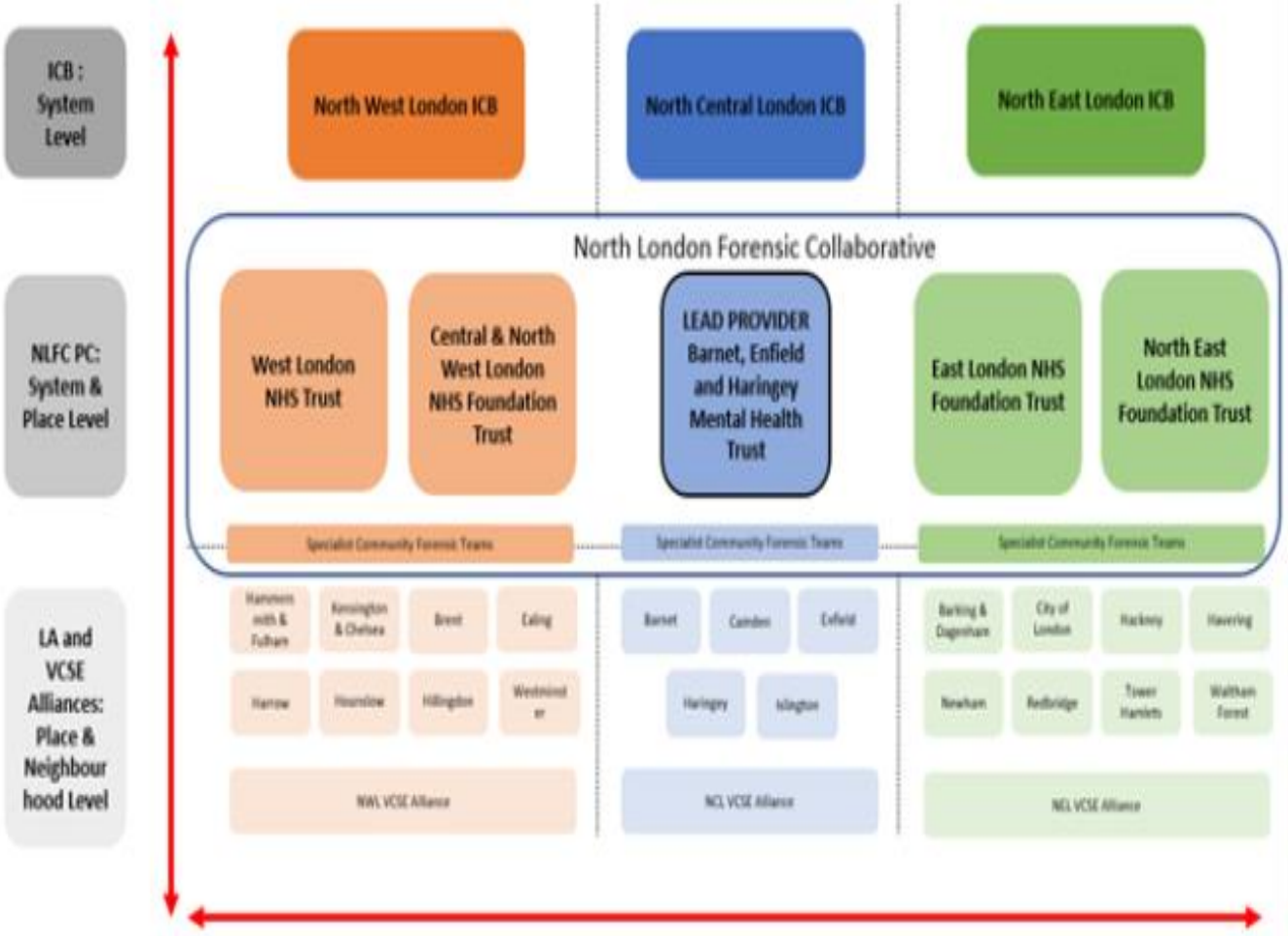
North London Forensic Provider Collaborative

Collaborative Practice to support people to Live Safely in the Community

Better Mental Health. Better Lives. Better Communities.

North London Forensic Provider Collaborative

- 5 NHS Trusts
- Largest specialised mental health provider collaborative in England
- Works across three ICS's –20 boroughs
  - WLMHT – 8 boroughs
  - ELFT – 7 boroughs
  - BEH – 5 boroughs
- Commissions inpatient (c750 beds) and community forensic services for North London
- **Strategic Priorities for LD/A**
  - Environments
  - Services for women with LD/A
  - Community teams and pathways
  - Robust access Ax, single admission panel
  - Family/Carer engagement



Patient Overview

- Understanding the needs of this patient group to can plan for the future accordingly.
- Clinical review of all inpatients from north London with LD/A in forensic beds completed
- Safe and wellbeing review of every patient
- Assessment of their future needs in the community
  - **60** inpatients diagnosed with a LD/A on the Assuring Transformation register
  - **92%** are male (55/60), with an average age of **39**
  - **50%** (30/60) have a learning disability, **25%** (15/60) have ASD and **25%** (15/60) have both. **73%** also have a diagnosis of SMI (44/60).
  - Of the 27% (16) that do not have a mental illness **56%** a learning disability and autism, **31%** (5/16) have a learning disability and **13%** (2/16) have ASD.
  - **40%** (24/60) are under a section 37/41
  - **42%** are white British or Irish and **25%** are from black or black British backgrounds
  - **16%** (10/60) are placed outside of London (8/10 are men)

- Provider self-assessment of capability and confidence in supporting people with a learning disability and/or autistic people in secure female settings

The case for a Community Forensic Learning Disability Team

- NHS Long Term Plan
- Longer length of stay
- The care pathway into the community tends to follow one of 2 routes –
  - for restricted discharged into one of the forensic outreach teams or
  - for non restricted discharged directly into community LD/A teams.
- BUT
  - Forensic Outreach teams not have LD/A specialism - forensic mental health aspect of their treatment that is most understood which can lead to delays in transfer.
  - Community LD teams concerned about managing clinical risks associated with a forensic history
- Community providers often either LD/A or forensic mental health umbrella - not necessarily have the skills, knowledge and risk management systems for this population
- Outcome - higher levels of security than necessary or unmanaged risks
- Getting convictions can be problematic for this group
- Support for community teams
- Out of area patients – previously poor links with local teams, limited clinical liaison

Team Core Functions

- Case management of the patients discharged from secure care and/or complex cases
- In-reach support to ensure safe and timely discharge – Transition manager – relationship building
- Training and support to agencies that provide day to day support to this group
- Consultancy and advise to community partners
- Forensic risk assessment and management in the community to ensure public safety and safety of the individual
- Therapeutic input – group and individual

Team Configuration

The core team composition:

- Consultant Psychiatrist
- Team Manager
- Social Worker
- Nurses – RMN/RNLD
- Clinical or Forensic Psychologist/Assistant psychologist
- Occupational Therapist
- OT Assistant/Support worker
- Speech And Language Therapist

Sessional staff

- Arts Therapist
- Pharmacist
- Physical healthcare practitioners
- Education, training and employment worker
- PBS specialists

Eligibility Criteria

- Over 18 years of age
- Advice and liaison around young people 17½ years old or older
- Under existing community based or acute service; subject to CPA
- Mild learning disability IQ range 50-69. May also have a severe mental illness and/or personality disorder and/or ASD
- Cases considered if borderline IQ of 70-75 but there are significant functional difficulties that require higher levels of support
- Service user has formal forensic history, at risk of committing a serious offence or has significant clinical risk history giving cause for concern. Examples of serious offending may include:
  - homicide/attempted murder or wounding with intent
  - rape/attempted rape/sexual assault(s)
  - fire setting (reckless or with intent to endanger life)
- Consideration given in relation to the nature, severity, complexity of the offence/behaviours and risks.
- Discharged from secure inpatient service

NEL Team Mobilisation

- **Service designed-** in consultation with service users, carers, staff from Forensic Service, CLDSs and criminal justice colleagues
- **Pathways-** Consultancy, Joint casework, Inreach to service users in secure hospital/ prison, Gatekeeping of secure beds, Full Care Coordination- inclusive of patients with Learning Disability and/Autism (even without LD)
- **3 tiers of training**- Introductory, Intermediate & Advanced
- **What teams are telling-** request for a day surgery model and introductory training
- **What SU's telling us-** Confusion around names of services
- **Good Service-**

- Implementation of guidelines and support, then this is reviewed
- Being supportive of staff
- Regular calls and communication with staff to ensure that they gather feedback
- Showing care and concern for the clients

NEL Next Steps

- Recruitment of People Participation Lead for LDA Forensic Services
- Continuing to meet and develop relationships with the various teams in our TCP footprint
- Developing training/teaching materials based on continuing feedback from teams
- Developing videos explaining our different teams- this work has already begun

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Collaborative working

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Training

- LD Awareness
- Risk assessment training and complex case discussion
- HCR-20 training
- Sexual offending training
- Communication skills
- LD awareness
- PBS training
- ASD awareness
- Risk management
- Sensory
- Stalking specialism
- Social Supervision
- Care Act

Therapeutic and Specialist Input

- Relationships/social skills group
- Sexual offending
- ARMIDILO-S – length of assessment
- Anger management
- Arson risk assessment
- HCR-20 full risk assessment
- Positive Behaviour Support for community mental health teams
- ASD – risk
- Communication and accessible information
- Capacity and understanding
- OT adapted inventions
- Community integration and access

Challenges and Future

- Variations in how community LD teams work
- Expectations to work with high risk individuals
- High need for psychological based interventions around risk
- Service users being placed in Boroughs where team doesn’t have knowledge
- Quality and availability of appropriate accommodation
- Community facilities/opportunities
- Difficulties in finding voluntary or paid employment for service users
- Managing and supporting individuals without restrictions or legal framework
- Lack of motivation from service users in taking part in community based activities
- Recall pathways

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Thanks for listening

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