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SOMERSET LIAISON & DIVERSION SERVICE (COURT ASSESSMENT & ADVICE SERVICE – CAAS)

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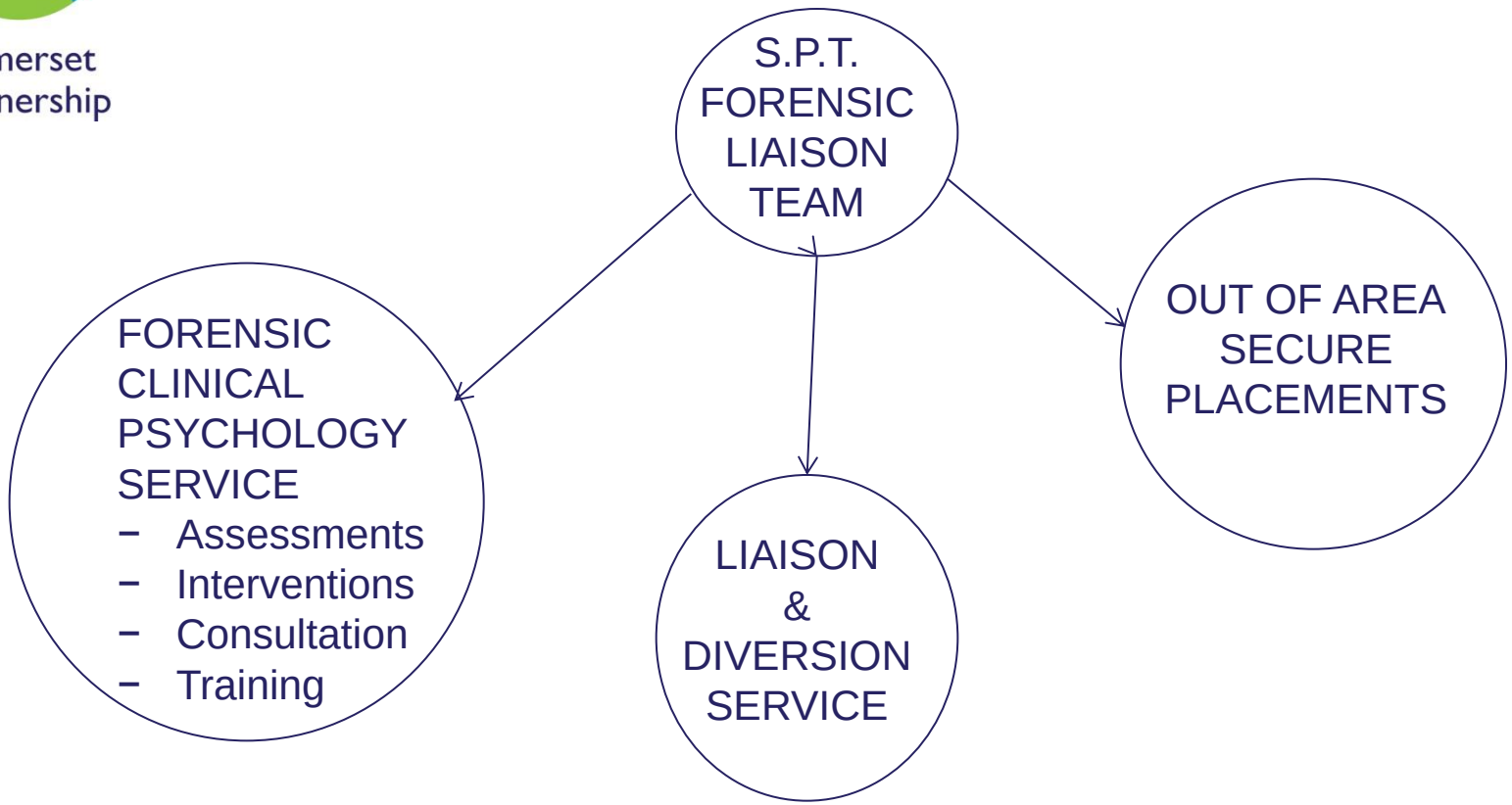

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WHAT IS LIAISON & DIVERSION?

L & D Services are intended to improve the health and justice outcomes for adults and children who come into contact with the Youth and Criminal Justice Systems where a range of complex needs are identified as factors in their offending behaviour.

It developed following the 2009 Bradley Report, which was an independent review of the diversion of offenders with mental health problems or learning disabilities.

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Concerns raised from The Bradley Report

- Developed in an erratic and disorganised way
- Lack of Mental Health Awareness training
- A wide degree of variation in practice
- Coverage is patchy
- Lack of accountability
- Lack of adequate funding
- Little is done to ensure that offenders who are signposted towards appropriate services effectively engage with them on a continuing basis

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The Bradley Report – 2009 Recommendations

- 82 recommendations
- All police custody suites and courts should have coverage from liaison and diversion services.
- Liaison and diversion services should provide information and advice services to all relevant staff including solicitors and appropriate adults.
- Liaison and diversion services should form close links with the judiciary.
- A national model should be introduced

The Liaison and Diversion (L&D) Programme - 2010

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Achievements

- Collected data to help define good practice
- Started the process to formally evaluate the new model of L&D services in 2014/15
- Funded 37 L&D pathfinder sites
- Development of L&D services is an objective in the business plans of the Department of Health, Ministry of Justice and the Home Office
- Delivered an outline business case to HM Treasury, to obtain approval for the rollout strategy, and secure funding for future services
- Network of existing L&D service providers
- Produced a model of good practice for L&D services
- Selected a series of “trial schemes” to test the standard service specification from April 2014 onwards
- Agreed a rollout plan with NHS England, to implement L&D services to the new service specification
- Agreed the standard service specification, to be used in future to commission L&D services

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The L & D National Operating Model

L & D is a process whereby people of all ages with mental health problems, a learning disability, substance misuse problems and other vulnerabilities are identified and assessed as early as possible as they pass through Youth and Criminal Justice System.

Coverage should be a 24/7 service consisting of a mix of operating times and out-of-hours arrangements, including links to existing services and provision. (exact hours based on local need and subject to review of stakeholders).

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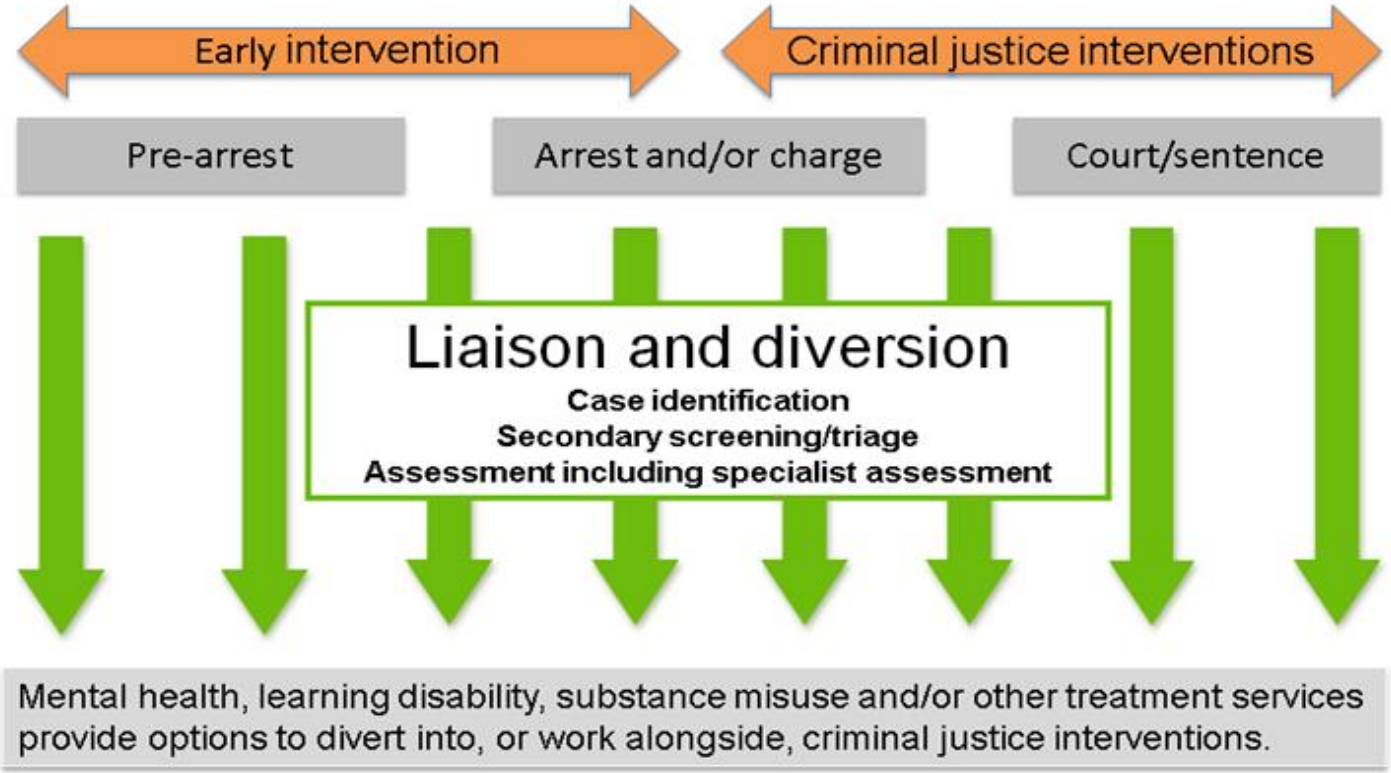
Diagram 1: The liaison and diversion process in outline



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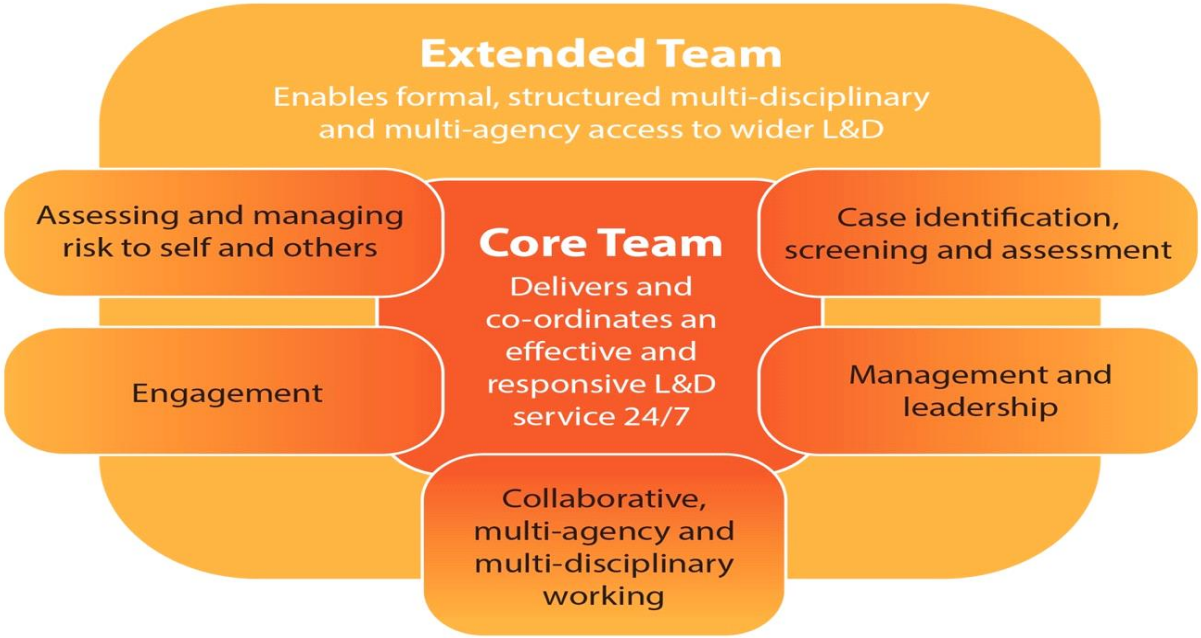
Key workforce features



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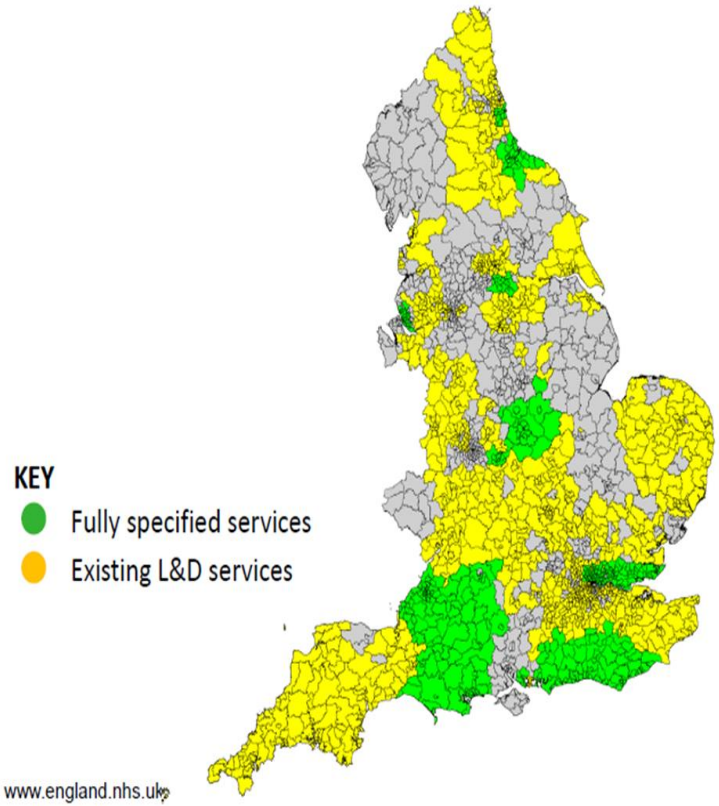
2014/15 L&D national coverage

NHS England



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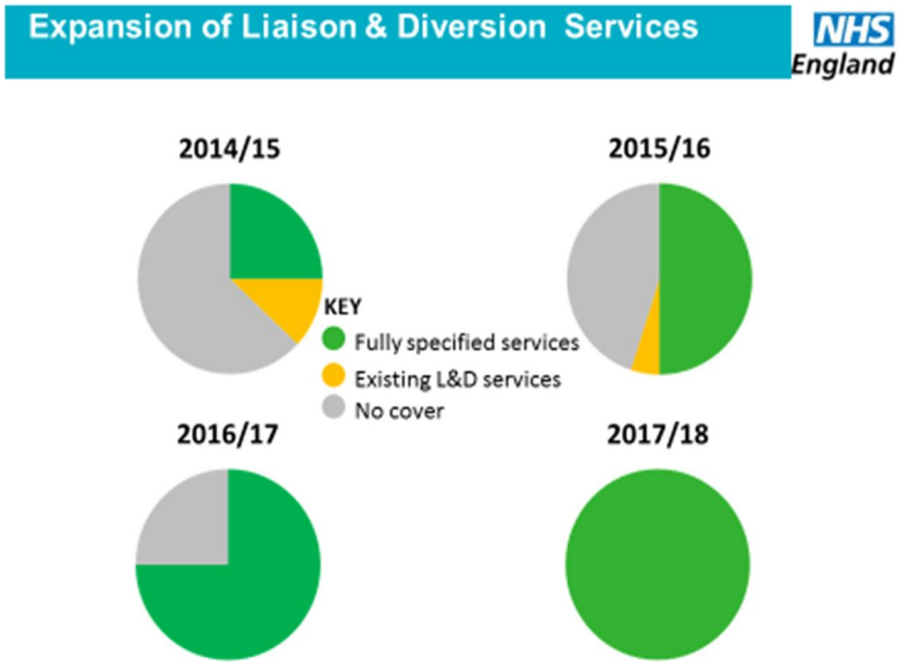
The Future



- By 2015/16, 50% of the population of England will be served by an L&D service which adheres to the new standard model.
- A full business case (FBC) will be delivered to HM Treasury in Autumn 2015, to obtain approval for the full rollout of L&D services. If it is accepted, NHS England will rollout services to cover 100% of the population.
- The programme is due to end in March 2017, by which time rollout is expected to be complete, and L&D services will be part of mainstream NHS service provision.

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WHY IMPLEMENTED IN SOMERSET?

- It will be compulsory eventually!
- It's good clinical practice → widely acknowledged that people with mental health problems can be poorly serviced by the CJS

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HOW HAS L & D BEEN IMPLEMENTED IN SOMERSET?

2009	Phase 1 – Pilot CAAS Practitioners in Taunton Magistrates and Crown Court (and Bridgwater D.V. Court)
(2010	National L & D Programme launched)
2012	Phase 2 CAAS Practitioners in Taunton Magistrates and Crown Court; Yeovil Magistrates; Yeovil Police Custody ST&R Service launched
2014	Phase 3 CAAS Practitioners in Taunton Magistrates and Crown Court; Yeovil Magistrates; Yeovil Police Custody; Taunton Custody → Bridgwater Super Custody Suite; ST&R Service
2015	Phase 4: Uplift to full National Operating Model. • Service available to all ages (Youth Courts) and vulnerabilities • All points of intervention – pre-arrest, voluntary attenders • Out of hours service provision • Partnership working with AWP L & D Service

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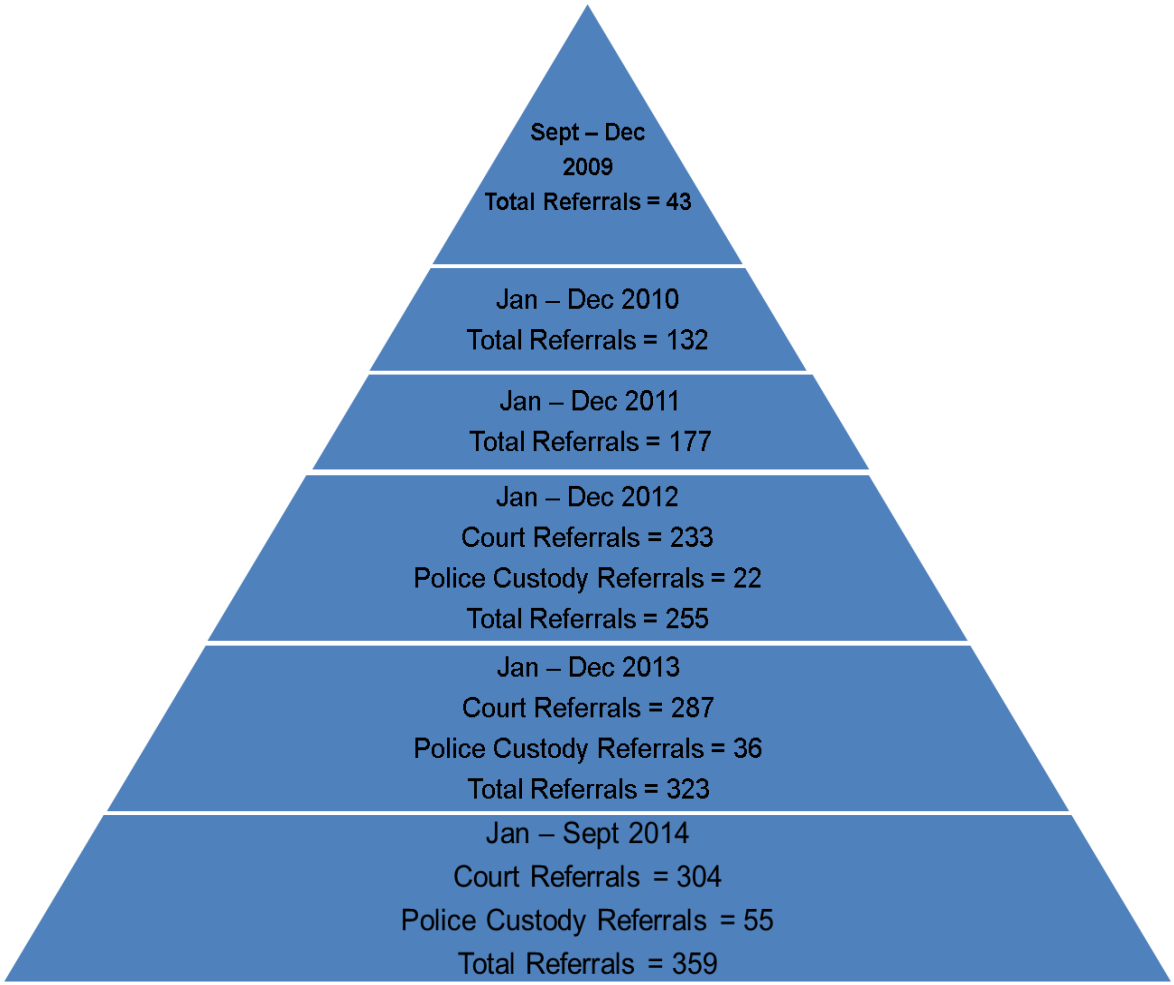
REFERRALS TO SOMERSET L & D



What have we learned?

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Key statistics from 2014 Annual Report:

Courts

- 394 referrals (+89 from previous year)
- 82% of referrals were male
- Ages ranged from 16 – 77 years, with highest proportion (32%) being 21 – 30 years
- Referrals per Court: Taunton Magistrates 209; Taunton Crown 5; Yeovil Magistrates 180
- Source of referrals: Proactive screening 45%; Solicitors 18%; Court Staff 17%
- Previous MH contact: 89% of referrals have previous MH contact; 37% current contact
- Most common clinical presentations: Depressive Disorder; Major Mental Illness; Anxiety/Stress; Personality Disorder
- 14% drug dependent; 22% alcohol dependent
- Main offences of referrals: violence to person (assault, ABH), theft, criminal damage, breaches
- 97% of referrals had completed screening reports in less than one week
- Majority of referrals presented with MH needs, which were met already or given advice. 18% had onward referrals to Primary Care, Secondary Care, MHA Assessment, other agencies.
- Other referrals required support for accommodation, substance misuse, or referrals to Specialist Services
- Only three Psychiatric Report requested during the year
- 94% CAAS Practitioner coverage of the Courts

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POLICE CUSTODY

- 55 referrals from Police Custody
- 85% referrals were male
- Age range 17 – 60 years, with highest proportion (31%) 21 – 30 years
- Most common presentations: Schizophrenia/Delusional Disorder; Depressive Disorder; Anxiety Disorder; Personality Disorder; Others
- Previous MH contact: 51% previous contact with MH; 36% current MH contact; 13% no previous MH contact
- Same offence profile to Court referrals
- Nearly half already had MH needs met or were given advice. 37% had onward referrals to Secondary MH Services or MHA assessment (higher than the Courts)
- Anecdotal evidence suggests presence of CAAS Practitioner in custody reduces the need for MHA assessments by liaising with community staff and arranging urgent follow-up appointments

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ST&R Service

- 40 referrals last year (↓ 10 from previous year)
- Demographic information matched that of Court and Custody referrals
- Support provided to assist people in attending Court, attending MH appointments, access support for housing, debt, substance misuse
- Liaise with a broad range of agencies
- Consistent positive feedback received from Service Users for CAAS ST&R

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WHAT'S IN IT FOR PATIENTS, CITIZENS AND OTHERS?

- Preventative work – MH support at earliest point of contact with CJS, i.e. Voluntary Attenders, Youth Work
- Consistent MH support – opportunities to re-engage and review
- Joined up working across agencies
- CJS has a better understanding of defendants with MH problems
- Risk reduction in Police Custody
- More efficient use of resources, i.e. reduced need for MHA assessments
- Cost efficiencies in CJS, i.e. reduction in number of adjournments, psychiatric reports
- More available MH support (with extended hours)

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