

Liaison and Diversion
Standard Service
Specification 2013/14



NHS England INFORMATION READER BOX

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Document Status

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Liaison and Diversion Standard Service Specification 2013/14

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Prepared by: Liaison and Diversion Programme

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2013/14 NHS STANDARD CONTRACT FOR LIAISON AND DIVERSION SERVICE

PARTICULARS, SCHEDULE 2 – THE SERVICES, A – Service Specification

Service Specification No.	
Service	
Commissioner Lead	
Provider Lead	
Period	
Date of Review	

1. Population Needs

Local needs to be identified by reference to the following criteria:

- Population demographics such as: rural/urban, travel needs, number and locations of police custody suite/courts, crime rates, gang culture, deprivation areas etc.
- Health Needs Assessments for custody
- Health Needs Assessments
- Local authority assessments of the general population

1.1 National/local context and evidence base

There are high numbers of offenders in the criminal justice system with complex health needs and vulnerabilities that continue to be unidentified and unmet through existing processes. This includes both individuals already known to services and those who needs have not previously been identified. L&D services aim to improve early identification of a range of vulnerabilities, (including but not limited to mental health, substance misuse, personality disorder and learning disabilities), in people coming into contact with the youth or criminal justice systems. Further to identification and assessment, individuals can be referred to appropriate treatment services so contributing to an improvement in health and social care outcomes, which may in turn positively impact on offending and re-offending rates. At the same time, the information gained from the intervention can improve fairness of the justice

process to the individual, improve the efficiency of the criminal justice system, and ensure that charging, prosecuting and disposal decisions are fully informed.

In 2007 the Secretary of State for Justice asked Lord Bradley to undertake an independent review of the diversion of offenders with mental health problems or learning disabilities away from prison. The Bradley Report was published in April 2009 and set out the recommendations for service improvement, leadership and governance arrangements to support change. One of its key recommendations was for a national model of liaison and diversion to be rolled-out across the country.

In 2008, the Department of Health (DH), the Ministry of Justice (MOJ), the Department of Children, Schools and Families (DCSF, now the Department for Education), the Home Office and the Youth Justice Board supported a major national programme of six pilot Youth Justice liaison and diversion schemes for young people with mental health, learning, communication difficulties or other vulnerabilities affecting their physical and emotional wellbeing. The pilot schemes were designed to identify and support vulnerable under 18 year olds (and their families) more systematically into services at the point that they enter the youth justice system. This pilot scheme was independently evaluated by the University of Liverpool, and the evaluation report was published in March 2012.

In April 2009 the Government published its response to Lord Bradley's review. The Government accepted the direction of travel set out by Lord Bradley and committed to developing a delivery plan, incorporating the full response to the review's recommendations. The National Delivery Plan of the Health and Criminal Justice Programme Board, published in November 2009 focused on recommendations and actions relating to adults in the criminal justice system and committed to an overall goal of police and court liaison and diversion services being in place within 5 years.

Alongside the National Delivery Plan, the government also published Healthy Children, Safer Communities that covered Lord Bradley's recommendations in relation to children and young people. This included a commitment to ensuring that children and young people are appropriately diverted from the formal Youth Justice System.

The Coalition Government accepted the direction of travel set out by Lord Bradley's review and the Healthy Children, Safer Communities Strategy, and for the recommendations to be carried forward into the cross-departmental Health and Criminal Justice Programme. The work of this programme was focused around key coalition priorities across health and criminal justice, contained in a number of key government publications.

- Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders, the Green Paper published by the Ministry of Justice, in December 2010;
- Breaking the Cycle: Government Response, in June 2011;

- The cross-Government mental health outcomes strategy *No health without mental health*, published in February 2011
- Ending Gang and Youth Violence, Home Office 2012
- The DH Business Plan 2010; The DH Business Plan 2011 - 15
- The Ministry of Justice (MOJ) Business Plan 2010; The Ministry of Justice Business Plan 2011 - 15
- The Home Office Business Plan 2011-15
- Home Office Drug Strategy 2010, Reducing Demand, Restricting Supply, Building Recovery.
- Mandate from the Government to the NHS Commissioning Board, April 2013-15

One of the key workstreams of the H&CJP was a continuation of the commitment made by Government in response to Lord Bradley's report, to see roll-out of police and court liaison services across England.

These liaison and diversion services will be for children and young people, as well as adults.

The 2010 Spending Review announced by the Government committed to taking forward proposals to invest in diversion services at police stations and courts to intervene at an early stage, diverting vulnerable people away from the justice system and into treatment where appropriate. This will include children who have a range of vulnerabilities that are indicators of poor emotional, behavioural or mental health. We know that addressing these needs early, by including children and young people in our rollout plan, will reduce the likelihood of these problems escalating, improve life chances, prevent crime and make savings to the public purse.

The opportunity afforded by the recent establishment of NHS England, as a single direct commissioner of L&D services and with a growing responsibility for commissioning offender healthcare in police stations and the court system alongside its role as primary care commissioner, means that consistent and comprehensive roll-out of L&D services is now an achievable aim. The first phase of the programme has sought to establish the current position; understanding the existing evidence base for these services, mapping the coverage and typology, collecting data to demonstrate activity, and building on best practice to develop a commissioning framework that will underpin a more consistent service. Building on this work, the next phase of the programme proposes testing the commissioning framework and evaluating the results of implementing a more standardised service. This will contribute to the further refinement of costs and benefits necessary to inform plans for comprehensive roll-out, and development of the full business case for 2015. The full business case will seek a decision regarding on-going baseline NHS funding to support implementation of comprehensive liaison and diversion services across the country, and will inform discussions for SR from 2016 – 2020.

2. Scope

Liaison and Diversion is a process whereby people of all ages passing through the criminal justice system are assessed and those with mental health, learning disability, substance misuse and other vulnerabilities are identified as soon as possible in the justice pathway.

Identified suspects/offenders are provided with and supported in access to appropriate services including, but not limited to, mental and physical health care, social care, substance misuse treatment and safeguarding.

Information gained from assessments is shared with relevant youth and criminal justice agencies to enable key decision makers to make more informed decisions on diversion, charging, case management and sentencing.

Diversion should be interpreted in its wider sense, referring to both diversion 'out of' and 'within' the youth and criminal justice systems. Access to L&D services by individuals with identified vulnerabilities does not imply that they will avoid appropriate sanctions imposed by the YJS/CJS, but that the process will be better informed, and access to appropriate health and social care interventions will be improved.

This document should be read in conjunction with the NHS England Liaison and Diversion Operating Model.

2.1 Aims and objectives of service

Aims:

- Improved access to healthcare and support services for vulnerable individuals and a reduction in health inequalities
- Diversion of individuals, where appropriate, out of the youth and criminal justice systems into health, social care or other supportive services
- To deliver efficiencies within the youth and criminal justice systems
- To reduce re-offending or escalation of offending behaviours

Objectives:

For L&D providers:

- To provide an exemplary and comprehensive screening and multi-disciplinary assessment service for all eligible referred individuals
- To operate within a robust clinical operating framework
- To provide high quality information to key decision makers in youth and

criminal justice agencies, including the police, courts, probation and Youth Offending Teams (YOTs)

- To secure referrals into mainstream health and social care services and other relevant interventions and support services
- To follow up individuals with health and social care service providers, to ensure that individuals continue to engage with treatment until an appropriate discharge point is reached

2.2 Service description/care pathway

It is expected that individuals will be treated and managed within a whole care pathway approach with services working collaboratively to ensure that individuals receive a coordinated approach to address their health and social care needs and their offending behaviour. The Care Programme Approach (CPA) process will underpin service delivery.

The service will improve health and criminal justice outcomes for children, young people and adults who come into contact with the youth and criminal justice systems.

- The entry point being where an individual is under suspicion of having committed a criminal offence
- The service will be accessible to an individual irrespective of the nature or class of offence under investigation
- The service will secure and follow up referrals into:
 - Appropriate mainstream health and social care service
 - Other relevant interventions and support services
- the service will help to ensure an individual's ability to participate effectively in the criminal justice process
- The service will facilitate the sharing of health and social care information across the youth and criminal justice pathways

2.3 Service model and care pathway:

The service will provide safe and effective clinical care across the different stages of the following care pathway:

- **Case identification and referral process**

L&D service providers to demonstrate the process by which youth and criminal

justice agencies will identify initial referrals for individuals to be screened by a liaison and diversion practitioner.

Services will check the details of those in scope of the liaison and diversion service against relevant local NHS databases to identify those known to services.

Referrals may also be made by a wide range of agencies e.g.

- Criminal courts
- Crown Prosecution Service
- Custody escort services
- Defence lawyers
- Family members or friends/carers
- Probation service
- Social workers
- Youth offending teams
- Self-referrals
- Carers and family members
- Appropriate adults
- Arrest-referral workers
- Community mental health teams
- Alcohol and drug services
- Prisons
- Police
- Custody healthcare providers
- A&E staff (if covering IOM service and able to accept referrals from A&E)

Referrals can be accepted via email, telephone or face to face.

The service should proactively work with those agencies to ensure that practitioners understand who should be referred and the process for referral.

- **Screening**

Where an individual is referred to the service they must be offered a screening appointment to be conducted by a liaison and diversion practitioner.

The service provider will identify a suite of validated screening tools that are capable of identifying a wide range of health issues and vulnerabilities.

The service will address the conditions detailed, but not be limited, to those tabulated in the following non-exhaustive list.

Adult services	Children and young people services
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Mental health Learning disabilities Autistic spectrum Substance misuse Physical health Personality disorder Acquired brain injury Safeguarding issues	Mental health (including conduct disorder, emerging symptoms and multiple risk factors for poor mental health) Learning disabilities Attention deficit hyperactivity syndrome Autistic spectrum Substance misuse Physical health Speech, language and communication needs Acquired brain injury Safeguarding issues Child protection issues Looked after children (LAC) status
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The liaison and diversion practitioner will use their clinical judgement to determine the most appropriate screening tool(s) to apply in respect of an individual.

- If the offer of a screen is declined then a case note entry made be recorded (if the person is known to services), a 'risk alert form' is completed with relevant details but indicating refusal to be screened and passed to custody/detention staff and no further action is taken.
- If the offer of a screening assessment is accepted but shows no evidence of mental health, learning disability, substance misuse or other vulnerabilities then custody/detention staff shall be informed.
- If the offer of a screen is accepted and concerns are raised during the interview, or the screening tools shows evidence of mental health, learning disability, substance misuse and other vulnerabilities, once the assessment is completed, a report is provided to the court, identifying the vulnerability of the person and their ability to plead and/or participate in court proceedings, along with recommendations to the court.
- Development and innovation in relation to engaging and maintaining engagement with clients should be encouraged and good practice shared with other services.
- Screening of the individual, through the relevant health database, should:
 - Identify the need for involvement of the liaison and diversion practitioner
 - Identify levels of risk
 - Identify levels of urgency

- Identify needs based on a review of any documentation and database checks
- Identify the need for any further screening or assessments

The practitioner will provide the referrer with the outcome of the screening. This may be:

- Acceptance onto case-load
- Signposting to a more appropriate service

If the individual is known to health or social services the practitioner will make a case-note entry regarding the referral and contact the relevant care co-ordinator.

- **Assessment**

Individuals identified as needing the involvement of the practitioner will be offered an assessment to identify any needs they have in regards to Mental Health, Learning Disabilities, Drug and Alcohol, Physical Health and Social Care needs. Assessment may include (Risk Assessment, CPA, contacting relevant Care Co-ordinator)

Individuals will be offered a holistic assessment(s) in an attempt to assess their presenting issues. Components of the assessment will include:

- Mental health state
- Psychological assessment
- Cognitive functioning
- Speech and communication issues
- Key vulnerabilities
- Drug and alcohol issues
- Reflect cultural and gender needs
- Social circumstances (including, safeguarding, relationships, leisure requirements, daily living, educational and occupational needs, employment/vocational needs, housing, finance)
- Physical health needs – management of physical health conditions
- Medication – accurate medication history
- Historical, clinical risk management
- Drug and alcohol assessment

For children and young people this should also include:

- Neurodevelopment
- Educational needs

Where speech and/or communication issues are identified the assessment should be completed by someone who can facilitate the assessment or with the use of tools to facilitate communication. An easy-read explanation of the service and the aims of the

assessment should be made available.

The service will facilitate specialist assessments where required.

- **Information flows to criminal justice agencies**

The service will provide timely, relevant information to key decision makers in criminal justice agencies to inform outcomes along the youth and criminal justice pathways. This information will also ensure that reasonable adjustments are made that enable individuals to understand and engage in youth and criminal justice proceedings. L&D services will provide information to the following agencies (this list is not exhaustive):

- Police (or other prosecuting authority)
- Crown Prosecution Service
- Defence lawyers
- Probation service
- Youth offending teams
- Magistrates' courts, youth courts and the Crown Court
- Custodial settings - NOMS

- **Engagement with mainstream services**

To make appropriate referrals into mainstream services and follow up so that procedures are in place to support individuals in accessing services including attendance at the first appointment and the capture of outcomes. L&D service providers will need to demonstrate how they will ensure engagement with services and how they will make arrangements for the collection of operational data.

2.4 Population covered

This service will be provided to individuals who come into contact with the police (or other authority investigating criminal activity) suspected of having committed a criminal offence and to be available at the point of need and to be available at, but not limited to, the locations listed at 5. L&D services will be provided to individuals in police custody, court, youth court and YOT settings.

2.5 Any acceptance and exclusion criteria

Inclusion criteria

All referrals are selected for screening/assessment according to an agreed case identification process.

The service will receive referrals from the following non-exhaustive list: the police

(and other prosecuting authorities), criminal courts, probation services, youth offending teams, social workers, solicitors, self-referral, family members, etc.

Service user group cover

- Any person over the age of criminal responsibility (ten) who is suspected of having committed a criminal offence.
- The service will be accessible to individuals irrespective of the nature or class of criminal offence under investigation.

Service users most likely to be referred to and benefit from the service include those with the following:

- Complex, severe or persistent health needs
- Learning disabilities
- Substance misuse issues
- Severe or complex emotional/behavioural difficulties requiring a mental health and social care support that require enhanced specialist community intervention as part of an integrated multi-agency package of care.
- Homelessness
- Risk including domestic violence, MAPPA, safeguarding issues
- Service users in acute crisis with eating disorder, depression, risk of suicide, psychosis, escalating self-harm, personality disorders
- Service users from a minority ethnic or minority cultural background including travellers

Exclusion criteria

The following functions will not be pursued as part of the liaison and diversion service

- Removal and detention of an individual in accordance with section 136 of the Mental Health Act 1983.
- Street triage services
- Custodial in-reach services or post release services.

However it will be important to build local interfaces between providers of liaison and diversion services and providers of above functions. This service will also address sharing relevant flows of information with these providers, to ensure that any relevant diagnoses are made known for the purposes of access to appropriate health and social care services

2.6 Response time & detail and prioritisation

The core operating hours will be responsive to local need, but will be expected to provide an out of hours service.

Police engagement with children and young people in community settings

No child or young person will wait longer than one working day for an initial screening in a community setting.

Voluntary Attendees

Police Custody Suite

Core hours – To be agreed with local commissioners

On call hours – To be agreed with local commissioners

Magistrates' Court - Youth Court

Core Hours - Monday to Saturday

Crown Court

Case by case response, available to respond to referrals within core working hours

Probation Service

To be accessible during core hours to the probation service to provide input into bail and pre-sentence report processes.

2.7 Interdependencies with other services

Due to the multi-agency nature of liaison and diversion services it is essential that the service provider encourages all agencies that contribute to the diversion pathway to proactively engage with the process in order that the aims of the service are met.

National Referral Group:

ACPO national Leads for mental health and custody portfolios
National Liaison and Diversion Programme Team
NHS England Health & Justice National Support Team

At regional level

Regional arm of NHS England
Regional Children & Young People Health & Well Being Boards
Regional Directors of Public Health
National Treatment Agency regional managers
Specialist commissioners
Youth Justice Boards Heads of business areas

At Local level

Advocacy Services
Appropriate Adult Services
CCGs
CAMHs Partnership
Crown Prosecution Service
Community Safety Partnerships
Crisis Teams
Courts
Directors of Children's Services
Directors of Public Health
Drug Action Teams
General Practitioners
Health & Wellbeing Boards
Housing associations and other housing providers
IAPT services
Local Authorities
Local Criminal Justice Boards
Local Youth Justice Boards
Local Criminal Defence Associations
Local Mental Health and Learning Disability Services (including PICUs and community mental health services)
Local Safeguarding Boards and Public Protection Panels
Multi-agency public protection arrangements (MAPPA)
Patient Liaison Departments
Police & Crime Commissioners
Police Force
Prisons
Probation
Third Sector Organisations
User/carer support services
Voluntary agencies
Youth Offending Teams

Referral Pathways

Referral pathways and relationships with other services should be documented, clear, supportive and timely.

Key stakeholders and service providers should be engaged and consulted prior to and during service development and delivery.

The referral pathway or access to primary and secondary health services (including information sharing and assessment), and other key stakeholders and services, should be operationalised and monitored.

Referral source, related activity and outcomes should be monitored in order to identify good pathways and relationships, and identify any gaps or issues.

The process for reporting problems or issues should be clear, including who is responsible for acting upon the report, timeframe, actions and outcomes.

3. Applicable service standards

3.1 Applicable national standards e.g. NICE, Royal College Quality Standards

The service must, on request, provide evidence to demonstrate compliance with all statutory requirements.

Particularly relevant to the service include:

- NHS Constitution
- Mental Health Act 1983 as amended in 2007
- NHS Community Care Act 1990 and associated guidance
- Health and safety requirements
- Healthy Children Safer Communities (DoH, 2009)
- Children Act 1989
- Children Act 2004
- Human Rights Act 1998
- Care Programme Approach
- Care Quality Commission Standards
- NHS complaints procedure

4. Key service outcomes

Outcomes

- Improved access to health and social care services
- Improved health outcomes for individuals
- Improved criminal justice system outcomes
- Improved criminal justice outcomes for individuals
- Reduction in the number of first time entrants to the youth justice system
- Reduction in offending and re-offending by individuals passing through L&D services

Performance Indicators:

- Number of individuals referred broken down by
 - service setting
 - ethnicity
 - age
 - gender
 - offence
- Number of assessments conducted broken down by service setting and professional
- Number of assessments conducted
- Number and type of referrals into mainstream services
- Number and type of referrals into voluntary and other support services
- % of first appointments kept on referral to mainstream services
- % of first appointments kept on referral to voluntary and other support services
- % follow-up appointments kept
- % individuals who complete a course of treatment / discharged by service provider
- Desistance rates between re-offending
- Information sharing protocols in place
- Service user satisfaction audit

Outcomes Indicators:

- Mental Health assessments available in the agreed designated police custody suites daily.
- Reduction of re-arrest of people known to have mental health / learning disability issues
- Reduction in time spent by vulnerable offenders remanded in custody
- Reduction in the number of court adjournments to obtain mental health information
- L&D service providers to demonstrate improved liaison with police, CPS, Probation and HMCTS to ensure decision makers have relevant information about a detainee's / defendant's mental health and learning disability at the

earliest opportunity to inform decision making.

- Improved identification of people from 'hard to reach' communities with mental health/learning disability issues at an early stage.
- L&D service providers must demonstrate how they will engage with local police, and should give consideration to a formal point of liaison within each custody suite covered by the service, to provide assurance of engagement and to facilitate data sharing.
- Increased rates of individuals registered with a GP

Information Schedule:

- The service is expected to have information sharing protocols in place to enable it to share clinical information with other agencies when appropriate, which are underpinned by Caldicott principles and information governance structures.
- Operational protocols in place – jointly agreed with relevant agencies
- Joint working protocols in place – jointly agreed with relevant agencies e.g. sharing confidential information/risk assessment and management/obtaining assessments under the Mental Health Act etc.
- Written complaints procedure
- Risk Register
- Quarterly Incident Report
- Quarterly Workforce Report
- Review of referrals

The Provider will provide all information requested by the Commissioner which is necessary for needs assessment processes.

Data Collection

The provider will complete the data set detailed in Appendix 2 in respect of each individual who engages with the service. The data set will be submitted on a monthly basis, by the 21st day of each month in arrears.

5. Location of provider premises

The service should 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 be limited to, the following locations

- Police engagement with children and young people in community settings, including restorative justice
- Police custody suites
- Voluntary attendees at police stations (or other prosecuting authorities)
- Magistrates' courts

- Youth courts
- The Crown Court
- Probation services
- Youth offending teams

1.1 Location(s) of service delivery

Setting	Provider / Trust	Name

1.2 Days/hours of operation

The core operating hours of services will be responsive to local need, but will provide access to out of hours' services.

Core operating hours for police custody suite –

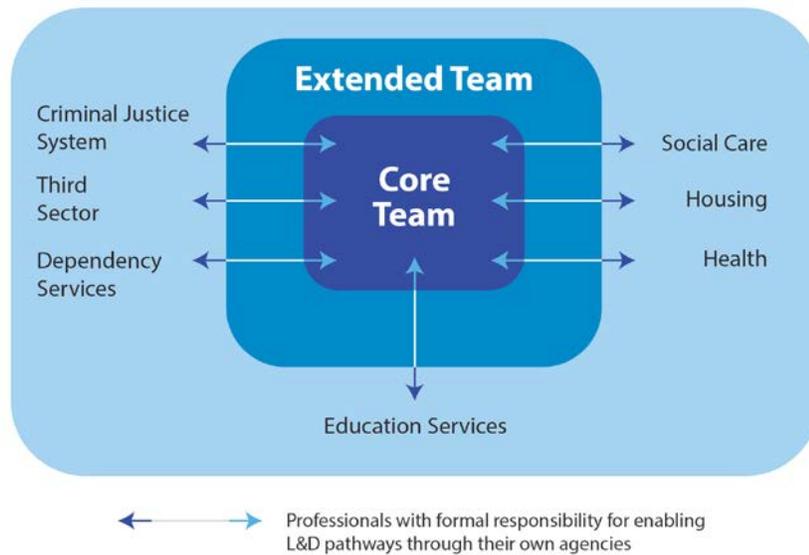
Core operating hours for magistrates' court –

On call service outside of core hours –

Appendix 1 – Functions of the multi-disciplinary team

Workforce model

This diagram contains the features of the target workforce model, featuring a core dedicated team linked to an extended team whose roles are not specific to liaison and diversion but are essential to effective liaison and diversion practice.



Core team workforce requirements

- Management function
- Adult liaison and diversion practitioners – minimum band 6
- Children and young people liaison and diversion practitioners – minimum band 6
- Learning disability practitioner – minimum band 6
- Speech and language therapist – minimum band 5
- Support time and recovery workers – band 3 or 4
- Administrators – band 3 or 4

Core Team Skills

- Mental health assessment skills
- SLCN assessment skills

- Learning disability assessment skills
- Risk assessment skills
- Problem solving skills
- Child development, risk and resilience and CAMHS knowledge
- Cultural competency training
- Gender-sensitive training
- Working knowledge of the youth and criminal justice systems and processes
- Knowledge of the Mental Health Act 1983 and its codes of practice
- Working knowledge of child safeguarding board responsibilities and practice and Children Act 1989 legislation
- Knowledge of information sharing practice
- Knowledge of the Equality Act 2010
- Knowledge of a wide range of local services and how to access them

Key core team responsibilities

Management function

- Management of core team
- Developing care pathways
- Establishing and monitoring inter-agency working
- Data gathering and sharing
- Developing links with other providers
- Informing local needs assessments and strategies

Adult liaison and diversion practitioners

- Clinical
 - Screening
 - Triage
 - Holistic psycho-social assessment
 - Facilitate specialist assessment
- Liaison
 - Informing decision making
 - Written reports
 - Provide input to pre-sentence reports
 - Advice on making reasonable adjustments
 - Information exchange with community services
 - Appropriate health promotion
 - Informing and mobilising multi-agency care
- Short term intervention
- Data collection and monitoring

- Follow up for both health and CJS outcomes
- Equalities monitoring

Children and young people liaison and diversion practitioners

- Clinical
 - Screening
 - Triage
 - Holistic psycho-social assessment
 - Facilitate specialist assessment
 - Psychosocial/safeguarding follow up
- Liaison
 - Informing decision making
 - Written reports
 - Provide input to pre-sentence reports
 - Advice on making reasonable adjustments
 - Information exchange with community services
 - Appropriate health promotion
 - Informing and mobilising multi-agency care
 - Liaising with family and carers
- Short term intervention
- Data collection and monitoring
 - Follow up for both health and YJS outcomes
 - Equalities monitoring

Support time and recovery workers

- Engagement and effective referral
- Interim case management

Administrators

- General team administration
- Making and follow up of referrals
- Data collection

Extended team workforce requirements

Provision of these extended capabilities will come from the “knitting together” of L&D with existing services, through the use of a coordinated approach to area and local commissioning.

- Psychiatry

- Psychology
- Social work
- Learning disability and autistic spectrum
- Specialist engagement and peer support services – band 3 or 4
- Probation
- Youth offending team
- Education psychology
- Education re-integration
- Child and Adolescent Mental Health Services (CAMHS)
- Young People's Substance Misuse Services (YPSMS)
- Police
- HMCTS
- Drug rehabilitation services
- **Strategy and Governance**

Formal service level agreements to be in place to cover:

- Access to services including referral criteria
- Information exchange
- Response times
- Integration with other services and pathways
 - Section 136 MHA 1983
 - Street triage
 - Prevention work
 - DIP and other substance misuse services
 - Custodial in-reach services
 - Post custody release services
- Integration with the Health and Justice Information Services programme to deliver integrated information management systems
- Joint-commissioning and local commissioning of post-diversion services

To work in partnership with statutory, independent and voluntary sectors and to participate in local strategic and operational governance structures.

Appendix 2 – Data Collection

Under construction

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