NHS England

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LIAISON AND DIVERSION MANAGER AND PRACTITIONER RESOURCES

CORE AND EXTENDED TEAMS

Personal Information

The processes set out in these briefing papers entail the collection, collation and disclosure of personal information.

Personal information about health or wellbeing, or criminal activity or propensity to crime, is sensitive and confidential.

It can only be recorded or shared with the explicit informed consent of the individual it is about, or someone with parental responsibility for them. If the individual lacks capacity under the Mental Capacity Act 2005, information can be recorded and shared when that is assessed to be in their best interests applying the Act and its Code of Practice.

However, confidential information can be recorded and shared in the public interest to help a child or young person who is or may be at risk of harm, or anyone who is or may be at risk of offending or of suffering harm or loss from offending. It can also be recorded and shared in the public interest of preventing or investigating a crime.

The information recorded or shared should be in proportion to the risk and there should be a pressing need to record or share it. Each case must be assessed on its own facts.

Equalities and health inequalities

The reduction of inequalities in access and outcomes is central to the L&D work programme. Local commissioners and practitioners are reminded that they should make explicit how they have taken into account the duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities, duties under the Health and Social Care Act 2012. Service design and communications should be appropriate and accessible to meet the needs of diverse communities.

CORE AND EXTENDED TEAMS

This particular resource paper focuses on **core and extended teams**. The core operating model is predicated on a core team to deliver and coordinate an effective and responsive L&D service. This team is linked to, and supported by, an extended team, made up of individuals from different agencies, whose roles are not specific to L&D but are essential to effective L&D practice. The relationship between the core and extended team needs to be underpinned by written agreements and information exchange protocols.

The core and extended teams should have links to other relevant services, processes and initiatives including section 136 of the Mental Health Act, safeguarding, remands into local authority care, general custody healthcare, street triage, drug and alcohol services, school special educational needs teams, parenting provision, family therapy, and appropriate adult services.

This resource outlines:

- why organising the core and extended teams matters
- a description of the core team, its key functions, the different roles required, its size and composition
- the role of the support, time and recovery worker
- a description of the extended team and which services make up the extended team
- what the written agreements should include.

WHO WE ARE

The **Liaison and Diversion (L&D) programme** is a cross-government initiative, with partners from NHS England, Department of Health, Home Office, Ministry of Justice, Youth Justice Board, HM Courts and Tribunals Service, National Offender Management Service, Public Health England, the Offender Health Collaborative (OHC) and Bradley Review Group. *See p6 for more information about the programme.*

The **Offender Health Collaborative (OHC)** is a partnership between specialist organisations which has been set up to develop an operating model to meet the needs of all those who are in contact with the criminal justice system with mental health problems and/or a learning disability. It advances and promotes better thinking, practice and outcomes in offender health and criminal justice.

OHC Offender Health Collaborative

nacro changing lives reducing crime

Revolving Doors Agency

Cass Business School City University London

Centre for Mental Health Realising a better future

the institute of mental health Nottingham

WHY ORGANISING THE CORE AND EXTENDED TEAMS MATTERS

People in contact with the youth and criminal justice systems face significantly more health inequalities and issues of social exclusion than the general population. Many will have complex or multiple needs that can only be addressed through a multi-agency approach. The narrative review of L&D completed by Professor Eddie Kane for OHC found that, for L&D to be successful, a wide range of post-diversionary services were required (Kane et al, 2012). Organising core and extended teams encourages multi-agency solutions and allows for effective referrals into a wide range of post-diversionary and specialist services.

CORE TEAM

The role of the core team is to deliver and coordinate an effective and responsive L&D service through a mixture of core and on-call hours. The team should:

- screen and assess individuals once they have been identified by criminal justice and other practitioners
- assess risk to self and others and, where appropriate, initiate effective risk management plans
- coordinate multi-agency and multi-disciplinary working
- ensure effective engagement between the individual and the referring and receiving agencies.

KEY FUNCTIONS

The key functions of the core team include:

Clinical functions

- Secondary screening, triage and psycho-social assessment
- Facilitating specialist assessment where appropriate
- Clinical/psycho-social/safeguarding follow-up

Liaison and advice functions

- Information, advice and guidance
- Informing decision making and ensuring information flows along the youth and criminal justice system pathways
- Facilitating mental health treatment requirements and more detailed assessments
- Identifying reasonable adjustments for those with learning disabilities or mental health, language and communication needs
- Gathering and exchanging information with relevant services such as housing or education
- Informing and mobilising multi-agency care, e.g. connecting statutory and voluntary services such as drug intervention programmes, housing, health and child protection
- Liaising with families and carers

Referral functions

- Identifying pathways and facilitating referrals and follow-ups within the youth and criminal justice systems and/or health and care services
- Feeding back information on outcomes to the referring agency

Short-term interventions functions

- Engaging with and making assertive referrals to other agencies where necessary and appropriate
- Making short-term interventions e.g. providing advice and support, signposting, assisting service users to access services, advocacy

Data collection and monitoring functions

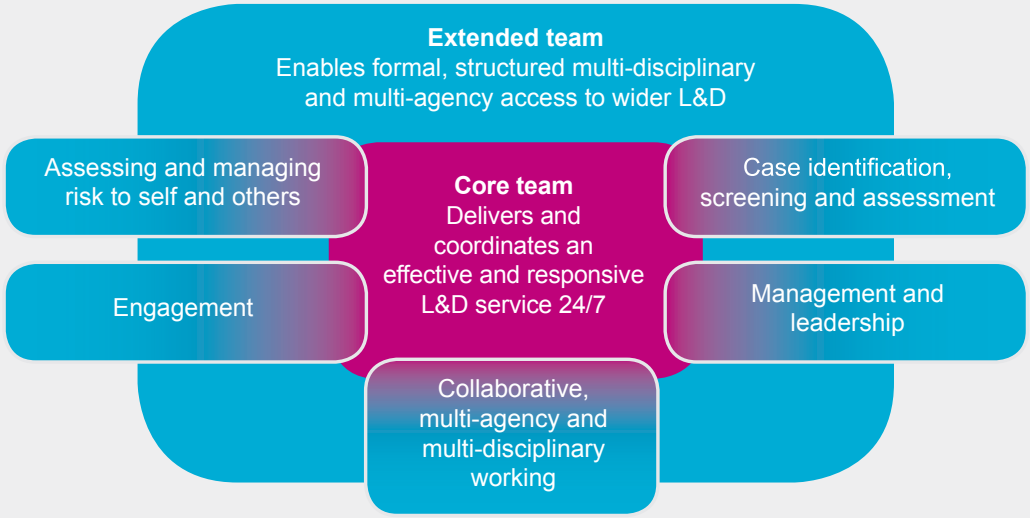
- Follow-up i.e. tracking progress in referred services to enable health, youth justice and criminal justice system outcomes to be measured
- Equalities monitoring
- Collecting information on unmet needs to inform commissioners

Safeguarding functions

- Ensuring agency policies and procedures are upheld in relation to children, young people and adults at risk

Diagram A, taken from the operating model, illustrates some of the key functions of the core team, the additional support offered by the extended team and the relationship between the two.

Diagram A



ROLES

The following roles within the core team will be required:

- Strategic management – to ensure that the L&D scheme relates to, and is integrated with, internal and external pathways and stakeholders.
- Operational management – responsibilities include managing the core team, developing pathways, troubleshooting operational problems, establishing and monitoring inter-agency working including service level agreements, data gathering and sharing, liaising with the governance/steering group, developing links with other providers and informing local needs assessments/strategies e.g. joint strategic needs assessments.

- L&D practitioners – to carry out the functions of the core team for both adults and children and young people at points of intervention in both the youth and criminal justice systems.
- Specialist workers – to provide specialist advice, assessments and links to services for those with specific needs e.g. women, children and young people.
- Support workers – to ensure effective engagement with services following referral e.g. accompany to the first appointment, reminders by use of text etc. and short-term case management.
- Administration – to provide general administrative tasks for the scheme, as well as assist with information gathering, referrals, data collection and outcome monitoring.

Other skills required include specialist knowledge of youth and criminal justice processes and the ability to screen and assess people of different ages and with different vulnerabilities.

- Staffing levels and grades will be subject to local need and the views of commissioners and stakeholders

SIZE AND COMPOSITION

The size and composition of the team will depend upon:

- local demand and local geography. For example, it might be possible for one L&D practitioner to cover two custody suites that are 15 minutes apart in an urban setting. However, it would require two L&D practitioners to cover two similar custody suites that are two hours apart in a rural setting.
- the level of demand from the youth and criminal justice systems
- the number of points of interventions i.e. the number of custody suites, courts etc.
- the range and prevalence of vulnerabilities and health inequalities among those in contact with the youth and criminal justice systems
- local geography
- views of stakeholders

Once the core team is agreed and is operating, it will need to be reviewed and, if necessary, amended.

CASE STUDY

DEVELOPING A CORE TEAM – THE EXPERIENCE OF WAKEFIELD L&D SERVICE

When we put the bid together for the service, we initially produced a very medical model with band 6 mental health nurses, supported by band 5 nurses and band 3 support workers. We knew we needed the mental health practitioners for the assessments for custody and court but we were never very comfortable with that model. We recognised early on that the make-up of the team is vital. If you're only looking at nursing staff – you're restricting the breadth of skill that you can potentially access.

Every member of the team is aware that they could work with anybody, but where possible we wanted to match the client to the practitioner that will best suit them.

We'd learnt what works with young people and we weren't sure that just sticking with mental health nurses would allow us to meet the variety of the needs of our clients. So we looked at the partners we worked with and decided that what we really needed was for some of those people to come and work in our team. To this end, we organised a secondment from the Well Women Centre for a dedicated female worker. We then tried to broaden the net when recruiting band 5 nurses in order to hire people with more diverse skills and experience. We wanted to make sure we could accommodate people with different vulnerabilities.

Because we're not a health trust one of the issues for us was recruitment. We found it very difficult to recruit nursing staff into the team because we can't employ them directly, it has to be on a secondment basis. But that forced us to think a little more widely as well. And we found that it just worked. By virtue of seconding people from different organisations we've been able to tap into a whole raft of other links. One of our practitioners, for example, has worked with a lot of voluntary organisations that work with local minority ethnic communities, which has been a useful connection.

With all of the people that we've got, initially there was a bit of anxiety about how they would all fit together, how we could use everyone to the best of their abilities. But there's a sharing of expertise across the team. If someone in the team is having difficulty in understanding a behaviour, they can go to the relevant person. It's quite a diverse team. We've got a psychologist and an art therapist in the core team, which is quite unusual, but we find it very beneficial.

SUPPORT, TIME AND RECOVERY WORKER

A key role within the core team is that of the support, time and recovery worker. Their key function is to improve a client's engagement with services following referral. They should work with individuals who have had a previous history of poor engagement or who have been assessed as likely to be poor at engaging. They will:

- make appointments
- remind clients of appointments
- accompany and support them as they engage with a new service
- advocate on the client's behalf.

The level of support required will depend on the individual and the number of agencies to which they are referred. It should not be confused with care management or care coordination which are separate and distinct roles.

The support, time and recovery function can either be provided within the core team or commissioned through a local voluntary and community sector (VCS) organisation.

CASE STUDY

Mr Smith was seen in a custodial setting and was screened and assessed by the L&D nurse. At this time Mr Smith did not need to be in hospital but three different community mental health teams had invited him to appointments. Mr Smith had previously lived with his mum but she no longer wanted him to live with her. His dad was living with a new partner out of the area and his grandparents had two other family members living with them and could not let him stay. Mr Smith needed somewhere to live, a community and mental health team assessment, support with claiming benefits and day-to-day support and encouragement.

After many calls to family members and talking to three different community mental health teams I managed to locate Mr Smith. He was living in a shed in his grandad's back garden and would pop into the house once every other day for a wash. I took Mr Smith for a coffee and talked over the support he could access. Mr Smith told me that he had been told this before and had been let down. However, we agreed a plan and set up another meeting.

The next day I booked him an appointment with the community mental health team which would take place within the next ten days. I then called First Point, a homeless prevention service, to see if they could help Mr Smith with finding a flat and claiming benefits. I also called a local charity which finds accommodation for those with mental health issues. Within a few days Mr Smith was on a housing waiting list and once the community mental health team had carried out an assessment his priority for accommodation was likely to increase. Within a week Mr Smith was starting to look much better and look forward to the future.

I met Mr Smith regularly for four weeks and five days. His care was then allocated to the community mental health team and housing support from First Point and BCHA was also in place by this point.

On my last day with Mr Smith he got very upset and said to me that without the help and support of the L&D service he would never have gone to the community mental health team. He went on to say he wouldn't have known where to find all the support he was now accessing and would have possibly wanted to end his own life. He felt that his life was now looking up and things were moving forward.

Mr Smith wished me well and said he hoped that the L&D service would continue and would grow so that other people like him could get the support they need.

Support, time and recovery worker, Dorset

EXTENDED TEAM

The extended team supports the functions of the core team by:

- providing information to assist with secondary screening and assessment
- providing information to assist with outcome monitoring
- facilitating effective referrals to be made to a wide range of post-diversionary and specialist services
- providing specialist consultation and support to the core team (e.g. forensic expertise, speech, language and communication needs).

In many cases the extended team will already be in place but the relationship and link should be formalised through service level agreements. Where key elements of the extended team do not exist or do not have the capacity to assist the core team, consideration should be given to commissioning these through NHS England.

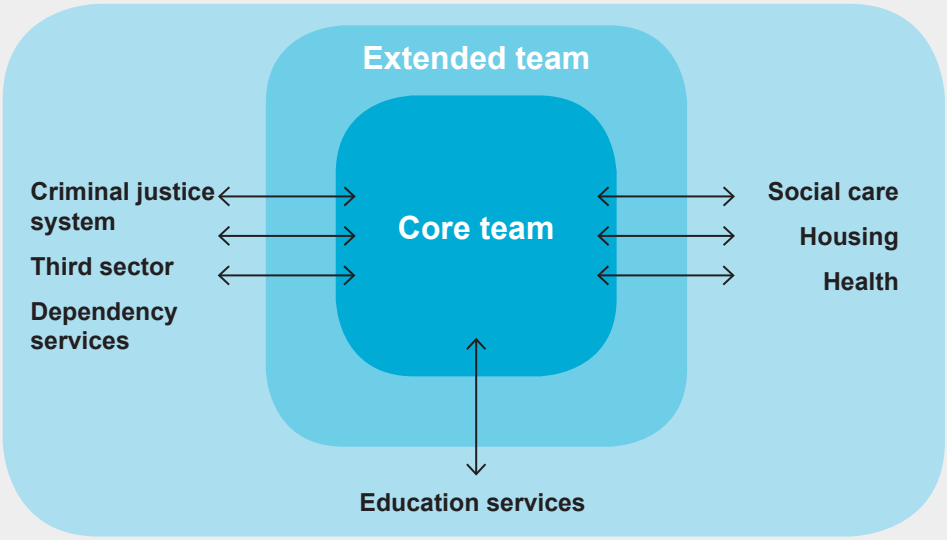
WHICH SERVICES MAKE UP THE EXTENDED TEAM

The extended team is likely to include the following services:

Services relating to children, young people and adults	Services relating to children and young people	Services relating to adults
Police Housing Substance misuse Health Psychiatry Psychology Therapy e.g. speech and language Social work Learning disability, autistic spectrum and speech, language and communication needs Specialist engagement and peer support services where they are not part of the core team	Youth offending teams (including triage and health practitioners) Prevention services – often children's services and may include youth work Education • Education psychology • Education re-integration Health • Secondary care • Child and adolescent mental health services • Multi-systemic therapy • Functional family therapy Early intervention	Probation

Diagram B, taken from the operating model, shows how the extended team assists the core team by referring service users into key services.

Diagram B



CHECKLIST

- Identify gaps within the core team which the extended team can fill
- A multi-agency approach is required to address the range of vulnerabilities
- Establish clear referral pathways

WHAT THE WRITTEN AGREEMENTS SHOULD INCLUDE

There needs to be written agreements between the core and extended teams to underpin the formal relationship. Written agreements should include (as a basic minimum) the following:

- a description of and the role of the L&D service
- a description of and the role of partner agencies which make up the extended team
- referral criteria and processes
- dispute resolution procedures including escalation processes
- monitoring and review arrangements.

FIND OUT MORE

Kane E, Jordan M, Beeley C, Huband N, Roe J and Frew S (2012) *Liaison and Diversion: Narrative review of the literature* London: Offender Health Collaborative

ABOUT THE L&D PROGRAMME

The national L&D programme was originally established in response to *The Bradley Report*. *The Bradley Report* made 82 recommendations to tackle the over-representation of people with mental health problems in prisons in England, including a recommendation to divert offenders with mental health problems from custodial settings. In response, a number of L&D pilots were established in England in 2011/12 with plans for full coverage to be achieved across the country.

L&D services aim to improve access to healthcare and support services for vulnerable individuals, reduce health inequalities, divert individuals, where appropriate, out of the youth and criminal justice systems into health, social care or other supportive services, deliver efficiencies within the youth and criminal justice systems and reduce reoffending or escalation of offending behaviours.

THE CORE OPERATING MODEL

A revised national core operating model has been developed, which will include:

- **An all-age service** across all sites available at all points of intervention
- **Early intervention** including identification, assessment and referral
- An integrated model for **children, youths and adults**
- Targeting a **range of vulnerabilities**, including learning disabilities, substance misuse, housing and education
- Provision at **police custody and courts**
- **Hours to suit** operational requirements
- **A range of referral pathways** to suit identified issues

AIM OF L&D MANAGER AND PRACTITIONER RESOURCES

Many of the challenges around developing L&D services will require a joint partnership response, with criminal justice, mental health, substance misuse, housing, welfare and other support services working together to support individuals with complex needs. In some local areas, the development of L&D services may require significant changes in culture and working practices at every level, while maintaining and improving existing services at the same time. However, each local area is unique and local stakeholders and partners are best placed to determine the progression of their services and to plan according to local needs.

This series of resources will comprise of eight practical guides on the key elements of L&D provision. The purpose of these resources is to provide a toolkit to help practitioners understand how to develop effective L&D services in their local area.