Service Specification:

Immigration Removal Centre Mental Health Services

August 2017

NHS England Publications Gateway Reference Number: 07038

Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	MH&LD 1
Service	Trauma Informed Mental Health and Learning Disability Service
Commissioner Lead	Health & Justice, NHS England
Provider Lead	
Period	
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

A key NHS England responsibility is to directly commission health services for persons who are detained in Immigration Removal Centres. This specification recognizes the importance of offering a trauma informed service to people presenting with mental ill-health whilst detained across the detained estate. It sets out the Commissioner's service requirements with the objective to secure the best possible health and justice outcomes and best value for patients accessing a trauma informed mental health and/ or learning disability service. Service outcomes should ensure a standard of care that is commensurate to that which is offered to people in the wider community and providers must deliver services in such a way as to support appropriate access to services in a timely and appropriate manner. Providers of clinical, psychological and psychiatric services work to patient centered, needs led principles and practice albeit within the potentially challenging environment of the secure environment.

A National Partnership Agreement between NHS England, HO (immigration enforcement) and Public Health England (PHE) is routinely updated and continues to confirm the support the partnership offers to the co-commissioning and delivery of healthcare services across the detained estate in England. This tripartite agreement sets out the shared strategic intent and joint corporate commitments in the commissioning, enabling and delivery of healthcare services in immigration centers in England.

This service specification sets out the Commissioner's requirements for a mental health and learning disability service for those people detained at the establishments of: xxxxx. There are specific specifications for substance misuse and primary care which align to these specifications also.

POPULATION INFORMATION:

Name of IRC			
Operational capacity[1]			
Population assumption			
Population Specification			
Gender			
Age			
Nationality			

Contract Scope

The scope of the service provision model comprises the detained populations of: xxxxxx
The provider shall deliver a consistent, accessible, high quality, safe, effective mental health and learning disability service which is commensurate to that available within the community. Service delivery must meet national expectations outlined in the Health & Justice Indicators of Performance (HJIPs) and local expectations set out in the Health & Justice Programme Key Performance Indicators (Appendix 1) and the relevant Local Quality Requirements (NHS Outcome Framework Domains) set out below.

The provider is also required to ensure that all medical professionals working in the establishment are competent and skilled and be enabled to access any relevant training as appropriate and available.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**X**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 Local defined outcomes

- Domain 2: Enhancing the quality of life of people with long-term conditions: People who use mental health services who may be at risk of crisis are offered a crisis plan; the number of new cases of psychosis served by early intervention team's year to date. It is accepted that people in detained settings who suffer from long–term conditions, life compromising

[1] As on the 1st September 2014; maybe subject to change

conditions would be likely to be released from the detained setting under health grounds and therefore we would see very few people in this category.

- Domain 3: Helping people to recover from episodes of ill-health or following injury: Improving access to Psychological Therapies (IAPT): of those completing treatment it is expected that at least 50% will recover; and rate of recovery higher than previous quarter until 50% recovery rate is achieved and when achieved maintained;
- Domain 4: Ensuring people have a positive experience of care: Patient experience of mental health services;
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:
- The stepped care model for mental health is implemented and delivered by a multidisciplinary health and social care support where provided through local authority commissioned provision which encompasses a wide range of skills and competencies;
- The patient population are offered access to trauma informed mental health services which are comparable in quality and structure to those delivered within the community, within the constraints of the secure setting, for 100% of those requesting or assessed as requiring such interventions;
- All patients are assessed using suitable, evidence based and validated as culturally appropriate screening tools;
- All patients at the mild to moderate stages are managed using a care co-ordination approach and have a lead professional;
- Patients assessed as being vulnerable, high risk, having complex needs and/or requiring input from a range of secondary care services have their care coordinated under the Care Programme Approach (CPA);
- Patients are engaged in a broad range of trauma informed psychological therapies and therapeutic activities appropriate to their level of need;
- Services are delivered in accordance with NICE guidance;
- Specific pathways that support patient need are in place to enable patients with a personality disorder, learning disability or dual diagnosis to be supported and directed to appropriate specialist services as required;
- Mental health support and input is provided into the ACDT (Assessment, Care in Detention, and Teamwork) process;
- The mental health service works collaboratively with other healthcare providers, and the establishment operator, to minimise patient harm and risk (to both themselves and others); alerting them to concerns about apparent shortfalls in mental capacity that might affect non-healthcare as well as healthcare decision-making
- Patients are managed along a seamless trauma informed pathway with links established with community services in support of continuity of care and re-integration as appropriate.
- The mental health service supports a whole establishment approach to positive mental health and wellbeing;
- All departments and staff across the establishment have a basic awareness of mental health signs, symptoms and management; Trauma informed training in this area needs to be reflective of standards of care and ensure that all training of healthcare staff is pertinent to working within detained settings. Particular training around Rule 35 and best practice in respect of R35 reports which specifically reflects the ability to recognise, assess and flag experience of trauma.
- Access to services is reflective and supportive of the demographic make-up of the patient population (e.g. ethnicity, disability, religion, sexual orientation); with contingency management in place to ensure service delivery is not compromised through periods where staffing can be limited and access to translation services is readily available.
- Patient views and feedback are regularly obtained and their comments reflected in continuous service improvement.

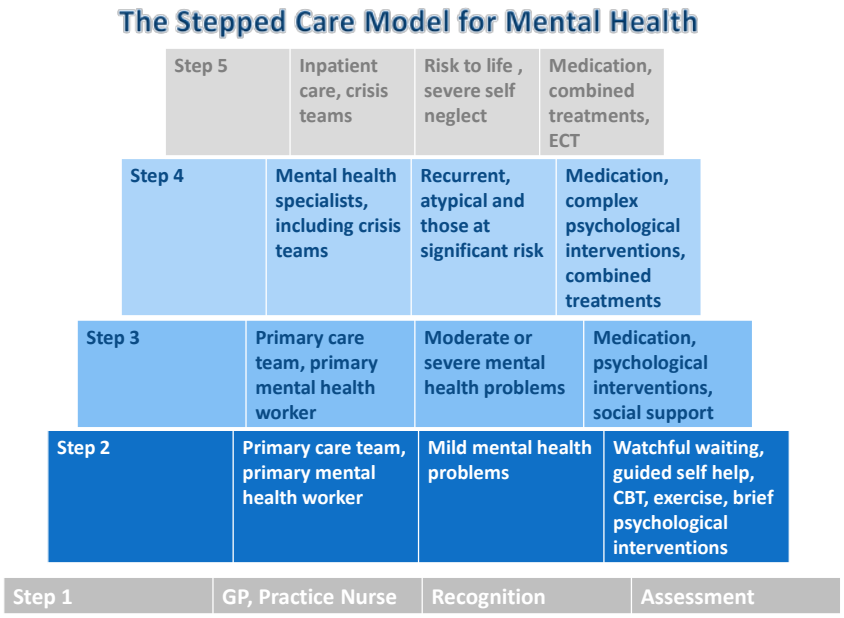
3. Scope

3.1 Aims and objectives of service

- To deliver a fully integrated and comprehensive trauma informed mental health service to all patients (including those with a learning disability or personality disorder) based on careful and systematic assessment of need. The service should be flexible, responsible and equitable to that expected outside of the establishment.
- To deliver a stepped care model for mental health services spanning both mild to moderate and severe and enduring mental health needs and learning disabilities.
- To secure improvements in health status and prevent or decrease morbidity and disability associated with mental health.
- To deliver a service that can anticipate, prevent and provide for crisis and/or access to a specialist bed in a safe environment.
- To deliver services in partnership with the HO Operator, primary care and substance misuse healthcare providers.
- To increase awareness of mental health and learning disability issues and services across the establishment.
- To work in partnership with the primary care team to ensure that all patients with a Learning Disability have an annual health check and health action plan. For those assessed as meeting the criteria within the HO Adults at Risk policy and therefore not fit for detention the appropriate action needs to be taken to support their release.
- To provide services which have capacity and capability to respond to changes in health needs arising from changes in policy.

3.2 Service description/care pathway

The provision of an integrated stepped care model for mental health which will enable patients to flow seamlessly between mild to moderate and severe and enduring stages, based on clinical need and risk at different points in time. The mental health service will deliver a service model with the flexibility to react to, and support, the patient's continuum of need. The provider will strive to duplicate the Stepped Care Model as closely as possible whilst taking into account the operating environment. Step 5 is not in scope of this requirement as this level of provision sits outside of this contract. Step 1 is within the domain of Primary Care.



<u>Foundation level and Step 1 (this is for information as the primary care team will deliver this level, albeit with support from the mental health team).</u>

The foundation level requires a whole establishment approach; providing patients with self-help information, advice, guidance and signposting to relevant health and non-health services. The Mental Health Team will support the patient in the delivery of a whole establishment approach including:

- Providers being Trauma informed
- Providing patient information for use across the establishment
- Providing mental health awareness training for the secure estate and healthcare staff at intervals agreed with the Commissioner and establishment Operator
- Participation in health fairs or other establishment wide health promotion events
- Contributing to resettlement case reviews.
- Promoting patients accessing activities likely to support them including;
  - Purposeful activity
  - Physical exercise
  - Peer support
  - General programmes of wellness support
  - Chaplaincy
  - Samaritans and other telephone support service as appropriate (e.g Red Cross)

Initial screening of patients (including reception and general health assessments) will be completed by the primary care team at reception. The Mental Health Team will support the reception process by ensuring:

- To make use of whichever culturally accredited screening tool is in place for use by the Primary Care Team in which they have been trained to use. It is expected that the HASI non-verbal Screening Questionnaire is used to identify detainee with learning disability. This tool must be used in line with the Home Office Adults at risk policy and if appropriate will support the healthcare provider in evidencing that the patient is not fit for detention,
- Referral tools and pathways are agreed with the Primary Care Team and the establishment operator to facilitate the timely referral of patients to the mental health service. Patients received into the establishment already under the care of a mental health service will be

referred directly to the Mental Health Team. Members of the Mental Health Team must also be able to respond to any urgent queries, during their working day.
- Patient information material is available advising all patients of the service available, in a range of formats, advising all patients of the service available from the Mental Health Team.

Steps 2 and 3

To provide a trauma informed service for patients with mild to moderate mental health needs (including anxiety, depression, PTSD, dual diagnosis and mild personality disorders), in partnership with the establishment GP.

Steps 2 and 3 include:
- Initial assessment of patients using an appropriate assessment tool;
- Onward referral, where this is indicated, in a timely way and in line with agreed protocols;
- Development and implementation of an individualised care plan. Patients should be managed under a care coordination approach with a named lead professional;
- Treatment, as appropriate to the patient's need and in line with national guidance, best practice and the recommendations of national clinical bodies. This must include access to talking therapies and should include the availability of services such as books on prescription;
- Ongoing monitoring of symptoms and regular review of progress. Helping maintain continuity of care whilst in detention through advocating medical holds to inhibit transfers to other IRCs

Care delivered must be structured through a mixture of one to one and group work activities. It is expected that between 1- 8 face to face sessions would be appropriate at these steps.

Possible topics for group work sessions include self-esteem, coping skills, anger management, anxiety management, life skills and relaxation. The running of group sessions will need to be agreed with the establishment Operator.

The Mental Health Team with work with the Primary Care Team and the establishment Operator to enable exercises on referral and books on prescription programmes to be run

Steps 4 and 5

To provide a trauma informed service to patients with severe and enduring mental illness.(a) advocating their release from detention using rule 35(1) and (b) repeatedly checking that the clinical view on the adverse health impact of detention is taken fully into account in balancing arguments for exceptionality used to maintain detention.
For those patients assessed as requiring the input of the team's consultant psychiatrist, the consultant will provide consultation and liaison services to those individuals within the agreed sessions.

All patients will be supported via Care Programme Approach (CPA), and will therefore

- Receive care which optimises engagement and recovery, anticipates or prevents crisis and reduces risk;
- Have a named care coordinator;
- Have a written copy of a care plan which:
  - Includes action to be taken in a crisis by the service user, health coordinator and the establishment staff;
  - Advises the establishment GP how they should respond if further help is required;
  - Is regularly reviewed.

At steps 4 and 5 the Mental Health Team will provide a trauma informed service which offers:

- Liaison with services used prior to detention where possible;
- Treatment related to the clinical need of the patient;
- Liaison with the Primary Care and Substance Misuse Teams within the establishment and broader mental health provision and with external health and social care organisations regarding patient care issues is crucial. The Mental Health Team will create and improve links with external agencies and, where necessary, appropriate protocols should be developed. Liaison with other healthcare providers and social care agencies in the development of the care coordination programme should be a priority;
- Advice and support on mental health training and development of establishment staff;
- Support reintegration with community services to support patients' mental health needs upon release from the establishment.

Care delivered must be structured through a mixture of one to one and group work activities. The running of group sessions will need to be agreed with the establishment operator.

Risk Assessment and Management

A comprehensive approach to risk, as it affects individuals and the wider establishment is not only clinically essential but must be an ongoing organisational priority. A matrix of need/risk should form the core of any care planning. All staff involved in the clinical delivery of this service must receive training in risk assessment and risk management. All decisions relating to treatment, medication and risk are to be recorded and communicated to relevant staff as appropriate.

Care Planning and Review

A range of comprehensive care pathways, policies and procedures will be developed and implemented in collaboration with- patients and /or their advocates.

All referrals to the Mental Health Team will be discussed in an allocation meeting to be held at least weekly.
The patient will be assigned to the most appropriate health professional, based upon the information available.

For referrals to the Mental Health Team that are not accepted a copy of the assessment, including its outcomes and further advice and signposting information, will be returned to the referrer.

The Mental Health Team will ensure that, where appropriate, for patients on their caseload, the community team involved with the process of care, the community GP and any other relevant services are kept informed of the patient's ongoing care. Patients must be involved in the development and agreement of their care plan.

Once the plan of care is agreed a letter will be sent to the referrer, where appropriate, (if outside of the Mental Health Team), as soon as possible, detailing the outcome of the assessment, the plan of care, care coordinator and level of care coordination.

As part of the care coordination process there will be ongoing clinical review of all patients, dependent upon need, with an identified care plan.

All treatment and treatment decisions will be appropriately documented in line with the Provider's and other NHS and Detention Service regulations and in compliance with data

protection legislation. Services must be delivered in accordance with NICE guidance. Clinical information must be handled according to the standards of NHS England information governance and GMC/GNC guidelines on confidentiality.

SystmOne is the national clinical IT system and holds the patient's core clinical record. SystmOne should be used as the primary clinical record. The implementation of the new H and J IT system must be used by the provider as it becomes available and will support connectivity of data across care domains.

The Mental Health Team will complete an annual CPA audit, in line with the requirements set out in the national Health and Justice Indicators of Performance (HJIPs).

It is expected that all patients under the care of the Mental Health Team will have the HoNOS – secure care outcome monitoring tool – completed at the beginning of their treatment episode and thereafter every 6 weeks up to discharge. The collated outcome scores must be available for reporting to the Commissioner.

The Mental Health Team will complete joint care planning with other healthcare teams (primary care and substance misuse), including attendance at multidisciplinary case conferences, where appropriate.

In the case of patients where the likelihood of their move from the establishment would happen relatively quickly a period of detention can offer an early opportunity to engage with a previously undiagnosed significant mental health issues. The Mental Health Team will develop and implement processes to enable to rapid assessment of short stay detainees where an identification of a possible mental health need.

Crisis

Removal Centers have an established, multidisciplinary approach to managing a person in crisis - the ACDT process (Assessment, Care in Detention, and Teamwork). The ACDT process ensures that any detainee who is causing concern or who needs to be kept safe receives immediate support, multidisciplinary review and care planning.

The desired outcomes of engaging someone in the ACDT process are:

- Reduction in the number of incidents of self-inflicted death and self-harm;
- Vulnerable individuals are provided with positive care and support that gives them coping mechanisms other than self-harm.
- Support clinical staff to identify whether a detainee is not fit to be detained and in such cases report this position to HO staff as appropriate.

The current ACDT process in detained settings provides a suitable multidisciplinary crisis response service, which signposts for resolution of crisis issues to the appropriate departments.

The mental health service team will ensure appropriate support is provided to patients whose crisis has a mental health component, and will ensure that care planning is robust, with a defined beginning and end. This involves providing a same day urgent mental health assessment, when required, during the services working hours and attendance at ACDT review meetings.

As part of this process the Mental Health Team will be required to identify whether a patient being placed on constant supervision is as a result of a clinical need. The mental health team,

in collaboration with other healthcare teams within the establishment will either directly provide staff to undertake the constant supervision or negotiate with the establishment operator for the required staffing support. Arrangements must be agreed with the establishment operator regarding the initiation of constant supervision that is required out of service hours. Where the mental health team is required to support constant supervision of a detained person there must be a therapeutic purpose to the supervision.

Clinical evidence advises that constant supervision should only be used in the most acute phases of mental distress and should be used for the minimum amount of time during a period of crisis. Commissioners will not support the use of healthcare resources where it is not clinically appropriate to do so and it is critical that any period of supervision ensures that an assessment of the patient of their continued fitness to detain and the appropriate actions are taken by health providers if the medical assessment is that they are not to support their release from detention.

A protocol will be developed by the Mental Health Team and the establishment operator for identifying the circumstances when it is deemed clinically appropriate to observe a patient constantly i.e. 'constant supervision' pending publication of nationally agreed definition and model. The Commissioner expects the use of constant supervision to be the exception and not a default risk management strategy; it is an exceptional short term intervention utilised in the highest risk cases only. It is expected, subject to a risk assessment, that wherever possible the patient will engage in normal activities during the day under the constant care of the Mental Health Team enabled and supported by the establishment. This approach needs to be line with the HO Adults at risk policy and be supported through the providers safeguarding principles

The Mental Health Team will fully participate in the ACDT process and the regular review of patients presenting with actual, or risk of carrying out, acts of self-harm (and or deemed as at risk of committing suicide) as part of a multi-disciplinary team.

In all cases a care plan and ACDT document will be opened and robustly maintained to ensure a multi-disciplinary care approach and excellent lines of communication are maintained.

There may be occasions where it is unclear whether the patient is presenting with a mental health illness. This is especially difficult where the patient is a new to the establishment and therefore unknown to healthcare teams. Where it is considered that there is a serious risk to the health and well-being of the patient and it is deemed appropriate that 1-1 supervision is required, this will be led and managed by the establishment. The patient will undergo a mental health assessment within 4 hours of admission and will be seen by a mental health professional, usually a senior trainee (eg SpRs) within 72 hours of admission. A care plan will be initiated, ACDT documentation opened and a management plan will inform NHS Commissioners and the HO of whether there is a diagnosable mental health condition *and* where required the required process put in place to secure the detainees release. This will be done with a supporting process (ie R35 report) and aligned to the HO Adult at Risk policy and with the patients consent.

It is important to note that further work on the care and management of patients presenting with risk of serious self-harm and/or suicide is being led nationally and there may be a requirement to change the content of this specification as and when national policy becomes available.

Members of the Mental Health Team must have the appropriate skills and training to enable them to complete risk assessments and differentiate behavioural from mental health issues.

Careful consideration must be given to the location and facilities available within the establishment before undertaking a clinical constant supervision. The patient's clinical needs,

along with the timing and availability of healthcare support, need to be taken into account. If it is not possible for healthcare and the establishment to make appropriate reasonable adjustments to meet the patient's clinical needs consideration must be given to the transfer of the patient to a more suitable healthcare environment (e.g. transfer to hospital under the Mental Health Act 1983.) in line with the NHS England and HO IRC hospital transfer guidelines (in development 2016)

In the event of a Death in Detention::

- Mental health staff should take appropriate action after a Death in Detention.
- The Provider's Director on Call or other senior manager must be notified immediately;
- The Commissioner should be advised no later than the next working day;
- A healthcare lead will be agreed and in line with all secure setting healthcare services will undertake an initial route cause analysis within 48 hours. The finding will be shared with the Commissioner;
- Quarterly action plan updates will be provided to the Commissioner at the contract management meetings (and through them to the IRC Health Partnership Board) regarding how Death in Dentention recommendations have been implemented to improve prisoner care. An exception report is required where recommendations have not been implemented.

Out of Hours

The IRC will be covered out of hours by the primary care service and also a community Out of Hours and emergency service commissioned by the local CCG's.

Multidisciplinary Whole Establishment Mental Health Meetings

The Mental Health Team will establish with the establishment operator regular mental health meetings. These should be chaired by HO and attended by substance misuse, primary care and Mental Health Teams, Chaplaincy, Residential etc. The meetings enable a joint approach to reviewing:

- Patients on an ACDT;
- Patients for whom there is an emerging concern;
- Patients on CPA who may need a mutli-disciplinary care and management plan;
- Any patients on the Mental Health Team's waiting list.

Dual Diagnosis

The Mental Health Team will work jointly with the integrated substance misuse service or through the primary care service as appropriate in the management of clients with co-existing mental health and substance misuse needs.

The care of a person who has a dual diagnosis, which includes mental health issues, will be delivered via the CPA process and coordinated by specialist mental health service practitioners.

Learning Disability and Personality Disorders

Members of the Mental Health Team need to have an understanding of learning disabilities (LD) and some understanding personality disorders (PD).

The Mental Health Team will take a leading role regarding LD and PD. This is to involve:

- raising awareness of LD and PD across the detained setting; and ensuring that any provision aligns with the HO Adults at risk policy,
- Helping detention and healthcare staff to identify possible LD and PD and better

understand how a person may present when affected by these disabilities and disorder.
- Recognising that where appropriate where someone is vulnerable due to their conditions and thus not fit to be detained providers need to support the process for the detainees release.
- Working with the establishment operator and other healthcare services to devise strategies to manage particular LD and PD patients, whose behaviour is causing considerable disruption or concern; this includes contributing to case conferences.

Individuals identified with a learning disability will be given a comprehensive physical and mental health assessment using an appropriate tool which staff are fully trained to use.

Patients identified with a suspected or confirmed learning disability must be clearly identified on a central IRC healthcare database and appropriate information shared with the establishment operator and other healthcare services.

The Mental Health Team will also work with the primary care team in the development of learning disability registers that will enable an annual health check and health action plan to be completed.

Appropriate support must be provided to patients with an identified or suspected learning disability or difficulty in order to enable them to cope better within the detained environment and ensure that their health needs are met.

All detained patients with a learning disability/difficulty will have access to relevant, easy to read information that meets their specific needs

<u>Tertiary Service</u>

The Mental Health Team will have responsibility for proactively managing the process for patients who require transfer to hospital under the Mental Health Act 1983. The Mental Health Team will ensure that patients are referred to the provider of tertiary mental health services in a timely way, and in line with agreed protocols. This includes proactively monitoring referral and assessment times.
Most hospital transfers will not require a secure hospital bed and a transfer to psychiatric in-patient care will result in a person being release from detention. Where the requirement for an in-patient bed is confirmed
- Urgent cases (acutely ill patients) should be transferred within 14 days from the date that the secure provider agrees to admit the patient;
- Non-acutely ill patients should be transferred within 12 weeks from the date of the first assessment to completion of transfer to hospital.

Where these transfer times are unlikely to be achieved or have been breached the local CCG should be advised as soon as possible through locally agreed escalation processes.

If a secure hospital bed is required the Specialist Commissioning Team will identify a suitable placement and will advise the mental health provider of the likely transfer time frame.

The Mental Health Team will ensure that a multidisciplinary care plan is in place, developed jointly with the establishment operator, Primary Care Team and OOH service to manage the patient, both in terms of clinical need and risk, whilst they remain in the establishment awaiting assessment and transfer.

<u>Access to specialist mental health services</u>

The Mental Health Team will ensure that formal care pathways are in place to enable patients to access, on a needs led basis, all of the following specialist mental health services:

- Dual Diagnosis;
- Personality Disorder Services
- Early Intervention in Psychosis;
- Trauma management and Crisis Resolution;
- Mental health services for Older People who should be identified as Adults at risk (aligned to the HO Adults at risk Policy) and removed from detention as soon as possible.

All healthcare providers within the detained setting have a responsibility to work with the Commissioner and the establishment operator to support a reduction in the number of unnecessary patient transfers to hospital. This is to be achieved by ensuring that all patients that can be appropriately and safely treated within the establishment are done so, and that patients are returned from hospital following an inpatient stay as soon as it is clinically appropriate to do so.

Information regarding escort and bed watch activity and trends must be collated on a regular basis and discussed as part of clinical governance meetings with other healthcare providers.
To support the appropriate management of hospital escort and bed watches the Mental Health Team will operate systems to support admission avoidance, identifying at risk patients and providing proactive healthcare support.

The Mental Health Team will develop robust working relationship with local acute providers to support mutual understanding and effective working practices.

<u>Food and fluid Refusers</u>

The Mental Health team will work with the Primary Care Team and the establishment operator on the agreement of a protocol for the management of food and fluid refusers. This will include access criteria and pathways for detention and acute beds, communication and referral links with acute secondary care services and systems for the regular assessment of mental capacity. Members of the Mental Health Team should be trained in relation to the Mental Capacity Act (including how staff assess levels of mental capacity when making decisions about care, and also refusal of care) and the use of Advanced Directives

<u>Medication</u>

All medication administration will be undertaken by the Primary Care Team other than specialist psychiatric medicines such as Depot injections. The Mental Health Team will liaise with the Primary Care Team to ensure advice and guidance is available regarding medication management.

The Mental Health Team will be required to ensure that the formulary and other medicines related polices are adopted and used where ever is practicable. Development of a formulary will be led by the Primary Care Team but developed in collaboration with mental health and substance misuse teams. The formulary will be based on relevant guidance but adapted to meet the special limitations of a detained setting (e.g. where medicines are open to abuse or pose a high risk of overdose). Clinicians are permitted to use their discretion in prescribing however it is expected that the majority of prescribing adheres to the formulary in support of both patient safety and establishment security. In summary it is expected that cost effective, evidence based prescribing practice is undertaken at all times.
There are specific medicine standards for IRC's that have been developed and service providers must adhere to these standards.

Clinic Management

The Mental Health Team will have responsibility for the management of all mental health clinics and group sessions that take place within the establishment. This includes:

- Arranging clinics;
- Ensuring facilities and equipment are in place and in good working order to enable clinics to take place;
- Maintaining a waiting list of patients to be seen;
- Scheduling appropriate patients onto clinics;
- Monitoring and reducing patient DNAs. Whenever a patient DNAs the Mental Health Team is responsible for ensuring this is followed up with the patient or unit staff and ensuring an alternative appointment is arranged, as appropriate. Where there are concerns about the patient's mental health the Mental Health Team will attend the patient in the unit. The establishment Operator should be advised of any DNAs;
- Where DNAs are a result of regime constraints the Provider will work closely with the establishment operator to identify and resolve them;
- Providing administrative support to clinics e.g. referring patients to secondary services, tracking appointments, arranging external escorts;
- Operating a system whereby, when unavoidable, cancelled escorts do not affect urgent referrals or risk patients breaching national waiting times targets;
- Establishing and operating systems enabling waiting times for secondary care referrals to be measured, flagging where breaches of national waiting time's targets may occur.

Health Promotion Action Group

The Mental Health Team will be a member of the IRC Health Promotion Action Group, contribute towards the establishment Health Promotion Action Plan and support health promotion activities across the establishment.

Management Support

The Provider will:

- Ensure all healthcare staff are aware of the standards of expected service delivery and ensure compliance with these standards;
- Support the health needs analysis process by enabling access to demographical and clinical data, providing service descriptions, supporting service user engagement and providing healthcare feedback;
- Have operational oversight of all mental health services delivered within the establishment and resolution of day to day issues;
- Development of healthcare services within the establishment including the production of an annual Health Delivery Plan;
- Provide healthcare advice to the establishment regime and senior management team;
- Provide healthcare support and input as required within detention service orders.

Planning for release:

The Mental Health Team will engage with community services where possible to facilitate continuity of care and provide a discharge coordination service for patients where appropriate. For those individuals who are so poorly they cannot remain in detention it is important that the mental health team work alongside the HO to support the person is released to an environment that better meets their needs.

Protocols and pathways need to be in place as part of discharge planning for the following areas:

- Transfer to another establishment;
- Transfer to an NHS facility;
- Pre-release planning in line with CPA standards;
- Detainees with substance dependence;

Discharge planning should be undertaken in liaison with HO case managers as appropriate as part of joint release planning processes which allows for continuity of personnel involved in the specific or overarching care of the patient. On request from the HO, the mental health team should support primary care in assessments of fitness to fly in those with ongoing mental ill health.

The Mental Health Team will work with the Primary Care Team where appropriate, to ensure that:

- Advice is provided to the patient on how to manage their healthcare needs on release;
- Medication needs are included in the discharge planning process. This is particularly important where the patient has a specific medication need (e.g. a specially prepared or difficult to purchase medicine or to manage continuity of treatment post removal). Patients should be provided with advice regarding local pharmacies where appropriate.
- Where appropriate patient consent should be obtained so that their medicines information can be sent directly to their community pharmacy;

Workforce Requirements

All staff providing services under this agreement must:

- have full professional registration;
- discharge their professional responsibilities in line with their professional standards, regulations and codes of conduct;
- have the right to work in the United Kingdom;
- be a member of an approved professional organisation with the appropriate professional indemnity insurance in place;
- have regular clinical supervision;
- have an annual appraisal and an up to date continuing professional development plan;
- have appropriate support to take the necessary study leave in order to develop the necessary skills and to keep up-to-date knowledge in support of professional practice requirements.

3.4 Any acceptance and exclusion criteria and thresholds

Days and Hours Of Operation

- Services must be provided for 52 weeks per year.
- Services must be provided during and outside of the core day with some cover at weekends and evenings

Referral Criteria and Route

- The service is open to all patients according to clinical need. Patients will not be excluded if they have a personality disorder, learning disability or substance misuse issue;
- Referrals to the team can be made from any healthcare or prison provider. Self-referral is permitted. A standardised referral pathway must be agreed and implemented;
- All referrals to the team will be discussed in a weekly team meeting and allocated for assessment. This person will assume the role of assessment coordinator. Communication will be maintained with the referrer where clinically indicated throughout the assessment

process;
- Once the assessment is completed it will be discussed in the team meeting, and if the person's needs require the support of the Mental Health Team, a lead professional or care coordinator will be allocated based on the severity of need;
- A robust risk assessment is required on all new referrals to enable priority to be assessed. In cases where the referral is considered urgent patients should be taken retrospectively to the allocation meeting.

Exclusion Criteria

There are no exclusion criteria – access to the service is according to clinical mental health need.

Demand Management

The Provider will proactively manage keeping waiting times to a minimum by:
- Proactive management of demand and capacity and implementation of a flexible reactive appointment system that is responsive to need;
- Accessible access to urgent care during contracted hours;
- Taking advantage of developments in technology to enhance access to care;

3.5 Interdependence with other services/providers

The key interdependence with other services will be the Provider's obligation under this contract to deliver an integrated care delivery model / service in collaboration with all other healthcare services / providers.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- No Health Without Mental Health – National Framework to Improve Mental Health & Well-being (2012);
- Refocusing the care programme approach: policy and positive practice guidance (2008);
- High Quality Care for All (2008);
- NICE guidance – including borderline and anti-social personality disorders;
- Health and Justice Indicators of Performance (HJIPs);
- The Bradley Report (2009);
- Improving Health, Supporting Justice (2009);
- The Mental Health Act 1983 (2007);
- New Horizons – A Shared Vision for Mental Health (2009);
- Personality Disorder: No longer a diagnosis of exclusion (DH 2003);
- Organising and Delivering Psychological Therapies (DH 2004);
- Treatment and choice in psychological therapies and counselling (DH 2001);
- National offender personality disorder strategy (DH 2011);
- Department of Health (2009), Valuing People Now: The Delivery Plan. HMSO. London;
- Department of Health (2009), Health Action Planning and Health Facilitation for People with Learning Disabilities: Good Practice Guidance. HMSO. London;
- The Disability Discrimination Act (DDA) (2005).
- Equal Access Equal Care. Toolkit for supporting LDD in secure environments (2015)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg

Royal Colleges)

Royal College of Psychiatrists (RCPsych) standards apply. Note: Asylum working party's statement on mental conditions unsuitable for detention

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

- Domain 2: Enhancing the quality of life of people with long-term conditions: People who use mental health services who may be at risk of crisis are offered a crisis plan; the number of new cases of psychosis served by early intervention teams year to date; percentage of inpatient admissions that have been gatekept by crisis resolution / home treatment team;
- Domain 3: Helping people to recover from episodes of ill-health or following injury: Improving access to Psychological Therapies (IAPT): of those completing treatment it is expected that at least 50% will recover; and rate of recovery higher than previous quarter until 50% recovery rate is achieved and when achieved maintained;
- Domain 4: Ensuring people have a positive experience of care: Patient experience of mental health services;
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm: Patient safety incidents resulting in severe harm or death.

5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

- Patient experience; Providers will collect patient information on the experiences of their care on a quarterly basis as a minimum reporting requirement to commissioners. Providers will share this information with commissioners and provide them with an annual report of patient feedback.
- The Care Programme Approach (CPA) will be effective in its interface and communication with GPs and Community Mental Health Teams (CMHTs).

6. Location of Provider Premises

The Provider's Premises are located at:

Appendix 1 Health & Justice Key Performance Indicators for Mental Health and Learning Disability Service

Primary Mental Health Care	Screening	% of patients on the Mental Health register that have been screened for anxiety or depression % of patients screened for LDD needs	Number of patients on the mental health register screened for anxiety and depression Number of patients assessed as having LDD	Number of patients on mental health register Number of patients with identified disorder	95 % %	7.1 1	Q
	Triage	For primary mental health assessment the waiting time between initial application/referral and 'nurse triage' should not exceed 24 hours For identified LDD need patient care plan should be in place within 2 weeks of arrival .	Number of primary mental health assessments that took place within 24 hours of initial referral/triage Number of care plans agreed and signed off	Number of patients triaged/referred to primary mental health team Number of patients with dedicated interventions.	98 % %	7.2 2	Q
	Case management	Patients are assessed an referred onwards to secondary MH within 7 days of the initial referral to primary MH services.	Number of patients assessed and referred onwards to secondary mental from primary mental health within 7 days	Number of referrals to secondary mental health from primary mental health team		7.3	Q
	ACCT	Percentage of patients subject to ACDT where LDD needs and need for healthcare has been recorded in their care plan	Number of cases where detail of healthcare need has been passed to the ACDT team	Number of patients subject to ACDT		7.4	Q

	Patient Feedback	Patient feedback is routinely collected and analysed for trends. This populates an annual report.	Annual report lessons learned/implemented		Yes / No	7.5	A
Secondary Mental Health	5 day wait	Patients that are identified as having a current mental health or learning disability need will have an initial mental health assessment within 5 business days of reception.	Number of patients with current mental health or learning disability need who had an initial mental health assessment within 5 business days of reception	Number of patients with current mental health or learning disability need	95 %	8.1	Q
	ACDT	% of patients subject to ACDT where need for mental healthcare or LDD need is recorded on their care plan	Number of cases where detail of mental healthcare need has been passed to the act team	Number of patients subject to ACDT	95 %	8.2	Q
	Dual diagnosis	% of dual diagnosis patients having a 6 monthly review.	Number of dual diagnosis patients who have had a 6 monthly review	Number of dual diagnosis patients	90 %	8.3	Q
	DD on CPA	% of dual diagnosis patients on CPA	Number of dual diagnosis on CPA	Number of dual diagnosis patients	90 %	8.3	Q
	Transfer	% of patients that have been assessed and are then accepted for transfer to hospital under the Mental Health Act.	Number of patient assessed and accepted for transfer to hospital under the mental health act within national time guidelines	Number of patients assessed and then accepted for transfer to hospital under the mental health act	90 %	8.4	Q
	Transfer	% of patients that having been referred to a hospital are transferred from IRC's to hospital under the Mental Health Act	Number of patients transferred to hospital under the mental health act within national time guidelines	Number of patients transferred to hospital under the mental health act	90 %	8.5	Q

	Patient Feedback	Patient feedback is routinely collected and analysed for trends. This populates a quarterly and an annual report.	Annual report lessons learned/implemented		Yes / No	8.6	A

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