Liaison and Diversion Standard Service Specification 2019

NHS England and NHS Improvement

Liaison and Diversion Standard Service Specification 2019

Version number: 10

First published: 20th November 2019

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The National Liaison and Diversion Programme, NHS England & Improvement

Publishing approval number: **001010**

Contents

NHS Standard Contract for Liaison and Diversion services (2019)

Particulars, Schedule 2: The services, A – Service Specification

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

Introduction to Liaison and Diversion Services

There are high numbers of people with mental health, learning disability, substance misuse and other psychosocial vulnerabilities who enter the youth and criminal justice systems, who could be managed more appropriately in the community, or diverted from the justice pathway altogether.

Liaison and Diversion (L&D) services aim to provide early intervention for vulnerable people as they come to the attention of the criminal justice system. L&D services provide a prompt response to concerns raised by the police, probation service, youth offending teams or court staff, and provide critical information to decision-makers in the justice system, in real time, when it comes to charging and sentencing these vulnerable people. L&D also acts as a point of referral and assertive follow up for these services users, to ensure they can access, and are supported to attend, treatment and rehabilitation appointments.

In this way, L&D services are expected to help reduce reoffending, reduce unnecessary use of police and court time, ensure that health matters are dealt with by healthcare professionals, and reduce health inequalities for some of the most vulnerable in society.

Diversion should be interpreted in its wider sense, referring to both diversion out of, and within, the youth and criminal justice systems.

Critical drivers of effective provision include: a clear definition of what constitutes a Liaison and Diversion service; connectivity across different local agencies with a local post-diversion infrastructure underpinned by a shared commissioning strategy; accessibility; skilled staff; outcome focused measures; and, proportionate and minimal intervention.

The provider will deliver an all-age service across all sites available to all points of intervention in the youth and criminal justice pathways addressing a wide range of health issues and vulnerabilities and be relevant to those with protected characteristics as set out in the Equality Act 2010. The entry point to the service will be as and when an individual comes into contact with the police (or other criminal investigating authority) under suspicion of having committed a criminal offence.

The service is predicated on four distinct and inter-related phases: case identification; secondary screening/triage, assessment including specialist assessment and facilitating access to relevant services.

The service must 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 all relevant points of the youth and criminal justice systems.

Operating times for daily (seven days a week) L&D services within police custody suites and to support voluntary attendance will be responsive to local demand and be determined after consultation with the local police force. L&D services will provide a comprehensive service to local magistrates' courts and youth courts [and Crown Court where applicable], to include Saturdays and Bank Holiday sittings and will be determined after consultation with HMCTS.

Providers of L&D shall also work in partnership with police custody health care providers and local out of hours services to ensure that continuity of care is provided to those who have been arrested in off peak hours and may be vulnerable and require assessment.

The service is predicated on a core dedicated team to deliver and co-ordinate an effective and responsive L&D service.

The provider will not replicate or duplicate existing PCC and local authority commissioned services for vulnerable individuals operating within police custody and community settings.

Key functions of the core team include: clinical functions; liaison and advice; referral; short-term interventions functions; data collection and monitoring; and, safeguarding.

The work of the L&D service and the relationships it develops should be underpinned by formally agreed service level agreements, joint policies and protocols.

The L&D service will need to be integrated and take cognisance of a range of inter-related projects and programmes and developing initiatives.

1. Local context and evidence base

[Insert details of and reference to local HNA's etc.]

2. Scope

L&D is a process whereby people of all ages passing through the criminal justice system are assessed and those with mental health concerns, learning disabilities, substance misuse problems and other vulnerabilities are identified as soon as possible in the justice pathway.

Identified suspects/offenders are provided with and supported to access appropriate services including, but not limited to, mental and physical health care, social care,

substance misuse treatment and safeguarding. Where individuals are already accessing such services, L&D services will facilitate cross-service communications to ensure that any additional needs are identified and services are working together to address the needs of individuals.

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, effective participation in criminal justice proceedings, remand 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.

2.1 Aims and objectives of service

Aims:

- Improved access to healthcare and support services for vulnerable individuals and a reduction in health inequalities.
- Liaison with healthcare and support services to deliver a coordinated response, ensuring that the needs of individuals are met.
- Diversion of individuals, where appropriate, out of the youth and criminal justice systems into health, social care, education and training, or other supportive services.
- Identifying those individuals with participation difficulties and where appropriate recommending measures to facilitate their effective participation.
- To deliver efficiencies within the youth and criminal justice systems.
- To reduce re-offending and/or escalation of offending behaviours.

Objectives:

For L&D providers:

- To provide an exemplary and comprehensive trauma informed screening and multi-disciplinary assessment service for all eligible identified 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, Crown Prosecution Service (CPS), probation and Youth Offending Teams (YOTs) and youth offending services.
- To secure referrals into mainstream health and social care services, voluntary sector organisations and other relevant interventions and support services.
- To support individuals, and where appropriate families and carers, to engage with treatment or support services.
- To ensure equity of service provision for all and ensure non-discrimination on the basis of protected characteristics.

2.2 Population coverage

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 are required to be available at the point of need and to be available at, but not limited to, the locations listed at 8. L&D services will be provided to individuals in police custody, voluntary attendance, magistrates' court, youth court, Crown Court, probation, YOT and community settings.

2.3 Points of operation/service coverage

The 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 are required to be available at the point of need.

2.3.1 Operating times

Operating times for daily (seven days a week) L&D services within police custody suites and to support voluntary attendance will be responsive to local demand and be determined after consultation with the local police force. L&D services will provide a comprehensive service to local magistrates' courts and youth courts (and Crown Court where applicable), to include Saturdays and Bank Holiday sittings and will be determined after consultation with HMCTS.

2.3.2 Voluntary attendance

Voluntary attendance (VA) is the term used where an individual is suspected of committing an offence by the police but has not been arrested and taken to a police custody suite. Changes to the PACE codes of practice in November 2012 mean that the power of arrest is only exercisable if a police officer has reasonable grounds for believing that it is necessary to arrest the person. This has meant that more people are dealt with by the police through VA.

It is expected that every individual dealt with by the police through VA is entitled to receive the same service from L&D as those who have been arrested and taken to a police custody suite. To ensure parity, the service will need to develop processes that align with and complement the local VA process operated by the police – this will vary depending on the police force.

2.3.3 Locations

L&D services will be provided to individuals being dealt with under the voluntary attendance process, in police custody, magistrates' courts, youth courts, the Crown Court and in community settings.

Services shall be provided at, but not limited to, the locations listed below:-

- Voluntary attendance settings
- Police Custody Suites
- Magistrates' Courts

- Youth Courts

- Crown Courts – A permanent L&D practitioner presence will only be provided at specific Crown Courts detailed in a national agreement between NHS England, HMCTS and the Senior Presiding Judge

2.4 Service description/care pathway

It is expected that individuals will be managed within a whole care pathway approach with services working collaboratively to ensure that individuals receive a coordinated multi-agency approach to address their health and social care needs and their offending behaviour.

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
    - voluntary sector organisations and other relevant intervention 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.

2.5 Service model and care pathways

The service will provide safe and effective clinical care across the care pathways to ensure the age-specific and development–specific needs of individuals are met.

Services shall incorporate a trauma informed approach within their practice to:

- Recognises the signs and symptoms of trauma in clients, staff and others involved in the system, as well as family and friends to the extent to which it impacts on them.
- Provide a safe environment for the client
- Reduce the risk of re-traumatisation

The service will demonstrate an understanding of the distinctive needs and characteristics of different age groups, facilitate an integrated model for the different age groups, avoiding duplication of work and supporting the transition between children and young people and adult services and responding to the needs of older people.

The service will cater for all ages, providing an age appropriate response for anyone over the age of criminal responsibility.

Age is a protected characteristic under the Equality Act 2010. It remains the only protected characteristic which allows for different treatment, provided treating someone differently because of their age meets a legitimate aim.

Providing a service to all ages does not mean providing the same service in the same way to all ages. Rather, it may mean prioritising some age groups or ensuring an age-sensitive response. Consideration should be given to where adult and youth elements can be integrated and where it is appropriate to work differently taking account of different evidence, legislation, and processes.

The service will ensure there are identified care pathways for groups with protected characteristics and other vulnerable and disadvantaged groups linking them with the correct services to meet their needs. The service should be designed to complement existing local services and should build collaborative working arrangements with these services.

The service will provide the appropriate response at each stage of the justice pathway. Dependent upon operational policing arrangements, L&D services engagement with children and young people may take place within community settings, i.e. home, school or local authority venues.

All services will develop a gender specific female pathway to holistically address the specific needs of women in the criminal justice system. A dedicated female practitioner will be nominated in all services. For ongoing support, the service will offer all females who come into custody a choice of gender for their practitioner or support time recovery worker, who will provide a gender sensitive approach to screening and support effective onward referrals to gender specific services.

2.5.1 Case identification and referral process

L&D service providers shall demonstrate the process by which criminal justice agencies will identify initial referrals for individuals to be screened by an L&D practitioner.

The L&D service should work with justice agencies to develop an appropriate case identification tool/process to identify concerns that an individual has mental health issues, a learning disability, substance misuse, social care, safeguarding or other vulnerabilities, that will trigger a referral to the L&D service.

Services will pro-actively check the details of those in police and court custodial settings, who are in scope for the L&D service, against their own, local NHS and other relevant databases. Where the client is in a community setting, appropriate consent must be obtained before making checks against relevant databases. This will also support the liaison function and any onward referral into services where appropriate.

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

Referrals can be accepted via email, telephone or face to face, in accordance with data sharing protocols. The service should work proactively with the range of

stakeholder agencies to ensure that practitioners understand who should be referred and the referral process.

2.5.2 Screening

Where an individual is referred to the service they must be offered a screening appointment to be conducted by an L&D practitioner. The service will screen for a wide range of conditions and vulnerabilities using a trauma informed approach.

The L&D practitioner will use their judgement to determine the most appropriate screening tool(s) to apply in respect of an individual to establish whether an assessment is necessary. Practitioners should have regard to those screening tools recognised by onward referral services to avoid unnecessary duplication of assessments.

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

Screening of the individual, through the relevant health and other relevant databases, should:

- identify the need for involvement of the L&D practitioner
- identify levels of risk
- identify safeguarding needs
- identify needs based on a review of documentation and database checks
- identify the need for any further screening or assessments
- identify other organisations/programmes who may be working with individuals

The practitioner will, with the consent of the individual, provide the referrer with the outcome of the screening. This may result in:

- further assessment by the L&D service
- proactive referral 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.

2.5.3 Assessment

Individuals will be offered a further assessment linked to needs identified through the screening process.

The service will liaise with any professionals working with the individual to discuss and agree onward referrals.

A person-centred, trauma informed assessment will be conducted to further explore identified key vulnerabilities and provides a timely referral to services to meet needs. The assessment should include:

- capacity for effective participation in criminal justice procedures
- cultural and gender needs

- safeguarding
- age and development related needs, including transition to adulthood and older person needs
- social circumstances (including, relationships, leisure requirements, daily living, educational and occupational needs, employment/vocational needs, housing, finance)

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 to service users.

The service will facilitate specialist assessments where required.

2.5.4 Referral pathways

The service will map the range of local services available to support an individual's health and wellbeing needs and demonstrate an understanding of the packages of care available to support those needs.

The service will develop care pathways with identified local health and social care, services in partnership with key stakeholders and service providers. Pathways should be clearly documented.

The service will facilitate timely, assertive referral to appropriate services for individuals in accordance with agreed care pathways.

Where appropriate the service will support the individual to attend their first appointment(s) and offer them on-going support for a period of time, until the service is able to engage with the individual.

2.5.5 Information Sharing

The service should ensure that there are information sharing protocols with a range of relevant agencies (See 2.7).

The service will provide timely information to criminal justice practitioners and decision-makers to ensure that effective and appropriate decisions are taken and outcomes achieved.

2.5.6 Safeguarding

The provider must have agreed safeguarding procedures, which are compliant with the Local Safeguarding Boards procedures and statutory guidance for safeguarding children and vulnerable adults and protecting their welfare.

The provider will have a safeguarding policy detailing:

- safeguarding responsibilities / accountabilities within the service
- named safeguarding lead
- whistle blowing procedures

- safe recruitment
- safe working practices
- induction and training
- complaints procedures
- confidentiality and information sharing

2.6 Interdependencies with other services

Due to the multi-agency nature of L&D 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 to ensure that the aims of the service are met.

2.7 Information flows to criminal justice agencies

In order for individuals to be diverted, where appropriate, within and out of the criminal justice system, 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. The service will agree with criminal justice agencies the relevant information pathways to ensure that information reaches those agencies to inform bail, charging and disposal decisions. The information must meet the needs of the criminal justice agencies to make those decisions e.g. in language that is understood by those agencies.

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
- prison escort custody services
- defence lawyers
- probation services
- youth offending teams
- magistrates' courts, youth courts and the Crown Court
- custodial settings – HMPPS (reception) and NHS England commissioned health providers.

The service must ensure that assessments and reports are updated as appropriate as an individual passes along the youth or criminal justice pathway. For example, the service will wish to update criminal justice agencies where an individual has attended and engaged or not as the case maybe, as this may inform decision makers.

The provider must obtain the consent of the individual before sharing information with criminal justice agencies. Normal exclusions for sharing information without consent will also apply.

2.7.1 Effective participation in criminal justice processes

The service shall provide advice to decision makers within youth and criminal justice agencies on the range and appropriate use of reasonable adjustments for those individuals identified with vulnerabilities:

- Advise on the appointment of an appropriate adult.
- Use of court powers under Part III of the Consolidated Criminal Courts Directions – Criminal Procedure Rules, which include, but are not limited to,
    - a visit to enable an individual to familiarise themselves with the courtroom in advance of the hearing
    - providing evidence by live link
    - court hearing to be held in a courtroom where all of the participants will be on the same level
    - to sit with a family member or supporter throughout court proceedings
    - defence advocate and supporter to explain the procedure at every stage of the proceedings
    - timetable to enable defendant to concentrate and have appropriate breaks during court proceedings
    - removal of wigs and gowns
    - adaptation of the courtroom layout
    - restricting public attendance/reporters
- Advise on the appointment of a speech, language or communications specialist.
- Advise on the appointment of an intermediary.
- Recommending a referral for a specialist assessment of fitness to plead.

2.7.2 Police

The service shall provide timely information to the police to inform decision making in respect of the following issues:

- case management
- supporting police custody healthcare providers, where appropriate, with fit to detain
- supporting police custody healthcare providers, where appropriate, with fit to interview
- voluntary attendance
- release under investigation
- no further action
- caution/youth caution
- conditional Caution/youth conditional caution
- out of court disposals/restorative justice
- release for postal requisition/summons
- charge.

2.7.3 Police custody pre-release risk assessments

It is the responsibility of the police custody officer to complete a pre-release risk assessment on all individuals before they are released from police custody. This is an ongoing process throughout an individual's detention and will be concluded at the point of release.

The police custody healthcare provider is contractually obliged to assist the police custody officer with pre-release risk assessments. Where appropriate the L&D

practitioner must share any appropriate information with the police custody healthcare provider and the police custody officer to support to police to complete a pre-release risk assessment.

2.7.4 Crown Prosecution Service

The service shall provide timely information to the CPS to inform decision making in respect of charging decisions – this should include a description of the individual's vulnerabilities including a brief history of engagement and treatment, and how those vulnerabilities may impact on their specific behaviour including criminal behaviour. This information will normally be provided to the CPS via the Police Officer in charge of the case and the service will agree this process with the police force.

2.7.5 Prisoner escort and custody service

The service shall provide information to the prisoner escort and custody service in respect of individuals to be transferred between custodial settings and those detained on court premises.

2.7.6 L&D Court reports

L&D services shall provide written reports to courts in the format nationally agreed with Her Majesty's Courts and Tribunals Service and the Senior Judiciary (appendix i). These reports will provide information to inform court decisions, which will include, information on an individual's:

- Vulnerabilities, including a brief history of engagement and treatment, and how those vulnerabilities may impact on their specific behaviour, including criminal behaviour;
- Ability to effectively participate in court proceedings; and
- Case management, remand and sentencing.

2.7.7 Probation

The service shall routinely provide information to the probation service to inform probation bail and sentencing court reports. This will include advice on the suitability of community sentencing options.

2.7.8 YOTS

The service shall routinely provide information to the YOT to inform YOT bail and sentencing court reports. This will include information on:

- Vulnerabilities including a brief history of engagement and treatment, and how those vulnerabilities may impact on their specific behaviour, including criminal behaviour;
- Ability to effectively participate in court proceedings; and
- Case management, remand and sentencing.

2.7.9 Custodial settings

Where an individual is remanded or sentenced to custody, the service shall liaise with the receiving establishment and provide a copy of any L&D report. The service must inform immediately the receiving establishment by telephone and in writing of any concern relating to the individual's risk of suicide and self-harm.

2.8 Acceptance and exclusion criteria

2.8.1 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.

2.8.2 Eligibility criteria

- 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 the following;

- those with complex, severe or persistent health needs
- those with learning disabilities
- those with substance misuse issues
- those with acquired brain injury
- those with autism spectrum disorder
- those with 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
- those with multiple sub-threshold needs
- repeat offenders
- veterans
- females
- those experiencing homelessness
- those at risk, including being at risk of 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 gypsies and travellers

2.8.3 Exclusion criteria

The following functions will not be pursued as part of the L&D service:

- removal and detention of an individual in accordance with section 136 of the Mental Health Act 1983
- street triage services
- fitness to detain, fitness to interview and pre-release risk assessments
- mental Health Act assessments
- custodial in-reach services or post release services.

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

Where the provider is separately commissioned to deliver one or more of the above functions they shall establish clear and separate lines of accountability for the L&D function.

3 Workforce

3.1 Understanding the local population and demand

This is vital to ensure that the right workforce is available for delivering the service specification. Individuals who enter into an L&D service are more likely to have multiple and varied health needs and vulnerabilities than the rest of the general population. To provide an effective and responsive service, the L&D service must employ a multi-disciplinary team so that the needs of the services cohort are met.

3.2 Workforce Design and Development

The Provider will have regard to the Health Education England/Skills for Health 'Liaison and Diversion Service Career and Competency Framework' when designing the workforce.

www.skillsforhealth.org.uk/resources/guidance-documents/196-liaison-and-diversion-service-career-and-competence-framework?highlight=WyJsaWFpc29uIiwiZGl2ZXJzaW9uIl0=

The Commissioner encourages the Provider to consider the use of new and extended roles, as detailed within the framework documentation, to meet the needs of the population. This should include full use of the opportunities available through skill mix and career pathways. The Provider's workforce model should also ensure an appropriate mix of experienced and newly qualified staff: this could include the provision of student placements and the necessary support and agreed learning outcomes for students. The use of agency staff should be kept to a minimum, and should be relied upon only for exceptional staff shortages.

The Provider is required to ensure that an up-to-date workforce plan is in place. This should be developed from the findings from the Health Needs Assessments,

published commissioning intentions and should support the achievement of the service delivery improvement plan (which should be produced annually). The workforce plan must be reviewed on an annual basis.

3.3 Workforce Organisation

The Provider must have in place an operational management organisation structure chart, which demonstrates the key operational management roles and responsibilities, reporting relationships and accountabilities.

The workforce for the Service should combine clinical and non-clinical staff, with specific use of Support Workers (Support Worker function), across both custody and court where appropriate:

As a minimum requirement, the workforce model must include:

- management
- a mixture of staff appropriately trained to undertake full assessments
- access to specialist staff (vulnerability specialist such as Learning Disability practitioners)
- support staff (e.g. support time and recovery workers).

Through a combination of clinical and specialist staff, it is expected that the Service will have reinforced links to other relevant services, which should include but not be limited to:

- mental health services
- street triage
- drug and alcohol services
- appropriate Adult services
- learning disability teams
- learning difficulty services
- autism experts
- local authority housing teams
- finance and benefits services
- accident and emergency
- gender specific services
- secure mental health units.

The Provider should ensure that an appropriate skill mix is in place, or that plans are in place to improve skill mix. Core skills that will be required across the Service workforce include, but are not limited to:

- mental health assessment skills
- physical health assessment skills
- substance misuse screening and brief intervention skills
- children's assessment skills, specifically for speech, language and communication Needs (SLCN)
- gender specific assessment skills
- learning disability assessment skills
- autism understanding
- reasonable adjustment skills and understanding (e,g, communication skills)

3.4 Peer Support

The Provider is encouraged to include staff and/or volunteers with lived experience in the workforce model, particularly - though not exclusively - to assist the 'Support Worker' function.

Peer Support has become established in criminal justice, substance misuse and mental health recovery services, in particular, as an effective intervention in driving better engagement with mainstream services, as well as offering crucial personalised support to service users. When people caught up in the criminal justice system have the opportunity to work with a person who historically has shared that experience, it often acts to reassure them about the quality and usefulness of the intervention on offer.

The service will include Peer Support Workers (paid and volunteers) and will be an integral part of the service. They will work with and support both the L&D practitioners and Support Time Recovery Workers in engaging with individuals, especially those individuals who are not engaging with the service. Peer Support should be explicitly available as an option to individuals throughout the L&D journey, especially those service users who are failing to engage with the L&D practitioners and/or Support Time Recovery Workers. The Peer Support workers may provide, as appropriate, both emotional and practical support to individuals.

These Peer Support Workers must have recent experience of being in contact with the criminal justice system and as a minimum, should have been arrested, have experience of the custody suite and, either court or have received an out of court disposal. They must also have experience of at least one of the key vulnerabilities identified as the target group for Liaison and Diversion e.g. mental health, learning disabilities, substance misuse and other psychosocial vulnerabilities.

Each Peer Support Worker (paid and volunteers) will work with the service for a time limited period (up to 18 months) – this will ensure that their lived experience is recent. They must receive appropriate training and support to undertake their duties, and have the same access to supervision and other appropriate tailored support as needed, as other members of the service. Each Peer Support Worker must be given appropriate support to obtain further volunteering, employment, access to education etc. at the end of their period of working with the service.

3.5 Required Team Skills

- mental health assessment skills
- drug and alcohol assessment skills
- Speech, language and communication needs assessment skills
- learning disability assessment skills
- autism skills
- risk assessment skills
- problem solving skills
- child development, risk and resilience and CAMHS knowledge
- cultural competency training

- gender-sensitive training
- knowledge of and ability to deliver trauma informed care
- working knowledge of the youth and criminal justice systems and processes
- knowledge of the range and appropriate use of reasonable adjustments to youth and criminal justice processes for those individuals identified with vulnerabilities
- knowledge of the Mental Health Act 1983 and its codes of practice
- knowledge of the Pritchard test for unfitness to plead
- 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
- report writing & delivering verbal reports
- engagement and effective referral
- interim case management
- provide on-going support until individuals engage with services.

3.6 Crown Court Requirements

In addition, the following competencies are required for Practitioners working within the Crown Court setting:

- A good working knowledge of the Mental Health Act 1983 (amended 2007) and especially Part III. (Part III of the 1983 Mental Health Act (amended 2007) covers patients concerned with criminal proceedings) With mental health law arising comparatively rarely in barristers' experience, they may value assistance from the Liaison and Diversion Service navigating mental health pathways.
- A good working knowledge of the Criminal Procedures and Insanity legislation governing unfitness to plead, insanity, and alternative disposals.
- A good working knowledge of risk analysis, to advise the Court whether pre-sentence psychiatric reports should explicitly address risk.
- Knowledge of potential special experts in forensic psychology and forensic psychiatry, to understand whether experts are available at short notice or have additional areas of expertise e.g. neuro-psychiatry and neuro-psychology etc.
- An understanding of responsibility for assessments and reports on defendants aged below 18. A need to be aware of referral mechanisms, who may act as special experts and under what conditions.
- Knowledge of the role and function of court appointed intermediaries.
- An understanding of referral pathways into local Secure Units, and relevant High Secure Services (names, mobile and landline numbers and email addresses). These are to facilitate liaison and develop formal relationships and partnerships. It is important to know how long units take to conduct assessments and achieve transfers from prison.
- A good working knowledge of available General Adult Mental Health Services, Substance Misuse Services, Learning Disability Services, Children and Adolescent Services (CAMHS), Transition and Old Age Psychiatry.
- An understanding of the role of the National Offender Management Service Public Protection & Mental Health Group.

- Where the Crown Court has a catchment area wider than that of the provider of the L&D service, the ability to establish formal links with all L&D services whose police stations and magistrates' courts feed into that Crown Court.
- An understanding of what services the prison mental health services and primary care services provide.
- The ability to establish strong working relationships with agencies and services working within Crown Court settings.

3.7 Recruitment and Vetting

All relevant staff provided by the Provider will be required to follow assessment and revalidation procedures required by their relevant regulatory body where appropriate.

Any Practitioner who fails to be revalidated should be removed from the list of available Practitioners until successfully revalidated.

The Provider must have a recruitment policy that supports the delivery of the Services. The Provider's recruitment policy, strategies and supporting processes must promote equal opportunity and anti-discriminatory practice to enable them to attract and retain a high quality, competent workforce in adequate numbers, for the duration of the contract.

The Provider's recruitment policy must include a process for ensuring that all required pre and post-employment checks are implemented, and must ensure that any new staff that they propose to recruit will be suitably qualified, experienced and competent to deliver the Services safely and to a high quality.

Certain roles require appropriate police vetting which can vary in completion time depending on local processes. Understanding local police vetting processes is vital to plan accordingly and building relationships with those responsible for police vetting may aid the vetting process and timings.

3.8 Training

The Provider must implement a comprehensive induction programme for all Practitioners that will support their workforce strategy and the delivery of the Services.

Due to the multi-disciplinary skilled team and L&D working with a large range of vulnerabilities, sharing team specialist skills and expertise is beneficial to pathway development and delivery of the service, particularly in rural areas. Practitioners with specialist knowledge and skills can contribute to training content and circulation which may aid pathway delivery.

The service must adhere to the providers training policies and training requirements for all staff. Training will be recorded for all staff and updated and refreshed as required. Staff appraisals to ensure training has been actioned are required with management supervision. In addition, the list below states supplementary training required to be completed by the team:

- awareness training on the range of vulnerabilities L&D supports (e.g. learning disabilities, autism, acquired brain injury)
- court etiquette

- court report writing
- police and Criminal Evidence Act 1984
- the youth justice and criminal justice systems
- awareness of the range and appropriate use of reasonable adjustments to youth and criminal justice processes for those individuals identified with vulnerabilities
- trauma informed training
- awareness of the Pritchard test for unfitness to plead.

3.9 Registration and qualifications

The Provider must ensure that all Practitioners engaged in the delivery of the Services are registered with the appropriate regulatory body on the specialist register for the particular specialism in which they are practising.

The Provider must ensure that the professional registrations of all Practitioners remain current for the duration of the contract.

The Provider must ensure that all Practitioners have the necessary training, qualifications, experience, current competency and English language communication skills to undertake their roles.

3.10 Non-Clinical Staff

The Service will include numerous specialist workers and Support Workers whose responsibility is non-clinical, and clinical staff who perform non-clinical duties, but which are fundamental to the delivery of this specification. It is anticipated that non-clinical posts/responsibilities could include:

- learning disability practitioners (adult and children)
- speech and language therapist
- support workers.

The Provider must ensure that all allied health professionals (**AHPs**) are registered with the Health Professions Council (**HPC**) where appropriate.

3.11 Standards

It is a requirement that any employee or sub-contractor involved in the delivery of this Service:

- has appropriate professional registration, is a member of an appropriate professional body and operates within their professional body's standards, regulations and codes of conduct
- has suitable qualifications and training to enable them to deliver a safe and effective service
- has performance, development and professional SMART objectives set and reviewed. These objectives must detail how the individual contributes to the overall effectiveness of the Service

- has a Personal Development Plan (PDP) that details what their development needs are and how these will be met. The Provider will be expected to show progress in meeting these needs through agreed regular reports
- attends appropriate education and training programmes to maintain their level of competency and comply with requirements of their professional body
- has, and is able to maintain, appropriate security clearance to enable them to work within custody environments. Police and court areas will be able to inform the Provider of the necessary clearances required and the frequency with which they must be updated. The Police and courts are permitted to exclude staff they feel pose a risk to the security of custody/court. The Provider must agree processes to manage these instances, including reviewing the case, identifying if the exclusion is a continued requirement and, if not, negotiate a return to work. Lawful disclosure of information which may be required by any investigating authority will be provided.
- has and maintains enhanced DBS (Disclosure and Barring Service) clearance. The Commissioner must be advised of any criminal charges or convictions that affect an employee or sub-contractor's DBS status. Delivery of this requirement must be subject to an annual audit by the Provider
- regularly updates their knowledge in relation to security and personal safety requirements
- undergoes a custody induction process
- has access to professional leadership
- has an appropriate management structure in place that supports Service delivery and development
- works to their employing/contracting organisation's (i.e. the Provider's) policies
- is offered vaccinations, in line with national guidance

It is however accepted that those with lived experience may not be able to work within all areas of the criminal justice system due to vetting limitations.

In addition, the Provider will ensure that:

- employment legislation is adhered to regarding recruitment, equality & diversity, and health & safety
- they have robust and efficient recruitment and selection processes in place that support delivery of the right resources at the right time
- there is the necessary absence cover to ensure that services are delivered safely and in accordance with contractual requirements
- they have contingency plans to deal with staff shortages, increases in activity, changes within the population and major incidents
- they report on specified workforce metrics as required within the Contract and therefore ensure that they have robust systems to collect metric-related data
- they have robust HR policies to deal with absence management, poor performance, bullying and harassment, grievance and disciplinary, and situations where an employee breaches custody policy or regulations: all staff will be expected to meet wider custody policy regarding conduct and discipline
- there are Equality Impact Assessment policies and procedures to ensure that they do not directly or indirectly discriminate on the basis on gender, age, sexual orientation, disability, age or religion and belief
- clinical supervision is embedded into working practice to support staff in their role

- all proposed workforce policies, processes and practices comply with all relevant employment legislation and codes of practice applicable in the UK, including the Equalities Act, 2010
- all staff have Prevent training and understand their Prevent obligations (see 3.19)

3.12 Staffing plan

The Provider must have in place a detailed staffing plan that describes the staffing arrangements that will enable the delivery of the Services for the duration of the Contract.

3.13 Contingency Arrangements

The Provider must have in place contingency arrangements to ensure adequate, available cover in the case of any:

- planned or unplanned increases in workload and
- staff absences

3.14 Competency assessment

The Provider must have an appropriate competency assessment process that must include competency assessment tools, to assess the practical competency of all Practitioners working within the service.

3.15 Recruitment agencies

The Provider must ensure that any recruitment agencies that they propose to use will comply with the Safer Recruitment and the Code of Practice for International Recruitment (where there is any overseas recruitment)[1].

3.16 Staff supervision

The Provider must ensure that appropriate arrangements are in place for the supervision of all Practitioners. The Provider must ensure that this process is conducted in line with good audit practice.

3.17 Continuing Professional Development

As an underlying principle, the Provider must deliver the Services in a learning environment. To this end, the Provider must implement a continuing professional development (CPD) plan for all Practitioners involved in delivering or supporting the delivery of the Services, which will:

- promote a person-centred, trauma informed approach, including the dignity of the service user, carers and relatives

[1] The Provider should be aware that for international recruitment there is a DH approved list of recruitment agencies used by the NHS that adhere to the Code of Practice. Details can be found at www.nhsemployers.org

- ensure the safe, correct and up to date operation of all systems processes, procedures and equipment
- respond to individual training needs arising from Practitioners' performance appraisal and clinical supervision
- respond to the individual professional development needs of Practitioners;
- support workforce strategies
- comply with the provisions of equal opportunities and anti-discriminatory employment legislation
- meet the requirements of professional bodies for re-registration and revalidation

3.18 Performance

The Provider must ensure that the performance of all Practitioners will promote the quality and safety of the Services and the dignity and respect of service users. The Provider must have in place a performance management policy and a performance appraisal system that supports their proposed workforce strategy and patient-centred approach and complies with all applicable legislative and prescribed requirements. The Provider must ensure that their performance appraisal system is compatible with any requirements of the regulatory bodies for revalidation and re-registration.

The Provider must manage the conduct and performance issues of all Practitioners and must ensure that all Practitioners have regular performance appraisals.

3.19 Information Sharing

Formal service level agreements should be in place and should cover the following:

- access to services including referral criteria
- information exchange
- integration with other services and pathways
    - section 136 Mental Health Act 1983
    - street triage
    - prevention work
    - relevant NHS Trusts – access to client records
    - drug interventions and other substance misuse services for individuals in contact with the criminal justice system
    - custodial in-reach services
    - post custody release services.

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

Services should designate an appropriate person to the role of Data Protection Officer.

Services should conduct a Date Protection Impact Assessment (DPIA) to map data processing, assess risks and demonstrate compliance with data protection requirements.

Services should make available to each individual a privacy statement, that explains what personal data is collected, who has access to it, the reasons for processing data, who it might be shared with, what rights the individual has to access that data, or object to sharing data.

3.20 Prevent

3.20.1 National Prevent Guidance and Toolkit

The provider must include in its policies and procedures, and comply with, the principles contained in The National Prevent Guidance and Toolkit.

3.20.2 HealthWRAP

The provider must include in its policies and procedures a programme to deliver health wrap and sufficiently resource that programme to deliver HealthWRAP and sufficiently resource that programme with accredited HealthWRAP facilitators.

3.20.3 Prevent Lead

The provider must appoint and maintain a Prevent Lead. The provider must ensure that at all times the Prevent Lead is appropriately authorised and resourced to procure the full and effective performance of the provider's obligation under above (training and policy on prevent).

3.20.4 Change in Prevent Lead

The provider must notify the coordinating commissioner in writing of any change to the identity of the Prevent Lead as soon as practicable and in any even no later than 10 operational days after the change.

3.20.5 Channel Guidance

Providers must also be aware of the Governments Channel guidance document "Protecting vulnerable people from being drawn into Terrorism" as per the attached link:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf

4. Equity of Access

The service provider must document consideration of how it meets the needs of people with different protected characteristics under the Equality Act and the Public Sector Equality Duty. The Public Sector Equality Duty requires all public authorities to give 'due regard' to equality in their activity, and this duty is a continuing one that includes any outsourced functions, including the service provider's services.

The provider must collect monitoring data and make active consideration (at the design stage and in the delivery) of how different people will use a service. The

service provider must deliver the Equality Act and the Public Sector Equality Duty, with regards to:

a) age
b) disability
c) gender reassignment
d) pregnancy and maternity
e) race
f) religion or belief
g) sex
h) sexual orientation

In addition, this includes consideration of:

a) those who do not understand written or spoken English
b) asylum seekers or refugees
c) those who have no permanent address
d) those who misuse alcohol or illicit drugs or legal highs/novel psychoactive substances
e) those who belong to a lower socio-economic class or who are unemployed

In considering the above, the service provider must take into account guidance in the NHS Outcomes Framework 2019.

The service provider shall undertake an equalities and health inequalities impact assessment, to be the subject of on-going review.

5. Dignity and respect for those using the service

The service provider must deliver the service from an environment that treats every person as a valued individual, with respect for their dignity and privacy by:

a) ensuring that the provision of the services and the premises protect and maximise the dignity, privacy and confidentiality of those using the service
b) allowing service users to have their personal clinical details discussed with them by a person of the same gender or gender of choice, where requested, if reasonably practicable and where there is no risk to the L&D practitioner
c) ensuring that all L&D practitioners and support time recovery workers behave professionally and with discretion towards all individuals using the service and to colleagues at all times
d) taking into consideration the service user's relevant cultural and religious observance

6. Applicable service standards

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

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

Those that are particularly relevant to the service include:

- NHS Constitution
- Mental Health Act 1983 (as amended)
- NHS Community Care Act 1990 and associated guidance
- Care Act 2014
- health and safety requirements
- Healthy Children Safer Communities (DH, 2009)
- Children Act 1989
- Children Act 2004
- Children and Families Act 2014
- Crime and Disorder Act 1998
- Legal Aid, Sentencing and Punishment of Offenders Act 2012
- Human Rights Act 1998
- Criminal Procedure (Insanity) Act 1964
- Care Programme Approach
- Care Quality Commission Standards
- Nice Head Injury Guidelines 2014 (updated 2019)
- NHS complaints procedure
- NHS Serious Incident Framework 2015
- Data Protection Act 2018/EU General Data Protection Regulation 2016
- Working Together to Safeguard Children (updated 2019)
- The Mental Capacity Act 2005

7 Integrated Governance

Governance is a mechanism to provide accountability for the way an organisation manages itself. Integrated Governance (IG) is a collation of systems, processes and behaviours by which healthcare organisations lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to service users and carers, the wider community and partner organisations. The Provider is required to have, or adopt, a system of IG, that incorporates key elements of Clinical and Corporate Governance and organisational learning, to ensure that there is the safe delivery of the Services to service users.

The Provider is expected to have a strong internal governance structure and organisational governance plan, covering all aspects of service delivery in the police custody and court settings. This should cover issues including: communication between Service Users/carers/families and staff (including managers and clinicians); communication between staff across the Service; effective reporting mechanisms; Service User records; service data; incident reporting and health and safety. Such governance arrangements will take into account all current and any future legislation that applies, for example, the Data Protection Act 2018, police policy or guidance, etc.

The Provider is expected to build and maintain high quality governance arrangements with partner agencies including the respective Health & Justice regional Commissioner. A strong partnership of all related agencies will lead to better outcomes for all.

Integrated Governance arrangements should include:

- a link into any relevant forum for sharing best practice
- structured supervision induction and training programmes for all staff
- clear and documented lines of accountability for quality of care
- specific programmes for quality improvement
- clear policies for managing risk
- a process of dealing effectively with complaints

All clinical interventions should be delivered in line with all local and national guidance, including Department of Health and Social Care and with NICE guidance, where applicable.

7.1 Clinical Governance

Where applicable the Provider must ensure:

- a governance framework that will ensure services provided are kept up to date with changes to clinical practice introduced nationally and locally
- a process for the communication and ongoing adherence to relevant safety alert broadcasts and patient safety notices
- a process for the ongoing improvement of quality of care
- a process to ensure that appropriate clinical records are kept securely by Practitioners to ensure that satisfactory audit trails are in place for the purposes of clinical governance
- a process to ensure that all relevant Practitioners are subject to regular clinical supervision and assessment which must be documented
- delivery of services takes into consideration the diversity of the service user population
- a process to ensure the reporting, analysis and actioning of incidents, serious incidents and complaints (including an escalation process)

7.2 Corporate Governance

The Provider will ensure that the Commissioner is informed immediately in writing;

- if a Practitioner is referred to their professional body or ceases for any reason to be registered with their professional body
- if a Practitioner becomes subject of any disciplinary, health or performance proceedings whether or not arising out of their work for this service
- if a Practitioner is arrested, charged, summonsed or reported for any criminal offence (in any force area), other than a road traffic offence for which the Practitioner is served a fixed penalty notice
- if a Practitioner to their knowledge becomes the subject of a criminal investigation

The Provider must recruit and manage its Practitioners based on principles of equal opportunity, anti-discriminatory practice, equity and fairness. The Provider must comply with employment legislation and codes of practice, in order to attract and retain a high quality, competent workforce in adequate numbers, for the delivery of the contract.

7.3 Interdependencies with other services

Due to the multi-agency nature of L&D 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 to ensure that the aims of the service are met.

7.4 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 (see 2.7).

7.5 Incident Reporting

Three types of untoward incidents must be reported:

- incidents that have occurred
- incidents that have been prevented
- and incidents that might happen.

The Provider is expected to have a clear procedure for the investigation of, and procedures to act upon, any findings for serious incidents. The Provider is expected to report such instances within 24 hours to the appropriate authority: this must be the trigger to investigate the incident.

The Provider is also expected to ensure that police/court incident reporting systems are also fully informed of issues identified or raised in order to support wider safety, decency or security issues.

The Provider must ensure that staff are aware of the NHS England Serious Incident Framework document (2015).

The Provider must instil a culture that embraces a duty of candour and requires its staff to report incidents.

The Provider must supply regular information on all incidents reported, including analysis of trends and a summary of remedial actions undertaken, to the health and justice Commissioner for the service.

The Provider must comply with any police or court policy documents regarding adverse incidents (defined as any incident which, if allowed to continue to its ultimate conclusion, would have resulted in the death, serious injury or harm to any person).

7.6 Complaints Procedure

The Provider must have in place a comprehensive written complaints procedure, which will deal with operational complaints, clinical complaints and contractual complaints.

The Provider must display a copy of the procedures at each custody suite and court and this should be accessible to both staff and Service Users.

As a minimum, the complaints procedure must include:

- a clear reporting procedure, including categorisation of complaints
- a written response to all complaints
- a log of all complaints, their investigation and outcome
- resolution timescale targets and processes
- escalation points with the names/positions of those responsible at every level of the process

The Provider shall deal with any complaints received from whatever source in a prompt, courteous and efficient manner within relevant timescales. They may wish to be guided by the NHS England Complaints policy guidelines (2017) or local Trust/Provider guidance regarding making a complaint.

In the event that a Service User wishes to make a complaint, their consent must be obtained to pass on pertinent information to the relevant internal body responsible for investigating such complaints.

7.7 Informed Consent

The Provider will comply with NHS requirements in relation to obtaining informed consent from individuals, including the following, or as amended from time to time:

- Department of Health (2009) Reference Guide to Consent for Examination or Treatment. Second Edition
- Department of Health (2001) Good Practice in Consent: Achieving the NHS Plan Commitment to Patient Centred Consent Practice. Health Service Circular 2001/023
- General Medical Council (2008) Consent: Patients and Doctors Making Decisions Together
- NHS Confidentiality Code of Practice (2003)

7.8 Exclusions and Codes of Behaviour

The Service will see all Service Users. However, they will not deal with anybody who breaches the NHS Zero Tolerance criteria.

Within the custody environment, measures will be put in place to ensure those who breach the NHS Zero Tolerance criteria are regularly reviewed and have access to the service as soon as is practicable.

7.9 Service User Engagement/co-production

There is a significant recognition that this particular Service User population provides challenges in eliciting responses, both in respect of accessibility and preparedness to engage. It is important that engagement for any Service User population is

experienced as meaningful and valued, and for this Service User population this is of paramount importance.

Due to the nature of this new and innovative service, The Provider will actively involve Service Users in the design and delivery of the Service,

The Provider will:

- demonstrate that the views of Service Users (and their support networks) are sought and taken into account in designing, planning, delivering, and improving services
- listen and respond appropriately to Service Users' comments and concerns in relation to their care
- involve all Service Users in their assessment and care planning and to ensure that as much individual responsibility and decision making as possible is allowed to all Service Users, based on individual treatment, choice, privacy, dignity and access to statutory entitlements
- offer an active, preventative approach to health care, based on encouraging Service Users to confide the social and emotional, as well as physical, aspects of their health needs
- in delivering services to Service Users the Provider must recognise this may include challenging the traditional models of service delivery. Practitioners will be delivering care within an essentially non-health environment in custody and other settings
- the Provider must offer a comprehensive range of consultation methods, which must enable stakeholders to ensure robust risk assessments, safety and security along with providing a high standard of care to Service Users. This must include recognition and strategies for hard to reach groups

7.10 Health and Safety

The Provider must have a comprehensive health and safety policy that complies with the Health and Safety at Work Act (1974) and Management of Health and Safety at Work Regulations (1992).

The Provider must comply with their own procedures, and with both police and court procedures, for Health & Safety.

8. Performance and reporting

8.1 Performance Indicators

- Number of individuals identified by/referred to as a proportion of those arrested or coming into contact with the police area served.
- Number of screens and assessments conducted.
- Number and type of referrals into mainstream services according to identified needs.
- Number and type of referrals into voluntary and other support services according to identified needs.

- Percentage of first appointments kept on referral to mainstream services according to identified needs.
- Percentage of first appointments kept on referral to voluntary and other support services according to identified needs.
- Details of the agencies with which the service has information sharing protocols in place.
- Service user satisfaction audit.

8.2 Information Schedule

- Providers are required to keep appropriate and comprehensive records of individuals, utilising the providers healthcare clinical IT system in line with information governance and data protection legislation. Practitioners are required to share information where relevant and appropriate (in-line with information governance expectations) to ensure patient safeguarding.
- The patient's consent to the sharing of clinical information outside the service is recorded. If this is not obtained the reasons for this must be recorded in the individual's record.
- Protocols should be in place to enable effective sharing of information for safety, continuity of care and reducing reoffending. These protocols should cover information which needs to be shared both within the service, with community-based services and with criminal justice agencies.
- Information collected and recorded by the Service Provider (or sub-contractors) in regard to service users who attend and/or engage with treatment will be made available to the Commissioners (or other persons appointed by the Commissioners) on request in line with Information Sharing Agreements.
- The Commissioners (or its appointed persons) will make anonymous any data and information gained as a result of this access. Any information obtained is for the sole purpose of informing the continued development and improvement of the Commissioners commissioned services.

8.3 Data Collection

The provider will complete relevant NHS England L&D data sets in respect of individuals who are referred to or identified by the service and comply with the Liaison and Diversion Indicators of Performance (LDIPs) User-guide. Consent obtained by service users to share information about them to enable service provision must also explain that anonymised data will be shared with NHS England for monitoring purposes.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this document is owned by the Health & Justice Team, Specialised Commissioning Directorate.

Appendix i – Court Report Template

Delivering an effective response to people with mental health, substance misuse, learning disabilities needs and wider vulnerabilities in the criminal justice system

Liaison and Diversion Court Report

Name		**D.O.B.**	

Brief history and current presentation of mental health, learning disabilities, substance misuse / alcohol issues and any other vulnerabilities
Are there current or relevant previous concerns regarding vulnerability? If yes, detail the history of compliance with services, any perceived links between presentation and offending, and explain how the current concerns are being managed?
Risk of suicide and self-harm
Are there current or relevant previous concerns of suicide and/or self-harming? If yes, how are the current concerns being managed?

Risk of harm to others
Indicate both the level of risk of violence and/or psychological harm and how this would impact on possible court remand and sentencing decisions

Accommodation and support
Identify any specific needs, available referral pathways and how they can be supported to engage with services to meet those needs including alternative accommodation where appropriate

Understanding of criminal justice system and ability to engage with court process
Are their concerns regarding their level of understanding of the criminal justice system and ability to engage in the court process? If yes, what reasonable adjustments are recommended to facilitate effective engagement?

Information to support remand and sentencing decisions
Indicate how you have arrived at any recommendations, history of compliance and an assessment of current likelihood of compliance with services, and care plan (reflecting community and custody settings as appropriate)

Report Writer	
Contact number	
Date	