Kent and Medway
Mental Health Prison Pathway Protocol

October 2016

Interagency planning and communication supporting secondary care level mental health services for people at the point of entering or leaving custody, remand or prison.

For use by
Kent and Medway NHS & Social Care Partnership Trust
& Oxleas Prison Inreach Services, in partnership with:
Integrated Care 24 (IC24) - Prison Health Care
RAPt - Prison Substance Misuse Services
CGL & Turning Point – Community Substance Misuse Services
National Probation Service & CRC
Kent County Council
Medway Council

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Document Tracking Sheet

Kent and Medway Mental Health Prison Pathway Protocol

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0.1	Draft V0.1	27 July 2016	RAPt, CGL, Turning Point, KCC, Medway LA, CJDLS, Kent Probation, CRC, Oxleas Prison Inreach, IC24, NHS England, NHS England Specialist case managers, KMPT CRSL Director, CMHT Service Managers	Initial draft circulated for consultation. Feedback requested by 15 August 2016.
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0.4	Final draft V0.3	17 October 2016	KMPT Trust wide Patient Safety Group	Ratification
1.0	Final version	27 October 2016	KMPT Trust wide Patient Safety Group	Ready for implementation, distribution to KMPT services & partner agencies, and upload to KMPT website.

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CONTENTS PAGE

1. Background & Introduction

The Government has committed to ensuring that individuals who suffer from mental illness have their needs met. This includes people who have come into contact with the criminal justice system, whether this is at the point of arrest, whilst in prison, or when living back in the community after release.

It is estimated that as many as 90% of prisoners have some form of mental health problem, personality disorder, or substance misuse problem. (Mental Health & Criminal Justice - Centre for Mental Health, 2016).
It is recognised that supporting individuals with 7 key areas when leaving prison will reduce risk, and promote successful reintegration. Mental health is one of these key domains *(housing, employment, education and training, independent living skills, mental health, alcohol and drugs, family/community).*

At any given time we know there are an average of 99 prisoners with severe and enduring (secondary level) mental health needs residing in Kent prisons. To ensure safe and effective transfer into and from prison for these individuals, all agencies involved in their care must work closely together.

This document lays down best practice, communication and planning required to guide those working with individuals with severe and enduring (secondary care level) mental illness at the point of remand or sentence to prison, and during planning release from prison. Many of these people will also have co-morbid substance misuse (dual diagnosis), and/or be at risk of suicide attempts not just whilst in prison but on their release.

This protocol responds to recommendations from two Serious Incidents, root cause analysis reports (incident no's: 2015/29438 -F.R. and 2015/19313 - L.P.), and is supported by National guidance and research which highlight partnerships and closer working relationships between all agencies involved in the management of offenders with mental illness is paramount – including the document 'Offender Mental Health Care Pathway, DoH, 2005'.

This protocol also contains information relating to Kent prisons, Kent prison mental health & substance misuse services, KMPT services.

The organisations involved in developing the protocol are:

- Kent & Medway Partnership Trust (including K&M Forensic services)
- Oxleas NHS Foundation Trust – Prison Inreach Services
- RApT – Kent Prisons Substance Misuse Service Provider
- National Probation Service & CRC
- KCC
- Medway Council
- NHS England
- Kent Community Substance Misuse Providers – CGL, Turning Point

The protocol is intended to foster joint working between services and maintain and build on each organisations specialist role within the mental health and substance misuse community services, and prison systems.

This protocol will not focus on all elements of the mental health and social care of prisoners serving longer sentences. These services are exclusively provided by commissioned prison

health services and secure hospitals, and there is agreement that KMPT services may be suspended during these sentences. The exception is where the individual is held in a secure/ forensic hospital unit under a section of the Mental Health Act.

ACTION points highlighted within this document identify the agreed requirements for communication and information sharing between agencies.

2. Identified Service User Group

- Individuals aged 18 years and over.
- Those with an identified or suspected serious mental illness (secondary level), with or without co-morbid substance misuse (Dual Diagnosis). Usually with complex health and social care needs.
- Requires specialist mental health services in respect of their severe and enduring mental disorders (KMPT)
- May require specialist drug and alcohol services
- Has identified eligible social care needs in respect of their mental disorder/substance misuse.
- Normally resident in Kent or Medway either permanently or temporarily.
- Entering prison or being released from prison following remand or sentence.
- Those returning to prison on a sentence recall
- Is on remand or sentence in a secure hospital.
- Individuals held in prisons outside of Kent who are due for release back to a Kent address.
- Whilst most prisons in Kent house men there are around 100 women a single Kent women's open prison to whom this protocol will also apply, and where all communication and information standards should be replicated.

3. Service users not covered in this protocol

- The protocol does not cover individuals who are under 18 years old.
- Individuals being released from prison to a county other than Kent.
- Individuals with a mild to moderate mental illness or dual diagnosis.

4. Shared values

- The protocol is intended to facilitate service users receiving the best possible care from the organisations involved. It is not an end in itself.
- Providing the best possible care will require staff from all provider services to form positive, constructive and inclusive relationships in a spirit of cooperation.
- Agencies commit to working collaboratively and flexibly in order to meet the needs of the individual, reduce risk, and promote reintegration.
- The protocol provides an overall framework only. Its application will require staff from all services to use their specialist skills and professional judgement, also referring to policy and guidance from within the providers organisations

- Staff should not feel bound by the protocol where alternative arrangements are considered in the best interest of service users. However they must be willing to clearly record the reasons behind this.
- The safeguarding of all vulnerable adults and children is a paramount consideration for all agencies. Local safeguarding protocols and procedures must be followed.
- A commitment to learning from both good practice and serious incidents will underpin the evidence base of service delivery.

5. Working together for the benefit of the individual

It is expected that each agency will:

- Ensure the preferences of the individual are respected in relation to their care needs.
- Conduct, or contribute to a formal comprehensive assessment of a service user's needs and risks. Leading and or contributing to the drawing up of a joint care plan with a service user, in response to identified need.
- Keep staff informed from other organisations involved in the treatment & care of the service user, with particular attention to risk of self-harm / suicide, substance and mental health problems, and actions taken to keep the individual safe.
- Record all assessments and interventions on respective record systems
- Working collaboratively with other services involved with the individual
- Carrying out actions designated to particular staff within the jointly agreed care/ care and support plan.
- Seek to ensure best opportunity for engagement of individuals particularly those leaving prison.
- Prioritise attendance at CPA review meetings, contributing to individual risk assessments and care plans.
- Attend relevant clinical meetings, training or other events which promote the building of relationships between staff from partner organisations.

6. Kent Prisons & Prison Services Information

6.1 Prison Categories

ADULT MALE PRISONS 18years +		
Prison type	**Category**	**Description**
Closed prisons	**A** Category A prisoners are further divided into Standard Risk, High Risk, and Exceptional Risk, based on their likelihood of escaping.	Those whose escape would be highly dangerous to the public or national security.
	B Includes remand prisoners.	Those who do not require maximum security, but the potential for escape should be made very difficult.
	C	Those who cannot be trusted in open conditions but who are unlikely to try to escape
Open prison	**D**	Those who can be reasonably trusted not to try to escape. Prisoners can be given ROTL (Release On Temporary License) to work or have home leave.

ADULT FEMALE PRISONS 18years +		
Restricted Status	Similar to Category A for men	
Closed	For women who do not require Restricted Status, but for whom escape needs to be very difficult.	
Open	For those who can be trusted to stay within the prison.	

6.2 Kent Prisons

Kent Prisons		
Sheppey Cluster: • Elmley – Kent local prison Remand & Sentenced prisoners	For males 18 years+ Category C Unit Unsentenced and sentenced adult men, including immigration prisoners. Resettlement Prison (CRC)	**Address:** Church Road Eastchurch Sheerness Kent ME12 4DZ **Tel:** 01795 802000 **Fax:** 01795 802001 **Governor:** Sara Pennington
• Standford Hill	For males 18 years+ Category D sentenced male adults Resettlement Prison (CRC)	**Address:** Church Road Eastchurch Sheerness Kent ME12 4AA **Tel:** 01795 884500 **Fax:** 01795 884638 **Governor:** Jim Padley

• Swaleside	For males 18 years+ Category B Prison Swaleside will accept category B prisoners who are serving 4 years or more or should have at least 18 months left to serve, and are a main centre prison for prisoners in the first stage of their life sentence	**Address:** Brabazon Road Eastchurch Isle of Sheppey Kent ME12 4AX **Tel:** 01795 804100 **Fax:** 01795 804200 **Governor:** Paul Newton
Rochester	For males 18 years + category C Resettlement Prison (CRC)	**Address:** 1 Fort Road Rochester Kent ME1 3QS **Tel:** 01634 803100 **Fax:** 01634 803101 **Governor:** Jim Carmichael
Maidstone	For males 18 years+ Category 'C', UK Foreign National Prisoner Unit	**Address:** HMP Maidstone 36 County Road Maidstone Kent ME14 1UZ **Tel:** 01622 775 300 **Fax:** 01622 775 301 **Governor:** Dave Atkinson
East Sutton Park – womens open prison	For women 18 years+ Resettlement Prison (CRC) Small prison of approximately 100 women	**Address:** HMP/YOI East Sutton Park Sutton Valence Maidstone Kent ME17 3DF **Tel:** 01622 785000 **Fax:** 01622 785001 **Governor:** Penny Bartlet

6.3 Prison Services

6.3.1 Kent Prisons Inpatient Provision
These units provide 24 hour inpatient care for individuals suffering with both physical and mental illness, and are staffed by IC24 nurses and a consultant. Their role is to provide support, supervision, observation and short term intensive care to: - prisoners with an acute and severe psychiatric crisis - prisoners recovering from life threatening self-harm, drug overdoses or suicide attempts - prisoners in acute crisis due to co-existing complex morbidity problems
HMP Elmley Inpatient Unit Covering prisoners from Elmley, Rochester & Standford Hill, Swaleside & Maidstone prisons. Mixed mental health & Physical Health

6.3.2 Kent Prisons Health Care Providers	
Integrated Care 24 Limited (IC24)	• Services across all Kent prisons • Prison inpatient services • Primary care level health care • Prison 'reception' health screening & court attender health/medication screening. • Screening for prisoners entering the segregation unit
Oxleas NHS Foundation Trust	• Prison Mental Health Inreach in all 6 Kent prisons (primary & secondary level care) • Permanently present staff at Elmley, Swaleside, Rochester & Maidstone Prisons. • Visiting staff at Standford Hill & East Sutton Prisons. • Transfer Co-ordinator Kent Wide (mental Health – transferring prisoners needing inpatient mental health treatment outside of prison) • Links with KMPT forensic services.

6.3.3 Kent and Medway Substance Misuse Service for Prisons	
RAPt Service **(Rehabilitation of Addicted Prisoners Trust)** http://www.rapt.org.uk/	Providing treatment programmes and support to prisoners while in prison and at the point of release. Dedicated treatment blocks at: • HMP Elmley (Houseblock 3) • HMP Swaleside • HMP Rochester

6.3.4 Kent Probation Services	
CRC (Community Rehab Company – probation services Kent Surrey & Sussex)	CRC provide resettlement planning, signposting and resettlement services for all prisoners at one of 4 Resettlement prisons in Kent, HMP Rochester, HMP Elmley, HMP Standford Hill, HMP East Sutton Park Part 1 - Initial screening of needs completed within 72 hours of arrival to prison (remand or sentenced) completed by Prison. Part 2 - Resettlement Plan completed by KSS CRC and any immediate needs addressed within 5 days of screening being completed. Immediate Resettlement needs addressed during period of remand or sentence. BCST 3 - Resettlement Plan review completed and actioned within the last 12 weeks prior to release from prison. CRC are contracted to deliver resettlement support to all prisoners within Resettlement prisons across 4 mandated areas · Accommodation · Employment · Finance, debt & benefit · Signposting for victims of domestic and sexual violence CRC also manage prisoners released to Kent, Surrey and Sussex areas who are on licence and post sentence supervision, and who pose a medium to low risk of serious harm to others.
National Probation Service	Involved with high risk offenders, MAPPA.

Prison Services Contact List	 PRISON SERVICES CONTACTS LIST.doc

7. Kent & Medway Secondary Level Mental Health Services

Kent & Medway NHS and Social Care Partnership Trust provide mental health, and learning disability services as well as other specialist services to people across Kent and Medway.

Link: https://www.kmpt.nhs.uk/

KMPT Service Directory	 KMPT Service Directory Sept 2016.p

8. Kent & Medway Community Substance Misuse Services

This protocol applies to partnership working with community Substance Misuse Services to support those leaving prison.

Turning Point (East Kent & Medway) are one of the largest providers of substance misuse services in England and have a range of drug and alcohol services to help people recover from addiction and gain control of their lives

Link: East Kent Turning Point
24/7 contact number: 0300 123 1186

Link: Medway Turning Point
24/7 contact number: 0300 123 1560

Change, Grow, Live – West Kent (formerly CRI) are a charity providing treatment and support to vulnerable people. They champion people who have faced hardships like addiction and deliver drug and alcohol services across England and Wales.

Link: West Kent Drug and Alcohol Wellbeing Service
Central contact number: 01622 690864

9. Prison Mental Health Pathway

9.1 Pre Prison

9.1.1 Police Custody, and the Criminal Justice Liaison and Diversion Service (CJLDS)

Police Custody staff are key in supporting the identification of individuals with mental health problems and will liaise with CJLDS in order to facilitate:

- early detection of offenders with mental health problems and where appropriate divert them out of criminal justice into NHS system for appropriate care and treatment.
- identification of individuals under CPA or suffering severe mental illness.
- identification the need for assessment under the MH Act.
- identification of and promote reduction of suicide risk.
- ongoing mental health support and care if a prisoner is to go to court.
- sharing of relevant information to the court staff, prison staff or prison health or Inreach services.
- identification of substance misuse issues. During police custody drug screen may take place. This may be undertaken by substance misuse services.
- Identification of possible social care needs and referral for assessment as appropriate.

Where an individual is not remanded, but are clearly vulnerable, CJLDS will offer support for a maximum of 6 weeks. During this time support to address health and social care needs via liaison with appropriate agencies, will be offered.

Criminal Justice Liaison and Diversion Service **Prison Referral Process.** Sharing of information with prison health services.	CJLDS prison referral pathway.docx
Criminal Justice Liaison and Diversion Service – Consultant Referral Process	CJLDS Consultant referral process.docx
Required Standards for the Criminal Justice Liaison & Diversion Service in Custody	CJLDS In custody process v0.5.docx

ACTION: Where an individual is not remanded following assessment by CJLDS, but does require follow-up by their local CMHT, CJLDS will RAG rate the level of need and refer to the appropriate CMHT on the same day (ref: S.I. Y.B.). CJLDS & CMHT working protocol currently under development.

ACTION: At the transfer of an individual with mental health / Substance Misuse problems from custody / court to prison, CJLDS will provide Prison Inreach/RAPt service a minimum of core assessment, current care plan, and risk assessment. Where there are identified risks this must be shared immediately. If not, then within 24hours of contact with the person. Any additional information on circumstances related to the arrest should always follow. This may be provided by any KMPT service with which the individual has current involvement at the time of the arrest.

ACTION
Where Community Substance Misuse Services (SMS) are aware that a known SMS service user is detained in prison, they will liaise with prison SMS RAPt to share relevant information (in line with consent – see later section).

9.2 Prison Reception

On arrival in prison (remand or sentence) all individuals are screened:

- Offender Supervisors will undertake a Basic Screening within 72 hours
- IC24 will complete and health and substance screening within 12 hours
- CRC will assess the person within 5 days of Basic Screening being completed.

These screenings are carried out to assist in the identification of immediate physical health needs, injuries, serious mental illness and suicide risk.
The screenings include consideration of social care need and referral for assessment as appropriate.
To provide a direct access to mental health care (Prison In-reach team) and continuity of care for individuals under Care Programme Approach (CPA)

Where a mental health/substance misuse need is known about, identified at screening or suspected the individual will be referred to the Prison Mental Health Inreach Service and Prison Substance Misuse Services RAPt if appropriate
It is essential that all relevant health information is shared between community and prison health services at the earliest possible time.

ACTION

- The prison health services will seek to inform community mental health team (CMHT) services / community substance misuse services (SMS) of the detention of any individual known to be under the care of these services, as soon as possible and within 48 hours. And will seek and share relevant information.
- Prison health services will make enquiries with CMHTs and SMS if there is a suspected serious mental illness or substance misuse problem.
- Prison health services will refer immediately to Prison Inreach services and RAPTs where mental health or substance misuse problems are identified or suspected.
- Community mental health services and substance misuse services will share information with prison health services as soon as possible and within 48 hours.
- If not already done, CJLDS will share any assessment information they have conducted immediately.
- Where community services are aware of the detention of an individual in receipt of their services, they will inform the relevant prison health services as soon as possible and within 48 hours, or the next working day if this occurs on a Friday.

Any of the above may take place during the 'Reception', 'First Night' or Induction Period' of the individuals initial stay in prison which may lead to a full mental health or substance misuse assessment on prisoners who have been identified at particular risk during the health screening process. This is essential so that a care planning and treatment can be delivered on the wing to maintain continuity of care, which may include initiation of the prison wing care planning process (ACCT) for prisoners who need additional care.

9.3 Mental Health Services During Prison Sentence

Mental health services for prisoners with severe and enduring mental illness (secondary level), who are on remand or sentenced to Kent prisons, are provided by the Prison Inreach Teams (Oxleas NHS Trust).

The Prison Inreach teams provide a multidisciplinary specialist assessment and treatment service similar to the CMHT model in the community. This would include interventions for:

- Functional psychoses
- Severe depression
- Personality disorder
- Prisoners requiring interventions under the Mental Health Act
- Integrated care of co-morbidity between behavioural, substance misuse and mental disorders.
- Advice, support and training on the management of mental health problems to all relevant prison areas and prison staff.

This service takes on care co-ordination responsibility (see later notes on care co—ordination), multi-disciplinary reviews of medication, and they will arrange admission to the prison inpatient unit when prisoner's level of risk to self or others cannot be managed on the wing. There is also an important role for Prison Inreach with Sentence Planning.

Prison Inreach services also have responsibility to co-ordinate transfers of care to other prisons or specialist/secure NHS hospitals, liaise with NHS staff regarding the continuity of

care for prisoners being transferred out or received back to the prison, liaise with all key external agencies regarding pre-discharge planning, and offer information to families.

To ensure that information regarding the prisoner's mental health and/or drug treatment needs, prognosis and likely pattern of relapse is fully incorporated into the sentence planning process, community mental health services must provide comprehensive information to Prison Inreach and prison substance misuse services.

ACTION
Prison Inreach Services will co-ordinate a CPA review within 6 weeks on an individuals detention in prison. Representative from the persons community care services must be invited and attend. It is at this meeting that ongoing involvement of KMPT CMHT services will be discussed, and a decision made, by consensus, as to whether KMPT will keep a person's case open during their stay in prison.

ACTION
While an individual under the care of Prison Inreach services is also open to KMPT services:

- a copy of CPA review documentation and care plans, will be shared by Prison Inreach with the originating CMHT/other KMPT service. This will be uploaded to the KMPT RiO record.

Individuals with an appearance of social care needs will be referred to KCC in Kent (local authority boundary) and to Medway (local authority boundary and a Care Act needs assessment will be completed

9.3.1 CPA & Care coordination

All care will be provided in line with the CPA policy for the relevant agency.
There will be a clearly identified care co-ordinator or lead professional, acting as the main point of contact with regular and appropriate contacts.
Whilst detained in prison the role of individuals care co-ordinator is undertaken by a member of Prison Inreach.
Whilst placed at a secure/specialist hospital (as part of sentence or remand) this role is undertaken by a member of the care team at the specialist/secure hospital.

It is the responsibility of the care co-ordinator of the individual while they are detained to provide the originating CMHT with copies of care plans and CPA reviews. This information will be uploaded to KMPT patient record system RiO by the originating CMHT.
Throughout the pathway, all care must be record in the person centred care plan of the service user, by their care co-ordinator.

9.3.2 KMPT involvement with individuals during their sentence

It is important to be clear whether it is necessary or appropriate for community mental health services to remain involved with an individual in prison and when it is acceptable to close their case (perhaps temporarily) to KMPT services.

ACTION
Prison Inreach Services will co-ordinate a CPA review within 6 weeks on an individual being remanded or sentenced to prison. Where the person is open to KMPT CMHT a representative from the CMHT must be invited and attend. It is at this meeting that ongoing involvement of KMPT CMHT services will be discussed, and a decision made, by consensus, as to whether KMPT will keep a person's case open during their stay in prison.

To remain open to KMPT during prison sentence	**To be closed to KMPT during prison sentence**
• Individuals on remand who are known to KMPT prior to detention. • Recalled prisoners (may need further clarification). • Short sentence prisoners i.e. those sentenced to 3 years or less (it is likely that the sentence actually served will be considerable shorter). • Individuals under any section of the mental health act. • Individuals subject to section 117 MHA. • Individuals subject to a sction of the Mental Health Act. • Individuals held at secure hospitals. • Individuals subject to MAPPA. **not an exhaustive list*	• Individuals receiving long sentences of 3 years +. • Individuals receiving life sentence. • Individuals no longer requiring secondary level mental health services. **not an exhaustive list*

CONSENSUS
There will always be a group of prisoners whose requirement for ongoing CMHT involvement during their sentence may not be clear at the point of sentencing. Whether the person remains 'open' to a CMHT (or other KMPT services) will be **determined by consensus at a CPA meeting** to be held at the prison.

KMPT CPA PATHWAY
In cases where KMPT CMHT keep a case open in order to maintain links with a prisoner either in prison or at a secure hospital, it is possible to record the persons pathway as 'other' under the RiO Pathway option. Any case kept open must have CPA review dates recorded and CPA/care documentation from the prison/secure hospital upload to KMPT RiO.

CPA
In all cases a CPA review meeting must be held for all people coming into prison who have been involved with secondary level mental health services in the community, or who are assessed by the Prison Inreach team as having a severe or enduring mental illness.

MULTI-AGENCY
Consider which other agencies should be involved at CPA meeting or a professionals meeting (as the individual may be reluctant to allow invitation of representatives of all agencies involved in their care to their CPA meeting).

9.4 Prison Transfers

Prison Inreach team is responsible for ensuring appropriate information sharing and effective communication regarding mental health care needs between services, occurs when an individual is transferred from or to a Kent prison.

9.4.1 Secure Hospitals Transfers

Individuals placed on a section of the Mental Health Act while in prison or having arrived to prison on a section, will be transferred to a secure hospital appropriate to their needs.

From December 2016, NHS England specialist case manager team will have oversite for all Kent prisoners detained in Secure Services/Hospitals, wherever they are in the country.
These case managers will ensure appropriate care pathways for individuals in secure hospitals, which includes finding appropriate beds via NHS England & KMPT Forensic Services (TGU) in liaison with Oxleas Prison Inreach Hospital Transfer Co-ordinator. Repatriation will also fall under the responsibility of this panel.

Secure hospitals have responsibility for CPA and care planning during the individuals stay with them, along with transfer and release planning. All CPA documentation will be provided to the originating CMHT for uploading to RiO.

Prison Inreach services have responsibility for informing local services (CMHT) when an individual is transferred to a secure hospital from prison.
CMHT will provide the secure hospital with a contact details for the CMHT and worker who will keep in touch with the individuals care during their stay.

In many instances individuals detained at secure hospitals will eventually return to Kent via 1.KMPT Forensic Services at Trevor Gibbens Unit, Maidstone; 2. Returning to a Kent prison on recovery from their mental illness sufficiently to no longer require secure hospital treatment. Some individuals will have repeated transfer to secure hospital and back to prison, as their disorder or symptoms requires it.

ACTION when an individual is transferred between prison and secure hospitals
Prison Inreach services will:

- share information relating to transfer to secure or specialist hospitals with the originating KMPT service within 72 hours.
- ensuring all necessary care and treatment information is handed on to the receiving secure hospital including a copy of CPA review documentation and care plans, risk assessments etc.
- provide the secure hospital with details of the originating KMPT service /CMHT.
- inform GP if appropriate
- inform the same services of the return of the person to Kent prison.

KMPT will:

- KMPT services may receive requests for further historical information. Such requests must be responded to within 7 days of the request being received by the service.

In some instances individuals will transfer to KMPT Forensic services at the Trevor Gibbens Unit in Maidstone. This may be for a periods of treatment where the individual will return to prison when they are sufficiently recovered to do so, or as part of long term release planning.

Planned release back into the community from KMPT forensic services will take place through full multi-agency planning as outlined in the section on ‘Pre-release Planning’.

9.4.2 Transfers Between Prisons

Prison transfer may take place between Kent Prisons or other prisons nationally. Transfer can be for a number of reasons including matters relating to the offense, sentence, and sentence/offender management.
Most Kent based individuals are returned to Elmley Prison in preparation for planning their release. Prison Inreach Transfer Co-ordinator based at Elmley Prison is responsible for ensuring safe and effective communication in relation to all transfers.
As with transfer to hospital, it is the responsibility of Prison Inreach to ensure all relevant mental health care and treatment information is shared with the receiving prison mental health services.
Also as above, KMPT services may receive requests for further historical information. Such requests must be responded to within 7 days of the request being received by the service

Where an individual is being released back to Kent from an out of area prison or secure hospital, full participation is expected of the receiving CMHT in the release planning process.

Prison Inreach Kent Prisons Transfer Protocol	KENT PRISONS TRANSFER PROCESS

9.5 Pre-release Planning

Pre-release planning is vital to ensure appropriate arrangements are in place for on-going integrated aftercare of prisoners with mental health, dual diagnosis or comorbidity problems in the community prior to their release. The process provides time to develop continuity of care – both health and social care.
There are an estimated 5 people with secondary level mental health diagnoses released from Kent prisons each month with perhaps one of these being an unplanned short notice release.

It is the responsibility of Prison Inreach Services , and prison substance misuse services RAPt where there is dual diagnosis, to initiate the release planning process alongside CRC probation services, and ensure release plans are in place.

It is expected that pre-release planning will start around 3 months prior to release date. However, it is not always possible to identify release dates for those who may be on remand or appealing a sentence. Court dates can change or take place at short notice leading to a person being acquitted or released unexpectedly. In some instances without the prison health staff being immediately aware. This matter will be dealt with separately.

Three months prior to expected release date, CRC probation service will undertake pre-release Resettlement assessment of

- Accommodation
- Employment
- Finance, debt & benefit

It is likely that the following services will need to be directly involved in release planning for people with serious and enduring mental illness or dual diagnosis:

- ✓ The person themselves
- ✓ Prison Inreach team
- ✓ Care Co-ordinator in community mental health team (providing health & social care)
- ✓ Social Supervisor (where necessary)
- ✓ Prison Substance Misuse Service
- ✓ GP or primary care team member
- ✓ Community Substance Misuse Service
- ✓ National Probation Service or CRC
- ✓ Family or carers
- ✓ Vocational Advisers
- ✓ Housing
- ✓ Voluntary support agencies
  AND
- ✓ All those involved in the persons care whilst in prison
- ✓ All those who will be responsible for the persons aftercare

It is essential that all agencies fully participate, share information appropriately and in a timely fashion, and communicated intended release actions clearly with partner agencies and the person being released from prison.

Where an individual has been placed on a forensic section with restrictions, a Social Supervisor will be identified within community services who will provide the required reports to the Ministry of Justice. This may or may not be the care co-ordinator.

ACTION
A Pre-Release CPA review meeting must be held and all relevant agencies family/carers and will be invited. This will be co-ordinated by Prison Inreach.
In instances where the individual does not consent to full attendance by agencies, then a professionals meeting may be appropriate to ensure robust planning and communication takes place.
Where consent is declined but risk is a concern, information will be shared on a need to know basis and in line with information sharing policy.

9.5.1 Pre-release Planning & Responsibilities

ACTIONS PRIOR TO RELEASE DATE	PERSON/SERVICE RESPONSIBLE
Co-ordinate CPA review meeting / release planning CPA review	Prison Inreach All relevant agencies to be invited with the consent of the person leaving prison
Multi-agency professionals meeting. To be held in the event of non-engagement by the person leaving prison	Prison Inreach.
Support provided to the prisoner in registering with a GP if he does not have one. Reinforcement of the importance of contacting their GP on release Where the prisoner declines to register or is NFA, give advice on how to register (see unpanned release on flow chart)	Prison Inreach Service / IC24
Pre-release assessment of mental health and social care needs	Prison Inreach & CMHT
Release accommodation identified	CRC or National Probation Service , (with expert advice from Prison Inreach, RAPt, CMHT)
Financial assessment and support interventions	CRC, CMHT (Social care needs assessment)
Social Care needs assessment (not secondary level mental health related)	KCC or Medway Unitary Authority
Transfer of care to the Care co-ordinator and Community Mental Health Team / social supervisor.	Prison Inreach to refer. (CMHT to facilitate handover)
Transfer of care to Community Substance Misuse Service	RAPt
Pre release planning meeting	Prison Inreach, RAPt, CRC / National Probation Service
Sharing of a copy of the persons CPA release and aftercare plan prior to his release, with everyone involved in their aftercare	Prison Inreach , RAPt
Providing the person with a written copy of their CPA release and aftercare plan before being released	Prison Inreach, RAPt

Ensuring the CPA release and aftercare plan response to any concerns related to risk and safety	Prison Inreach, CMHT Although all agencies have a responsibility to report, record and plan risk management in line with their own policy& protocol
Mental health follow-up appointments booked prior to release date, and shared with the person before release.	CMHT
Follow-up appointments or post release arrangements shared with the person as per the plan.	Prison Inreach, CMHT, RAPt, CRC / Probation.
Where specialist prescribing is required for dual diagnosis, are the prescribing and dispensing arrangements in place?	RAPt, Community SMS, GP. (Shared care)
Safeguarding processes/handover	Prison safeguarding lead to handover to KMPT Safeguarding lead
Multi Agency Public Protection Arrangements	Police, National Probation Service, National Offender Management Service (NOMS)
Identifying a Social Supervisor	KMPT Community Forensic or CMHT

Where a prisoner due for release, is not known or not currently open to KMPT services the referral route is via KMPTs Single Point of Access (SPoA). The identified community mental health team will allocate a care co-ordinator to directly liaise with Prison Inreach and actively participate in release and aftercare planning.

CONTACT DETAILS FOR **KMPT Single Point of Access (SPoA)**	○ **Tel: 0300 2220123** ○ **Email: KAMNASCPT.spoa@nhs.net**

ACTION KMPT
The relevant CMHT will allocate a care co-ordinator within seven days of receipt of the referral; the care co-ordinator will actively participate with release planning process; and will attend (or dial in to) release planning CPAs at the prison where they will provide local expert knowledge. This is likely to require a visit to the person before release in order to undertake and mental health and social care needs assessment.
Where the person is consider a high risk of harm to self or others, the CMHT care co-ordinator should present the case at the CMHTs Clinical Risk Management Forum (CRMF). Please refer to CRMF Terms of Reference – appendix 1

ACTION Prison Inreach
At the point of handover, Prison Inreach team will provide the receiving CMHT with current risk assessment release care plan and treatment information relating to treatment received whilst in prison. They will inform the persons GP also.

9.5.2 Family & Carers

Where ever possible and at each stage of the individuals prison mental health pathway it is important to ensure that contact details of family and carers are recorded and updated.
In accordance to the persons wishes, family or carers will be invited to pre-release CPA meetings, and contribute to the release care plan.
It is essential that care teams consider any security and risk factors. Some family members cannot have contact with the individual due to their offence. The practitioner must check appropriateness of any invite and review the case with security before inviting family to the

CPA review or discharge planning meeting. These actions will take place alongside the usual process of agreeing with the offender who they would like to be in attendance.

Where individuals are released and are reluctant to engage, present with significant risk and/or are vulnerable, contact with their families in essential. This will offer services opportunity to identify the whereabouts of released prisons, and allow appropriate carers / family support to be offered.

In all circumstances carers must be offered a carers assessment.

9.5.3 Released Pending Referral
Where an individual is released from prison pending referral to Prison Inreach (i.e. referred to but not yet assessed by Prison Inreach), Prison Inreach must inform KMPT that this is the case, and share relevant information with a view to local community services offering the individual an assessment on release. This may be arranged for the person by Prison Inreach through KMPT SPoA.

GP, Care co-ordinator, Crisis Home Treatment Team (CRHT) if admission may be required, Probation service, police if appropriate, Social Services, community substance misuse services if required.

9.5.4 Short Notice or Unplanned Releases
In cases where prisoners are released unexpectedly e.g. criminal proceedings discontinued, bail, successful appeal outcome, immigration cases, the following must take place.

1. Put in place emergency plan of action to ensure continuity of care after release
2. Agree early multidisciplinary care plan review date

The agreed local protocol for unplanned short notice releases is:

Prison Inreach will contact Care Co-ordinator/ duty worker/ team manager. Or in the case of an individual not known to KMPT, a referral will be made via KMPT Single Point of Access
Agree interim aftercare arrangements and care plan will be established
There should be contact between key agencies with the sharing of the CPA care plan and risk information
Multidisciplinary CPA review date to be organised by Care Co-ordinator with all involved in the persons aftercare.

9.5.5 Release from Kent (KMPT) Forensic Services
Where individuals are released from KMPT Forensic services to the community under restrictions e.g. section 37/41, it is likely that the Community Forensic Service will remain involved with aftercare, either as lead mental health community provider or working jointly with the local Community Mental Health Team.
The social supervisor or care co-ordinator role may be undertaken by either the Forensic service or CMHT.
Forensic Community Service involvement may be for 6-12 months with a view to hand over to local CMHTs.
Where the individual is known to have a complex forensic history, the Community Forensic Team may continue to manage the care of the person indefinitely. This is a very small number of cases.
In all case, pre-release planning and aftercare will follow the same principles and

expectations outlined in this protocol.

9.6 Aftercare

9.6.1 CPA & Non-CPA

For individuals subject to **CPA** or at particular high risk of self-harm or suicide, initial follow up contact must be made with the individual by the CMHT within 7 days of release from prison.
In the pursuit of positive reintegration, stable mental health and reduced risk, more intensive support for the first 3 months post release should be provided by the multi-agency care team as per the aftercare plan. This will include a CPA review meeting within one month of release for those individuals under CPA.
An assertive approach to engagement may need to be employed by mental health services, in some instances working jointly with substance misuse services. In some instances community SMS will be able to offer a 'through the gate' meeting on release contact.

ACTION
KMPT CMHT care co-ordinator will ensure the individual receives a face to face contact within 7 days of release from prison and will have a CPA review date (if eligible for CPA) booked to take place within a month of release date.

Non-CPA follow up contact and support should be provided as agreed with the individual during release planning. Face to face review by CMHT must occur within 7 days of release from prison.

9.6.2 Non-engagement

Where an individual is unable or unwilling to engage with necessary or appropriate services on release, tight communication between agencies particularly about concerns regarding risk to or from the individual is essential.
Care co-ordinators will raise at the persons case at CMHT Pod meeting and CMHT Clinical Risk Management Forum for discussion of management options.
It is important to involve primary care colleagues and family or carers.
Where appropriate police may need to be informed alongside the Integrated Offender Managers team mental health leads.

10Mental Health Act, Community Treatment Orders (CTO) & Guardianship

In cases where an individual is sentenced whilst under section 7 Mental Health Act - Guardianship or section 17A Community Treatment Order, the following must be considered.

10.1 Guardianship

The Responsible Clinician must consider the decision to discharge the Guardianship via CPA review, as the persons circumstances have significantly changed.
At the point of release planning the individuals needs should be re-assessed as Guardianship may or may not be appropriate or necessary.

Guardianship Policy & Practice Guidance	 GUARDIANSHIP Policy & practice Guid

10.2 Community Treatment Order

Community Treatment Orders (CTO) are applied, under the Mental Health Act, to people who are deemed to require treatment and who otherwise would be in hospital. There is provision for 'leave' from a CTO but for no longer than 7 days.
On arrest the subject of the CTO should be assessed to ascertain whether they require recall to hospital. If so they would be subject to MHA and either admitted or remanded pending transfer to secure services. If not requiring hospital then the CTO may be discharged.

If a patient is detained on a CTO and remains in custody for longer than six months in total such patients will automatically cease to be on the CTO. Until then, the patient will remain on a CTO unless the CTO has been discharged by the Community RC in the interim. If the patient gets released from Custody during that six month period, they are treated as if they had gone AWOL on the day of their release.

Because patients in this situation are treated as being AWOL, if the CT O would otherwise have expired, or is about to expire, it will not in fact expire until the end of the week starting with the day of the patient's return to hospital (If the patient had already been recalled to hospital when first imprisoned), or if not with the day of the patient's release from custody. This allows the responsible clinician at least a week in which to examine the patient and submit a report extending the CTO under Section 20A.
Although a patient released from custody after less than six months is treated as having gone AWOL they may only automatically be taken into custody and returned to a hospital if they had already been recalled to that hospital when they were first imprisoned. Even then, this can only be done during the 28 day period starting with the date of their release.

However, normal rules about recalling patients to hospital apply to patient released from custody during whatever period remains of their Community Treatment Order. So a patient can if necessary, be recalled to hospital in order to be examined with a view to making a report extending their Community Treatment Order. If they failed to attend, they would be considered AWOL in the normal way, and could therefore be taken into custody at anytime during the six months starting with the day they failed to attend.

10.3 Common Forensic Section of the Mental Health Act

Common forensic Mental Health Act sections include: 35, 36, 37, 38, 37/41, 45a, 47, 48
Applications made under the MHA in prisons are made by the prison psychiatrists.
Individuals subject to some of these sections will be entitled to ongoing support under Section 117 Mental Health Act on their release from prison. As such, release planning must accommodate this and all care should be offered in line with the Section 117 Policy.

With 'restricted' sections a social supervisor (usually a professional from the CMHT or Community Forensic Service, and may be the persons care co-ordinator) will be allocated and is required to co-ordinate regular 'Care Team Reports' to the Ministry of Justice (within 4 weeks initially, then 3 monthly).
Where mental health social care needs are identified in the community in relation to any of these sections or section 117 of the mental health act, the CMHT will take actions to ensure these needs are met.
Further information can be found in Reference Guide to the Mental Health Act 1983 by the Department of Health, Page 134.

LINK: **Mental Disorder Offenders. Guidance & Forms for those working with mentally disordered offenders (restricted patients)**	**http://www.justice.gov.uk/offenders/types-of-offender/mentally-disordered-offenders**
LINK: **South London & Maudsley Guide to Forensic Sections**	**http://www.slam.nhs.uk/patients-and-carers/mental-health-act/forensic-sections**
Link: **Institute of Psychiatry: Information about forensic mental health services**	**http://www.mentalhealthcare.org.uk/forensic_mental_health_services**

11 MAPPA

A multi-agency public protection arrangement (MAPPA) involves the police, the National Probation Service (NPS), prison service and other agencies, including mental health services. It manages violent and sexual offenders in the community.

Prison Inreach staff contribute to the prison held Integrated Risk Management Team (IRMT) meetings and monitor those on MAPPA within the prison multidisciplinary team. They provide reports as required and attend MAPPA meetings as appropriate. At the point of release planning Prison Inreach will hand over MAPPA related information as part of CPA hand over to the receiving CMHT.

Please refer to the KMPT Multi-agency Public Protection Arrangements Policy & Procedures document, which can be accessed using this link:

KMPT MAPPA Policy	**http://staffzone.kmpt.nhs.uk/Downloads/staffzone/clinical-policies/2013V2.00MultiAgencyPublicProtectionMAPPAPolicy.pdf**

12 Safeguarding

Safeguarding policy will be adhered to in line with each agencies protocols and Kent & Medway Safeguarding Procedures.

Safeguarding concerns raised in prisons are reported to the Establishment Safeguarding Lead and Local Authority practitioners support any action taken as a consequence.

It is expected that information relating to safeguarding matters will be shared with all agencies involved.

Jim Carmichael, Governor at Rochester Prison is the Kent & Medway lead for Safeguarding in Kent Prisons.

KMPT Safeguarding Team contact emails:

safeguarding.forensic@kmpt.nhs.uk **Safeguarding@kmpt.nhs.uk**

HMP Elmley Safeguarding Strategy	 ELMLEY PRISON Safeguarding_Strateg

13. Lead agency

The responsibility for leading care depends on the location of the service user:

- Whilst in prison – Prison Inreach
- In the community - KMPT
- Dual diagnosis - Where an individual has complex and severe needs for both mental illness and substance misuse, this will be shared between agencies as the need dictates and following statutory responsibilities and clinical best practice. Please refer to Kent & Medway Dual Diagnosis Joint Working Protocol appendix 2
- Local Authority

  Where the **Local Authority is the lead agency**, a needs assessment is made under:

  a. *the Care Act 2014;*
  b. *The Care and Support (Assessment) Regulations 2014;*
  c. *The Care and Support (Eligibility Criteria) Regulations 2014*

14. Lead Workers / Champions

It is acknowledged that there is a benefit to services identifying a lead worker to act as liaison with partner agencies. Where resources allow this teams are encouraged to identify an individual who will establish a personal understanding of the mental health prison pathway and develop improving working relationships with other related agencies.

15. Recall to Prison

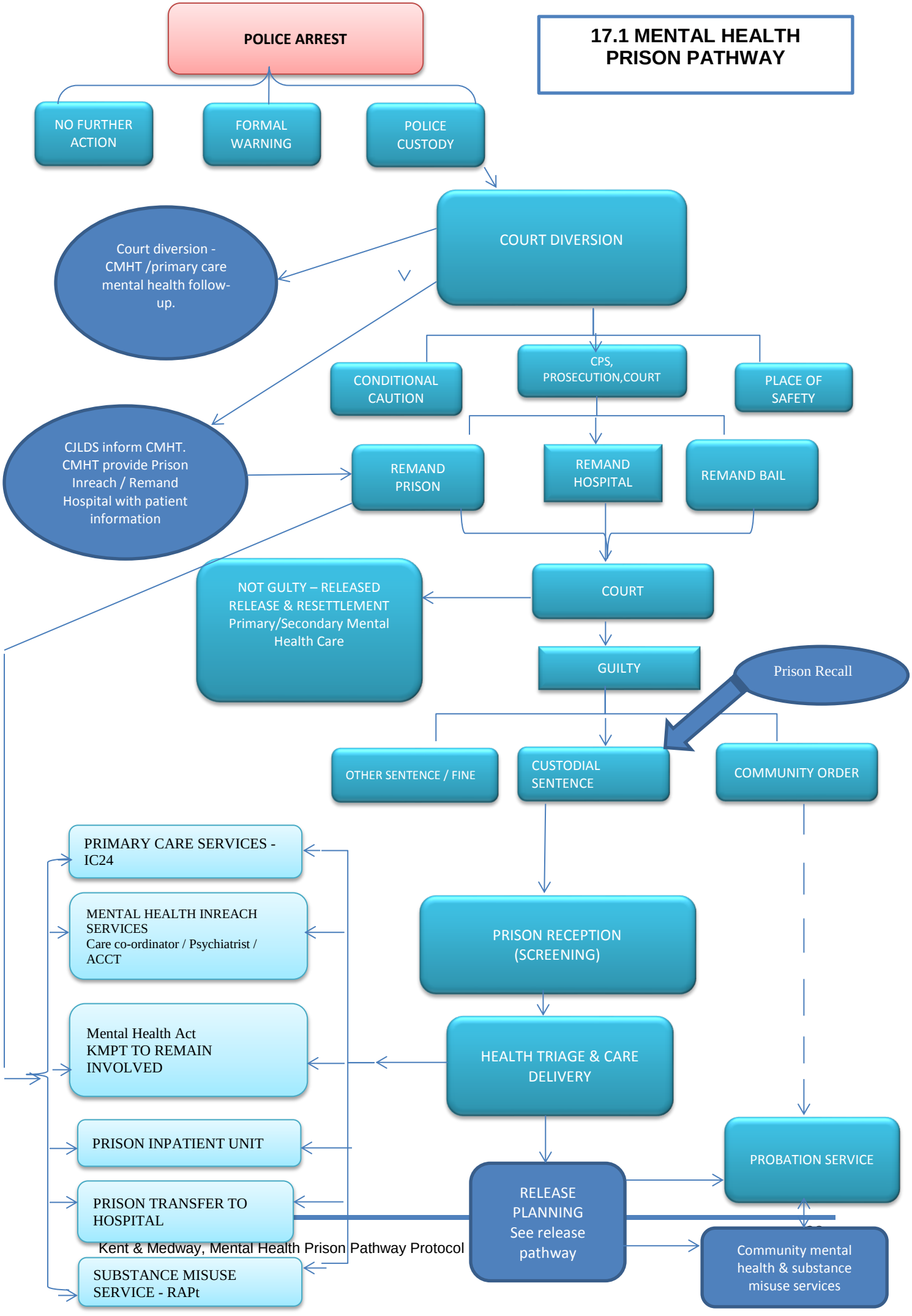
When a person is released from prison either on license or parole, they will be provided with a copy of their license including all the conditions attached to their release.
If a person does not keep any of the conditions they may be recalled to prison to serve the remainder of the sentence, 'standard recall' or for a fixed period of time often 28 days, 'fixed term recall'.
All actions and communications outlined within this protocol apply equally to the management and release planning of those individuals recalled to prison.

16. Sharing of Information

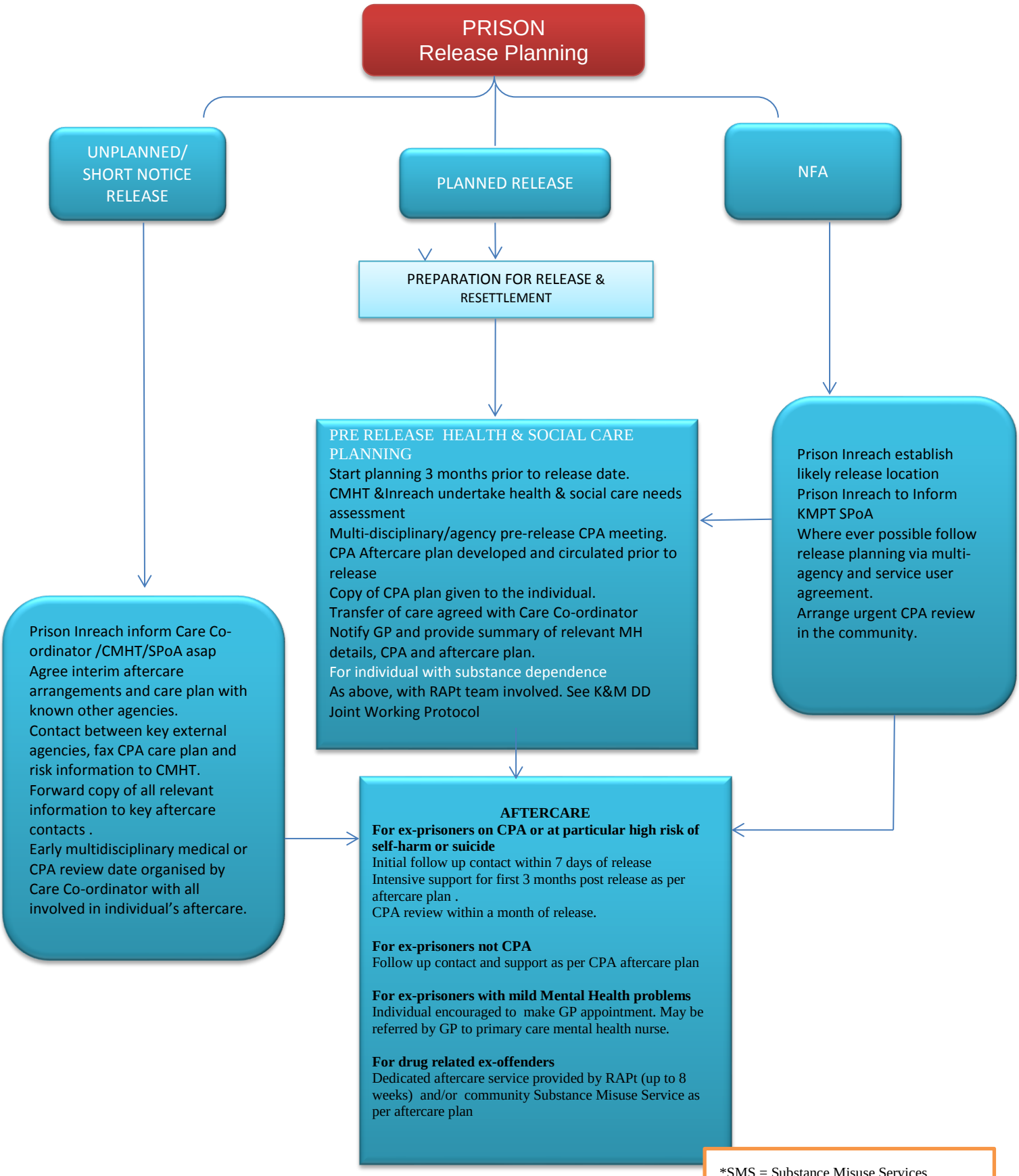
Information should be shared on a 'need to know' basis and strictly in compliance with duty of care.
There is an expectation that consent to share information is sought from the service user although this may differ in exceptional circumstances such as crisis/high risk scenarios.
Consent to share information should be re-considered/up-dated at regular review meetings.

ACTION
Each agency is responsible for ensuring consent to sharing information between agencies is obtained from the individual concerned. Each agency has an authorised consent to share information form which needs to be signed and recorded to confirm informed consent.

17. PATHWAYS


17.1 MENTAL HEALTH PRISON PATHWAY
POLICE ARREST
NO FURTHER ACTION
FORMAL WARNING
POLICE CUSTODY
COURT DIVERSION
Court diversion - CMHT /primary care mental health follow-up.
CONDITIONAL CAUTION
CPS, PROSECUTION,COURT
PLACE OF SAFETY
CJLDS inform CMHT. CMHT provide Prison Inreach / Remand Hospital with patient information
REMAND PRISON
REMAND HOSPITAL
REMAND BAIL
NOT GULTY – RELEASED RELEASE & RESETTLEMENT Primary/Secondary Mental Health Care
COURT
GUILTY
Prison Recall
OTHER SENTENCE / FINE
CUSTODIAL SENTENCE
COMMUNITY ORDER
PRIMARY CARE SERVICES - IC24
MENTAL HEALTH INREACH SERVICES
Care co-ordinator / Psychiatrist / ACCT
Mental Health Act
KMPT TO REMAIN INVOLVED
PRISON INPATIENT UNIT
PRISON TRANSFER TO HOSPITAL
SUBSTANCE MISUSE SERVICE - RAPt
PRISON RECEPTION (SCREENING)
HEALTH TRIAGE & CARE DELIVERY
RELEASE PLANNING See release pathway
PROBATION SERVICE
Community mental health & substance misuse services

17.2 MENTAL HEALTH PATHWAY
PRISON RELEASE PLANNING



*SMS = Substance Misuse Services
*CMHT = community Mental Health Team
*SPoA = Single Point of Access (KMPT)
*DD=Dual Diagnosis

18. Appendices

Appendix No.	Title	Document
1	CRMF Terms of Reference	Document under review
2	Kent & Medway Dual Diagnosis Joint Working Protocol	 Kent & Medway Dual Diagnosis DD Joint W

19. National Guidance & Further Information

Hyperlink	or Document
Confidentiality NHS Code of Practice https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf	
KMPT Information Sharing and Consent form	 BC-RiO-Information-Sharing-and-Consent
KMPT Multi Agency Information Sharing Agreement http://staffzone.kmpt.nhs.uk/Downloads/staffzone/it-policies/2013V1.00InformationSharingAgreement.pdf	 KMPTInformationSharingAgreement.pdf
The pathway of prisoners with mental health problems through prison health services and the effect of the prison environment on the mental health of prisoners, National Institute of Health Research, 2010 http://www.ohrn.nhs.uk/OHRNResearch/EnvPath.pdf	
Prison mental health: vision and reality, Centre for Mental Health, 2010 http://www.rcpsych.ac.uk/pdf/prison_mental_health_vision_reality.pdf	
Offender mental health care pathway , DoH - National Institute for Mental Health in in England 2005 http://www.rcpsych.ac.uk/pdf/OffenderMentalHealthCarePathway2005.pdf	
The Bradley Report - Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system, 2009 http://www.rcpsych.ac.uk/pdf/Bradley%20Report11.pdf	
Improving health, supporting justice. The National Delivery Plan of the Health and Criminal Justice Programme Board, DoH, 2009 http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/Improving%20health%20supporting%20justice.pdf	

Mental health and criminal justice, Centre for mental Health, 2016	Centre_for_Mental_ Health_MH_and_crimi
Preventing Prison Suicide: Perspectives from the inside The Howard League of Penal Reform, 2016 http://howardleague.org/wp-content/uploads/2016/05/Preventing-prison-suicide.pdf	
Prison Planning for Release, RETHINK information sheet	Release fromPrison - Planning for Release I

20. Glossary of Terms

ACCT	Assessment, Care in Custody and Teamwork
CAMHS	Child and Adolescent Mental Health Services
CMHT	Community Mental Health Team
CMHTOP	Community Mental Health Team for Older People
CPA	Care Programme Approach
CRHT	Crisis Resolution and Home Treatment (team)
DIP	Drug Intervention Programme
KMPT	Kent and Medway NHS & Social Care Partnership Trust
MAPPA	Multi Agency Public Protection Arrangements
MHS	Mental Health Services
NOMS	National Offender Management Service
SMI	Severe Mental Illness
SMS	Substance Misuse Services
SPoA	Single Point of Access (KMPT)