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Building a community forensic service for people with intellectual disabilities and autism in the age of Transforming Care

Dr Leah Wooster, Fiona Lamb

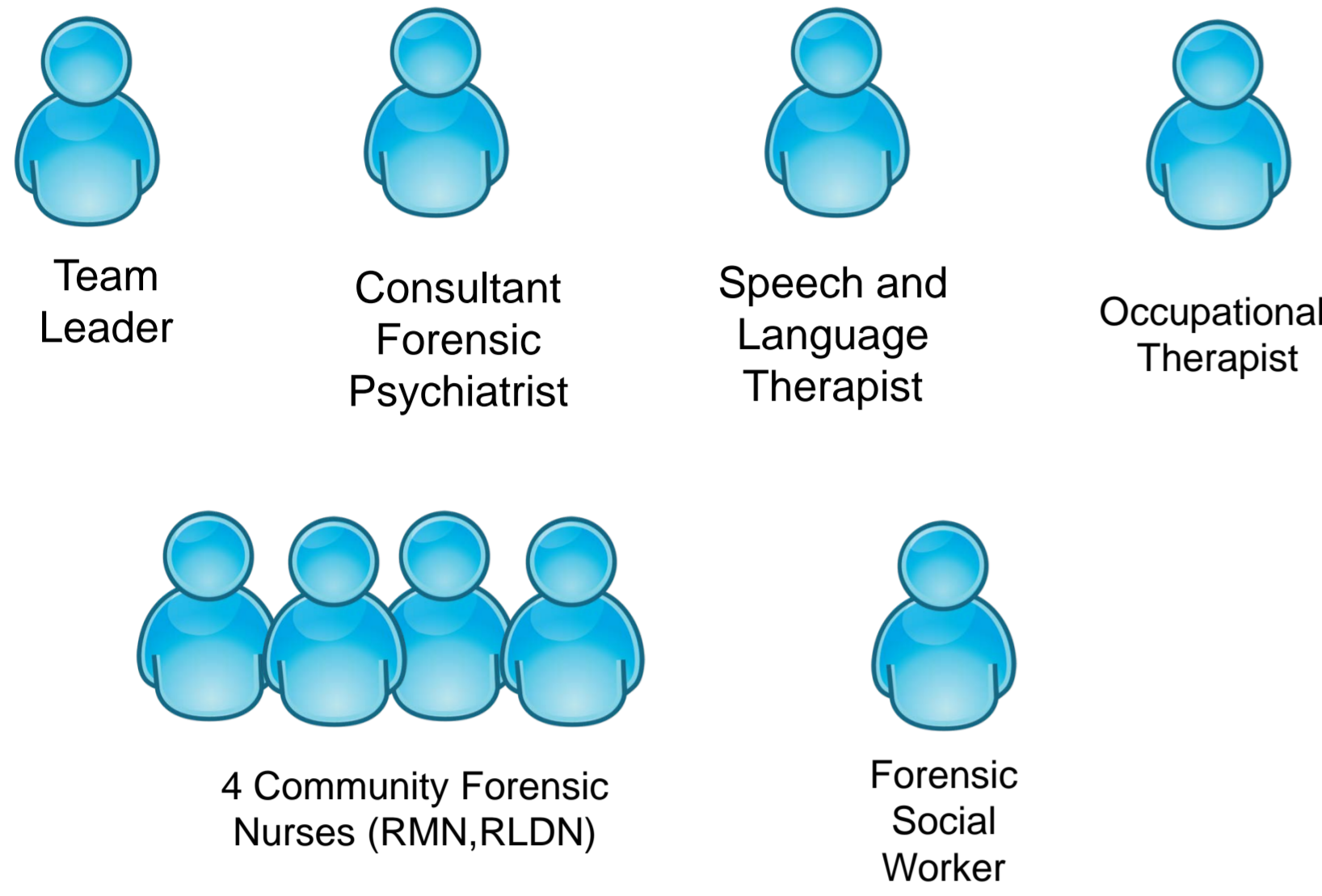


Nottinghamshire Healthcare
NHS Foundation Trust

Introduction

The Community Forensic Intellectual Developmental Disability Service (CFIDD) is part of the Low Secure and Community Forensic Directorate for Nottinghamshire Healthcare NHS Foundation Trust. The team is established and commissioned to work with adults with a recognised intellectual disability and or autism who present with a forensic risk across Nottinghamshire (City & County). The aim of the service is to work alongside our Trust colleagues in both Learning Disability and Adult Mental Health services in supporting and identifying appropriate care pathways for those individuals identified under The Transforming Care Agenda. The service was commissioned in March 2019. The maximum capacity for the service for community complex case management at any one time is 24 cases.

The team



People we work with

CFIDD is only commissioned to work with people identified under **Transforming Care** transitioning from inpatient services into the community.

The service is available to individuals who meet the following criteria:

- ❖ The Person is 18 years of age or older, it can be demonstrated that their needs can be best met by this service.
- ❖ The service will work with people aged 16-18 years where necessary to effect a smooth transition to adult services.
- ❖ The referrer should have good reason to suspect that the individual's cognitive abilities are either within the mild and moderate range of intellectual abilities and/or have an autistic spectrum disorder.

The individual should have been:

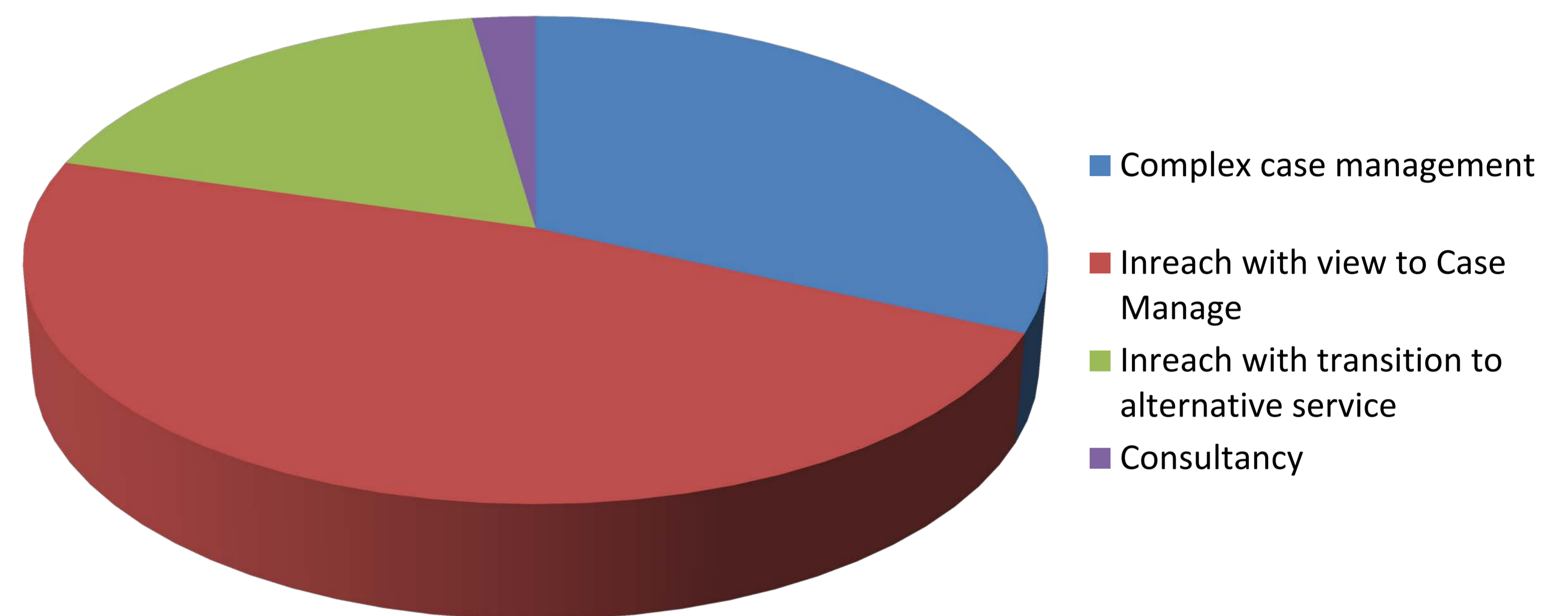
- ✓ Charged with or convicted of a criminal offence
- ✓ The person has acted in a seriously irresponsible manner which could have/did result in harm to others; and
- ✓ There is justifiable concern regarding the potential risk the individual poses as a result of their stated intentions or expressed beliefs.

Levels of working

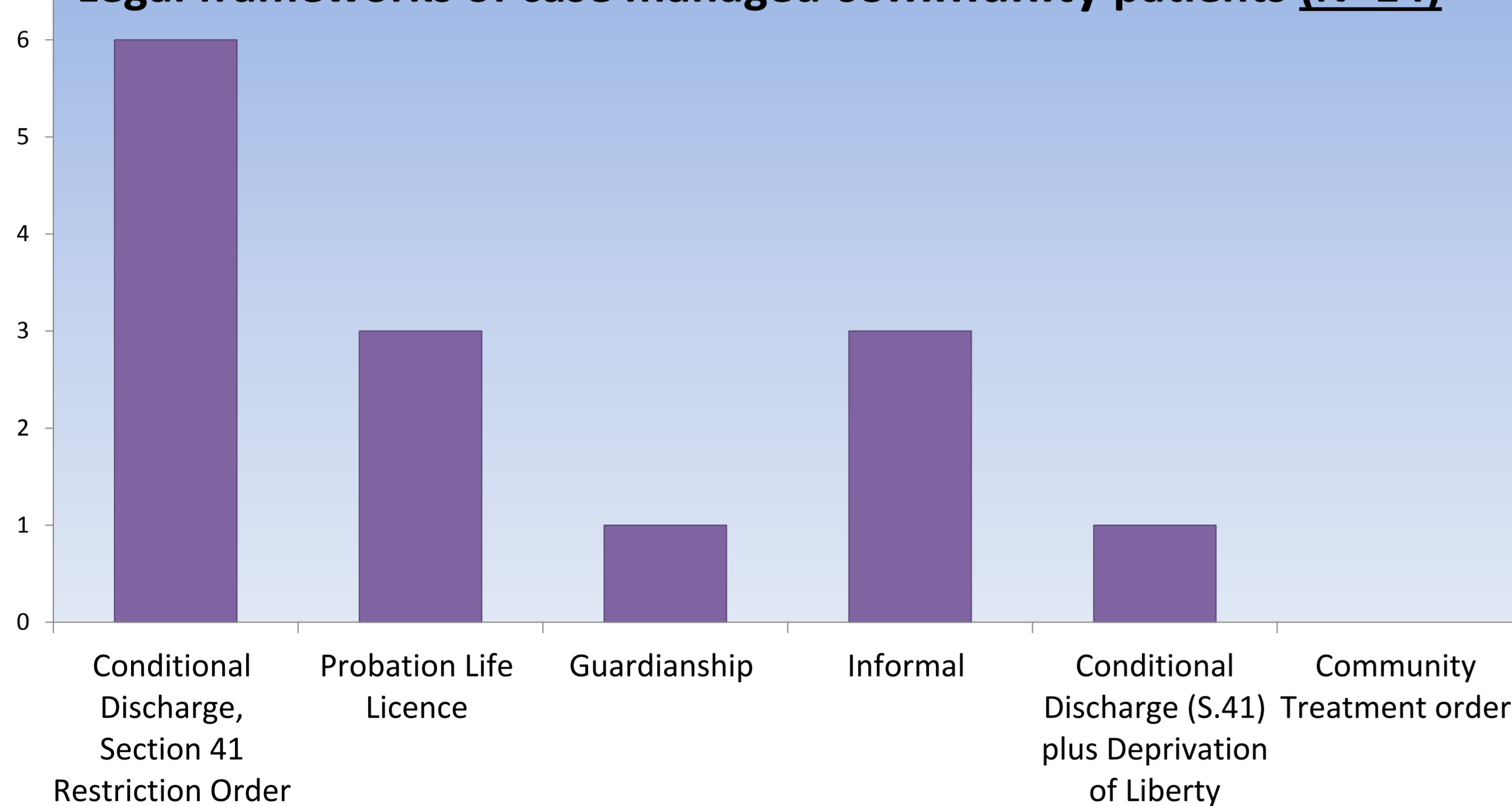
The team offer different levels of working depending on need of the person and pathway. These include:

- 1. CASE MANAGEMENT** - The team work with individuals under CPA and be responsible for the care coordination. These individuals are complex and high risk. These patients will remain in the service until their risk factors have been treated and reduced to levels considered to be reasonable and safe to manage by other community teams. This will be achieved by offering person specific interventions.
- 2. INREACH** - The team work with individuals currently in hospital to support and advise their planned trajectory into the community. This can be with the goal of being case managed by CFIDD on discharge or towards case management by another, more appropriate, service. This is achieved by providing consultation, support and co-working. Our input includes attending CPAs, CTRs, MDT meeting attendance and face-to-face appointments with the individual.
- 3. CONSULTANCY** - Following the inreach support and transition into the community CFIDD will work collaboratively with the community service identified as being most appropriate to case manage in the community. This intervention can include training to staff on patient specific areas, advice and liaison around risk management plans and direct contact with other overriding agencies such as police, probation and Ministry of Justice. CFIDD will offer interventions such as devising or reviewing HCR20 Risk Assessments as well case formulation using the Good Lives Model framework.

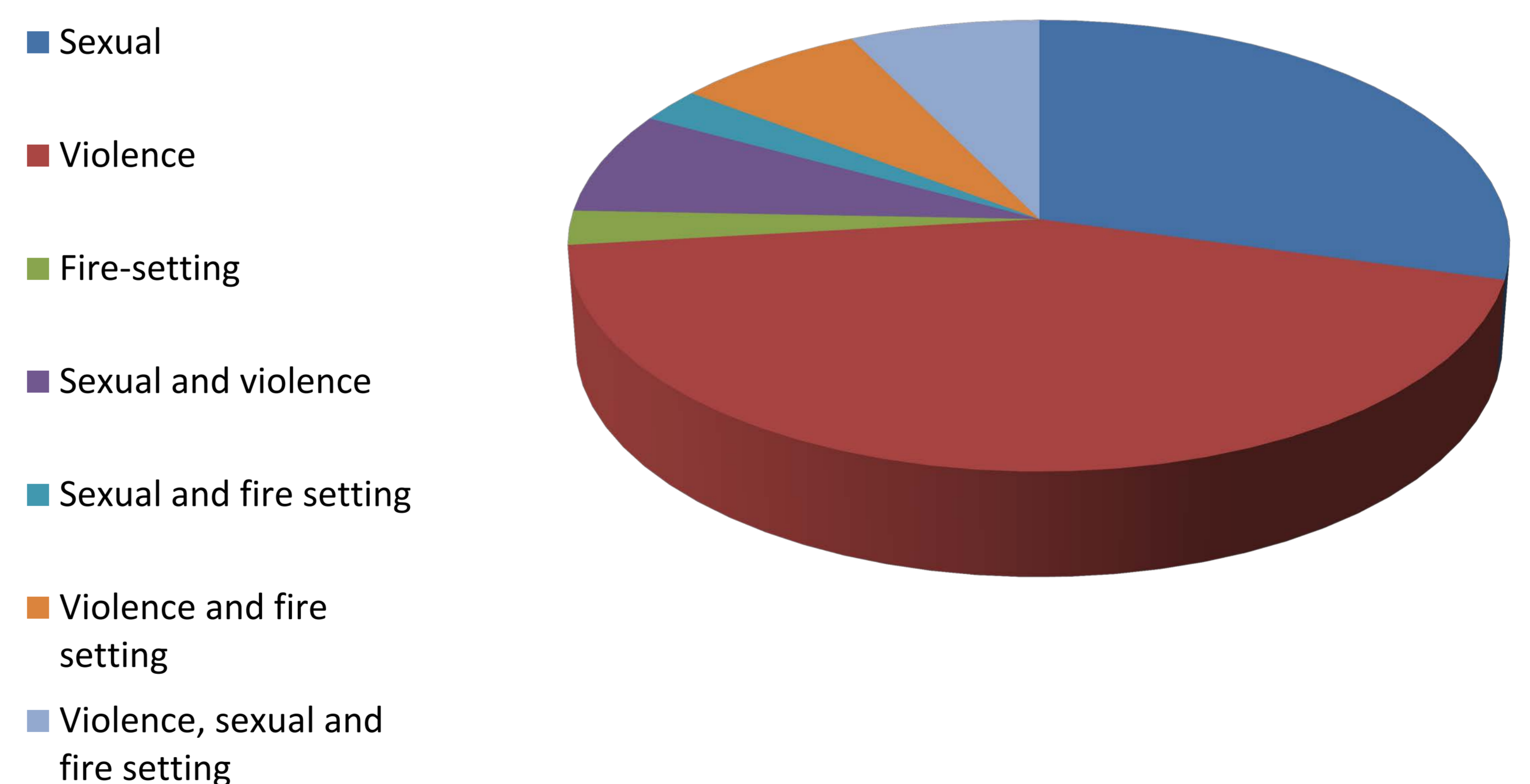
Levels of working of cases linked to the service (N=44) (October 2019)



Legal frameworks of case managed community patients (N=14)



Risk profiles of patients on our caseload (N=41)



Case examples

CASE 1: Male in his forties, diagnoses of mild intellectual disability and paranoid schizophrenia. Risk history includes manslaughter and sexual assault. Discharged to the community in 2018 following 27 years of detention under the Mental Health Act (MHA), including under Section 37/41. Discharge care plan includes conditional discharge under Section 41 of the MHA and a DoLS, which includes 24 hour 1:1 supervision and support, including in the community. Currently living successfully in the community under this support and frameworks.

CASE 2: Male in his thirties. Diagnoses of mild intellectual disability and emotionally unstable personality disorder. History of fire-setting linked to his mental disorders, for which he was granted a Section 37/41 of the MHA. There has been further sexual offending which has not been linked to his mental disorders, and the risk of which is largely managed under Criminal Justice System agencies, including probation and MOSOVO with the aid of a Sexual Harm Prevention Order. CFIDD closely liaise with these agencies to support risk management..

Future hopes and developments

1. We are currently in the process of recruiting a Psychologist to the team, which will be the final piece of the MDT jigsaw. This will allow us to develop psychological interventions, to include offence-specific interventions for different areas of risk, adapted for our patient group and bespoke for their specific forensic and communication needs.
2. To develop outcome measures to allow robust assessment of the work we do with our patients.
3. Due to commissioning we are currently unable to accept referrals for patients who are currently in the community, which we acknowledge is a gap in service in Nottinghamshire for people with intellectual disabilities or autism with forensic needs. We hope to develop the service further and for the scope of our commissioning to include this group in the future.

Contact information

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