REPORT OF THE INQUIRY INTO THE CARE AND TREATMENT OF AB

ACTION PLAN FOLLOWING THE RECOMMENDATIONS

CRIMINAL JUSTICE SYSTEM			
RECOMMENDATION	**ACTION**	**LEAD**	**TIMESCALE**
1. Concerns and recommendations contained in Probation Service Pre-sentence reports prepared for the courts should inform the conduct of a subsequent probation order, even if they are not formal conditions.	The London Probation Area (LPA) agrees. National standards for report preparation, revised and republished in 2000 require this and the structural re-design of the LPA reinforces its importance.	Will Jones, Head of Service Delivery, London Borough of Brent	Ongoing
2. Continuity of probation officers preparing Pre-sentence Reports and subsequently assigned supervising officers should be maintained, as far as circumstances allow.	LPA cannot agree to nor implement this recommendation. The structural re-design of LPA separates the roles of assessment and pre-sentence report preparation from that of case management and supervision plan implementation. It is fundamental to our structure, however, that there should be continuity of information and that supervision plans prepared at the pre-sentence stage should be implemented by case managers.		
3. There should be closer monitoring of any failures to attend interviews by those on probation or licence, and early action should be taken in respect of breaches.	LPA agrees with this recommendation and have plans in place to improve our performance in this area. National Standards Monitoring of licences has been undertaken for some time. This is based on a random sample of licence cases. A Compliance and Enforcement Procedure for the LPA was introduced in July 2001 in order to ensure that proper enforcement of absences was undertaken by supervising staff.	Will Jones, Head of Service Delivery, London Borough of Brent	Ongoing
4. There should be closer liaison between prison and community probation services, Social Services and Housing Departments in	There is now a statutory responsibility on housing services to assess all prisoners on their release who have housing needs.	Emilia Marino Mental Health and Housing Team (MHHT) Manager	From 2002

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relation to clients' social and housing needs, before release from prison.			
5. There should be closer liaison between the probation and medical services operating in prison and in the community in relation to a client's health requirements, prior to release from prison.	This is now standard practice as with Housing services		
6. All prisoners serving sentences exceeding six months should have an assigned supervising probation officer whilst in prison.	LPA cannot implement this recommendation. Prisoners serving less than 12 months are currently released from prison without any requirement of supervision by the Probation Service. LPA is not resourced to offer a service to those serving less than 12 months. An exception to this might be where a person already on supervision to the LPA was sent to prison for a short period during the course of that supervision. However, the general principle applies.		
7. The prison probation services should arrange for all prisoners serving sentences exceeding six months to have a meeting prior to release involving the assigned community probation officer, social services, and all other relevant agencies. A risk/vulnerability assessment should be undertaken. The prisoner's post-discharge housing, welfare and social needs should be addressed, and suitable	Where this relates to prisoners with a mental health problem a protocol will need to be agreed with Probation to ensure notification of those deemed to be vulnerable and at risk prior to discharge	Alex Hamilton-Clark Service Manager Brent Mental Health Service	With effect from 1st July 2003

CRIMINAL JUSTICE SYSTEM			
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arrangements made for their return to the community.			
8. After such a meeting, a written post-discharge Care Plan should be prepared and forwarded to the assigned community probation officer and all other agencies to be involved in the care and welfare of the prisoner.	If such a meeting were possible then clearly this recommendation should be implemented. If the meeting is not possible, then a written note of efforts to meet post-discharge need could be forwarded to agencies in the community.		
9. Protocols should be agreed clearly stating the respective responsibilities and methods of liaison between all agencies involved in a prisoner's care whilst serving a sentence and upon release and clear avenues of access to such agencies provided. The assigned probation officer in prison should attend all Sentence Boards considering sentence plans for all prisoners serving sentences exceeding six months.	LPA agrees that protocols as described would be beneficial. It is the responsibility of prison governors to decide who attends Sentence Boards.		
10. There should be a post-discharge care plan which should be committed to writing and conveyed to the prisoner and all other agencies concerned with the prisoner's care and welfare.	This recommendation is accepted and implemented in relation to those offenders assessed as posing a high or very high risk of causing serious harm. Such care plans emanate from MAPPA.	MAPPA Chair	Ongoing

CRIMINAL JUSTICE SYSTEM			
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11. All pre-sentence reports and recommendations should be submitted to, and checked by the author's line manager.	LPA cannot agree to or implement this recommendation. It is neither practical nor desirable for all pre-sentence reports and recommendations to be submitted to the line manager. There are PSR reading exercises undertaken to ensure the standard of reports and training is provided where necessary.	Will Jones, Head of Service Delivery, London Borough of Brent	
12. The prison probation service should make available to the assigned community probation officer, all prison probation records relating to a prisoner's release.	The distribution of prison records is the responsibility of the individual prison governor. This has been noted		
13. Probation officers should always make full and appropriate notes of interviews with clients and, in particular, make a comprehensive record of interviews immediately pre and post release from prison, and at the beginning of a new probation order or a period on licence.	The London Probation Area agrees that probation staff should always make appropriate notes of risk factors and action required. LPA discourages discursive note taking.	Will Jones, Head of Service Delivery, London Borough of Brent	Ongoing
14. Where for any valid reason, a full supervision plan and risk assessment cannot be prepared under National Standards within the prescribed ten days of a new probation order being imposed, a provisional supervision plan and risk assessment should be prepared, and a full note of the circumstances made. Such arrangements should also be made in cases where a new	This recommendation is accepted with the proviso that the full supervision plan and risk assessment standard is now 15 days to completion, not 10 days as described in the text.	Will Jones, Head of Service Delivery, London Borough of Brent	Ongoing

CRIMINAL JUSTICE SYSTEM			
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probation order is to be transferred from a previously assigned probation officer to another.			
15. Where a transfer of a new or existing probation order is to be made, where practicable a three-way meeting should be arranged before the transfer involving the client, the transferor and the transferee probation officers. Such arrangements should not be left merely to an exchange of letters. At such meetings introductions should be made, a full briefing undertaken, a care summary written and records transferred.	This recommendation is accepted as good practice and every effort should be made to ensure proper transfer and that all elements of the risk assessment are properly communicated.	Will Jones, Head of Service Delivery, London Borough of Brent	Ongoing
16. An audit of assigned probation officers' records should be undertaken at appropriate intervals by the probation officer's line manager.	This is conducted as routine by line managers		
17. The prison authorities should ensure liaison at all times between the prison medical services, relevant voluntary agencies, the prison probation service, other prison personnel such as personal officers, the community probation service, the community social services and all other relevant agencies involved in the welfare of prisoners before	This recommendation requires a response from prison governors. The changes to the way that prisons relate to other agencies is enshrined in (3.21- Changing the Outlook – A Strategy for Developing and Modernising Mental Health Services in Prisons Dec 2001 See 25 and 26 below		

CRIMINAL JUSTICE SYSTEM			
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their release from prison.			
18. Risk assessments should be undertaken in respect of all prisoners, probation clients and patients in care of the forensic services on a multi-disciplinary basis and reviewed as often as is appropriate. Subject to legitimate concerns for confidentiality, all risk assessments undertaken should be made available to all relevant authorities and personnel involved in the care of patients, clients and prisoners, and should inform such care.	LPA accepts this recommendation. Risk assessments are fundamental to our practice and management plans for those assessed as posing a high risk are subject to multi-agency public protection arrangements.	Will Jones, Head of Service Delivery, London Borough of Brent	Ongoing

MENTAL HEALTH			
RECOMMENDATION	**ACTION**	**LEAD**	**TIMESCALE**
19. The Trust should ensure that the CPA is fully applied and complied with, and that each patient seen by the secondary services has a key-worker. No patient should be discharged from the secondary services without the benefit of a multi-disciplinary multi-agency discussion of their needs, and the development of an agreed Care Plan.	Care Programme Approach (CPA) is now an integral part of patient care in line with government guidance All patients have a CPA meeting before discharge from hospital.	Consultants CMHT Managers and Ward Managers	In place since 1999/2000
20. Patients who are unwilling or unable to comply with a Care Plan should be given special consideration and care. Patients who have, in addition to a mental disorder, problems with drugs or alcohol dependency should be able to access appropriate specialist services, and such should be provided as part of their Care Plan.	The Assertive Outreach Team has been in place since September 1999, it is being reviewed and expanded in line with Government guidance The Dual Diagnosis service that currently exists is being reviewed by the Drug Action Team, with a view to expanding this service	David Hardman Brent Joint Mental Health Commissioning Manager DAT Commissioning Manager	September 2003 April 2004
21. Risk assessment should be undertaken in respect of all patients seen by the secondary services. Such should be on a multi-disciplinary basis and reviewed as often as is appropriate.	CNWL has a comprehensive risk assessment process backed up by ongoing staff training. Risk assessments are reviewed at CPA meetings or more frequently if required.	All Managers	In place since 2001
22. Patients seen as unable or unwilling	Every effort is made to ensure unwilling patients are	All Managers and	In place since 2001

MENTAL HEALTH			
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to attend appointments should be afforded greater flexibility and extra efforts should be provided to meet their needs.	seen at a time and place that is convenient and allows for safety considerations	Consultants	
23. Many patients with psychiatric disorders also have significant problems with drugs and alcohol. Appropriate specialist services should be accessible and provided locally.	The Dual Diagnosis Service is being reviewed by the DAT (see 20 above)	DAT Commissioning Manager	April 2004
24. The Trust should consider the development of assertive outreach teams to access those patients who are seriously ill or unwilling/unable to access the conventional services.	There has been an Assertive Outreach Team in place since September 1999 although the size and structure of this Team is now being reviewed in line with Government guidance (also see 20 above)	David Hardman Brent Joint Mental Health Commissioning Manager	To be implemented by September 2003
25. The prison medical services should maintain close links with the rest of the NHS. Appropriate protocols should be negotiated.	This is for the Prison and local PCT to agree For those who live in Brent and are vulnerable and at risk the joint protocol with Probation will put in place the necessary arrangements (see 7 above) Sentence planning should include mental health needs. If CPA has been put in place prior to imprisonment i.e. in the community, this should be continued while in prison. (3.21- Changing the Outlook – A Strategy for Developing and Modernising Mental Health Services in Prisons Dec 2001	Alex Hamilton-Clark	July 2003
26. No inmate should leave prison who has healthcare needs without there having being a full assessment of	Where these are mental health care needs this will be covered by the protocol described in 7 above	Alex Hamilton-Clark	July 2003

MENTAL HEALTH			
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their needs, and a Care Plan developed providing for those needs.	As noted in the response to 25 above Mental health in reach services to prisons will provide a means to improve mental health services for prisoners and achieve the objectives of the NHS Plan. For those prisons with the greatest need, the NHS will fund the establishment of multi-disciplinary teams offering the prisoners the same sort of specialised care as they would have if they were in the community		
27. The therapeutic role of Consultant Psychiatrists visiting prisons for the purposes of assessment of prisoners for forensic purposes should be developed further.	Assessments of Brent residents are undertaken by the visiting Brent Consultant Forensic Psychiatrist	Consultant	On going process
28. Service Agreements should be developed for the role of Consultant Psychiatrists visiting prisons for the purposes of assessment of inmates in order to make reports to courts.	There is no specific service agreement covering this but the Consultant Forensic Psychiatrist routinely visits the local prison to assess prisoners who are felt to have a mental health problem There is a transfer process from prison services for those prisoners felt to be in greatest need Specific agreements will need to form part of the Service Level Agreement (SLA) with CNWL	David Hardman	On going process And from April 2003
29. The Trust, Probation Service and court systems should recognise that mentally disordered offenders may have special needs and require diversion from the criminal justice system and that treatment should be a priority.	BMHS has a Court Diversion scheme in place to address this	Alex Hamilton-Clarke	In place since 2001
30. Information concerning any assessment and treatment	It is also important for prison staff to make every effort to ensure that there will be continuity of care for those	Prison Medical Services	With immediate effect in relation to

MENTAL HEALTH			
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undertaken whilst an individual is a prison inmate should be communicated to that person's GP and Psychiatrist when that person is discharged from prison.	patients with mental health problems when they are released. Where possible (and with the patient's consent) relevant information should be passed to the patient's GP; their care Co-ordinator where they are in contact with community mental health services, or to whichever services will be involved in their care. A multi-disciplinary team comprising those who have been caring for the individual within the prison and those who will be responsible for his or her care on release should develop individualised care plans. These should involve the patient, and where possible, his or her family, and with a care - coordinator identified to help ensure that the plan is followed. Ref: *Changing the Outlook* - A Strategy for Developing and Modernising Mental Health Services in Prisons Dec 2001		the transfer of information In relation to the multi-disciplinary team this will be in line with Government guidance
31. No patient should be discharged from care or support by any health worker without full prior consultation with that worker's line manger and/or appropriate senior colleague and under the CPA.	This is current practice and in line with CPA	All Managers	In place since 1999/2000

SOCIAL SERVICES			
RECOMMENDATION	**ACTION**	**LEAD**	**TIMESCALE**
32. Social Services in conjunction with Health should ensure that that the CPA is fully implemented in respect of all cases that meet the Eligibility Criteria.	There is an integrated health and social services service known as Brent Mental Health Service (BMHS) which ensures this is current practice. There are three sectors in Brent each sector has a Community Mental Health Team, acute ward, day and outpatient services. There is a single management team responsible for the integrated service. The process of involvement with the service consists of a single point of entry for referrals, a screening of those referrals, single assessment (including risk assessment) based on the single eligibility criteria, treatment within the sector resources, a single care plan and single care co-ordinator. BMHS is currently introducing a single file and there is one electronic data system for all service user records accessed by all appropriate and authorised staff. There is also a pooled fund arrangement in place for the management team	Consultants, all Managers and Care Co-ordinators	The integrated service with its single approach to service has been in place since 1st April 2001
33. Social Services should ensure that each case has a clear Care Plan which reflects the assessed individual's risks and needs, and that the same is reviewed at appropriate intervals by means of multi-agency meetings.	See 32 above		
34. Social Services should ensure clear lines of inter-disciplinary communication before, during and immediately after closure of any case	See 32 above		

SOCIAL SERVICES			
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35. Social Services should ensure that closure of a case which falls within the CPA should follow agreed policy and directives.	See 32 above		
36. No agency should unilaterally terminate their contact with any client who is subject to the CPA without a multi-agency meeting having taken place, a joint agreement reached, and the decision fully recorded.	See 32 above		
37. The Eligibility Criteria should be reviewed in line with available resources. There should be an acknowledgement that vulnerable adults may fall outside such criteria and that alternative responses should be offered to meet their needs.	This was first reviewed with the implementation of the Integrated Service on the 1st April 2001 and since then the eligibility criteria has been reviewed in line with government guidance on Fair Access to Care Services.	All BMHS Managers	During 2001 And subsequently 2002
38. An Assertive Outreach team should be established available to work with vulnerable people living in the community who are not deemed to be of high enough priority to qualify for an assigned social worker and who yet need support.	The Assertive Outreach Team is in place and being reviewed (see 20 and 24 above) However this is not the nationally recognised definition for the involvement of the Assertive Outreach Team These service users receive a service through primary care and the voluntary sector	David Hardman	Current Team in place since September 1999
39. The formation of a joint health/social services mental health	An integrated service has been in place since April 2001	BMHS	April 2001

SOCIAL SERVICES			
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team under one line manager should be considered.			
40. Social Services should ensure that all Care Plans are well documented and monitored.	See 32 above		
41. There should be clarity of roles established between all agencies involved in a case. Each agency should have a clear understanding of their respective roles, how they work within a multi-agency team, what protocols exist and what arrangements prevail for termination of their involvement.	See 32 above		April 2001
42. Social Services should ensure that individual clients and their carers have written information as to how to contact the key worker under CPA and what can be expected of each agency involved in the Care Plan.	See 32 above		
43. Social Services should ensure that the CPA is fully applied and complied with and that each service user seen by the secondary service has a key worker. No service user should be discharged from the secondary services without the	See 32 above The Care Programme Approach applies to all those service users who are deemed to have on-going needs once discharged from the secondary service. The CPA meeting is held prior to discharge; the service user meets with the multi disciplinary team and may have their own representation such as an advocate. The	The Consultant Psychiatrist heads up the CPA process The Care Co-ordinator is responsible for ensuring the decisions are implemented in line with the agreed care plan	Ongoing good practice in line with national standards

SOCIAL SERVICES			
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benefit of a multi-disciplinary, multi-agency discussion of their needs and the development of an agreed Care Plan.	meeting will also include other agencies where this is appropriate to meet needs The meeting will determine whether CPA is appropriate and at which level There are two levels of CPA (national guidance) Enhanced for those with the greatest health and social care needs and Standard for those with a lower level of need Each carries with it different responsibilities for BMHS staff, frequency of contact, type of contact, content of care plan etc.	The CPA process is explained in a leaflet to all service users There is also a welcome pack for service users who need to use the secondary services	
44. Social Services should have an agreed policy on what information can be shared between different divisional social workers working with different members of the same family and ensure that the database is cross-referenced to identify other divisional workers' involvement in such cases.	There is one mental health client database across health and social care, this can be searched on request by staff who are authorised to carry out this procedure	All Managers	Since April 2001
45. Social Services should ensure through the use of the CPA that all agencies are aware of each others' contributions to Care Plans.	See 32 above		
46. Brent Social Services should ensure that when writing a Vulnerability Report, it is an accurate reflection of the situation. Inflation of individuals' problems should not occur.	Agreement has been reached with housing on the requirements of a vulnerability report and staff supported in writing these.	Peter Raimes Service Manager, Emilia Marino Team Leader Mental Health and Housing (Housing Services) and Deian Sanchez Supported Accommodation Development Manager	December 2002

SOCIAL SERVICES			
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47. When submitting a Vulnerability Report, Social Services should ascertain whether the individual had afterwards presented themselves to the Housing Department's Homeless Unit.	This has been achieved by having housing discharge workers based in the inpatient units	Ward Managers	Service began in 1999
48. A copy of the Vulnerability Report should be sent directly to the Homeless Unit to alert it to pending requests for help.	This is now regularly actioned and the report has been adapted to meet the needs of Housing Services so that it can be prioritised	All Care Co-ordinators and CMHT and Ward Managers	Adapted in 2002
49. Through joint planning and the development of the housing resource base, there should be greater clarity as to the accommodation needs of vulnerable adults living in the community.	Much work has been undertaken and all requests go to one central panel. There is close liaison with the voluntary sector housing providers. Housing needs and availability are currently being reviewed by the Local Implementation Team	Deian Sanchez	Panels reviewed and changed in 2002 Review started in 2002 first reports to LIT in September 2003
50. Care Plans prepared for clients needing to use the drug and alcohol rehabilitation services should clearly identify users' assessed needs and the availability of the services which will need to be accessed and such should be noted on an accessible database available to all relevant agencies.	The Dual Diagnosis service is currently being reviewed see 23 above	DAT Commissioning Manager	April 2004
51. Managers of all relevant agencies should be made aware of the	There are now robust systems in place to ensure this happens. The integrated service means that the		

SOCIAL SERVICES			
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rehabilitation services purchased by the Health Authority, their availability, eligibility criteria and how to access the same.	rehabilitation services are part of BMHS combined resources Harefield Lodge is being modernised and refurbished as a specialist rehabilitation resource	BMHS	Will re-open in April 2003
52. Senior or middle managers in the Social Service departments should actively monitor the number of failed appointments between services users and relevant agencies in order to evaluate whether the adopted approach is appropriate or should be altered. All decisions taken should be recorded on the case file, signed and dated by the respective worker and line manager.	This information is available through the electronic patient management system and through the CPA process Information available through this process can be accessed by authorised staff and is covered by the requirements of the Data Protection Act and Caldicott safeguards	All Managers	Since April 2001
53. All agencies should have a clear understanding with regard to implementing the eligibility criteria for accessing respective services, and for identifying measurable outcomes.	There is a clear understanding of how to access services and this information is available on websites Eligibility criteria is also published The eligibility criteria is now standard across health and social care	All Managers and Care Co-ordinators	Since April 2001
54. Risk assessments should be jointly undertaken between the relevant key agencies with outcomes being formally recorded and shared between these agencies.	See 32 above		
55. Sharing of this information should	See 32 above		

SOCIAL SERVICES			
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be assisted by a multi-agency conference under the CPA pulling together all agencies, identifying information including that of risk and appropriate needs and how the care packages should be delivered via the care plans.			
56. Risk assessments should lead to the development of Risk Management.	This has been achieved through training All referrals identify risk as do assessments, this is indicated in the care plan	Clinical Governance and Professional Leads	Since April 2001
57. A joint Community Mental Health Team should be established under one manager, bringing together Health and Social Services workers.	There has been one integrated service since April 2001		April 2001
58. The team should operate under one Line Manager, with clear, shared eligibility criteria that are well documented and publicised.	See 32 above		
59. Pooled budgets from Social Services and the Health Authority should be considered in order to provide a seamless service, avoid duplication and offer a service within the Best Value framework.	There is one pooled fund in place for the integrated management team (see 32 above) The combined budgets of health and social care are managed by this single management team Brent is reviewing its position in relation to the potential for pooled fund arrangements	John McCracken Head of Joint Commissioning	During 2003/4
60. The eligibility criteria should be reviewed in line with available resources. There should be an acknowledgement that vulnerable	See 37 above		

SOCIAL SERVICES			
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adults may fall outside the service eligibility criteria and that alternative responses may need to be offered to meet their needs.			
61. All Vulnerability Reports submitted from Social Services to the Housing Department should be followed up formally. This can be done either by a formal letter, fax or e-mail with a hard copy also sent in all cases.	This is now standard practice	CMHT Managers, Care Co-ordinators, Housing and Mental Health Service	Since 2001
62. Brent Social Services should ensure that when writing a Vulnerability Report, it is an accurate reflection of the situation. Inflation of individuals' problems should not occur.	See 32 and 46 above		
63. There should be joint strategies developed to increase housing stock for vulnerable service users living within the Brent geographical area. Such should attempt to co-ordinate all relevant housing needs with an existing/future resource database	The Local Implementation Team (LIT) has a sub group reviewing the need for supported accommodation There is a Supported Accommodation Development Manager working to that group There are now joint posts across mental health and housing Additional nursing home provision is being developed in Brent	Deian Sanchez Deian Sanchez Emilia Marino David Hardman	To report to the LIT by September 2003 By April 2004

HOUSING			
RECOMMENDATION	**ACTION**	**LEAD**	**TIMESCALE**
64. Vulnerability Reports should clearly identify individual agencies' roles, involvement and contact numbers.	This is in place and can be found on Page 6, Section 2.4 of the Vulnerability Report.	Emilia Marino	From 2002
65. Clear communication and understanding should be established between the Social Services Department and the Homeless Unit of the Council's Housing Department as to how Vulnerability Reports are to be used.	This is now standard practice given the change to vulnerability reports and the appointment of the mental health and housing manager		Appointment made in 2001 changes to reporting in 2002
66. Following the submission of Vulnerability Reports, the Homeless Unit should ensure that the Social Services are formally informed in writing as to the outcome of the initial referral made by them.	A Vulnerability Panel consisting of an Officer from the Homelessness Unit in Brent Council, the CMHT's and the Mental Health and Housing Team (MHHT) to assess Mental Health applications for accommodation is in the process of being established. The recommendations of the Vulnerability Panel, will be made known to the client and his/her representatives, by phone and then by letter.	Emilia Marino	May 2003
67. All communication and contact between agencies should be appropriately documented. Such should include dates of contact, messages left and by whom.	This is now standard practice		April 2001
68. The housing department should seek wherever possible advice from the appropriate CMHT when	The MHHT, usually liaise with the appropriate CMHT for more information/advice about Vulnerable clients with mental health problems. Some homeless officers	Emilia Marino	During 2003

HOUSING			
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placing vulnerable persons with mental health problems.	do contact the CMHT, themselves, but this is not the norm. Developing these channels of communication is something that is being explored with Housing and BMHS		
69. Clarity should be established as to the role of the Probation Service in housing cases by means of a multi-agency meeting to be achieved under the CPA and/or good practice.	Protocols are already in place between Probation and Housing. There is a liaison officer in housing and probation are given quotas for accessing accommodation	Housing Resource Centre	Since 2000