Service	**Forensic Outreach Liaison Service (Learning Disability and Autism)**
Commissioner Lead	**Humber Teaching NHS Foundation Trust**
Provider	**TBC**
Period	**01/04/2027-31/03/2029**
Date of Review	**TBC**
Scope of Contract	**North East Lincolnshire LD FOLS**
	This specification describes the wider Learning Disability and Autism Forensic Outreach Liaison Service (LD FOLS) model operating across Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire. The contracting arrangements to which this specification relates are specifically for the delivery of the North East Lincolnshire element of LD FOLS. The successful provider will be required to deliver the LD FOLS functions described within this specification for the North East Lincolnshire population and to work collaboratively with HTFT and the providers responsible for the wider regional FOLS pathway. For clarity, the existing FOLS provision for North Lincolnshire is outside the scope of these contracting arrangements and will continue under its existing arrangements.

1. Population Needs

1.1 **1.2 National/local context and evidence base**

This model service specification describes a number of core functions that need to be delivered locally in order to provide effective specialist Community-based Forensic Support to meet the needs of adults (aged 18 and over) -

- With a learning disability, autism or both
- Who display behaviours that can be described as challenging (for example, who present an active and high risk to others/members of the public and/or themselves)
- Where this behaviour has led to contact with the criminal justice system, or where there is risk of this (i.e. relating to behaviours which could be construed as an offence or are viewed as pre-cursors to more serious offending behaviours)

The community forensic functions described below are focussed on the provision of community-based support to people with a learning disability and/or autism who display behaviour that can lead to contact with the criminal justice system (such as fire-setting, physically aggressive/violent or sexually inappropriate behaviour).

	The Reed and Bradley reports (1992, 2009) outlined clear principles of support for people with a learning disability who offend, including through the provision of support and treatment in the community rather than in hospital settings, early identification of people in the criminal justice system and appropriate community-based treatment and support packages for those at risk, as well as other community disposal options (such as community orders) as an alternative to secure settings or prison. The Transforming Care programme, and the relevant underpinning policy (in Building the right support and the national service model for people with a learning disability and/or autism who display behaviour that challenges) builds on this previous policy and approach with the aim of developing community capacity that meet the needs of people with a learning disability and/or autism who display behaviour that challenges, including behaviour that can lead to contact with the criminal justice system. The aim was for a reduction (from October 2015) in the number of people in secure inpatient settings by 2019 of between 25% and 40%, this has been achieved in Humber North Yorkshire. Now the aim for services is to continue to support admission avoidance to secure services. The service model describes how people with a learning disability and/or autism who come into contact with the criminal justice system, or those at risk of such contact, often 'fall through the gaps' of existing provision; often excluded from mainstream mental health or forensic services because of their learning disability and/or autism, and excluded from learning disability services because they are considered too able or too high risk, or because they have autism but do not have a learning disability. The functions of the community-based provision required described in this model service specification provide preventative, reactive and evidence-based interventions through a combination of specialist risk assessment and management, face to face therapeutic interventions and support, as well as support, training and consultancy to other services to meet the needs of this group. A core element of this provision is about the facilitation of smooth and effective discharge from secure inpatient settings and release from custody as well as supporting existing community support packages This function of community support is reliant on interdependencies across the local geography to ensure that needs of the population as a whole are met, either by providing the intervention directly or by supporting colleagues to

provide interventions as needed. These interdependencies include links with mainstream services, which can support the various needs that the person has – for example, mainstream mental and physical health services, drug and alcohol provision and care and support to address childhood trauma.

Whilst supporting people in the community through effective risk management, there is a need to balance supporting people to take risks within a supportive, evidence-based risk management structure whilst ensuring that they are protected from potential harm and that the community is kept safe. Services delivering the functions of support described here will also need to take into account the legislation around supporting the rights of the victims of crime.

Prevalence

National context and evidence base

There are an estimated 1.2 million people in England, of which 286,000 are children and young people under the age of 18, with a learning disability (Emerson et al. 2012). This means that roughly 20 people in every thousand have a learning disability (2-3% of the general population). Of the adult population, it is estimated that 189,000 (21%) (Emerson et al. 2012) are known to learning disability services. Studies to screen for learning disability in police custody suites, probation services and prisons all suggest prevalence of 5-10% (higher in youth justice). Based on the current prison population, this could mean there are about 6,000 people with a learning disability in prison (Landman, 2016).

There are an estimated 700,000 people with autism in England (Brugha et al. 2012) of which 125,000 are children and young people under the age of 18 (Baird et al. 2006). This means that roughly 11 people in every thousand have autism (1.1% of the general population). It is estimated that 44%-52% of people with autism also have a learning disability.

There is a strong focus for health and social and care providers to promote community options, and this is seen in the strategic focus of the NHS 10- Year Health Plan. People with Learning Disabilities and/or Autism may also be impacted by changes in the Mental Health Act (2005) and in The Sentencing Act (2026), these changes in legislation again promote community options over custodial settings or inpatient care.

Those in contact with the criminal justice system

It is difficult to accurately estimate how many people with a learning disability and/or autism are involved in the various elements of the criminal justice system. This is due to a number of factors, including those people with a learning disability and/or autism who are not identified or recognised within the criminal justice system and an inconsistency in data collections and terminology (e.g. 'learning disability' and 'learning difficulty').

Prevalence per 1 million population

Taking all of the above into consideration, all things being equal and what we know of existing 'distinct' community forensic teams for people with a learning disability, we would expect that for every 1 million general population, a community forensic support function would likely need to be able to support:

- An active caseload of between 40-60 people (plus a monitoring caseload and support to wider services), plus
- Those people being discharged from secure care. (Capacity requirements will vary dependent on number of people currently in inpatient care and in line with the current policy ambitions to reduce overall inpatient numbers).

Local Prevalence
Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire CCGs have a combined practice population of 936,918- Health geographies population estimates (Accredited official statistics) - Office for National Statistics

- East Riding of Yorkshire 330,270
- Hull 275,401
- North East Lincolnshire 159,911
- North Lincolnshire 171,336

From the prevalence calculations above this suggests that there would be an active caseload of between 60 – 75 across Hull, East Riding, North East Lincolnshire and North Lincolnshire (plus a monitoring caseload and support to wider services).

As the service establishes itself priority will be given to the needs of individuals ready for discharge from forensic settings.

2. Outcomes

	2.1 Local defined outcomes Our Transforming Care Plan includes the following key outcomes **Reduced Reliance on Inpatient Services:** • 13 adult inpatients in CCG-commissioned beds per million adult population • 17 adult inpatients in NHS England-commissioned specialist beds per million adult population • The proportion of people with a learning disability or autism readmitted within a 3 months of discharge from hospital is less than 5% • 95% of referrals that come in as a crisis / urgent (needing < 4 hour response), are managed safely in a community setting (ie admission avoidance) • 90% of individuals considered for inpatient admission will have a pre-admission CTR • Everyone identified on the Dynamic Support Register has a risk and relapse or PBS plan which is reviewed at least six-monthly **Quality of Care:** • There is an improvement in the Proportion of Adults with learning disabilities in settled accommodation to (ASCOF) • PBS plans should be implemented on the basis of need for individuals on the caseload of the LD FOLS. These should be co-produced and copied to the individual, family carers and service provider as appropriate • All staff should be trained in the use of structured judgement risk assessment tools and be able to support associated risk management plans. • All consultations, assessment and intervention should be led by a psychological risk formulation. •
	3. Scope
	3.1 Aims and objectives of service (National Service Specification Core aims can be found in appendix 1) Service Aim and Function. The aim of the service is to safely manage or reduce behaviours amongst people with a learning disability and/or autism, which may put members of the public at risk, and would otherwise lead to contact with the criminal justice system or admission to secure settings (NHS England 2017). The paper 'Transforming Care Model Service Specifications (2017)' identifies the service as providing 6 Core Functions: ✓ Forensic risk assessment and management in the community ✓ Offence specific therapeutic interventions

	✓ Case management and interventions ✓ Support and training to those who provide day to day support ✓ Consultancy and advice ✓ In reach Support The Transforming Care model service specification is explicit that the starting point for supporting people with a learning disability and/or autism should always be mainstream services with access to specialist multi-disciplinary support as appropriate. Consultation and Advice LD FOLS will provide consultation, support and collaborative working to a variety of partner agencies. These include (but are not restricted to): MAPPA, Secure inpatient services, Prisons, NHS Hull, North Lincolnshire, East Riding & North East Lincolnshire Learning Disability Services, Probation, Police, Safeguarding, Private care providers /housing providers. LD FOLS will advise on community options for clients, risk management strategies, and reasonable adjustments. Consultation and advice includes face to face discussion, telephone discussion, and members of the LD FOLS will attend relevant planning and review meetings. LD FOLS will be available for input into Care and Treatment Reviews (CTRs). Consultation and advice will be documented in the electronic patient record. **Forensic Risk Assessment & Risk Management** LD FOLS will use a variety of Structured Professional Judgement risk assessment tools collaboratively with clients, partner agencies and families (where possible) to develop risk formulations and risk management plans. This will inform how best to support clients in the community, or transitioning back into the community, to promote positive risk management, least restrictive care, and safety for clients and the public. LD FOLS may use a range of assessment tools including: HCR-20, SVR-20, RSVP, SARA, SAPROF. Clients case managed by LD FOLS will have one (or more) of the above assessments completed depending on their offence history and profile, to identify and guide care pathways and inform risk management strategies. **Case Management and Intervention** LD FOLS will case manage and provide intervention support individuals with the most complex needs, including patients in the community and inpatient settings. LD FOLS will work alongside other agencies including social care, health providers, and criminal justice agencies to plan, coordinate and review client

	care. As LD FOLS are not designed to replace the function of mainstream services, LD FOLS will not hold the Care Programme Approach (CPA) Care Coordination or key working function, but will work closely with those in coordinating roles and the associated MDT. LD FOLS will continue to have involvement with clients who are admitted to secure settings or prisons, though this involvement may be less frequent. **In-reach** LD FOLS will work closely with local and regional secure settings and prisons to bridge the gap between inpatient/custodial settings and community settings. Whereas community teams would traditionally discharge clients once they entered into secure settings, LD FOLS will remain involved throughout the stay, including attendance at Co-ordinator reviews, PAs, CTRs and ward rounds if necessary. LD FOLS will work alongside secure settings to ensure risk assessments, treatments and management plans are community applicable and current, and to ensure discharge planning is timely, well-coordinated, and safe. **Offence Specific Interventions** LD FOLS will provide treatment and intervention relevant to the needs of the population. The team will comprise of a wide range of suitability skilled clinical staff who will deliver interventions around offences including fire setting, sexual or violent offending. Inreach will identify any treatment needs, and determine whether these need to be undertaken within a secure setting or could be safely delivered within the community. **Training** LD FOLS will provide training to internal and external partner agencies on a variety of topics to enhance client care and staff confidence in working with a forensic population. This training will be directly linked to client care and specific cases, and be adapted to meet the needs of the audience. Topics may include risk assessment and management, specific mental health presentations and behaviours that are challenging. **3.2 Workforce** A staffing model will need to deliver the 6 core functions of LD FOLS. The workforce should include an MDT which can meet the needs of the service users. LD FOLS comprises of clinical teams, covering Hull, East Riding, North Lincolnshire, and Northeast Lincolnshire. The wider staffing model will consist of staff from a range of professional backgrounds including Nursing, Occupational Therapy (OT) and Psychology.

The staffing model will be reviewed by team leads across the region as vacancies arise, as finances are revised or if the patient population demands change. There will be a commitment to ensure that the teams employ the right staff with the right skills for the population they are working with and dependent on the locality/provider staffing model.

The MDT personnel within the Community Forensic teams should comprise of at least 3 different disciplines. Clinical leadership to the MDT and oversight of the clinical caseload should be provided by a clinician with suitable forensic expertise and at a senior level within the Agenda for Change Band 8 pay scale.

The Transforming Care model service specification is explicit that the starting point for supporting people with a learning disability and/or autism should always be mainstream services with access to specialist multi-disciplinary support as appropriate. Therefore day to day, Care Co-ordination, Psychiatry and Social Work will all be provided from the existing local learning disability services or community mental health teams.

Forensic MDT.

All LD FOLS teams will be able to access an overarching Forensic MDT based at the Humber Centre. This will be accessed to support complex case management or additional supervision and guidance. This structure will offer additional support and supervision from expert forensic members of larger MDT based at the Humber Centre .

Input from Consultant Forensic Psychiatry has also been included in the workforce model and will be accessible via the Humber Centre MDT on requirement. It has been calculated based on the expectation that additional PAs will be required to support mainstream services with supplementary responsibilities such as outpatient clinics, MDT's, MHA requirements, supervision and extended consultation.

Profession	PAs/ Time required
Consultant Forensic Psychiatry	4 PAs per week

3.3 Population covered

Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire CCGs have a combined practice population of 936,918- Health geographies population estimates (Accredited official statistics) - Office for National Statistics

- East Riding of Yorkshire 330,270
- Hull 275,401
- North East Lincolnshire 159,911

	North Lincolnshire 171,33The LD FOLS team will work across the full patch as clinically required. **4.0 Any acceptance and exclusion criteria and thresholds** Referral Criteria The Forensic Single Point of Access (SPA) will manage all referrals to the service, performing clinical triage to inform the provider's management of each referral and support efficient pathways. The provider is required to supply clinical updates to the SPA on a monthly basis and upon discharge. Referrals will be processed in accordance with the referral criteria and will refer on to the locality team once the referral has been clinically triaged. All teams will be notified of all local referrals, even where they have been rejected by the SPA. The SPA is a Humber North Yorkshire Provider Collaborative service which is governed by HNY PC, inclusive of Standard Operating Procedures, available upon request. The core functions of LD FOLS are for adults over the age of 18, with: 1) A diagnosis of learning disability; and/or 2) A diagnosis of autism; or 3) Evidence that such a condition may be present. And who either: 1) Have a conviction for an offence; or 2) Have had an allegation of offending made against them; or 3) Are considered to be at significant risk of offending; or 4) Present a risk of serious harm to the public. And 1) Those whose care is being reviewed under the auspices of the TCP. **3.5 Interdependence with other services/providers** The LD FOLS will span East Riding, Hull and North East Lincolnshire under a single team approach. HTFT will sub contract the provider to employ the workforce (see 3.2 for organisational breakdown of workforce). Each provider

	should work closely with locality providers of Learning Disability and Mental Health services. LD FOLS will deliver services from with a central 'core' MDT based in HTFT services . It is acknowledged that the HTFT team are the larger team and therefore more likely to have a broader skill set to respond to complex cases. HTFT will provider clinical supervision to core team members where required and will provide leadership to strategic service delivery. The operation of specialist community forensic provision is inherently linked to the delivery of support within mainstream mental health/forensic services, children and young people's services, community and inpatient learning disability services, autism services and enhanced/intensive support services. LD FOLS will provide its 6 core functions and operate in conjunction with existing LD, MH and CAMHS services. LD FOLS will work with a range of agencies which may include; NHS England, ICB's, Local Authorities, Secure Inpatient Settings (both private and NHS), Courts, Police, Probation, PRVENT, Provider Collaborative and Commissioning bodies, Prisons, Housing, mainstream Learning Disability (LD) Services i.e. Intensive Support Team (IST) or Community Team Learning Disability Teams (CTLD). Referrals will also be accepted for transitional intervention i.e. CAMHS. LD FOLS will be committed to MAPPA processes and will comply with local interagency arrangements for managing risk to the Public. Equally, it is recognised that service users of LD FOLS are likely to present with additional vulnerability, and it will be important that LD FOLS continue to work in accordance with local safeguarding arrangements. Members of LD FOLS will be required to attend a local MDT and attend the Humber based MDT on a needs led basis. All teams should attend local Forensic Single Point of Access (SPA) meetings to ensure that client information is shared appropriately, caseloads are updated and referrals recevied and acknowledged. The regional Forensic SPA is provided by HTFT. LD FOLS will attend the TCP complex case meetings across East Riding or North Lincolnshire. A LD FOLS representative will attend any TCP meetings chaired by Hull, East Riding or North Lincolnshire CCGs. A LD FOLS representative will attend the TCP board as required.

	4. Applicable Service Standards
	4.1 Applicable national and professional standards It will be important that the service is delivered in accordance with national standards and guidelines relevant to the practice areas, such as learning disability, autism, forensic practice and CAMHS transition. • **4**
	55. Performance Monitoring and Reporting The Provider will be required to collect, maintain and submit accurate and timely performance information relating to the delivery of the North East Lincolnshire element of the Learning Disability and Autism Forensic Outreach Liaison Service (LD FOLS). Performance reporting will be undertaken monthly using the agreed LD FOLS reporting template, as set out in Appendix 1 – Performance Monitoring Schedule. The Provider will be responsible for ensuring that all information submitted relates specifically to the North East Lincolnshire service and is consistent with the definitions and reporting methodologies set out in the agreed performance monitoring schedule. The Provider will be required to report on referral activity, caseloads, assessments, interventions, in-reach activity, discharge outcomes, admissions and readmissions, and incidents. Performance information will be reviewed through the agreed contract monitoring arrangements. The Provider will be required to provide supporting information and explanations where requested to enable HTFT to monitor service delivery, identify emerging risks and support continuous improvement. The Provider will also be required to provide monthly clinical updates to the Forensic Single Point of Access (SPA), together with updates upon discharge, in accordance with the referral and clinical information-sharing arrangements set out in this specification. Any proposed changes to the performance monitoring schedule will be subject to agreement between HTFT and the Provider through the appropriate contract management arrangements.

Appendix 1



LDFOLS_KPIReportin
g_ProviderTemplate_v