

National survey of community forensic mental health services

Demographics (please tick where appropriate)

Trust Name:	East London Foundation NHS Trust
What is the population size of the Trust:	See attached letter for response.
Does the Trust have a Community Forensic Mental Health Team?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the Community Forensic Mental Health Team catchment area cover the same geographical area as the Trust catchment area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, it covers more than the Trust catchment area <input type="checkbox"/> No, it covers only part of the Trust catchment area
How does the Community Forensic Mental Health Team interface with other forensic and non-forensic services?	<input checked="" type="checkbox"/> Integrated with other forensic services, e.g. low secure services <input type="checkbox"/> Standalone community forensic team working in parallel with other services <input type="checkbox"/> Integrated with general psychiatric services, e.g. forensic clinicians working within non-forensic teams <input type="checkbox"/> Other, please specify: Click or tap here to enter text.
Where is the Community Forensic Mental Health service physically based?	<input type="checkbox"/> Based in a secure hospital <input type="checkbox"/> Based in other hospital settings <input checked="" type="checkbox"/> Based in a shared general community team base <input type="checkbox"/> Other, please specify: Click or tap here to enter text.

Staff and patient (please tick where appropriate)

What staff make up the Community Forensic Mental Health Team? (Please indicate the full-time equivalent (FTE) positions for each profession)	<input checked="" type="checkbox"/> Psychiatrist, FTE: 3.35 <input checked="" type="checkbox"/> Psychologist, FTE: 4 <input type="checkbox"/> Assistant Psychologist, FTE: Click or tap here to enter text. <input checked="" type="checkbox"/> Community Psychiatric Nurse, FTE: 13 <input checked="" type="checkbox"/> Social Worker, FTE: 3.5 <input checked="" type="checkbox"/> Occupational Therapist, FTE: 3 <input checked="" type="checkbox"/> Other, please specify: Life Skills Recovery Workers, FTE: 4 <input checked="" type="checkbox"/> Other, please specify: Peer and Carer Support Workers, FTE: 3 <input checked="" type="checkbox"/> Other, please specify: Family Therapist and Arts Therapists, FTE: FT 2x 0.5, AT 2 x 0.7. Nurse Manager Band 8a x 1.0 WTE. Medical Secretaries Band 4 x 2.0 WTE
What is the current target number of patients for one FTE care co-ordinator?	15 patients per care coordinator
Is this target being met?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, under target <input type="checkbox"/> No, over target

What is the current target number of patients for one FTE consultant?	5–15 community forensic patients per clinical session, in keeping with guidance from the Royal College of Psychiatrists
Is this target being met?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, under target <input type="checkbox"/> No, over target
What is the legal status of patients on the Community Forensic Mental Health Team caseloads? <i>(If known, please indicate estimates of how many per status)</i>	<input checked="" type="checkbox"/> Restriction Order; 22 <input checked="" type="checkbox"/> Community Treatment Order; 21 <input checked="" type="checkbox"/> Informal Community Patient; 64 <input checked="" type="checkbox"/> Other, please specify: 6 life license; Section 3, Mental Health Act 1983 – 6; Section 37 Hospital order, Section 3, Mental Health Act 1983 – 3; Section 42, Mental Health Act 1983 - 70
Does the FCMHT retain responsibility for all patients subject to a Section 41 restriction order, or is there a pathway to a stepdown service?	<input type="checkbox"/> Remain under Forensic CMHT <input checked="" type="checkbox"/> Stepdown pathway, please specify: Referral to CMHT/Primary care when appropriate

Referrals *(please tick where appropriate)*

Does the service have clear policies/guidelines for referral procedures? <i>(If yes, please attach the policies/guidelines to the email when returning this questionnaire)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the service use a referral form/assessment? <i>(If yes, please attach the policies/guidelines to the email when returning this questionnaire)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are patients discharged from local secure hospitals automatically taken on by the Community Forensic Mental Health team on discharge?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
How many referrals are received per year? <i>(from Jan-Dec 2022)</i>	50
If known, how many of the referrals are accepted into the service per year?	48
From what sources are referrals accepted? <i>(If known, please indicate how many referrals from each source were received in 12 months to end 2022)</i>	<input type="checkbox"/> Prison; Click or tap here to enter text. <input type="checkbox"/> General Community Teams; Click or tap here to enter text. <input type="checkbox"/> GP; Click or tap here to enter text. <input type="checkbox"/> Inpatient (non-secure); Click or tap here to enter text. <input checked="" type="checkbox"/> Inpatient (forensic); 48 <input type="checkbox"/> Other, please specify: Click or tap here to enter text. ; Click or tap here to enter text.

Does the service accept patients with a primary diagnosis of personality disorder?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Services offered (please tick where appropriate)

What services are provided?	<input checked="" type="checkbox"/> Case management <input checked="" type="checkbox"/> Liaison with justice agencies <input checked="" type="checkbox"/> Psychologically informed interventions for specific risk; please specify what interventions: Individual risk related psychological intervention is delivered by team psychologists, based on risk formulation, access to various models of therapy including CBT, CAT, Schema, DBT <input checked="" type="checkbox"/> Other services, please specify: Family Therapy, Peer Support, Employment Support, Arts Therapy
Is any of the treatment provided by an outside service rather than the FCMHT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, please specify: Compass Wellbeing (employment support)
Is there any specific out of hours provision for FCMHT patients?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please detail: Click or tap here to enter text.

Risk Assessment Tools (please tick where appropriate)

Does the Community Forensic Mental Health Team use risk assessment tools?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this a mandatory part of the assessment process for entry into the service?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which risk assessment tools are utilised?	HCR-20 or other relevant Structured Professional Judgement approach