



National Offender
Management Service

**CENTRALISED CASE SUPERVISION SYSTEM
FOR RESTRICTED STATUS WOMEN AND WOMEN WITH COMPLEX NEEDS**

This instruction applies to:-		Reference:-
Prisons		PSI 23/2015
Issue Date	Effective Date	Expiry Date
01 July 2015	01 July 2015	30 June 2017
Issued on the authority of	NOMS Agency Board	
For action by	<p>All staff responsible for the development and publication of policy and instructions</p> <p><input type="checkbox"/> NOMS HQ</p> <p><input checked="" type="checkbox"/> Public Sector Prisons</p> <p><input checked="" type="checkbox"/> Contracted Prisons*</p> <p><input type="checkbox"/> NOMS Immigration Removal Centres (IRCs)</p> <p><input type="checkbox"/> National Probation Service (NPS)</p> <p><input type="checkbox"/> Community Rehabilitation Companies (CRCs)</p> <p><input type="checkbox"/> Other Providers of Probation and Community Services</p> <p><input checked="" type="checkbox"/> Governors</p> <p><input type="checkbox"/> Heads of Groups</p> <p><input type="checkbox"/> NOMS Rehabilitation Contract Services Team</p> <p>* If this box is marked, then in this document the term Governor also applies to Directors of Contracted Prisons</p>	
Instruction type	service specification support/delivery of service improvement/legal compliance	
For information	<p>All prison custodial staff</p> <p>National Probation Service (NPS)</p> <p>Community Rehabilitation Companies (CRCs)</p> <p>Other Providers of Probation and Community Services</p>	
Provide a summary of the policy aim and the reason for its development / revision	<p>The Centralised Case Supervision (CCS) system Referral Manual informs staff of the role of the CCS system and sets out the processes and templates for referring a female prisoner to the CCS system.</p>	
Contact	<p>Functional Mailbox for Referrals and queries: CCSSwomensteam@noms.gsi.gov.uk</p>	
Associated documents	<p>PSO 4800 Women Prisoners</p> <p>National Security Framework</p> <p>PSI 15/2015 Adult Social Care</p> <p>PSI 16/2015 Adult Safeguarding in Prison</p> <p>PSI 08/2013 The Review of Security Category – Category A / Restricted Status Prisoners</p> <p>PSI 64/2011 Management of prisoners at risk of harm to self, to others and</p>	

from others (Safer Custody)
PSI 50/2007 Transfer of Prisoners to and from hospital under Sections 47
and 48 of the Mental Health Act 1983

Replaces the following documents which are hereby cancelled: None

Audit/monitoring: The service will be formally evaluated after one year by Commissioning Strategies Group to ensure the effectiveness of the interventions and to inform future commissioning intentions.

Introduces amendments to the following documents: None

All Mandatory Actions throughout this instruction are in italics and must be strictly adhered to.

CONTENTS

Hold down 'Ctrl' and click on section titles below to follow link

Section	Subject	For reference by:
Section 1	Executive Summary	All custodial staff
Section 2	Centralised Case Supervision Referral Manual	Staff who are involved in considering whether to refer a prisoner to the central case supervision system.
Annex A	Referral Form	Staff who are involved in considering whether to refer a prisoner to the central case supervision system.

1. Executive Summary

- 1.1 This PSI introduces a Centralised Case Supervision (CCS) system for women prisoners as part of the implementation of the Women's Estate Review. It applies to all adult and young adult female prisoners (aged 18 and over), who have been identified as having complex needs and women who have been categorised as Restricted Status (RS). This PSI will inform staff on the role of the CCS system for female prisoners and sets out the referral process and considerations to be made before referring a woman with complex needs and how it links into the wider commissioning of services for female offenders.
- 1.2 The principle of the CCS system is to provide support from headquarters to prisons and not to replace the prison's role in the care and management of prisoners. The support from headquarters will provide an effective use of resources and interventions throughout the women's estate.

Statement of purpose

- 1.3 The CCS system has been developed to provide centralised case supervision for those women who cannot be effectively managed under existing offender management and prison processes and cannot progress in their sentence or reduce their risk accordingly. For the purpose of this PSI, women with complex needs in scope of being referred to the CCS system are those described under section 6 in the guidance manual, at Section 2.
- 1.4 For the avoidance of doubt, the management of complex health and social care needs is not the intended focus of this PSI, although it is acknowledged that women falling within the scope of this PSI may have such needs
- 1.5 The CCS system includes women categorised as RS. RS women will be automatically included onto the CCS caseload and therefore the referral process does not apply to them.

Women's Custodial Estate Review

- 1.6 The Women's Custodial Estate Review was published on 25 October 2013 and recommended that the women's prison estate be reconfigured to make sure that women are held closer to home, with access to the right interventions and with opportunities for meaningful resettlement.
- 1.7 The review recognised that female offenders have different needs to male offenders and these needs were reflected throughout the recommendations. Implementation of the review's recommendations will allow women offenders, where appropriate, to be held as close as possible to where they will live on release and provide interventions to reduce the risk of re-offending.
- 1.8 The CCS system aims to meet the following recommendations from the Women's Custodial Estate Review:
- **Recommendation 6.** A central case management system for women with complex needs should start work as soon as possible to provide direction for the care and management of these women ensuring that they benefit from the most appropriate interventions and regimes available for their particular needs.
 - **Recommendation 7.** Restricted Status (RS) women should be included in the central case management system for women with complex needs which will ensure their access to the most appropriate regimes and interventions taking into account their security status.

- **Recommendation 8.** RS review reports should focus on reporting behaviour and progress made by the women in the context of their risk factors and offending.
- **Recommendation 9.** RS women should be assessed for their suitability to access relevant interventions to enable them to evidence a reduction in risk where this has been the case.

Background

- 1.9 Approximately one percent of the women across the custodial estate exhibit the most challenging behaviour, have the most complex needs and/or pose a risk to themselves or others. The creation of a CCS system will enable a needs-led approach to the supervision of these women, improving care and progression for the women concerned whilst also making women's prisons safer for other prisoners and staff. It will provide better support for staff from the centre and assist with care-planning and progression.
- 1.10 The CCS system will replace the old "Register of women whose behaviour is disruptive to the regime". The "Register" was maintained by the NOMS HQ Women's Team and was intended to ensure that individual prisons were not holding a high number of women with extremely challenging needs without the resources to effectively manage them. The "Register" did not however provide an enhanced care planning approach to the management of these women. Rather, it was an accommodation and transfer plan.
- 1.11 Although still limited in comparison with male offenders, there is a growing range of specialist interventions and treatment programmes available in the women's estate. However women with complex needs, including RS women, can find it difficult to access or engage with these services.
- 1.12 The CCS team will work with prisons to ensure that each woman has regular multi-disciplinary case reviews, up-to-date sentence plans, care plans and OASys assessments. Alongside this, the NOMS Women's team will work in collaboration with the Directorate of Commissioning and Commercial and the Women's Governing Governors forum to support national commissioning of integrated, holistic services. The aim is to maximise women's access to, and the benefits they derive from, interventions and services aimed at reducing their risk of re-offending.
- 1.13 The service will be formally evaluated after one year to ensure the effectiveness of the interventions and to inform future commissioning intentions.
- 1.14 Women with RS status are currently only accommodated at HMP/YOI Bronzefield and HMP/YOI Low Newton. The intention is to create more dedicated RS spaces across the women's estate. The current contractual arrangements will be reviewed as part of this process. The creation of additional spaces will enable RS women to access interventions and progress with their sentence plans.

Desired outcomes

- 1.15 Desired outcomes are as follows:
- Identification of those women who meet the defined criteria.
 - A fully documented consideration process to support a decision by the Case Referral and Review (CRR) Board as to whether to accept a woman onto the caseload.
 - Provide prisons with guidance, support and direction in managing women with the most complex needs, and who may also pose the highest level of risk, without

disruption to existing established processes under the Mental Health Act (MHA) 1983.

- A system that ensures each woman on the caseload has regular multi-disciplinary case reviews, up-to-date sentence plans, care plans and OASys assessments.
- Development of integrated holistic services which maximise women's access to and benefit from interventions and services that will reduce their re-offending and meet their individual needs.
- Ensure that women are fully involved in the CCS process.
- Prisons make use of mentoring and/or advocacy services provided within the prison, or regionally, to offer support to prisoners.
- Positive staff/prisoner engagement is in place.

Mandatory actions

- 1.17 *Governors/Directors of female prisons must ensure that women prisoners who meet the criteria described in this PSI are considered for referral to the CCS system and that staff involved in implementing this PSI are aware of the CCS Referral Manual.*
- 1.18 *Before referring a prisoner to the CCS system, staff must ensure that all local options within the prison have been considered. There must be clear evidence as to why the prisoner is unable to progress in accordance with their sentence plan and/or intervention programme at that prison.*
- 1.19 *The referral form must be completed as thoroughly as possible in order to evidence the individual's specific needs and risks.*
- 1.20 *Prior to submission to the CCS system functional mailbox, the referring prison must disclose the referral form to the prisoner.*
- 1.21 *Women's team must be informed of all Restricted Status (RS) women to be included onto the CCS system by the Cat A team, High Security Group.*
- 1.22 *The decision to make a referral must be taken by the Governor or Director of the prison.*
- 1.23 *Women who are likely to have a diagnosed personality disorder must be referred to the personality disorder pathway.*
- 1.24 *Clear documentation that an assessment of needs has taken place and the offender manager is involved and agrees with the referral must be provided.*
- 1.25 *Staff must ensure that the mental health provider is involved where a woman is thought to have a mental health disorder.*
- 1.26 *Procedures set out in PSI50/2007 must be followed regarding transfers under the MHA 1983.*
- 1.27 *Completed referrals must be quality checked prior to being sent to the CSS system functional mailbox.*
- 1.28 *A referral must follow the procedures set out in this PSI.*
- 1.29 *In cases where a decision is made by the CRR Board that a woman remains at the referring establishment, the Governor or Director must consider the reasons given when producing an alternative plan.*

Resource Impact

- 1.30 Referring a woman to the CCS system will involve the prison in which the woman is accommodated completing the Referral Form and organising multi-disciplinary case conferences. Case conferences will be part of the core business of assessing and allocating prisoners.

(Signed)

Digby Griffith
Director of National Operational Services, NOMS

SECTION 2

Centralised Case Supervision (CCS)
Referral Manual
Guidance and Referral

Contents		Page
Guidance and Referral		
1	Introduction	10
2	Overview of the CCS system	10
3	The role of the CCS system	11
4	Restricted Status	12
5	Principles of the referral	13
	Making a referral	
6	Referrals: Triggers for consideration	13
	Mental Health considerations	
	Offender Personality Disorder (OPD) strategy for women	
7	CCS Referral Process	15
8	Case Referral and Review Board.	15
9	Re-referral/ reconsideration Actions following referral	16
10	Actions following acceptance onto the CCS system	16
11	Members of the Case Referral and Review Board	17
	Complex needs and restricted status process map	18
	Referral Form (documentation to complete a referral) to the Centralised Case Supervision System	19

1. Introduction

- 1.1 This Referral Manual provides information on the role of the Centralised Case Supervision (CCS) system for the Women's estate. It provides guidance on what considerations should be given to decide who may be suitable for referral, and when and how to refer into the system.
- 1.2 *Accompanying this guidance document is the form required to refer a woman into the system, which must be completed as thoroughly as possible in order to evidence need and risks, and inform the decision making process.*
- 1.3 The National Offender Management Service has a duty of care to both staff and prisoners. The aim of the referral process is to identify those women with complex needs as defined by the referral criteria and fully document the relevant information to enable a decision to be made regarding selection onto the CCS system. It is vital that the referral document is completed in full and that information provided is accurate, evidenced, appropriate language used, and reflects the current and/or potential risks to self or others and issues that the individual presents. Reports should also identify what measures have been taken thus far, along with the prisoner's response to such actions. Any supporting documentation should be submitted with the referral form.

2. Overview of the CCS System

- 2.1 Compared with the male prison population, women in prison are a small group, and historically it has been a challenge to allocate women to prisons where their needs can be comprehensively addressed by the most appropriate interventions, Personality Disorder treatment and other support services.
- 2.2 It is accepted that women prisoners, including young female offenders, often present with a wide range of needs. These can be a combination of emotional, psychological, mental health, substance misuse and physical issues often compounded by vulnerability, victimhood and the impact of caring responsibilities. The significant needs presented by a large percentage of the women's prison population can be effectively managed using existing offender management and prison processes and are addressed by establishments working in partnership with co-commissioned services, such as NHS England commissioned healthcare providers.
- 2.3 The CCS system has been developed to provide guidance and support for the care and supervision of those women who cannot be effectively managed under existing offender management and prison processes or partnerships. We estimate that women with complex needs represent approximately one percent of the female prison population which is around 40 women in total.
- 2.4 The CCS system is designed to ensure that the women accepted onto the caseload benefit from a centralised approach to enable them to access the most appropriate interventions and regimes available to meet their particular needs.
- 2.5 Working alongside existing offender management, prison processes and Personality Disorder treatment services, the CCS will provide a co-ordinated approach to women's care, management and progression. The aim is that women will be accommodated in the most appropriate place to access the specific interventions they need to reduce their risk of harm to self or others and to reduce re-offending. This will take place within appropriate security conditions and with all necessary control measures.

- 2.6 The CCS system is not designed to address health and social care issues which should be addressed by existing health and social care provision within the establishment. However, it is recognised that some women referred to the CCS system may have some secondary health and social care issues alongside complex needs as described in the referral criteria. Decisions to transfer women prisoners to secure hospital will continue to be made by officials in the Mental Health Casework Section (MHCS) under the relevant provisions of the Mental Health Act (MHA) 1983.
- 2.7 *The decision to refer a woman to the CCS system must be taken by the Governor or Director of the prison in which the woman is accommodated.* It is recognised that there are many women with complex needs who are settled and stable and the prison is able to provide the appropriate interventions or utilise the existing processes to enable access to appropriate interventions elsewhere. In these cases there would be no benefit in making a referral.
- 2.8 Whilst the management of women referred for case supervision under the new system will remain the responsibility of the Governor or Director, they will be expected to consult with NOMS and partner agencies to improve access to the existing interventions and services needed by the most difficult and complex cases in our women's prisons.
- 2.9 It is recognised that the provision of Through The Gate (TTG) resettlement services are a vital part of the custodial experience to enable effective continuity of support into the community. TTG services will be provided by the women's home CRC providers. The aim is that the majority of women will be returned to the resettlement prison closest to their home location within the last three months of sentence. This will be taken into consideration as part of the planning for women with complex needs alongside the other interventions to best meet their needs. In cases where it is considered to be in the woman's best interest to remain in a prison away from her home location, access should be granted to resettlement services in the prison in which she is located and this information should be shared with her home CRC provider where relevant.
- 2.10 There is an expectation that the offender supervisor, offender manager or CRC provider are engaged and supportive of the referral.

3. The role of the CCS system

3.1 Restricted status

- To broker regimes and protocols to balance the security requirements, control measures and offending behaviour needs of women who are categorised as Restricted Status. This will support them in addressing their risk and offending behaviour while being held in conditions appropriate to their security requirements.

3.2 Complex needs

- To ensure that the most challenging and complex women have access to the interventions and support they need to reduce their risk of harm to self or others and that appropriate interventions are developed, commissioned and delivered in response to the identified need.
- To facilitate multi-disciplinary case conferences jointly with the prison. Case conferences will focus on interventions and where required Personality Disorder treatment services with the aim of achieving better outcomes to be included on sentence plans, care plans and OASys for individual women.

- To provide an evidence base to clarify the needs of these women. This should include an evaluation of the effectiveness of interventions to inform future commissioning decisions.
- The CCS system does not replace or override existing arrangements for women who have been assessed and/or accepted for mental health transfer to a secure hospital for treatment under the MHA 1983. The responsibility for such decisions will remain with MHCS in consultation with NHS England and its commissioned mental health providers.
- *For women who are likely to have a diagnosed personality disorder, and have committed a violent/sexual offence and are at high risk of reoffending, staff must refer to the personality disorder pathway.*
- To operate in a way that complements other prisoner case management approaches, including the Offender Personality Disorder (OPD) Strategy for Women.

3.3 It is acknowledged that women referred to the CCS system may also have a range of needs that require involvement from a range of departments, interventions and co-commissioned services in the prisons. Those most likely to be involved in the management and care of women referred to the CCS system are:

- NHS England commissioned Primary Care, Substance Misuse and Mental Health providers
- Offender Management (custody and community)
- Safer Custody teams
- Personality Disorder services
- Accredited interventions
- NPS
- CRCs
- Regional Forensic Psychology Services

3.4 It is expected that prisons will work collaboratively with partners to identify, manage and support women who fit the referral criteria outlined below. This will include multi-disciplinary case conferences both pre and post referral and multi-disciplinary input into referral forms.

4. Restricted Status

4.1 All RS women are automatically placed into the CCS system. High Security Prisons Group (HSPG), Cat A section will inform the CCS case manager when a woman is given RS status. Only once a woman is downgraded and no longer RS can they be removed from the CCS system.

4.2 The definition of Restricted Status applied within this PSI is as defined in PSI 08/2013. **‘A Restricted Status prisoner is any female, young person or young adult prisoner, convicted or on remand, whose escape would present a serious risk to the public and who is required to be held in designated secure accommodation’.**

4.3 Whilst not all RS women will have complex needs, their security status may restrict the ability for them to access relevant interventions and regimes to address their offending behaviour and demonstrate a reduction of risk. The CCS system will work with HSPG and prisons holding RS women to enable access to intervention programmes.

4.4 The decision for RS women to be located at another prison to access interventions will be taken by the Deputy Director of High Security Prisons. Any additional resources required for

their access to intervention and/or security considerations will follow the individual prisoner transferred.

5. Principles of the referral

- 5.1 *Before referring a woman with complex needs to the CCS system, and in conjunction with relevant partner agencies, staff must ensure that all local options within the prison have been considered, and it has been decided that the woman is unable to progress in accordance with her sentence plan and/or intervention programme at that prison. Appropriate care and management policies include ACCT, IEP, violence reduction strategies, as well as intervention programmes, specialist referrals to clinical teams and treatment providers such as the OPD Pathway.*
- 5.2 Where the Governor/ Director decides that the woman is unable to progress with her sentence plans and/ or their intervention plan, the CCS system may be the most suitable option to provide the direction and support to the prison for the care and supervision of the individual.
- 5.3 Referral to the CCS system does not bypass the use of appropriate existing offender management arrangements already available in all establishments. The CCS manager will work closely with those involved in the care of the woman and this will include offender managers in the community.

6. Making a referral

- 6.1 *There must be clear documentation that an assessment of the woman's need has taken place and that there has been a multi-disciplinary meeting to discuss and agree a care/management plan. Staff must ensure that the offender manager is included and agrees with the referral to the CCS system.*
- 6.2 Where a course of action was planned but not delivered due to the woman's behaviour or other factors, the details should be included in the referral reports to help inform the decision making process.
- 6.3 *In cases where the woman is thought to have a mental health disorder, staff must ensure that the NHS England commissioned mental health provider is involved. Should it be decided that the woman requires a transfer to a specialist psychiatric hospital, arrangements must be made in line with PSI 50/2007. This does not exclude a referral being made to the CCS if it is unlikely that a transfer will take place.*
- 6.4 If a woman has been returned to custody from a specialist psychiatric hospital after an assessment or as an inpatient and the prison still requires support and advice from the CCS system a referral can be made. Unless a subsequent transfer under the MHA is appropriate.

Referrals: Triggers for consideration

- 6.5 A referral should only take place when the Governor or Director considers that support is required to stabilise or progress a prisoner. It is at the Governor's or Directors' discretion to refer earlier should they conclude support may be needed sooner than the suggested timeframes set out below.
- 6.6 Whilst it is important that there is a clear definition of women who would benefit from a referral to the CCS system, the principle of the list below is to provide prisons with possible triggers of when to consider a referral.
- Women held in Segregation Units or equivalent for a 3 month continuous period.

- Women held in Segregation Units or equivalent for an cumulative period of 180 days (around six months) in a 12 month period.
- Women on E list in excess of three months.
- Women on Basic IEP level for a continuous period of 12 months.
- Post tariff Indeterminate Sentenced women who have not accessed risk reduction intervention programmes.
- Women located on a prison's Healthcare unit as an inpatient in excess of six months. (Women held on healthcare for long term physical health reasons only would not normally be considered for referral)
- Women on an ACCT plan that have reached 'Enhanced Case Management' level in accordance with PSI 64/2011.
- Hostage takers (in custody).

6.7 The examples above are not exhaustive. Should circumstances arise which indicate that a woman needs to be referred as soon as possible or advice is required please contact the Women's team at CCSSwomensteam@noms.gsi.gov.uk A consultation with the Women's team regarding the circumstances can take place in the interim, before a formal referral is sent.

6.8 There is no referral required for Restricted Status women, women categorised as RS are automatically included in the CCS system.

Mental health considerations

6.9 *Staff must ensure that they follow the procedures set out in PSI 50/2007 and that the NHS England commissioned mental health provider is involved in any assessment of the woman.*

6.10 Where a referral to a secure hospital under the MHA 1983 is underway or recommended, a CCS referral can still be considered but consideration should be given as to if / when it is likely that the woman will be transferred to a secure hospital.

Offender Personality Disorder (OPD) strategy for women

6.11 The OPD strategy for women is currently being implemented jointly by NOMS and NHS England and the target group overlaps significantly with CCS referral criteria. There is a growing network of OPD services being delivered in women's prisons. This includes treatment services and psychologically informed planned environments (PIPES) which accommodate women who are moving into treatment or who have completed treatment.

6.12 For those women whose transfer to a secure psychiatric hospital is deemed not suitable, staff may consider referring to PD services through the PD pathway.

7. CCS Referral Process

- 7.1 The CCS referral process follows four stages;
- Referral for assessment;
 - Assessment;
 - Referral and Review Board; and
 - Decision.

- 7.2 The initial referral can take place at any time. Staff need to ensure that the woman's offender manager is involved and supportive of the referral as soon as concerns are raised about her.
- 7.3 Referrals should be sent to the CCS functional mailbox CCSSwomensteam@noms.gsi.gov.uk for consideration at the next Case Referral and Review Board (CRRB). Members of the board can be found on **page 17** of this document. **Urgent referrals may be sent at any time and will be considered by the CRRB as soon as possible following receipt.**

8. Case Referral and Review Board

- 8.1 The CRRB meets monthly on the first Wednesday of the month and is chaired by the Head of the Women's Team, or a nominated senior manager.
- 8.2 *All completed referrals must be checked for quality by the establishment, prior to being sent to the CCS system functional mailbox: CCSSwomensteam@noms.gsi.gov.uk*
- 8.3 *Prior to submission, the referring prison must sign and disclose the referral form to the prisoner.*
- 8.4 *When a woman is identified as requiring a referral to the CCS system, the following procedure must be followed in order to ensure a timely response:*
1. *The referring establishment will complete a CCS referral form which is provided at [Annex A](#).*
 2. *Receipt of the referral will be acknowledged, the prison informed of the date the case will be considered by the CRRB, and the referral will be logged on the central CCS database.*
 3. *CRRB will consider referrals at their monthly meeting, seeking further clarification or information from the referring establishment where necessary.*
 4. *Following the CRRB the Governor/Director of the referring prison will be informed as to whether the case has been accepted. If accepted into the CCS system the woman will be notified of the decision in writing.*
 5. *Prisons should inform the woman of the recommendation made by the board and a record made in the woman's NOMIS case notes. A copy of the board's report should be disclosed to the woman.*
- 8.5 At the meeting, the CRRB will assess the referral to decide if the woman should be placed on the CCS system. The assessment will entail the following:
- Overview of all documentation provided on whether the prison has utilised all resources available.
 - Individual needs of the woman and how best for her to progress in her sentence.
 - Assess the provision of interventions and/or treatment programmes across the women's estate best suited to meet the woman's needs.
 - If the referral is accepted into CCS system, the board will decide the frequency of the review dates.
- 8.6 The CRRB will review each case every six months after acceptance. If there are concerns or issues regarding the complexity of a case an earlier review date may be considered.

- 8.7 Reviews will examine how the woman is progressing on the identified intervention and/or specialist treatment programme.
- 8.8 The Board will continue the collaborative approach of the CCS system. Those involved in the care and management of the woman at the prison will be invited to send in written contributions of the woman's progress. Where appropriate this may include an invitation to attend the review.
- 9. Re-referral/reconsideration**
- 9.1 The CRRB may decide that a referral is not suitable for the CCS system where they consider that relevant interventions are available at the prison accommodating the prisoner. In this instance a letter will be sent to the Governor/ Director explaining the reasons for the decisions. *The Governor/ Director must consider the reasons when producing an alternative plan within the prison.*
- 9.2 If the woman's circumstances or behaviour changes, in line with the referral considerations at section 6, a further application may be made for a referral to the CCS system.
- 10. Actions following acceptance onto the CCS system**
- 10.1 If the CRRB takes the decision that the prisoner is suitable for the CCS system, arrangements will be made between the CCS case manager and the referring prison to hold a multi-disciplinary case conference. Case conferences should be focused on providing direction for the care and supervision of the woman, ensuring that they benefit from the most appropriate interventions and regimes available for their particular needs with the aim to achieve better outcomes and progression for the individual women.
- 10.2 The multi-disciplinary case conference should take place within two weeks of the CRRB taking their decision. The initial referral form, together with any other relevant information, will be circulated 3 working days prior to the multi- disciplinary case conference.
- 10.3 The multi-disciplinary case conference will inform the individual's care and management plan which should be developed by the offender supervisor at the prison and developed in conjunction with relevant partner agencies. The offender supervisor is responsible for writing the plan in line with the Offender Management model. This will be reviewed by the CCS case manager on a monthly basis to ensure that the plan is being put into action.
- 10.4 Where interventions that are suitable for the woman have been identified, the CCS team will liaise with the offender supervisor and offender manager to ensure that an updated OASys is available and that the sentence plan reflects intervention focused outcomes. In cases where a personality disorder is identified, the CCS case manager will liaise with the offender supervisor and offender manager to ensure that a referral has been made to the personality disorder pathway regional lead.
- 10.5 The CCS team will attend all multi-disciplinary meetings either in person or via telephone conference. Where required, the CCS case manager will broker arrangements with interventions services at other prisons, should access to a specific intervention require a transfer.
- 10.6 Records of the case management of a woman on the CCS system will be held centrally and will inform the CRRB on the progression of each woman at their specified review dates.
- 10.7 A woman's exit from the CCS system will be determined by the CRRB. The CCS case manager will liaise with the offender supervisor and offender manager or CRC provider to ensure that all other identified agencies are fully involved in the care plan.

- 10.8 If during the management of the case, the woman is transferred to a specialist hospital under the Mental Health Act, the case will no longer be supervised by the CCS system and will be managed under mental health procedures, PSI 50/2007.

Restricted Status women

- 10.9 As part of the Restricted Status (RS) caseload, the CCS team will attend all RS reviews held by the High Security Prisons group. The CCS case manager will also attend annual reviews of each RS woman at the prison to provide support and advice on ensuring that RS reports are focused on the behaviour and progress of the woman in the context of their risk factors and offence.
- 10.10 If a RS woman also has complex needs, multi- disciplinary meetings will also be held as detailed above.

11. Members of the Case Referral and Review (CRR) Board

- 11.1 The members of the CRR Board are:

Head of Women's Team
 Case Supervision Manager (Women's Team)
 Representative from NOMS Commissioning and Commercial Directorate
 Personality Disorder Strategy for Women Implementation Manager
 Public Sector Prison Representative
 Private Sector Prison Representative
 Head of Mental Health Casework Section
 High Security Prisons (RS women only)

- 11.2 The Board may invite other NOMS or partner agency representatives that it deems necessary in light of individual referrals such as:

Offender supervisor (custody/ community)
 Offender manager
 Treatment and/or Intervention managers

Centralised Case Supervision Process Map

- Before referral prison to ensure the following has taken place:
- MDT meeting
 - Offender manager and offender supervisor are supportive of referral.
 - Identified interventions are not delivered at the prison
 - Consultation has taken place with Primary, Mental Health & SM providers and relevant needs assessments considered
 - Mental health referrals are made through the MHCS.
 - Any identified PD interventions have been sought through the PD pathway

Referrals

Receipt of referral acknowledged by Women's Team. Case logged on central database.

Women's team will quality check proforma. Ensure all relevant information is included and clarify any omissions with the prison.

Report drafted for the referral and review panel circulated prior to the meeting and disclosed to the prisoner.

Centralised case supervision

Identify interventions available that are suitable for the individual.

Liaise with PD team (where this has been identified as a need). Attend multi-disciplinary meetings at prison and facilitate development of the care plan with relevant agencies to ensure access to interventions

Attend RS reviews

Identify and liaise with OM manager for sentence plan. For those on the OPD pathway, liaise with OM for a formulation plan

Recommendation of alternative management approach at local level.

Case not accepted and removed from the CCS system

Governor/ Director notified of outcome and the reasons

Case Referral and Review Board

Assessment:

- Overview of all documentation provided.
- Assess the needs of the woman and how best for her to progress in her sentence plan
- Assess the provision of interventions and/or treatment programmes across the women's estate.

Quarterly Strategic Board meets quarterly to review caseload and supervise

Governor/ Director notified of outcome

Case accepted. The board will confirm review date and frequency of the reviews.

Case allocation to the CCS system

Completed complex needs proforma received from prison

Prisoner notified of referral

RS women automatically included onto system. No referral required.

Referral to the Centralised Case Supervision System

To Women's Team, Equality Rights and Decency Group

From:

HMP

Date of referral: _____

Details of Prisoner being referred

C-NOMIS Number		Full Name:			
Date of Birth:		Category (RS or IPP):		IEP level:	
Index Offence:			Religion:		
Date of sentence/ Sentence length		Tariff (if applicable)			
NPD:		LED:		SED:	
Current location e.g. seg/HCC:			Ethnicity:		

Reason for Referral

Please tick (✓) the areas that apply as to why the prisoner is being referred

(The list below are possible triggers indicating reasons for referrals and are not exhaustive).

On E list in excess of six months. Please provide details including the length of time spent on the E list.		Held in Segregation Unit or equivalent for a 3 month continuous period. Please specify length of time.	
Post tariff Indeterminate Sentenced.		Women held in Segregation Unit or equivalent for an cumulative period of 180 days (around six months) in a 12 month period.	
Hostage taker.		Basic IEP level for a continuous period of 12 months.	
Located on healthcare unit as an inpatient in excess of six months.		On an ACCT plan and has reached 'Enhanced Case Management' level in accordance with PSI 64/2011.	
		Has there been a Mental Health referral. Please provide details of the	

		referral.	
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Sentence Planning

(Please provide a summary which describes the identified needs of the prisoner, along with details of their current sentence plan. Please indicate whether the Offender Supervisor and Offender Manager are supportive of the referral).

Specialist Needs Assessment

This section should be completed to ensure it's based on specialist assessment of current need. *Please include details of any specialist assessments of prisoner need and how these needs should be met (e.g. health or social care needs assessments) and details of multi-disciplinary meetings that have been completed and their outcome. If the prisoner has spent time on the prison's healthcare unit or in secure hospital and this is considered relevant to the current referral, please provide further details. Has the prisoner been identified for the personality disorder pathway?*

Background information on the prisoner:

(Please provide a brief summary of the prisoner's offending history and background, including the details of the index offence).

Learning disabilities:

(please indicate if there are any learning disabilities with a brief summary).

Summary of custodial behaviour:

<p>observations in support plan; details about the incident which prompted the ACCT to be opened.</p>	
<p>Has an ACCT been opened for the prisoner in the past? If so, please provide the dates that the ACCT was opened /closed, which prison it was closed at, <u>and</u> details about the incident(s) which prompted the ACCT to be opened.</p>	

Transfer/location history:

Date	From	To	Reason

Comments on the referral by the Governing Governor/ Director of the referring establishment:

Name: Signature:
 Date:

I confirm that the CCS System Referral Form has been disclosed to the prisoner. The prisoner's copy only must be signed.

Name: Signature:

Grade: Date of disclosure:

Prisoner's Signature confirming disclosure:

If the prisoner refuses to sign 'tick' here: