

**Policy Document Control Page**

**Title**

**Title: Secure Services Placement Assessment and Management Guidance**

**Version: 6**

**Reference Number: CL38**

**Supersedes**

**Supersedes: Version 5**

**Description of Amendment(s):**

- General Overview
- Amendments to Referral Pathway to reflect organisational change

**Originator**

**Originated By: Fiona Christopher**

**Designation: Clinical Service Manager**

**Equality Impact Assessment (EIA) Process**

**Equality Relevance Assessment Undertaken by: Dil Jauffur**

**ERA undertaken on: 11.01.2016**

**ERA approved by EIA Work group on:**

**Where policy deemed relevant to equality-**

**EIA undertaken by Dil Jauffur**

**EIA undertaken on 11.01.2016**

**Approval**

**Referred for approval by: Fiona Christopher**

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**Approved by: Divisional Governance Group, Specialist Services Division**

**Approval Date: 25.11.2015**

**Executive Director Lead: Director of Nursing**

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**Issued to: An e-copy of this policy is sent to all wards and departments**

**Policy to be uploaded to the Trust's External Website? YES**

**Review**

**Review Date: 25<sup>th</sup> November 2018**

**Responsibility of: Fiona Christopher**

**Designation: Clinical Services Manager**

**This policy is to be disseminated to all relevant staff.**

**This policy must be posted on the Intranet.**

**Date Posted: 24<sup>th</sup> February 2016**

## **1. INTRODUCTION**

The following guidance provides details of the process to be undertaken when the need for a Low Secure (including Long Term Low Secure LTLSU) High Support or Medium Secure in-patient environment has been identified. The Policy CL51 provides details of the process where it has been identified that an assessment for a PICU (Psychiatric Intensive Care Unit) placement is required

The protocol covers Adult Mental Health Services and does not include other Specialist Services i.e. CAMHS, Eating Disorders, Learning Disabilities etc.

The guidance does not cover those placements funded by Local Authorities.

A single point of referral has been adopted for all services operating within the Rehabilitation & High Support Directorate, through the Capacity & Flow Manager).

## **2. Effective Working**

Effective working involves teams adopting multidisciplinary approaches that undertake a robust assessment and identification of risk factors that would indicate the need for a more secure environment.

This assessment will be instrumental in highlighting the type and level of Service required to manage an individual in the minimum level of physical security designed to meet their complex needs and the timescale under which this needs to be undertaken.

Decisions to refer to Secure Services should be agreed within the Care Programme Approach (CPA) framework. This provides an established process where current and future care planning is agreed by the team and appropriate referrals completed.

The processes for referrals to LTLSU, Low Secure and Medium Secure or High Support Rehabilitation Services differ according to the level of Service required.

## **3. Clinical Pathway Team**

To assist the referral process to and from Secure Services the Clinical Pathway Team has been established to work across the Pennine Care footprint.

The Team will operate as a resource to local Mental Health Services in managing referrals, providing advice and support, monitor demand for Secure Services and ensure that referrals to Secure and High Support provisions are appropriate.

The Team will also undertake to liaise with relevant secure providers and secure caseworkers to minimise delays in transfer and to ensure Service Users receive treatment in the most appropriate Service to meet their complex needs.

The Team also maintains contact with Service Users placed in out-of-area-treatment (OATs) placements to enable a return to local Services at the earliest opportunity.

The Clinical Pathway Team and a Rehabilitation & High Support Consultant are responsible for the gate keeping assessment in and out of Low Secure Services.

In addition to the gate keeping process the Pathway Team have established a system of providing support and advice to local teams through Risk Clinics. The aim of the Clinics are to ensure referrals are directed to the Service that delivers rehabilitation in the least restrictive environment as possible and to provide support to Service Users, families and clinical teams during any waiting period for a low secure bed.

#### **4. Referrals**

The following section describes the processes that teams need to follow in order to ensure a referral is made to the most appropriate service.

- Low Secure Services
- Long Term Low Secure Services
- High Support & Rehabilitation Services
- Medium Secure Services

#### **Low Secure Services**

North West Secure Services cover a predominantly defined catchment area with the network of the North West Low Secure provision. It is therefore necessary to ensure that referrals are directed to the appropriate unit. However should there be vacancies or a high demand for Low Secure provision within a particular area, a bed may be sought out of the primary catchment area.

Pennine Care uses two low secure units, the LSU (Prospect Place) at Birch Hill General Hospital and LSU (Bowness Unit), Prestwich. Prospect Place provides Low Secure Rehabilitation Services to Tameside, Oldham, Rochdale, Stockport and South and Central Manchester for men. The Bowness Unit, provided by Greater Manchester West NHS Foundation Mental Health Trust provides Low Secure Services for Bury. The Bowness also provides all Low Secure Services for women.

Both Low Secure units operate to the same admission criteria (see appendix 1) and use the same process, (see appendix 2- Flow chart) and documentation.

A response to a Low Secure referral will normally be made within a 2- week time-span from receiving the request and allocating for assessment. However, this is dependent upon the referring team providing all relevant supporting information.

Following the assessment and presentation to the referral team an outcome to a Low Secure referral can generally be expected within a four week timeframe from point of initial referral.

If accepted the service user will be placed on the list for admission. During this time the Low Secure team will maintain contact with the referring agent and undertake case reviews when necessary. If there are clinical indicators, which suggest an interim placement is required, a gate keeping assessment can be undertaken, (see Section 5. Gate Keeping Process).

Where a referral has been rejected the Low Secure Service will provide an outcome of the assessment with recommendations and advice. The case would then become closed to the team. However, the decision to close would be taken on a case-by-case basis depending on the recommendation and discussion with the referring agent. Where the recommendations are unsuccessful a request to re-refer can be made by providing updated supporting evidence to the Clinical Pathway Team.

Additional Services are provided by the Directorate in the form of Risk Clinics. The aim of the Clinics are to minimise the need for gatekeeping and to undertake specific work which may result in referrals being diverted to alternative Rehabilitation provisions such as High Support units rather than being admitted to Low Secure Services.

### **Long Term Low Secure Services**

Referrals for a Long Term Low Secure provision will be accepted from Medium Secure and Low Secure provisions, from any area. The Low Secure provision is not restricted to any specific catchment area.

Referrals will be made to the Rehabilitation and High Support Directorate central point of contact, and assessed as those being referred to the Low Secure Service.

The referral process will proceed as that of the any referral for Low Secure care.

### **High Support & Rehabilitation Services**

Referrals are accepted at the central point of contact (Capacity & Flow Manager) and all referrals must meet the agreed criteria for admission. (see appendices 5a - d)

The timescale for a High Support & Rehabilitation assessment is four weeks from receipt of the referral.

Funding applications to the appropriate PCT are required for agreed placement in these units.

### **Medium Secure Services**

Medium Secure Services are delivered by The Edenfield Centre, Greater Manchester West NHS Foundation Mental Health Trust.

The process for referral to MSU is the same as Low Secure Services except referrals

are made direct to The Edenfield Centre. The timescale for assessment is dependent on the identified need, level of assessed risk and urgency of the referral. Referrals can be made by Borough Consultants directly to the Edenfield Centre.

The actual process and timescales are in accordance with standards, policies and procedures operated by The Edenfield Centre.

### **Gate Keeping Process**

The gate keeping process for Long Term Low Secure, Low Secure, Medium and High Secure Services has been developed by the North West Specialised Commissioning Team (NWSCT) to ensure that those Service Users assessed as requiring a level of Secure Services have timely access to the most appropriate provision.

The gate keeping process for Low Secure and Long Term Low Secure Services will be undertaken by the Clinical Pathway Team and Rehabilitation & High Support Directorate Consultant, Pennine Care NHS Foundation Trust and will be assessed against the following criteria which indicate some deterioration since the original assessment:

- Increased risk towards others
- Increased number of incidents
- Increased incidence of AWOL, increased associated risk to others
- Deterioration of mental state as a result of wait
- Disengagement and non-compliance with current treatment plan
- Increased risks to self

Service Users who have been assessed as meeting the admission criteria for Low/Medium Secure Services are placed on the appropriate Unit's admission list. During the wait it may be necessary to consider an out-of- area- treatment placement (OAT's) in the Independent Sector.

### **Standard Gate Keeping Procedure**

The gate keeping process, which is undertaken by the agreed low secure gate keeper, is as follows:

- Submission of the gate keeping report to the NWSCT Case worker for consideration and scrutiny against the gate keeping criteria.
- Application presented and discussed at the NWSCT Funding Panel
- If accepted, funding is agreed in principle. The Low Secure Gate keeper is requested to forward assessments, reports and other relevant information to the Independent Sector Organisations suggested by the NWSCT for consideration for assessment.
- Following the assessment the outcomes are considered again by the funding panel and funding agreement completed

- Arrangements are then finalised for transfer
- The Low Secure Service is then responsible for monitoring during the interim placement and finalising transfer to Prospect Place LSU when a bed becomes available
- If rejected by the Funding Panel, a further increased period of monitoring will be undertaken or further information to support the application will be submitted.
- Requests for a gate keeping assessment can be undertaken at any point of the referral pathway, starting at the point of initial assessment and during the time the Service User remains on the admission list.
- There will be no direct referrals to the independent sector. Interim placements can only be agreed through the gate keeping process.

### **Delayed Discharge Timescale**

If the Service User cannot be admitted within a reasonable time scale because of lack of capacity or specialised environment, a gate keeping assessment can be undertaken.

The identification of a delayed discharge will commence 12 weeks following inclusion to the Secure Service admission list. The process can be viewed in Appendix 1 and will be overseen by the Capacity & Flow Manager, Specialist Services Division, as follows:

At the end of the assessment period, the Service User is deemed fit for a Rehabilitation/Low Secure placement, she/he will be placed on the waiting list and begin a standard admission pathway of up to 12 weeks. This period includes the 4 – 6 weeks period of post discharge and a 4 – 6 week pre-admission procedure.

After 8 weeks of the 12-week discharge pathway, an automatic gate keeping assessment will be undertaken to facilitate appropriate placements by the end of the 12-week period.

After 12 weeks of the 12-week pathway, a delay will then be recorded. However, partway through the 12-week pathway patients should still be recorded as such using the facility available on the delayed discharge return. The information system will incorporate a narrative section that will be completed by the Rehabilitation & High Support Directorate team at each stage of the pathway. This will facilitate up-to-date and accurate information that will allow the acute services clinical teams/bed managers to track the progress of the gate keeping assessment and funding application.

Following the 12 week period the service user should either be admitted to a Low Secure or Rehabilitation & High Support unit or have an interim placement agreed.

Should neither of these pathways be in place the RHSD Clinical Pathway Team will inform the Directorate Manager of RHSD of the identification of the delayed discharge.

The Directorate Manager of RHSD will undertake responsibility for notification of the delayed discharge to the Director of Operations who will directly inform the Executive Board.

The aim of the assessment is to identify specific clinical reasons why the Service User cannot be managed in their current placement.

The assessment will consider factors such as the increase of risk; current care needs; the safeness of current placement; expected wait for admission to the Low Secure Service and whether or not the current placement is having detrimental effect to the mental state and general wellbeing of the Service User.

Assessment outcomes are forwarded to the Specialist Commissioning Caseworker who will present the recommendation to the OATs Panel, which is made up of representatives from Specialist Commissioning Team who is responsible for all funding arrangements for independent sector placements.

During the course of the placement if a Service User's needs no longer indicate continued care in a secure facility, the gate keepers will undertake a further gate keeping assessment and notify the Case Worker as soon as possible to allow the Service User to receive appropriate Services in the minimum level of security that is required to meet their needs.

In the event where Service Users need to remain on acute wards for a period of time prior to admission support and advice will be provided by the Clinical Pathway Team through the Risk Clinics.

### **Disputes/Appeals – Low Secure, LTLSU, Medium and Rehabilitation & High Support Services**

Where disputes arise between the referring agent and the receiving Service, a resolution will be sought at a local level. This may require a second assessment by the relevant teams. During this time the Service User's care must not be compromised.

The resolution may involve a full Case Review and a discussion in the form of a CPA Review where the current care plan can be considered along with recommendations for alternative Services.

**LOW SECURE REHABILITATION SERVICES:  
ADMISSION CRITERIA**

Requirement	Criteria
<b>Catchment area</b>	Resident within the North West Region boundaries (except with the agreement of the authority)
<b>Age</b>	18-65 years (It is preferable that people between the ages of 16-19 are treated in specialist adolescent services where possible)
<b>Gender</b>	Male
<b>Psychiatric Diagnosis</b>	Have a Psychotic Disorder (DSM IV Schizophrenia Spectrum/ Bipolar Disorder). People with secondary disorders such as Personality Disorder or Substance Abuse Disorder in addition to their primary disorder will be eligible
<b>Legal Status</b>	Patients requiring detention under the Mental Health Act (1983)
<b>Clinical Profile</b>	
<b>Severity</b>	Whose functioning is currently severely compromised in a number of domains (domestic, occupational, social, familial, citizenship)  OR
<b>Challenging Behaviour</b>	Who presents with behaviours that are likely to precipitate psychosis and/ or disrupt future psychological functioning in a community setting (eg non-compliance with treatment, substance misuse, aggression, non-engagement with standard services)  OR
<b>Risk</b>	Currently high risk of low levels of physical or verbal aggression/ violence towards staff, carers, other patients, public or property and/or high risk of self-neglect, vulnerability, exploitation, self-harm (which may be high frequency but low impact) AND

<b>Care Co-ordination</b>	<p>Who would benefit from a low secure environment (repeated history of AWOL, risk profile as above, multiple needs, multidisciplinary input required)</p> <p style="text-align: center;">AND</p>
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<b>Rehabilitation Potential</b>	<p>Where there is reasonable evidence of learning potential (such as shown by cognitive indices from formal assessment or by observations of interactions in social/ interpersonal situations)</p> <p style="text-align: center;">AND</p> <p>There is evidence of some congruency between the person's valued goals and the goals of the service</p> <p style="text-align: center;">OR</p> <p>Where community services have been unable to carry out a comprehensive assessment of functioning / need with people meeting the criteria outlined and admission to a low secure setting would facilitate such an assessment</p> <p style="text-align: center;">OR</p> <p>The person requires a period of assessment in conditions of low security to facilitate transition to the community from higher levels of security (to assess transferability of functioning and risk management)</p> <p style="text-align: center;">AND</p> <p>Where the benefits of admission is assessed as outweighing the risk of admission (stigma, hopelessness, helplessness, institutionalisation)</p>
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**LOW SECURE REHABILITATION SERVICES – EXCLUSION CRITERIA**

- 4.1.1 Level of risk to others indicates need for medium / high security
- 4.1.2 Primary diagnosis of personality disorder without mental illness
- 4.1.3 Acute mental illness (including severe suicidal behaviour) requiring acute care or PICU
- 4.1.4 Moderate to severe learning disability
- 4.1.5 Acquired brain injury requiring neuro-rehabilitation
- 4.1.6 Primary aim is to prevent drug misuse
- 4.1.7 Very poor physical state
- 4.1.8 Care can be managed in non-secure accommodation

**LONG TERM LOW SECURE REHABILITATION SERVICES:  
ADMISSION CRITERIA**

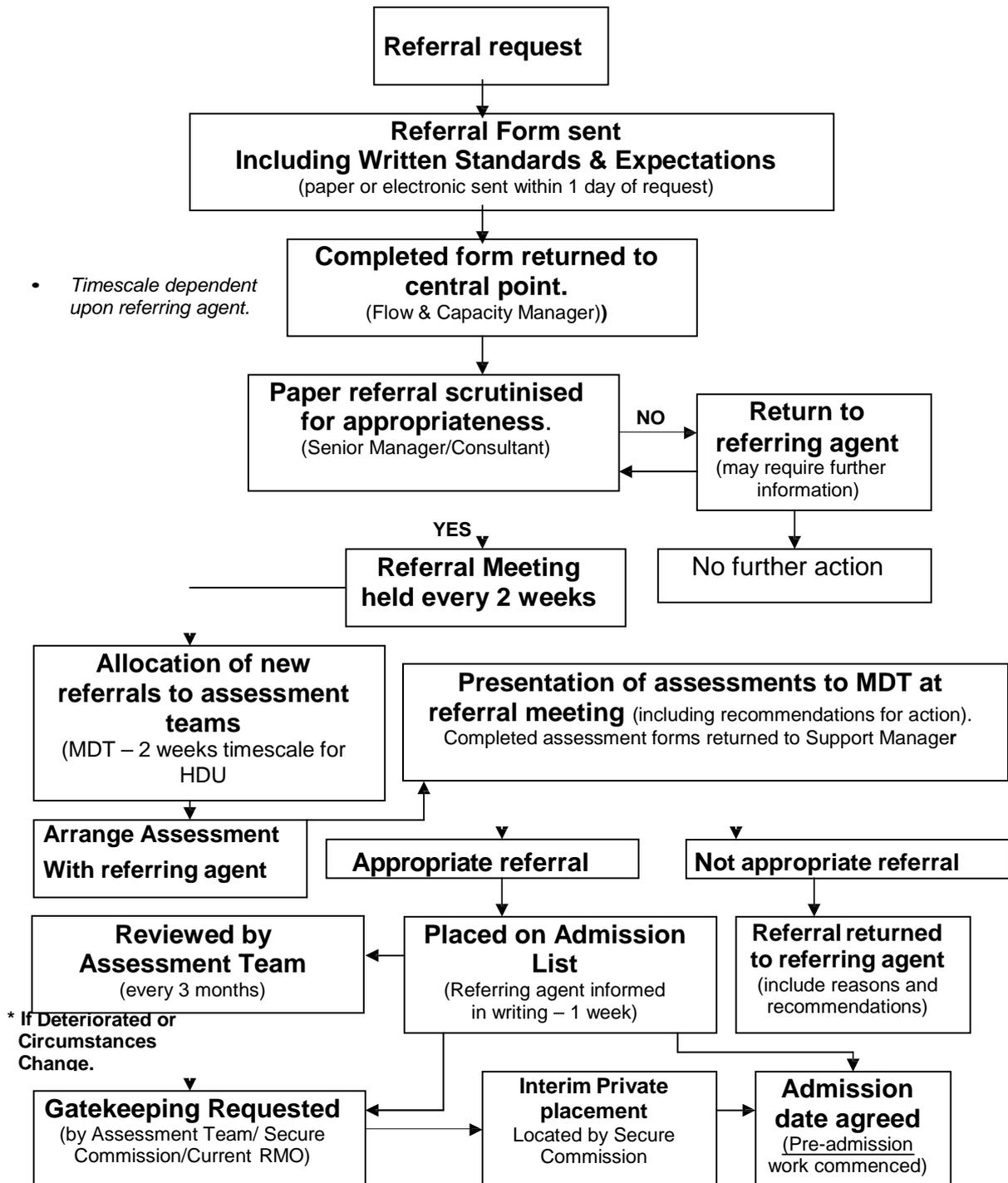
Requirement	Criteria
<b>Catchment area</b>	The Long term low secure unit covers an extensive catchment area and is not exhaustive to Pennine care footprint residents.
<b>Age</b>	Adults
<b>Gender</b>	Males
<b>Psychiatric Diagnosis</b>	Have a Psychotic Disorder (DSM IV Schizophrenia Spectrum/ Bipolar Disorder). People with secondary disorders such as Personality Disorder or Substance Abuse Disorder in addition to their primary disorder will be eligible
<b>Legal Status</b>	Patients requiring detention under the Mental Health Act (1983)
Clinical Profile	
<b>Severity</b>	Where service users have been within an alternative secure provision in excess of 2 years
<b>Challenging Behaviour</b>	OR Where the service user presents as treatment resistive and the clinical team are confident that the service use will require a longer care pathway.
<b>Risk</b>	OR Where the service user continues to present such a risk to others and or the public that they require a longer term secure provision, but where they do not require a medium or high secure environment.

<p><b>Care Coordination</b></p>	<p>Care co-ordination responsibility for the service user will remain with the home care co-ordinator.</p> <p>Patient progress reviews will be facilitated by the North of England Secure Commissioning team.</p>
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<p><b>Rehabilitation Potential</b></p>	<p>Service users will demonstrate that the level of risk has reduced to a level that they can be safely managed in a low secure environment, and that they will continue to improve within a slower stream pathway.</p>
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## Rehabilitation and High Support Directorate

### Flow Chart for Processing of Referrals



## Heathfield House – Admission Criteria

Requirement	Criteria
<b>Age</b>	16 - 65 years of age (it is preferable for adolescents between 16 – 19 years to be treated in specialised adolescent units)
<b>Gender</b>	Male
<b>Diagnosis of inclusion</b>	Primary diagnosis of schizophrenia and other psychotic disorders (DSM-IV). A secondary diagnosis can be present.
<b>Diagnosis of exclusion</b>	Primary diagnosis of personality disorder, severe mental impairment (learning disability), brain injury, acute phase of psychotic illness.
<b>MHA Status</b>	Liable to or currently detained under the Mental Health Act.
<b>Catchment area</b>	Greater Manchester, with agreement from CCG
<b>Clinical Characteristics</b>  <b>(inclusion criteria)</b>  <b>One or more required</b>	<p>History of challenging existing service provision            Have required needs to be met through non-secure 24 hour nursed continuing care</p> <ul style="list-style-type: none"> <li>◆ Noted clinical progress within the last 6 months, responding to treatment and care plans</li> </ul> <p>Noted reduction in risk factors            Low or no absconding risk            Participating in treatment and rehabilitation activities            Minimum of unescorted rehabilitation activities            Minimum of unescorted leave of up to 1 hour per day for 4 weeks            Require rehabilitation and care in a setting with high supervision</p>
<b>Clinical Characteristics</b>  <b>(exclusion criteria)</b>  <b>Any one required</b>	<ul style="list-style-type: none"> <li>◆ Predominant reason is to manage a high risk of self-harm or suicide, or an acute phase of illness (acute ward or PICU).            Main clinical problems due to brain injury rather than functional illness            Requires a Low, Medium or High secure setting to meet complex needs and risks.            Medium or high risk of absconding            Primarily to prevent substance misuse            Degree of Learning disability that prevents rehabilitation</li> </ul>

**Stansfield Place – Admission Criteria**

Requirement	Criteria
<b>Age</b>	16 - 65 years of age (it is preferable for adolescents between 16 – 19 years to be treated in specialised adolescent units)
<b>Gender</b>	Male or Female
<b>Diagnosis of inclusion</b>	Primary diagnosis of schizophrenia and other psychotic disorders (DSM-IV). A secondary diagnosis can be present.
<b>Diagnosis of exclusion</b>	Primary diagnosis of personality disorder, severe mental impairment (learning disability), brain injury, acute phase of psychotic illness.
<b>MHA Status</b>	Currently detained under the Mental Health Act.
<b>Catchment Area</b>	Rochdale/Bury CCG
<b>Clinical Characteristics (inclusion criteria)</b>  <b>One or more required</b>	<ul style="list-style-type: none"> <li>◆ Repeated history of poor compliance with treatment (either medication or support or both)</li> <li>◆ The client's needs have not been adequately addressed by a range of strategies and services, including staffed hostels and fairly intensive rehabilitation programmes either in a hostel or a general ward.</li> <li>◆ The person is unable to be cared for independently and requires a structured secure environment to ensure safety to self and others and prevent relapse.</li> <li>◆ Repeated history of drug/substance misuse leading to relapse</li> <li>◆ Current low risk of violence to others i.e. staff, other patients, public, and property.</li> <li>◆ Require on-going rehabilitation in a lesser secure setting following a prolonged period in a low/medium/high secure where there is a clear reduced level of risk.</li> </ul>
<b>Clinical Characteristics (exclusion criteria)</b>  <b>Any one required</b>	<ul style="list-style-type: none"> <li>◆ Predominant reason for a secure environment is to manage a high risk of self-harm or suicide, or an acute phase of illness (acute ward or PICU).</li> <li>◆ Main clinical problems due to brain injury rather than functional illness</li> <li>◆ Has a long history of causing malicious wounding, homicide or rape.</li> <li>◆ Requires a low, medium or high secure setting to meet complex needs</li> <li>◆ Primarily to prevent drug use</li> </ul>

**Rhodes Place – Admission Criteria**

<b>Requirement</b>	<b>Criteria</b>
<b>Age</b>	16 – 65 years of age (it is preferable for adolescents between 16 – 19 years to be treated in specialised adolescent units).
<b>Gender</b>	Female
<b>Diagnosis of inclusion</b>	Diagnosis of severe mental illness. Co-morbid borderline personality disorder may be present or self-harm.
<b>Diagnosis of exclusion</b>	Primary diagnosis of personality disorder, learning disability or pervasive developmental disorders (DSM-IV).
<b>MHA Status</b>	Currently detained under the Mental Health Act
<b>Catchment area</b>	Agreement of any North West CCG
<b>Clinical Characteristics (inclusion criteria)</b>  <b>One or more required</b>	<ul style="list-style-type: none"> <li>◆ History of presenting a significant challenge to existing mental health services through actual behaviour or continued offending</li> <li>◆ History of serious self-harm</li> <li>◆ Low or no risk of absconding</li> <li>◆ Need a physical environment that provides relational security and a sense of emotional safety</li> <li>◆ Participating in treatment and rehabilitation activities</li> <li>◆ Minimum escorted leave of 4 times per week</li> <li>◆ Noted reduction in risk factors</li> <li>◆ Noted clinical progress within the last 6 months, responding to treatment and care plans.</li> <li>◆ Requires on-going rehabilitation in a relationally secure setting following a prolonged period in medium/high secure setting.</li> <li>◆ Evidence of rehabilitation potential – or they require an extended period of assessment to determine whether they have rehabilitation potential</li> <li>◆ History of vulnerability and exploitation in mixed gender settings</li> </ul>
<b>Clinical Characteristics (exclusion criteria)</b>  <b>Any one required</b>	<ul style="list-style-type: none"> <li>◆ Predominant reason for a secure setting is to manage an acute illness that requires an acute ward or PICU</li> <li>◆ To manage sexually promiscuous conduct</li> <li>◆ Requires intensive low, medium security to manage violent and aggressive behaviour towards others</li> <li>◆ Main clinical problems due to brain injury rather than functional mental illness</li> <li>◆ Primarily to prevent drug use</li> </ul>

**Bevan Place – Admission Criteria**

<b>Requirement</b>	<b>Criteria</b>
<b>Age</b>	50 years of age and over and have been identified as no longer requiring a secure environment or where they pose a significant risk to other more vulnerable individuals
<b>Gender</b>	Male
<b>Diagnosis of inclusion</b>	Primary diagnosis of schizophrenia and other psychotic disorders (DSM-IV). A secondary diagnosis can be present.
<b>Diagnosis of exclusion</b>	Primary diagnosis of personality disorder, severe mental impairment (learning disability), brain injury, acute phase of psychotic illness.
<b>MHA Status</b>	Currently detained under the Mental Health Act.
<b>Catchment Area</b>	All North West Region CCG's
<b>Clinical Characteristics (inclusion criteria)</b>  <b>One or more required</b>	<ul style="list-style-type: none"> <li>◆ Repeated history of poor compliance with treatment (either medication or support or both)</li> <li>◆ The client's needs have not been adequately addressed by a range of strategies and services, including staffed hostels and fairly intensive rehabilitation programmes either in a hostel or a general ward.</li> <li>◆ The person is unable to be cared for independently and requires a structured secure environment to ensure safety to self and others and prevent relapse.</li> <li>◆ Repeated history of drug/substance misuse leading to relapse</li> <li>◆ Current low risk of violence to others i.e. staff, other patients, public, and property.</li> <li>◆ Require on-going rehabilitation in a lesser secure setting following a prolonged period in a low/medium/high secure where there is a clear reduced level of risk.</li> </ul>
<b>Clinical Characteristics (exclusion criteria)</b>  <b>Any one required</b>	<ul style="list-style-type: none"> <li>◆ Predominant reason for a secure environment is to manage a high risk of self-harm or suicide, or an acute phase of illness (acute ward or PICU).</li> <li>◆ Main clinical problems due to brain injury rather than functional illness</li> <li>◆ Requires a low, medium or high secure setting to meet complex needs</li> <li>◆ Primarily to prevent drug use</li> </ul>

**Beckett Place – Admission Criteria**

Requirement	Criteria
<b>Age</b>	16 – 65 years of age (it is preferable for adolescents between 16 – 19 years to be treated in specialised adolescent units).
<b>Gender</b>	Female
<b>Diagnosis of inclusion</b>	Diagnosis of severe mental illness. Co-morbid borderline personality disorder may be present or self-harm.
<b>Diagnosis of exclusion</b>	Primary diagnosis of personality disorder, learning disability or pervasive developmental disorders (DSM-IV).
<b>MHA Status</b>	Currently detained under the Mental Health Act
<b>Catchment area</b>	Oldham; Tameside; Rochdale; Bury and Stockport CCG's
<b>Clinical Characteristics</b>  <b>(inclusion criteria)</b>          <b>One or more required</b>	<ul style="list-style-type: none"> <li>◆ History of presenting a significant challenge to existing mental health services through actual behaviour or continued offending</li> <li>◆ History of serious self-harm</li> <li>◆ Low or no risk of absconding</li> <li>◆ Need a physical environment that provides relational security and a sense of emotional safety</li> <li>◆ Participating in treatment and rehabilitation activities</li> <li>◆ Minimum escorted leave of 4 times per week</li> <li>◆ Noted reduction in risk factors</li> <li>◆ Noted clinical progress within the last 6 months, responding to treatment and care plans.</li> <li>◆ Requires on-going rehabilitation in a relationally secure setting following a prolonged period in medium/high secure setting.</li> </ul>
<b>Clinical Characteristics</b>  <b>(exclusion criteria)</b>          <b>Any one required</b>	<ul style="list-style-type: none"> <li>◆ Predominant reason for a secure setting is to manage an acute illness that requires an acute ward or PICU</li> <li>◆ To manage sexually promiscuous conduct</li> <li>◆ Requires intensive low, medium security to manage violent and aggressive behaviour towards others</li> <li>◆ Main clinical problems due to brain injury rather than functional mental illness</li> <li>◆ Primarily to prevent drug use</li> </ul>

## Hurst Place – Admission Criteria

Requirement	Criteria
<b>Age</b>	16 - 65 years of age (it is preferable for adolescents between 16 – 19 years to be treated in specialised adolescent units)
<b>Gender</b>	Male
<b>Diagnosis of inclusion</b>	Primary diagnosis of schizophrenia and other psychotic disorders (DSM-IV). A secondary diagnosis can be present.
<b>Diagnosis of exclusion</b>	Primary diagnosis of personality disorder, severe mental impairment (learning disability), brain injury, acute phase of psychotic illness.
<b>MHA Status</b>	Currently detained under the Mental Health Act.
<b>Catchment Area</b>	Oldham; Tameside; Rochdale; Bury and Stockport CCG
<b>Clinical Characteristics</b>  <b>(inclusion criteria)</b>  <b>One or more required</b>	<ul style="list-style-type: none"> <li>◆ Repeated history of poor compliance with treatment (either medication or support or both)</li> <li>◆ The client's needs have not been adequately addressed by a range of strategies and services, including staffed hostels and fairly intensive rehabilitation programmes either in a hostel or a general ward.</li> <li>◆ The person is unable to be cared for independently and requires a structured secure environment to ensure safety to self and others and prevent relapse.</li> <li>◆ Repeated history of drug/substance misuse leading to relapse</li> <li>◆ Current low risk of violence to others i.e. staff, other patients, public, and property.</li> </ul> <p>Require on-going rehabilitation in a lesser secure setting following a prolonged period in a low/medium/high secure where there is a clear reduced level of risk.</p>
<b>Clinical Characteristics</b>  <b>(exclusion criteria)</b>  <b>Any one required</b>	<ul style="list-style-type: none"> <li>◆ Predominant reason for a secure environment is to manage a high risk of self-harm or suicide, or an acute phase of illness (acute ward or PICU).</li> <li>◆ Main clinical problems due to brain injury rather than functional illness</li> <li>◆ Has a long history of causing malicious wounding, homicide or rape.</li> <li>◆ Requires a low, medium or high secure setting to meet complex needs</li> <li>◆ Primarily to prevent drug use</li> </ul>

## Prospect Place - Admission Criteria

Requirement	Criteria
<b>Age</b>	16 - 65 years of age (it is preferable for adolescents between 16 – 19 years to be treated in specialised adolescent units)
<b>Gender</b>	Male
<b>Diagnosis of inclusion</b>	Primary diagnosis of schizophrenia and other psychotic disorders (DSM-IV). A secondary diagnosis can be present.
<b>Diagnosis of exclusion</b>	Primary diagnosis of personality disorder, severe mental impairment (learning disability), brain injury, acute phase of psychotic illness.
<b>MHA Status</b>	Currently detained under the Mental Health Act.
<b>Catchment Area</b>	Oldham; Tameside; Rochdale; Bury and Stockport CCG
<b>Clinical Characteristics</b>  <b>(inclusion criteria)</b>  <b>One or more required</b>	<ul style="list-style-type: none"> <li>◆ Repeated history of poor compliance with treatment (either medication or support or both)</li> <li>◆ The client's needs have not been adequately addressed by a range of strategies and services, including staffed hostels and fairly intensive rehabilitation programmes either in a hostel or a general ward.</li> <li>◆ The person is unable to be cared for independently and requires a structured secure environment to ensure safety to self and others and prevent relapse. Repeated history of drug/substance misuse leading to relapse Current low risk of violence to others i.e. staff, other patients, public, and property. Require on-going rehabilitation in a lesser secure setting following a prolonged period in a low/medium/high secure where there is a clear reduced level of risk.</li> </ul>
<b>Clinical Characteristics</b>  <b>(exclusion criteria)</b>  <b>Any one required</b>	<ul style="list-style-type: none"> <li>◆ Predominant reason for a secure environment is to manage a high risk of self-harm or suicide, or an acute phase of illness (acute ward or PICU).</li> <li>◆ Main clinical problems due to brain injury rather than functional illness</li> <li>◆ Has a long history of causing malicious wounding, homicide or rape.</li> <li>◆ Requires a low, medium or high secure setting to meet complex needs</li> <li>◆ Primarily to prevent drug use</li> </ul>

## Tatton Unit - Admission Criteria

Requirement	Criteria
<b>Age</b>	16 - 65 years of age (it is preferable for adolescents between 16 – 19 years to be treated in specialised adolescent units)
<b>Gender</b>	Male
<b>Diagnosis of inclusion</b>	Primary diagnosis of schizophrenia and other psychotic disorders (DSM-IV). A secondary diagnosis can be present.
<b>Diagnosis of exclusion</b>	Primary diagnosis of personality disorder, severe mental impairment (learning disability), brain injury, acute phase of psychotic illness.
<b>MHA Status</b>	Currently detained under the Mental Health Act.
<b>Catchment Area</b>	Oldham; Tameside; Rochdale; Bury and Stockport CCG
<b>Clinical Characteristics</b>  <b>(inclusion criteria)</b>  <b>One or more required</b>	<ul style="list-style-type: none"> <li>◆ Repeated history of poor compliance with treatment (either medication or support or both)</li> <li>◆ The client's needs have not been adequately addressed by a range of strategies and services, including staffed hostels and fairly intensive rehabilitation programmes either in a hostel or a general ward.</li> <li>◆ The person is unable to be cared for independently and requires a structured secure environment to ensure safety to self and others and prevent relapse. Repeated history of drug/substance misuse leading to relapse Current low risk of violence to others i.e. staff, other patients, public, and property. Require on-going rehabilitation in a lesser secure setting following a prolonged period in a low/medium/high secure where there is a clear reduced level of risk.</li> </ul>
<b>Clinical Characteristics</b>  <b>(exclusion criteria)</b>  <b>Any one required</b>	<ul style="list-style-type: none"> <li>◆ Predominant reason for a secure environment is to manage a high risk of self-harm or suicide, or an acute phase of illness (acute ward or PICU).</li> <li>◆ Main clinical problems due to brain injury rather than functional illness</li> <li>◆ Has a long history of causing malicious wounding, homicide or rape.</li> <li>◆ Requires a low, medium or high secure setting to meet complex needs</li> <li>◆ Primarily to prevent drug use</li> </ul>