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| **DOCUMENT TITLE:** | **Case Management Protocol – HMP Manchester** |
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| **RELATED DOCUMENTS:** | Syncora Case Management Policy |

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| **OUR PRINCIPLES:** | With passion and excellence, Delphi makes a  difference to people’s lives by providing innovative and specialist addiction services that lead the way from dependence to freedom. |
| **OUR VALUES:** | We all commit to and care about: going one step further with our clients; our wellbeing as individuals and as teams; and improving and strengthening ourselves and our organisation. |

**Introduction**

One definition of Case Management is ‘*Case Management is a collaborative process which: assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual’s health, social care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes’* (CMSUK Standards of Practice 2005).

This protocol sets out our approach to Case Management at HMP Manchester, and is to be read with the *Syncora Case Management Policy*. This protocol sets out the expectations relating to a client’s experience, from the point of referral, through to the development of a person-centred care plan, the regular review of a care plan, transition from service, including prison transfers, release and positive exits, and the escalation process for cases of concern.

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| **Clean In**  The conditions that need to be in place, or the things that need to be done BEFORE the process can run effectively | |
| Referral | Referrals are managed appropriately from a range of sources. The DARS service is voluntary and individuals have the choice of engagement following referral. Multiple referral routes are available and at any point during sentence at HMP Manchester.    **Clinical clients:** DARS are notified of any new clinical clients who are received into the establishment on day of transfer via System One task. They are added to the System One DARS waiting list for assessment.    All non-clinical individuals who transfer into HMP Manchester are visited by a DARS team member where the service is offered and harm reduction advice given. If the individual accepts they are added to the System One waiting list for assessment. If they decline, all individuals are to be made aware of self-referral pathways.    Self-referrals are accepted at anytime regardless of whether there has been a previous service decline. Individuals are able to self-refer via unilink, paper application, through a DARS Recovery Peer or by asking a staff member to make a referral  on their behalf. Referrals are also accepted from staff/agencies within the prison such as OMU, Safer Custody, |

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|  | HMP wing staff via paper application, email to DARS mailbox or via phonecall. All self-referrals are added to the System One waiting list for assessment.    **Illicit use pathway:** All individuals presenting under the influence are automatically referred to DARS and visited within 24 hours. If they are not currently on caseload they are offered a referral and added to System One waiting list for assessment. |
| Assessment | All clinical referrals will be seen within **5 working days for**  full assessment and initiation of care plan.    Non-clinical self-referrals will be seen within 10 working days for full assessment and initiation of care plan.    Each client will be seen by a member of the integrated DARS team to complete their connect assessment. This may include a nurse, support worker or a Recovery Practitioner who will carry out the assessment which covers a range of areas to allow the provision of holistic support. This will assist in the formulation of a client-led care plan. This includes:   * Consent to Share * NDTMS (and TOPS if necessary) * Asset Based assessment * WEMWBS * Readiness Ruler * Alcohol audit if required.   For individuals that have been referred to commence on clinical treatment, the following may be completed by a nurse:   * COWS * CIWA-Ar     Each client is provided with harm reduction advice at the point of assessment.    An initial care plan will be commenced which is edited according to individual need to ensure person-centred care. |

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|  | Full assessment will be documented on System One using the relevant templates and case notes added. NDTMS paperwork handed to administrator for inputting onto the DET database.    The client will then go to Care Coordinator who will allocated to a DARS keyworker via System One task. Clinical clients added to System One ledger for 13 week review. |
| Care planning, implementation, monitoring and review | A client will be visited within 10 working days following allocation by their keyworker, who will discuss their initial care plan with them and review assessment. Care plan goals will be initiated, reviewed and care plan performed through System One. All care planning takes place in collaboration with the individual using a personalised approach, ensuring the client is placed at the centre of care, reflects their levels of need, and is consulted with throughout the planning, implementation and review processes. All clients are to be  offered a copy of their care plan. |
|  | Intensity level will be agreed collaboratively with the client and dependent on need. These intensity levels are flexible and may change at any time in line with client need. |
|  | *High intensity clients* will be visited a minimum of every 6 weeks for a care plan review however, this timeframe is client led and it is accepted that some clients may be seen more regularly at times during their treatment, for example during a detox/whilst on ACCT. |
|  | *Low intensity clients* are those that require less input from their keyworker and will be seen at a minimum of every 12 weeks for a care plan review. These clients may be engaging with other aspects of the service (such as Acorn RAMP). |
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|  | For clinical clients, OST plan will be reviewed at initial care plan review and thereafter, at least every 13 weeks with a review by the prescriber. |
|  | All goals on care plan should be SMART and set out clearly the next step in achieving the goal. These will be documented on |







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|  | the System One care plan template and noted when they will next be reviewed.  The keyworker will visit the client by the next review date set and complete a care plan review, performed through System One. Goals will be reviewed, progressed updated and goals will be completed or amended as need requires. Each session will clearly state when the next review date is. If a client is experiencing difficulties in achieving a goal, the DARS keyworker will work collaboratively with them to work towards setting a SMART goal.  A range of clinical and PSI options are available to all clients, ensuring treatment is centred around individual need.   * A range of clinical treatment options and personalised prescribing treatment plans * Structured 1:1s * HIVE Recovery Unit * Acorn Interventions team (Including RAMP groupwork) * Motivational Interviewing * ITEP Mapping * Recovery Based drug testing * Nurse led clinics * Holistic therapies (such as creative therapy, acupuncture) * Recovery Peers * Self Tracking, WEMWBS * Mutual Aid (SMART, NA) * In-cell workbooks   Throughout the implementation stage, DARS keyworkers will work collaboratively with partners within HMP to ensure client-led care. This includes:   * OMU/Parole board * HMP Staff (such as Recovery wing officers/HMP keyworkers) * Safer Custody/ACCT * Chaplaincy * MHIT * Primary Healthcare |
| Closure | Transition from service is client led and multiple exit routes are available to clients. |



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|  | **Release Planning –** Clients due for release will commence release planning at earliest opportunity, at a minimum of 6 weeks prior to release date. *For clients going through the parole process this will be done in collaboration with OMU and may involve the DARS keyworker completing parole report and attending parole hearing. In this case staff member will refer to parole report process guidance.*  The release planning process is individualised and may involve   * TTG support (e.g. through The Arc) * Referral to CDT (mandatory for clinical clients) * Referral and assessment for rehab or supported accommodation * Relapse prevention medication * Harm reduction 1:1 information session (Mandatory for all) * Referral to non-structure community support (such as mutual aid, other community service)   Case notes clearly documenting release plans and appointments will be added to System One and task sent to admin for NDTMS closure.    **Transfers –** Where transfer is planned, keyworker to liaise with receiving establishment to ensure continuity of care (example pathway to HMP Wymott TC referral). Where transfer is unplanned – receiving establishment to be notified of DARS engagement. Case record will automatically transfer to receiving establishment via System One. Task to be sent to admin for NDTMS update.  **Positive Exit** – Where individuals have achieved all their recovery goals and no longer require the support of the service (but are not due to be released or transferred) they may complete a positive exit from the service. Achievement of care plan goals is client led and agreed collaboratively between the individual and keyworker.  At this transition stage, clients may engage in peer-led support including   * Becoming a DARS recovery peer * Completing the Acorn facilitator groupwork * Attending mutual aid groups (SMART/NA) |

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|  | Case notes clearly documenting positive exit plan added to System One, harm reduction discussion documented, care plan closed and task sent to admin for NDTMS closure.    **Service Withdrawal –** Where individuals have not completed their care plan objectives, but no longer wish to engage with the service a discussion will be had with keyworker to explore motivation and risk factors. Following this, as a voluntary service, the individual will be provided with harm reduction advice, exited from treatment and advised of referral pathways back to the service if required in the future.  Case notes clearly documenting client’s decision and harm reduction discussion will be added to System One and task sent to admin for NDTMS closure. |
| Record Keeping | All interactions with a client are recorded on the individual’s  System One record. This includes:   * Consent to share documents * Any communications sent/received (e.g. parole reports are scanned to individual file) * All sessions/interactions with client documented using appropriate read codes * All assessment and care plan templates * Emails/phonecalls/appointments made and received * System One record of all tasks sent/received.   *Where a client does not give consent to share, this will be clearly stated on System One record.*    All staff members complete Record Keeping training as part of induction to ensure standards are met.    All entries should be objective and added onto System One the same working day to ensure accurate and up to date record keeping. Entries should clearly evidence the interaction and next steps required. Case notes to be completed through the care plan template. |



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|  | Any contact with agencies/partners outside of Delphi should be clearly documented with consent checked prior to information sharing taking place.    Where possible, 1:1 work should be evidenced with IMAPs, worksheets, workbooks which will be scanned on and added to communications and letters on the System One record.    Review dates should be clearly stated and where these cannot be achieved (e.g. client is unavailable) this should be documented and next review date stated.    Requests for parole reports should be referred to Corporate services to ensure the correct legal processes are followed. Any reports completed will be agreed with the client, sent to corporate services for review and a copy scanned to System One.    Regular record keeping audits take place as per Delphi  Governance schedule to ensure compliance with record keeping requirements. |
| Process for Escalation | Where incidents occur or issues arise, there are clear processes in place that allow for the escalation and resolution of concerns raised in a timely manner. This may include:   * safeguarding concerns * incidents * accidents * concerns for welfare     Staff member to raise concern with manager who will advise on next steps and action to take.    *Safeguarding* – where safeguarding concerns are identified, staff are to refer to the Syncora HMP Manchester Safeguarding protocol which clearly sets out the steps to follow.    The relevant agencies in the prison will be contacted and next steps taken, such as Safer Custody, OMU and Police Liaison. Where necessary, ACCT processes will be followed.    Safeguarding concerns must be reported to the Safeguarding lead – details can be found in the safeguarding protocol and on  QUIP. |







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|  | Care record on System One will be updated and incident reporting processes will be followed including Syncora, HMP and datix reporting systems.    Where an incident/accident occurs, the staff member will inform line manager and take action as appropriate. All incidents to be reporting using the Syncora information reporting paperwork and sent to Corporate services. All accidents are recorded on an accident form and send to health and safety for review.  SLT informed of all incidents and will monitor. Concerns are also reported to the Care Governance Group for an extra layer of support.  **Complaints –** Where a client expresses dissatisfaction with the service, staff are to refer to company complaints policy for next steps. Manager to be informed and where possible aim to resolve informally.    Where complaints cannot be resolved informally, client advised to make a formal complaint which will be investigated by a manager as per complaints policy and outcome communicated to client.    **Keyworker change** – Where it is identified there is a need to change keyworker, this decision is made collaboratively between managers and the staff member, where possible considering client feedback. Where possible, a three-way handover meeting to take place between current keyworker and new keyworker to support continuity of care. |
| Training | All staff receive a robust induction upon commencing role which covers all aspects of Delphi/GMMH/HMP processes and responsibilities.  All staff complete a full prison induction which covers all aspects of prison safety including: Security, Corruption, Prevent, Safeguarding, ACCT process and personal safety.    A local service induction is completed which covers all aspects of service delivery. This includes Shadowing, clinical  competencies, record-keeping, boundaries, group facilitation, |

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|  | incidents and information reporting (including Delphi/prison mercury intelligence reports/datix)    All staff are required to complete RCGP Level 1 Certificate in the Management of Drug Misuse as mandatory.    Mandatory training is completed annually by all staff including: Basic life Support, Safeguarding Adults and Children, Mental Capacity, Medicines management, Information Governance and GDPR    All staff receive regular supervision and appraisal where individual training needs can be identified |
| Systems | The record keeping system used by Delphi and HMP Manchester is System One. All staff receive System One training a part of induction. All staff require individual logons which requires an NHS smartcard. GMMH support the process of System One and Windows account set up. This also enables access to datix reporting.    All staff require and have access to the relevant prison systems, including quantum account, P-NOMIS and mercury intelligence reporting.    All staff at HMP Manchester have access to Calico IT account which can be accessed both inside and outside of the prison. This provides access to all policies and protocols and information reporting paperwork.    Where IT systems fail, there is a local Emergency protocol which the team reverts to. This is available in hard copy on site in the managers office, alongside copies of key policies and protocols. |

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| **Clean Through**  The things that need to be done DURING the process so that is runs without friction | |
| Regular audit cycles | Audits take place as per Delphi Governence schedule to ensure high standards of service. It is the responsibility of the service manager to ensure audits are completed in a timely manner. |

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|  | Corporate Services, in conjunction with the Service Manager, must complete regular (announced and unannounced) audits, in line with Delphi’s audit schedule.    The outcome of audits must be discussed at supervision, team, and management meetings. This will be checked by the Senior Leadership Team. |
| Feedback is gained proactively. | Feedback policy available on notice boards.    Clients are asked for feedback through feedback form dependant on location and person-centred need. Focus groups take place regularly and where possible, service user involveemnt in meetings.    Delphi staff record feedback received verbally. |
| Staff discuss and/or escalate concerns appropriately. | All concerns must be discussed with the Care Coordinator, Lead Nurse or Service Manager.    Where these members of staff are unavailable staff must contact a manager, or a member of the Delphi Senior Leadership Team.    Where appropriate the complaint policy will be shared with clients. |
| Staff are adequately supported | All staff receive regular supervision and appraisal where concerns can be discussed and support identified. |
| Cases of best practice are shared and discussed. | Best practice examples must be discussed at the monthly Managers Meeting, and cascaded to all staff via the team meeting.    Discussions must be facilitated and encouraged by the management team. |
| The Senior  Leadership Team is advised of | Best practice is shared at monthly managers meeting. |

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| issues/ concerns. | Additionally, at the monthly Managers Meeting, the managers must prepare any items to escalate to the monthly Senior Leadership Team meeting. |

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| **Clean Out**  The conditions that must apply AFTER the process is finished, for us to deliver the required outcomes |
| Delphi service output measures are strong leading to a positive reputation. |
| Evidence of client service input and outcomes. Collated through monthly reporting and case studies. |
| Strong governance processes in place to ensure regular audit and review of service pathways. |
| Celebrate client success across services (Recovery peers, motivational days and recovery events) |
| We empower our clients, wider community and staff to achieve real change. Through the gate follow up and case study examples of success through the Arc. |
| The service is effective and responsive to need and individuals. |
| Clients feel valued members of the service in a collaborative approach. |

Appendix 1: HMP Manchester Delphi service pathway



Manchester Prisons client treatment pathw