



**Consultation Guide:
New service specifications for Adult
Secure Low and Medium Mental Health
Services**

Consultation Guide: New specifications for Adult Secure Low and Medium Mental Health Services

First published: 2016

Prepared by: Louise Davies

Classification: (OFFICIAL)

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Contents

Contents	3
1. Introduction	4
2. Background	5
3. The proposals	7
4. The case for change	10
5. Why are we consulting?	11
6. Consultation questions	12
7. Feedback and next steps	14

1 Introduction

In March 2016, NHS England set up a Mental Health Service Review (MHSR) Programme to support a detailed and comprehensive service review in relation to the following specialised mental health services:

- Child and adolescent mental health inpatient services (Child and Adolescent Mental Health Services)(Tier 4)
- Perinatal, inpatient mother and baby units and associated outreach services.
- Adult medium and low secure services

The national review is underpinned by an approach which sets out to strengthen the requirement for regional planning and delivery. There is recognition that the national review needs to align with and support the move to place based budgets for local populations. The outcome of this work will need to be embedded within local systems. This approach is based on local ownership and delivery under the umbrella of national coordination and oversight.

We have commissioned Adult Secure Low and Medium Mental Health Services as specialised mental health services since April 2013. The total expenditure on adult medium and low secure services is approximately £1.1 billion. This represents approximately 61 percent of our specialised commissioning mental health spend and 7 percent of the total specialised commissioning budget.

Over the past two years a great deal of work has been undertaken to review the pathway for patients who access adult secure services, the MHSR review has focused on the challenges for people accessing the range of adult low and medium secure services and aims to address these against a number of key objectives described below:

- The right services delivered in the right location geographically so that patients can access them at the right time,
- Equity of access across the country regardless of where patients live,
- Adult medium and low secure services are integrated into the whole pathway,
- Standardisation in relation to the services commissioned and provided in terms of the specification, quality and price.

The Programme takes into consideration relevant policy and strategic direction:

- The Mental Health Task Force Report (February 2015)
- The Five Year Forward View For Mental Health – Implementation Plan (July 2016)
- Building The Right Support (October 2015) – Transforming Care Plans and Trajectories
- New Care Models for Tertiary Services (NCMs) October 2016

2 Background

Secure services provide care and treatment for individuals with mental and/or neurodevelopment disorders who are liable to be detained under the Mental Health Act (MHA) 1983, and whose risk of harm to others and risk of escape from hospital cannot be managed safely within other mental health settings. Patients accessing these services will typically have complex chronic mental disorders, which are linked to offending or seriously harmful behaviour. Some individuals will be involved with the criminal justice system (CJS), courts and prison, and may have Ministry of Justice (MoJ) restrictions imposed.

A number of levels of security currently exist to manage increasing levels of risk to others. Presently these consist of High, Medium and Low secure services, each of which provides a range of physical, procedural and relational security measures to ensure effective treatment and care whilst providing for the safety of the individual and others including other patients, staff and the general public.

- High secure services provide care for those who present a **grave and immediate** danger to the public and who should not be able to escape from the hospital.
- Medium Secure services care for those who present a **serious** risk of harm to others and whose escape from hospital should be prevented.
- Low secure services care for those who provide a **significant** risk of harm to others and whose escape from hospital should be impeded.

Medium and low secure services provide care for those who pose a serious or significant risk to others and require physical security that prevents or impedes escape from hospital. Some will have been in contact with the CJS and will have either been charged with or convicted of a criminal offence. All individuals admitted to medium or low secure services will be detained under the MHA 1983, and the decision to admit will have been based on a comprehensive risk assessment and detailed consideration of how the risks identified can be safely managed whilst in hospital.

This consultation relates specifically to low and medium secure mental health services provided for men and women (aged 18 and above) with mental illness (MI), personality disorder (PD) and neurodevelopmental disorders (NDD), including learning disabilities (LD) and Autistic Spectrum Disorder (ASD).

We currently commission approximately 6900 inpatient beds in medium and low secure mental health services:

- Approximately 3200 in medium security and
- Approximately 3700 in low security.

This data is currently being validated as part of the MHSR Programme.

OFFICIAL

These services are commissioned by us because:

- The number of individuals requiring the service is relatively small
- The cost of providing the service is very high because of the specialist ward environment required to provide adequate levels of both physical and procedural security and the high levels of staff necessary to provide adequate relational security;
- The number of expert staff trained to deliver the service is relatively small (in particular, they require expert knowledge of risk assessment and management as well as knowledge of the criminal justice system); and
- The cost of treating patients is very high, placing a potential financial risk on individual Clinical Commissioning Groups (CCGs.)

The work of the Adult Secure Clinical Reference Groups (CRGs) in reviewing, updating and developing the national service specifications for specialised services has been vital in enabling the delivery of the objectives of the MHSR Programme. The specifications have been developed by a comprehensive Task and Finish Group to the CRG, membership as below:

- Senior Forensic Clinicians, including the CRG Chair and some CRG Regional Clinical Members
- MHSR Programme Lead- NHS England Specialised Commissioning
- Offender Personality Disorder (OPD) Programme - Lead NHS England
- Transforming Care - Forensic Lead - Nursing Directorate - NHS England
- NHS England Mental Health Case Managers
- Recovery and Outcomes Lead , Adult Secure Patient and Staff Networks - Rethink
- Secure Programme Lead -NHS England Medical Directorate
- Quality Surveillance Team - NHS England.

The group developed the specifications, taking into consideration the existing joint adult medium and low secure specification and creating new documents. The service specifications describe the key requirements and standards for the service and form the basis of contracts between us and adult secure providers.

Within our national team we are collaborating with local and regional specialised commissioners on all aspects of this Programme. As these services are specialist in nature it is important that there is national oversight of this process but with a strong emphasis on local engagement and ownership. The Programme is nationally coordinated to ensure there are no parts of the country or patient groups without access to specific services. This review is being driven by local and regional teams to ensure need and capacity is considered based on local knowledge, intelligence and understanding of respective populations.

3 The Proposals

We are committed to a full, public consultation on any significant changes to existing service specifications or clinical commissioning policies and on all new documents. Consultation on a specification or policy can only begin if we have considered the potential clinical, financial and service impact of any proposed changes.

The consultation and engagement objectives are:

- a) To enable all stakeholders to participate and comment on the development of these services and related service specifications going forward. There are a significant number of stakeholders involved, they include for example:
 - patients, who use adult medium and low services,
 - carers and families,
 - other parts of NHS England, such as Health and Justice, Transforming Care,
 - clinicians,
 - providers,
 - Clinical Commissioning Group (CCG) and Local Authority commissioners,
 - National Offender Management Service (NOMS),
 - Ministry of Justice (MoJ),
 - Department of Health (DH).
- b) To ensure that engagement is appropriate to the audience and hears the voice of different groups who have a view and are impacted by these developments.
- c) To ensure that we feed back to all those involved the results of patient and public involvement.
- d) To understand how all those involved would like to be involved in the future.

It is proposed that a full 90 day public consultation is undertaken in respect of the following service specifications and the respective Appendices:

- Draft Adult Medium Secure Service Specification
- Draft Adult Low Secure Service Specification
- Draft Access Assessment Service – Appendix 1 to both specifications
- Draft Forensic Outreach and Liaison Service (FOLS) – Appendix 2 to both specifications

OFFICIAL

To support the consultation with patients, carers and families, we have commissioned Rethink to lead on the consultation phase with support from our Patient and Public Voice team and Mental Health Service Review team members as appropriate.

This will include:

- Workshops with patients and staff from adult medium and low secure services across the country in nine geographical locations to ensure full coverage and access, utilising the existing Recovery and Outcome Networks. It is really important that as many sessions as possible are face to face and spread across the country, as many patients within these services may have limited access to the internet, and may also be limited in terms of distances they can travel to venues, etc. Two workshops with forensic carers, one in the North and one in the South of England. Rethink will prepare a report for patients and also for carers to summarise the feedback provided.
- There will also, working with NHS England Health and Justice (H&J) Colleagues be opportunities to consult with people currently in prison who may have accessed or need to access secure mental health services
- In a similar way, through high secure patient community meetings the plan includes consulting with patients who will potentially step down into medium and possibly or subsequently low secure services. Some of these patients may have also had experience of medium and low secure services previously.
- It is really important that this consultation reaches into a variety of settings as for some people it would otherwise be very difficult for them to contribute and their expertise is of significant value. The planning has tried to take this into account.
- In addition there will be a national face to face event for clinicians, providers, commissioners and other stakeholders including, e.g. MoJ, NOMS, H&J, etc.
- There will also be an opportunity to join a number of webinars for these groups if they cannot attend the national face to face event.

The pre-consultation and engagement activity has included a robust two week stakeholder testing exercise which was undertaken in December 2016 and consisted of a sense-check for each service specification, utilising three webinars for providers, clinicians, commissioners, service users, carers, other stakeholders including MoJ, NOMS, DH, H&J and the general public. The webinars were hosted by a panel that represented the Specification Task and Finish Group. The webinars were facilitated by the MHSR lead for adult secure services.

OFFICIAL

This activity was supported by Rethink who engaged key stakeholders, through their Recovery and Outcomes Networks and Patient and Public Voice (PPV) colleagues who engaged with specific communities – including charities, Royal Colleges, armed forces, veterans, and MOD.

The key updates to the service specifications following this phase were as follows:

- Stakeholders were generally supportive of draft specifications and there was a positive response in terms of the clarity that the new documents provided.
- Further work highlighted in relation to definition of low secure, specifically in relation to types of patients who will access low secure. This will be a specific focus and discussed in greater detail through the consultation process.
- Requests for some visual formats to specifications, e.g. flow charts. Easy read versions of the specifications have been commissioned from an external organisation.
- Further consideration of some patient groups suggested e.g. Patients with longer term needs, more acute needs.
- Requirement for clarification regards carer involvement.
- Requirement for clarification regards some of quality indicators.
- Requirement for clarification regards some disciplines in terms of staffing groups.
- All of the above have been considered by the Specification Task and Finish Group to ensure all suggestions and comments have been given the attention that they deserve, this then enables changes to the documents prior to the specifications being prepared for consultation

4 The Case for Change

In respect of each individual service specification included in the consultation proposal, the case for change is as follows:

The existing specification which is a joint medium and low secure specification was developed during 2012/13 and subsequently consulted on. Feedback from this consultation stated that separate specifications would be favourable going forward for medium and low secure.

Work has taken place since 2013 to standardise services through various routes, mainly by use of contract products. Better definition of services has been the ambition, this work has been complimented by the work of the Royal College of Psychiatrists Quality Network for Forensic Services, all adult medium and low secure providers are contractually obliged to be part of the Network (which includes peer review). The emphasis is rightly that these specialist services are integrated as part of a whole pathway approach. In terms of policy and strategy the direction of travel is to plan for local populations based on local intelligence and knowledge. It is important that the specifications reflect all of this.

The specifications are now much more outcome focussed and clearer regards expectations of the services in terms of delivery. Generally too there has been an update to the specifications.

There are 2 new appendices which have been developed. These documents describe the services in relation to Access Assessment and Forensic Outreach and Liaison (FOLS).

It is felt important that these elements of service provision are described in more detail and can be seen as specific service provision. They describe how patients access these services and the support available from the specialist centre to enable patients to move on.

5 Why Are We Consulting?

The consultation and engagement process would like to hear from anybody with an interest in adult low or medium secure services and related services. This will ensure that the development of the service specifications is open and transparent and are informed by as wide a range of views as possible

We seek to comply with the best practice consultation principles issued by the Cabinet Office in 2012.

We seek to remain open, engaged and transparent throughout the process for discharging its responsibilities for the direct commissioning of specific health services.

We are committed to promoting equality and reducing health inequalities throughout the health service. Consultation provides the opportunity to gain information about any potential impact on health inequalities which might arise as a result of new or changed processes for making decisions about health services that are directly commissioned by us. This information will feed into an Equality and Health Inequalities Analysis on this programme of work.

6 Consultation Questions

The consultation will seek responses to the following questions:

1. To what extent do you agree that the specification clearly describes the service to be provided?

(A sliding scale of 1-5 which ranges from strongly agree, agree, neither agree/disagree, disagree, strongly disagree)

Please state any areas where you feel the description of services could be improved.

2. To what extent are you satisfied that all the relevant information for this service specification has been included?

(A sliding scale 1-5: very satisfied, satisfied, neither satisfied/dissatisfied, dissatisfied, very dissatisfied)

Please state any information you feel needs to be included.

3. Are there any parts of the specifications that are unclear and would benefit from greater clarification?

(Yes/No)

Please identify the areas you feel are unclear within the specification.

4. Is it clear that the specification represents part of a whole patient pathway?

(Yes/No)

Please state where you feel it is unclear that the specification represents the whole patient pathway.

5. Is it clear how these services work with other organisations?

(Yes/No)

If no - what would help to describe this more clearly?

6. Do you think that these specifications represent the latest evidence in secure care?

(Yes/No)

If no, what needs to be included?

OFFICIAL

7. Please state any views on how the service specification can contribute to promoting equality and reducing health inequalities faced by patients.

Can you state any potential impact on specific groups?

Specific question for the low secure specification:

In terms of low secure, is the definition with the specification correct? Are the eligible patient groups described clearly enough?

(Yes/No)

If no, what do you think this should be?

Specific question for medium and low secure specifications:

8. Do you think that the specification adequately describes the secure services in respect of patients who may have longer term needs?

(Yes/No)

If no, what evidence could be used to further develop this work?

Any other comments or feedback is welcomed

7 Feedback and Next Steps

The consultation on the Adult Medium and Low Secure Services specifications will be open for 90 days from the date consultation starts.

The outcome of the consultation process will be a report analysing the key themes. This will then be published, providing an independent analysis of the responses received, with a supporting commentary.

NHS England has procured an external organisation to assess and analyse the responses and produce this report.

The key requirements of the consultation report are that it must:

- Be in writing
- Be objective and without bias
- Be accessible and simple to read for a professional and lay audience
- Provide a high level, but sufficiently detailed summary of responses received
- Provide independent advice on the overall support or opposition to the proposed changes
- Present the evidence to support the analysis and conclusions.

The analysis will include:

- Overall response rate by professional / patient / carer groups
- Strength of support and opposition for the specific individual questions which have been asked overall and then by each interested group, e.g. professional / patient / carer group (quantitative and qualitative data)
- Common themes that present, overall and within specific questions (quantitative and qualitative data)
- A summary of responses made by significant individual stakeholders who will be identified but they will be relevant professional associations (qualitative data).

People will want to understand what has happened or changed as a result of their input through this consultation. NHS England will provide feedback to patients, carers, clinicians, commissioners, other organisations and the public regarding the results of this engagement activity. This feedback will reference clearly what changed as a result of people's engagement.