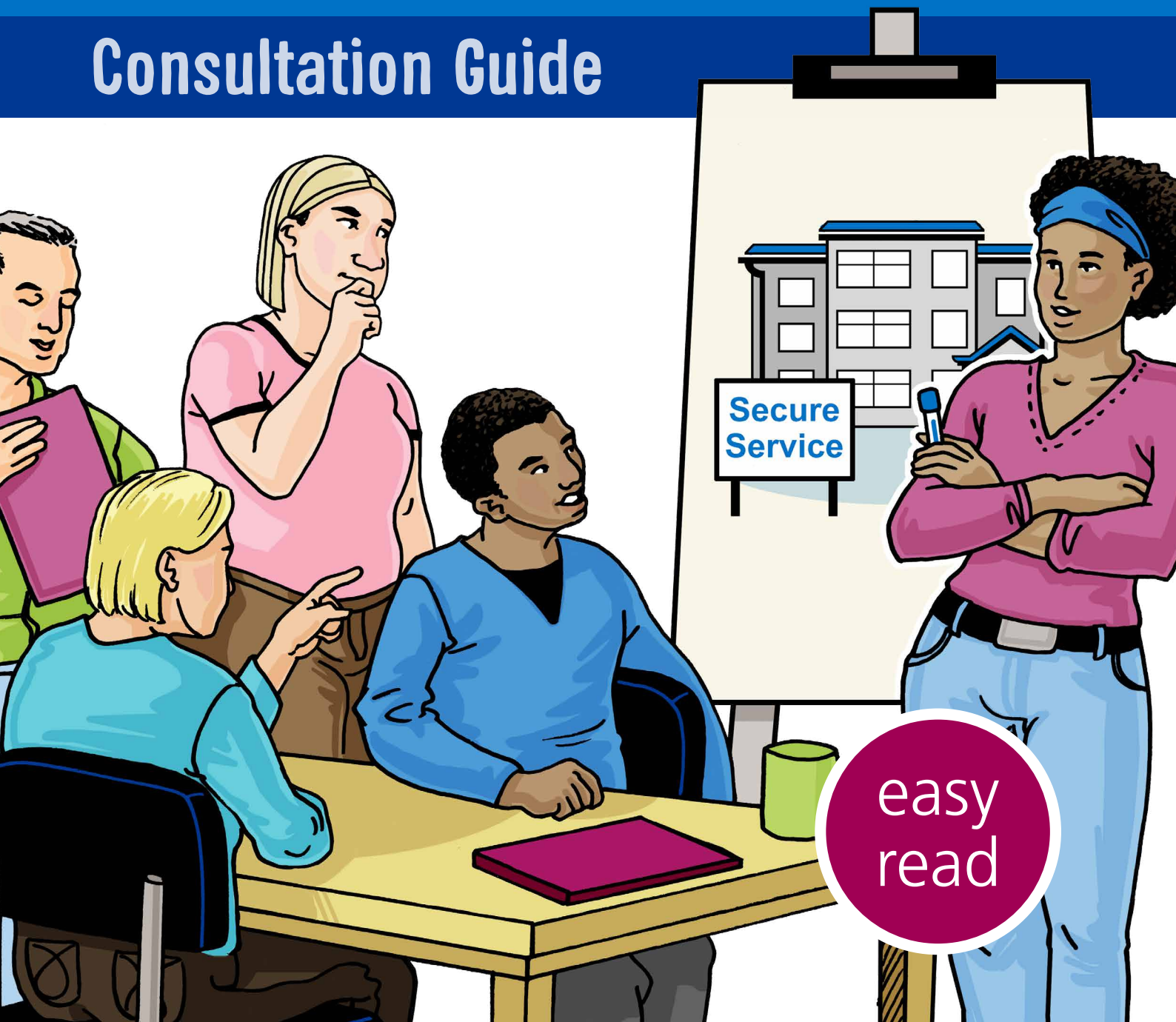


Changes to Adult Secure Low and Medium Mental Health Services Specifications

Consultation Guide



About this document



This document was made by CHANGE, a charity led by people with learning disabilities.



This document uses easy words and pictures to help you understand more about the changes to adult secure mental health services.



You might want to read through it with someone else to help you to understand it more.



There is a **Word Bank** at the back of the booklet to help with hard words. Any words in **bold** you can find in the Word Bank on **page 29**.

Introduction



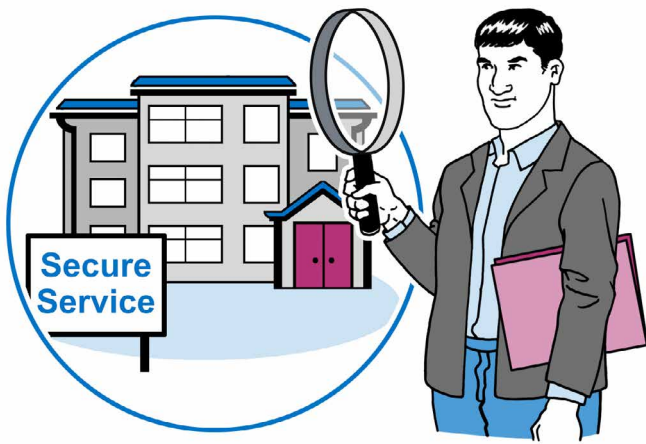
This document is about the changes that are being put forward for **adult low and medium secure mental health services**.



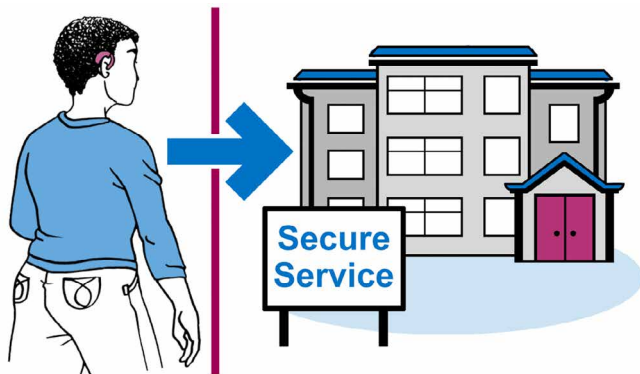
It gives you information about who will be involved with the consultation, why it is happening and how it is going to happen.



Adult low and medium secure mental health services cost a lot of money.



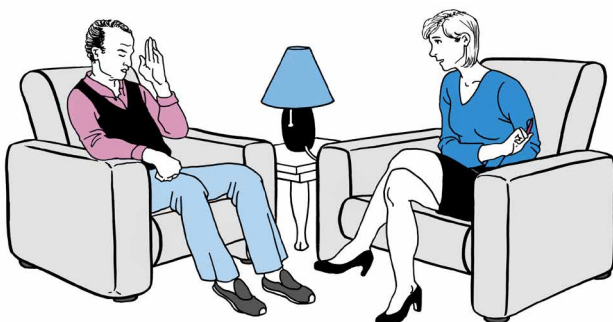
Over the past two years a lot of work has been done to look at how **adult secure mental health services** work.



The review looked at how people access **adult low and medium secure mental health services**.

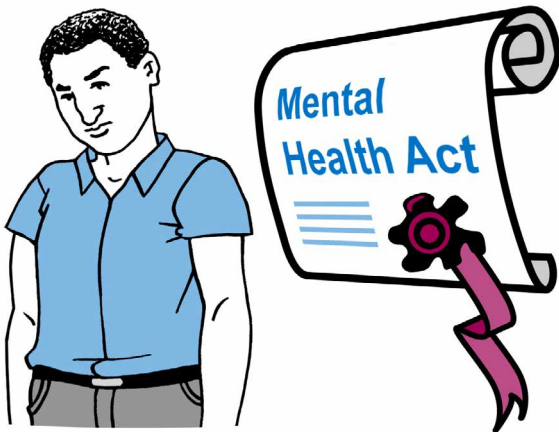


Across England, **commissioners** have put together a review programme based on current key policies and reports.



By 2020/21 people will have access to high quality mental health care.

Background



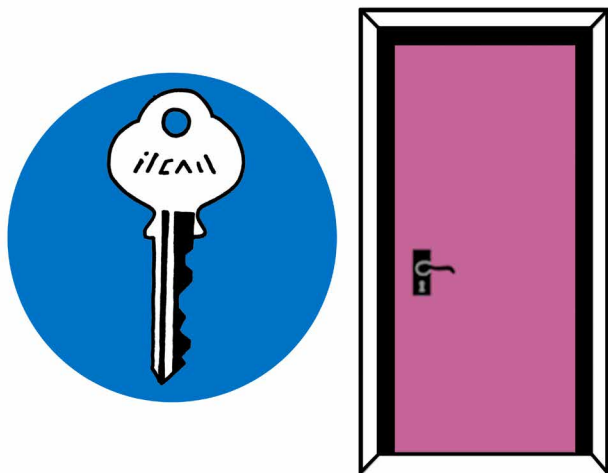
Secure mental health services provide care and treatment for people with mental and / or **neurodevelopmental disorders** who:

- are likely to be detained under the **Mental Health Act 1983 (2007)**
- whose risk of harm to other people and risk of escape from hospital cannot be managed safely in other mental health settings

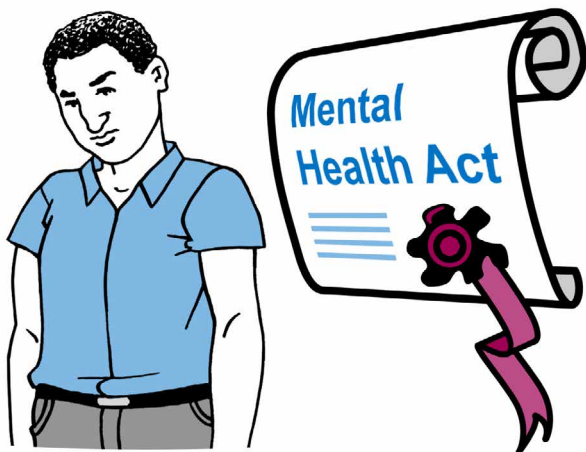
People who go into secure settings usually have mental disorders, which are linked to offending or seriously harmful behaviour.



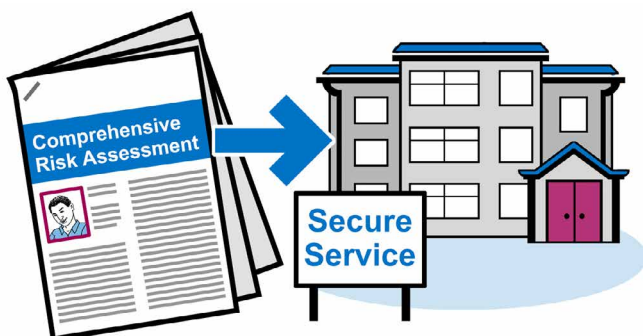
There are different levels of security to manage levels of risk to others, these are: High, Medium and Low secure services.



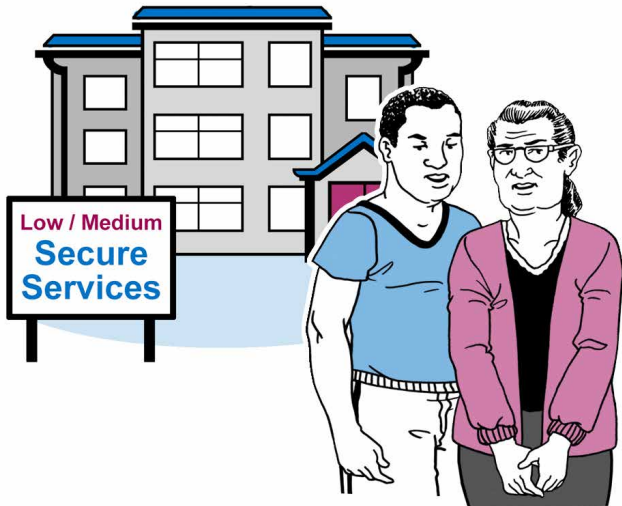
These all have different security measures to make sure people get the right treatment and care as well as providing safety to the individual and other patients, staff and the general public.



Everyone who is admitted to low secure services will be held under the **Mental Health Act 1983 (2007)**.



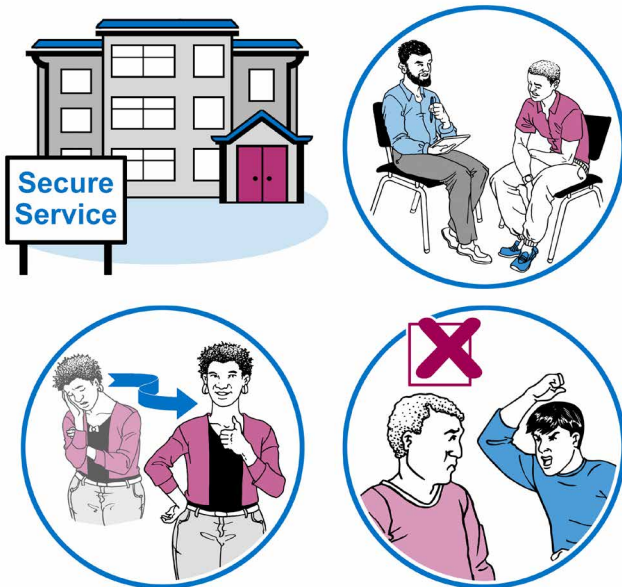
The decision to be admitted to a secure service will be based on a **comprehensive risk assessment**. The risks identified will need to be safely managed whilst in hospital.



This consultation is about low and medium secure mental health services provided for men and women aged 18 and above with mental illness, personality disorder, and **neurodevelopmental disorders**, including learning disabilities and autism.

The main purpose of secure services is to:

- assess and treat mental disorder
- reduce the patient's risk of harm to other people
- support recovery and rehabilitation



The aim of treatment and care is for the patient to safely return to the community, to prison or transfer out of secure services.



The right levels of security are very important for the best care and treatment of individuals. Patients should be treated in the least restricted and safest environment as possible.



Low and medium secure services should put the patient at the centre of their care.



Services should be equally accessible and work for everyone.



Patients in secure services are seen to be on a 'pathway' of care, where they are placed on this pathway depends on their level of risk of harm to others.



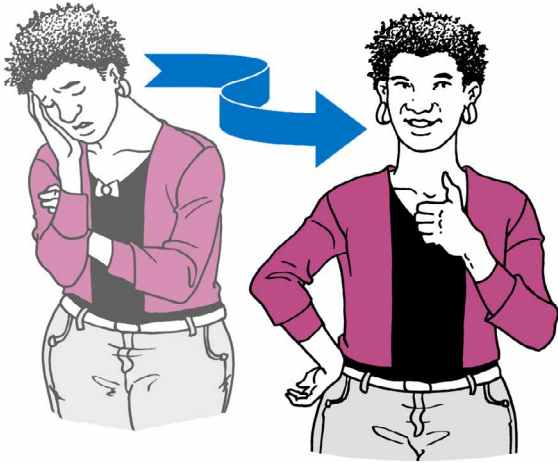
If the patient's risk of harm to others is reduced and they need less care and supervision the patient goes forward on the care pathway.



This is how secure mental health services are meeting their aims:

- Making sure every patient has an agreed plan of their pathway through secure care as early as possible.
- Making sure every patient has an assessment of their mental health and risks before going in to the secure service.
- A team of experts with different specialities works with the patient on a plan of treatment targets and what care is needed for the patient.



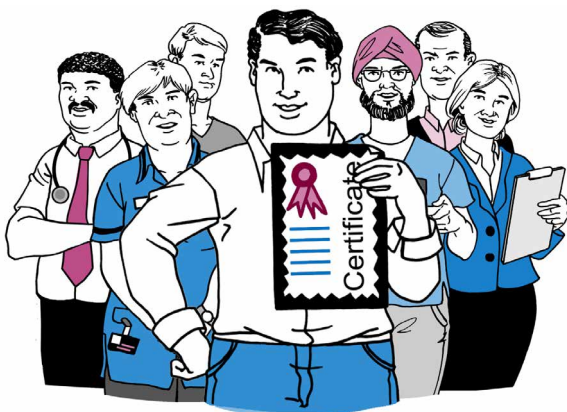


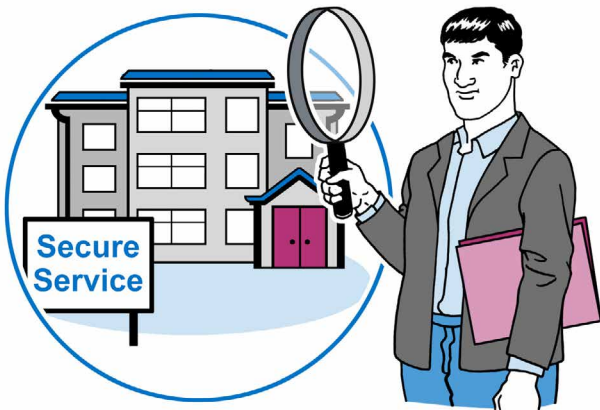
- Making sure the patient's needs are met as soon as possible with care and treatment.

- Supporting the patient to be involved with their own care and treatment using the **Care Programme Approach** to check on the patient's progress, and work out the best length of time that the patient stays in secure care.

- Making sure the patient is using all the services they need to move along their care pathway.

- All the staff who work in secure services have the right experience and training.

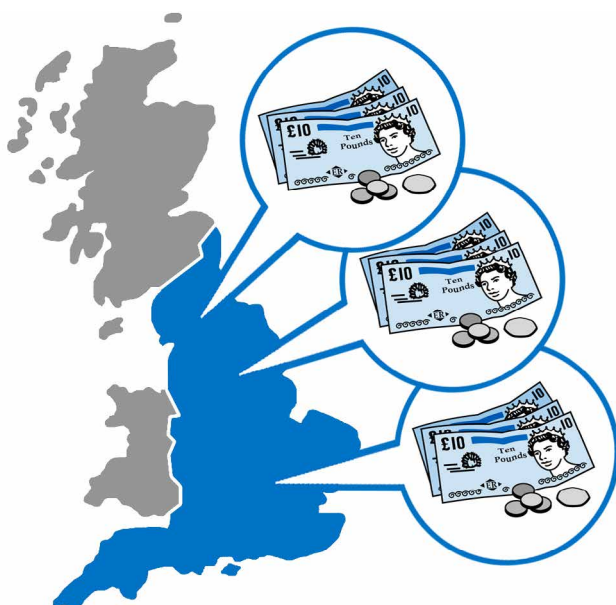




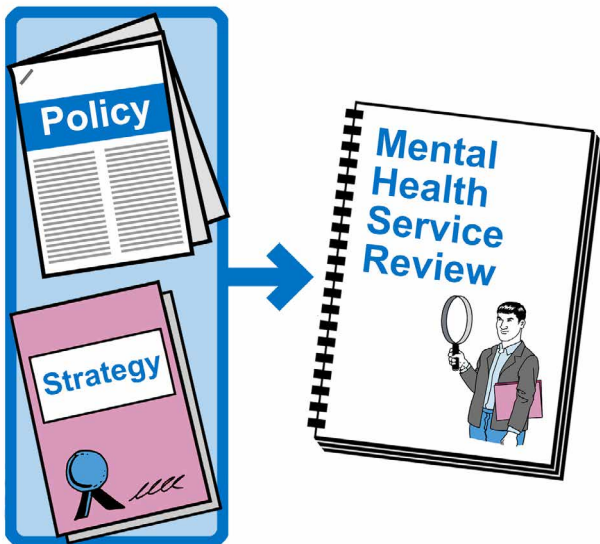
In March 2016, NHS England set up a Mental Health Service Review.



The Review shows a need for regional planning and delivery.



The Review also shows that decisions on how money is spent should be made locally.



It is important that the Mental Health Service Review supports mental health strategy and policy.



The Mental Health Service Review aims to make sure the right services are commissioned in the right place and can be accessed at the right time.



Everyone in the UK should have equal access to services, and services should all be high quality.



The **Clinical Reference Groups** are important in detailing the changes that need to be made to services in the review.



NHS England is working with local **commissioners** on all aspects of the review.



It is important that the review is organised at a national level but that changes are made by local teams.

The proposals

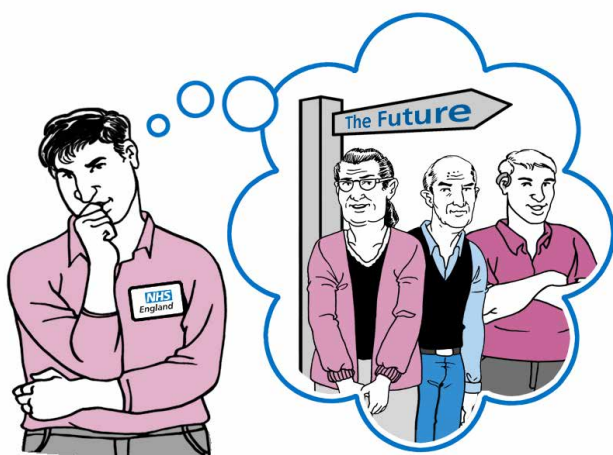


NHS England wants to ask people about any changes that are to be made to services.

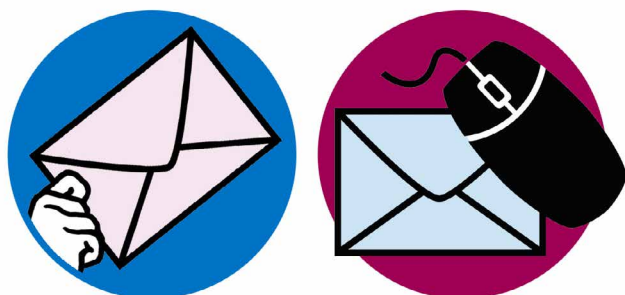
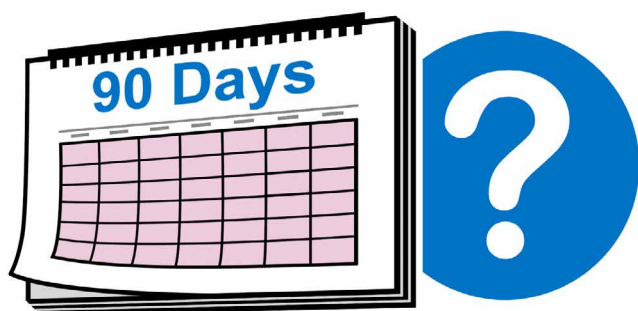
At the same time NHS England will think about how changes could effect services and costs.

The aims of asking people are:

- To have people who use **adult low and medium secure mental health services** and their families / carers comment on the changes to these services.



- To have providers, **commissioners**, and professionals comment on the changes to these services.
- To make sure that taking part is accessible to people and takes notice of different groups who are affected by any changes.
- To make sure NHS England feeds back the results of patient and public involvement.
- To understand how service users and their carers would like to be involved in the future.



The process of asking people will take 90 days and should include these services:

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

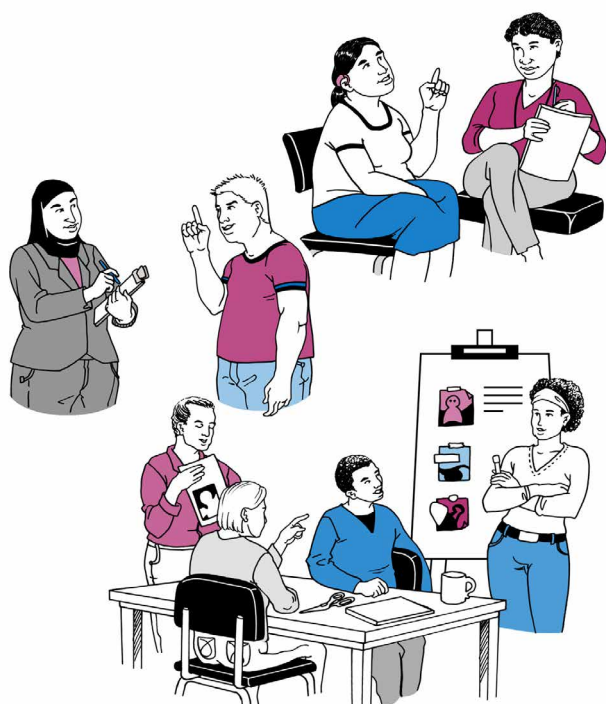
People will be asked face to face and through the NHS England consultation hub website.

Some responses may come by letter or email.



NHS England will commission **Rethink** to lead on asking service users and carers, with the help of NHS England Patient and Public Voice team and Mental Health Service Review team members.

Rethink will use different ways of asking people what they think, such as, focus groups, one-to-one interviews and workshops.



Before the process of asking people takes place, changes that are to be made to services were checked by **stakeholders**.





The main changes to service **specifications** following this process were:

- **Stakeholders** were mainly supportive of the draft **specifications**
- More work is needed about what types of patients will access low secure services.
- Some people asked for more visual formats in the **specifications**, for example flow charts. Easy read versions of the **specifications** are going to be available.
- More thought needs to be put in about some patient groups, for example, patients with longer term needs.



- There needs to be clearer information about how support from friends and family will be involved.
- There needs to be clearer information about some of the quality indicators.
- There needs to be clearer information about what types of staff are needed.
- All of the above have been thought about by the specification task and finish group and changes were made to the specifications ready for consultation.

The case for change



NHS England is committed to asking people about any changes to services.

The case for change is as follows:



The original **specifications** for medium and low secure services were developed together in 2012 / 2013. After consultation and feedback it was decided that the new **specifications** should be separate, one for medium and one for low secure.



Since 2013, all adult and medium services must be part of the **Royal College of Psychiatrists Quality Network for Forensic Services**.

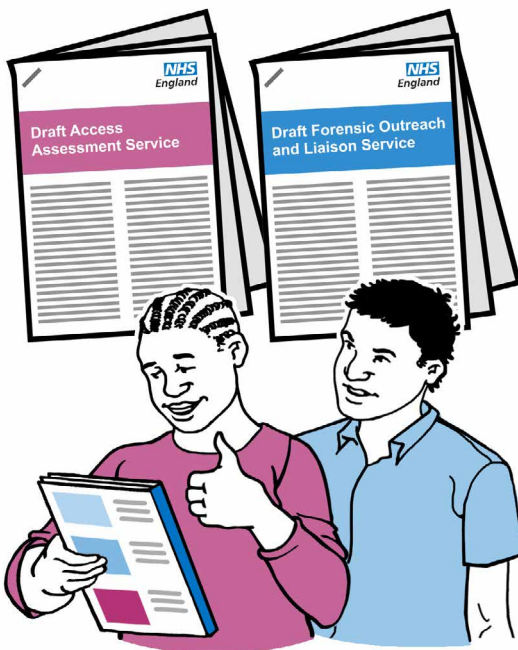
This helps the services become an integrated part of the pathway the patients follow.



Policy and strategy have been developed to focus on patients being cared for locally, using local resources and knowledge.



The **specifications** have been generally updated. They are now clearer on the expectations of the service delivery. The focus now is more on the outcomes.



Two new appendices have been developed. They look at Access Assessment and **Forensic Outreach and Liaison Service (FOLS)**.



It is important that these two parts of the services are clearly described. They are very specific services. They describe how patients access secure services and how they are supported to move on.

Why we are consulting



We want to make changes in an open way, making sure all changes are informed by as wide a range of views as possible.



We would like to hear from anybody with an interest in **adult low or medium secure mental health services**.



We want to makes sure we ask people in the right way using guidance from the Cabinet Office 2012.

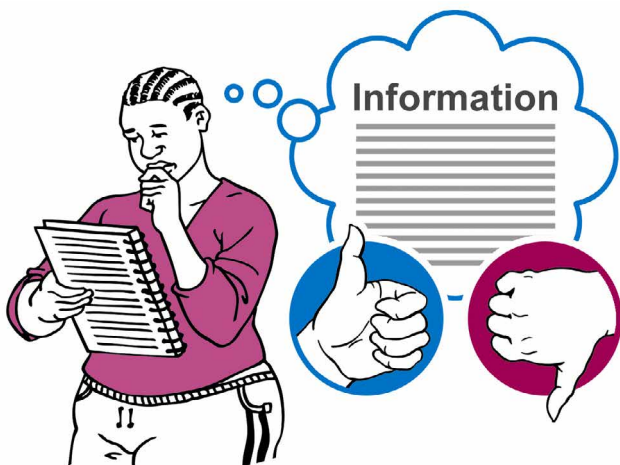
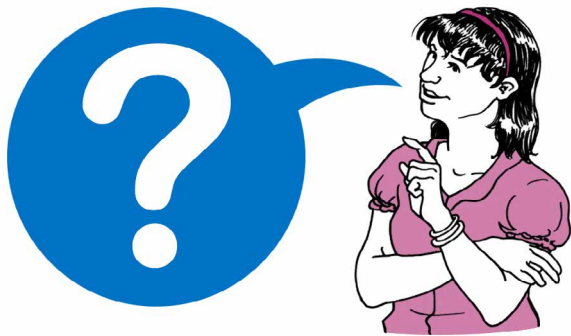


We want to be open throughout the process.



We want to promote equality and reduce health inequalities throughout the health service.

Consultation questions



When NHS England ask people for their views they will use the following questions:

1. How much do you agree that the **specification** clearly describes the service to be provided? Please state any areas where you feel the description of services could be improved.
2. Are you satisfied that all the important information for this service **specification** has been included? Please state any information you feel needs to be included.
3. Are there any parts of the **specification** that are unclear and would benefit from being clearer? Please identify the areas you feel are unclear in the **specification**.



4. Is it clear that the **specification** shows part of a whole patient pathway? Please state where you feel it is unclear that the **specification** shows the whole patient pathway.
5. Is it clear how these services work with other organisations, if not, what would help to describe this more clearly.
6. Do you think that these **specifications** show the latest ways of working in secure care? If not, what needs to be included?
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 impact there might be on specific groups?



Specific question for the low secure specification:

8. In terms of low secure, is the definition within the **specification** correct? Are the eligible patient groups described clearly enough? If not, what do you think this should be?



Specific question for medium and low secure specifications:

9. Do you think that the **specification** adequately describes the secure services in respect of patients who may have longer term needs? If no, what evidence could be used to further develop this work?

Do you have any other comments or feedback?



Feedback and next steps



We will ask people about the changes for 90 days.



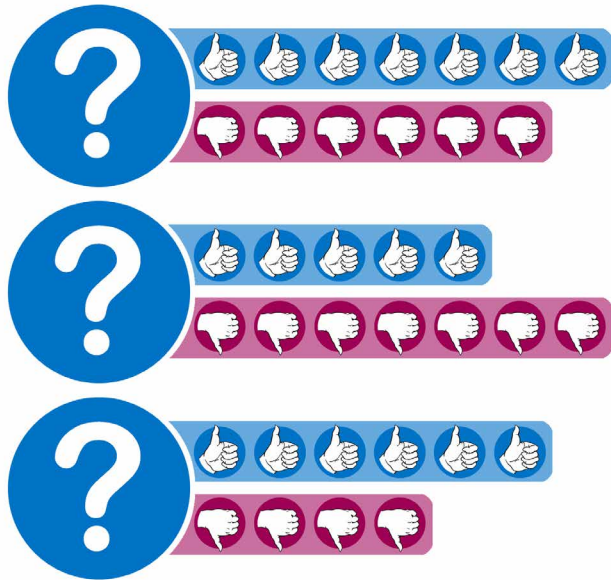
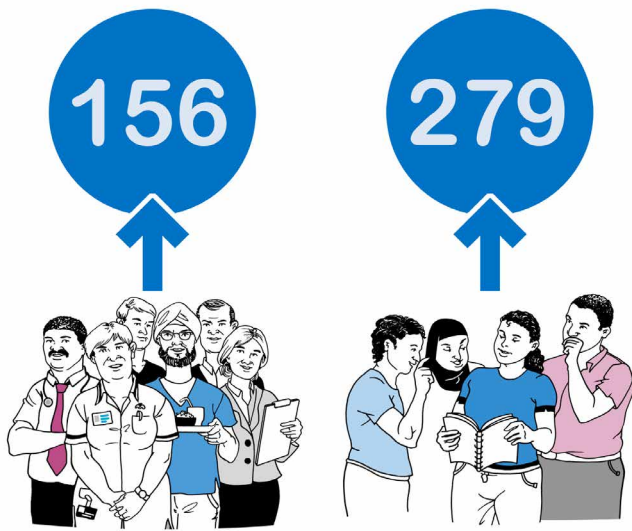
After asking people about the changes, a report will be published. NHS England will find a group of people to produce the report. The report must:

- Be in writing
- Be fair
- Be accessible and simple to read for a professional and general public





- Provide a detailed account of what the people said about the changes
- Provide independent advice on support or opposition to the changes
- Give reasons to support the conclusions of the report

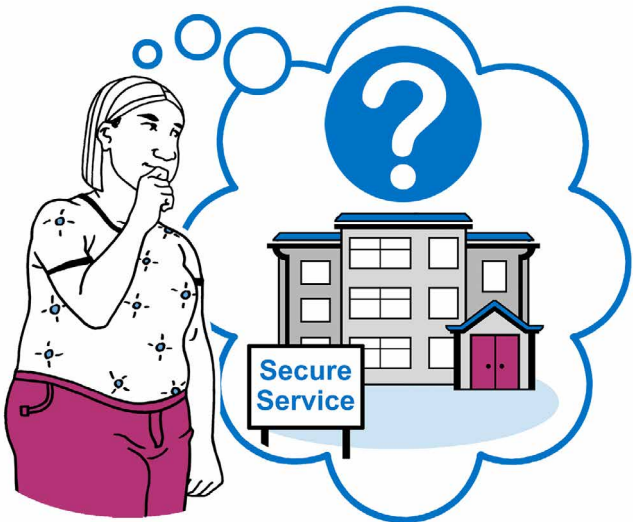


The analysis is likely to include:

- Number of responses from professionals and patient groups
- Overall support or not for the individual questions asked
- Common themes that come from the answers to the questions



- A summary of responses made by important **stakeholders**



People will want to understand what has happened or changed as a result of answering the questions.



We will give feedback to patients and the public on the results.

Word bank



Adult Low and Medium Secure Mental Health services

These are secure services that provide care and treatment for people with mental health problems.



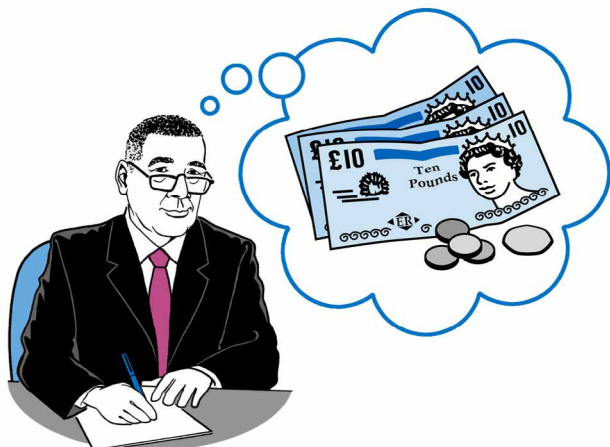
Care Programme Approach

A way that services are assessed, planned, and reviewed for someone with mental health problems.



Clinical reference groups

A group of professionals, patients and carers who advise the NHS on specialised services.



Commissioners

People who plan, choose and pay organisations to provide services.



Comprehensive risk assessment

A document that looks at the risks of harm for a patient and what can be done to prevent and manage them.



Forensic Outreach and Liaison Service

A service which provides aftercare and support for adults who are returning to the community from inpatient care.



Mental Health Act 1983 (2007)

The law which sets out when you can be admitted, detained and treated in hospital against your wishes.



Neurodevelopmental disorders

These are disorders that affect the growth and development of the brain. Examples are: mild learning disability, autism.



Quality Indicator

A measures of health care quality that uses available hospital inpatient data.



Royal College of Psychiatrists Quality Network for Forensic Services

A network that works to improve medium and low secure mental health services. they do this by sharing best practice; by listening to and being led by frontline staff and patients.

Rethink

A national mental health charity who provide information, services and a strong voice for everyone affected by mental illness.

Specification

A detailed description about how a service should work.

Stakeholders

Any person or group of people who have an interest in services provided, or who will be affected by any planned changes. Examples of stakeholders are: patients, staff and commissioners.



This easy read document has been produced by CHANGE
www.changepeople.org