

Adult Medium and Low Secure Service Specifications: Consultation Outcome Report



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Consultation Outcome Report

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1 Executive Summary

NHS England has undertaken a major review of the service specifications for adult medium and low secure services. A 90 day national public consultation was conducted between February and May 2017.

Responses received from the consultation included:

- 44 online form responses (survey)
- Rethink Mental Illness activity from face to face engagement events with service users and carers
- Letters
- E-mailed correspondence and documents
- Reports and summaries from the various feedback events held with stakeholders.

The results of this consultation were analysed and key themes identified which were used by the Adult Secure Clinical Reference Group (a group of national experts including clinicians and experts by experience) to review and develop the services specifications for adult medium and low secure services.

The service specifications reviewed were:

1. Adult Medium Secure Services
2. Adult Low Secure Services

Both specifications include:

- Appendix 1 - Pathway and Service Descriptions
- Appendix 2 - Access Assessment (AA)
- Appendix 3 - Forensic Outreach and Liaison (FOLS)

The specifications were published on 8th March 2018 and can be found following the link below:

<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c02/>

2 Background

- 2.1 Adult medium and low secure services provide care and treatment for men and women 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. These disorders include mental illness (MI), personality disorder (PD) and neurodevelopmental disorders (NDD), including learning disabilities (LD) and autistic spectrum disorders (ASD). Patients will typically have complex chronic mental disorders, which are linked to offending or seriously harmful behaviour, some will be involved with the criminal justice system (CJS), courts and prisons, and may have Ministry of Justice (MoJ) restrictions imposed.
- 2.2 In March 2016, NHS England set up a Mental Health Service Review 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 (CAMHS) Tier 4)
 - Adult medium and low secure services
 - Perinatal, inpatient mother and baby units and linked outreach services.
- 2.3 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 local commissioning and budget arrangements and the outputs of this work will need to be embedded within local systems. The approach is based on local ownership and delivery under the umbrella of national coordination and oversight.
- 2.4 It is vitally important that the work of the Mental Health Service Review Programme supports the delivery of the key objectives and recommendations described in current and relevant mental health strategy and policy, specific to this patient population, this includes:
- Building the Right Support (October 2015)
 - The Five Year Forward View for Mental Health (February 2016)
 - Secure Care Pathways Programme (16/17 to 20/21)
 - The Offender Personality Disorder Programme
 - Strategic Direction for Health and Justice (2016-2021)
 - Prison Safety and Reform (MoJ November 2016)

It is also important that the Programme aligns closely with the work of the:

- Transforming Care Partnerships (TCPs)
- Sustainability and Transformation Partnerships (STPs)
- New Care Models for Tertiary Services.

- 2.5 It is important that whilst specialised in nature, these services are integrated into local pathways and provide high quality care and treatment; the New Care Model programme is key to supporting planning and delivery at a local level. Under this national programme, responsibility for commissioning adult secure services is devolved to local provider collaboratives who are then responsible for planning in partnership with commissioners and delivering innovative service pathways to their local population. As a result patients will receive appropriate care closer to home, reducing the likelihood of having to travel out of their geographical area so retaining close links with local service pathways.
- 2.6 NHS England is collaborating with local commissioners on all aspects of the Mental Health Service Review and New Care Models programmes. It is important that there is national oversight of the planning and delivery, combined with a strong emphasis on local engagement and ownership. National coordination will ensure there are no parts of the country or patient groups without access to specific services. The aim of the Mental Health Service Review Programme is to ensure that the right types of services are commissioned in the correct geographical location and access is timely and equitable, regardless of where the patient lives in England.
- 2.7 Implementation of both programmes is being driven by local and regional teams to ensure future need and capacity is considered based on local knowledge and intelligence.
- 2.8 The work of the clinical reference groups in reviewing, updating and developing the national service specifications for specialised services is vital in supporting the delivery of the objectives of the Mental Health Service Review Programme. The service specifications describe the national requirements and standards for each service and form the basis of contracts between NHS England and the providers whom it commissions to deliver these services.

3 The Consultation

3.1 Key Objectives

- 3.1.1 NHS England is committed to developing service specifications in an open and transparent way, and to ensuring that all specifications developed by NHS England are informed by as wide a range of views as possible.
- 3.1.2 The consultation and engagement process wanted to hear from anybody with an interest in adult medium and low secure services.
- 3.1.3 NHS England seeks to comply with the best practice consultation principles issued by the Cabinet Office in 2012.

- 3.1.4 NHS England seeks to remain open, engaged and transparent throughout the process for discharging its responsibilities for the direct commissioning of specific health services.
- 3.1.5 NHS England is 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 NHS England. This information will feed into an Equality and Health Inequalities Analysis on this programme of work.

3.2 Activities

- 3.2.1 The consultation was published and sign-posted on NHS England's website and was open to feedback for a period of 90 days from 10/02/17 to 11/05/17. The respondents were asked to respond through the survey hosted on the NHS England hub in addition to other various consultation activities.
- 3.2.2 Responses to the consultation were accepted in a variety of other ways too, for example letters and emails; this was facilitated to specifically recognise the potential difficulties in terms of access for those in secure services or prison.
- 3.2.3 Easy read versions of the specifications and appendices, plus the consultation guide were developed. This piece of work involved patients and clinicians to ensure the documents really were appropriately accessible to all those who may want to participate on the consultation.
- 3.2.4 The engagement activity undertaken included:
- Webinars, hosted on 15th and 22nd March 2017 for all interested parties. A mixed audience attended both events, adding to the richness of the discussion and enabling a variety of questions to be asked and comments to be made.
 - A national face to face event on 14th March 2017 aimed at clinicians, providers, local Clinical Commissioning Groups and Local Authority commissioners, Ministry of Justice, Her Majesty's Prison and Probation Service and the Department of Health.
 - To support the consultation with patients, carers and families, NHS England commissioned Rethink Mental Illness to lead on the consultation with support from staff within NHS England, from the Patient and Public Voice and Mental Health Service Review team, with patients and carers.
 - Workshops throughout March 2017 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

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Recovery and Outcome Networks. It was really important that the sessions were face to face and spread across the country in different locations, as many patients within these services or those who have left services may have limited access to the internet, and potentially can also be limited in terms of distances they can travel to venues, etc. Workshops took place in:

- Yorkshire and Humber, and North East
 - North West
 - East Midlands
 - West Midlands
 - East of England
 - London
 - South West
 - South East
 - Wessex
- The workshops with forensic carers were purposely held in different geographical locations to maximise access and attendance, one in the North, in Manchester and one in the South of England, in London, on the 14th and 21st of February. They were very well attended and also well received by carers, friends and family who were very keen to be involved.
 - Rethink provided two very detailed reports, summarising these events, these are published alongside this report as appendices. The first report, Appendix 1, describes in detail response from service users during the nine face to face workshops that took place nationally. The second, Appendix 2, describes the information gathered through the carer consultation and the two national workshops. Each report provides:
 - An executive summary
 - Introduction
 - Background and Context
 - Characteristics of attendees at the work shops
 - Methodology
 - General feedback about the Service Specifications
 - Feedback on the specific sections
 - Key themes across all areas of the specifications
 - Appendices with supporting information from the events
 - Other workshops, focus groups, face to face meetings, briefings or presentations were held in a variety of settings including prisons and high secure hospitals during March, April and May 2017
 - It was really important that this consultation reached into a variety of settings as for some people it would otherwise have been very difficult for them to contribute and their expertise is of significant value. The planning and consultation itself tried to take this into account.

3.3 Consultation Questions

3.3.1 General questions

The consultation sought responses to the following questions:

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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?

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?

3.3.2 Specific Questions

Low secure specification:

8. In terms of low secure, is the definition within the specification correct? Are the eligible patient groups described clearly enough? (Yes/No)

If no, what do you think this should be?

Medium and low secure specifications:

9. Do you think that the specifications adequately describe 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 were welcomed on the form.

3.4 Outcome of the Consultation

3.4.1 Identifying themes

3.4.2 Participate Ltd was commissioned by NHS England to independently analyse and report on the data from the consultation on the service specifications, the detail from this report is incorporated into this document

3.4.2.1 Both of the Rethink Mental Illness reports capture the themes relating to the various events and these are included as appendices

3.4.2.2 Apart from the general points of clarity, or correcting inaccuracies that were required, five main themes emerged, these were:

1. Clarity about specific patient groups
2. Clarity about the whole patient pathway
3. Clarity within the service specifications in terms of what happens within services
4. Advocacy and tackling inequalities
5. Workforce

4 Responding to the Consultation Outcome

4.1 What has changed in the specifications as a result of the consultation

4.1.1 The responses and themes were carefully considered by the Adult Secure Clinical Reference Group. Based on the feedback updates, amendments and changes have been incorporated into the new service specifications. Where feedback received related to services beyond or outside of the scope of adult medium and low secure services, this information was fed into other relevant work streams so that it wasn't lost and so that this important information can be used to inform other related work.

4.1.2 The most significant amendments made to each specification are set out below in addition to a number of more general changes in relation to points of clarification.

Through consultation we heard	As a result we have
Certain patient groups require further detail around how the specifications will apply to them	The service specifications have been modified to ensure that there are better descriptions in relation to specific patient groups. For example, a section is now included in relation specifically to trans patients within adult medium and low secure services.

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<p>More clarity is required in relation to the pathway in particular relating to progression and throughput.</p>	<p>The service specifications have been improved to ensure that the pathway and interdependencies with other services are clearer, they now describe in more detail how patients might move along the pathway, and there are clearer expectations in relation to specific parts of the pathway.</p> <p>There is greater emphasis on transition planning and more of a focus on ensuring that patients do not have to repeat specific elements of treatment as they progress through the pathway when placed in new services. One of the elements that illustrate this is that the specifications now state that all patients must have an estimated date of discharge identified within four weeks of admission, giving more clarity and transparency in relation to expected pathway progression.</p>
<p>Greater emphasis on the importance of the Multi-Disciplinary Team (MDT) , its makeup and how this impacts on the delivery of outcomes</p>	<p>It was difficult when developing the specifications to be able to be specific for different situations or for every patient group as these specifications describe all adult medium and low secure services. However wherever possible the specifications now make a clear link between MDT roles, skills and the experience required to deliver outcomes.</p>
<p>The reference to ‘meaningful activity’ needs to be clearer and explain what is meant by the terminology used</p>	<p>Changes have been made within the specifications to address this with clearer descriptions of what this activity should include, importantly describing this in more detail. For example, the specifications now describe access to social, educational, occupational and vocational opportunities. However there is also within the specifications an acceptance that this will mean different things to different patients and this is entirely appropriate and should be reflected in individual care planning, which is the ethos that is described throughout.</p>
<p>The requirement that advocacy needs to be independent needs to be clear</p>	<p>Changes have been made within the specifications to reflect this requirement, ensuring this is very clear and there is no ambiguity.</p>
<p>A greater emphasis on carer</p>	<p>The specifications have been amended</p>

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<p>involvement and engagement throughout the pathway and within services generally</p>	<p>to reflect this feedback, strengthening this throughout the whole specification and also ensuring that the section in Appendix 1 of both specifications, describes what is expected in relation to family and carer engagement.</p> <p>Note: A recent amendment to the specifications has allowed a link to the recently published 'Secure Carers Toolkit' to be added. This was in development at the time of the specifications being published and could not be included initially.</p>
<p>Better descriptions that reflect the level of patient involvement in secure services and the co-production and co-delivery that is expected within these settings.</p>	<p>It was acknowledged that this had not been made clear enough in some parts of the specifications so this element is now strengthened throughout the documents, placing greater emphasis on active and meaningful participation in the planning and delivery of all care and treatment.</p>
<p>Greater clarity required in relation to Forensic Outreach and Liaison Service (FOLS)</p>	<p>Further work was undertaken to better describe FOLS within the specification, this appendix was reviewed by a sub group and it is felt that the description is now more appropriate based on the feedback received.</p>
<p>A clearer description of the access assessment services and elements contained within this</p>	<p>Additional work took place following consultation to provide greater clarity and articulate the process and timescales that the service would be expected to deliver within. Specifically a great deal of attention was paid to defining the timescales for clinically urgent and non-urgent referrals and assessments. These are now described clearly in the specifications with relevant indicators included to enable appropriate performance management of this part of the pathway.</p>

4.2 Are there any remaining issues that have not been resolved in the publication of the new specifications?

- 4.2.1 As already mentioned a significant amount of the consultation feedback related to provision or issues outside of adult medium and low secure services. The Adult Secure Clinical Reference Group felt it was very important that this information was not lost and it was shared with the

relevant work stream. In this way it could be used helpfully to consider the issues it had highlighted. These included:

- Information in relation to high secure services
- Information about community services , including community forensic services
- Prison mental health care and issues in relation to the transfer and remission process to and from prison to secure services
- General issues in relation to family and carers
- General issues in relation to Transgender patients.

4.2.2 The information relating to these areas from the consultation has been shared appropriately with other work streams or programmes.

4.3 Appendices

Appendix 1: Rethink Mental Illness Report – Consultation with people living in secure services

<https://www.rethink.org/media/3489574/adult-secure-consultation-with-people-living-in-services.pdf>

Appendix 2: Rethink Mental Illness Report – Consultation with carers, family and friends

<https://www.rethink.org/media/3489569/adult-secure-consultation-with-carers.pdf>