



National Oversight Group Annual Report 2009-10

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National Oversight Group Annual Report 2009-10

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Chair's Preface

1. I am pleased to present this second annual report of the National Oversight Group for high secure services. The report summarises our key discussions on a range of strategic and operational issues over the year 2009-10.
2. At a time of new political direction and economic challenges, I believe the role of the National Oversight Group provides important continuity in ensuring oversight that the high secure system as a whole operates in a way consistent with national policy direction. The Group also supports the working of the system as a whole by encouraging communication and collaboration. However, it will be important to keep the role of the Group under review to be confident that it remains appropriate and adds value.

Annual Report to Ministers

3. The National Oversight Group for High Secure Services brings together significant partners to provide oversight for the high secure services on behalf of the Secretary of State for Health. Its terms of reference are attached at Annex A.
4. The National Oversight Group's terms of reference require the group to provide a report of its activities to the Secretary of State for Health on an annual basis. This report is required to set out how the Group has exercised its function through its Terms of Reference by taking available information, assessing and forming a view of that information and providing assurance to the Secretary of State and his/her Ministers and advising policy officials, commissioners and others. The report should also demonstrate that the Group has taken a longer-term strategic view of the high secure hospital system, and considered that alongside the broader NHS and criminal justice agendas, learning from international practice as appropriate in order to inform system development and management. The National Oversight Group should also comment on the completion of required Equality Impact Assessments, and the appropriateness of responses to them.
5. This is the National Oversight's second annual report, and covers the financial year 2009-2010. The report summarises the key discussions of the Group over the year. Issues are addressed in the following sections:
 - (a) Terms of reference, membership and sub-group structure
 - (b) Whole system management
 - (c) Performance management

- (d) Commissioning/Capacity
- (e) Policy developments
- (f) Equality Impact Assessments
- (g) Working relationships

Terms of reference, membership and sub-group structure

Terms of reference

6. The National Oversight Group amended its terms of reference during the year to reflect some changes in membership. Its terms of reference were updated in September 2009 (before the required date of December 2009) and are attached at Annex A. They are also available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086485

Membership

7. The National Oversight Group consists of a range of significant stakeholders. Its current membership is listed in its terms of reference. Various members of the Group have changed in-year.
8. As a result of changes in the Ministry of Justice and the National Offender Management Service, Gordon Davidson as Head of Public Protection and Mental Health Unit, National Offender Management Service joined the group. Penny Snow and Elizabeth Moody, previous joint heads of the Mental Health Unit, moved to new posts.
9. Simon Crawford moved to a new post and left his role as Chief Executive of West London Mental Health Trust. The new Chief Executive is Peter Cubbon.
10. Bruce Calderwood took up post as Director of Mental Health and Learning Disabilities in the Department of Health. Kathryn Tyson, the previous Director of Mental Health Programme has moved to a new post in the Department of Health.
11. The National Oversight Group is independently chaired by Thelma Holland. She was appointed as independent chair in June 2007 for a three year period.

Sub-groups of the National Oversight Group

12. The Clinical Secure Practice Forum is a formal sub-group of the National Oversight Group and provides quarterly reports to the Group. It is highly valued by members as a means of coming together to share experiences, develop ideas, and guide policy development on a range of clinical security issues. Its terms of reference are available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103353

Service user representation

13. The National Oversight Group discussed the issue of whether there should be explicit service user representation on the Group. It looked at models used by similar groups and concluded that it should make better use of the hospitals' existing patient and carer engagement mechanisms. It was felt that this would get a wider range of views than might be achieved by having one or two patient or carer representatives on the group.

NOG's contribution to enabling SofS's responsibilities to be effectively discharged

14. The National Oversight Group plays an important role in bringing significant partners in the high secure system together to provide oversight. The group also supports the operation of the high secure system by improving collaboration and communication. It has met on a quarterly basis. It should be made clear that the primary focus has been on the high secure hospital system and less work has been undertaken in reviewing services across health and criminal justice, which may be a priority for the future. During 2009-10, the group has provided oversight and advice on numerous aspects of the high secure system:

Whole system management

PB/RL and CQC reports

15. Two important reports with relevance across high secure services were published in 2009. *The Investigation report into West London Mental Health Trust* was published in July 2009 and *The Independent Inquiry into the care and treatment of Peter Bryan and Richard Loudwell* was published in September 2009. Both made recommendations about care provided at West London Mental Health Trust. The National Oversight Group asked for and received a specific update in September on the action plans developed by West London Mental Health Trust in relation to both reports. It received further updates at its December 2009 and March 2010 meetings. It also sought and received assurance from each of the three trusts on the implementation of the recommendations with relevance across high secure services. It will continue to seek confirmation of progress and appropriate consistency across the high secure providers.

Re-licensing

16. High secure licences were granted by the Secretary of State for Health for MerseyCare NHS Trust and Nottinghamshire Healthcare Trust in May 2009. A high secure licence was granted to West London Mental Health Trust in March 2010.

Review of the High Secure Operating Framework

17. The High Secure Operating Framework currently consists of the National Oversight Group's terms of reference, the commissioning arrangements, and the high secure performance management framework. The framework was reviewed in September 2009 by the National Oversight Group, which agreed that it was still fit for purpose, subject to some minor amendments to the National Oversight Group's terms of reference, and the performance management framework. The group also agreed that a provider code of behaviour should form a fourth governance strand, to demonstrate the extent that the three provider trusts work together as part of a national service.
18. New high secure commissioning arrangements were put in place in April 2008 and in September 2009 the National Oversight Group agreed to commission an independent stocktake on how the new arrangements are working. The stocktake is being undertaken by the National Mental Health Development Unit on behalf of the Department of Health, supplemented by an internal audit of the National High Secure Commissioning Team. Most members of the National Oversight Group have been interviewed as part of the stocktake. The report of the stocktake is due to be discussed by the National Oversight Group at its June 2010 meeting. The group has been pleased to note that provider collaboration (codified in the provider code of behaviour) continues to strengthen, supporting improvements in services.

Security

19. The Clinical Secure Practice Forum is a sub-group of the National Oversight Group and has proved to be a very useful forum for the hospitals, the prison service, the national security advisor and others to discuss and develop ideas on a range of clinical security issues. These included agreement on a single Leave of Absence procedure for the three high secure hospitals, a consultation on new safety and security directions, an information-sharing agreement with the prison service, a new High Secure Building Design Guide and a Clinical Security Framework. The Forum also discussed grounds access and seclusion and contingency plan testing. The Forum were informed that the three high secure hospitals achieved their highest ever scores in the annual audit conducted by the Prison Service. The Forum's discussions were reported to the National Oversight Group for its information and consideration.

Women's services

20. Women's Enhanced Medium Secure Services (WEMSS) are pilot services based at three sites, which provide a therapeutically enhanced service for women. A contract for the evaluation of WEMSS has been awarded to Abel et al from Manchester University. The National Oversight Group has commented on developments.
21. In June 2009, the three trusts updated the National Oversight Group on work being taken forward on how best to manage violence and self harm in high secure patients, particularly women, where these factors

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often co-exist. It was agreed that learning would be shared at a national WEMSS conference in March 2010 where the national high secure women's service would be present, and with the Women's Policy Group in the National Offender Management Service.

Welsh patients

22. The Welsh Assembly Government published a review of secure services in Wales in May 2009. Implementation of the review will take into account the Department of Health's views that there should not be a change in the catchment area for Welsh high secure patients. The National Oversight Group has asked to be kept informed of developments.

Scottish patients

23. The National Oversight Group was advised that there is now an agreement in place that high secure beds for women from Scotland will be provided in England, at Rampton Hospital, subject to availability and clinical need. Scotland will cover the costs of any such placement.

Patients under 18 years old

24. The National Oversight Group contributed to the development of a new protocol for the assessment and referral process for adolescents to high secure services. It advised that referrals of under 18 year olds should happen very rarely and that in such cases, it is essential that age-appropriate care is provided and child protection requirements met.

Emergency Planning

25. The National Oversight Group has received regular updates on the production of a draft high secure services evacuation framework. The Group also gained assurances from the hospitals that planning for pandemic flu was in place.

Deaf services

26. National high secure services for deaf patients are provided at Rampton high secure hospital. The National Oversight Group received updates on plans to develop and accredit these national services.

Performance management

27. The National Oversight Group has received assurance about the operation of the high secure performance management framework by Strategic Health Authorities. It has discussed performance management issues in the high secure hospitals from the perspective of learning from issues that have arisen and ensuring consistent practice across the High Secure system. It also received reports from catchment and cluster groups.

Commissioning/ Capacity

28. The National Oversight Group were updated on commissioning proposals for Dangerous and Severe Personality Disorder services to increase joint working between the NHS and NOMS services for high harm offenders. The Group supported this approach.
29. The National Oversight Group has been involved in the development of a five year commissioning plan for high secure services. The development of the plan has been led by the National High Secure Commissioning Team, who commissioned two pieces of work to inform the plan. The first was a review of future capacity needs, and the second was a project to examine patient pathways, their associated costs and how value for money might be improved. The National Oversight Group has discussed the findings of both of these pieces of work in detail, and these discussions informed recommendations to Ministers on capacity. The final draft of the plan will be considered by the Group in June 2010.
30. The National Oversight Group discussed the information databases that are currently available on high secure services and agreed that further work should be undertaken to consider the benefits of information databases to guide commissioning and service delivery once the capacity review had completed. In March, the group were updated on work to strengthen information as part of the introduction of the high secure contract, and the intention that high secure hospital information would start to be included in the mental health national minimum dataset.
31. The National Oversight Group contributed to the development of a high secure version of the standard mental health contract. The new contract includes service specifications and aims to improve consistency and quality. The contract is available at:
http://collections.europarchive.org/tna/20100509080731/http://dh.gov.uk/en/Managingyourorganisation/Commissioning/Systemmanagement/DH_085048
32. The National Oversight Group received regular updates from West London Mental Health Trust and the High Secure Commissioning Team on progress with the outline business case for redevelopment at Broadmoor Hospital. The Outline Business Case was approved by NHS London in March 2010 and has been submitted to the Department of Health for consideration.

Policy development

Improving Health, Supporting Justice

33. Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system and the government's

response *Improving Health, Supporting Justice* was published on 30 April 2009. One of its principal recommendations was to establish a Health and Criminal Justice National Programme Board, bringing together the relevant departments covering health, social care and criminal justice, for children and adults. The National Oversight Group has been kept informed of discussions, and fed its views in to the work of the Board on issues such as services for people with Dangerous and Severe Personality Disorder. The Group supported the recommendation to improve the timely transfer of mentally disordered offenders to hospital for treatment and subsequent return to prison where appropriate, but discussed the risks and the need to ensure that the whole of the transfer process is considered. A project specifically to address prison transfers has been established, and its Transfers Advisory Group has been informed of the issues raised by the National Oversight Group.

34. The National Oversight Group discussed plans for future strategy for offenders with personality disorder and what the implications of this might be for the high secure system. The Group will be kept updated on developments.

Equivalency to Foundation Trusts

35. Where Trusts provide high secure services, they are currently legally prevented from becoming Foundation Trusts because of the requirement for Ministerial oversight of the high secure service. A model of equivalency to Foundation Trusts for organisations providing high secure services was announced on 1 April 2009. The National Oversight Group has helped shape the development of the model and been kept informed throughout about progress.

New Horizons

36. National Oversight Group members were invited to contribute to the consultation on New Horizons – a programme of action to improve mental health and well-being, and improve mental health services.

Equality Impact Assessments

37. The National Oversight Group has commented on issues of equality in its discussions.

Working relationships

National Specialised Commissioning Group

38. The High Secure Commissioning Team is held to account by the National Specialised Commissioning Group, and reports to the National Oversight Group to ensure that the National Oversight Group is informed about and involved in discussions about commissioning and capacity in relation to high secure services.

39. The National Oversight Group has been informed about commissioning and capacity issues by the High Secure Commissioning Team throughout the year.

Department of Health

40. The Secretary of State's responsibilities under the 2006 NHS Act in respect of high secure services are delegated on a day-to-day basis to DH policy officials, in particular, the head of the secure services policy team. The National Oversight Group's role is to comment and advise on policy without having policy authority or accountability. The National Oversight Group has throughout the year provided informed, considered and constructive advice to support policy decision-making.
41. The National Oversight Group was updated on reorganisations in the Ministry of Justice and Department of Health.

Chair's recommendation

42. By their nature, high secure services present challenges for staff and managers, for policy makers and for those providing oversight. The National Oversight Group considers that as a whole, the high secure operating framework continues to work well and that where problems have arisen, they are being addressed by the appropriate mechanisms. It recognises that the stocktake on commissioning may suggest areas for development or improvement, and that any changes in the NHS or Ministry of Justice structures may necessitate further review of the system.
43. The National Oversight Group believes that it has played a valuable oversight role to provide independent assurance to Ministers on the functioning of the system, and that it can continue to make a positive contribution. The continuing necessity for the National Oversight Group will be reviewed on an ongoing basis and as any changes occur in the high secure system or as part of NHS wider structural reform.

Annex: National Oversight Group Terms of Reference

Purpose

The legislative arrangements for high secure services, which confer on the Secretary of State specific statutory duties relating to 'line of sight' arrangements make high secure services unique and distinct. The current situation is that on a day-to-day basis these responsibilities are managed by officials in the Department of Health (DH) whose view is that this responsibility is best exercised on a system wide basis by a National Oversight Group (NOG) that brings together senior members of significant statutory stakeholder organisations.

Introduction

NOG will focus on interpreting policy and context across England and Wales as they apply to high secure services on a system wide basis. NOG will advise on the appropriate 'direction of travel' for high secure services, taking account of the requirements of the wider national health service (NHS) and criminal justice system (CJS). NOG is not a statutory or executive body, nor does it have a budget with which to commission any activity.

As a strategic advisory body, NOG will ensure that appropriate processes for policy development, commissioning and performance management are in place and working effectively, in the delivery of a national high secure system. The establishment of the High Secure Commissioning Team (HSCT) and development of the framework for the performance management of high security hospitals enables it to have this separate role.

In order to carry out this role, NOG must be fully informed by the HSCT on effectiveness, modernisation plans, and service development issues, including capital programmes, utilisation of capacity, comparisons of costs and how the commissioning of high secure services is affected by, and having an effect on, commissioning of medium, low and other related mental health services. NOG also needs to be informed about relevant developments in the CJS. Via the HSCT, NOG will also receive a comprehensive picture of operational performance issues including steps taken by providers to ensure equity of outcome and experience. NOG will be informed of future demand and capacity requirements for high, medium and low secure services and will ensure that adequate consultation and planning is in place to maintain high quality responsive high secure hospital services.

Role of NOG

NOG will

- Form a view concerning whether the Secretary of State's responsibilities under Section Four of the NHS Act 1977 (now 2006) are being properly discharged.
- Receive evidence through HSCT that there are in place:
 - Robust commissioning arrangements
 - Effective integration of the pathways in and out of high secure care.

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- Equity of provision for all patients admitted to high secure hospitals.
- Equity in the access to and egress from high secure hospitals.
- Support the three Strategic Health Authorities (SHAs) within whose area the high secure providers are located to develop effective operational performance management and to consider any significant performance management issues arising with a specific high secure provider.
- Ensure the dissemination of learning across the high secure sector
- Take an overview of provision to be satisfied that capacity is sufficient and services are being effectively delivered.
- Advise on the wider policy/ political context in which services should be planned.
- Encourage and support the pursuit of the integration with the Criminal Justice System and to engage in the wider public protection agenda.
- Review commissioning reports and strategic intent from the HSCT and receive risk assurances from the SHA performance managers.

Relationship between NOG and National Specialist Commissioning Group (NSCG)

The HSCT will be held to account by the NSCG and will report to NOG in order to coordinate and implement commissioning strategy for High Secure services. The HSCT will also report to NOG in order that NOG can discharge its oversight role in respect of Secretary of State's obligations around HS hospital services.

In the event of disagreements between NSCG and NOG, the Chairs of both bodies agree to reach a resolution based on the complete set of papers relating to the issue in question.

Relationship between NOG and DH Policy Team

The Secretary of State's responsibilities under the 2006 Act in respect of high secure services on a day-to-day basis are delegated to DH policy officials (Head of Secure Services Policy). It is for DH to set the policy framework and direction for high secure services and as a consequence there is an impact on other forensic services. NOG's role is to comment and advise on policy decision-making without having policy decision-making authority or accountability.

Chair of NOG

The chair of NOG should be independent and appointed for three years by DH. In order to provide additional reassurance to Ministers relating to the exercise of line of sight functions and where the chair of NOG is sufficiently concerned about the appropriateness of the response of *any* part of the high secure system, the chair of NOG may communicate those concerns directly to the Minister.

Frequency of Meetings

Meetings will be held quarterly in March, June, September and December. The meetings will be administered by the DH Policy Team.

Outputs from NOG

On an annual basis NOG will provide a report of its activities to the Secretary of State for Health. This report should set out how NOG has exercised its function through the Terms of Reference by taking available information, assessing and forming a view of that information and providing assurance to the SofS and his/her Ministers and advising policy officials, commissioners and others. The report should also demonstrate that NOG has taken a

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longer-term strategic view of the high secure hospital system, and balanced that against the broader NHS and criminal justice agendas, learning from international practice as appropriate in order to inform system management and development. NOG should also comment on the completion of required Equality Impact Assessments, and the appropriateness of responses to them.

Membership of NOG

NOG is a high-level group consisting of senior members who may fulfil both a personal and organisational role in attending. In order to fulfil the horizon scanning and advisory function of NOG, wherever possible named members should attend rather than send deputies or representatives.

- Representatives of the three Chief Executives of the SHAs accountable for the operational performance management of high secure hospitals.
- The Chief Officer of NWSCG, hosting the HSCT.
- The Director of HSCT.
- The Director of Mental Health (DH).
- The Head of Secure Services Policy (DH).
- Chief Executives from the three provider Trusts.
- A representative of Health Commission Wales (HCW)².
- A representative of Welsh Assembly Government (WAG).
- A representative of the Faculty of Forensic Psychiatry.
- A senior representative from the Ministry of Justice Mental Health Unit.
- A senior security representative (National Security Advisor).
- A senior clinical adviser.
- The Head of Offender Health (DH).
- The Head of the Health Strategy Unit from the Ministry of Justice.

Dates

Date of review: September 2009

Date of next review: December 2010

² Or succession body as appropriate