

## Outline Business case – women’s low secure unit, York

### Introduction

This Outline Business Case (OBC) is prepared by NHS North Yorkshire and York and makes proposals for the development of a new women’s low secure service on the site of Clifton House in York.

It has been established that there is a gap in the provision of low secure care for women nationally and the NHS Plan supported the development of a strategic approach to women’s secure services. Currently women who require specialist low secure care are often placed outside of Yorkshire and Humber, many within the independent sector. This can result in accessibility problems for friends and relatives as well as a high cost of care.

This proposed development of a female low secure unit in York has been discussed at the Yorkshire Strategy Group meetings and neighbouring PCT commissioners as part of a major piece of work around the development of specialist services for women. This document therefore presents proposal for developing women’s low secure facilities on the Clifton House site.

### Current Forensic Psychiatry service

The North Yorkshire Forensic Psychiatry service was established in 1997. It is currently part of the Mental Health services within the provider services of North Yorkshire and York Community & Mental Health Service (NYYCMHS).

The Forensic Psychiatry service provides care and treatment for mentally disordered offenders and those who have similar needs. The service aims to adhere to the guiding principles of the Reed committee report of 1992. The service is based at Clifton House, York with facilities located throughout the locality. The services provided are summarised below.

Service	Bed numbers
Low secure (assessment & treatment) - Westerdale	11
Forensic rehabilitation - Riverfields	13
Semi independent flat -	1
Staffed community house - Field View	4 male beds
Unstaffed community house – Elmfield Terrace	4 male beds

## Strategic case - Case for change

A number of national reports have been produced that act as drivers for change underlying the need to develop Women's Low Secure services. They support the change for:

- Providing NHS services to support Forensic Mental Health patients inappropriately placed within the Criminal Justice System and Prisons.
- Providing gender-specific services that recognise the differences in behaviours and care requirements for women.
- Providing services that address national concerns of safety for Women in mixed sex services.
- Recognising that models of care for women's services need to be localised where maintaining contact with family and friends will support the rehabilitation process.

In accordance with the National Strategy for Women, the Yorkshire Strategy document *Forensic Services For Women* was published. This outlines a four-year plan to develop a network of services across the region to meet the needs of women who require forensic mental health care. A key recommendation was the need to undertake detailed needs assessment of women in low secure provision in order to inform service development.

Following this, the low secure mental health strategy for Yorkshire and the Humber region (Foundation Document) was published in 2009. This document was developed in the context of national guidance as outlined above and also focused on the regional context derived from the Yorkshire and Humber Low Secure Report (2006). The key findings of this report are:

- Commissioning arrangements for low security were different in each locality within the catchment area.
- Different commissioning systems existed for medium and low secure services, and this caused problems in ensuring service users were placed at the right level of security.
- There was no capacity to plan strategically across the catchment area.
- There was patchy or non-existent NHS provision for women with personality disorders.
- There was a consistent understanding amongst commissioners about what fell under the rubric of 'low security'; however there were wide variations in the type, nature and quality of environments being offered by providers.
- The project found no relationship between the quality of clinical care and the occupied bed day price in different units in the independent sector.
- The nature and quality of service being provided by NHS units was fairly consistent but meaningful comparative costs for NHS low secure beds were generally not available.

- Local case management arrangements were inconsistent across the catchment group area. Ineffective case management arrangements were felt to contribute to extended and unnecessary lengths of stay for service users in secure care.

As a result of the report, the Yorkshire & Humber region revised its commissioning arrangements for specialist services in order to address the issues identified.

The commissioning arrangements of Low Secure Services are currently in a transitional period from local PCT commissioning to regional collaborative commissioning hosted by Barnsley PCT through the Specialist Commissioning Group (SCG). The SCG commissions Specialist services on behalf of 14 PCTs and members include PCT Chief Executives and Director's of the representative PCTs.

The terms of reference include commissioning for high cost, low volume specialist services for populations of 1,000,000 and over. As a result their focus is on sourcing sub regional services that will provide for greater populations than local commissioners historically focussed their attentions on. In relation to Women's Low Secure services, one of the aims of the Specialist Commissioner Group is to provide a service that is better value for money than currently provided in the Independent Sector and that the economic downturn inevitably focuses commissioners to look for cost savings to be made but quality of service maintained or improved. This is a key focus of this OBC.

In order to understand the nature and extent of services to be provided, between November 2008 and February 2009, 63 women detained in conditions of low security across Yorkshire and Humber were reviewed. The review comprised a collateral review of clinical records, interviews with clinical team members and an interview with the service-user. The female population were categorised with the following diagnoses:

- Mental Illness - 37%
- Personality Disorder - 22%
- Mental Illness/Personality Disorder – 27%
- Learning Disability – 14%

The proposal for the Low Secure Unit is for the provision of services for all of these diagnoses apart from learning disability. In this respect there are currently 54 patients of which are within the target market for this development.

The implications from the figures produced are that there is a distinct lack of NHS facilities within the Yorkshire region for women's low secure services. The impact this will have is that the cost is likely to be higher than NHS services, with a lower quality of care outcomes and less integration throughout the care pathway, which will have an effect on quality and length of rehabilitation.

It is crucial that services for women with complex needs should be provided as part of a pathway of care. There have been a number of service developments

to improve that pathway, which has included a high support service, developed at a site in York as part of the step down service from low secure care.

This development of a Yorkshire and Humber Female Low Secure Unit in York would operate in conjunction with the high support service and enhance the existing North Yorkshire Forensic Psychiatry Service in providing an integrated care pathway for regional services in the expectation of improving the quality of the service and providing the best opportunity for patient rehabilitation.

The proposed development of a female low secure unit in York has been progressed in consultation and with support from the SCG and has also been discussed at the Yorkshire Strategy Group Meetings and neighbouring PCT commissioners as part of a major piece of work around the development of specialist services for women.

### **Future activity and service requirements**

The service model focuses on re-provision of services for these patients. These are:

- Personality Disorder - A younger group of women under 30 years of age, who have a primary diagnosis of personality disorder, are often abusing substances and have a recent history of violence to others as well as harm to themselves. This group of women appears to require more restrictive management. They are less likely to be in caring roles but are vulnerable to abuse from proximate and intimate relationships.
- Mental Illness - Another group identified by the survey were women with an average age of 40 who had long contact with mental health services in the community and hospital settings, who had a primary label of serious mental illness, often with coexisting disorders. These women had often suffered loss, had endured abuse or become isolated from their social and personal networks. A combination of the effects of their illness leading them to act dangerously towards others and a restricted ability to care for themselves and others has led to them finding it hard to reintegrate into open settings. Many of the women were assessed as not being ready or able to have less support or restriction but many wanted more freedom.
- Screening & Assessment of Mental Health needs – models of care for women that will ensure that they are placed in the appropriate care environment for their needs. Both the Bradley Report (April 2009) and the Corston Report (2007) highlight the need for robust screening for mental health problems in prison and the need for speedy transfers to hospital, as well as the need for a strategy for management of personality disorder in health and criminal justice settings.

The service models have been constructed to ensure a holistic service to patients to include social care as well as clinical treatment to ensure better outcomes in terms of rehabilitation and quality of care. The service model also

responds to strategic direction in providing a service for women within the criminal justice system to be assessed for their mental health needs to ensure they are placed in the appropriate care setting, an innovation supported by commissioners.

A report produced by Laing & Buisson in 2006 called 'Analysis and Projections of Independent Healthcare Markets in England 2007-2012' investigated forecast changes in activity within healthcare markets including Mental Health markets.

The report identified that demand for mental health hospitals (occupied beds) will continue to rise at a similar rate to the last five years (2% per annum), driven by demand for secure hospital services, while demand for acute, short term inpatient treatment will remain stable.

The demand for secure services will continue to be driven by a trend towards placing individuals with severe mental health problems in more appropriate settings (*Mental Health and Specialist Care Services Market Report 2006*, Laing & Buisson). The components of this trend will continue to be:

- government policy in favour of providing mental health care in facilities that are well suited to the needs of patients, as articulated in the National Service Framework for Mental Health;
- greater caution amongst mental health professionals when discharging patients from a secure environment, within the more risk averse culture which has emerged in recent years;
- preference of mental health professionals to place patients in settings which cater for their special needs (driven in part by pioneering development of specialist facilities in the independent sector);
- transfer of some people with severe mental illness to hospitals from the prison system.

The report also states that the NHS will continue to build in-house capacity, particularly for medium and low secure treatment. These principles have been considered when evaluating the physical capacity requirements of the scheme.

## **Economic Case**

### **Option Appraisal – Non-financial**

A number of options were considered by the business case team and a final short list of three options was taken forward to be appraised more fully. The short list of options was:

Ref	Description	Summary Content
1	<b>Do Nothing</b>	Provision of 22 low secure female beds to continue to be provided within Independent Sector organisations within the Yorkshire & Humber Region
2	<b>New Build on Clifton House Site (Location A – Rosedale land)</b>	Provision of 22 low secure female inpatient beds to be provided on the Clifton House site (Rosedale Land) adjacent to the current male low secure service. Development of a new 4 bed assessment ward for assessment of patients to determine appropriate care setting for their needs. To be provided as part of the development on the Clifton House site as above
3	<b>New Build on Local Authority owned land</b>	Provision of 22 low secure female inpatient beds to be provided on Local Authority land not yet identified by the service. Development of a new 4 bed assessment ward for assessment of patients to determine appropriate care setting for their needs. To be provided as part of the development on Local Authority land as above. The unit will be a stand alone unit.

A workshop was held on the 20<sup>th</sup> October 2009 to evaluate the qualitative benefits associated with each option. The results of this appraisal are summarised below.

Ref	Benefit Criteria Group	Weight %	Option 1 Do Nothing		Option 2 New Build – Clifton House		Option 3 New Build – Local Authority	
			Score	wxs	Score	wxs	Score	wxs
1	Clinical Quality & Integration	<b>23</b>	2	46	9	207	7	161
2	Operational/ Environment	<b>19</b>	5	95	9	171	9	171

Ref	Benefit Criteria Group	Weight %	Option 1 Do Nothing		Option 2 New Build – Clifton House		Option 3 New Build – Local Authority	
			Score	WxS	Score	WxS	Score	WxS
		<b>W</b>						
3	Access to Services	<b>16</b>	2	32	6	96	6	96
4	Efficiency	<b>15</b>	1	15	8	120	6	90
5	Staff Recruitment/ Training	<b>15</b>	2	30	8	120	8	120
6	Sustainability/ Flexibility	<b>12</b>	6	72	8	96	7	84
	<b>Total</b>	<b>100.0</b>		<b>290</b>		<b>810</b>		<b>722</b>
	<b>Rank</b>			③		①		②

The preferred non-financial option was option 2 – a new build on the site of Clifton House. This project is now proceeding via the Outline Business case presented.