

**Anne Hawkins: Director Mental Health Partnership**

**Board Paper No. 09/06**

**THE DIRECTORATE OF FORENSIC MENTAL HEALTH & LEARNING DISABILITY**

**Recommendation:**

The NHS GGC Board is asked to note the following update on Forensic Mental Health and Learning Disability Services since the opening of Rowanbank Clinic, West of Scotland Medium Secure Services in 2007. The Board is also asked to endorse the proposal to locate the National Forensic Learning Disability Unit at Rowanbank Clinic.

**1. Introduction - Service Overview**

In-patient services in conditions of medium security are provided at Rowanbank Clinic in the north of Glasgow with low security and close supervision learning disability services being provided at Leverndale and Dykebar Hospitals on the south side of the city. Community and outpatient services are based at Clutha House and the Douglas Inch Centre.

**Medium Secure In –Patient Services: - Rowanbank Clinic**

Rowanbank Clinic was officially opened on 22 June 2007. The Clinic is currently being occupied on a phased basis over an 18-24 month timescale. The clinic originally planned as a Glasgow facility is now operating on a West of Scotland basis, covering NHS GGC, NHS Lanarkshire, NHS Ayrshire and Arran and NHS Dumfries and Galloway, as well as providing access to the Argyll and Bute catchment of NHS Highland. It is further proposed that Rowanbank Clinic will also provide the national medium secure in-patient service for learning disability. The potential also exists for women's medium secure beds to be provided on either a regional or national basis within Rowanbank.

There are two routes of admission to Rowanbank Clinic; one is for patients who are being transferred to the Clinic from the State Hospital, and the other is for patients who require a period of assessment prior to a decision being made about their ongoing care and treatment within a medium secure facility. It is expected that referrals for the latter will come from courts, prisons and local services.

**Low Secure In-Patient Services – Leverndale Hospital and Bute Ward, Dykebar:**

These wards provide services ranging from admission, assessment, continuing care and rehabilitation across 5 wards (4 at Leverndale and 1 at Dykebar). These patients may present with complex, multiple and varying needs which include a wide range of psychotic and other mental illnesses, personality disorder and drug or alcohol problems, in addition to their risk-taking and offending behaviour. Included in this are a total of 16 beds for clients with a diagnosed learning disability such as Asperger's syndrome or other autistic spectrum disorders, psychotic and other mental illness, personality disorder and challenging behaviour. Preparations are now being made to transfer low secure forensic services from Dykebar to Leverndale over the next 12 months, following the Cabinet Secretary's recent approval of the mental health proposals for south Clyde.

**Forensic Community Mental Health Team Clutha House**

The Forensic Community Mental Health Team (FCMHT) provides a tertiary care service to mentally disordered offenders (MDO) residing in the NHS Greater Glasgow & Clyde Health Board Area. Following the dissolution of NHS Argyll and Clyde, the existing FCMHT in Clyde and the Forensic Outreach service in

Glasgow were merged to provide a sectorised community service for Clyde & Glasgow. The Clyde sector provides input to the original Argyll & Clyde area.

The aim of service is to assess need, contribute to appropriate care packages, to support both the client and carers toward independent living and provide ongoing monitoring of individuals mental state with a view to reducing risk of serious/violent or sexual offending which may be directly related to their illness. Patients who are felt to be appropriate for the service can be referred for assessment by the multi-disciplinary team. They may often have been highlighted by other agencies such as social work, criminal justice social work or addiction services. The current base is in the Kinning Park area and is an administrative base only. The base is central to the area with good transport links which enables team members to access their catchment area quickly and with ease. The majority of patients are seen in their own home however where there are significant risks to staff the clients are seen at resources centres or GP surgeries.

Within the Glasgow area there is a Forensic Learning Disability Team which manages individuals with a learning disability who have offended or whose behaviour may pose significant risk to others. The process to develop this service in Clyde is underway. Funding has been agreed from the closure of Merchiston Hospital and work is being undertaken to develop this service.

## **2. Policy Background**

### **Health, Social Work and Related Services for Mentally Disordered Offenders in Scotland NHS MEL (1999) 5**

On the 28 January 1999 the Minister for Health in Scotland launched the policy document “Health, Social Work and Related Services for Mentally Disordered Offenders in Scotland” (NHS MEL (1999) 5). The policy statement examined the provision of mental health and social work services and accommodation for mentally disordered offenders, (and others requiring similar services) in the care of the police, prisons, courts, social work departments, the State Hospital, other psychiatric services in hospital and in the community. There were also proposals for the organisation and further development of these services throughout Scotland. The policy has subsequently been adopted by the devolved administration and continues to be Scottish Government Policy.

The overall aim of the MDO policy is to promote the provision of a sufficient and effectively coordinated range of services (including health, criminal justice, social care, housing, education, employment and benefits advice) to meet the individual needs of mentally disordered offenders and the public interest. The public interest covers both the protection of the public and the most effective use of resources consistent with high standards of public safety. The policy sets out the steps that will involve multi-agency and multi disciplinary working to organise services which:-

- Provide care under conditions of appropriate security with due regard for public safety.
- Have regard to quality of care and proper attention to the needs of individuals.
- Where possible provide care in the community rather than institutional settings.
- Provide care that maximises rehabilitation and the individual’s chance of an independent life.

### **National Overview of Patient Flow/ Application against detention in excessive levels of security:**

In January 2001 the review of the Mental Health (Scotland) Act 1984, chaired by the Right Honorable Bruce Millan, reported to the Scottish Parliament (Scottish Executive 2001c). The Millan Committee devoted a chapter to high risk patients and recommended that these patients should have the right of appeal to be transferred from the State Hospital or a medium secure facility to conditions of lower security. That proposal was adopted in the Mental Health (Care and Treatment) (Scotland) Act 2003, Part 17 Chapter 3 and transfer from excessive levels of security at the State Hospital was implemented in May 2006.

This has represented significant activity for Forensic Services for both Low Secure beds at Leverndale and our Medium Secure beds at Rowanbank. Since November 2006, some 56 patients have been admitted to forensic beds and approximately 70% of these have been directly as a result of the above process.

**Configuration of Forensic Mental Health Services in Scotland:  
NHS HDL (2006) 48.**

The agreed Scotland and regional analysis of inpatient beds is set out as Annex A to NHS HDL (2006) 48 and the analysis has been used to guide NHS Boards and Regional Planning Partnership in the development of local services.

The HDL set out expectations of the forensic service configuration that is required within Scotland to provide a full range of forensic inpatient services and the level at which these services should be commissioned. Those expectations are set out in the table below:-

<b>National</b>	<b>Regional</b>	<b>Local</b>
High secure male mental disorder.	Medium secure male mental disorder.	Low secure male mental disorder ***
High secure male learning disability.	Medium secure learning disability**	Low secure learning disability ***
Medium secure female mental disorder*.	Low secure female mental disorder.	Community services.
Secure child and adolescent services		

\*This is currently under consideration and may now be deemed appropriate for regional provision.

\*\* Now proposed for national provision.

\*\*\*In each case smaller boards may wish to commission services regionally or from other Boards.

**Forensic Inpatient Facilities**

<b>National</b>	<b>Regional</b>	<b>Local</b>
The State Hospital	Orchard Clinic, NHS Lothian South East Region	Leverndale Hospital, Glasgow
Proposal for Rowanbank to provide national LD service	Rowanbank Clinic, NHSGG&C West of Scotland Region	Dykebar Hospital, Paisley (with service to transfer to Leverndale)
	Rohallion Clinic, NHS Tayside Northern Region	Newcraigs Inverness
		Blair Unit Aberdeen
		Murray Royal Perth
		Hartwood Lanarkshire

**3. Proposals for Learning Disability and Women’s Medium Secure Forensic Services**

Learning Disability Beds

Following a period of consultation and review of forensic service and estate needs by the Scottish Government, NHSGGC were invited to develop a proposal to meet national service requirements for learning disability medium secure forensic services. West of Scotland Health Boards have given their formal

support in principle for the proposal. Discussions at a national level have confirmed support in principle from the planning representatives from the other 2 regions.

The proposal was submitted in January 2009 to NSAG, (appendix 1) who review applications for national NHS services. The process to formally consider and approve the proposal is anticipated to conclude by October 2009. In the meantime NHSGGC is proceeding to open learning disability medium secure beds within Rowanbank as originally planned.

Rowanbank is able to accommodate 12 national LD beds through the use of a 4 bed ward originally designed for LD activity, along with the availability of 8 beds which will be freed up from a reduction to West of Scotland Health Board's male mental illness (MMI) capacity. West of Scotland Health Boards, through Regional Planning Group discussion, have confirmed their support for adjusting their MMI capacity to accommodate national LD services.

#### Women's Beds

A 6 bed women's medium secure ward is currently operational within Rowanbank. This ward was originally planned for Greater Glasgow activity, but is currently extending access to other West of Scotland Boards. The Scottish Government is in discussion with Health Boards to confirm the number of beds required for Scotland. NHSGGC has indicated its ability for Rowanbank to provide access on either a national or regional basis. A decision on this matter is anticipated in the near future.

#### **4. Potential Changes to Low Secure Provision**

Changes to the function of Rowanbank Clinic were made late on in the planning stages which resulted in the unit taking on a West of Scotland function, on an interim basis. Following public consultation as part of the Clyde Modernising Health Strategy, this now becomes a permanent arrangement. The effect on Low Secure beds has meant that instead of moving to Rowanbank, these beds will remain at Leverndale.

This decision means that there is a requirement to invest in Low Secure services in the following ways:

- It is intended to transfer Bute Ward from Dykebar to Leverndale – Forensic planning guidance and the related matrix of security standards strongly recommend that all forensic beds of a particular function should be located within the one estate.
- There is a need to provide dedicated in-patient beds for women who require low Secure services, this will be achieved through a redesign of our Low Secure beds.
- There is a need to provide Low Secure Male Mental Illness beds for Clyde – current arrangements see such patients within IPCU and admission wards, this investment is accounted for in the Clyde Mental Health Financial Plan.

**Anne Hawkins**  
**Director Mental Health Partnership**  
**NHSGGC**

**28<sup>th</sup> January 2009**

**Proposal for Rowanbank Clinic to host a National 12 bed Medium Secure Care Ward**

**NSAG APPLICATION**

**DEFINITION OF PROPOSED SERVICE:**

**Introduction:**

The Scottish Government, in 2007, consulted with NHS Boards on a number of issues pertaining to the future Forensic Service needs within Scotland, with particular focus on identifying forensic inpatient needs and solutions for Women's and Learning Disability services.

The Scottish Government facilitated discussions on a national basis to consider responses to the consultation, with a view to determining the appropriate service model and capacity requirements for forensic inpatient services. Arising from these discussions was agreement that medium secure learning disability beds should be provided nationally at a single location, to ensure a sustainable critical mass of provision and expertise. In addition, there was agreement, in principle, that NHSGGC host the medium secure Learning Disability inpatient services within the new accommodation at Rowanbank Clinic. The level of inpatient bed requirement for this client group is considered to be 12-16 beds this is reflected in <sup>1</sup>HDL 48.

A formal decision and an agreed funding arrangement is urgently required to enable services to be introduced that will enable people to be placed in the care setting most appropriate to their needs.

**Description of the Clinical Service to be provided:**

The Clinical Service will provide admission, assessment, continuing care, specialist treatment and rehabilitation in conditions of medium security to meet the needs of people with learning disabilities.

In addition to offending or risk taking behaviour this client group may also present with complex, multiple and varying needs which include brain injury, Aspergers or other autistic spectrum disorders, psychotic and other mental illness, personality disorder and challenging behaviour.

**The Prevalence of People with Learning Disability in Secure Forensic Settings:**

The only medium secure facilities for people with learning disabilities are in England. The referral/assessment process to these units usually takes approximately 4-8 weeks. If an individual is accepted for admission there is then the prospect of a lengthy wait for a bed. Consequently, it is extremely unlikely that any "acute" cases in Scotland will be admitted directly to one of the English medium secure LD units. Instead, it is more likely that the individual may have to be admitted directly to high secure care in The State Hospital or to their local low secure unit. In such a scenario, there may be concerns that high secure care is not required, i.e. that the level of security is excessive and conversely there could be the concern that the local low secure service may not be robust enough.

As part of a needs assessment exercise carried out by The State Hospital the relevant LD Consultants looked at the current Learning Disability population and considered: a) what the need of patients at the time of admission to the State Hospital had been in terms of level of security and b) what their need might be at the time of discharge. This information relates to the 21 patients who were in The State Hospital in August 2007.

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<sup>1</sup> HDL 48 (2006) Forensic Mental Health Services.

Of the 21 patients considered, only 7 had required high secure care. 1 patient possibly required high secure care, or admission to a specialist “challenging behaviour” unit, which would have been out of Scotland (he was indeed transferred to such a service after 6 months). The remaining 13 patients would more appropriately have been admitted to medium secure care. It was not felt that any of the 21 patients would have been appropriately admitted to “robust” low secure care, i.e. a properly resourced and well functioning low secure unit.

In summary, the above needs assessment exercise demonstrated the need for medium secure care for people with learning disabilities in Scotland and supports the view put forward by the Forensic Way Forward Group that the number of beds required would be in the region of 12-16 beds.

**Estimate of likely need for Service:**

The table below represents the proposed Medium Secure beds, including Learning Disability Services, across the country and compares this against the <sup>2</sup>HDL (48) planning for services guidance issued by the Scottish Government in 2006.

Region	MMI	Acute	MMI TOTAL	HDL	Women	HDL	LD	HDL
WOS	38	10	48	60-70	6		12	
NORTH	24	8	32	30	0		0	
SEAT	20	20	40	30-40	6		0	
<b>TOTAL</b>	<b>82</b>	<b>38</b>	<b>120</b>	<b>120-140</b>	<b>12</b>	<b>8</b>	<b>12</b>	<b>12-16</b>
VARIANCE	About Right Against Range					+4		0 - 4

**Capacity:**

In recognition of National Policy, the clinical preference for small ward sizes for this patient group and in considering the best use of the reconfigured estate at Rowanbank Clinic, it is proposed that the 12 beds LD are split across the 2 available wards (8 beds in one ward 4 beds in another). This would be clinically advantageous in allowing for some flexibility in relation to any potential male/female split, acute/rehab split and would prevent the need to seek further RMO sessions beyond the current additional 1 wte required for the National beds.

Rowanbank Clinic is able to accommodate 12 national LD beds through the use of a 4 bed ward originally designed for LD activity, along with the availability of 8 bed spaces that would be freed up from WoS MMI capacity originally planned. WoS Health Boards, through Regional Planning Group discussion, have confirmed their comfort with adjusting their MMI capacity to accommodate national LD services.

**Clinical Team required to provide Service:**

The table below details the proposed workforce plan.

Discipline	WTE			
Medical	1			
Psychology	1			
OT	1			
Social Work	0.5			
Nursing	Band 7	Band 6	Band 5	Band 3
	1	2	20.4	15.6

<sup>2</sup> HDL 48 (2006) Forensic Mental Health Services.

### **Impact on Equality and Diversity:**

The National policy on Health and Social Care Services for Children and Adults with Learning Disabilities in Scotland <sup>3</sup>“The Same as You” (2007) provides a framework for the delivery of services that are culturally competent, free from discrimination and recognise individual rights. It recommends that:-

- Health Boards and Local Authorities should make sure that there are professionals with an expertise in working with offenders with learning disabilities.
- Health Boards should make sure that secure accommodation is provided for the small numbers of people who need this.

The rationale for this proposal recognises that there would be a significant challenge for Health Boards to provide a critical mass of capacity and clinical expertise if these beds were to be dispersed across the regions.

<sup>4</sup>The Mental Health (Care and Treatment)(Scotland) Act 2003 came into effect on 5 October 2005, The new act is based on a set of guiding principles and states that all powers under the act should be exercised without any direct or indirect discrimination on the grounds of physical disability, age gender sexual orientation, language, religion or national or ethnic or social origin and that services users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities and diverse backgrounds.

In addition to this and specifically in relation to Forensic Services, Part 17 Chapter 3 of the Act concerning detention in conditions of excessive security was enacted on 01 May 2006. This affords patients the right to make an application to the Mental Health Tribunal for Scotland for a legally binding order to be made that they are detained in conditions of excessive security and should be moved to appropriate level of security within an agreed timescale. Presently there are four such patients within this client group who have made a successful application and require to be moved with immediate effect.

### **Clinical Effectiveness of Service:**

Unfortunately there is a paucity of research on the clinical efficacy of medium secure forensic learning disabilities services. In fact this is representative of learning disabilities as a whole with no Scottish Intercollegiate guidelines network guideline, National Institute of Clinical Effectiveness guideline or major Cochrane review within this field. However there are key policy drivers such as the <sup>5</sup> ‘Same as You’ (2000) and the <sup>6</sup>NHS QIS suggest that the service will be benched mark against to ensure clinical effectiveness. Anecdotal evidence would suggest that medium secure learning disability beds should be provided nationally at a single location to ensure a critical mass of expertise and for the development of continued research within the field. NHSGGC has already starting to recruit a range of national experts in Forensic Learning Disabilities to ensure the clinical effectiveness of the service.

### **Alternative Sources of Service:**

As medium secure services developed across Scotland the only plan for NHS Medium Secure provision for people with learning disability was for 4 beds to be located within Rowanbank Clinic in Glasgow. The original planning assumption for this amount of beds was related to NHSGG catchment – not NHSGG&C and not West of Scotland. In relation to the NOSP/SEAT requirements/plans the current position is that there are no plans to provide Medium Secure Learning Disability beds in these regions.

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<sup>3</sup> Scottish Executive (May 2000) The Same As You? A review of services for people with learning disabilities

<sup>4</sup> The Mental Health (Care and Treatment) (Scotland) Act 2003

<sup>5</sup> Scottish Executive (May 2000) The Same As You? A review of services for people with learning disabilities

<sup>6</sup> NHS Quality Improvement Standards for learning Disabilities (2006)

### **Details of published treatment costs at other units:**

There are no similar services within Scotland as described within this paper, and units within England are provided on a regional basis. However, experience of placing patients within specialist units on an individual spot contract basis within England show that costs can range from between £4k to £6k per week. These costs can increase depending on the individual presentations and emerging needs such as increased nurse to patient observation/intervention ratios.

### **Current and potential Links with Teaching and Research:**

The Forensic Directorate has established links with several HEIs including Glasgow Caledonian University and The University of the West of Scotland. Currently the directorate is involved in the development of a Masters framework in Learning Disabilities and Mental Illness at GCU. The forensic directorate is also actively involved with the Forensic Network Research Group with disseminates and encourages research across the network.

### **Cost of Service:**

The detailed breakdown of costs associated with the 12 bed national LD medium secure unit is set out in the attached schedule (Appendix 1). It is planned that the unit open on a phased basis, commencing in January 2009 in response to the urgent need to transfer 2 patients from The State Hospital. The revenue costs for the next 5 financial years (at 08/09 cost base and subject to inflationary uplift) are as follows:-

	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
Total Staffing	20.36wte £252,374	45.96wte £1,513,970	46.11wte £1,927,739	46.11wte £1,927,739	46.11wte £1,927,739
Total Non-staffing	£127,247	£767,945	£834,183	£834,183	£834,183
<b>Total revenue cost</b>	<b>£379,621</b>	<b>£2,281,915</b>	<b>£2,761,922</b>	<b>£2,761,922</b>	<b>£2,761,922</b>

The LD unit will be accommodated within exiting accommodation that was commissioned through the private finance initiative. As such, there is no capital cost associated with this service.

This is a new service development to meet national policy requirements around the development of medium secure services. Accordingly, there is no current funding incurred by Health Boards for this service.

### **Alternative Planning Arrangements:**

This service model represents the best opportunity to provide a high quality service at an affordable cost due to:

- Access to a high standard of exiting accommodation for patients
- Access to a pool of multidisciplinary staff, as part of a larger unit of medium secure are provided at Rowanbank (totalling 70 beds)
- Staff recruitment / retention advantages associated with being part of a larger unit, offering greater opportunities to support unplanned leave within the unit, learning and development.
- The highly specialist nature of the service, combined with the relatively small number of beds, would present significant operational and financial challenges in attempting to provide this service more locally.

**Support:**

The service model has been endorsed by Health Board and Scottish Government senior officers through national and regional discussions. NHS GGC has responded to the request to develop a national solution for the provision of medium secure care for learning disability patients and envisages that the process for attaining formal agreement from Health Boards would be led by NSD.