

positive

about forensic services



Forensic Division

Integrated Business Plan

2010/11 – 2014/15

Foreword by Dr Mike Harris - Executive Director of the Forensic Services Division & Chief Officer for High Secure Care

The Forensic Services Division of Nottinghamshire Healthcare NHS Trust is the largest NHS Forensic Service and the second largest provider of Forensic Care in the UK. The Division spans four different catchment areas and offers services which range from those provided for offenders who have Mental Health difficulties in the community - to the care and treatment of those with a Dangerous and Severe Personality Disorder (DSPD) in Rampton High Secure Hospital. In effect, we provide services from high security to the high street.

The service comprises National Services in High Security servicing the whole of England and Wales, that is Services for Women, Men with Learning Disability and Men with Deafness, High Secure Services to the Eastern third of England for men with Mental Health Problems and Personality Disorder (PD); Services to the East Midlands and South Yorkshire from our two Medium Secure Units in Leicester and South Yorkshire and a Service to people living or detained in Nottinghamshire from our Community Forensic and Low Secure Service. The Forensic Division sees as it's purpose to provide excellent quality therapeutic services for our patients whilst ensuring the safety of the public.

This Integrated Business Plan (IBP) sets out the **ambitions for patients, service users and carers** within the Forensic Division of Nottinghamshire Healthcare NHS Trust. Within this plan **we are clear what we want to achieve** over the five year period from 1st April 2010 to 31st March 2015. This plan, with its innovations acknowledges the **unique depth and range of forensic services** provided across all ranges of security.

Through clinical leadership and partnerships we will mature this strategic plan, and intend to make a very real contribution to NHS service development which is **locally relevant** and **nationally important**.

Within the Forensic Division **involvement** is a key part of what we do – our strategy is based on clinical engagement with a customer focus, fused with operational excellence to **respond and thrive in the emerging NHS market place**.

This is a **prospectus – a catalyst for improvement** to deliver more benefits, more choice and personalised services for patients, staff and stakeholders. As a Division we currently hold an annual direct budget of over £102 million; employ 2411 talented staff and provide services across all levels of security – ranging from community to high secure services.

This IBP describes **year on year service improvements agreed with our Commissioners; with real involvement of all our stakeholders**. The risks within the plan will be assessed, mitigated and managed along the journey – taking into account the market, our competitors and new service models.

This Division will continue to use an **integrated approach** to workforce development, values-based leadership, measurement and optimal use of resources as illustrated in the Trust's synchronised Long Term Financial Model (LTFM). As a service, with the **support** of Trust leaders and members, we will seek to increase our market share.

We intend to **consider each market opportunity** and where we can add most value, assert ourselves in the National, Regional and Local Health and Social Care Systems. Our main approach will be collaborative – **doing sound business within a strong value-base** with our **patients as people at the centre, whilst ensuring that we maintain public safety**.

As a Division we intend to **continually develop** our purpose, values and directions (relevant to our environment). Similarly, we will demonstrate good governance, a high level of consistent, meaningful engagement and strong operational delivery. Excellence in practice, robust awareness, clear oversight and solid procedural measures, ensure that high standards of **safety and security for our service users, our staff, visitors and the public are clear characteristics** of our service.

We have a strong baseline of involvement and working in partnership. Working alongside service users, carers, advocacy groups and local communities is embedded within all our services. We have many good examples of collaboration with our local communities to reduce the stigma of our services. However, we are not complacent

about our approach and will ensure that our plans are fully in line with **our philosophy and practices to reduce stigma**.

This forward-thinking and innovative approach has **ownership by our staff** and is underpinned by **robust Divisional and Directorate Integrated Business Plans** aligned with these overall ambitions. Progress against this plan will be tracked and communicated through our performance management and measurement systems.

As a Division we fully recognise the financial climate we are entering and the importance of reform and transformation to continually improving the quality and productivity of our services whilst reducing overall expenditure. Our 5 year Strategic Transformation Programme, The Moving Forward Benefits Realisation programme, will be our main vehicle for delivering planned and systematic change across the Division.

During the next five years this strategy will bring:

- √ Significant expansion of innovative and acclaimed pathways of care models.
- √ Significant developments to provide timely comprehensive and accessible therapy services.
- √ New service delivery models to achieve cost effective high quality care.
- √ The delivery of excellence through the progressive development of our unique selling points.
- √ Development of innovative and transformational Managed Care Networks.
- √ Increasing our provision of Medium Secure and Low Secure Services.

However this plan is predicated on maintaining a fair level of income. Services such as these, which cannot be provided in alternative ways such as utilising community or day treatments and are essentially fixed to capital assets, may well not be able to be run in a safe and therapeutic manner with annual cost improvement targets. An appropriate Forensic tariff in the future will aid these services.

We will **refine this Integrated Business Plan with stakeholders**. We began **implementation on 1st April 2010** and are confident that the delivery of this plan will make a **significant difference to improving lives and opportunities** for some of the

most excluded and vulnerable. It will also stimulate staff and stakeholders towards improving their delivery of excellent forensic services.

We are as a Division not naive about the challenges that this plan brings, and intend to ensure its delivery.



Dr Mike Harris

Executive Director Forensic Services & Chief Officer for High Secure Care

Contents

1.	The Context of our Integrated Business Plan	8
2.	Profile of the Forensic Services Division	11
2.1	Current Overview	11
2.2	Low Secure & Community Forensic Directorate	12
2.3	Medium Secure Services – Arnold Lodge	13
2.4	Medium Secure Services – Wathwood Hospital	13
2.5	High Secure Mental Health Services	14
2.6	National Centre for High Secure Learning Disability Services	15
2.7	High Secure Personality Disorder Service	15
2.8	National High Secure Service for Women	16
2.9	The Peaks Unit	16
2.10	High Secure Therapies & Education	17
2.11	Forensic Facilities Directorate	17
2.12	High Secure Security Service	17
2.13	High Secure Physical Health Service	18
3.	Strategic Drivers for Forensic Services	19
3.1	Service Demand	19
3.2	Commissioning Arrangements	20
3.3	Clinical Engagement	21
3.4	Financial Performance	21
3.5	Commercial Influences and Our Position	23
3.6	Our Estate	24

3.7	The Workforce	25
3.8	Policy & Performance	25
4.	Forensic Division, Vision & Plans 2009 - 2014	27
4.1	Introduction	27
4.2	Directorate Plans & Service Developments	27
5.	Overall Forensic Division Integrated Business Plan Summary	32
5.1	Involvement, Patient Experience & Clinical Development	32
5.2	Driven Performance	32
5.3	Workforce Development	33
5.4	Efficiency & Our Financial Strategy	33
5.5	Estate Plans & Five Year Capital Programme	34
6.	Conclusion	35
	• Appendix A – Schedule of Services	36
	• Appendix B – Service Development Proposals	37

1. The Context of our Integrated Business Plan

At the centre are the people who use our services and what we do...

Which is...

Providing care, treatment and rehabilitation for people with Mental Health Problems and / or Learning Disability, who either commit criminal offences or behave in such a challenging and violent way in normal mental health settings, that they are unmanageable. This includes the assessment and treatment of people within the Criminal Justice System and the ongoing care of these people in secure settings, be that High, Medium or Low Security. Our Community Forensic Services also provide outreach services to people with mental health problems who have seriously offended and are now living in the community, or residing in a prison setting.

The Division cares for patient groups across all levels of security and has strong linkages with services outside of the Trust to enable robust care pathways for patients from the wider population who access the national services which the Division provides. Hosting national, regional and local services, the business of the Forensic Division contributes to the Trust's profile as a leading provider of Forensic Mental Health & Learning Disabilities Services, nationally and internationally.

This is shaped by...

Our Vision for the Future

Like all other parts of the NHS, the Trust's Forensic Services need to keep in step with the current NHS Operating Framework and be cognisant of the changing economy which will require greater efficiency savings to be achieved over the next 5 years. There is a clearly articulated vision for the NHS to promote health, reduce health inequalities, and to deliver the best possible care to the population within the resources available. To achieve this vision the Forensic Division needs to implement reform and deliver this vision, improve the quality and the responsiveness of services for patients, and achieve greater productivity and efficiency in a planned and systematic manner. These aspirations are central to our plan and have been critically embedded within the context of providing our specialist service.

The Division has a clear vision and values upon which our future strategy is built, this is very much around the central tenets of Customer Focus, World Class Commissioning Relationships, Guaranteeing Quality Services and Business Development. The Market in which we operate is fundamental to our future plans, and we have developed our plans recognising the market factors, both now and moving forward. We recognise our position in the local health economy and how specialised commissioning arrangements will feature in the future market place. The Division has a wealth of unique selling points, and we will use these to grow and thrive in the future.

Knowing that our services are ...

Safe, Robust & Responsive

We intend to move forward our services in a way that is responsive to policy and takes all opportunities to influence future policy and policy makers. In many of our plans, we have aspirations that are attuned to the Darzi Review and these are formed into coherent plans to refine our service productivity and efficiency, and raise our performance and governance standards.

Lessons learnt have been embedded into the Division to ensure that engagement and involvement are key to our plans, and embedded in our service development proposals. During transformation, we are careful not to lose sight of the service users experience, and our responsibilities in terms of safety and security. Our services have been for sometime at the forefront of Forensic Service provision and our plans intend to maintain and build upon this. We are proud of our clinical excellence and reputation and will work hard to protect our capacity for further research and development.

Moving forward our ...

Aspiring Services with sound Business Principles

The Division's financial and performance position has been strong, and provides an excellent basis upon which to enter this exciting and dynamic phase of our development. Our services are based on strong clinical models, and we have worked to ensure that the patient is central to our plans and the strong business model we are developing. To ensure and protect our future viability, we will add to our portfolio of services, be responsive to developing commissioning plans and approach cost improvement and efficiency savings in a planned and systematic manner.

Given the nature of our business, our capital investment plans are crucial in delivering our service improvements, and we can demonstrate the affordability of our future plans. We are not naïve about our competition and have considered the risks associated with the changing healthcare economy. Our knowledge about our key strategic risks has grown substantially as a consequence of our planning, and we have specific tactics to mitigate against the risks within our plans. To help with our implementation, we will draw upon strong governance and the talents of our workforce. We never lose sight of the fact that our staff are critical to the success and delivery of our plans, and our service improvements, and their leadership, development, and involvement shape our future plans. They have delivered significantly our unique selling points and offer aspirations, growth, drive and expertise at this time of innovation and opportunity.

Forensic Services, leading edge and positive about the future.

2. Profile of the Forensic Services Division

2.1 Current Overview

Nottinghamshire Healthcare NHS Trust, of which the Forensic Services Division is a part, is recognised as the leading provider of Mental Health and Learning Disabilities services in the East Midlands, and is indeed one of the principal providers in the United Kingdom, with an enviable and high performing range of vibrant services. Our unique and innovative services have strong foundations of which we are proud, but can build further upon to achieve even more for the communities which we serve. Now, in 2010, we have the strength, leadership and vision to achieve significant success in the new environment of NHS Foundation Trusts, strengthening commissioning and the roll-out of the Darzi review 'Our NHS, Our Future'.

The Division is known for its provision of unique and innovative services and is in the rare position of providing services across the full care pathway for several patients groups who require forensic care. We currently hold an annual budget of over £103 million and employ 2372 talented staff. In summary the Division provides:

- ✚ 45 Low Secure in-patient beds at Wells Road;
- ✚ 148 Medium Secure Inpatient beds at Arnold Lodge and Wathwood Hospital;
- ✚ 360 High Secure inpatient beds at Rampton Hospital;
- ✚ Community Forensic Services providing in excess of 1700 community contacts per month;
- ✚ Prison In-reach to the four Nottinghamshire Prisons;
- ✚ Liaison with the Criminal justice System in Nottinghamshire.

Within this portfolio we host the National High Secure Learning Disabilities Service, National High Secure Women's Service and the National High Secure Deaf Service. We are the regional NHS provider of Medium Secure Services to both the East Midlands and South Yorkshire areas. Locally, we serve the population of Nottinghamshire with a comprehensive range of Community Forensic and Prison Services.

The remainder of this section goes on to describe the range of our Services; each of the 6 clinical Directorates, as well as the High Secure Security Service, High Secure Therapies and Education and Forensic Facilities Directorate.

2.2 Low Secure & Community Forensic Directorate

The Community Forensic Directorate is a county wide, specialist forensic service and is part of the Trust Forensic Services Directorate. The Service complies with the principles established in the Reed Report (1994). The Directorate has a staffing establishment of approximately 134, and a budget of £5.54 million. The Service is currently responsible for the delivery of male only inpatient services based on three inpatient areas at the Wells Road Centre, Nottingham.

The Directorate includes two Community Teams, one serving Nottingham City and the South, and the other serving North Nottinghamshire. The Services cover the whole county and have responsibility for the supervision of mentally disordered offenders in the community and play a lead role in working in partnership with criminal justice agencies in Court Diversion, Court Liaison, the Police Service and the provision of consultation and support to colleagues in Social Services, Health and the Probation Service.

The Community Team also have through-care responsibilities for Nottinghamshire patients receiving in-patient treatment in High, Medium and Low Secure Psychiatric Services, in private/independent or NHS settings or in prison custody. They maintain effective links between the patient, the care team and the patient's carer whilst the patient is in a setting which is distant from their home area. They also deliver Secondary Mental Health In-reach Services to HMP Whatton, HMP Nottingham, HMP Ranby & HMP Lowdham. The two Community Teams are responsible for managing these services in partnership with the Prison Service and Primary Care Trusts.

During 2009/10 we created a separate Prison Healthcare Satellite Directorate of the Low Secure and Community Forensic Directorate. The Prison Healthcare Satellite Directorate has a staffing establishment of 15 and a budget of £529,000. This change will provide greater identity for the service as we consolidate our position as provider of Mental Health in-reach services to the Nottingham Prisons and bid for additional Prison Healthcare business in neighbouring health communities through tender processes. During 2009/10

our prison healthcare service was shortlisted for a HSJ Award in the Mental Health Innovation category.

The Directorate has been successful in becoming a preferred provider of Low Secure Services to both the East Midlands and the West Midlands.

2.3 Medium Secure Services - Arnold Lodge

The East Midlands Forensic Mental Health Service based at Arnold Lodge in Leicester, provides Medium Secure Services for adults (18-65 years) who have committed, or are at serious risk of committing a criminal offence and are suffering from a Mental Disorder (Mental Illness and / or Personality Disorder). The Service was established at Arnold Lodge in 1983 and therefore it is one of the most experienced Medium Secure Care providers in the country. The Unit has a budget of £12.3m, providing 88 beds (30 of which opened in early 2007) and employs around 300 staff.

Patients are referred by a range of agencies including Courts / Solicitors, other NHS and Independent Sector providers, Prisons and the Commissioners. All referrals for admission are assessed for suitability to ensure that access to the service is based on the assessed level of risk and the need of that individual to receive care and treatment in a Medium Secure environment. This upholds one of the primary 'Reed Principles' that patients should receive care under conditions of no greater security than is justified by the degree of danger that they present to themselves or others.

The Directorate has recently become a preferred provider of Medium Secure beds for the West Midlands. Arnold Lodge has advanced plans to build a further 18 beds within the Medium Secure perimeter, renovate the existing older beds and to develop low secure and Prison In-reach Services.

2.4 Medium Secure Services – Wathwood Hospital

Wathwood Hospital, near to Rotherham, provides Medium Secure Care and treatment to male adult patients suffering from mental illness. The Hospital has 60 inpatient beds provided over three wards. The catchment area covered by the Hospital includes: NHS East Midlands (Bassetlaw PCT, Derby City PCT, Derbyshire County PCT) and NHS

Yorkshire and the Humber (Barnsley PCT, Doncaster PCT, Rotherham PCT, Sheffield PCT).

The 2009/10 budget for the Hospital was £7.4 million and 154 whole time equivalent staff are employed in the Service. The commissioning responsibilities for the Service transferred from Leicestershire County PCT to the Yorkshire Specialist Commissioning Group in 2008/09. The Hospital Team have effective partnerships with the Local Authority, GP practice and local care Trust who work to maintain a high level of service quality within the Hospital. The staff and patients enjoy excellent relationships with local community and community groups and work together on a number of projects. Effective relationships are maintained with the carers of patients at the Unit and all opportunities are taken to facilitate their views and opinions, having an influence on the hospitals functioning.

During 2010/11 Wathwood have advanced plans to introduce 16 Low Secure beds over the next year and to further develop 8 additional Medium Secure beds.

2.5 High Secure Mental Health Services

During 2009/10, as part of the Moving Forward Benefits Realisation Programme, the High Secure Service merged 4 of its Clinical Directorates into 2 larger Directorates. The Mental Health Services has therefore merged with the National High Secure Learning Disability Service and the National High Secure Service for Women has merged with the Personality Disorder Directorates. Each service will retain its own clinical identify but be managed under a single management structure.

The Mental Health Services is the largest Clinical Service within the Forensic Services Division. The Directorate has 9 Wards and an agreed target capacity of 131 beds. . The Service provides the Intensive Care Unit for male patients, accounting for a further 8 (supernumerary) beds. The Directorate also hosts the 10 bed High Secure Deaf Service. The Deaf Service was recommended within “Sign of the Times” (Consultation Document on Modernising Mental Health Services for People who are Deaf) to be established as the National High Secure Service for Deaf men, irrespective of their clinical diagnosis (e.g. Learning Disability, Personality Disorder, Mental Illness). In August 2009 the Trust submitted a formal application for the service to be officially designated as the National

High Secure Deaf Service to the National Oversight Group (NOG) for High Secure Forensic Services and the National Specialised Commissioning Group (NSCG).

One further inpatient area has a dual function and, in addition to providing a generic rehabilitation and pre-discharge service, it provides a specialist hospital wide service to male patients who have a physical disability or special needs due to their physical frailty. The Directorate has hospital wide management responsibility for Night Services Management (Nursing).

2.6 National Centre for High Secure Learning Disability Services

The National Centre for High Secure Learning Disability Services (NCHSLDS) is the country's sole provider of High Secure Forensic Services for patients with a Learning Disability. The Centre aims to provide continuing care and specialist health services to the current and future population of male offenders from England and Wales who have a Learning Disability and are identified as having complex healthcare needs, requiring care under conditions of high security. In addition to Learning Disability, individuals cared for by the Service may have Mental Illness and / or Personality Disorders. In January 2008, the Full Business Case for the reprovision of services for the care of patients with Learning Disability in a high secure setting was approved. A new £35million, 54 bed bespoke unit is currently under construction and is due to open in summer 2010.

2.7 High Secure - Personality Disorder Service.

The Personality Disorder Directorate at Rampton Hospital provides treatment, care and rehabilitation to 70 male patients. The Directorate has 5 wards with admission, treatment, relapse prevention and discharge preparation functions. Treatment is founded on the principle that evidence based psychological interventions should be provided within a framework of individualised, needs-led and consistent multi-disciplinary care. The Directorate offers a range of evidence-based interventions to ensure 'best fit' between treatment and the patient's need or preferred treatment style. The Directorate is a key provider in the 'whole system care pathway' of forensic care for males with a Personality Disorder (PD). During 2009/10 we have commenced a large capital project to extend and

modernise 3 of the existing wards in the Directorate. Work commenced in October 2009 with completion planned for January 2011.

2.8 National High Secure Women's Service

As the National High Secure Service provider, the Women's Service provides High Secure Services for Women from England and Wales. The Directorate has a total of 50 beds within four wards, covering three functional clinical streams: Personality Disorder, Mental Illness, and Learning Disability / Complex High Dependency Needs. As the National Provider for High Secure Services for Women, the Directorate aims to provide expert clinical services to inpatients and expert clinical support and consultation to other women's secure care providers. The Service is building a reputation of becoming a world class high secure service for women, which supports the Trust's commitment to being recognised as the leading provider for Mental Health and Learning Disability Services. Recent agreement has been reached by the Commissioners that the Service will also provide High Secure Women's Services to Scotland and Northern Ireland (that is, the whole of the UK).

2.9 The Peaks Unit

The Peaks Unit at Rampton Hospital forms an integral part of a national programme to develop, pilot and deliver new services for patients who present a high risk of committing serious sexual and / or violent offences as a result of a Dangerous and Severe Personality Disorder (DSPD). The programme was established in 2000, as part of a wider partnership between the Prison Service and the NHS to deliver appropriate and effective health services to persons already in custody who pose a high risk and have a DSPD. The Service was originally commissioned as a 70 bed unit for men who have a diagnosis of DSPD and operates as one of the four national pilot sites providing this Service. In April 2009, at the instruction of the National DSPD Programme Board the number of commissioned beds was reduced to 60, with 10 funded prison in-reach places.

The Unit provides comprehensive assessment and treatment in a safe and secure environment that is purpose built. The Peaks Unit remains at the forefront of NHS Research and Development with its studies into the efficacy of care and treatment for this specialist patient group.

2.10 High Secure - Therapies & Education

The Therapies and Education Department (TED) provides a service to both male and female patients in all Clinical Directorates in Rampton Hospital. The Department employs 139 staff from a variety of Allied Health Professions (AHP's) and educational backgrounds. The role of the Department is diverse and reflects its multidisciplinary nature and all professional groups link to clinical teams and provide assessment, reassessment and treatment. TED works to provide activities (spanning Occupational Therapy, Arts and Speech and Language Therapy, vocation, leisure and education), while reducing risk and helping to prevent reoffending. These interventions also aim to underpin the specialist treatment programmes by providing patients with the skills to engage in treatment. The Department provides a needs-led service while supporting the Directorates to achieve their clinical strategies.

2.11 Forensic Facilities Directorate

The High Secure Facilities Directorate was established at Rampton Hospital in the mid 1990's and has made great efforts to ensure that a quality support service is provided to the patient population and front line staff. The Directorate employs approximately 135 whole time equivalent staff who offer support to Clinical Directorates in relation to Hotel Services, Minor Capital Projects, Estates Management and Maintenance, Fire, Health and Safety, Administration, Helpdesk facilities and the provision of expert advice in relation to facilities matters.

2.12 High Secure Security Service

The Security Service is fundamentally integrated into all aspects of physical, procedural and relational security within the High Secure Service at Rampton Hospital. The Service supports clinical teams and other departments in ensuring the Hospital provides:

- ✚ Effective protection of the public;
- ✚ A safe environment for patients in which high quality care and treatment can be delivered, and;
- ✚ An environment which is as safe as possible for staff to work and people to visit.

Through the annual prison service audit and internal audit processes, the Service ensures compliance with the Secretary of State's Safety and Security Directions issued in November 2000 and subsequent amendments. Central to the clinical input of the Department is the collating, analysing and disseminating of security intelligence and ensuring the continued development and management of a robust Security Intelligence System. The Service is committed to providing ongoing mandatory and developmental security education and training for all staff, which meets necessary organisational and personal performance criteria. An important aspect of work is providing security advice and support to all major and minor Capital Schemes in the hospital. The Service has responsibility for the hospital entry and egress system as well as the Reception Service, and the screening of all goods and people entering the secure area of the hospital. It also maintains an effective Control Room with CCTV perimeter detection and other technological systems. Escorting of visitors, contractors and patients is a key function of the Security Service.

2.13 High Secure Physical Health Centre.

The Primary Healthcare Service and the Hospital Healthcare Centre provide a comprehensive physical healthcare service to all Clinical Directorates. The service incorporates, Dentistry, Physiotherapy, General Practitioner Services, Podiatry, Practice Nursing, Health Promotion & Healthy Lifestyles and Infection Control services. The service has approximately 18 staff and a number of specialist professional visitors who provide Physical Healthcare service to the hospital.

A schedule of the services we provide, together with activity measures, is included as Appendix A.

3. Strategic Drivers for Forensic Services

This section describes the factors that have influenced our Integrated Business Plan; they reflect diverse range of considerations, both internal and external.

3.1 Service Demand

The Division is attuned to serving the demands of the local, regional and national populations depending upon the service profile. Nottinghamshire is within the NHS East Midlands Strategic Health Authority, along with Northamptonshire, Leicestershire & Rutland, Lincolnshire and Derbyshire. Nottinghamshire is served by 3 Primary Care Trusts (NHS Nottingham City PCT, NHS Nottinghamshire County Teaching PCT and NHS Bassetlaw PCT) and 3 Acute Trusts (Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust and Doncaster and Bassetlaw NHS Foundation trust). As well as the known demographic changes related to:

- ✚ An increasingly elderly population;
- ✚ An ethnically diverse community;
- ✚ A growing Black and Minority Ethnic (BME) population;
- ✚ The growing community of people with Learning Disabilities;
- ✚ Increasing Drug and Alcohol dependency.

Forensic Service demand is closely aligned to the Mental Health and Learning Disability needs of the criminal justice system population. The statistics on prevalence provided by the 2001 Office of National Statistics study of psychiatric morbidity amongst prisoners indicate that approximately 90% of prisoners have either a psychosis, a neurosis, a Personality Disorder (PD), or a Substance Misuse problem. Recent systematic reviews on mental health and prisoners, the ONS study and other prevalence studies propose the following prevalence ranges within the prison population:

- Personality Disorder – ranges from 50% (in sentenced and remand female prisoners, to 78% (in male remand prisoners);
- Neurotic Disorder – ranges from 40% (in male sentenced prisoners) to 76% (in female prisoners);

- Drug dependency – ranges from 34% (in male sentenced prisoners) to 52% (in female remand prisoners);
- Alcohol dependency – ranges from 19% (in females sentenced prisoners) to 30% (in both sentenced and remand male prisoners);
- Schizophrenia or Delusional Disorder – ranges from 6% (in male sentenced prisoners) to 13% (in female remand and sentenced prisoners);
- Affective Psychosis – 1% - 2% of prisoners.

Subsequently Prison rates of self harm and attempted suicide are reported as high:

- Attempted suicide over a 12 month period ranged between 7% (in male sentenced prisoners) and 27% (in female remand prisoners);
- Self-harm during the current spell in prison ranged between 5% (in male remand prisoners) and 10% (in female sentenced prisoners).

There is strong evidence that prevalence rates in women twice exceed that of their male counterparts. The Women's Offending Reduction Programme in 2004 acknowledged this and aims to reduce women's re-offending by ensuring that women receive greater support before, during and after custody. The Home Office-commissioned Corston Review recently recommended completely replacing the women's prison estate and creating better alternatives.

3.2 Commissioning Arrangements

High Secure Services are currently commissioned by a National High Secure Services Commissioner hosted by North West Regional Specialised Commissioning Group but operated via Regional Specialised Commissioning Groups (SCGs). For our Trust, High Secure Psychiatric Services are commissioned by the East Midlands Specialised Commissioning Group (EMSCG) hosted by NHS Leicestershire County and Rutland Primary Care Trust.

Medium Secure Services within Nottinghamshire Healthcare are commissioned currently by two regional Commissioners. The East Midlands Specialised Services Commissioners

(the same Commissioners as those who currently commission High Security) and the Yorkshire Regional Specialised Commissioners hosted by NHS Barnsley.

From April 2010 EMSCG will take on full commissioning responsibility for Low Secure Services whilst the community element of the Forensic Service and Prison In-reach will continue to be locally commissioned by the PCTs in Nottinghamshire with NHS Nottingham City acting as the lead commissioner.

3.3 Clinical Engagement

The Services provided in the Division have been for some time considered as highly reputable and groundbreaking. As well as being of high quality, the services have a considerable portfolio in terms of practice development and research. To continue with this standard of repute and achievement within the context of efficiency savings and greater throughput will require a close integration of academic activity with the workstreams in this plan. The aims of this are two fold, firstly to ensure that service development continues in a credible and evidence based way, but also to ensure that the outputs from this plan and its workstreams are reported upon and can contribute to the future of forensic services.

Not precluding all of the drivers around evidence based practice and clinical guidelines, clinicians are acutely aware of changing demographics, new technologies and how the variations in standards of quality, safety, access and value for money are shaping people's expectations about the care that is delivered. Subsequently one of the most frequently cited priorities for development within the Service has been for clinical modernisation. The Service is required to have shorter waiting times, deliver better services, use technology to enhance how it operates, and shore up the concerning variations in the care that is offered. These aspirations are subsequently shaped in this IBP.

3.4 Financial Performance

The Forensic Division has made a surplus since the inception of the Trust in 2001, and has demonstrated sound achievement of its Cost Improvement Programme (CIP) targets in each year. During 2008/9 and 2009/10 forensic services were requested to plan savings on the basis of at least 3% of the recurrent baseline in each year.

Savings for 2010/11 and 2011/12 have been planned at 3.5% and 4.5% respectively amounting to approximately £20 million over the next five years. In addition, two separate pieces of work were commissioned by the High Secure National Oversight Group during 2009; one reviewing High Secure bed capacity and the second reviewing Value for Money across High Secure Care Pathway. Early feedback from both of these pieces of work has been received and has reported that the overall bed capacity within Rampton Hospital is correct although some internal reconfiguration of bed capacity between the Mental Health Service and Personality Disorder Service has been recommended. The Value for Money exercise has demonstrated that of the 3 High Secure Hospitals, Rampton is the most cost effective.

The Division recognises that it needs to approach costs improvements and efficiencies in a planned and systematic manner. In April 2008 the High Secure Service launched its 'Moving Forward – Benefits Realisation' Project which had been developed as part of the High Secure Overview Plan 2008-2012 and to support the Forensic Integrated Business Plan. The project has a number of workstreams which span the underpinning theme of modernisation. The Project aligns with the Trust's productivity strategy agreed in June and during 2009/10 was extended to encompass the entire Forensic Division.

The Division has carefully considered its potential 'downside' scenario's as well as clearly identifying and articulating its service development plans. The downside scenario's identified are:

- **Reduction in commissioned beds and income of 10% at Wathwood Hospital.**
- **Reduction in commissioned bed and income of 10% at Arnold Lodge.**
- **Reduction in commissioned bed and income of 50% for the DSPD programme.**

The detail of each of these downside scenarios has been fully considered and modelled into the LTFM with an implementation plan for achievement. Equally, the Division's risk register reflects the cost improvement schemes which it has considered to be of High Risk. Each of the services within the Division has also undertaken a risk assessment of those cost improvement schemes that are considered to potentially have an impact on the quality of clinical services delivery, and mechanism are in place for both individual services and

the Division to continually monitor the impact of these scheme following their implementation.

3.5 Commercial Influences and our Position

With the current market share fixed through the NOG there is little scope for planning to increase in activity, although this could be raised as an option over the longer term. There will also be a limited amount of growth money allocated as part of the tariff when the comprehensive spending review is published. At the present time by law, all High Secure Psychiatric Services in England and Wales have to be provided within the NHS. It would appear therefore that competition could only come from either MerseyCare (Ashworth) or West London Mental Health Trust (Broadmoor). However it will only require a change in the law to allow private or voluntary sector competition. At the present time the costs of the service appears competitive, although it is by its very nature an inpatient service. The possibility of moving the Service to the community or having day care or community care to achieve cost improvements is not possible. It is acknowledged that with a minimum 3.5% annual cost improvement, maintaining quality is severely limited.

The High Secure Service operates within a fixed market with the Commissioners unwilling to purchase any further beds in this sector. The Service needs to alter models of care incorporating some of the benefits afforded by Agenda for Change and the changes in the 2007 Mental Health Act. However the most effective way of achieving true cost improvements would be by a higher turnover with a greater throughput in the secure estate. This will though require a change in commissioning arrangements so that the service is paid by turnover or Consultant Episodes, rather than occupied bed days. Further cost savings can be made by investment in new building design, but this is also limited as Commissioners specify ward size and staffing levels, along with grade mix.

Our unique range of Forensic Services, profile and significant expertise and experience in the field of Mental Health & Learning Disabilities, gives our Trust an enviable track record of achievement, excellence and innovation that we firmly believe makes us stand out amongst other Trusts. Recent analysis has made known our competitors with their plans to provide Medium and Low Secure Forensic Services. Our IBP highlights the need for us to market on the basis of our unique selling points:

- ✚ The quality of our therapeutic programmes.
- ✚ The quality of our service user & carer experience.
- ✚ Excellent internal / external partnerships and relationships.
- ✚ Our processes of Involvement.
- ✚ Our unique range of service provision, expertise, advice, information, education and research.
- ✚ Our leading academic profile.
- ✚ Our managed care networking and robust care pathways.
- ✚ Our financial performance / standing.

Considering our position, our IBP intends to reduce our threats (both internal and external) and make use of our opportunities and shore up our weakness. Exploiting our strengths, we are looking for growth through increasing our market share, continue in responding to core NHS business opportunities as well as exploring new markets (e.g. the Criminal Justice system).

3.6 Our Estate

Patient services are provided from the following 4 major sites: Rampton Hospital, Arnold Lodge Hospital (Leicestershire), Wathwood Hospital (South Yorkshire) and the Wells Road Centre at Nottingham. The total property asset value of the Division is £216,437 million (Land and Registry Net Book Value, circa 2008/09: Estates Strategy, 2010/11). The majority of our buildings are sound, operationally safe and exhibit only minor deterioration. Due to the nature of the Division, it is reliant on a substantial number of properties that are essential for the provision of services. It is considered that these will become Protected Assets in any future NHS Foundation Trust authorisation, and would be subject to consultation with the respective Overview & Scrutiny Committee if any changes were considered necessary. There are ongoing estate plans included in this IBP related to the Division's Clinical Strategies and Directorate Objectives for the next 5 years. At present the developments are replacements of existing buildings to provide 21st century accommodation, and developments to increase capacity (and income) as well as investments to save. The Division has considered in its plans the need for better access, reduced capital charges, new service aspirations, better proximity for access to therapies, revenue savings and multi-purpose buildings.

3.7 The Workforce

We are privileged to have a dedicated and skilled workforce, which is committed to the improvement of our services and helping the people who use our services. Many of our staff contribute to national developments in forensic services and have made significant contributions to service development. We recognise the vital role they play in delivering our future services, and we are committed to their successful development in line with our service needs. We place great emphasis on leadership and driving up the quality of our services, and through our recruitment programmes, staff appraisal, communications and workforce planning, we will ensure we have well trained and motivated staff delivering our services, both clinical and non-clinical.

The future described in this IBP looks at change in an inclusive rather than exclusive way. Where there are changes to Models of Care delivery and structures there are inevitable workforce implications. Modernising our working practices is an underpinning theme of our Moving Forward Benefits Realisation Project and means adopting new ways of working and positively harnessing the opportunities and career development that this offers, needing to consciously embed new developments within professional groups and legislation changes into our proposals. Implementing our IBP involves working in close partnership with Staff Side colleagues and our staff to look at the impact on each professional group and individuals, and on handling the areas that are affected by staffing changes.

3.8 Policy & Performance

The Division and therefore the Trust is known for its provision of unique and innovative services which are a strong foundation upon which we can build to achieve more for the populations which we serve. Now, in 2010, we are developing the strategy and tactics to thrive and achieve significant success in the new environment of NHS Foundation Trusts, strengthening commissioning and the roll-out of the Darzi Review: Our NHS Our Future. To deliver this, services are working on clinical engagement with internal and external partners, and promoting service innovation and staff development. The aspirations of the Darzi Review are frequently cited in individual Directorate IBPs. Whilst fairness, personalisation, effectiveness, safety and aspiring delivery are well embedded into clinical strategies.

As a Division we are undergoing a process of reform that will see Nottinghamshire Healthcare NHS Trust develop through the Foundation Trust equivalent (FTE) Programme, whilst health policy continues to aspire to the provision of world class services and an increasing plurality of provision. The introduction of Payment by Results (PbR), patient choice, diversity of provision, Practice Based Commissioning (PBC) and Foundation Trusts, is requiring all NHS organisations to adapt to the new business environment. This Division supports this vision and is committed to the new regulatory framework and transparent financial arrangements.

‘As a Division the impetus to develop new Models of Care, increase quality, productivity and effectiveness, and pursue innovation are timely and welcome.’

These aspirations will be carefully managed in a financial and performance regime that has to be fit for purpose for the future. Internal and external scrutiny of Forensic Services has become the norm, both in terms of Clinical and Corporate Governance. Methods of assessment and accreditation will continue to ensure that our Forensic Services are benchmarked against national standards, as well as local competitors; recent and positive examples have been the Medium Secure Standards Assessments. Any opportunities to pump-prime our performance and innovation will be grasped.

4. Forensic Division, Vision and Plans 2010 – 2015

4.1 Introduction

In outlining the Division's Vision and Plans, service lines (or Directorates / Services) have ensured consistency with the Trust's over-all strategic aims of customer focus, operational excellence and business development; whilst placing these firmly in the context of providing Forensic Services. There are common objectives across all the individual IBPs that make up the collective IBP. These are namely to:

- ✚ Maintain all contracted activity levels;
- ✚ To achieve all required key performance indicators (varying by service);
- ✚ Implement involvement plans;
- ✚ Maintains budgets within balance, and;
- ✚ Achieve all planned cost improvements.

In addition, each Directorate / Service has objectives related to its own clinical strategy or service provision. Examples of these are detailed below.

4.2 Directorate Plans and Service Developments

Low Secure and Community Forensic Directorate: Directorate objectives related to the clinical strategy include providing comprehensive local and regional low secure in-patient services. It is proposed to increase the bed capacity of the Wells Road Centre from 45 to approximately 80 and create a forensic hub. This will involve the refurbishment of wards in order to achieve compliance with the National Minimum Standards for General Adult Services in PICU and Low Secure Environments (2002). The additional provision will include an enhanced service specification for Low Secure male mental illness service, a transitional low secure female service, a Low Secure Learning Disabilities service and Medium Secure Learning Disabilities service. Following the creation of a satellite directorate for Prison Healthcare a further objective is to respond to appropriate tender opportunities to enhance and expand this Directorate.

The Directorate is also proposing to create a 10 bed Low Secure Step Down facility in close proximity to the Wells Road site, in order to provide a seamless clinical pathway for our patients.

Medium Secure – Arnold Lodge: This Service intends to proceed with a strategic outline case to increase the service by 20 beds. The classification of the Service is dependent on commissioner requirements. It is anticipated that this development would in the first instance, enable the older wards at Arnold Lodge to be refurbished. Other Directorate objectives reflect the onward development of the Directorate Clinical Strategy, ensuring that patient experience is robustly evaluated and that the service complies with the best practice guidance for Adult Medium Secure Services.

Medium Secure – Wathwood Hospital: The objectives of this Service reflect plans to develop a 16 bedded low secure step down facility on the site and re-provide the Intensive Care Unit on the site to modern standards. The present infrastructure easily accommodates this development. In order to meet future clinical development and financial challenges the further objective at Wathwood Hospital is to re-negotiate its contract with its Commissioners.

High Secure Mental Health Service: The Service objectives involve maximising the use of the estate and an amount of reconfiguration arising from changes in the needs of the patient population. Further objectives focus on achieving formal designation of the Deaf Service and progression to Full Business Case for new accommodation for the Service. During 2010/11 the Service will also be progressing with its implementation plan following its merger with the Learning Disability Service, providing more efficient patient pathways, roll out of the Releasing Time to Care Programme across all wards and implementation of its staff training and development strategy.

National Centre for High Secure Learning Disability Services: As suggested previously this Service is in a period of transition and the Directorate Team are actively involved in preparing for the move into the new unit in June 2010. Since April 2009, the Service has been running its Transitional Project with 8 separate work streams, each consisting of a cross section of staff and disciplines to effectively manage the service transition. This work will continue throughout 2010/2011.

High Secure Personality Disorder Directorate: The plans of this Directorate involve embedding activity programmes fully into the Directorate as well as making better use of day care facilities. During 2009, work commenced on refurbishing 3 wards in order to maximise the use of the estate and achieve future cost savings. This work is expected to be completed by January 2011 following which it will implement its plan to realise the benefits from the scheme. Other objectives for the service include the roll out of Releasing Time to Care to all wards, and continue with its ongoing work on the PD Pathway.

National High Secure Women's Service: The Directorates objectives focus on the unique challenges experienced within this Service. The Service is developing its clinical strategy responding to needs with a dedicated Trauma and Self-harm Service. Further plans reflect objectives around the provision of a meaningful day programme, the development of an enhanced care facility and enhanced ward team functioning. The Service has expressed its agreement to extend its catchment area to all of the United Kingdom.

The Peaks Unit: The objectives of the Service involve embedding the clinical strategy, further development of treatment pathways and evaluation of core data and outcome measures. Plans are in place related to social learning, staff training and development, research and development. In 2009/10 the bed capacity for the service reduced for 70 to 60 beds.

High Secure Therapies and Education (TED): Onward plans within TED include restructuring the department in line with the Integrated Care Pathway and Meaningful Day work and increasing the number of weekend and evening sessions offered to patients, Strong multi-disciplinary working while providing a meaningful treatment programme is a theme throughout the Directorate Clinical Strategies and subsequent business objectives. Much emphasis is placed on the integration of the TED to deliver these interventions with a move away from the traditional centralised provision and subsequent provision of Directorate specific Day Centres. As part of this work a review of the traditional activities offered will be undertaken looking at relevance and risk appropriateness, and considering alternative up-to-date work skills. In addition amalgamation of vocational areas is a further objective to deliver the reviewed work-skills programme and assist with staffing levels to ensure continuity of service during annual leave and sickness.

Forensic Facilities Directorate: The onward vision for the Service involves the development of a robust Estates Strategy to ensure that there are high-quality, well-located buildings, which are in the right condition to facilitate the delivery of modern mental healthcare services. The Service intends to enhance patient and carer involvement embedding the principles of the Darzi Review: incorporating a fair, personalised, effective, safe and locally accountable service. Other objectives focus upon the two-pronged approach to service improvement, which is operational through the Facilities Modernisation Programme with emphasis on improved performance and the measurement of standards, as well as effective risk management arrangements.

The future focus of the Facilities Directorate is firmly upon:

- ✚ The Delivery of new capital schemes (minor and major).
- ✚ Increasing and re-launching Catering Outlets as Options Brand.
- ✚ Strategic reduction of High Risk Backlog Maintenance to zero.
- ✚ Enhancing the care environment and amenities in accordance with Trust Objectives, to meet all relevant standards (e.g. PEAT, Cleanliness, BHF, H&S, Statutory, Backlog, HCAI, Deep Clean Initiatives etc). There will be a proactive approach to delivering deep clean requirements and actively reducing the risk of Health Care Associated Infections (HCAI).
- ✚ Working in partnership with Clinical Directorates to support and assist in their Integrated Business Plans.
- ✚ Developing Service Level Agreements with all Clinical and significant Corporate Client Teams.
- ✚ And working in partnership on the service obesity strategy.

High Secure Security Services: The objectives of the Service focus upon the achievement of the security key performance indicators, and improving the long term resilience of security systems. Further plans involve ongoing review of Security Liaison Nurse Services in collaboration with Broadmoor and Ashworth Hospitals. The Service is leading on the development of a web-based security framework and has ongoing objectives related to providing security advice, policies and intelligence.

High Secure Physical Health Services. The objectives of the service focus on the expansion of the existing General Practitioner Service, and an increase in the range of services provided from the hospital site to reduce the number of external hospital appointed attendments by patient. 2010/11 will also see the installation of a new GP IT system, enabling the service to compile comprehensive disease registers and the expansion and enhancement of Infection Control Services across the hospital site.

The most significant developments are shown as service development proposals in Appendix B.

5. Forensic Division Integrated Business Plan Summary

This section assimilates all of the Directorate and Services Plans into an overall Forensic Integrated Business Plan and summarises the main themes.

5.1 Involvement, Patient Experience & Clinical Development

Each Directorate and Service has an Involvement Plan, and this IBP adheres to the spirit of their aims and objectives. Implementing this plan requires raising awareness and engaging staff, partner organisations, and patients and carers. This engagement will reduce the negative impacts of change and proactively manage the shift in expectations. All statutory responsibilities will be maintained in terms of public involvement and scrutiny.

Best use will be made of existing involvement mechanisms and channels of communication. These will be supplemented by face-to-face briefings with patient and carer groups, key partner organisations and internal staff groups. There will be active engagement with clinicians in the process of identifying service modernisation and redesign. The clinical modernisation described in this plan holds considerable prospects for extending current patient choice, New Ways of Working (NWW), whole systems thinking and clinical engagement.

5.2 Driven Performance

Implementing this IBP the Forensic Division will credibly contribute to the Trust's performance against the Annual Health Check, which drives improvements in healthcare for patients. The Division contributes through a variety of mechanisms; from how well the Service has met the Department of Health's (DH) core standards and existing national targets; to how effectively it has managed its financial resources. This IBP fully supports improved performance and an acceleration of our achievements. In the context of Forensic Mental Health Services, the Division is active in all of the national priority areas:

-  Improving the health of the population;
-  Supporting people with long-term conditions;
-  Enabling appropriate and timely access to services;
-  Monitoring and learning from patient / user experience.

Developments in this IBP also account for the evaluation of our financial performance and the standards set for us as a specialist Division.

5.3 Workforce Development

With a greater emphasis on role clarity and flexibility, NWW, and the tenets of Darzi, it is vital that we equip our workforce to meet the challenges in this IBP. This ranges from helping them to stay healthy at work, promoting their wellbeing to radically reviewing job roles, and developing capability. Vital to our onward delivery of this IBP is staff training, engagement at all levels, making the most of NWW for everyone and effective governance. We have fully considered the profile of our workforce, our absence levels and reconfiguration in the assimilation of our 5 year plan. Changes in the workforce profile from our current base line, year on year are available on request.

Effective leadership and a valued, skilled workforce are at the heart of success and the delivery of effective Forensic Services. We need to consider in more detail how we will invest in our workforce to deliver change, both culturally and operationally. It is vital in the shaping of our services to fully meet the needs of people who use our services, and improve the productivity of our Teams. As part of our plans we are taking significant steps to modernise the workforce; implement NWW, align our staffing to new models of service, modernise working time arrangements and reduce absence levels.

5.4 Efficiency and our Financial Strategy

Our IBP builds on our track record of delivering financial duties and using our financial strength to innovate, enhance and improve the services that we currently provide and those that we hope to provide. In spite of having consistently met all statutory requirements, there are still improvements that can be made to meet best practice. The Division is welcoming the opportunity to become more effective in its financial management and reform both its financial and performance management structures and processes which support the Division and its onward plans.

The Division has performed well financially over time and is not complacent about its need to make significant efficiencies to maintain its position; many of which are reflected in this IBP. We believe that building upon our performance and project management arrangements will help improve financial management and ownership, and improve

engagement and delivery in reaching finance targets including those in the challenging area of efficiency gains. The onward financial summary of the Division is shown in Appendix D. The efficiency gains factored into these projections are subject to ongoing development. The Division wishes to use any non-recurrent funds to pump-prime its prospects for making future efficiencies as well as on the development of new care pathways.

5.5 Estates Plans and Five Year Capital Programme

The Division forecasts continual investment in its already significant asset base over the planning period. The various major capital schemes that are significant to this IBP are detailed in the table below, highlighting Service developments versus maintenance expenditure. These have been modelled in the Long Term Financial Model (LTFM).

CAPITAL INVESTMENT	10/11	11/12	12/13	13/14	14/15	Total
	£m	£m	£m	£m		£m
<u>Service developments:</u>						
High Secure Learning Disability	0.2					
Learning & Development centre	0.4					
Pennine decant ward	2.4					
Forensic Personality Disorder ward alterations / refurbishment						
Estates Strategy priorities	0.8	2.3	2.3	2.3		
<u>Capital Maintenance Expenditure:</u>						
Assuming 50% allocated to Forensic	2.0	2.0	2.0	2.0		

The Division works on a monthly basis to prioritise and monitor its minor capital schemes which are referenced in the separate IBPs that make up the Divisional Plan. Further to this, the Division will be seeking through the development of the detailed Estates Strategy and Site Control Plan, how best to reconfigure its use of buildings on the Rampton Hospital site and those that are surplus.

6. Conclusion

This IBP presents the aspirations of the Forensic Division of Nottinghamshire Healthcare NHS Trust. It takes account of the underpinning drivers which have shaped our future plans and aspirations. Assumptions have been made about activity and finances based upon what is currently known. In the context of the day to day operation of services, these assumptions have been integrated with plans to develop new Models of Care, modern structures and the use of effective methods for managing the patient journey. Delivering this plan involves the development of new policies and practices, some of which present significant political and practical challenges – although at no time does this plan intend to stray from what is safe and sustainable service delivery.

This IBP does imply that there are opportunities to reconfigure aspects of how the Division provides its services to make it more efficient. However, it cannot exploit many of the strategies open to other healthcare organisations, which have a great deal more flexibility about what they offer, where they deliver it and how they operate. The process of developing this IBP indicates that continued efficiency savings at this level will not be sustainable over a longer period than is detailed in this plan. However this in no way detracts from the efforts that will be made to keep the Forensic Division leading edge.

Appendix A – Schedule of Services

Forensic Services Division

Care Group				
High Secure Services	Service Descriptor	Area Served	Reference Cost Category	Forecast 09/10 Outturn
National High Secure Service for Women.	Fifty bedded service for women covering Personality Disorder, Mental Illness, and Learning Disability / Complex High Dependency Needs.	England & Wales	Occupied Bed Days	16211
National High Secure Learning Disability Service.	Sole provider of High Secure Forensic Services for patients with a Learning Disability (48 beds presently).	England & Wales	Occupied Bed Days	15233
Personality Disorder Service.	Assessment and treatment service for 70 male patients with a Personality Disorder in a High Secure Hospital setting.	Regions: Northern, Trent (East Midlands), Eastern, Yorkshire	Occupied Bed Days	21975
Mental Health Service.	Assessment, treatment and rehabilitation / pre-discharge service – as well as providing the National High Secure Service for Deaf Men.	Regions: Northern, Trent (East Midlands), Eastern, Yorkshire	Occupied Bed Days	45290
The Peaks.	Sixty bedded Treatment Unit for men with Severe Personality Disorder. 10 funded prison in-reach places.	Regions - Trent, Northern & Yorkshire, Eastern, North West, West Midlands, & Wales.	Occupied Bed Days	18793
Medium Secure Services	Service descriptor	Area Served	Reference Cost Category	Forecast 09/10 Outturn
Wathwood Hospital.	Sixty beds providing Medium Secure Care and treatment to male adult patients suffering from Mental Illness.	S Yorks, Derby, Chesterfield, Nottinghamshire	Occupied Bed Days	19268
Arnold Lodge.	Eighty-six beds providing Medium Secure Care and treatment to male adult patients suffering from Mental Illness and / or Personality Disorder. including 10 beds for women requiring medium secure care and 10 beds for women requiring enhanced medium secure care for the treatment of their mental disorder	Leicestershire, Northamptonshire, Rutland, Trent excl. Derby & Chesterfield	Occupied Bed Days	28491
Low and Community Forensic Services	Service descriptor	Area Served	Reference Cost Category	Forecast 09/10 Outturn
Wells Road and Community Forensic Services.	Specialist Low Secure Forensic Inpatient Service providing a range of services across the care pathway.	Nottingham PCT, North Notts PCT, Bassetlaw PCT	Occupied Bed Days	13662
Wells Road and Community Forensic Services.	Specialist Community Teams, providing a range of services across the care pathway.	Nottingham PCT, North Notts PCT, Bassetlaw PCT	1 st /follow up visit Prison 1 st /follow up visit	7101 3756

Appendix B - Service Development Proposals

Year 1 – 2010/11

Planned Development	Description	Commissioner Support / Intent
High Secure Mental Health Services.	<ul style="list-style-type: none"> Continued development of specialist and advanced Deaf Service – development of Full Business Case. Formal designation as National Service. 	Service agreed & SOC subject to agreement.
High Secure Learning Disability Services.	<ul style="list-style-type: none"> Transition project for move to new build. Opening of new build provision with Increase of 6 beds. 	Agreed.
High Secure – Personality Disorder Services.	<ul style="list-style-type: none"> Complete E-Block accommodation refurbishment. 	Agreed.
Low Secure & Community Forensic Services.	<ul style="list-style-type: none"> Development of Well Road Hub. Additional bed capacity Expansion of Prison Healthcare Service through tendering for additional business. 	To be confirmed.
High Secure Services – DSPD.	<ul style="list-style-type: none"> Establishment of prison in-reach service to HMP Frankland. 	Agreed.
High Secure Service – Women’s Directorate.	<ul style="list-style-type: none"> Extend catchment to all of UK Implementation of dedicated directorate self harm service 	Agreed. Agreed.
All Forensic Services.	<ul style="list-style-type: none"> Implementation of the Moving Forward Benefits Realisation Project. 	In progress.
Medium Secure Services – Wathwood.	<ul style="list-style-type: none"> Increase of 12 beds – for patient group based upon Commissioning requirements. 	Supported in principle.
Medium Secure – Arnold Lodge.	<ul style="list-style-type: none"> Refurbishment of the older inpatient estate. 	Supported.

Year 2 - 2011/12

Planned Development	Description	Commissioner Support / Intent
Low Secure & Community Forensic Services – 2012.	<ul style="list-style-type: none"> Enhancing secondary care across 4 Nottinghamshire Prisons. 	Under negotiation.
Medium Secure – Arnold Lodge.	<ul style="list-style-type: none"> Refurbishment of the older inpatient estate. 	Supported.
Low Secure & Community Forensic Services – 2012.	<ul style="list-style-type: none"> Wells Road as low secure hub nears completion. Step down service online. 	Subject to Procurement.

Low Secure & Community Forensic Services – 2012.	<ul style="list-style-type: none"> To provide a 10 Bed Low Secure Male Personality Disorder Service. 	Subject to Procurement.
All Forensic Services.	<ul style="list-style-type: none"> Implementation of the Moving Forward Benefits Realisation Project. 	In progress.

Year 3 - 2012/13

Planned Development	Description	Commissioner Support / Intent
Low Secure & Community Forensic Services – 2012.	<ul style="list-style-type: none"> Enhancing secondary care across 4 Nottinghamshire Prisons. 	Under negotiation.
Medium Secure – Arnold Lodge.	<ul style="list-style-type: none"> Refurbishment of the older inpatient estate. 	Supported.
Low Secure & Community Forensic Services – 2012.	<ul style="list-style-type: none"> Wells road now as low secure hub 	Subject to Procurement.
All Forensic Services.	<ul style="list-style-type: none"> Implementation of the Moving Forward Benefits Realisation Project. 	In progress.

Year 4 - 2013/14

Planned Development	Description	Commissioner Support / Intent
Medium Secure – Arnold Lodge.	<ul style="list-style-type: none"> Increase of 15 beds – for patient group based upon Commissioning requirements. 	Supported in principle.
All Forensic Services.	<ul style="list-style-type: none"> Implementation of the Moving Forward Benefits Realisation Project. 	In progress.

Year 5 - 2014/15

Planned Development	Description	Commissioner Support / Intent
All Forensic Services.	<ul style="list-style-type: none"> Implementation of the Moving Forward Benefits Realisation Project. 	In progress.



Our
Trust is
SMOKEFREE

