# Response ID ANON-5XQW-84RW-A

Submitted to Consultation guide: New service specifications for Adult Meduim and Low Secure Mental Health Services Submitted on 2017-05-03 13:46:04

New service specifications for Adult Meduim and Low Secure Services

1 To what extent do you agree that the specification clearly describes the service to be provided?

Agree

2 Please state any areas where you feel the description of services could be improved:

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In both the description of the low secure and medium secure services there could be greater attention paid to the involvement of the service user in their care plan. It could be argued that this absence leads to a perception of "doing to" rather than "doing with". There is no mention of the term "co-production" and this is an omission that needs addressing.

Also there could be greater clarity about admission to secure services following assessment in secondary services and the time frames that are considered acceptable

3 To what extent are you satisfied that all the relevant information for this service specification has been included?

Satisfied

4 Please state any information you feel needs to be included:

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5 Are there any parts of the specification that are unclear and would benefit from greater clarification?

Yes

6 Please identify the areas you feel are unclear within the specification:

### Please identify the areas you feel are unclear within the specification::

There could be greater clarity about admission to secure services following assessment in secondary services and the time frames that are considered acceptable. Members of the RCN are sometimes dealing with frustrated service users awaiting a bed in secure services from a PICU that leads to exacerbation of their behavioural challenges to the service they are residing in.

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7 Is it clear that the specification represents part of a whole pathway?

Yes

8 Please state where you feel it is unclear that the specification represents the whole patient pathway:

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9 Is it clear how these services work with other organisations?

Yes

If not, what would help to describe this more clearly?:

10 Do you think these specifications represent the latest evidence in secure care?

No

### If no, what needs to be included?:

Please see below comments (section 16) regarding trauma informed care.

11 Please state any views on how the service specification can contribute to promoting equality and reducing health inequalities faced by patients:

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12 Can you state any potential impact on specific groups:

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The emphasis on physical health care is particularly welcome and addresses the needs of a population that achieves poor health outcomes compared to individuals without a serious mental illness label.

### Specific questions for the low secure specification

13 In terms of low secure is the definition with the specification correct?

Yes

If no, what do you think this should be?:

14 Are the eligible patient groups described clearly enough?

No

# If no, what do you think this should be?:

There is no mention of transgender patients and this needs consideration.

### Specific questions for the medium and low secure specifications

15 Do you think that the specification adequately describes the secure services in respect of patients who may have longer term needs?

Yes

### 16 Any other comments or feedback is welcome:

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In the consideration of the specific issues related to female clients there could be greater evidence of consideration of "trauma informed care". Whilst there is recognition of the part that trauma plays in the journey that these clients have undertaken, there is no real development of this theme.

Training programmes are mentioned but need more detail where adapted programmes may be needed for people with LD for example.

Substance misuse (particularly NPS effects) Co morbidity needs to feature more and recognised in this guidance and specifications. Stopping over medication guidance is a key consideration and source of information.

We believe restraint should to be covered in more detail, and with reference to other means of managing challenging behaviour other than last resort physical interventions