



Terms of Reference for National Oversight Group for High Secure Hospitals

September 2009

Terms of Reference for National Oversight Group for High Security Hospitals

Prepared by Jo Leech

© Crown copyright 2009
Updated September 2009
Published to DH website, in electronic PDF format only.
<http://www.dh.gov.uk/publications>

National Oversight Group

Terms of Reference

Purpose

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

Introduction

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

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

In order to carry out this role, NOG must be fully informed by the HSCT on effectiveness, modernisation plans, and service development issues, including capital programmes, utilisation of capacity, comparisons of costs and how the commissioning of high secure services is affected by, and having an effect on, commissioning of medium, low and other related mental health services. NOG also needs to be informed about relevant developments in the CJS.

Via the HSCT, NOG will also receive a comprehensive picture of operational performance issues including steps taken by providers to ensure equity of outcome and experience.

NOG will be informed of future demand and capacity requirements for high, medium and low secure services and will ensure that adequate consultation

and planning is in place to maintain high quality responsive high secure hospital services.

Role of NOG

NOG will

- Form a view concerning whether the Secretary of State's responsibilities under Section Four of the NHS Act 1977 (now 2006) are being properly discharged¹.
- Receive evidence through HSCT that there are in place:
 - Robust commissioning arrangements
 - Effective integration of the pathways in and out of high secure care.
 - Equity of provision for all patients admitted to high secure hospitals.
 - Equity in the access to and egress from high secure hospitals.
- Support the three Strategic Health Authorities (SHAs) within whose area the high secure providers are located to develop effective operational performance management and to consider any significant performance management issues arising with a specific high secure provider.
- Ensure the dissemination of learning across the high secure sector
- Take an overview of provision to be satisfied that capacity is sufficient and services are being effectively delivered.
- Advise on the wider policy/ political context in which services should be planned.
- Encourage and support the pursuit of the integration with the Criminal Justice System and to engage in the wider public protection agenda.
- Review commissioning reports and strategic intent from the HSCT and receive risk assurances from the SHA performance managers.

¹ The 2006 National Health Services Act imposes a specific duty on the Secretary of State for Health to provide high secure hospital services. Due to the complex requirements of these services and the wider concerns around public safety, it is essential for the Secretary of State to have an unimpeded *line of sight* to the Trusts and hospitals directly responsible for providing high secure hospital services for patients from England and Wales. Essentially this means that the Secretary of State must be able to hold local services directly accountable and can issue direct instructions to the service. This requires she/he to be able to obtain an accurate assessment of the current situation at any time regarding both individual issues and the operation of the system as a whole, so that direct action can be taken if deemed necessary. Through the 2006 Health Service Act, the Secretary of State has *powers of direction* which enable her/him to intervene in a high secure hospital in matters of management, security, service provision or capacity.

Terms of Reference for National Oversight Group for High Security Hospitals

Relationship between NOG and National Specialist Commissioning Group (NSCG)

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

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

Relationship between NOG and DH Policy Team

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

Chair of NOG

The chair of NOG should be independent and appointed for three years by DH.

In order to provide additional reassurance to Ministers relating to the exercise of line of sight functions and where the chair of NOG is sufficiently concerned about the appropriateness of the response of *any* part of the high secure system, the chair of NOG may communicate those concerns directly to the Minister.

Frequency of Meetings

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

Outputs from NOG

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

Terms of Reference for National Oversight Group for High Security Hospitals

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

Membership of NOG

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

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

Dates

Date of review: September 2009

Date of next review: December 2010

² Or succession body as appropriate

