



Reform of Delivery of Forensic Mental Health Services

Final Report of Option Appraisal Process

January 2023



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Part A

Executive Summary

1. In March 2019¹, the Minister for Mental Health commissioned an independent review into the delivery of Forensic Mental Health Services chaired by Derek Barron, Director of Care at Erskine. The Independent Review into the Delivery of Forensic Mental Health Services in Scotland was set up to examine the delivery of forensic mental health services, recognising the changes that had happened over time.
2. The Review's remit and purpose as set down in its terms of reference² included:
 - strategic direction, ongoing oversight and governance arrangements;
 - demand, capacity and availability across the forensic secure estate;
 - high secure provision for Women;
 - community forensic mental health services;
 - forensic mental health services and the justice system; and
 - forensic mental health services for client groups with particular needs.
3. This is the final report of the Planning and Collaboration Short Life Working Group ("the Group") set up as part of the Scottish Government's Response³ to the Final Report of the Independent Review of Delivery of Forensic Mental Health Services Chaired by Derek Barron.
4. The Scottish Government are grateful to the time and energy invested by the individual members of the Group and their stakeholder representatives in their contributions to this work. Further details of the Group can be found on the Scottish Government web site⁴.
5. The overall aim of the Group is in enabling the best services possible for people who find themselves in receipt of forensic mental health care. Their work here is an attempt to review and propose a redesign of the planning and governance of the delivery of the health care component of forensic mental health services within the wider health and social care landscape. This milestone will inform the wider Barron Delivery Programme in how planning and governance can help improve the interface between forensic mental health services and other service bodies.
6. The Option Appraisal Process was held in two parts with **Part One - The Long List**; hosted on 12 April 2022. Of the 51 stakeholder participants, 45 returned individual scoring sheets. The results produced a shortlist of the Options 1, 2, 6 and 7.

¹ [Improving mental health services - gov.scot \(www.gov.scot\)](http://www.gov.scot)

² [Independent Review: Terms of Reference - gov.scot \(www.gov.scot\)](http://www.gov.scot)

³ [Scottish Government Response - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁴ [Planning and Collaboration Short Life Working Group - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Option No	Option Title	Description
1	Status Quo	The current service governance model
2	Barron Recommendation One	New NHS Board for Forensic Mental Health Services including community
6	Barron Recommendation One with Custody Settings	New NHS Board governing all levels of security with the addition of custody settings
7	Managed Service Network	New Managed Care/Service Network with formal accountability and competent commissioning role

7. Option Appraisal Process **Part Two – The Short List**; took place on 24 June 2022 where a total of 38 stakeholder participants returned their individual scoring sheets out of a total of 49 participants. The results show Options 2, 6 and 7 as very close with Option 7 slightly in front and Option 1 as the least favoured option.
8. Analysis of the participant scores showed a preference for Option 2 with Options 6 and 7 in relatively close favour and Option 1 lowest.

Unweighted Scores		
Option	Total score	Ranking
Option 2	732	1
Option 7	655	2
Option 6	606	3
Option 1	538	4

9. With the quality assessment criteria weighting applied to scores, this resulted in a reverse in ranking between Option 7 and Option 2.

Weighted Scores		
Option	Total score	Ranking
Option 7	13262	1
Option 2	12388	2
Option 6	12337	3
Option 1	8352	4

10. Participation in the options appraisal process included the Group membership as well as 62 additional stakeholders, of which a cohort of 24 were present at both option appraisal workshops parts one and two.
11. The results verify the necessity of having convened the Group to explore the recommendation that a new NHS forensic board be established and whether alternatives to that recommendation might redress the system issues highlighted by the Independent Review. Results also suggest that the Group, together with relevant stakeholders remain of the view that the status quo is in need of change. However, as the scores show, there was no clear consensus on what the preferred governance model should look like⁵.

⁵ One member of the Group is of the view that the outcome reflects the scale of difficulty faced by participants in fully understanding the ask of this complex challenge.

Background

The Short Life Working Group

12. The Scottish Government published its Response to the Final Report of the Review in October 2021. The Response to Recommendation One, that a new NHS Board should be created for forensic mental health services in Scotland, whilst recognising the excellence of staff delivering services today, also accepted that the ongoing system challenges which led to the commissioning of the Review mean that the status quo of how services are governed needs to be improved.
13. The Response concluded that change is needed to enable improvements to the patient journey. Views on how those changes are delivered are mixed amongst stakeholders and thus this Group was set up to explore options for governance, strategic change and increased partnership working across the forensic mental health landscape.

Group Governance

14. Membership of the Group was drawn from subject matter experts in the delivery of forensic mental health services in Scotland including from the fields of Psychiatry, Psychology, Intellectual Disability, Service Management, Regional Planning and at Chief Executive level. Forensic Mental Health Services at all security levels were represented.
15. NHS clinicians and health service leaders were complemented by representatives not directly involved in the delivery of health services but considered an essential connector in these early stages of the Barron programme. Barron's work had a healthy focus on what people said mattered to them. People with experience either as a service user or practitioner were at the heart of Barron's findings. Therefore, a member of VoX was appointed to the Group to continue the strong person centred approach.
16. Group members included Hannah Axon, COSLA; Jim Cannon NHS Scotland Director of Regional Planning (North); Gary Jenkins, Chief Executive, The State Hospital and mental health lead for NHS Scotland Chief Executive Group; Gordon Johnston, Director, Voices of Experience (VOX); Ms Michele Mason, Area Manager, Edinburgh Support in Mind Scotland; Dr Jamie Kirkland, Consultant Clinical Psychologist, Forensic Intellectual Disability Services NHS Glasgow and NHS Fife; James Meade, NHS Forensic Services General and Service Managers and member from West region; Professor Lindsay Thomson, Medical Director, Forensic Network and School of Forensic Mental Health; Linda Walker, Head Occupational Therapist in NHS Lothian & Allied Health Professional Mental Health Lead.
17. The Scottish Government Deputy Director for Improving Mental Health Services chaired the Group's formal meetings which took place monthly from the Group's inception in November 2021 to its last meeting held in July 2022. Kate Bell provided professional advice to the Group around the options appraisal process and supported the chair in leadership of meetings. The Forensic Mental Health Reform Team provided Secretariat to the Group.
18. Records of meetings of the Group are published on the micro site within the

Scottish Government web space: [Planning and Collaboration Short Life Working Group](#)⁶. Anyone who wishes to find out more about the work of the Group can contact officials at forensicmentalhealthreformteam@gov.scot

19. The Group conducted the majority of their work within the formal meetings; including formulating ideas in developing the long list of options. In addition to these formal meetings, a series of workshops were held in 2022 in April, May and June to which additional stakeholders were invited. Both the Chair and professional adviser for the options appraisal process regularly encouraged members to work with their own stakeholder populations in adding to and further exploring the suggested long list of ideas as well as to propose any additional ideas. Officials worked with members of the Group articulating the long list of options and developing the detail of the various models being proposed.
20. It is recognised that this work has been a small, but essential first step within a large complex programme of work set within a diverse system landscape of multiple interfaces. For services traditionally delivered by local authorities such as social work, COSLA's representation on the Group was a vital connector and conduit for the voice of that local authority environment. The work of the Group will be important in shaping the governance arrangements and work-plan of the Barron Programme Board. Although the work of the Group did not result in a clear preference, it corroborated the view that today's strategic governance and planning infrastructure needs change. Officials are advising Ministers on the results of the work of the Group including suggested delivery models. Feasibility studies around these suggestions will form part of the work-plan in the design of implementation of the outcome of the work of the Group.
21. All Group members acknowledged a key part of their role was to present the varied views of their represented stakeholder groups. This was evident during stakeholder engagement when healthy debate and exploration of options was had between participants and members of the Group.

Scope of Work of the Group

22. The Group's published Terms of Reference suggested that their scope of work include Recommendation Two aimed at reviewing the definition of Forensic Mental Health Services, as well as a range of other interdependent recommendations set out in the final report. Whilst the Group touched on Recommendation Two and agreed a working definition of Forensic Mental Health Services in establishing parameters for their work around Recommendation One; it was acknowledged that the wider Barron Delivery Programme, with its diverse stakeholder interests, was the appropriate environment to explore whole system relationships. The Group therefore, focused its options appraisal around NHS services.
23. The Barron Delivery Programme will be available to share with stakeholders in the autumn of 2022.

⁶ <https://www.gov.scot/groups/forensic-mental-health-services-planning-and-collaboration-short-life-working-group/>

Lived Experience

24. The Group was mindful of the importance of recognising how the voices of people with lived experience had helped to shape the recommendations made in the Barron Report and wanted to ensure that those voices were echoed in their work. This was often a challenging concept to honour as the subject area of planning and governance can be something seen as far removed from people in receipt of services.
25. To help somewhat verify the Group's interpretation of the voice of lived experience through the work of Barron, visits were arranged to meet with patients within two medium secure units; Rohallion in Perth and Rowanbank in Glasgow. The patients had a good awareness of the work of Barron, and through their accounts of their experiences with us, confirmed that issues highlighted by the Review, such as delays in transitions and discharge, remained. In addition to the facility visits, discussions were had with the Scottish Independent Advocacy Alliance who reached out to their networks. This engagement led to an increase in the proportion of patient representatives engaged in the Option Appraisal Process.

Definition of Forensic Mental Health Services

26. The Group were mindful of the range of interpretations of the term "forensic mental health" and worked together to agree the following as a working definition to support the option appraisal process. Anyone who wishes to challenge this definition and/or offer revision suggestions is encouraged to email officials at forensicmentalhealthreformteam@gov.scot .

"Forensic mental health services provide person-centred, safe and effective assessment; care and treatment; for persons with severe and disabling mental health disorders who pose a risk of harm to others; and who have come to the attention of the criminal justice system (or whose behaviour poses a risk of such contact); in conditions of therapeutic safety and security in hospital (high, medium or low), or in the community and in criminal justice custody."*

**as defined in the Mental Health (Care and Treatment) (Scotland) Act 2003, whether or not they are, or may be, managed under its provision.*

27. Not only did the Group seek clarity in relation to how forensic mental health services were defined in this context, they also queried how service boundaries were considered in relation to the task in hand. That is whether their remit related exclusively to forensic mental health services delivered by the NHS and practitioners employed by the NHS, or the wider team of professionals who make up the multi-agency team delivering care for forensic mental health service users in hospital or a community setting.
28. The Group initially agreed that because people's progress with their patient journey can often depend on access to other services, that any decisions around system change should consider the impact on and relationship with other relevant services.

29. Given the Group's membership, their scope of work and the authority this afforded the group, the options appraisal process of considering and assessing a full range of governance options focussed on NHS services. Any decisions on design and implementation of changes to how wider services, such as housing, are planned and/or delivered in practice, were out of scope of the work of the Group.

The Option Appraisal Process

30. The Scottish Government's Mental Health Directorate Professional Adviser in Strategic Change, Kate Bell directed and closely managed the design and delivery of the options appraisal process throughout, this work included collating and assembling the Case for Change document and working closely with Group members on key aspects of process for the options development and appraisal.
31. Option appraisal is a common multi-criterion decision making method within the public sector. As in all service change projects it is necessary to engage widely with stakeholders throughout the process, alongside the joint working.
32. The Group's efforts focused solely on the options appraisal process. Activities included developing the Case for Change, the long list of options, and the quality assessment criteria with weighting and ranking.

Step One – The Case for Change

33. The Group agreed a Case for Change which sets out the rationale for their work in the context of the Barron's findings in relation to Recommendation One Figure 1 Extract from the Independent Review Final Report- Creating a Single System. The document offers a comprehensive overview of the background to the Group's purpose in relation to the Barron Review as well as the process of design and implementation of an options appraisal process.
34. The Case for Change was circulated amongst all participating stakeholders in advance of workshops. Participants were also provided with a comprehensive participant pack to supplement the information provided within the Case for Change document.

Step Two – Option Development

35. The Group worked together in developing a Long List (Figure 2 The Long List) of options and these were considered by a wider stakeholder group brought together in a series of workshops in March, April and June. The objective of the stakeholder workshops was to aid participant understanding of each option on the long list to enable them to score each option using the quality assessment criteria and arrive at a short list of options.
36. The long list of 9 options included the status quo as Option One, which is standard in option appraisal. Scoring and weighting systems offer a way to robustly assess the relative merits of the options against what is currently in place. Barron Recommendation One became referred to as Option 2. In addition to Barron's Recommendation One, the long list included an extended version of this, to also include custody settings. Three further options involved a new NHS Board or "body"

providing governance for some security levels. The remaining options included one seeking to strengthen the existing Forensic Network; one where an existing board would act as the host board and finally a regional approach where each region would have its own governing body made up the long list of 9 options.

Step Two – Development of Quality Assessment Criteria

37. The Group agreed that the internationally recognised six dimensions of healthcare quality (Institute of Medicine) as integrated within Scotland's Healthcare Quality Strategy would be adopted as the Quality Assessment Criteria for this options appraisal. Records of these meetings are available on the Scottish Government website and anyone who wishes to learn more about how this was done is encouraged to contact officials at forensicmentalhealthreformteam@gov.scot.
38. Following strong feedback from workshop part one that the options appraisal process would benefit from the quality assessment criteria being more customised, the Group conducted further work and agreed a revised set of criteria used in the final (part two) workshop. Whilst there was some discussion around the development of this revised criteria set during Group formal meetings, the majority of work around this was carried out by the Option Detailing Group and endorsed by the full Group.

Barron Review Final Report Recommendation One

“It is recommended that a new NHS Board should be created for forensic mental health services in Scotland.

All forensic mental health services, including both inpatient and community services, should be brought under the management of this new Forensic Board.

Forensic learning disability services at high and medium security should also be brought under the management of this new Forensic Board. The Review considers, however, that forensic learning disability services at low security and in the community should remain under the management of, or transition to management by, generic learning disability services.

The new Forensic Board should not be based in the State Hospital. To do so would be to further alienate and disenfranchise clinicians and managers across the country who already perceive there is significant power, resources and focus sitting inappropriately at the high secure level. The new Forensic Board must demonstrate practical engagement with all of its new service areas. Serious consideration should be given to basing the Board out with the central belt, or as a minimum not within Edinburgh or Glasgow.

The new Forensic Board will supersede the role of the Forensic Network in providing strategic oversight of the forensic system. However, care should be taken to ensure that the Forensic Network’s valuable role in advancing governance and professional networks within the forensic system is not lost during this transition, and is incorporated into the governance framework of the new Forensic Board where appropriate. The School of Forensic Mental Health should also be retained.”

Figure 1 Extract from the Independent Review Final Report- Creating a Single System

The Long List of Options

Option	Option Title	Description
Option 1	Status Quo	The current service governance model.
Option 2	Barron Recommendation One	New NHS Board for Forensic Mental Health Services including community
Option 3	Board – HM	New NHS Board covering both High and Medium security inpatient services
Option 4	Board – HML	New body covering High, Medium and low security inpatient services
Option 5	Board – LC	New body for Low and community services
Option 6	HMLCJ	New body governing all levels of security as well as all MH services in the criminal justice system
Option 7	Managed National Care/Service Network	New MC/SN with formal accountability and commissioning role
Option 8	National Service Hosted	One body (existing NHS territorial Board, NSS or NCS) hosts Forensic mental health services (High/Medium Secure) with low secure and community services devolved to local arrangements
Option 9	Option 9 Regional Forensic MH Partnerships	Establish bodies in each region for MLC

Figure 2 The Long List

Developing the Options

39. The Group were briefed on the process for undertaking an options appraisal during the first formal meetings. Ideas around possible options soon began to emerge from Group members which became formulated as the long list of options.
40. These early Group meeting discussions were dominated by how to describe the individual options; how each option might satisfy Barron's recommendations and how the option would impact upon services, the workforce and service users. The complex nature of the single system recommendation was evident in these discussions and oftentimes the Group opined that their role was extremely difficult.
41. In acknowledgement of the strength of feeling of the complexity of the task shared by the Group, a consensus that it would be beneficial to break down and share the task was reached. To this end, Option Teams were formed from Group membership with Option Team Leads appointed to direct the work around developing the narrative in describing the 9 individual options.
42. The 4 Option Leads, went on to present options at the Options Appraisal Part One Workshop.

43. Whilst objectivity by the members of the Group in their work developing options as part of Option Teams was assumed; members made explicit acknowledgement of their neutrality in relation to options throughout the course of their work in the Group and within workshop settings.

Developing Detailed Options

44. Officials worked closely with Option Teams to support their development of Option descriptions, which was not straightforward. The difficulty experienced in arriving at option descriptions continued to amplify the complex nature of the system being examined.

45. The Option Team Leads presented the Option Descriptions during options appraisal workshop part one which arrived at a short list of 4 options including the status quo, Barron's Recommendation One, the extension to Barron with custody settings and the option relating to a network based approach.

46. Participants offered feedback that the option descriptions were not presented with consistency in workshop part one and concerns were raised around the neutrality of Option Leads. Following this feedback an Option Detailing Group, in preference to several Option Teams, was established as a sub-group of the main Group. The Option Detailing Group was made up of individuals from lived experience, clinical, management, chief executive and planning roles with the Scottish Government Professional Advisor for Strategic Change as chair. This sub-group met twice weekly to further develop the detail of the 4 short listed options with a template approach to ensure that similar information and consideration was given for each of the options.

47. An official presented the detailed 4 short listed option descriptions to the option appraisal workshop part two and a Group member offered an overview and how the various options might affect current governance arrangements.

48. Participants had been provided with the detailed descriptions in advance of the workshop and were invited to field questions to the workshop organisers in advance.

The Short Listed Options

Option	Option Title	Description
Option 1	Status Quo	The current service governance model.
Option 2	Barron Recommendation One	New NHS Board for Forensic Mental Health Services including community
Option 6	Barron Recommendation One with Custody	New NHS Board governing all levels of security with the addition of custody settings
Option 7	Managed Service Network	New Managed Care/Service Network with formal accountability and competent commissioning role

49. In working through the detail of each of the short listed options, the Option Detailing Group undertook examination of the legislative landscape and sought advice around methods of how a new NHS board could be established. One possible solution for Options 2 and 6 lay within the use of a legal instrument to review the existing functions for which health boards hold legal responsibility.
50. Detailed work of the group around Option 7 explored a range of ways to deliver a partnership based approach to improving planning and governance with considerations including the Strategic Network model, the Public Bodies (Scotland) Act and models used in other parts of the United Kingdom. The Group held the view that the structured and supported model of strategic networks may offer an effective solution. The Group therefore focused on this model within the workshops. National Services Division from NHS National Services Scotland support the creation and management of Strategic Networks of which there are 5 in operation today in Scotland.
51. The Group recognised the purpose of a partnership based approach as being not about altering where accountability lies, but rather in facilitating and co-ordinating partner collaboration in solving and debating complex and widespread issues. A Strategic Network would therefore not satisfy Barron's recommendation one directly but may perhaps offer the response needed in today's evolving policy and delivery landscape.

Conclusion and Next Steps

52. Overall, the outcome of the Options Appraisal Process suggests that continuing the status quo for the strategic governance and planning of forensic mental health services in Scotland is not supported.
53. The results reveal that although there is a desire for change, the results of the option appraisal process reveal that the appetite for that change is closer to strengthening and building on the status quo than for systemic transformation.
54. Both options 2 and 6, whilst being a shift from the status quo, offer the preservation of health services being governed through the familiar structure of a health board. Option 7 offers the possibility to improve upon the established infrastructure that exists in the Forensic Network and strengthen its role. Option 7 also accepts that accountability would remain with territorial health boards and The State Hospital.
55. Scottish Government officials will present policy advice to Scottish Ministers around the outcomes of the work of the Group within the wider context of the forthcoming Barron Delivery Programme as well as the broader health and social care policy landscape including the evolving National Care Service and considerations being given to reform of mental health and incapacity law.
56. Publication of an interim report of progress made with our Response to the Barron Review, including next steps following the conclusion of the work of the Group, will be available in 2023.

Part B - Stakeholder Engagement Workshops

Understanding the Long List – 8 March 2022

Workshop Objective

1. Having worked together in developing a long list of options, this first workshop was designed to facilitate the process of widening stakeholder engagement around option development and understanding.

Participant Profile

2. The Group were asked to invite one or two individuals whom they considered key stakeholders in this work resulting in 11 additional people joining group members to participate in discussion. These included representatives from the social work sector; lived experience and prisons. This cohort were subsequently invited to forthcoming workshops.

Workshop Approach

3. A detailed programme was designed to provide a comprehensive overview of the rationale and background to the work setting out information around the option appraisal approach, and help participants make a meaningful contribution.
4. Workshop participants remained together throughout the duration of the workshop. Participants were encouraged to present views around the options within the workshop or to provide comments to the Group Secretariat after the event.

Results and Next Steps

5. Following this session the options remained under development. In light of this, consideration was given to whether the option team approach should continue and it was agreed that spreading the workload amongst the Group membership whilst building Group understanding was the preferred approach. Option Teams continued to work with the Group Secretariat in developing the 9 options.

8th March Understanding the Long List Workshop Participation

1.	Deputy Director: Improving Mental Health Services, Scottish Government
2.	Professional Advisor, Mental Wellbeing and Social Care Directorate, Scottish Government
3.	Scottish Government, Principle Medical Officer (Forensic Psychiatry)
4.	NHS Forensic Services General and Service Managers
5.	Director, Voices of Experience, VOX
6.	Professional Social Work Advisor for Adult Mental Health, Directorate of Mental Health, Scottish Government
7.	Forensic Network Manager
8.	Medical Director, Forensic Network and School of Forensic Mental Health
9.	Policy Manager, COSLA
10	NHS Forensic Services General and Service Managers
11	Chief Executive, The State Hospital
12	Director of Regional Planning (North)
13	Head Occupational Therapist & & Allied Health Professional Mental Health Lead
14	Forensic Intellectual Disability Services, NHS Glasgow and NHS Fife Psychology Group
15	Lead for Forensic LD services, Forth Valley
16	Head of Policy and Workforce, Social Work Scotland
17	Consultant Clinical Psychologist, Glasgow and Clyde
18	Aberdeenshire HSCP
19	Team Leader Mental Health/MHO, Argyll and Bute HSCP
20	South West Locality Mental Health & Substance Misuse Manager, Edinburgh HSCP
21	NHS Clinician -Consultant Psychiatrist <i>Consultant Forensic Psychiatrist & Interim Associate Medical Director, Rohallion Clinic</i>

Options Appraisal Part One – The Long List - 12 April 2022

Workshop Objective

1. This, the first of two options appraisal workshops was designed to appraise the long list of 9 options to arrive at a short list.

Participant Profile

2. 51 stakeholders were in attendance and took part in the appraisal of the options. The participants included NHS clinicians, some NHS management and a number of representatives from the social work sector and partner organisations. The group whose representation did not correlate with its significance was patient/lived experience.

Workshop Approach

3. The Group agreed the Quality Assessment Criteria which was based upon the six dimensions of healthcare qualityⁱⁱ which feature in the Scottish Government’s 2010 Healthcare Quality Strategy and agreed by the Institute of Medicine, and applied the following ranking and weighting. The Group also agreed the ranking and weighting of the criteria as shown below.

Criteria	Rank	Weight
Safe	1	35
Person Centred	2	20
Equitable	3	18
Effective	4	12
Timely	5	10
Efficient	6	5

Figure 3 Quality Assessment Criteria Options Appraisal Part One

Value	Appraisal	Definition
5	Excellent	Fits all elements perfectly
4	Very Good	Fits elements very well
3	Good	Fits some elements well
2	Unsatisfactory	Meets a few elements
1	Poor	Only one elements met.
0	Offers no benefit	No elements met at all

Figure 4 Options Appraisal Scoring Guidance

4. The 9 options were presented by Option Team Leads to the workshop followed by breakout group sessions. A total of 5 breakout groups were formed for the purposes of reflecting upon the option presentations and to conduct individual scoring activity. Participants were divided amongst the 5 breakout groups in accordance with their profession and geographical coverage.
5. Participants were requested to return their completed scoring sheets by the next working day.
6. The table below sets out the original descriptions of the long list of options and the corresponding option team leads.

Option	Title	Option Description	Lead
1	Status Quo	Current model included as baseline	Ian Dewar
2	Barron NHS Board Forensic Health	New NHS Board for Forensic Mental Health Services including in-patient and community	
6	Forensic Mental Health Services in Health and Justice	New body governing all levels of security as well as all MH services in the criminal justice system	
3	NHS Board HM Security	New NHS Board covering both High and Medium security inpatient services	Gordon Johnston
5	NHS Board Low Security and Community	New body for Low Security In-Patient and community services	
4	NHS Board HML Security	New body covering High, Medium and low security inpatient services	Jamie Kirkland
7	Managed Service Network	New Managed Care/Service Network with formal accountability and competent commissioning role	Lindsay Thomson
8	National Hosted Service	One body (existing NHS territorial Board, NSS or NCS) hosts Forensic Mental Health Services (High/Medium Secure) with low secure and community services devolved to local arrangements	Jim Cannon
9	Regional Forensic Mental Health Partnerships	Establish bodies in each region for MLC	James Meade

Figure 5 Option Presentation Approach Using Option Team Leads

Option Appraisal Part One Results

- Participants coded their scoring sheets in accordance with their perspective/profession. There are two coded groups with only one member and a higher number in groups 1 and 2. There were 25 NHS and 20 Non-NHS Participants.
- The chart below at figure 8 shows average scores for each of the 9 options by the participant coded groups.



Codes	Profession	Number in Group
1	NHS Clinician	15
2	NHS Service Manager	10
3	Health and Social Care Partnership	6
4	Third Sector Organisation Representative	1
5	Social Work including MHO	6
6	Patient/Carer Representatives	6
7	Scottish Government/National	1

Figure 6 Option Appraisal Part One Profession/Participant Groupings

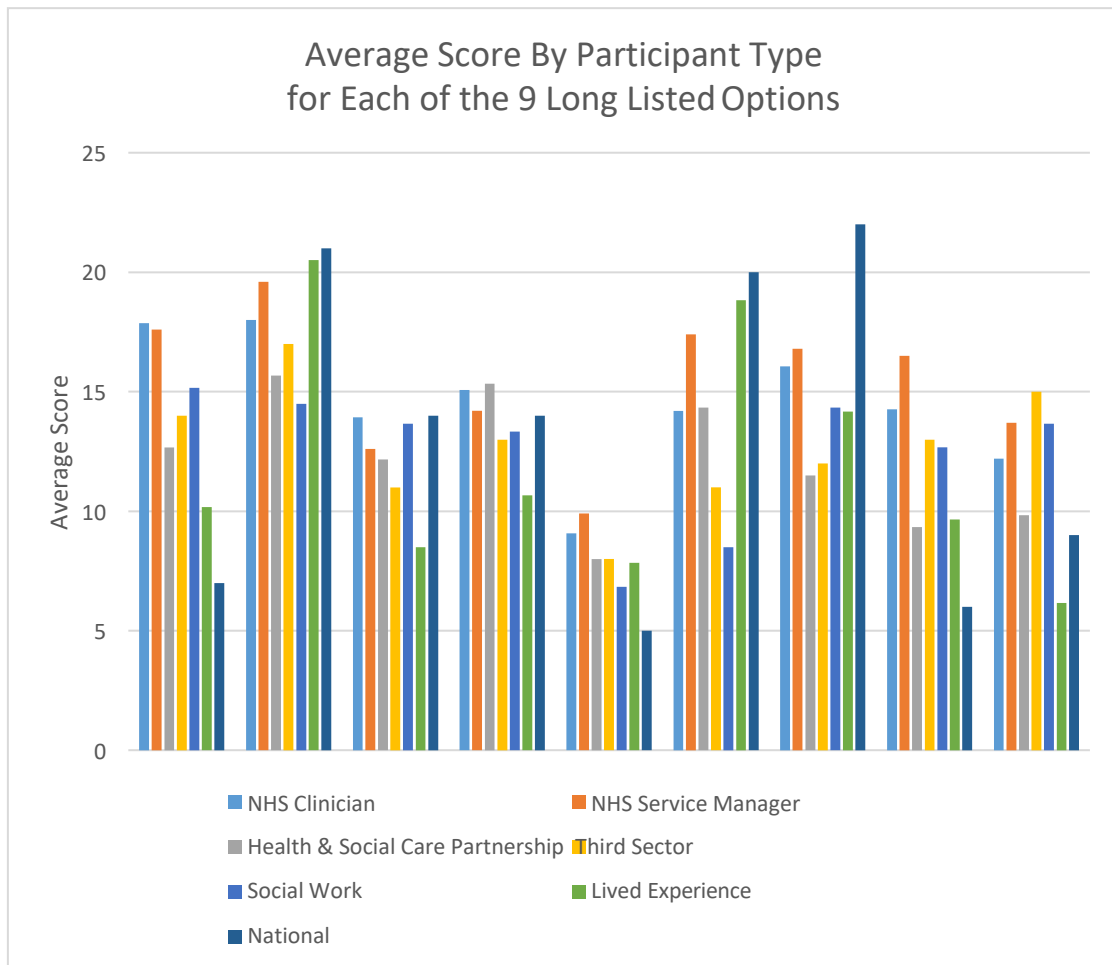


Figure 7 Option Appraisal Part One Average Scores by Participant Type

9. The tables below show scores unweighted and with weightings applied. Unweighted scores across the 5 Breakout Groups showed 3 groups scoring Option 2 highest with one group favouring Option 6 and one favouring Option 7. With weightings applied, Option 2 appears as the majority favourite.



Breakout Groups						
	Group 1	Group 2	Group 3	Group 4	Group 5	Totals:
Option 2	222	178	153	130	136	819
Option 7	163	135	145	149	124	716
Option 6	235	124	124	110	98	691
Option 1	147	138	126	143	114	668
Option 4	192	115	107	85	119	618
Option 8	126	123	90	115	134	588
Option 3	148	106	102	81	120	557
Option 9	113	95	89	94	119	510
Option 5	87	79	72	60	66	364

Figure 8 Breakout Group Scores Unweighted

Breakout Groups						
	Group 1	Group 2	Group 3	Group 4	Group 5	Totals:
Option 2	3766	3007	2545	2180	2364	13862
Option 7	2843	2317	2402	2539	2083	12184
Option 1	2585	2418	2191	2463	2516	12173
Option 6	3944	2117	2058	1826	1667	11612
Option 4	3289	1975	1802	1449	2123	10638
Option 8	2093	2107	1483	1947	2319	9949
Option 3	2538	1851	1700	1379	2058	9526
Option 9	2007	1654	1567	1530	2079	8837
Option 5	1507	1362	1218	1004	1128	6219

Figure 9 Breakout Group Scores Weighted

12 April 2022 - Option Appraisal Workshop Part One Participation

1.	Deputy Director: Improving Mental Health Services, Scottish Government
2.	Professional Advisor, Mental Wellbeing and Social Care Directorate, Scottish Government
3.	Policy Manager, COSLA
4.	Director, Voices of Experience, VOX
5.	Medical Director, Forensic Network and School of Forensic Mental Health
6.	Forensic Intellectual Disability Services, NHS Glasgow and NHS Fife Psychology Group
7.	Professional Social Work Advisor for Adult Mental Health, Directorate of Mental Health, Scottish Government
8.	Scottish Government, Principal Medical Officer (Forensic Psychiatry)
9.	NHS Forensic Services General and Service Manager
10.	Head Occupational Therapist & Allied Health Professional Mental Health Lead
11.	Director of Regional Planning, NHS North Region
12.	Chief Executive, The State Hospital
13.	Area Manager, Edinburgh, Support in Mind Scotland
14.	Lead For Forensic Ld Services In Forth Valley
15.	Team Leader Mental Health/MHO, Argyll and Bute HSCP
16.	Mental Health Development Coordinator, Carers Trust
17.	Clinical Nurse Manager, The Orchard Clinic, Forensic Mental Health
18.	Senior Mental Health Advocate – Secure Care Independent Advocacy Perth & Kinross
19.	Consultant Nurse and Senior Lecturer. Forensic Mental Health Nursing Group
20.	Adults Policy and Practice Lead, Social Work Scotland
21.	Clinical Service Manager Forensic Community Service
22.	Consultant Forensic Psychiatrist / Clinical Director, Forensic Mental Health, Rowanbank Clinic
23.	Chief Officer, COSLA, Health and Social Care
24.	South West Locality Mental Health & Substance Misuse Manager, Edinburgh HSCP
25.	Forensic Network Manager/ Chair of Carer Co-ordinator Group – FN Professional Group
26.	Consultant Forensic Psychiatrist, Clinical Lead for Mental Health Specialist Services
27.	Consultant Forensic Psychiatrist and Clinical Lead, Rohallion Clinic and FCMHT
28.	Team Leader, Forensic Community Mental Health Team, NHS Lanarkshire
29.	Chief Executive of East Ayrshire Council and Lead for Health and Social Care at Solace
30.	Chief Officer, Highland HSCP
31.	Head of Service Review in our Quality Assurance Directorate – Health Improvement Scotland
32.	Adult Consultant Psychiatrist
33.	AHP Professional Advisor Mental Health, Scottish Government

12 April 2022 - Option Appraisal Workshop Part One Participation

34.	Heads of Psychology Service Chair
35.	Clinical Pharmacist. Chair of Pharmacy Leads – FN Professional Group.
36.	Forensic Lead AHP, Directorate of Forensic Mental Health & Learning Disabilities
37.	Development Manager, Scottish Independent Advocacy Alliance
38.	Network Officer, Scottish Recovery Network
39.	Interim Professional Lead for Psychology
40.	Chartered and HCPC Registered Forensic Psychologist (AFBPsS). Head of Psychological Services - HMP Kilmarnock
41.	Consultant Forensic Psychiatrist, The State Hospital
42.	RCPsych in Scotland - Medical Managers. Deputy Medical Director, Mental Health and Addictions
43.	Consultant Clinical Psychologist, Rowanbank Clinic
44.	Assistant Chief Officer, Adult Services. Glasgow City HSCP
45.	Clinical Nurse Manager Forensic, Rehabilitation & Intensive Psychiatric Care Unit
46.	General Manager Mental Health and Learning Disabilities
47.	President, Mental Health Tribunal for Scotland
48.	Legal Secretary, Mental Health Tribunal for Scotland
49.	Director of Psychology / Head of Clinical Services (Mental Health & Learning Disability)
50.	Consultant Child and Adolescent Psychiatrist Forensic CAMHS
51.	Consultant Forensic Psychiatrist, Rowanbank Clinic
52.	Consultant Forensic Psychiatrist, Clinical Director, Orchard Clinic
53.	Patient's Advocacy Service, The State Hospital
54.	Senior Manager (Practitioners), Mental Welfare Commission
55.	Senior Social Worker Adult City Health and Social Care Partnership
56.	Senior Practitioner/Mental Health Officer South Community Mental Health Team
57.	General Manager Mental Health and Learning Disability Services
58.	Head of Adult Services: Learning Disability & Recovery, East Renfrewshire health & Social Care Partnership

Options Appraisal Part Two - The Short List - 24 June 2022

Workshop Objective

1. The aim of this second options appraisal workshop was to assess and score the 4 short listed options.

Participant Profile

2. In the interests of consistency in participant profiling throughout the workshop series, organisers ensured that distribution lists for subsequent workshops included those in attendance at previous workshop. We increased the number of attendees at this workshop and in particular, increased the proportion of participants with lived experience. The largest group, NHS clinicians was complemented by good representation from social work and other partner organisations.
3. Participants confirmed their grouping on their scoring returns. The table below shows the number of participant returns from each grouping. The Part Two workshop in June had a similar percentage split of NHS to non-NHS as Part One, with 23 and 15. There were 49 attendees recorded at the June workshop. These included 19 participants who were also in attendance at workshop Part One. This total does not including officials and Group members. 38 individual scoring sheets were returned.

Participant Grouping	Group	Count
NHS Clinician	1	17
NHS Management	2	6
Social Work	3	5
Patient or Patient Representative/Advocacy Organisation Representative	4	4
Representative from Third Sector Organisation	5	2
Representative from Partner Organisation	6	2
Other	7	2

Figure 10 Option Appraisal Part Two Participant Grouping and Returns

Workshop Approach

4. Feedback from the first options appraisal workshop in April was incorporated into the design of this workshop including:
 - a. The Group agreed that workshop participants required more detailed information on Governance arrangements in the context of the scope of work of the Group. To help build this understanding, a member of the Group provided a detailed presentation around how the various options might affect strategic planning and governance of forensic mental health services in Scotland. The presentation set out the fundamental point

that the remit of the Group was restricted to this context of governance, with clinical governance entirely out of scope.

- b. The Option Detailing Group developed the detail of each of the short listed options with consistent facts and a standardised format to aid consistency in how options were developed and also how they were presented during workshop settings.
 - c. An overview of each option was presented to the workshop by one official in the interests of neutrality and consistency and the participants were asked to score all options during the workshop. Breakout Groups were not used in this workshop in favour of a group question and answer session with all participants as well as during scoring.
5. Customised quality assessment criteria reflective of the work of Barron was developed with rankings and weightings agreed by the Option Detailing sub group. The Assessment Criteria Description Table gave suggested points to consider when assessing the options against the criteria

	Criteria in Ranked Order	Weight
1	Integrated Forensic Mental Health Service	30
2	Governance, Accountability & Powers & Legal Competency	25
3	Capable and Appropriate Workforce Capacity	20
4	Lived Experience	15
5	Quality of Care	6
6	Feasibility	4

Figure 11 Quality Assessment Criteria Options Appraisal Part Two

Assessment Criteria Description Table

	Theme	Ways to Consider How the Option Satisfies the Criteria
1	Integrated Forensic Mental Health Services	To what extent does this option provide whole system working, joined up services, systems, processes in the context of the wider health and social care landscape? When considering long term change, how might this model fit within the developing model being described as The National Care Service?
2	Governance -Accountability & Legal Competency	To what extent does this option provide the operating authority across all areas of Forensic Mental Health Services? Would this option have the necessary accountability and authority to be able to make decisions as a single system, as recommended by Barron? Can the option be delivered with Scotland’s current legislative infrastructure?

	Theme	Ways to Consider How the Option Satisfies the Criteria
3	Capable and Appropriate Workforce Capacity	Does the option provide the best arrangements to consolidate services increasing the opportunities for improvements, recruitment, retention and culture? Will the potential for improvement be an attractive career choice for those who work in forensic mental health services?
4	Lived Experience	To what extent does the option meet the needs and aspirations of patient's/service users/families?
5	Quality of Care	<p>Safe & Effective - To what extent does this option create safer systems and processes for patients, staff and other service users?</p> <p>Equitable To what extent does the option improve equity of service provision throughout Scotland for all groups, including women and people with intellectual disability? Will it help enable people to receive an equitable forensic mental health care service, irrespective of their group or locality?</p> <p>Person Centred - To what extent can this option ensure that people receive the right level of forensic mental health care with minimal delays at key transitions points?</p> <p>Timely & Efficient - What implementation timeframe is this option likely to require? Is the length of time prohibitive and does that affect the option's feasibility?</p>
6	Feasibility	To what extent is the option deliverable within current resources?

Option Appraisal Part Two Results

6. Raw participant scores showed a preference for Option 2 with Options 6 and 7 in relatively close favour and Option 1 lowest.
7. Upon application of the Quality Assessment Criteria weightings the results profile almost levelled Options 2, 6 and 7 with Option 7 slightly in front. Weighting the scores also resulted in a widening of the gap between options 2, 6 and 7 and set Option 1, the Status Quo as the lowest scoring option.
8. Options 7, 2 and 6 remain very close within the weighted results, which suggests the outcome of the options appraisal process offers no clear preferred option. On the other hand, Option 1 does appear as being the least preferred option.
9. The data below illustrate the similar scoring patterns of each participant group with NHS clinicians indicating a very slight preference for Option 2. The group representing people with lived experience also scored Option 2 most favourably and the group representing the social work sector scored Option 7 highest.

10. The data also shows that Option 2 scored highest in each of the quality assessment criteria except for the criteria Feasibility, where Option 7 scored highest.

Values	Partner Organisation	NHS Management	NHS Clinician	Lived Experience	Social Work	Third Sector	Other	Grand Total
Option 2	35	99	335	96	87	43	37	732
Option 7	34	113	310	58	99	22	19	655
Option 6	33	76	283	77	82	26	29	606
Option 1	31	92	285	35	63	19	13	538

Figure 12 Options Appraisal Part Two Raw Scores Sorted

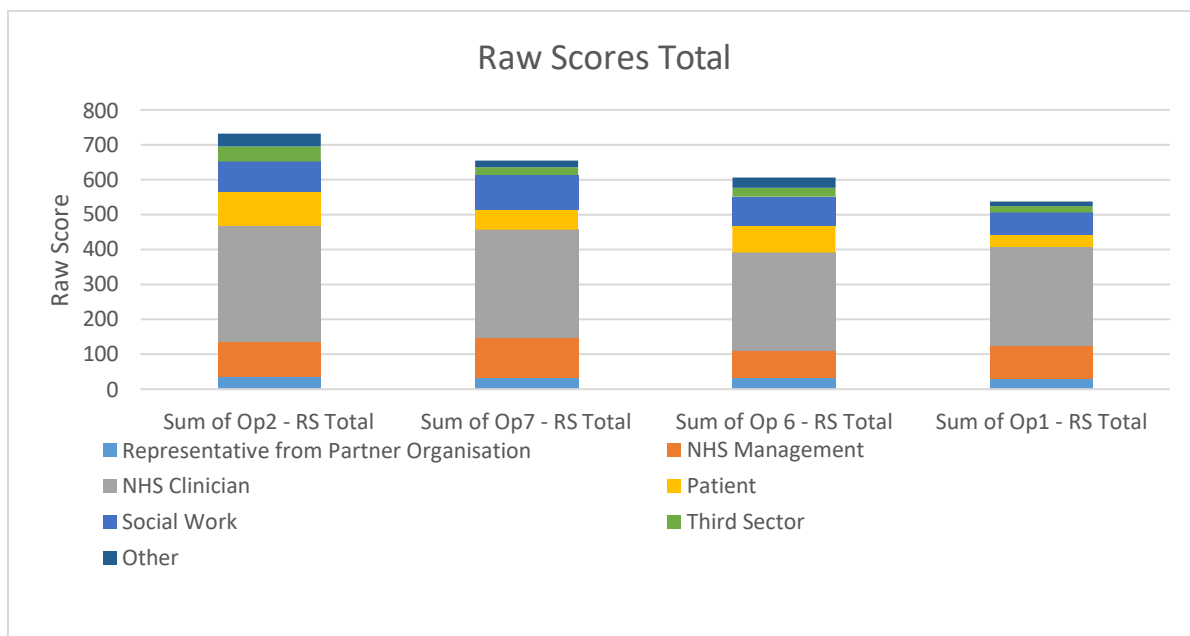


Figure 13 Option Appraisal Part Two Participant Scores

Values	Partner Organisation	NHS Management	NHS Clinician	Lived Experience	Social Work	Third Sector	Other	Grand Total
Option 7	668	2294	6169	1195	2021	496	419	13262
Option 2	588	1646	5765	1646	1436	710	597	12388
Option 6	720	1515	5707	1601	1667	533	594	12337
Option 1	451	1472	4560	473	930	291	175	8352

Figure 14 Option Appraisal Part Two Weighted Scores Sorted

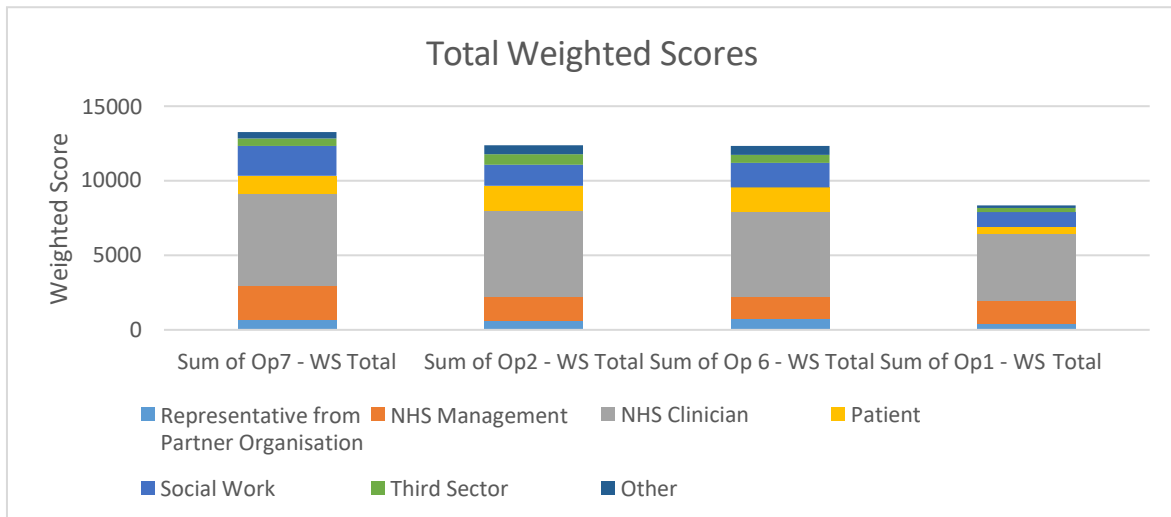


Figure 15 Option Appraisal Part Two Weighted Scores

11. Whilst there appeared to be a couple of participant scoring sheets that appeared to deviate from the Options Appraisal Scoring Guidance (Figure 4 Options Appraisal Scoring Guidance); analytical tests confirmed that the perceived anomaly was not statistically significant and therefore could not be categorised as an anomaly.
12. The scoring pattern of this perceived deviation from scoring guidance impacted the results causing Option 7 to be slightly favoured over Option 6, once scores had weightings applied.

Values	Partner Organisation	NHS Management	NHS Clinician	Lived Experience	Social Work	Third Sector	Other	Grand Total
Option 6	720	1515	5488	1601	1667	533	594	12118
Option 2	588	1646	5463	1646	1436	710	597	12086
Option 7	668	2294	4969	1195	2021	496	419	12062
Option 1	451	1472	3710	473	930	291	175	7502

Figure 16 Results of Option Appraisal Part Two without Perceived Scoring Deviations

13. The results verify the necessity of convening the Group to explore the recommendation that a new NHS forensic board be established and whether alternatives to that may redress the system issues highlighted in the Independent Review. Results also suggest that the Group, together with relevant stakeholders remain of the view that the status quo is in need of change. However, there was no clear consensus on what the preferred governance model should look like.
14. With each of the options we looked at in detail, there were differing views from the stakeholders involved with the Group over the past 5 months.
15. During the June workshop we heard doubts that the network approach in Option 7 meets the criteria set out in the Independent Review as well as an

acknowledgement that option 7 may indeed be beneficial in enabling local influence over decision making to continue.

16. There was general recognition among stakeholders that the Barron recommendation – Option 2 may streamline decision making within forensic mental health services. Its limitations to reach beyond the NHS however, was seen as making that option insufficient to enable it to address the enduring issues which cause delays in enabling patient discharge.
17. Option 6, which added custody settings to Barron’s recommendation for an NHS Forensic Board, received some support. Overall this option’s perceived complexity appeared to outweigh its ability to represent a solution which could overcome the challenges the system needs to conquer.

24 June 2022 Option Appraisal Workshop Part Two Participation	
1.	Deputy Director: Improving Mental Health Services, Scottish Government
2.	Professional Advisor, Mental Wellbeing and Social Care Directorate, Scottish Government
3.	Head Occupational Therapist & Allied Health Professional Mental Health Lead
4.	Chief Executive, The State Hospital
5.	Area Manager, Edinburgh, Support in Mind Scotland
6.	Policy Manager, COSLA
7.	Director, Voices of Experience, VOX
8.	Medical Director, Forensic Network and School of Forensic Mental Health
9.	Forensic Intellectual Disability Services, NHS Glasgow and NHS Fife Psychology Group
10.	Professional Social Work Advisor for Adult Mental Health, Directorate of Mental Health, Scottish Government
11.	Scottish Prison Service
12.	Clinical Specialist/Lead Occupational Therapist, Rowanbank Clinic
13.	Senior Mental Health Advocate, Secure Care Independent Advocacy Perth & Kinross
14.	Chartered and HCPC Registered Forensic Psychologist (AFBPsS). Head of Psychological Services - HMP Kilmarnock
15.	Professional Social Work Advisor for Adult Mental Health, Directorate of Mental Health, Scottish Government
16.	NHS Clinician
17.	NHS Clinician -Consultant Psychiatrist <i>Consultant Forensic Psychiatrist & Interim Associate Medical Director, Rohallion Clinic</i>
18.	Service Manager, Mental Health & Learning Disability Service ,H&SC, North Lanarkshire
19.	Team Leader, Forensic Community Mental Health Team, NHS Lanarkshire
20.	Director, Voices of Experience, VOX
21.	Consultant Nurse and Senior Lecturer. Forensic Mental Health Nursing Group
22.	South West Locality Mental Health & Substance Misuse Manager, Edinburgh HSCP
23.	Medical Director, Forensic Network and School of Forensic Mental Health

24 June 2022 Option Appraisal Workshop Part Two Participation

24.	Clinical Service Manager, Forensic Community Service
25.	Collective Advocacy Project, Royal Edinburgh Hospital
26.	Consultant Forensic Psychiatrist, The State Hospital
27.	Mental Health Development Coordinator, Carers Trust
28.	Patients Advocacy Service, The State Hospital
29.	Standards and Indicators Lead, Healthcare Improvement Scotland
30.	Head of Adult Services: Learning Disability & Recovery, East Renfrewshire health & Social Care Partnership
31.	Consultant Forensic Psychiatrist, Honorary Senior Lecturer, Associate Postgraduate Dean, Royal Cornhill Hospital
32.	Chief Executive, The State Hospital
33.	Policy Officer, COSLA
34.	Patient Representative
35.	Senior Practitioner/Mental Health Officer, South Community Mental Health Team
36.	Patient Representative
37.	Social Work Mental Health Manager, South Lanarkshire Council
38.	Team Lead, Highland Forensic Service
39.	Network Officer, Scottish Recovery Network
40.	Forensic Intellectual Disability Services, NHS Glasgow and NHS Fife Psychology Group
41.	RCPsych in Scotland - Medical Managers. Deputy Medical Director, Mental Health and Addictions
42.	Head of Policy and Workforce, Social Work Scotland
43.	Consultant Forensic Psychiatrist and Clinical Lead, Rohallion Clinic and FCMHT
44.	Senior Manager (Practitioners), Mental Welfare Commission
45.	Lead Forensic Mental Health Advocate, Circles Network Rowanbank Clinic
46.	Professional Lead for Psychology, NHS Greater Glasgow & Clyde
47.	Clinical Nurse Manager, The Orchard Clinic, Forensic Mental Health
48.	Lead For Forensic Learning Disability Services In Forth Valley
49.	Policy Lead, COSLA
50.	Consultant Clinical Psychologist, Professional Lead for Forensic Clinical Psychology, NHS Lothian
51.	Consultant Clinical Psychologist, Rowanbank Clinic
52.	Adults Policy and Practice Lead, Social Work Scotland
53.	Clinical Nurse Manager Forensic, Rehabilitation & Intensive Psychiatric Care Unit
54.	Consultant Forensic Psychiatrist, Clinical Lead for Mental Health Specialist Services
55.	Head Occupational Therapist & Allied Health Professional Mental Health Lead
56.	Service Manager CMHT and Senior Forensic Nurse Practitioner
57.	Lead Psychologist SOLS / Forensic Network Lead Serious and Violent Offenders
58.	AHP Professional Advisor Mental Health, Scottish Government

**24 June 2022 Option Appraisal Workshop
Part Two Participation**

59.	Consultant Forensic Psychiatrist / Clinical Director, Forensic Mental Health, Rowanbank Clinic
60.	Heads of Psychology Service Chair

ⁱ [Forensic Mental Health Services – Planning and Collaboration Short Life Working Group - gov.scot \(www.gov.scot\)](https://www.gov.scot)

ⁱⁱ [Across the Chasm: Six Aims for Changing the Health Care System | IHI - Institute for Healthcare Improvement](#)