Response to the Offender Personality Disorder Consultation

Developed in partnership with the Ministry of Justice

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Response to the Offender Personality Disorder Consultation

Prepared by the DH/NOMS Offender Personality Disorder Team

Contents

Ministerial foreword

Offenders who present a high risk of serious harm to others, where this is linked to severe forms of personality disorder, present complex and difficult challenges across criminal justice and health systems. Public protection remains paramount to our proposals and we will maintain the highest level of secure management to achieve this outcome with all offenders continuing to be treated in the level of security necessary for the risk they present. No individual will be moved to a lower level of security as a result of these changes. Professional judgements on an individual's appropriate level of security will continue to be made as part of the normal assessment arrangements. Risk management is enhanced through effective co-operation across health, social care and criminal justice services. These proposals for a pathway approach address offenders' mental health needs as they relate to serious offending and enhance risk management at all stages.

The Dangerous and Severe Personality Disorder (DSPD) pilot programme has provided innovative services within prisons, secure hospital services and the community. It has sought to reduce the management problems and risk presented by this small group of sexual and violent offenders.

To enhance arrangements for public protection, case management and treatment we will reshape the way the DSPD resources are used to secure better value for money and better outcomes. As the offender pathway will be funded from existing resources, the benefits will be delivered at no additional cost. Importantly, these proposals do not affect the current legal, clinical and criminal justice framework for detention or treatment.

We will now start a phased reconfiguration of the DSPD services in secure hospitals and recycle the funding to commission a pathway of additional new services and programmes in prisons and the community. All offenders will be managed at the level of security required for their assessed risk and the capacity and capability of agencies to manage them.

We will provide:

- Improved and earlier identification and assessment of offenders with severe personality disorders
- Improved risk assessment, planning and case management in the community
- New intervention and treatment services commissioned by the NHS and NOMS in secure category B and category C prisons and community environments
- Improvements to the high security prison treatment units and the democratic therapeutic community services in prisons
- New progression environments in prisons and approved premises, where offenders can be monitored and tested in secure and community settings supporting their safe management in the community
- Workforce development: equipping staff with the right skills and attitudes to work with this group of high risk offenders and leadership training through degree and post graduate programmes

The Prime Minister has announced an urgent review of Indeterminate Public Protection (IPP) sentences, and officials in the Department of Health and Ministry of Justice will work closely

with the review team to ensure the new programmes for offenders with severe personality disorders are consistent with the objectives of the IPP review.

Public protection is at the heart of these proposals and our approach to reforming DSPD services is governed by the need to protect communities from avoidable risk. We will continue to provide services in secure psychiatric hospitals for offenders whose treatment needs cannot be met in prison and are detainable under the Mental Health Act. Importantly, a clinical review of each patient in the hospital DSPD units to enable decisions on where their future intervention pathways will be managed has been completed. When the DSPD units are decommissioned patients will either continue to be treated in a secure hospital or transferred back to prison,

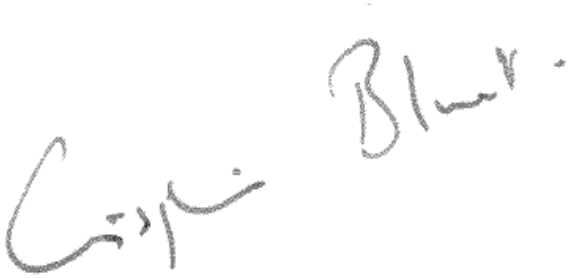
The Ministry of Justice consultation 'Breaking the Cycle' and the cross Government Mental Health Strategy 'No Health Without Mental Health' provide the strong foundation on which to take forward the Offender PD implementation plan. Secure commissioning arrangements in the NHS and NOMS will support a co-commissioning approach based on inter-agency agreements to establish offender pathways through custody or detention into improved management in the community. Commissioners in the NHS and NOMS will agree the implementation and investment plans from 2012/13.

For those offenders released from prison, the new pathway services will enhance existing arrangements, including Offender Management and Multi Agency Public Protection Arrangements (MAPPA). These community services will be delivered through joint operations between the NHS and Probation Trusts providing workforce development, support from specialist staff, consultation and detailed case planning of the offender pathway.

We now intend to take forward our plans to implement the offender personality disorder pathway, starting new operations in 2012/13.

Paul Burstow, Minister of State for Care Services

Crispin Blunt, Parliamentary Under Secretary of State for Justice



Executive summary

1. It is clear from the responses that there is broad support for our plans and, with some minor changes and clarifications described later in this response, respondents agree that the National Offender Management Service and the NHS should work together to design and implement integrated pathways for managing and treating offenders with severe personality disorders, building on local and regional structures. Each question is addressed in more detail later in this response and there is a comprehensive next steps section.

2. To summarise, the Government's policy is for the National Offender Management Service (NOMS) and the National Health Service (NHS) to improve the management of offenders with personality disorder (PD) and delivery of services to this population through the development of joint operations, predominantly based within the criminal justice system (CJS), which ensure that:

   - the personality disordered offender population is a shared responsibility of NOMS and the NHS
   - planning and delivery is based on a whole systems approach across the criminal justice system and the NHS recognising the various stages of an offender's journey, from conviction, sentence, and community based supervision and resettlement
   - offenders with personality disorder who present a high risk of serious harm to others are primarily managed through the criminal justice system with the lead role held by offender managers
   - their treatment and management is psychologically informed and led by psychologically trained staff; that it focuses on relationships and the social context in which people live
   - related Department of Education and Department of Health programmes for young people and families will continue to be joined up with the offender PD pathway to contribute to prevention and breaking the cycle of intergenerational crime
   - in developing services account is taken of the experiences and perceptions of offenders and staff at the different stages of the pathway
   - the pathway will be evaluated focusing on risk of serious re-offending, health improvement and economic benefit.

3. Following these principles, the NOMS Commissioning and Commercial Directorate and NHS specialised commissioners will commission services based on nationally agreed specifications working within the new geographical boundaries of the health and criminal justice systems. Each service will have:

   - improved targeting of resources for screening and early identification
   - a focus on assessment, case formulation and sentence planning
   - access to the high security prison PD treatment services
   - access to secure psychiatric hospitals for offenders with co-morbid severe mental health problems where the requirements of the Mental Health Act are met and the NHS pathway is the most appropriate for the individual
   - PD treatment units in Category B and C prisons for men and closed prisons for women

- access to existing accredited offending behaviour programmes, including democratic therapeutic communities in prisons
- access to psychologically informed planned environments (PIPEs) in prisons and approved premises, which will provide offenders with progression support following a period of treatment or period in custody
- increased support for offender managers working in the community using established MAPPA (Multi Agency Public Protection Agreement) procedures.

Context

4. The pathway proposals to enhance public protection, case management and treatment of offenders with severe personality disorders reflect the approach the Government is taking in Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders' consultation paper and in its new mental health delivery strategy 'No Health Without Mental Health'.

5. The Government spends around £69 million per annum on the Dangerous and Severe Personality Disorder (DSPD) Programme. The greater proportion of this money pays for 300 secure treatment and assessment places located in the NHS and the criminal justice system. It also funds some community forensic and non-forensic services.

6. Two evaluations of the DSPD programme are due to be made available later in the summer. They will provide more detail about the four male DSPD treatment sites in high secure hospitals and the high secure prison estate. One, undertaken by the University of Oxford focuses on the treatments offered and patients' responses to treatment. The other, by Imperial College, is concerned with staffing and organisation within the four sites. The key points to be drawn from this work are that:

   - it is too soon to say if the DSPD units are having a long-term effect
   - feedback from those treated and staff on the units is positive
   - the prison units were better placed to provide the right context for treatment delivery and with a lower ratio of staff to prisoners
   - the pathways out of the units were not well defined, and it was not clear how progress towards discharge was assessed, and
   - further research is needed to guide and support the programme, and to provide evidence on outcomes for those on the units.

7. A report summarising the findings of these research studies is being published alongside this response.

8. However, we also know that:

   - Independent research[i] indicates that approximately two-thirds of offenders meet the criteria for at least one personality disorder, and approximately 2-3,000 are thought to pose a high risk of serious harm and have a severe personality disorder
   - prisons are appropriate places to provide the delivery of treatment (and with a lower ratio of staff to prisoners/patients) than the hospital based units
   - the identification of offenders with the most severe forms of personality disorder is patchy resulting in many offenders either not receiving treatment at all or starting treatment late in their sentence
   - there are insufficient services to support people who complete personality disorder treatment either in the prison system or in the community. This is likely to reduce the long term beneficial impact of the treatment on the offender's health and behaviour
   - there is a significant difference in cost between the services provided in prisons and in secure psychiatric hospitals

- improving the competence and awareness of staff working with this challenging group of offenders is crucial to the further development of safe and effective services.

9. The Government believes that the £69m currently invested in DSPD services can be used more effectively to improve the management of offenders thereby reducing re-offending, risk of harm to the public, and providing more treatment places and high quality services. We will do this by:

    - reducing spending in NHS secure psychiatric hospitals' DSPD units and increasing the number of treatment places in prisons as well as improved case management services
    - investing in early identification of offenders who present a high risk of serious harm to others and are likely to have a severe personality disorder
    - improved risk assessment and case management of offenders with personality disorder in the community in line with our approach to offender management
    - improvements to the nationally commissioned treatment services in high security prisons
    - new intervention and treatment services commissioned at sub- national, regional and local levels by the NHS and National Offender Management Service in secure and community environments
    - creating specially designed environments within prison and probation trusts for offenders who have completed treatment or been released from prison
    - building the wider NHS, Social Care, NOMS and independent and voluntary sector workforce, by developing staff knowledge, understanding and competence of everyone who works with personality disordered offenders.

Response to the consultation

Analysis of responses

10. The consultation took place between 17th February and 12th May 2011. The 91 responses received are summarised in the tables below. A full list of respondents is included at annex 1.

Question	Number of responses
Q1 To what extent do you support the principles underpinning the offender personality disorder pathway?	73
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Q5 Do you agree that the implementation of the offender personality disorder pathway is likely to deliver the benefits of: o Reducing the risk of serious harm to others and serious further offending; o Improving psychological health and wellbeing, and tackling health inequalities; o Developing leadership in the fields of health, criminal justice and social care, and o Creating a workforce with the appropriate skills, attitudes and confidence.	73
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The DH/NOMS Offender Personality Disorder Policy officials also sought the views of offenders. Consultation exercises were undertaken at HMP Styal, HMP Grendon, HMP Whitemoor, Broadmoor Hospital, Millfields Unit and the Resettle Project. The views expressed are incorporated into the following responses.

Principles for developing the pathway

11. The consultation asked: **To what extent do you support the principles underpinning the offender personality disorder pathway?**

12. Almost all the respondents agreed with the principles set out in the consultation document and summarised in the executive summary of this response.

13. Some responses went further and highlighted the key roles that could be played by other organisations including local authorities, housing and employment agencies. We agree that the development of commissioning plans will involve a wide range of services and organisations across health, social care, the voluntary and independent sectors.

14. Many organisations questioned how joint working between NOMS and health would operate in practice. We do not believe the Government should micro manage these relationships but would expect that all agreements are based on decisions made between NOMS Commissioning and Commercial Directorate and NHS specialised commissioners, and that they are clear about outcomes, responsibilities, accountability, funding and staffing. Commissioners should also be clear how each organisation and each agreement contributes to the bigger picture of a pathway of services. Specifications for new services will form the basis of tendering exercises leading to contractual arrangements and are the necessary requirements for interagency cooperation and delivery.

15. There was some concern about the capacity and skills both of offender managers and the wider workforce to support the development and operation of the pathway. Similar issues were also raised in response to other consultation questions. The Government recognises this work to be long term and accepts that more work is needed to prepare, develop and support the workforce across the offender pathway. To date our focus has been on the development of the personality disorder Knowledge and Understanding Framework (KUF), which has trained in excess of 2,000 staff across health, social care and the criminal justice system at the basic awareness level and provided leadership development via BSc and MSc courses. It is envisaged that, as part of the development of future leaders in the offender personality disorder field, staff are likely to have completed at least one of these advanced training programmes and that increasing numbers of staff in all services working on the pathway will have completed the basic awareness level training.

16. The Ministry of Justice and the Department of Health recently published Working with Personality Disordered Offenders: A practitioners' guide. Principally designed to support offender managers, it is also useful for other frontline staff including social workers, psychologists, prison officers, drug and alcohol agency staff and mental health professionals working in community and secure settings.

17. The two departments also plan to publish advice for commissioners to help them analyse and plan the development and delivery of services for personality disordered offenders. The emphasis will be on a 'whole systems approach' with joint responsibility exercised by the criminal justice system and the NHS.

18. In addition, we know that more specialist training will be required for the offender managers responsible for managing sentences and that commissioning plans will need to consider the availability, competence and commitment of all specialist staff along the pathway.

19. At a national level officials will work with employers, professional bodies, universities and the workforce planning and development structure that is being developed as part of the reform of the NHS, to

    - raise the profile of personality disorder services; and
    - ensure that initial/pre registration training includes appropriate reference material and skill development on working with personality disorders.

20. The DH/NOMS Offender Personality Disorder policy team will work with colleagues in their respective departments, commissioners, providers and other partners to develop a workforce strategy for all staff working with personality disordered offenders.

21. Offenders responding to this question:

    - liked the more structured approach proposed
    - supported the proposal to provide health input into the criminal justice system, but questioned who had the final decision around treatment, for example whether it would rest with a governor or clinical director
    - felt it encouraged a greater emphasis on rehabilitation

- did not like the DSPD name because they believed that it is used to exclude people from mainstream services, acted as a block to progression and undermined any optimism about change. This was a common view from many respondents as well as offenders.

22. As a part of the development of detailed commissioning plans careful consideration will be given to the names and descriptions of services emphasising the importance of public protection whilst facilitating progress through the system.

Delivering the benefits of the pathway approach

23. The consultation document identified the benefits of developing a pathway approach as:

- reducing the risk of serious harm to others and serious further offending
- improving psychological health and wellbeing, and tackling health inequalities
- developing leadership in the field of health, criminal justice and social care, and creating a workforce with appropriate skills, attitudes and confidence.

24. We asked two questions: **Do you think the principles support the delivery of the benefits? Do you agree that the implementation of the offender personality disorder pathway is likely to deliver the benefits?**

25. Most respondents felt that a fully implemented and appropriately resourced pathway would deliver the first two benefits, but as with the consultation question about principles, issues were raised about leadership and workforce development. These comments noted the significant contribution to date and further potential of the Knowledge and Understanding Framework but pointed out the requirement for more wide-ranging workforce development. We acknowledge that other initiatives will be required alongside more academic leadership programmes. It will be for commissioners of the pathway and current service managers to identify and develop potential leaders and to support the professional development of their workforce.

26. Several respondents commented on the complexities presented by offenders' with co-morbid conditions. We recognise that offenders rarely present with a single problem. However, with the exception of acute mental illness, which takes priority and, where the requirements of the Mental Health Act are met requiring treatment in hospital before being returned to prison, we feel that the most appropriate place for treatment of offenders who have committed serious offences and present the greatest risk to the public is within the criminal justice system. This was generally supported by offenders.

27. Responses to these and other questions raised the issue of the evidence base for developing a pathway approach and the legitimacy of the comparisons made between the effectiveness and cost of hospital and prison based services. We accept that the evidence base remains limited and detailed cost comparisons are extremely complex. However,

- prisons can deliver effective specialist personality disorder treatment services at significantly lower cost than secure psychiatric hospitals,

- prisoners, on the whole, preferred to receive treatment in a prison. This is because of their relative lack of understanding about processes for making progress and fear that treatment in a hospital setting would not be recognised by the Parole Board, and
- the vast majority of the responses support a pathway that provides early identification and post treatment support.

28. The pathway described in the consultation document did not include a PIPE (psychologically informed planned environment) within a high security prison. A number of respondents working in high security prisons and the prisoners themselves felt this was a crucial omission as there would not be an obvious pathway for category A prisoners who had completed treatment. We agree and we will develop plans for a PIPE in the high security prison estate as a means of progression from treatment for those who need to remain in the high security estate.

29. Several respondents made the case for continuing research and evaluation of the pathway approach. We recognise the importance of evaluation and research and officials will develop a joint DH/NOMS offender personality disorder research strategy.

30. When considering reducing the risk of serious harm to others and further serious offending in the community, respondents raised the importance of the link to MAPPA (Multi Agency Public Protection Agreements). It is important to note that the pathway approach does not create any additional public protection requirements or new systems. Our approach will strengthen existing MAPPA planning and parole arrangements by improving the knowledge and understanding of staff working with high risk offenders and increasing the support available in the community through the provision of workforce development, case consultation and formulation.

Timetable for developing the pathway

31. The consultation document suggested development of the pathway approach over the course of the current spending review period. We asked **whether the indicative timetable was realistic.**

32. Respondents were divided between those who felt the timetable was realistic and those who felt that changes in National Offender Management Service and the NHS and/or the amount of workforce development required for the pathway to work effectively would make the timetable particularly challenging.

33. The Government accepts that the timetable is ambitious and notes that development of new services is dependent on resources being freed up from the decommissioning of existing DSPD programme services in NHS settings. Realistic commissioning plans will be developed which will include a timetable taking account of local need, organisational and workforce capacity and the most effective use of available resources. Progress in delivering the pathways will be kept under review.

34. Further milestones are described in the next steps section of this response

Critical factors in developing the pathway

35. The consultation document described the offender pathway and said - it is intended to provide an appropriate mechanism for the management of offenders with personality disorder. We asked: **What do you see as the critical factors contributing to its success?**

36. Some of the critical factors identified by respondents, such as the need to develop the workforce, questions over the evidence base and the need for effective joint working between the NHS and NOMS, have already been considered. The other important issues raised were:

- the crucial role of the offender manager - the need for training to develop psychological capability, the demanding nature of caseloads and the need for ongoing support to safeguard staff, were all raised. We recognise the importance of the offender manager role, but also note that working with this group is not a new requirement: our approach is designed to enhance and support offender managers' capability (and that of other frontline staff) to work with this population. We also acknowledge that the development of the necessary workforce capability is a long term objective on which we intend to focus resources in line with service development.
- the importance of environmental factors - several respondents questioned whether the prison environment would reduce the beneficial impact of any treatment and suggested that safe, therapeutic environments should always be the place for prisoners who are receiving treatment for personality disorders. We believe that prisons have demonstrated that they can provide an appropriate environment for managing and treating personality disordered offenders. Examples include democratic therapeutic communities, which have been part of the criminal justice system for many years; a therapeutic regime was established at HMP Grendon in 1962. They have a proven record of managing and treating some of the most challenging offenders in the prison system. Similarly, the experiences of the DSPD programme is that appropriate treatment settings can be provided in prison that deliver high quality intensive interventions comparable to those in secure psychiatric hospital settings
- diversion, diagnosis and access to services – the group of offenders targeted by this approach have committed serious offences which means the Government's plans for developing mental health diversion services at police stations and courts are unlikely to impact on this group beyond the possible early identification of need for further investigation of potential personality disorders
- individualised assessments and formulation – respondents stressed the differences between the diagnoses for borderline and anti-social personality disorders and the need, particularly given the complexity of the symptoms involved, for offenders to be treated as individuals. The Government agrees that offenders should be treated using an individualised approach and that account should be taken of their particular needs. The case formulation process, led by the offender manager but with contributions from health staff, ensures that an explanation is provided that helps probation staff understand an individual's behaviour, presentation and problems, thus providing more informed sentence and management planning.
- adequate resources to develop and implement the pathway approach. The Government recognises the need to sustain investment in this area. Initial

investments from the existing DSPD Programme will facilitate the first stage of pathway development across the country and provide a testable model to inform the allocation of resources as a part of the next spending review

37. Offenders responding to this question:

- reiterated the importance of there being sufficient trained staff to fully implement the pathway and the need for a tailored rather than uniform approach to offenders' needs
- felt that diagnosis wasn't always helpful, in some cases individuals had received numerous diagnoses and now had different labels without receiving the appropriate help. Offenders felt that assessments should only take place if they were necessary and linked to receiving treatment and support
- were concerned about the transition from custody to the community stressing the need for ongoing support and the potentially detrimental impact of living in Approved Premises alongside offenders who had not received treatment.

38. We agree that the assessment of offenders with complex and multiple needs is difficult. We believe that this strategy enhances the capability of the system to manage this population. However, some offenders will require a specialist structured assessment using validated assessment tools. The specifications will identify the circumstances in which offenders must receive such an assessment, the most appropriate time for it to be undertaken and the recommended assessment tools and treatment options.

Additional costs and benefits

39. The consultation asked: **Are there any other costs and benefits involved in implementing the pathway approach?**

40. The main benefits identified were in terms of a more efficient system, better able to cope with the demands of this offender group, reduced costs for difficult to manage prisoners and improved provision of interventions for those currently serving indeterminate public protection and long determinate sentences.

41. Respondents identified the potential for a range of additional costs to be incurred along the pathway, including:

- the cost of back cover relating to training and support for staff across a wide range of agencies
- the costs of de-commissioning existing services – such as possible redundancies from the loss of specialist skills and a breakdown in the continuity of care
- a period of double running of services while the new pathway system is planned and implemented
- a potential increase in demand for specialist offender personality disorder services beyond the resources available to support the proposed scope of the pathway and increased demand for services for those offenders with less severe personality disorders as a result of improved identification.

42. All of the issues identified are considered in the Impact Assessment which accompanies this response and will be considered in commissioning plans.

Commissioning

43. The consultation proposed development of three supra regional offender personality disorder pathways across the North of England, the South and the Centre. The precise delineation of the "supra regions" will depend on the sub-national structure of the NHS and NOMS commissioning arrangements.

44. There was broad agreement that the supra regional proposal was an appropriate approach. Many respondents agreed that a supra regional commissioning arrangement will have strengths regarding the higher cost specialist services, particularly during the early years as new services are developed. We recognise though, particularly with respect to the community-based elements of the pathway, there will be a need for strong connections with other locally based commissioning and service delivery arrangements such as Offender Health Boards, Public Health and Community Safety Partnerships and Health and Well being Boards. We also recognise there will be a need to adjust service delivery requirements in rural areas from those in urban areas.

45. Funding and commissioning arrangements for offender personality disorder services are currently through separate structures in NOMS and specialised commissioning arrangements in the NHS, although the programme is coordinated by a joint DH / NOMS team. We consulted on the question: **Is a joint commissioning approach the most effective mechanism to deliver the objectives and benefits of the offender personality disorder pathway?**

46. The majority of respondents agreed that joint commissioning would be the most appropriate method for commissioning the pathway. The key advantages of a joint commissioning approach are that it improves service coherence, avoids duplication of effort / wasting money, and helps to ensure that any developments, improvements or changes to services happen effectively and smoothly.

47. In the first instance, commissioners in NOMS and the NHS will develop plans for approval. We will also develop a model for joint commissioning that can be introduced when the organisational changes in the NHS have been resolved. This would consider, for example the pooling of financial resources under the direction of one governing body or commissioner.

48. We will work with the organisations developing the pathways to ensure that commissioning arrangements at local level take account of the needs of minority groups and include reliable communication channels. Critically, we will ensure that commissioning is supported with strong governance arrangements to ensure that the different objectives, outcomes and viewpoints of organisations are reflected in the service provision.

Payment by results

49. The consultation asked: **Whether services within the offender personality disorder pathway were suitable vehicles for payment by results funding arrangements?**

50. Most respondents said that payment by results (PBR) was either unsuitable for this pathway or that it would be extremely difficult. In addition, a significant number of organisations reserved judgement saying that much more work would be needed to determine the criteria and detailed arrangements and establish the evidence base.

51. Concerns were expressed about the complexity of the pathway and the long time lag that might be required before results could be demonstrated, perhaps 3-5 years. Those respondents who saw the potential for PBR caveated their support by noting the difficulties in defining the outcomes, collecting the data and overcoming the problem caused by the time taken to complete the pathway for this group of offenders. Whilst PBR might be possible in the future, respondents said this should not be a part of the first phase of development because of the weakness of the evidence for effective interventions.

52. Several respondents queried the impact of PBR on this group of offenders with one saying 'such a funding arrangement may be detrimental to service users, as it is likely to detract attention away from the process-orientated or environmental aspects of treatment that they tend to rate as the most beneficial. '

53. The Government is grateful for the helpful responses to this question and agrees that the complexity, duration of the pathway and the serious risks associated with managing these offenders do not make payment by results a workable commissioning methodology at this initial stage of implementation. However, we will continue to keep the option under review.

Pathway for women

54. The consultation asked: **What is required to deliver an effective community to community pathway for women?**

55. Respondents stressed the importance of gender specific personality disorder training and appropriate levels of psychiatric and psychological input to services.

56. Female prisoners emphasised the importance of maintaining contact with children and families and having appropriate arrangements in place to support their return to the community. They also

- suggested day release as part of the plan to help them get used to life on the outside
- wanted to see more units for women and children
- agreed that gender and condition specific training were important.

57. The DH/NOMS policy officials are developing a separate strategy for women taking account of the issues raised, and establishing plans for modelling the pathway in one

part of the country. Options for gender specific training will also be explored with a view to commissioning its development in 2011-12. We will consult on the details of the women's PD pathway with offenders and people working in services for women in the coming months.

BME offenders

58. The consultation asked: **What additional factors could improve access for BME offenders?**

59. The two main issues identified by respondents were:

- the need for more diversity training for staff working in personality disorder pathway settings. Diversity training is available for NOMS and NHS staff and we will work with the organisations commissioning and developing the regional pathways to ensure that all staff working in the pathway services receive it
- more research is needed to determine why BME offenders are under represented at referral and assessment stages. A research and evaluation strategy, including the question of access for the BME population, is being developed as part of the DH/NOMS policy team's plans for implementing the pathway.

60. Other suggestions included involving BME offenders in the design of services, including robust diversity monitoring, and commissioning services from the organisations who provide targeted mental health services to the BME community.

61. The offenders who responded to this question felt that:

- improved cultural awareness particularly of prison staff was vital and noted the small number of BME officers in prisons
- BME offenders were scared of the DSPD label and so were unlikely to push for referral
- early screening of all prisoners would help to identify the need for appropriate assessment

62. Advice on these issues will be included in the guidance to be provided to commissioning and planning teams and has been passed to the Equalities Group in NOMS for further consideration. We believe that improvements to early identification will support a more equitable approach to meeting need than current arrangements. BME groups will be considered as part of all specifications, contracts and performance management to ensure appropriate access to services.

Learning disability

63. The consultation asked: **What further steps could be taken to improve the provision of services for personality disordered offenders who also have a learning disability?**

64. Respondents suggested:

- improved identification and diversion of offenders with a learning disability (LD)
- improving communication between LD services, mental health services and criminal justice system agencies
- additional training to enable better treatment and management of those with LD
- the commissioning pathways should include appropriate LD professionals.

65. The offenders who responded to this question supported the development of specialist treatment programmes.

66. We agree that early identification of LD is important in providing the best possible management and treatment of offenders. However, where serious offences have been committed we feel that treatment within a prison setting is the right approach. The DH/NOMS policy team will work with the organisations developing the commissioning pathways to ensure that LD is considered at all stages of the pathway. It is anticipated that development of these services would also serve to improve communication between the appropriate health, social care and criminal justice agencies.

67. NOMS has recently completed the modification of the democratic therapeutic community programme to ensure suitability for prisoners with mild to moderate learning difficulties. This has been accredited for three-years and plans are being developed for a pilot commencing in this financial year.

Workforce development

68. The consultation asked: **Will the Knowledge and Understanding Framework (KUF) provide the desired improvement in knowledge skills and leadership for personality disorder services? What else may be required?**

69. The Government is aware that the biggest single factor in determining the success of the pathway approach is the quality and capacity of the workforce in each of the organisations delivering services. There was widespread agreement from respondents that the KUF is a good start, but also a common feeling that more is required, particularly for the development of leadership. Respondents felt that the key issues for the workforce on the pathway are:

- time and resources to promote ongoing training, supervision and support for all staff working with personality disordered offenders
- the training of other specialist staff within NOMS, including victim liaison managers
- the capacity and willingness of offender managers to take on additional responsibilities
- ensuring that there are enough staff, including psychologists and nurses, with the necessary therapy skills to provide the interventions and expertise required
- development of leadership in the field able to create a sustainable level of professional capability and ensure personality disordered populations are properly

considered in terms of strategic planning, commissioning activities and practice development.

70. The DH/NOMS policy team is committed to developing a workforce strategy to address the issues raised by respondents. Ultimately, the success or failure of all the workforce development activity will be dependent on the input and commitment from all the organisations, from commissioners to service providers, across the pathways. Workforce development will form a part of all contracts awarded.

Conclusion

71. It is clear from the responses that there is broad support for our plans and, with the minor changes and clarifications described in this response, respondents agree that the National Offender Management Service and the NHS should work together to design and implement integrated pathways for managing and treating offenders with severe personality disorders, building on local and regional structures.

Next Steps

The key steps for developing the commissioning pathways over the next 18 months are listed below. Unless specified, the joint DH/NOMS implementation team will be responsible for their delivery.

• Proceed with arrangements to reconfigure funding of the current NHS DSPD pilots, including a public announcement of the plan to decommission the DSPD service at Broadmoor.	October 2011	NHS specialised commissioners
• Confirm the joint offender PD pathway commissioning arrangements in both NOMS and NHS	October 2011	NHS and NOMS commissioning bodies
• Complete the women's offender personality disorder strategy	October 2011	
• Agree detailed delivery plans at local, regional and national level for the offender personality disorder pathways	from October 2011 to March 2012 for all areas	
• Finalising the outcome based specifications for key stages of the pathway	November 2011	

• Developing a workforce support and training strategy to support the development of personality disorder services	November 2011	
• Produce service delivery advice for commissioners in NOMS and NHS for the management of personality disordered offenders	December 2011	
• Run tender exercise for first element of the new offender PD pathway	December 2011	NHS specialised commissioners and NOMS commissioners
• Develop and test an operational model for an effective step-down progression service delivered at prison wing level and approved premises through a Psychologically Informed and Planned Environment (PIPE), including a PIPE in a high security prison	March 2012	
• Agree a research strategy to support the new Offender Personality Disorder Pathway plan	March 2012	
• Pilot a learning disability therapeutic community in a prison	by March 2012	
• Consider further developments in community risk managements arrangement for these high risk groups aligned to changes in IPP and sentencing arrangements	March 2012	
• Establish mainstream contracts for new offender PD pathway services, including opening the first new prison PD treatment unit	from April 2012 onwards	NHS specialised commissioners and NOMS Directorate of Commissioning and Commercial

Annex 1 – List of respondents

COMMISSIONERS

East Midlands Specialised Commissioning Group

East of England Specialised Commissioning Team

London Specialised Commissioning Group

NHS Bristol

NHS London

NOMS Commissioning: North West

NOMS Commissioning: East Midlands

North West Specialised Commissioning Team

South East Coast Specialised Commissioning Group

West Midlands Specialised Commissioning Team

INDEPENDENT SECTOR

Psychology Associates

St Andrews Healthcare

The Ansel Group

INDIVIDUAL including service users

17 responses

NHS

Avon & Wiltshire NHS x2

East London NHS Foundation Trust

Greater Manchester West NHS Foundation Trust

Guild NHS Foundation Trust

Mersey Care NHS Trust

Newcastle, Tyne & Wear NHS Foundation Trust

Northamptonshire Healthcare NHS Foundation Trust

Nottinghamshire Healthcare NHS Trust

Offender Health, HMP Nottingham

Offender Health, Sheppey Prison Cluster

Offender Health, Southwest

Oxleas Foundation Trust x2

Somerset Partnership NHS Foundation Trust

South London & Maudsley NHS Foundation Trust

South Staffs & Shropshire NHS Foundation Trust

West London Mental Health Trust

OTHER

Bury Adult Care Service

HM Inspectorate of Prisons

Merseyside Police

NOMS Cymru - Forensic Psychology

PRISON SERVICE

Dover Removal Centre

Closed Supervision Centres, High security Prisons

HMP Frankland x2

HMP Grendon

HMP Nottingham

HMP Whitemoor

PROBATION TRUSTS

Greater Manchester

Hertfordshire

Kent

Lancashire

London

Merseyside

North Yorkshire

South Yorkshire

Wales

West Yorkshire

THIRD SECTOR ORGANISATIONS

Centre for Mental Health

Mental Health and Criminal Justice 3rd Sector Forum

NACRO / Action for Prisoners' Families

Pathfinder

Penrose

Resettle x2

Respect

Turning Point

Women in Prison

UNIONS/PROFESSIONAL BODIES/ACADEMIC

Association of Directors of Adult Social Services (ADASS)

British Psychological Society

Forensic Psychotherapy Training and Development Group

Imperial College, University of London x2

Leicester University

Prison Officers Association, HMP Grendon

Probation Chiefs Association

Royal College of General Practitioners

Royal College of Nursing

Royal College of Psychiatry – Forensic Faculty

Annex 2 - References

[i] **Singleton, N et al, (1998)** Psychiatric Morbidity among Prisoners in England and Wales*http://www.statistics.gov.uk/statbase/Product.asp?vlnk=2676*