



National Offender  
Management Service

**NHS**  
*England*

# The Offender Personality Disorder Pathway Strategy 2015

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Gateway reference 04272

# 1. Strategy

## Principles

The Offender Personality Disorder (OPD) pathway programme is a jointly commissioned initiative that aims to provide a pathway of psychologically informed services for a highly complex and challenging offender group who are likely to have a severe personality disorder and who pose a high risk of harm to others, or a high risk of reoffending in a harmful way.

‘Severe’ is intended to indicate the most complex cases, with the most significant levels of dysfunction, which cause the greatest challenges for staff and services. The offenders on the pathway are those who are unlikely to be willing or able to access other types of services or, at least, are unable to do so without additional support. It is, perhaps, their need for carefully **planned management, in addition to any treatment** that sets them apart from other offenders, and also where their personality difficulties can be seen to be at the heart of their offending.

The nomenclature of ‘severe personality disorder’ also accords with the proposed new criteria currently being developed for ICD11.<sup>1</sup>

The strategy has been developed using principles from across a wide spectrum of practice and research evidence (for example Livesley 2005)<sup>2</sup>, from the learning of the Dangerous and Severe Personality Disorder pilots and guidance from the National Institute for Clinical Excellence on the treatment and management of personality disorders<sup>3,4</sup>.

The principles underpinning the programme are as follows:

- **Shared ownership, joint responsibility and joint operations**; responsibility for this population is shared by the partner organisations, principally NOMS and the NHS. Operations are jointly delivered demonstrating a collaborative culture in all aspects of service delivery. Partners value respective knowledge, skills and experience
- Planning and delivery is **based on a whole system pathway / a community to community pathway** approach across the criminal justice system (CJS) and the NHS, recognising the various stages of an offender’s journey from sentence through prison and/or NHS detention to community based

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<sup>1</sup> Classification, assessment, prevalence, assessment and effect of PD. 2015. Tyrer et al. The Lancet, Vol. 385, pp.717-726.

<sup>2</sup> Principles and Strategies for Treating Personality Disorder. 2005. The Canadian Journal of Psychiatry. Livesley, J. vol 50. p442-450.

<sup>3</sup> National Institute for Health and Clinical Excellence (2009) Anti social Personality Disorder: Treatment, Management and Prevention. London: NICE.

<sup>4</sup> National Institute for Health and Clinical Excellence (2009) Borderline Personality Disorder: Treatment and Management. London: NICE.

supervision and re-settlement. This population is likely to require a long period of time over which progress is made and evidenced

- Offenders with severe personality disorder who present a high risk of harm to others will be **primarily managed through the criminal justice system** with the lead role held by offender managers
- **Formulation-based approach**; The approach builds on a bio-psycho-social understanding of the development of personality disorder. Evidence suggests that personality disorder is a result of the interaction of biological (genetic) vulnerabilities, early experience with significant others, and social factors. This understanding informs the development of the case formulation, leading to a better understanding of the person and their behaviour, resulting in a pathway plan reflecting need and the required response from staff
- The treatment and management of this population is **psychologically and socially informed** and led by psychologically trained staff in NOMS and the NHS. It focuses on relationships and the social context in which people live - there are clearly described models in which staff understand the relational approach and boundaries
- **Breakdown and failure are managed**; the pathway approach is not linear for many offenders. Challenging behaviour and rule infractions and challenges to the system may lead to breaches of conditions of licence or community sentence, recall to prison, segregation in prison and re-categorisation. Treatment and management plans may not achieve the desired effect. Such breakdown and failure must be managed ensuring that pathway plans are reviewed and revised to support future progression. Irrespective of whether offenders are actively engaging with services, they remain part of the pathway in order to manage risk, and staff will re-engage with them when offenders are ready
- **Staff have clarity of approach**; staff understand the model and approach to the work, their role and responsibilities. Staff will contribute to the design, development and review of services
- **Staff are trained and supervised**; the knowledge and skills required for each staff group and individual within it are identified and a plan is in place to ensure that these needs are met and reviewed. Individual and group supervision is provided, as appropriate
- **There is gender specific provision and training**; services for women take account of gender differences in understanding the development of personality disorder, risk, psychosocial needs, service planning and delivery
- **Offenders have clarity of approach**; they understand their role and responsibilities, and the nature of the work delivered. They can describe the commitments they have made, the requirements of them and their personal

responsibilities within the service. Offenders' health is improved by the work and their risk of re-offending and harm to the public is reduced

- There is **service user involvement** in the design, performance management and evaluation of services
- **Related Department of Education and Department of Health programmes** for young people and families will continue to be joined up with the OPD pathway to support the prevention and breaking of the cycle of intergenerational crime
- **Services will be developed in line with evidence where it exists;** the approach will drive innovation and the collection of new evidence wherever possible
- **The pathway will be evaluated,** focusing on risk of serious re-offending, health improvement and economic benefit
- **Clarity of outcomes;** specific medium and long term outcomes for services are explicit and measurable. They relate to the primary objectives of the OPD strategy (public protection, psycho-social improvements, and providing a capable and confident workforce) and demonstrate the effect of the work undertaken.

## Aims, Objectives and Outcomes

The OPD pathway programme was initiated in 2011 to meet the joint strategic aims of the Ministry of Justice (MoJ) and the Department of Health (DH), and their respective agencies.

The overall aims / outcomes of the OPD programme are to improve public protection and psychological health of offenders through developing a comprehensive and effective pathway of services for this complex and difficult to manage offender population.

The four high level outcomes in the OPD pathway are:

- 1) For men, a reduction in repeat serious sexual and/or violent offending; or for women, a reduction in repeat offending of relevant offences
- 2) Improved psychological health, wellbeing, pro-social behaviour and relational outcomes
- 3) Improved competence, confidence and attitudes of staff working with complex offenders who are likely to have severe personality disorder
- 4) Increased efficiency, cost effectiveness and quality of OPD pathway services

The intermediate outcomes for the OPD pathway are:

- Improve offenders' access and progression through services; and ensure effective risk management
- Improve staff and offenders' understanding of behaviour, risk factors and effective management strategies
- Bring about a reduction in number and severity of incidents of general and violent misconduct
- Bring about a reduction in number and severity of incidents of self-destructive behaviour
- Improve the effectiveness of OPD pathway services through meaningful involvement of service beneficiaries
- Improve the quality of the relational environment in OPD pathway services.

All OPD pathway services work towards the common OPD pathway outcomes but, individually, provide different functions in the pathway to support the offender at different stages in their sentence, or post sentence, and according to their treatment and management needs. OPD services operate within current legislation and are designed to augment and work with existing NOMS and NHS processes, such as offender management.

These objectives are re-iterated in the quality outcome requirements that each provider is required to report against as part of the commissioning cycle. Providers' adherence is measured through contract monitoring meetings; analysis of data; written reports; and visits to each service. In addition, the programme's principle of involving service users requires commissioners to ensure their contribution is included in service provision.

## **Offender Population - the Target Group, levels of need and demand**

The criteria for the target population to enter the OPD Pathway are applicable to sentenced offenders aged 18 years and over. The specific criteria for men and women are as follows:

### **Men**

- At any point during their sentence, assessed as presenting a high likelihood of violent or sexual offence repetition **AND** as presenting a high or very high risk of serious harm to others; and
- Likely to have a severe personality disorder; and
- A clinically justifiable link between the personality disorder and the risk; and
- The case is managed by National Probation Service.

## Women:

- Likely to have a severe personality disorder; and
- A clinically justifiable link between the personality disorder and the offending; and
- The case is managed by NPS.\*

\* Women managed by CRCs with severe personality disorder and at high risk of violent reoffending will be considered on an exceptional, case by case basis.

This offender group can present serious challenges to community supervision custodial settings, and health services. These offenders generally fail to make appropriate progress against their sentence plan, are difficult to engage in rehabilitative activities, and pose problems for professionals charged with managing the risk of harm they present.

Although OPD services are only accessible to offenders meeting the criteria above, it is estimated that between 60-70%<sup>5</sup> of the prison population meets the criteria for at least one form of personality disorder. A small study in Lincolnshire<sup>6</sup> suggested it was 50% of the probation caseload. Early estimates suggest approximately 20,000 male and female offenders across community and custody criminal justice services may satisfy the criteria above excluding those who are currently detained under the Mental Health Act, and residing in a secure hospital.

Eligibility for the OPD pathway does not require an offender to have a formal diagnosis of personality disorder and thus does not require the conduct of clinical assessments of all the offenders on the pathway. The programme aims to achieve outcomes through delivering effective psychologically informed management and, where appropriate, interventions for this complex group. It is expected that Offenders on the OPD pathway will all have complex needs consisting of emotional and interpersonal difficulties.

## The Pathway

Enshrined in the OPD programme is the concept of delivering a *pathway* of services for this complex offender group. The one key feature of the pathway framework is the commitment to a consistent and coherent process of offenders moving along a range of different criminal justice and health interventions; starting in the community, moving through the sentence, and back to the community at the end of sentence, via custody where applicable.

The diagram below illustrates the pathway model:

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<sup>5</sup> Singleton *et al.*, 'Psychiatric Morbidity among prisoners,' Department of Health, 1997.

<sup>6</sup> Brooker, Charlie, Sirdifield, Coral, Blizard, Robert, Denney, David, Pluck, Graham. (2012) *Probation and mental illness*. Journal of Forensic Psychiatry and Psychology, 23 (4). pp. 522-537

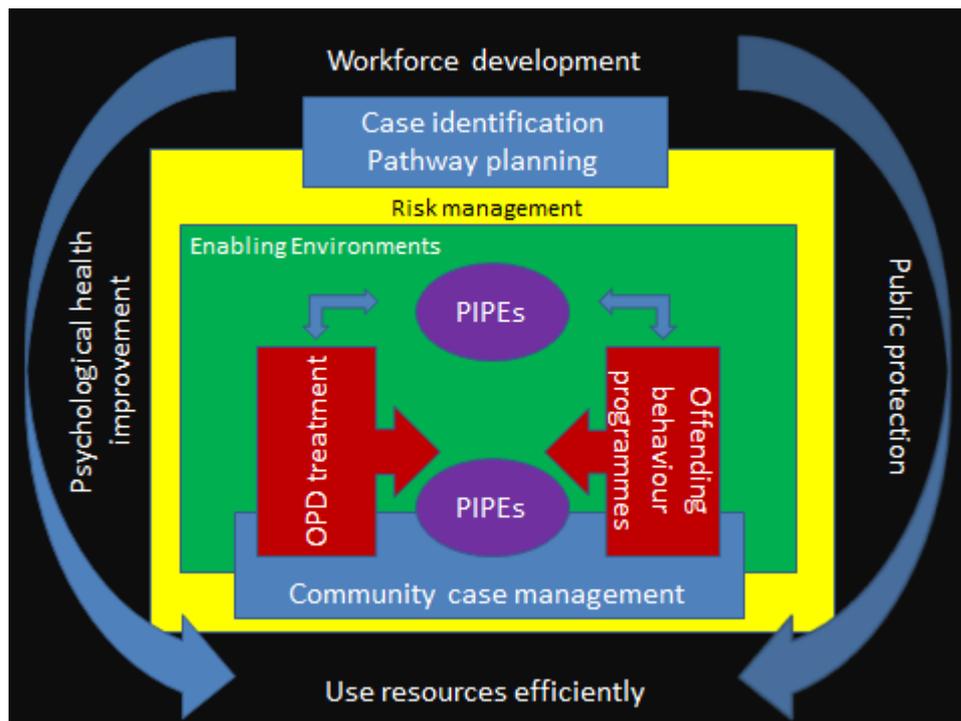


Figure one. Illustration of the OPD pathway

The first two stages of the pathway shown in Figure 1 above involve identifying those offenders who meet the entry criteria and developing an appropriate pathway plan for them. This activity will be delivered for men in the community by National Probation Service (NPS) offender managers in probation local delivery units (LDUs), working in partnership with a health service provider. Services in the community for women will be provided by both the Community Rehabilitation Companies (CRCs) and NPS.

**Early identification** describes the process of identifying those cases that meet the criteria for the pathway at the earliest possible opportunity, currently immediately post sentence for new cases. Probation staff will receive training as part of the **workforce development** strand of the programme to assist with this process and have access to case consultation, usually provided by a forensic or clinical psychologist. The identified caseload will include newly sentenced offenders and offenders that are already held on the caseload. The offender manager will work in partnership with staff from the health service provider to discuss individual cases in more depth and make a decision on whether the person meets the criteria. Staff working in the prison, such as the offender supervisor, may also identify and refer cases to pathway services.

Once individuals have been identified as meeting the criteria for the pathway, the offender manager will work in partnership with the health service provider to develop a **pathway/sentence plan** for each offender based on a process of **case consultation and formulation**. Case consultation and formulation describes a process of targeted specialist advice and discussion between the staff from the health service provider and the offender manager, including the offender where

possible, to consider the offender's psychosocial and criminogenic needs relating to their complex psycho-social difficulties and to make timely decisions about the sentence plan. Case formulation will always be recorded, but will vary in style depending on the complexity of the case and the urgency of the pathway plan; the OPD pathway has developed a set of standards for its formulations depending on their complexity.

A **pathway / sentence plan** will be developed for all offenders on the pathway, although the timing of when the offender receives the personality disorder services indicated in the pathway plan may vary depending on the needs of the offender (e.g. a newly sentenced prisoner with a very long custodial sentence may not be prioritised for receiving OPD services immediately within their plan). Some offenders may not receive specific OPD services as they may be referred, and accepted, onto mainstream health and criminal justice services. The plan will be monitored and updated by the offender manager or the offender supervisor as necessary throughout the term of their sentence. It is anticipated that a significant number of offenders meeting the criteria will be unwilling and/or unable to participate in services. In these circumstances, the formulation will focus on the effective management of the individual. This, for example, might include developing insight, motivation and engagement, risk assessment, community case management, compliance with licence or sentence conditions.

The case consultation, formulation and pathway plan will determine the appropriate management approach and interventions required for the offender and help ensure that referrals are made to services at appropriate times. An offender may be referred immediately to a treatment service/ intervention, or may engage in other (non-treatment) services, such as a pre-treatment PIPE (Psychologically Informed Planned Environment) or motivational interviewing. It should be noted that an offender may be referred to a whole range of services as part of their pathway plan, and not just those services that are commissioned by the NHS/NOMS OPD Pathway team.

The type of treatment services available to offenders can broadly be split into three categories: **OPD treatment interventions** that are co-commissioned by the NHS/NOMS OPD team specifically for offenders with personality disorder; general **Offending Behaviour Programmes**, which are programmes that are accredited and commissioned by NOMS regional commissioners (not the OPD team) to address an offender's criminogenic needs and reduce reoffending; and **forensic mental health interventions** either in a hospital for those detainable under the Mental Health Act, or in the community. The order in which offenders access these services may vary, and they may access none, some or all of these services over time.

Specific **OPD treatment interventions** should aim to ensure an improvement in mental and emotional wellbeing, social circumstances and community ties associated with the reduction in risk of sexual or violent reoffending. Effective interventions are eclectic in approach and evidence-based; service delivery is provided within a safe, supportive and respectful environment, employing a range of

skilled, motivated, supported and multi-disciplinary staff to address offenders' personality difficulties and behaviours.

Available OPD treatment interventions are summarised in the brochures of OPD Services (one for men and one for women). These are widely available in both NOMS and NHS England and on the Kahootz portal (a secure cloud based website for key staff working within the OPD pathway) and in paper form available across NOMS.

There are also a wide range of NOMS Accredited **Offending Behaviour Programmes** (OBPs). These address specific offence types, such as violence, sexual offending, substance misuse-related offending and general offending behaviour. They are not suitable for all offenders and many with very complex interpersonal problems / personality disorder may not have accessed them, or may have dropped out, or have been removed. The work by the offender manager, however, will determine the offender's suitability, including individual and special needs in order to prevent early attrition by participants with a severe personality disorder. Most Accredited OBPs are *potentially* suitable for offenders with personality disorder, but work on the complex interpersonal needs may need to be undertaken first, or in conjunction with the programme in order to avoid attrition, and offenders undermining the treatment for themselves and /or others. Democratic Therapeutic Communities (DTC) are an accredited NOMS Offending Behaviour Programme, but are known to be particularly effective with offenders who have personality disorder, and therefore play a key role in the OPD Pathway. The DTC+ model provides an adapted DTC for those with learning disabilities. The CARE (Choices, Actions, Relationships, Emotions) programme for women offenders is also delivered in conjunction with OPD services, as is CHROMIS, a programme for psychopathic offenders.

To summarise, the treatment interventions available to offenders comprise:

- OPD Treatment Interventions (prison and community based)
  - Community OPD Treatment
  - OPD Treatment services in prisons
  - Therapeutic Community Plus (TC+) for Learning Disabled Offenders in prisons
- Accredited Offender Behaviour Programmes<sup>7</sup> (OBPs) including
  - Democratic Therapeutic Communities – an accredited OBP which is particularly appropriate for offenders with personality disorder (prison only)<sup>8</sup>

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<sup>7</sup> OBPs are delivered in prisons and by Probation Services or Community Rehabilitation Companies in the community and are not commissioned by the OPD Programme; but are very likely to feature in an offender's OPD Pathway Plan.

<sup>8</sup> DTCs are not commissioned by the OPD Programme but are considered to be effective at treating individuals with personality disorder (see Nice Guidelines for Anti Social PD)

- CARE (Choices, Actions, Relationships, Emotions – an accredited OBP for women with a violent offence and complex needs including personality disorder (prison only)
  - CHROMIS – delivered as part of the OPD treatment services in HMP Frankland, HMP Low Newton and HMP New Hall
  - Other OBPs targeting high risk of harm offending which may be delivered alongside or consecutively to other OPD services (e.g. Sex Offender Treatment Programmes, Self Change Programme for violent offenders, and the Healthy Relationships Programme for domestically violent offenders).
- NHS mental health treatments either in the community or in a secure hospital for those who are detainable under the Mental Health Act.

The offender manager and health service provider may also refer an individual to a **Psychologically Informed Planned Environment (PIPE)**. PIPEs are not a treatment; they are instead designed to support transition and personal development at significant stages of an offender’s pathway. An offender in a prison setting may either attend a **Preparation PIPE** to help them prepare for the treatment environment; reside in a PIPE environment - **Provision PIPE** - as they participate in treatment elsewhere, e.g. off the wing; or a **Progression PIPE** following the successful completion of an OPD treatment or OBP in their sentence plan. Additionally the PIPE model has been applied in a number of community based hostel settings known as **Approved Premises PIPEs**, supporting those who have been released from custody. Other **progression** services are also being designed to support the pathway-based approach, including women identified for the women’s pathway being offered independent mentoring & advocacy linked to the development of the community based services; and support to Close Supervision Centres in High Security Prisons.

Central to the success of the pathway-based approach is the **community case management** of the offender by the offender manager in the community and the provision of post-sentence arrangements to ensure the improvements made through treatment are sustained and ongoing risks are appropriately managed and monitored. These include: specific support to Approved Premises either in the form of a PIPE, or building on the case consultation and formulation approach; and time limited “joint casework” by the Offender Manager and health service provider for a small number of offenders in the community with the most complex needs.

**Enabling Environments.** The Enabling Environments concept was developed by the Royal College of Psychiatrists’ Centre for Quality Improvement. All residential and treatment services in the OPD pathway are expected to achieve the Enabling Environments award. It is designed as a quality improvement mechanism to support services to increase the use of therapeutic principles to create positive living and working environments. It is a standards-based award which supports the

establishment of a supportive, positive relational environment. See [www.enablingenvironments.com](http://www.enablingenvironments.com)

The pathway aims to ensure that offenders' risk to others is effectively managed – and where possible, reduced - throughout their sentence; this 'whole system' approach has multiple benefits;

- The pathway approach acknowledges the reality that an offender may not engage with all of the services available to them at any given time and that they may move back and forth across the pathway throughout their sentence (or indeed, their lifetime). As a result, the pathway aims to offer comprehensive services at each stage of the offender's journey, irrespective of whether the offender has failed at some point in their pathway journey
- Each OPD service is underpinned by the programme's high level objectives, principles, and quality outcome requirements. As a result, services share the same aims in relation to this group. This means that the programme can offer offenders consistency and support throughout their time on the pathway without stifling innovative ways of working
- The pathway approach builds on current evidence<sup>9</sup> which suggests that a bio-psycho-social formulation - in which management, cognitive, social and pharmacological interventions may play their part - is the best and most consistent approach on which to develop a coherent and consistent narrative of the problem, and also how best to manage a pathway for this offender group
- Moreover, creating local, regional, and national pathways (that augment and support existing services and processes) will ensure that offenders meeting the OPD entry criteria are not subject to a 'postcode lottery' and that service provision is accessible to them, regardless of geographic location and offence.

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<sup>9</sup> Principles and Strategies for Treating Personality Disorder. 2005. The Canadian Journal of Psychiatry. Livesley, J. vol 50. p442-450

## The Relational Environment

The social and therapeutic environment is an important part of any service however there is a particularly strong emphasis on this in services for people with complex psychosocial difficulties and / or severe personality disorder. The OPD pathway uses the environment and relationships between staff and service users as a method for change in its own right. Pathway services will have a focus on relationships paying particular attention to quality and consistency, and utilising every opportunity to have a safe and meaningful interaction in both formal and informal settings.

## Workforce development

This is one of the four main outcomes of the strategy, and training is designed to help staff to reflect upon, and where necessary, alter their attitudes towards people with a personality disorder and to develop the skills and confidence of staff in working with people likely to have personality disorder.

A key document to support the OPD pathway workforce is the “Practitioner Guide to working with personality disordered offenders,”<sup>10</sup> originally published in 2011, and revised and updated in 2015.

A specific workforce development framework – the *Personality Disorder Knowledge and Understanding Framework (KUF)* – was designed to meet the needs of all staff who may come into contact with offenders with personality disorder. It includes a variety of levels of learning, from awareness building to MSc level modules. Increasingly the KUF is being tailored to meet the needs of particular staff groups, e.g. staff working with women offenders (W-KUF) and/or young adults, prison staff, peer supporters, and probation receptionists. Each service specification also includes the requirement for bespoke local training, which may include a range of local training products as well as coaching, shadowing and case consultations. The OPD pathway has a separate workforce development strategy.

## Service user involvement

The aim is to engage and involve offenders in all aspects of service design, delivery and review; as well as supporting personal empowerment and the development of individual responsibility, confidence and skills. The OPD pathway programme has a separate Service User Involvement strategy, and utilises a participative scale of activities:

1. Information giving to service users
2. Communication to, and feedback from, users
3. Consulting with users
4. Service users working in participation with staff
5. Service users leading activities

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<sup>10</sup> <https://www.justice.gov.uk/downloads/offenders/mentally-disordered-offenders/working-with-personality-disordered-offenders.pdf>.

6. Service users involved in consultation on policy, co-delivering interventions, co-facilitating feedback sessions and co-production of materials.

The OPD pathway programme has planned activities at each of these six levels.

### **Gender Specific Approach**

The OPD pathway programme has developed distinct pathways for men and women offenders in recognition of the gender differences in nature of offending, life experiences, and the way that personality disorder presents itself. Services for women are specifically designed and commissioned according to an appreciation of these differences, and a strategy for women is in place.

### **Equality**

Specific regard needs to be given to Black, Asian and Minority and Ethnic (BAME) service users who are traditionally over-represented in criminal justice environments, but under-represented in personality disorder services. Workforce development must address the cultural competence of staff in order to identify, support and encourage BAME offenders into services.

Many offenders have a learning difficulty or disability (LDD). Subject to available resources, services will be designed to be responsive to users with LDD, and specific services will be provided where the evidence and good clinical practice deems it necessary.

## 2. Commissioning the pathway

In 2011 the Government committed to decommissioning the Dangerous & Severe Personality Disorder (DSPD) pilot services and recycling those resources to contribute to creating the OPD pathway. The total programme resource envelope is £64 million, with a contribution of £54 million from NHS England and £10 million from NOMS; this does not include aligned services that deliver an important part of the pathway, such as the Democratic Therapeutic Communities, and secure hospital beds.

The original intention of the Department of Health and NOMS was to use the same level of financial resources in a more effective and efficient way; to improve both community and custody risk management and treatment services; to provide support for offenders moving along the pathway; and to invest in the training and development of the workforce.

The OPD pathway is commissioned on a regional basis working to NHS England boundaries, but with national oversight to ensure consistency across regions. The four English regions are: London, South, Midlands and East, and North. Each region has a set of co-commissioners (one NOMS, one NHS) who jointly commission OPD pathway services. This joint commissioning of the whole commissioning cycle (needs assessment, specification of service, procurement, contracting, performance management, quality assurance, and evaluation) strengthens the ability for NOMS and the NHS to provide joint operations and take joint responsibility of the client group. It allows shared problem solving and navigation of two complex organisations. Separate arrangements exist for the provision of services in Wales; however, these are also jointly commissioned.

All services have an NHS England or NOMS specification, depending on the lead commissioning agency.

It was estimated, in 2011, that recycled DSPD funds would be used to commission:

- 370 new treatment places in prisons
- 820 progression places
- Early identification and assessment processes to identify the OPD offender group
- Community management and support services
- Research, and an evaluation of the OPD programme
- Workforce development opportunities for staff involved in OPD services.

## Community commissioning intentions

The commissioning intentions in the community, up to 2020, are as follows:

- The community specification enhances MAPPA arrangements and offender management by providing additional help to probation teams and staff working with offenders in approved premises and in the community. The provision seeks to effectively manage what is often difficult and challenging behaviour which, in many cases, results in re-offending or breach of licence
- Every National Probation Service Local Delivery Unit in England and Wales will have access to case identification, case management, formulation and joint case working service
- An expectation that Community Rehabilitation Companies (CRCs) will engage with existing OPD services in relation to the provision of services for women offenders
- Treatment will be provided, but reserved for the highest risk and most difficult to manage
- Services in the community will be responsive to, and support offenders released from prison
- Services in the community will, wherever possible, maintain contact with offenders when recalled into custody
- Approved Premises, which are reserved for high risk men, and medium and high risk women on release from prison, will either be Enabling Environments or have progression PIPE services embedded to support them
- Every National Probation Service division will have at least one PIPE in an Approved Premises for men
- For women in Approved Premises there will be at least 3 PIPEs; one in the North, one in the Midlands and East, and one in the South
- To develop, where resources allow, supported housing provision to enable the transition between secure environments, approved premises and the community.

## Custodial commissioning intentions

The commissioning intentions in custody, up to 2020, are as follows:

- Pathways have to align with NOMS population flows, and be mindful of security categorisation, and a prisoner's progression from higher security to lower security over their sentence

- Services will be located in establishments which hold higher numbers of offenders who satisfy the criteria for the pathway
- At a minimum, within each type and security category of prison for men there will be available a preparation PIPE, a treatment service and a progression PIPE
- In each OPD region in England, outside of the High Security and category B Estate, there will be at least one treatment service, and one progression PIPE in a category C establishment for men
- Due to NOMS population management processes, services in the High Security, Category B and the open estate are national resources; category C establishments will be more likely to hold prisoners from the region they are in, but can still hold prisoners from a national cohort. It is anticipated that services in Category B and the open estate will have a regional bias in order to facilitate pathways
- Due to their small number, all women's closed prisons will have an OPD pathway service to create a network of services across the country. In each of the following clusters, there will be at least one treatment service and one progression PIPE for women: London & South East; North; South West; Midlands & East
- The two Young Offenders Institutions which hold long sentenced young adult offenders will have OPD services
- There will be specific provision for sex offenders who are more likely to be held in separate sex offender-only establishments
- There will be specific provision for learning disabled offenders
- NOMS's commitment to services is to supply the benchmarked level of staffing where the service is delivered; the enhanced prison operational staffing levels and the specialist clinical staff are commissioned by OPD co-commissioners.

## Secure Hospital provision

There remain three Medium Secure Units commissioned by OPD commissioners to deliver specific OPD pathway treatment. There is an OPD MSU Treatment service specification which supplements the generic NHS medium secure (MS) hospital specification. NHS England is currently exploring a nationwide procurement exercise for medium secure provision. OPD commissioners will respond to the recommendations of the pre-procurement work.

High Secure Hospitals are all commissioned through Specialised Commissioning to provide beds for patients with personality disorder and therefore they form a critical part of the overall pathway.

A hospital placement should be reserved for offenders who can **only be managed in a hospital setting**, and who are detainable under the Mental Health Act. Broad criteria that might suggest a hospital service are as follows:

- Uncertain or disputed diagnosis and risk; repeated failure in a prison setting; irretrievable breakdown of relationships in custody
- Co-morbid mental illness, e.g. psychosis, depression with high suicide risk, which is not well managed and requires hospitalisation for stabilisation
- Complexity compounded by, e.g., borderline IQ (IQ score between 75-85), with highly impulsive threatening and violent behaviour, Deliberate Self Harm, uncertain or changing diagnosis or medication needs
- Complexity added by other therapy-interfering behaviours, e.g. litigiousness, breaches of boundaries, pathological attachments
- Complexity or need around neurological difficulties / acquired brain injury
- Need for rare or bespoke intervention that is not readily available in prison
- Notional 37s – a hospital order but no current CJS sanction.

Criteria for a prison placement might include:

- Prisoners who can be managed in a custodial setting and who have been identified as part of the OPD pathway – note there is no need for a formal clinical diagnosis of personality disorder
- Well managed complex co-morbid mental illness
- Offenders who have failed in High Secure hospital settings, or who cannot be managed in hospital.

It is recognised that some offenders may move back and forth between health and prison settings depending on their needs. The OPD strategy will encourage secure hospitals to work more closely with the CJS, in terms of shared understanding of the client group, greater mutual support, better information sharing, and promulgation of best practice.

### **Enabling the pathway - networks and information flow**

All OPD pathway services will have an information sharing protocol which clearly demonstrates how the partnerships share information and jointly work to deliver the four main outcomes of the OPD strategy.

All regions will have learning and development networks which bring together operational and clinical leads from across the geographic location including those services not directly commissioned by OPD commissioners, but which are crucial to

that pathway (such as the High Secure Hospitals). In addition where appropriate there will be national networks and profession specific networks. The aims of these are as follows:

- To enable the sharing of best practice
- To facilitate the pathways between services by bringing professionals together
- To unpick pathway blockages
- Individual case discussion in particular for those cases where the pathway is not clear.

## Evaluation

The key principle for the OPD Pathway Programme is that outcomes will be achieved and maintained by the offender accessing a pathway of services, rather than accessing a single intervention or programme. Thus the national evaluation will be based on the effectiveness of the *pathway*:

- How was the OPD strategy delivered?
- What difference did the OPD strategy make?
- Did the benefits justify the costs?

In addition:

- To evaluate the effectiveness of individual programmes, including pilots/field tests
- To evaluate the development of new tools (e.g. case formulation, training materials)
- To develop knowledge in the field of forensic personality disorder.

Kings College London has been appointed as the lead evaluator. The activity started on 1<sup>st</sup> August 2014 and will run for four years. Stage 1 (first 18 months) involves feasibility testing: develop a Pathway theory, test data collection, and initial analysis. It will be focused on the OPD Pathway in North of England as this is the most developed.

There will be three studies:

### 1. Process study – How was the OPD strategy delivered?

- Aim - to provide a robust theoretical understanding of how the pathway operates, how the Pathway has been delivered and to explain the outcomes of the impact and economic evaluations in light of these expectations.

## 2. Impact study – What difference did the OPD strategy make?

- Aim - to assess the effectiveness of the OPD pathway on reducing reoffending and improving psychological health; and guide commissioners, providers and policy makers on which aspects of the programme are most effective and how the programme can be refined.

## 3. Economic evaluation – Did the benefits justify the costs?

- Aim - to provide evidence on the cost effectiveness of the pathway; and to support NHS England and NOMS in their on-going strategic planning of the pathway.

## Future considerations

There are a number of areas which could be improved through the expansion of services. These include, but are not limited to:

- Ensuring complete coverage of services for the target population in the community and custody
- Better 'transition' services to assist those leaving custody
- Specialist residential support – both short and long term accommodation for offenders in the community
- In-reach to offenders who are children with emerging personality disorder, and links to over 18 OPD services
- Better provision for female offenders who spend significantly higher proportions of their sentence in the community and who require more tailored, specific, support
- Expansion of the OPD pathway concept to medium and low risk offenders with complex needs, and in particular to those who are over represented as users of other public services
- Expansion of the OPD pathway concept to under 18 offenders with emerging personality disorder
- Expansion of the OPD pathway concept to non-offenders with complex needs
- Expansion of the OPD pathway to offenders with co-morbid mental illness where this can be safely managed in the CJS