

Report for the October Meeting of the HOSC

Overview of PIPEs Service and Update on the Decommissioning of the DSPD Service at Rampton Hospital

1. Background and Overview

- 1.1 The new Offender Personality Disorder (OPD) strategy was approved by Ministers in 2011.
- 1.2 The OPD Strategy proposed that the default position for the majority of offenders was that management and treatment should be provided within the prison estate. There would continue to be a need for specialist medium and high secure hospital services for those prisoners/patients with a diagnosed personality disorder who require detention under the MHA and treatment in a hospital environment.
- 1.3 There have been significant developments in the services available for PD Offenders in prisons over the last four years including Psychologically Informed Planned Environments ('PIPEs'); as part of the joint NHS England and National Offender Management Service (NOMS).
- 1.4 PIPEs are defined as 'specifically designed, contained environments where staff members have additional training to develop an increased psychological understanding of their work'. This understanding is intended to enable staff working within a PIPE service to create an enhanced, safe and supportive environment, facilitating the personal and social development of its residents.
- 1.5 PIPEs are designed to enable offenders to progress through a pathway of intervention; supporting transition and personal development at significant stages of their pathway.
- 1.6 An offender in a prison setting may either reside in:
 - a "Preparation/Engagement PIPE" to help them prepare for a future treatment environment; or
 - a "Provision PIPE" as they participate in treatment elsewhere, e.g. off the wing; or
 - a "Progression PIPE" following completion of a PD treatment or other Offender Behaviour Programme (OBPs) in their sentence plan
- 1.7 The PIPE model has also been applied in a number of community based hostel settings known as "Approved Premises PIPEs", supporting those who have been released from custody.
- 1.8 There are 550 PIPE places in 12 prisons and 150 PIPE places in 7 Approved Premises. The PIPE at HMP Send is commissioned to deliver a 'Progression' service for women.
- 1.9 Brochures have been established to describe the range of provision for men and women



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- 1.10 The OPD strategy proposed that the pilot DSPD hospital services (the two High Secure

and three Medium secure services) should be decommissioned and resources to be released to fund other parts of the OPD pathway.

- 1.11 In July 2014, Nottinghamshire Trust was served with formal notice of the intention to decommission the DSPD service at Rampton Hospital. A Task Group was established to oversee the decommissioning process and work with Nottinghamshire Healthcare NHS Foundation Trust continues. It has been decided that the purpose-built facility for the DSPD Service (The Peaks) should be utilised for the standard PD Service at Rampton Hospital. This was because the Peaks facility had more appropriately sized wards for the PD Service and was already the source of all PD admissions. The intention is to then reduce the capacity on the three standard PD wards (17, 18 and 20 bed wards in the main building) and the monies released will be transferred to the NOMS side of the OPD pathway. In tandem with this process, Commissioners and Nottinghamshire Healthcare NHS Foundation Trust have been reviewing the capacity needs of the standard PD Service at Rampton Hospital. The outcome of this review will determine the rate and amount of monies that can be released.

From the original 'DSPD cohort' (patients either on the waiting list, in-patients, or on trial leave as at 18/07/2014) of 65 patients, there are 41 patients remaining (three of these are on trial leave). Since 18/07/2014, all subsequent admissions to the service have been designated as standard PD patients.

2. Financial Modelling

The financial modelling is dependent on the gradual reduction in occupancy in the overall PD Service, with the major savings being realised when one of the larger wards in the main building can be closed. For the financial year 16/17, Commissioners have removed £125,000 from the contract to reflect the planned reduction in occupancy. In the financial year 17/18, further patient variable cost savings will be realised and the closure of one of the larger wards in October 2017 will release approximately £1.7 million recurrently. The subsequent release of monies will depend on the agreed future capacity of the standard PD Service.

3. Engagement

Extensive engagement has taken place with patients, carers and staff and this will continue as the plans develop. The Clinical Director and other managers have regular meetings with patients and staff to keep them informed of developments.

4. Next Steps

Work is ongoing finalising the national High Secure capacity and financial modelling plans; and confirmation of the service changes required in order to release the expected resources. Commissioners are working closely with the providers to progress this.

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