

## **Joint City / County Health Scrutiny Committee**

**Tuesday, 11 October 2016 at 10:15**

**County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP**

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### **AGENDA**

- |   |  |              |
|---|--|--------------|
| 1 | Minutes of the meeting held on 13 September 2016   | 3 - 8        |
| 2 | Apologies for Absence  |              |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |              |
| 4 | Nottingham University Hospitals and Sherwood Forest Hospitals Trust Merger   | 9 - 22       |
| 5 | Community Child and Adolescent Mental Health Services  | 23 - 32      |
| 6 | Dangerous and Severe Personality Disorder Service and Psychologically Informed Planned Environments  | 33 - 148     |
| 7 | The Willows Medical Centre Carlton   | 149 -<br>150 |
| 8 | Work Programme   | 151 -<br>158 |

### **Notes**

- (1) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act

should contact:-

Customer Services Centre 0300 500 80 80

- (2) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Julie Brailsford (Tel. 0115 977 4694) or a colleague in Democratic Services prior to the meeting.

- (3) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (4) A pre-meeting for Committee Members will be held at 9.45 am on the day of the meeting.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

## **MINUTES**

**JOINT HEALTH SCRUTINY COMMITTEE  
13 September 2016 at 10.15am**

### **Nottinghamshire County Councillors**

Councillor P Tsimbiridis (Chair)  
Councillor J Bosnjak  
Councillor R Butler  
Councillor J Clarke  
Councillor C Harwood  
Councillor J Handley  
Councillor J Williams  
Councillor L Yates

### **Nottingham City Councillors**

Councillor A Peach (Vice- Chair)  
A Councillor M Bryan  
Councillor E Campbell  
Councillor C Jones  
Councillor G Klein  
Councillor B Parbutt  
A Councillor C Tansley  
A Councillor M Watson

### **Officers**

David Ebbage - Nottinghamshire County Council  
Jane Garrard - Nottingham City Council  
Martin Gately - Nottinghamshire County Council

### **Also In Attendance**

#### **Officers**

Miriam Duffy - Nottingham University Hospitals  
Dr Stephen Fowlie - Nottingham University Hospitals  
Martin Gawith - Healthwatch, Nottingham  
Caroline Shaw - Nottingham University Hospitals

## **MINUTES**

The minutes of the last meeting held on 12 July 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **APOLOGIES**

Apologies were received from Councillor Watson.

## **MEMBERSHIP**

It was noted that Councillor Liz Yates had replaced Councillor Kay Cutts for this meeting only.

## **DECLARATIONS OF INTEREST**

Councillor Brian Parbutt declared a non-pecuniary interest in Agenda Item 4 – Environment, Waste and Cleanliness at Nottingham University Hospitals as he is employed by UNISON who are mentioned in the report itself.

Jane Garrard declared a private interest on Agenda Item 6 – Future of Congenital Heart Services.

## **ENVIRONMENT, WASTE AND CLEANLINESS AT NOTTINGHAM UNIVERSITY HOSPITALS**

Dr Stephen Fowlie gave a presentation on the latest data on Environment, Waste and Cleanliness at Nottingham University Hospitals (NUH).

During discussion the following points were raised:

- Carillion are currently on a 5 year contract (with an option to extend by 3 years subject to satisfactory performance) which commenced in September 2014. Towards the end of 2015, the level of cleanliness was seemed satisfactory after recent CQC inspections. In early 2016 is where cleanliness audits (internal & external) showed deterioration after spell of improvement. The Trust Board in Spring 2016 informed Carillion that rapid improvements were required.
- At present, the Trust is in regular contact with Carillion at regional and national level. National leadership have been invited to the Trust Board meetings on a monthly basis. An action plan has been implemented, more staff have been recruited, increased cleanliness audit standard from 90% to 95% in high risk areas, roles and responsibilities have been redefined for employees and methodology for measuring performance have also been strengthened.
- It reported that there had been no general increase in infections over the period standards of cleanliness have deteriorated, the Trust are determined standards will improve.
- The contract does include financial sanctions for not supplying the correct standards of cleanliness. The contract monitoring team have been more engaged that the Trust would have liked due to the recent issue. Nursing staff's involvement also, due to their own inspections once the cleaning had taken place, taking vital time out of their working day.
- The cost of all of this is still being established but the Trust are hoping to be able to put a figure on the expenditure as soon as possible, alternative providers have been considered at the Trust Board.

- Members were concerned that there has been no evidence that the in-house cleaning is better than out of house cleaning and for the past 2 years, comes down to staff not being managed properly. The Trust realises that it has the ability to hold Carillion to fault. The action plan includes specific and demanding requirements to deliver a number of suitably trained staff and supervisors at the Trust to deliver the correct level of cleanliness. The trust believes Carillion's biggest problem is a shortage of about 70 cleaning staff.
- The PLACE results within the presentation, the difference with Privacy, Dignity and Wellbeing is purely down to the infrastructure of the City Hospital, the way rooms are laid out and not having as many as Queens Medical Centre. The Trust will always struggle to improve on those scores as the building is in a different state.
- Members were concerned with the length of time the Trust will give Carillion to improve performance. The Trust reassured Members that they will see an improvement in cleanliness within a reasonable timescale.
- Carillion do hold contracts with other healthcare providers and in other domains. They believe the other providers have also had problems.

The chairman requested NUH to return in 3 months' time with a further update on progress with Carillion.

**RESOLVED to agree that**

That the Joint City and County Health Scrutiny Committee considered and commented on the information provided.

**DEFENCE AND NATIONAL REHABILITATION CENTRE (STANFORD HALL)**

Miriam Duffy, Clinical Lead Rehabilitation at NUH gave Members a short presentation on the major trauma centre in Nottingham and the plans for the new Defence and National Rehabilitation Centre at Stanford Hall.

During discussion the following points were raised:

- The major trauma centre in Nottingham is the busiest in the Country which has cared for over 5,400 patients since April 2012.
- The centre have saved 350 unexpected survivors, meaning without the specialist care and equipment in which the centre has, those 350 would have died of their injuries.
- The most common cause of injury or trauma is related to a fall less than 2 metres high. The second most common being road traffic collisions.
- There has been an increase in the number of stabbing related cases, recent findings show that these patients had already been treated in the past for other injuries. The Trust is working with Police and a youth crime charity to help prevent this happening in the future and to figure out why it is occurring.

- With regards to rehabilitation, to improve quality of life after treatment is crucial. To maximise potential for physical, social, vocational and psychological independence for each patient who is treated within the centre.
- The new Defence and National Rehabilitation Centre (DNRC) is currently being constructed in the grounds of Stanford Hall on the Nottinghamshire-Leicestershire border at a cost of £300 million, and is due to open in 2018. The centre will replace the outdated Headley Court in Surrey, where patients are currently treated.
- The late Duke of Westminster wanted to leave a legacy behind to the military with a new hospital, £300m has been raised to help build this new facility. The building work to this day is still on schedule.
- More patients returning to work (just 28% of major trauma patients get back to full employment and a further 39% partially return to work after 6 months)
- Huge opportunity and attraction for job opportunities, will certainly get internationally interest for posts at the facility.
- Members queried whether patients would go straight to Stanford Hall from being injured. Patients will firstly go to their closest major trauma centre where they will be surgically complete before being transferred.

## **RESOLVED to**

That the Joint City and County Health Scrutiny Committee considered and commented on the information provided.

## **FUTURE OF CONGENITAL HEART DISEASE SERVICES**

In July NHS England made an announcement about the future of congenital heart disease services, including changes to the commissioning of services at the East Midlands Congenital Heart Centre at Glenfield Hospital in Leicester.

Specifically, the changes directly relevant to residents in Nottingham and Nottinghamshire were:-

- The transfer of congenital heart disease surgical and interventional cardiology services from Glenfield to appropriate alternative hospitals
- That NUH cease occasional and isolated specialist medical practices, with services transferred to other appropriate providers.

Commissioners are expected to carry out public consultation prior to taking action or reconfigure or close a major service. Consultation and engagement was carried out in relation to the development of the new standards and specifications; it is unclear from NHS England's announcement in July and their website what intentions are in relation to consultation on specific service changes, such as those at Glenfield.

Members all agreed that there were no details of this consultation process or who they consulted with. Members were unable to come to an opinion until further detail was given to them.

The Chairman requested NHS England attended a future Committee for Members to raise their concerns and to ask them any questions they had.

### **WORK PROGRAMME**

Committee requested that reports on the following subjects be brought to future meetings:

- Strategic health plans for the south of the County.
- Future of Congenital Heart Disease service

### **Oak Field School**

Lead officers met with providers and commissioners. The change to running provision affects all special schools. Nurses will in future 'follow the child' rather than be located within school. This change will be fully implemented by January.

**RESOLVED** to note the contents of the work programme and suggested updates.

The meeting closed at 12.00pm.

Chairman



11 October 2016

Agenda Item: 4

## **REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE**

### **NOTTINGHAM UNIVERSITY HOSPITALS AND SHERWOOD FOREST TRUST MERGER – PROGRESS UPDATE**

#### **Purpose of the Report**

1. To introduce briefing on the timescales and issues associated with the merger of Nottingham University Hospitals (NUH) and Sherwood Forest Hospitals Trust (SFH).

#### **Information and Advice**

2. Members will be aware that the proposed merger of Nottingham University Hospital NHS Trust and Sherwood Forest and Sherwood Forest Hospitals NHS Foundation Trust is now due to take place during the course of 2017. NUH says that the delay will be used to strengthen the management relations at SFH and maximise preparedness for the merger.
3. Peter Homa, Chief Executive of NUH will attend the Joint Health Committee to make a presentation on the merger. A copy of the presentation is attached as an appendix to this report.

#### **RECOMMENDATION**

That the Joint City and County Health Scrutiny Committee:

- 1) Considers and comments on the information provided.
- 2) Schedules further consideration, as necessary

**Councillor Parry Tsimbiridis**  
**Chairman of Joint City and County Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 9772826**

#### **Background Papers**

Nil

#### **Electoral Division(s) and Member(s) Affected**

All

# Proposed merger update

## September 2016

**Peter Homa, Chief Executive NUH & SFH**  
**Peter Herring, Managing Director, SFH**

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# Story so far

Time	Action
July 2013	<ul style="list-style-type: none"> <li>SFH 1/14 hospital trusts placed in Special Measures after the Keogh Review</li> </ul>
June 2014	<ul style="list-style-type: none"> <li>CQC inspection – Trust rated as ‘Requires Improvement’</li> </ul>
October 2015	<ul style="list-style-type: none"> <li>Results of June 2015 CQC inspection published. SFH rated ‘Inadequate’ and remains in Special Measures</li> <li>Trust, Monitor and CQC agree that a Long-Term Partnership (‘LTP’) is in best interests of patients and staff</li> </ul>
November 2015	<ul style="list-style-type: none"> <li>Action taken to strengthen leadership &amp; LTP process commenced</li> </ul>
January 2016	<ul style="list-style-type: none"> <li>Shortlisted trusts (Nottingham &amp; Derby) submit proposals &amp; present to evaluation panel</li> </ul>
February 2016	<ul style="list-style-type: none"> <li>NUH announced as preferred partner for SFH</li> </ul>
March-April 2016	<ul style="list-style-type: none"> <li>On-the-ground clinical support deployed from NUH to SFH</li> <li>Governance arrangements finalised for how both Boards (and Regulators) will oversee the merger</li> </ul>
April 2016 onwards	<ul style="list-style-type: none"> <li>More joint working between SFH and NUH and sharing learning</li> <li>Safety partnership launched</li> </ul>
July 2016	<ul style="list-style-type: none"> <li>Section 10 Notice lifted by CQC (medical assessment/Mental Health Act)</li> <li>Section 31 Notice lifted by CQC (sepsis management)</li> <li>CQC inspection SFH (awaiting final Report)</li> </ul>
Sept 2016	<ul style="list-style-type: none"> <li>Announcement that proposed merger will not happen until 2017</li> <li>Section 29 Notice lifted by CQC (governance/systems)</li> </ul>

# Reason for merger

- Some SFH services remain fragile
- Further quality & safety improvements required
- Major clinical and non-clinical vacancies
- Leadership stability
- £41.2m recurrent deficit (SFH)
- Better career, development and education opportunities for staff

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# Reason for merger

## Benefits for Nottinghamshire System

- Strengthen existing joint working & pathways
- Integration of health & social care
- Sustainability & Transformation Plan is Nottinghamshire-wide
- Financial efficiency
- Estates optimisation
- Enhancing clinical research opportunities



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# Partnership progress (1)

- Clinical support for SFH fragile services
- Patient safety partnership
- 3 improvement notices lifted by CQC:

Section 10 re: medical assessment/mental health act

Section 31 re: sepsis management

Section 29 re: governance systems

- CQC recognised SFH progress during unannounced inspection in July. Expect report to be published later this year

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# Partnership progress (2)

- Services are developing & delivering integration plans
- Same CEO & Chair at both organisations
- Operational structure & site management arrangements agreed

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# Partnership Progress (3)

- Full business case developed
- Developing a plan to get the new organisation into financial balance over the coming years
- Alignment of merger work with Sustainability & Transformation Plan (STP) for Notts

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# Merger moves to 2017

- 3 main reasons:
  1. Legal work to form combined organisation taking longer than planned
  2. NUH's 4 hour emergency access poor performance relative to others
  3. Financial arrangements for transaction not finalised, and both Trusts need to deliver their financial plans

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# Latest news

- SFH & NUH will remain separate organisations
- Using interval to maximise readiness for merger
- Continuing our joint working and integrate services & functions where appropriate
- Strong endorsement and continued support from NUH & SFH Boards and Regulators (NHS Improvement and CQC) for the merger

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# Next steps

- Further strengthening SFH's senior leadership team during transition period
- Giving due attention to immediate operational pressures and preparing for winter
- Continuing programme of joint appointments to address recruitment & retention challenges
- Recalibrating the merger work programme
- Exploring a 'management contract' to define leadership and working arrangements across both trusts

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# Questions

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<b>JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE</b>
<b>11 OCTOBER 2016</b>
<b>CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)</b>
<b>REPORT OF CORPORATE DIRECTOR FOR RESILIENCE (NOTTINGHAM CITY COUNCIL)</b>

## **Purpose**

- 1.1 To consider the provision of Child and Adolescent Mental Health Services in the community.

## **2. Action required**

- 2.1 The Committee is asked to use the information provided to review the provision of Child and Adolescent Mental Health Services in the community; and identify if any further scrutiny is required.

## **3. Background information**

- 3.1 In May 2016 the Committee received an update on work by Nottinghamshire Healthcare Trust to improve Child and Adolescent Mental Health Services (CAMHS), including development of new outpatient facilities for the City and south of the County with a countywide single point of access; and a new inpatient CAMHS unit with an increased number of beds and a new Psychiatric Intensive Care Unit. As part of this discussion, the provision of community CAMHS was raised including its impact in reducing demand for inpatient CAMHS.
- 3.2 A joint paper from commissioners and providers outlining current provision of CAMHS and transformation plans for improving children and young people's mental health in the City and the County is attached and representatives of both commissioners and providers will be attending the meeting to discuss this with the Committee.

## **4. List of attached information**

- 4.1 The following information can be found in the appendix to this report:

**Appendix 1** – Joint report from NHS Nottingham City CCG, Nottingham City Council, Nottinghamshire County Council and Nottinghamshire Healthcare NHS Foundation Trust on 'Children and Young People's Mental Health and Wellbeing'

5. **Background papers, other than published works or those disclosing exempt or confidential information**

None

6. **Published documents referred to in compiling this report**

- 6.1 Report to and minutes of the meeting of the Joint Health Scrutiny Committee on 10 May 2016

7. **Wards affected**

All.

8. **Contact information**

Jane Garrard, Senior Governance Officer  
Tel: 0115 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

**Report to the Joint Health Scrutiny  
Committee (Nottingham and  
Nottinghamshire)**

11 October 2016

**REPORT OF NHS NOTTINGHAM CITY CLINICAL COMMISSIONING  
GROUP, NOTTINGHAM CITY COUNCIL, NOTTINGHAMSHIRE COUNTY  
COUNCIL AND NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION  
TRUST.**

**CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING**

**Purpose of the Report**

The purpose of this report is to update the Joint Health Scrutiny Committee on Child and Adolescent Mental Health Services (CAMHS) in Nottingham and Nottinghamshire, including progress in the implementing local transformation plans to improve children and young people's mental health.

**Introduction and Context**

Since the publication of the *Future in Mind* national taskforce report into improving children and young people's mental health in March 2015, and the subsequent requirement for local areas to produce system-wide local transformation plans outlining how they would improve local provision, there has been significant progress made locally in transforming children's mental health provision. The local transformation plans (summaries in appendices i and ii) for both Nottingham City and Nottinghamshire, include the following priorities:

- a. Promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood.
- b. Improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families.
- c. Care for the most vulnerable: developing a flexible, integrated system without barriers.
- d. Accountability and transparency: developing clear commissioning arrangements across partners with identified leads.
- e. Developing the workforce: ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence based care.

Both plans are supported by detailed implementation plans, and progress made in delivering the plans to date includes establishing a crisis and intensive home treatment services for young people in mental health crisis to offer crisis assessments in the community and in acute hospital

settings, in-reach support to acute hospital and tier 4 (inpatient mental health) settings, and intensive home treatment to those young people deteriorating into crisis.

## **Current service pathways and local provision**

The current pathways for children in need of accessing support for their emotional and mental health needs can be found in appendix iii. Clinical commissioning groups (CCGs) are responsible for commissioning specialist mental health provision, whilst NHS England commissions inpatient provision for young people with mental health needs. The responsibility for commissioning support for emotional health is shared between local authorities and CCGs.

### **Nottingham City**

In Nottingham City, referrals for emotional and mental health support are made to the Behavioural, Emotional and Mental Health Single Point of Access, hosted by Nottingham City Council. They are then triaged and allocated to the most appropriate service for assessment, or signposted to a more appropriate service.

The CCG commissions a range of services to support children's emotional health, including counselling provision (online and face to face, Kooth and Base 51), a self-harm awareness raising project (SHARP) and a team supporting children with behavioural and emotional health needs (CityCare). The CCG and local authority jointly fund Tier 2 (Targeted) CAMHS, which is provided by the local authority. In 2015/16, the service accepted 1001 cases for assessment. Average waiting time (for Q3 and Q4 only) from referral to assessment was 35 days and from referral to treatment was 57 days. In Q1 of 2016/17, the service accepted 175 cases for assessment, with a further 32 being jointly assessed with specialist CAMHS. Average waiting time from referral to assessment was 39 days and from referral to treatment was 52 days.

The CCG commissions specialist child and adolescent mental health services from Nottinghamshire Healthcare NHS Foundation Trust. In 2015/16, the service accepted 778 cases for assessment. Average waiting time from referral to assessment was 2.22 weeks and for referral to treatment was 5.07 weeks. In Q1 of 2016/17, the service accepted 200 cases for assessment. As at 8 September 2016 (most recent monitoring information available), the average waiting time from referral to treatment was 3.59 weeks.

### **Nottinghamshire County**

Since April 2016, an integrated CAMH service has been in place in Nottinghamshire, accessed through a Single Point of Access within Nottinghamshire Healthcare NHS Foundation Trust. This new service includes services previously referred to as targeted (tier 2) and specialist (tier 3) CAMHS. This means that data is no longer comparable. In 2015/16, targeted CAMHS accepted 3430 referrals for assessment. The average waiting time from referral to assessment ranged by CCG area from 46 to 71 days. The average waiting time from referral to treatment ranged by CCG area from 80 to 136 days. It is against this context of waiting times that CCGs agreed to put additional investment into CAMHS in Nottinghamshire County, with the new funding taking effect in April 2016.

In 2015/16, specialist CAMHS accepted 2426 cases for assessment. The average waiting time from referral to assessment was 3.10 weeks and from referral to treatment was 7.15 weeks.

In terms of the new integrated service, average waiting time for referral to treatment as at 8 September 2016 (1 April 2016 to this date), was 9.36 weeks.

Work is ongoing within both Nottingham and Nottinghamshire to ensure a continued focus on performance monitoring, and to improve the availability and consistency of data across the emotional and mental health pathway, so that resources can be targeted where they are most needed.

## **Focussing on improving outcomes**

One of the key national priorities in terms of improving children's mental health is in ensuring that there is a focus on providing interventions that are evidence based and effective, and that children and their families find useful and supportive. This is one of the aspects of the Children and Young People's Improving Access to Psychological Therapies programme, which all areas across the country are expected to implement. It has four strands:

- upskilling the workforce in evidence based interventions,
- promoting improved access to services including self-referral,
- ensuring that children, young people and their families are actively involved in service developments through co-production, and
- utilising routine outcome measures to assess the impact of interventions.

The promotion of the use of routine outcomes measures stems from research indicating that clinical staff have, in the past, been challenged in accurately detecting client deterioration. The use of standardised routine outcome measures (such as scaling tools) demonstrates that frequent measurements at the beginning and end of therapeutic sessions, leads to improved outcomes, decreases deterioration rates, and reduces the rates of young people not attending sessions. The young person's point of view is most predictive of outcome and therefore extremely important.

Within Nottinghamshire Healthcare NHS Foundation Trust the use of routine outcome measures has been mandatory since September 2015 across many of the teams. These measures are utilised by staff in every face to face encounter and feature within both managerial, clinical and peer supervisions. Nottingham City, has also recently begun to incorporate the use of routine outcome measures within clinical practice. Over the next year, as robust data is collated and aggregated, this will provide intelligence as to the perception of young people of both the effectiveness of their interactions with CAMHS, but also their experiences of the interventions.

## **Transition to adulthood**

A benchmarking exercise has been undertaken to identify the current transition pathways for young people approaching adulthood. The exercise did demonstrate that there were some good examples of a clear client journey from CAMHS to Adult Mental Health Services where there are aligned services. For those young people the transition is well planned and joint working takes place for an identified period of time to allow that adjustment into a new service. But the exercise

also highlighted and demonstrated that there are actions required for those young people that may not meet the criteria for an adult mental health service.

A solution focused task and finish group has been established, with representation from both CAMHS and Adult Mental Health Services, to develop the action plan to inform the pathways for all young people transitioning from the children and young people's mental health services.

## **Priorities moving forwards**

Local priorities for continuing to improve services in support of children's mental health for 2016/17 include focussing on the early intervention strand of *Future in Mind*, as well as ensuring support for vulnerable groups and improving accountability and transparency:

- a. Implementing programmes to develop academic resilience in schools.
- b. Improving the information provided to children, young people, families and professional referrers about referral pathways for CAMHS, including what services offer and what needs they will address.
- c. Developing a multi-agency workforce development offer in relation to emotional and mental health.
- d. Implementing the performance framework for children and young people's mental health.

## **RECOMMENDATION/S**

- 1) That Members of the Committee note the progress in made in transforming services in support of children and young people's emotional and mental health.

**For any enquiries about this report please contact:**

*Lucy Peel*

*Programme Lead, Children and Young People's Mental Health and Wellbeing*

*T: 0115 977 3139*

*E:lucy.peel@nottsc.gov.uk*

**What we want to achieve:**

- more young people to have good mental health, including those in vulnerable groups such as children looked after, children subject to child protection plans, children with disabilities and young offenders
- more children and young people with mental health problems to recover
- more children and young people to have a positive experience of care and support
- fewer children and young people to suffer avoidable harm
- fewer children and people to experience stigma and discrimination

**Our commitment to children, young people and families:**

- We will support children and young people to be actively involved in the design, delivery and evaluation of children and young people's mental health services
- We will provide clear information about the range of services available, so that children, young people and families know who does what and how to access help
- We will commission and provide services in a joined up way, so that money is spent well, on evidence based interventions
- We will monitor the effectiveness of services as we strive for continuous improvement
- We will support and encourage the education, training and development of the local workforce
- We will value mental health equally with physical health

**Update July 2016**

- Children and Young People's Mental Health Executive continuing to oversee progress against the plan
- Nottinghamshire Healthcare NHS Foundation Trust have mobilised the integrated Community CAMHS model, including a CAMHS Single Point of Access and a Primary Mental Health Worker function.
- Evaluation has started on the CAMHS Crisis Resolution and Home Treatment model. Stakeholder feedback is welcome via [CAMHSCrisisTeam@nottshc.nhs.uk](mailto:CAMHSCrisisTeam@nottshc.nhs.uk)
- The Children's Society has been commissioned to provide a specialist therapeutic service for children and young people who have experienced sexual abuse and/or exploitation.

**Our priorities for 2015-2017:**

- Promoting Resilience, Prevention and Early Intervention
  - Provide better information for children and families about how to help themselves and when to seek support
  - Develop online or telephone support for young people who need emotional support
  - Increase the numbers of children and young people able to take part in programmes to build resilience in schools
- Improving Access to Effective Support
  - Have one community child and adolescent mental health service (CAMHS) rather than two separate services, with more practitioners working in it, so children do not have to wait so long to get the support they need
  - Introduce Primary Mental Health Workers to provide advice, consultation and guidance to schools and GPs about children's mental health issues
  - Set up a crisis team to respond quickly to young people who have a mental health crisis
  - Improve the access arrangements for CAMHS so that children in need of support get prompt access to the right service
- Care for the most vulnerable
  - Develop specialist support for children who have been sexually abused and/or exploited
  - Review services for children and young people with learning disabilities and neurodevelopmental disorders
- Accountability and transparency
  - Make sure that we get the most out of the money that is spent on children's mental health and wellbeing, and that services are making a difference to children and young people's lives
- Developing the workforce
  - Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.

# NOTTINGHAM CITY TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING 2015-2020

**Our vision** is to develop and implement a simplified, responsive and efficient pathway that supports and improves the emotional wellbeing and mental health of children and young people in Nottingham

## What we want to achieve:

- Children and young will have timely access to programmes to support mental resilience and prevent mental health problems
- Problems will be identified earlier and effective interventions will be in place
- Outcomes will be measured and improved through effective treatment and relapse prevention
- Support will be in place for children and young people with mental health problems; this support will be easily accessible
- The wellbeing, and physical health, of children and young people with mental health problems will be improved

## Our Values:

- We will actively involve children, young people, parents and carers, community groups, clinicians, and partners in everything that we do
- We will understand and respond fairly to the changing needs of our diverse population and will promote equality and address health inequalities
- We will continually improve the quality of services through collaborative, innovative and clinically-led commissioning
- We will support and encourage the education, training and development of the local workforce
- We will secure high quality, cost-effective and integrated services within available resources

## Our priorities:

- Promoting Resilience, Prevention and Early Intervention
  - Provide better information for children and families about how to help themselves and when to seek support
  - Increase the numbers of children and young people able to take part in programmes to build resilience in schools
- Improving Access to Effective Support
  - Increase the consultation, advice and guidance available to schools and health service providers to enable them to better support children and young people with emotional health needs
  - Improve the access to CAMHS so that children in need of support get prompt access to the right service
  - Ensure that different organisations providing mental health services to children and young people work together effectively and that children are effectively supported
  - Set up a crisis team to respond quickly to young people who have a mental health crisis
- Care for the most vulnerable
  - Review services for children and young people with learning disabilities and neurodevelopmental disorders
  - Review access to services for children and young people from minority backgrounds
- Accountability and transparency
  - Make sure that we get the most out of the money that is spent on children's mental health and wellbeing, and that services are making a difference to children and young people's lives
- Developing the workforce
  - Improve and make more training available to professionals working with children, young people and families where there are emotional or mental health difficulties.

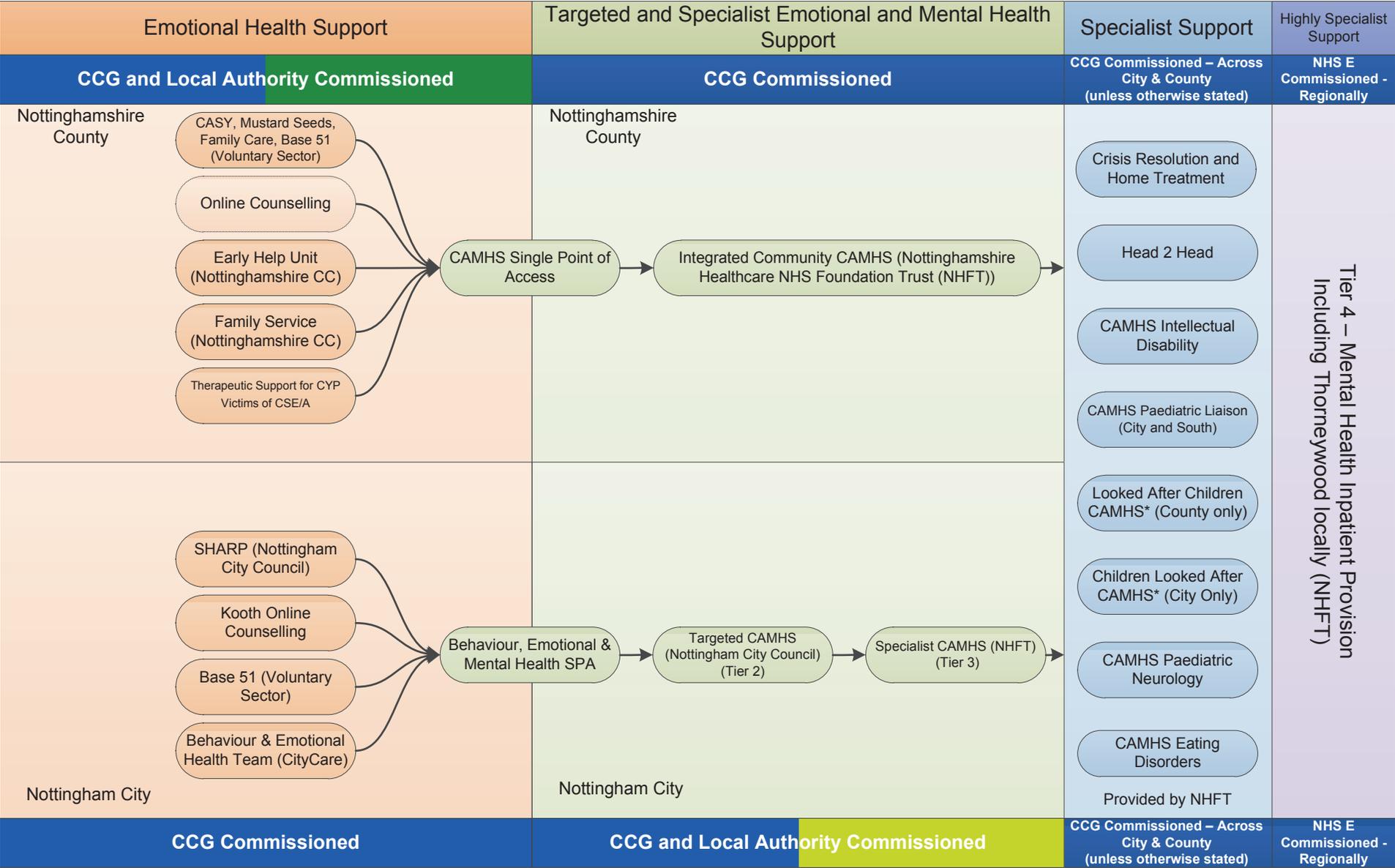
For more information:  
[lucy.peel@nottscg.gov.uk](mailto:lucy.peel@nottscg.gov.uk)  
T: 0115 97 73139  
Update: September 2016

## Update September 2016

- Evaluation has started on the pilot CAMHS Crisis Resolution & Home Treatment model. Stakeholder feedback welcome via [CAMHSCrisisTeam@nottshc.nhs.uk](mailto:CAMHSCrisisTeam@nottshc.nhs.uk)
- Independent evaluation of the Behavioural, Emotional and Mental Health Pathway completed to inform future service provision.



**Nottinghamshire County and Nottingham City CAMHS Provision**



\* Looked After Children teams in both the city and county are integrated local authority and NHFT teams.  
 - Nottinghamshire’s Online Counselling is currently being procured and is not available yet.



11 October 2016

Agenda Item: 6

## **REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE**

### **DANGEROUS AND SEVERE PERSONALITY DISORDER SERVICES AND PSYCHOLOGICALLY INFORMED PLANNED ENVIRONMENTS**

#### **Purpose of the Report**

1. To provide an update on the Dangerous and Severe Personality Disorder Service (DSPD) and information on the Psychologically Informed Planned Environments (PIPEs); part of the Offender Personality Disorder pathway

#### **Information and Advice**

2. Members will recall previously receiving briefings on the changes to DSPD services at meetings of the Joint Health Committee on 21 April 2015, 10<sup>th</sup> November 2015 and the visit to Rampton Hospital on 28 January 2016.
3. Previous reports provided Members with an overview of the 2011 Offender Personality Disorder (OPD) strategy; which proposes that the majority of offenders should be treated within prisons. Members heard that these changes will result in a reduction of numbers of offenders admitted to Rampton Hospital.
4. Patients and their carers have been consulted and engaged regarding the service change [more detail on this requested].
5. The Joint Health Committee requested an update on the Rampton Hospital variation of service and also the PIPEs pathway in order to assist in the determination of whether or not the change is in the interests of the local health service.
6. Ms Karon Glynn, Head of Specialised Mental Health and Learning Disabilities PoC and High Secure Lead, NHS England, Sarah Skett, NHS England Joint Lead, Offender Personality Disorder Programme and Dr John Wallace, Consultant Psychiatrist, Rampton Hospital will attend to brief the Committee and answer questions as necessary. A written update from Ms Glynn is attached as an appendix to this report.

#### **RECOMMENDATION**

That the Joint City and County Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Determine what further information is required
- 3) Schedule further consideration or final determination

**Councillor Parry Tsimbirdis**  
**Chairman of Joint City and County Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 9772826**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All

**Patient, Carer and Staff engagement following the notice to Decommission  
the DSPD Service at Rampton Hospital was served on  
Nottinghamshire Healthcare NHS Trust in July 2014  
(Update for October 2016 meeting of the HOSC)**

## 1. Introduction

The notice to decommission the DSPD Service at Rampton Hospital was served on Nottinghamshire Healthcare NHS Trust in July 2014. The Trust sought its own legal advice on the associated consultation process, and shared this with NHSE. The Trust recognised the need to engage with patients, carers and staff about the decision and its consequences. This was not to formally involve them in the decision making or to obtain their views on the decision, but to ensure that they were kept aware of the developments and how these might impact on them.

The Trust was especially concerned to ensure that news about the decommissioning of the DSPD programme did not destabilise the current patients, staff, and ultimately the service. Meetings have subsequently been held with staff and patients, and regular updates provided on developments in the decommissioning process. The initial meetings were with the staff team because we needed to ensure that they were in a position to brief and respond to any queries from the patients.

This involvement/engagement plan has been shared with the NHSE engagement team.

## 2. Patient Engagement

### 2.1 Initial Meetings with Patients

On 17<sup>th</sup> July 2014, Dr Wallace (Clinical Director) and Mary Lilley (Modern Matron) visited each of the six wards on the Peaks to meet with patients. The patients were advised of the notice that had been served on the DSPD programme, and this was explained in the context of the original DSPD pilot programme and the decision by Ministers to support a new OPD strategy. It was explained that the default position was that the treatment of PD offenders would primarily occur in the prison service and that the hospital 'DSPD' services would be decommissioned. Patients expressed concern as to whether this was going to impact on their care.

- Patients wanted clarification if they were on hospital orders whether this meant that they would be transferred to prison. We reassured them that this was not the case. Their MHA section would not permit a transfer to prison and their care pathway would be through medium secure and other hospital routes.

- Patients who were on prison transfer sections (and within tariff) enquired if they would be returned to prison. We explained that this would only occur if their RC considered that they no longer required treatment in hospital.
- Several patients complained that 'we' (Rampton Hospital) were involved in the decision and had misled them when arranging their admission to the unit. It was explained that this was not the case and that their treatment needs would be paramount.
- Some patients stated their intention to contact their Solicitors for support.
- We emphasised that their treatment was our priority and that we would keep them informed about any developments. They were advised to contact their clinical team if they had any concerns or a member of the Senior Management Team.
- Since this meeting we have responded to letters of complaint from patients about those developments, and a letter from an MP on behalf of his patient who had cited Dr Wallace as the person behind the decision to decommission.
- The initial meeting on 17<sup>th</sup> July was also supported by a written update on 28<sup>th</sup> July 2014.

## 2.2 Regular Updates and opportunity for further engagement

We have subsequently issued regular patient communiques initially on 25<sup>th</sup> July 2014, and 14<sup>th</sup> August 2014 but subsequently during 2015 and 2016 to keep patients informed about any further developments with the decommissioning process. Patients are also aware that they can meet with their Named Nurse, Diana Brennan (General Manager) or John Wallace if they wanted to discuss matters in more detail. For example, Dr Wallace and Richard Phipps (General Manager) met with patients on 25<sup>th</sup> August 2016 at their request to discuss issues relating to the decommissioning process and Dr Wallace attended the Patients Involvement Group meeting on 6<sup>th</sup> September 2016 to update patients on the situation. At the latter meeting, Dr Wallace agreed to regularly attend the Patient Involvement Group meetings to discuss any ongoing issues of concern.

## 2.3 Use of existing clinical forums for engagement

We have also utilised the existing patient-staff clinical forums (e.g. Named Nurse sessions and CPA meetings for each patient) to ensure that patients are engaged in decisions about their treatment and future care pathway. Moreover, the issue has also been discussed in the regular Patient User Group Forums, where we have been able to respond to any anxieties or queries from patients about the process. Patients also have the opportunity to discuss any concerns with the hospital Senior Management Team at the Open Forum events.

## 2.4 Effect of Patient Engagement

In the early stages of the engagement process, the patients were very concerned about the personal impact of the decommissioning of the DSPD service.

They were especially concerned that their treatment or planned care pathway would be adversely affected. This has become less of a concern as patients have seen that our assurances that we would be acting in their best interests has been borne out by subsequent actions.

## 3. **Staff Engagement**

### 3.1 Initial Meeting with Staff

On 17<sup>th</sup> July 2014, Dr Wallace (Clinical Director) and Mr Ian Tennant (Deputy Director of the Forensic Services) met with the staff in the service to advise them of the notice served on the DSPD service. This was presented in the context of the new OPD strategy and with an explanation of the proposed process for decommissioning the DSPD programme. We answered questions on our understanding of the situation and undertook to keep them regularly updated. Staff members were advised to approach either John Wallace, Diana Brennan (General Manager), or Mary Lilley (Modern Matron) if they had any further enquiries.

### 3.2 Regular Updates and Opportunities for Further Engagement

- We have continued to issued regular staff communiques during 2015 and 2016 about developments with the decommissioning process and with the option of contacting Diana Brennan (General Manager) or John Wallace, if they wanted to discuss any issues further.
- Over the past two years, we have had 'catch up' meetings with staff groups within the service to discuss the decommissioning process (e.g. meeting with all senior nursing staff to enable them to cascade information to junior colleagues, and with departmental groups).
- We have also ensured that 'staff side' colleagues (Trade Union representatives) have been engaged and informed about the process.

### 3.3 Use of existing staff support appraisal forums

We have also utilised the existing staff support and appraisal processes (e.g. Clinical Supervision meetings and Appraisal meetings) to ensure that staff are aware of developments with regard to the service.

### 3.4 Attendance at two OPD Workshops presented by colleagues working in the PD Prison Services.

These presentations took place in August and November 2014 and

provided an opportunity for the Peaks staff to be updated on developments in the Prison PD Services and the OPD pathway.

### 3.5 Effect of Engagement

As with the patients, in the early stages of the engagement process the staff members were very concerned about the personal impact of the decommissioning of the DSPD service. As we have been able to reassure them, in line with legal advice and Task Group discussions, this has been less of an issue.

## 4. **Carers Engagement**

4.1 An update regarding the future of the Peaks was sent out in mail shot to 420 relatives and carers on 7<sup>th</sup> August 2014.

4.2 As part of the hospital update at the December 2014 Carers meeting Julie Hall included news of the continuing discussions with Commissioners.

4.3 During 2015 and 2016, Carers have been updated on developments in the regular Carer meetings held by the hospital. We have noted that as the patients became more comfortable with the process, this has become less of an issue for their Carers.

## 5. **Future Plans**

5.1 Meetings and written updates will continue for staff, patients and carers when there are any further developments.

5.2 Peaks and PD service Managers continue to invite staff and patients to contact them to personally discuss any concerns they may have regarding the updates. In addition staff and patients continue to have opportunities to discuss concerns at a range of existing meetings in the unit.

23 September 2016

## 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



Brochure\_of\_Mens\_ Brochure\_of\_Women  
OPD\_services\_May\_2s\_OPD\_Pathway\_Ser

- 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.

Karon Glynn  
Head of Mental Health,  
NHS England Midlands and East



National Offender  
Management Service



# Brochure of offender personality disorder services for men

May 2016



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# Introduction

## Welcome to the Brochure

- The aim of this Brochure is to provide information and guidance on the range of services which are currently being developed and delivered for offenders with PD.
- Its objectives are:
  - To increase awareness of services available for offenders with PD
  - To encourage appropriate referrals to the services and support them to operate at full capacity
  - To help offenders with PD gain access to the services they need.

## How to use this Brochure

- Please use the contents table on p.2 and 3 to search for a particular service, if you already know it by name.
- The Brochure is divided into five parts:
  - (A) High Secure (Health) and High Security Prisons
  - (B) Category B Prisons – trainers and local prisons
  - (C) Medium secure (Health), adult male Category C Training prisons, and closed prisons for Young Offenders
  - (D) Low secure (health), Open Prisons and Probation Approved Premises
  - (E) All security categories.
- Please review each service, checking particularly for the catchment area for the service, the length of intervention, and the entry criteria.

# Part A: High Secure (Health) and High Security Prisons



## Rampton Hospital Personality Disorder Service

<b>Address</b>	Rampton Hospital, Retford, Nottinghamshire, DN22 0PD
<b>Description of service</b>	<ul style="list-style-type: none"> <li>▪ Provides treatment, care and rehabilitation to male patients.</li> <li>▪ Whilst most treatments are undertaken in groups, the same treatments are also provided on an individual basis for those who cannot manage group-based interventions. All interventions have the ultimate aim of reducing the distress arising from PD and reducing risk to the public or to the patients themselves.</li> <li>▪ Within the service, specialist treatment programmes are delivered in accordance with the Treatment Pathway Model (journey through care). The pathway ensures that patients progress from general, motivational and introductory work on the admission ward, to the more intensive specialist programmes on the treatment wards.</li> <li>▪ The service provides assessment expertise and management support to other providers who care for patients with PD, especially HM Prison Service establishments and medium secure unit facilities.</li> </ul>
<b>Delivery partners</b>	NHS England, Ministry of Justice, National Offender Management Service
<b>Number of places</b>	55 beds located in 3 inpatient wards, which includes two treatment wards and a pre-discharge ward. All PD admissions to Rampton hospital are admitted to the Peaks service (see overleaf) and then either progress on to a PD ward, are discharged directly to a Medium secure unit or are remitted back to prison.
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Length of intervention varies dependent upon individual needs
<b>Catchment area</b>	North Yorkshire, the East Midlands and East of England
<b>Entry Criteria</b>	Referrals must meet the criteria identified for admission to a PD service in a high secure hospital setting. Namely, the individual must be detainable under the MHA with a diagnosed PD, with appropriate treatment being available, and present a Grave and Immediate risk to others. All referrals need to be made by a Consultant psychiatrist and have Gatekeeper's approval (via an Access Assessment. Typically, admissions present with complex and comorbid features. Further details can be provided on contact.
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Comprehensive assessment and formulation in a hospital setting.</li> <li>• Psychotropic medication.</li> <li>• Violent Offender Treatment Programmes (VOTP)</li> <li>• Sex Offender Treatment Programmes (SOTP)</li> <li>• Dialectical Behavioural Therapy (DBT)</li> <li>• Schema Therapy</li> <li>• Cognitive Analytical Therapy (CAT)</li> <li>• Arson Treatment</li> <li>• Substance Abuse</li> </ul>
<b>Web Links</b>	<a href="http://www.nottinghamshirehealthcare.nhs.uk/our-services/forensic-services/">http://www.nottinghamshirehealthcare.nhs.uk/our-services/forensic-services/</a>
<b>Contact</b>	<a href="mailto:Richard.phipps@nottshc.nhs.uk">Richard.phipps@nottshc.nhs.uk</a>

## Peaks Service, Rampton Hospital

<b>Address</b>	Rampton Hospital, Retford, Nottinghamshire, DN22 0PD
<b>Description of service</b>	<p><b><u>Note: As of 18 July 2014, any PD referral admitted to the Peaks service will be categorised as a PD Service referral (see previous page)</u></b></p> <p>The Peaks PD service provides treatment for men with PD who present a grave and Immediate risk to others, and require complex specialist interventions in a hospital setting. The ward accommodation is supported by a Central Resource Building (CRB) offering space for the delivery of a range of treatment interventions as part of each patient's recovery and treatment pathway. The Peaks has a dedicated Therapies and Education Department (TED) that provides education, occupational therapy and a healthy lifestyle programme including sports and recreation.</p>
<b>Delivery partners</b>	NHS England, Ministry of Justice, National Offender Management Service
<b>Number of places</b>	60 beds located in six ten bedded wards, which includes an admission ward, a High Dependency unit, and four treatment wards.
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Length of intervention varies dependent upon individual needs
<b>Catchment area</b>	North Yorkshire, the East of England and the East Midlands
<b>Entry Criteria</b>	Referrals must meet the criteria identified for admission to a PD service in a high secure hospital setting. Namely, the individual must be detainable under the MHA with a diagnosed PD, with appropriate treatment being available, and present a Grave and Immediate risk to others. All referrals need to be made by a Consultant psychiatrist and have Gatekeeper's approval (via an Access Assessment). Typically, admissions present with complex and comorbid features.
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Comprehensive assessment and formulation in a hospital setting.</li> <li>• Psychotropic medication.</li> <li>• Violent Offender Treatment Programmes (VOTP)</li> <li>• Sex Offender Treatment Programmes (SOTP)</li> <li>• Dialectical Behavioural Therapy (DBT)</li> <li>• Schema Therapy</li> <li>• Cognitive Analytical Therapy (CAT)</li> <li>• Arson Treatment</li> <li>• Substance Abuse</li> </ul>
<b>Web Links</b>	<a href="http://www.nottinghamshirehealthcare.nhs.uk/our-services/forensic-services/">http://www.nottinghamshirehealthcare.nhs.uk/our-services/forensic-services/</a>
<b>Contact</b>	<a href="mailto:Dianna.brennan@nottshc.nhs.uk">Dianna.brennan@nottshc.nhs.uk</a>

## The Paddock Centre Personality Disorder Service, Broadmoor Hospital

<b>Address</b>	Broadmoor Hospital, Crowthorne, Berkshire, RG45 7EG
<b>Description of service</b>	Broadmoor Hospital is one of three high secure hospitals in England. It is part of West London Mental Health NHS Trust. We offer treatment to men whose severe and complex mental health conditions have caused them to present a high risk of causing serious harm to others. Our task is to manage secure care and recovery and in so doing to ensure public and personal safety.
<b>Delivery partners</b>	We work closely with NHS England, the Ministry of Justice, and the National Offender Management Service.
<b>Number of places</b>	78 beds in our Personality Disorder Pathway. These are spread over six wards.
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	The time to the first Care Programme Approach (CPA) assessment meeting is three months. This meeting will help to determine the individual's treatment needs and whether continued detention in Broadmoor Hospital is appropriate. The length of treatment intervention is variable and depends upon an individual's needs. The average length of stay for a Broadmoor Hospital inpatient is between five and six years. However, there is great variation between individuals and so this figure should not be considered as being typical.
<b>Catchment area</b>	London and the South of England
<b>Entry Criteria</b>	There will be a diagnosis of personality disorder, often being co-morbid with other mental disorders. The individual will present a grave and immediate risk to others at the point of admission and will be detainable under the Mental Health Act 1983. We manage a waiting list and can admit under emergency directions from the Secretary of State.
<b>Interventions offered</b>	We offer a comprehensive model of medical treatment following case formulation, including meeting psychological, physical, spiritual, social, occupational and educational needs for offender patients with a history of high risk to self and others in the context of personality disorder. We are happy also to consider individuals for admission where personality disorder co-exists with mental illness. Our clinical model includes medication and a staged programme of psychological intervention underpinned by an inclusive approach to recovery. This includes psycho-education, a range of therapeutic interventions, and specific risk reduction targets for a future life made safer by desistance from crime and by the promotion of physical and mental health.
<b>Web Links</b>	<a href="http://www.wlmht.nhs.uk/">http://www.wlmht.nhs.uk/</a>
<b>Contact</b>	<a href="mailto:callum.ross@nhs.net">callum.ross@nhs.net</a>

## Ashworth Hospital PD Service

<b>Address</b>	Ashworth Hospital, Parkbourn, Liverpool, L31 1HW
<b>Description of service</b>	The Service offers a structured and contained environment to individuals who experience complex difficulties with interpersonal relationships and coping, that can impact upon their risk and offending behaviours. Often individuals also experience mental health difficulties so medical and psychological interventions are available. On the personality disorder wards there is a consistent team, structured approach and access to occupational therapy and activities in order to improve quality of life and skills. Upon admission, a detailed assessment of personality, mental health, cognitive ability and risk is completed where appropriate. From this, an individual formulation and treatment pathway is collaboratively developed. Individuals can go into a range of treatments to help improve how they cope and to reduce their risk. This can be in a group setting or on an individual basis aimed at understanding their difficulties, improving how they cope and deal with problems, and ultimately to reduce their risk and promote positive life changes.
<b>Delivery partners</b>	Ashworth Hospital is part of Mersey Care NHS Trust and works with the Ministry of Justice, NOMS & secure placements across the catchment area.
<b>Number of places</b>	Approx. 75 beds are available across 6 wards. These wards differ in level of dependency, i.e. admission/high and medium.
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	The length of intervention is dependent upon the complexity of an individual's difficulties and their willingness to engage, but this can be long term (years). For example, a psychological intervention using a Cognitive Analytic Therapy (CAT) model might last between 2 and 6 months, whereas work using a schema therapy could take between 18 and 24 months. Often patients have complex needs, which require a range of interventions focusing upon interpersonal difficulties, coping and risk.
<b>Catchment area</b>	North West, West Midlands, and Wales
<b>Entry Criteria</b>	Individuals are admitted to the hospital under the Mental Health Act for treatment due to the grave and immediate risk they present to others. Patients who have complex needs related to personality difficulties and risk can be referred specifically to the PD service.
<b>Interventions offered</b>	Individual and group interventions: <ul style="list-style-type: none"> <li>▪ Schema Therapy</li> <li>▪ Dialectical Behaviour Therapy (DBT)</li> <li>▪ Cognitive Analytic Therapy (CAT)</li> <li>▪ Life Minus Violence (LMV-e)</li> <li>▪ Preferred Lives Programme (PLP)</li> <li>▪ Cognitive Behaviour Therapy (CBT)</li> <li>▪ Sexual Risk Management Programme (SRMP)</li> <li>▪ Trauma Focussed Work</li> </ul>
<b>Web Links</b>	<a href="http://www.merseycare.nhs.uk/">http://www.merseycare.nhs.uk/</a>
<b>Contact</b>	<a href="mailto:Jennifer.kilcoyne@merseycare.nhs.uk">Jennifer.kilcoyne@merseycare.nhs.uk</a>

## HMP Frankland Westgate Personality Disorder Treatment Service

<b>Address</b>	HMP Frankland, Brasside, Durham, DH1 5YD
<b>Description of service</b>	The Westgate Unit delivers assessment and treatment of high risk adult male offenders with complex personality. Its focus is to reduce risk of serious harm presented by this group via targeting individuals' criminogenic areas of need and mental health. Adopting a multi-disciplinary approach, the clinical framework is informed by Tony Ward's Good Life Model and the Unit is currently working towards Enabling Environment status.
<b>Delivery partners</b>	Ministry of Justice, the Department of Health, Her Majesty's Prison Service and the National Health Service.
<b>Number of places</b>	65
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	This varies according to each individual, but on average people spend between 3 and 5 years.
<b>Catchment area</b>	National catchment area with a focus on Category A and B prisoners requiring high secure conditions, those located in Close Supervision Centres and Segregation Units and those who meet criteria for Managing Challenging Behaviour Strategy.
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Considered to have a "complex personality", as defined by the presence of personality disorder diagnoses and/or the presence of various personality traits which in combination render an individual as complex and unresponsive to and/or non-compliant with mainstream interventions and regimes (measured by IPDE and PCL-R)</li> <li>• Be at high risk of reoffending (measured by Risk Matrix 2000, Static 99, VRS, HCR-20 and VRS-SO)</li> <li>• Have an assessed functional link between his personality pathology and his offending behaviour (assessed by a combination of detailed offence analysis, clinical developmental history and case formulation)</li> <li>• Have a minimum of 4 years left to serve</li> <li>• Be aware of the referral and willing to meaningfully engage (this is demonstrated in part by a period of stable behaviour at the point of referral).</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Chromis Pre-Treatment:             <ul style="list-style-type: none"> <li>○ Motivation and Engagement and Psycho-Education</li> </ul> </li> <li>• Chromis Components:             <ul style="list-style-type: none"> <li>○ Creative Thinking , Problem Solving, Handling Conflict</li> <li>○ Chromis Schema Therapy (CST) Phase 1, 2 and 3</li> </ul> </li> <li>• Westgate Specific Components:             <ul style="list-style-type: none"> <li>○ Iceberg (Substance Misuse)</li> <li>○ Emotion Modulation</li> <li>○ Social Competence</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Relationships and Intimacy skills</li> <li>● Imminent Needs services: <ul style="list-style-type: none"> <li>○ Dialectical Behavioural Therapy (DBT)</li> <li>○ Cognitive Behavioural Therapy (CBT)</li> <li>○ Eye Movement Desensitisation and Reprogramming (EMDR)</li> </ul> </li> <li>● Substance misuse</li> <li>● Mental Health support sessions.</li> <li>● A range of creative sessions as part of the therapeutic regime.</li> </ul>
<b>Web Links</b>	Intranet link: <a href="http://psw10595:88/establishment/100049/ww/WESTGATE%20WEBSITE/index.html">http://psw10595:88/establishment/100049/ww/WESTGATE%20WEBSITE/index.html</a>
<b>Contact</b>	<a href="mailto:Kimberley.gibson@hmpr.gsi.gov.uk">Kimberley.gibson@hmpr.gsi.gov.uk</a> ; 0191 376 5926

## HMP Frankland PIPE

<b>Address</b>	HMP Frankland, Brasside, Durham, DH1 5YD
<b>Description of service</b>	The PIPE unit is designed to help individuals to interact with other residents and staff alike in a safe, friendly and productive way. In doing this residents will have the opportunity to practise and apply the skills that have been learned from previous group work. The aim of this is to help residents to prepare for their next step, whether this is to a lower category prison or release into the community.
<b>Delivery partners</b>	NHS England, NOMS
<b>Number of places</b>	21
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum: 6 months Maximum: 2 years
<b>Catchment area</b>	Any Category A prisoner in High Secure Estate
<b>Entry Criteria</b>	Must be a Category A adult male prisoner or a Cat B prisoner with reallocation instructions
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Structured sessions</li> <li>• Creative sessions</li> <li>• Key worker sessions</li> </ul>
<b>Contact</b>	<a href="mailto:Pipes.frankland@hmpr.gsi.gov.uk">Pipes.frankland@hmpr.gsi.gov.uk</a> ; tel. 0191 376 5896

## Medication to Manage Sexual Arousal – HMP Frankland

<b>Address</b>	HMP Frankland, Brasside, Durham, DH1 5YD
<b>Description</b>	A service for offenders with a sexual element to their offending, where medication is offered to assist with reducing unwanted sexual rumination, preoccupation and arousal.
<b>Delivery Partners</b>	Northumberland Tyne and Wear NHS Foundation Trust
<b>Number of Places</b>	12
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	As clinically advised
<b>Catchment area</b>	National; NOMS may choose to move offenders into this location in order to access this service.
<b>Entry Criteria</b>	<p><b>This intervention can be offered to offenders who satisfy the conditions below whether or not they are on the OPD pathway.</b></p> <p>The service is for offenders with a sexual element to their offending who have psychological difficulties and distress including: Intrusive and obsessive thoughts about sex, deviant arousal or problem sexual behaviour associated with low mood or anxiety, sexual arousal or behaviour that is subjectively difficult to manage, high sex drive. Psychometrically determined sexual preoccupation.</p> <p>Degree of psychological distress is the primary consideration, but this will be compounded by risk of harmful sexual offending.</p>
<b>Interventions offered</b>	This intervention involves the prescription of medication, either a Selective Serotonin Reuptake inhibitor (SSRI) or an anti-androgen.
<b>Contact details</b>	<a href="mailto:Kathy.Burrow@hmpr.gsi.gov.uk">Kathy.Burrow@hmpr.gsi.gov.uk</a>

## HMP Whitemoor Fens OPD Treatment Service

<b>Address</b>	HMP Whitemoor, Longhill Road, March, Cambs, PE15 0PR
<b>Description of service</b>	The service aims to reduce the risk of offenders who are at high risk of violent and sexual re-offending and who are diagnosed as suffering from severe PD. The programme is delivered by a multi-disciplinary team. This includes prison officers, psychologists, psychotherapists, nurses and a psychiatrist, who work closely together to carry out assessment and treatment, to those that meet criteria.
<b>Delivery partners</b>	NOMS and Cambridgeshire and Peterborough NHS Foundation Trust
<b>Number of places</b>	70 (65 assessment and 5 progression)
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	5 years
<b>Catchment area</b>	Southern part of the UK, but will take nationally in exceptional circumstances
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Be at high risk of reoffending (measured by Risk Matrix 2000, Static 99, VRS, HCR-20 and SARN)</li> <li>• Have a severe PD (measured by IPDE and PCL-R)</li> <li>• Have a link between his personality pathology and the offences he commits (assessed by combination of detailed offence analysis and clinical developmental history)</li> </ul>
<b>Interventions offered</b>	<p>Individual therapy</p> <p>Group work including:</p> <ul style="list-style-type: none"> <li>• PD Awareness (0-3 months)</li> <li>• Human Relationships (4-6 months)</li> <li>• Cognitive Interpersonal Group Therapy (runs throughout the therapy programme)</li> <li>• Schema Focused Therapy Group (runs in years 2-3)</li> <li>• Affect Regulation Group (runs in years 2-3)</li> <li>• Offence Focused Therapy (runs in year 4-5)</li> <li>• Addictive Behaviours Group (runs in year 5)</li> <li>• Interpersonal Relationships Group (runs in year 5)</li> </ul>
<b>Contact</b>	<a href="mailto:Warren.dennis@hmpr.gsi.gov.uk">Warren.dennis@hmpr.gsi.gov.uk</a>

## HMP Full Sutton Close Supervision Centre

<b>Address</b>	Close Supervision Centre (CSC), Full Sutton Prison, York, YO41 1PS
<b>Description of service</b>	The Close Supervision Centre (CSC) at HMP Full Sutton provides a psychologically informed structured environment in which the most dangerous, difficult and disruptive prisoners are managed through a robust care and management approach. The aim of the service is to assess, monitor and reduce risk in order that the individual can progress along the appropriate care pathway (which may include a return to mainstream prison to access to treatment or onwards referral to specialist services). The CSC at HMP Full Sutton is one of five CSC Units currently in operation, the others being at HMP Manchester, HMP Wakefield, HMP Whitemoor and HMP Woodhill.
<b>Delivery partners</b>	OPD / Ministry of Justice / Prison Service / NOMS
<b>Number of places</b>	10
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	The length of intervention is dependent upon the complexity of an individual's difficulties and their willingness to engage.
<b>Catchment area</b>	National resource for HMPS
<b>Entry Criteria</b>	Referrals must meet the criteria identified for admission to the CSC System. In addition a willingness to engage with the multidisciplinary team and the structured regime is expected.
<b>Interventions offered</b>	Following the construction of a collaborative case formulation, HMP Full Sutton CSC aims to progress prisoners through the development of stabilisation, crisis management and risk reduction strategies alongside an increased readiness/ ability/ motivation for future treatment, within a comprehensive pathway planning approach. It delivers the above aims via the development and delivery of an integrated multidisciplinary psychosocial regime, which has the therapeutic relationship between staff and prisoners as its foundation. More specifically, DBT, Cognitive Therapy and Motivation and Engagement © are available in conjunction with various psycho-educational modules.
<b>Contact Details</b>	Ian Walton: HMP Full Sutton CSC Operational Manager, <a href="mailto:ian.walton@hmpps.gsi.gov.uk">ian.walton@hmpps.gsi.gov.uk</a> Emma Powell : HMP Full Sutton CSC Clinical Lead <a href="mailto:emma.powell01@hmpps.gsi.gov.uk">emma.powell01@hmpps.gsi.gov.uk</a>

# Part B: Category B Prisons – trainers and local prisons



## HMP Dovegate Democratic Therapeutic Community

<b>Address</b>	Therapeutic Prison, HMP Dovegate, Uttoxeter, Staffordshire, ST14 8XR
<b>Description of service</b>	There are four treatment Communities (Avalon, Endeavour, Camelot, Genesis) within an overall Therapeutic Prison. The DTC is a high intensity offending behaviour programme for men with longstanding emotional and relationship difficulties that link to their offending.
<b>Delivery partners</b>	Community of Communities, NOMS
<b>Number of places</b>	40 – Assessment beds, 140 – Core Therapy
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum 18 months in Core Therapy
<b>Catchment area</b>	National
<b>Entry Criteria</b>	<p>Every applicant is considered on an individual basis, but, in general, must:</p> <ul style="list-style-type: none"> <li>• Be an adult male prisoner who is Category B or below</li> <li>• Have at least 21 months to serve before their PED or CRD</li> <li>• Have a complete and up to date OASys report.</li> <li>• Admit to and take responsibility for their offence and be prepared to discuss offending behaviour in a group setting</li> <li>• Be willing to sign up to weaning off any anti-depressants within 6 months.</li> </ul> <p>Prisoners must not:</p> <ul style="list-style-type: none"> <li>• Be appealing against conviction</li> <li>• Have been on the Escape list or been a Category A prisoner in the last 6 months</li> <li>• Be in a parole window if an indeterminate prisoner</li> <li>• Have had a positive MDT/VDT (Mandatory/Voluntary drug test in the last two months</li> <li>• Be suspected of dealing in drugs</li> <li>• Have been on an open ACCT (Self Harm file) in the last two months</li> <li>• Be undergoing any form of detox (Any medication used for a detox must have been discontinued for a period of two months)</li> <li>• Be taking any form of psychotropic or opiate based medication for a period of two months prior to arrival.</li> </ul> <p>Automatic applicant exclusions</p> <ul style="list-style-type: none"> <li>• Anyone who is neurologically brain damaged, either through birth or an incident later in life. Anyone who has uncontrolled epilepsy, unstable diabetes or a similar medical condition</li> </ul>
<b>Interventions offered</b>	Group Therapy, Core Creative Psychotherapies, Therapy, Resolve, TSP, BBR
<b>Contact</b>	01283 829 542

## HMP Dovegate Therapeutic Community +

<b>Address</b>	TC+ (TC Venture) – HMP Dovegate, Moreton Lane, Uttoxeter, Staffs. ST14 8XR
<b>Description of service</b>	TC+ is a Therapeutic Community contextualised for men with Learning disabilities who have been unable to access conventional offending behaviour programmes due to their IQ and learning style, or have struggled to retain learning from those offending behaviour programmes.
<b>Delivery partners</b>	NHS and NOMS
<b>Number of places</b>	20
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum 3 years
<b>Catchment area</b>	National (England and Wales)
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Medium and high risk men, usually violent offences, but not always</li> <li>• No drug use within at least 2 months prior to referral</li> <li>• No self harm within at least 2 months prior to referral</li> <li>• Adequate time remaining on sentence (3 years)</li> <li>• Admitting responsibility for their offence</li> <li>• Not CAT A or on Escape List</li> <li>• No current diagnosis of major mental illness</li> <li>• Use of psychotropic medication should conform with the Medication Policy</li> <li>• Likely to be ineligible for a general TC because of perceived learning disability</li> </ul>
<b>Interventions offered</b>	<p>Treatment consists of group therapy and structured community living, where all residents on the community have shared responsibility for the day-to-day running of the community, decision making and problem solving.</p> <p>Therapy is 24/7. TC+ runs similarly to TC through the use of small groups and community meetings, where thinking and behaviour are explored, and links to offending and risk are identified.</p> <p>Small therapy groups are a combination of both small therapy groups and more structured groups with a theme. Each theme aims to address treatment need in a particular risk area.</p> <p>TC+ responds to people's learning styles, and creative techniques are utilised to aid understanding and learning. Learning is recorded verbally, and in pictorial and written form. Core creative psychotherapy groups are available to residents too.</p>
<b>Contact</b>	<a href="mailto:Sarah.stringfellow@serco.com">Sarah.stringfellow@serco.com</a>

## HMP Garth - The Beacon OPD Treatment Service

<b>Address</b>	The Beacon, HMP Garth, Moss Lane, Leyland, Lancashire, PR26 8LW
<b>Description of service</b>	The Beacon is based on a recovery and attachment model which aims to provide evidence-based specialist treatment for prisoners with personality difficulties. The underpinning philosophy is psychologically informed based on a bio-psychosocial model of PD. Individualised assessments and treatments are provided in group and individual formats, which enhance pro-social relationships, reduce risk and improve psychological well-being. A shared therapeutic model structures the service based on Livesley's (2012) phases of treatment. These phases of therapy facilitate gradual and progressive skill-building before entrenched patterns are addressed and aid the integration of a number of approaches in a coherent and structured way. The promotion of social inclusion, hope and empowerment for change are central tenets of the recovery based philosophy.
<b>Delivery partners</b>	Mersey Care NHS Trust & HMP Garth
<b>Number of places</b>	48
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	This is dependent on individual need but it is not anticipated that this will be less than two years
<b>Catchment area</b>	North of England
<b>Entry Criteria</b>	<p>Cat B or C adult male prisoners:</p> <ul style="list-style-type: none"> <li>• Aged over 21 years. Serving a sentence of imprisonment with sufficient time to engage in treatment (at least two years) - but with less than 20 years left to serve</li> <li>• Assessed as presenting a high likelihood of violent or sexual offence repetition and high or very high risk of harm to self or others. Likely to have a PD/significant personality difficulties. There is a clinically justifiable link between the personality difficulties and risk.</li> <li>• Able to manage on normal location within the prison.</li> </ul> <p>Prisoners are generally serving a determinate term of imprisonment of at least 4 years or an indeterminate sentence of any tariff length. They can be referred at any point during their sentence but they should have at least two years left to serve so they have time to engage in treatment and some time after to monitor and consolidate skills after they have left the unit. They will have complex needs consisting of emotional and interpersonal difficulties, and display challenging behaviour of a degree that causes concern in relation to their effective management and progress.</p>
<b>Interventions offered</b>	Range of psychological, occupational, educational and social interventions and activities, including group and 1:1 sessions and therapy, workshops, activity groups, community meetings and opportunities to contribute to decision-making about the service.
<b>Contact</b>	01772 443 367

## HMP Gartree Democratic Therapeutic Community

<b>Address</b>	HMP Gartree, Gallowfield Road, Market Harborough, LE16 7LA
<b>Description of service</b>	A high intensity offending behaviour programme for men predominantly serving life sentences with longstanding emotional and relationship difficulties that link to their offending. The 24-bed facility is accredited by The Community of Communities as part of the Royal College of Psychiatry. The programme is part of the National OPD Pathway and has consistently achieved high marks in its bi-annual audits. Service users stay 2-3 years to complete the programme.
<b>Delivery partners</b>	NOMS and NHS England
<b>Number of places</b>	24
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Service users are asked to make an open commitment to therapy lasting 18 months to 3 years, although the average length of stay of completers is 2 years and in exceptional circumstances has been extended to 3½ years.
<b>Catchment area</b>	National
<b>Entry Criteria</b>	Service Users do not need a diagnosis of PD to apply, but do need to demonstrate motivation to change problematic behaviour and commit to a therapeutic process that can last up to 3 years. They also need to be free of psychotropic medication, such as anti-psychotics, anti-depressants, mood stabilizers and tranquilizers, or be willing to come off such medication in consultation with a GP and/or psychiatrist. Other considerations include but are not limited to previous offending, mental health history, recent substance misuse and length of recovery, and aggressive and/or violent behaviour.
<b>Interventions offered</b>	Every part of the living-learning experience of the TC is part of the therapeutic intervention and includes but is not limited to the following: twice weekly community meetings; small therapy groups 3 times weekly; quarterly all-day business meetings between community members and staff; team-building groups; Family Days; cooking together; body therapy in the form of Somatic Experiencing for working with trauma; professional visitor days; community jobs.
<b>Contact</b>	<a href="mailto:Randy.ulland@hmps.gsi.gov.uk">Randy.ulland@hmps.gsi.gov.uk</a> or 01858 426 789

## HMP Gartree Therapeutic Community +

<b>Address</b>	HMP Gartree, Gallowfield Road, Market Harborough, LE16 7LA
<b>Description of service</b>	Therapeutic Community Plus (TC+) operates within the same framework and model of mainstream Democratic Therapeutic Communities (DTCs) in prisons. However the approach is contextualised to support offenders with a Learning Disability (LD). The intended outcomes are the same as those for a mainstream DTC.
<b>Delivery partners</b>	NOMS and NHS England
<b>Number of places</b>	12
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	3 years
<b>Catchment area</b>	National
<b>Entry Criteria</b>	TC+ provides a specialist intervention for prisoners with LD and lower IQ, therefore it is aimed at prisoners with a full scale IQ between 60 and 80 who are unable to access mainstream offending behaviour programmes. It is suitable for prisoners who primarily need to address violent offence-related risk, in addition to personality and psychological disorders. TC+ can be accessed by sentenced offenders with a wide range of offending needs, including violent and indeterminate prisoners whose complex needs cannot be adequately met by a single intervention.
<b>Interventions offered</b>	<p>Every part of the living-learning experience of the TC is part of the therapeutic intervention and includes but is not limited to the following: Treatment consists of group therapy and structured community living. Community members have shared responsibility for the day-to-day running of the community, decision making and problem solving. Key features are:</p> <ul style="list-style-type: none"> <li>• Daily small groups and community meetings</li> <li>• Use of community activities to promote skill development and generalisation</li> <li>• Staff supporting the community in democratic decision making and providing pro-social role models</li> <li>• Staff and prisoners challenging and giving feedback about behaviour that is anti-social or linked to offending behaviour patterns.</li> </ul> <p>In addition to unstructured therapy groups, TC+ members attend semi-structured therapy sessions as part of ‘themed’ modules. Each module aims to address treatment need in a particular risk area (e.g. Criminal thinking module). TC+ utilises a slower pace of learning, higher staffing levels, shorter groups with smaller numbers and creative learning methods. Learning and information is displayed in written or pictorial form around the unit. Members engage in core creative therapies, such as Art therapy and Music therapy.</p>
<b>Contact</b>	<a href="mailto:David.jones@hmps.gsi.gov.uk">David.jones@hmps.gsi.gov.uk</a>

## HMP Gartree PIPE

<b>Address</b>	HMP Gartree, Gallowfield Road, Market Harborough, LE16 7LA
<b>Description of service</b>	The Psychologically Informed Planned Environment (PIPE) at HMP Gartree was set up for life sentenced prisoners who have completed medium to high intensity programmes and are looking to consolidate progress and gain continued support.
<b>Delivery partners</b>	NHS England, NOMS
<b>Number of places</b>	60
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum: 6 months Maximum: 2 years
<b>Catchment area</b>	National
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ Must be serving a life sentence (IPP or mandatory)</li> <li>▪ Must have completed a medium to high intensity programme</li> <li>▪ Must be self-motivated (it cannot be a mandatory requirement of their sentence plan)</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>▪ Structured sessions</li> <li>▪ Creative sessions</li> <li>▪ Key worker sessions</li> <li>▪ Use of Good Lives Model to support progress</li> </ul>
<b>Contact</b>	<a href="mailto:PIPE.Gartree@hmps.gsi.gov.uk">PIPE.Gartree@hmps.gsi.gov.uk</a>

## HMP Grendon Democratic Therapeutic Community

<b>Address</b>	HMP Grendon, Grendon Underwood, Aylesbury, Buckinghamshire, HP18 0TL
<b>Description of service</b>	HMP Grendon is a therapeutic community (TC) prison made up of six therapeutic communities. This includes one assessment/treatment-preparation unit and five residential communities, including one wing for men whose offending has been sexually motivated and one wing for men with learning disabilities (TC plus) – Information on this service can be found elsewhere in this Brochure.
<b>Delivery partners</b>	NOMS and NHS England
<b>Number of places</b>	233 (213 main TCs, 20 on TC+)
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Assessment period 16 – 26 weeks Main TC: 18-36 months TC Plus: Average: 36 months
<b>Catchment area</b>	National
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• No drug use within at least 6 months prior to the referral.</li> <li>• No self harm within at least 2 months prior to the referral.</li> <li>• Minimum of 2 years remaining on sentence.</li> <li>• Must not be appealing their conviction although can be appealing their sentence.</li> <li>• In terms of IQ the mainstream TCs are for men with an IQ of 80 and above and the TC Plus is for men with an IQ below 80.</li> <li>• Must not be in active denial of their offending.</li> <li>• Must not be a category A prisoner or on the Escape list.</li> <li>• No current symptoms of major mental illness or actively psychotic.</li> <li>• If currently prescribed opiate based medication, you will be required to come off these prior to acceptance.</li> </ul>
<b>Interventions offered</b>	<p>Once on a main TC, the therapeutic work includes the activities below but extends beyond this to include the experience of living as part of a community, sharing decision making and being open to discussing and taking responsibility for all behaviours.</p> <ul style="list-style-type: none"> <li>• Community meetings twice weekly</li> <li>• Small groups on three further week days</li> <li>• Core creative therapies –e.g. Art Therapy, Music Therapy or Psychodrama</li> <li>• Education</li> </ul>
<b>Contact</b>	<a href="mailto:Richard.shuker@hmps.gsi.gov.uk">Richard.shuker@hmps.gsi.gov.uk</a> ; tel. 01296 445 113

## HMP Grendon Therapeutic Community +

<b>Address</b>	HMP Grendon, Grendon Underwood, Aylesbury, Buckinghamshire, HP18 0TL
<b>Description of service</b>	<p>Therapeutic Community Plus (TC+) operates within the same framework and model of mainstream Democratic Therapeutic Communities (DTCs) in prisons. However the approach is contextualised to support offenders with a Learning Disability (LD). The intended outcomes are the same as those for a mainstream DTC. TC+ is a collaboration between NOMS and NHS England.</p> <ul style="list-style-type: none"> <li>• A 20 bed wing separate from the main prison</li> <li>• A place to learn safely with support and respect from everyone</li> <li>• A place where we make decisions together</li> <li>• A social place where we live in a community</li> <li>• A place where we learn from each other</li> <li>• A supportive place where we can help each other</li> </ul>
<b>Delivery partners</b>	NOMS & NHS England
<b>Number of places</b>	20
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	12 week assessment; up to 3 years treatment
<b>Catchment area</b>	National (although the service will where necessary prioritise referrals from London and the South East)
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• People unable to fully benefit from mainstream programmes and Therapeutic Communities because of score on cognitive ability assessments. (E.g. below 80 on WAIS or WASI).</li> <li>• Life sentenced and IPP prisoners (pre or post tariff) and determinate-sentenced prisoners with at least 3 years left to serve</li> <li>• Category B or C prisoners</li> <li>• People free from drug use</li> <li>• No self harm in the last 2 months</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Daily meetings and groups</li> <li>• Group activities</li> <li>• To be part of a community that makes decisions about day to day life on the wing</li> <li>• To help others and let others help you</li> </ul>
<b>Contact</b>	<a href="mailto:Richard.shuker@hmps.gsi.gov.uk">Richard.shuker@hmps.gsi.gov.uk</a> ; tel. 01296 445 113

## HMP Swaleside Pathways Service

<b>Address</b>	HMP Swaleside, Brabazon Road, Isle of Sheppey, Kent, ME12 4AX
<b>Description of service</b>	The Pathways Service offers both a treatment and PIPE service at HMP Swaleside. It is for high risk Cat B or C adult male prisoners with emotional, relationship and behavioural difficulties that prevent them from completing their sentence plans. The Pathways Service has two functions – an Engagement function and a Treatment function. The Engagement function offers men the opportunity to live in a supportive environment where there is a focus on interpersonal relationships, motivation to engage, group process and preparation for treatment readiness. The Treatment function offers more intensive therapeutic support for those prisoners who are able and motivated to address their emotional and interpersonal difficulties. This element of the service may suit prisoners who are willing to engage in Treatment, but unable to tolerate the intensity of a TC.
<b>Delivery partners</b>	NHS and NOMS
<b>Number of places</b>	30 Engagement and 30 Treatment places
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Engagement – 6-12 months Treatment – 12 months
<b>Catchment area</b>	London; south, south east, south west of England; Wales (exceptional cases will be considered)
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Adult male</li> <li>• At least 18 months to serve</li> <li>• High risk harm – OASys score</li> <li>• Category B and C prisoners</li> <li>• Personality difficulties, but diagnosis not necessary</li> <li>• Denial not a barrier</li> <li>• Prisoner must be willing to participate – but we expect ambivalence</li> <li>• Held by probation trust in London, South East/West/Central, Wales (exceptional cases will be considered)</li> <li>• LD considered on a case by case basis</li> <li>• Currently unable to accept sex offenders</li> <li>• Individual and exceptional cases considered</li> </ul>
<b>Interventions offered</b>	Engagement function: <ul style="list-style-type: none"> <li>• Keywork sessions</li> <li>• Structured sessions</li> <li>• Socially creative sessions</li> </ul> Treatment function: <ul style="list-style-type: none"> <li>• Keywork sessions</li> <li>• Structured sessions</li> <li>• Therapeutic groups</li> <li>• Individual psychology</li> <li>• Socially creative sessions</li> </ul>
<b>Contact</b>	<a href="mailto:Tracy.hurkett@hmpr.gsi.gov.uk">Tracy.hurkett@hmpr.gsi.gov.uk</a>

## HMP Swaleside Enhanced Support Service (ESS)

<b>Address</b>	H.M.P Swaleside, Eastchurch, Kent, ME124AX.
<b>Description of service</b>	A bespoke service for the management of prisoners with violent and disruptive behaviour
<b>Delivery partners</b>	NOMS & Oxleas NHS.
<b>Number of places</b>	8-10 dependant on complexities of caseload
<b>Residential or non-residential</b>	Non-residential outreach service
<b>Approx. length of intervention</b>	Ideally 8-12 weeks
<b>Catchment area</b>	Prisoners within Swaleside prison.
<b>Entry Criteria</b>	<p>Only prisoners that reside within Swaleside (no external referrals accepted).</p> <p>A pattern of violent and disruptive behaviours including:</p> <ul style="list-style-type: none"> <li>• Threats and/or verbally abusive behaviours towards other prisoners or members of staff</li> <li>• Recurring violent and aggressive behaviours towards other prisoners or members of staff</li> <li>• Recurring sexually inappropriate behaviour towards other prisoners or members of staff</li> <li>• Recurring damage to / destruction of property including cell smashing, fire starting, flooding, dirty protest</li> <li>• Prolific and severe threats or acts of self-harm including suicide attempts</li> <li>• Inability to settle in normal location. Prolonged or frequent periods in Healthcare and/or segregation unit.</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Psycho-education – including understanding triggers for violent behaviour and the thought process that may be associated with the specific behaviours.</li> <li>• Motivational work</li> <li>• Self- esteem work</li> <li>• Goal setting</li> <li>• Problem solving</li> <li>• Emotional regulation</li> <li>• Distress tolerance</li> <li>• Pro-social skills</li> <li>• Other – as agreed locally by and available to the team</li> </ul>
<b>Contact Details</b>	<p><a href="mailto:ESSswaleside@hmps.gsi.gov.uk">ESSswaleside@hmps.gsi.gov.uk</a></p> <p>01795 804 231 / 232 / 204</p>

## HMP Pentonville Enhanced Support Service (ESS)

<b>Address</b>	HMP Pentonville, Caledonian Road, London, N7 8TT
<b>Description of service</b>	This service aims to reduce the negative impact of violent and disruptive behaviour in prisons through the use of a dedicated multi-disciplinary staff team that works in partnership across prison, healthcare and forensic psychology services. The ESS will target the small minority of prisoners in each establishment who demonstrate severe and persistent violent and disruptive behaviour that has not responded to existing strategies and interventions to manage this behaviour. Staff will work intensively with these prisoners in a collaborative manner to develop motivation and positive coping skills in order to reduce negative behaviours. They will develop and work towards personal and sentence planning goals. The team will work in a psychologically informed manner and be supported by formulation based on understanding of the prisoners with whom they are working. The team will work indirectly with other staff to increase understanding and appropriate management of these prisoners.
<b>Delivery partners</b>	<ul style="list-style-type: none"> <li>▪ HMP Pentonville</li> <li>▪ Barnet Enfield and Haringey Mental Health Trust</li> <li>▪ Greater London Psychological Services</li> </ul>
<b>Number of places</b>	6-12 at any given time
<b>Residential or non-residential</b>	Non-residential (dispersed across the prison)
<b>Approx. length of intervention</b>	c/12 weeks
<b>Catchment area</b>	HMP Pentonville (this is not an open service)
<b>Entry Criteria</b>	<p>All referrals to the service will be offenders at HMP Pentonville. Suitable referrals will demonstrate one or more of the following:</p> <ul style="list-style-type: none"> <li>▪ Threats and/or verbally abusive behaviours; recurrent violent and aggressive behaviours; recurring sexually inappropriate behaviour; recurring damage/destruction to property (including cell smashing, fire starting, flooding etc); prolific and severe threats; inability to settle in normal location; and disruptive to the general prison operations.</li> </ul>
<b>Interventions offered</b>	The staff team will seek to address the prisoner's needs through conducting the following activities: psychoeducation – including understanding triggers for violent behaviour and the thought process that may be associated with the specific behaviours; Motivational work; Self esteem work; Goal setting; Problem solving; Emotional regulation; Distress tolerance; Pro-social skills; and/or Other – as agreed locally by and available to the team. The ESS service does not offer formal interventions.
<b>Contact</b>	<a href="mailto:Elizabeth.B.Hill@hmpr.gsi.gov.uk">Elizabeth.B.Hill@hmpr.gsi.gov.uk</a>

## HMP Wymott PIPE

<b>Address</b>	HMP Wymott, Progression PIPE, F Wing, Ulnes Walton Lane, Leyland, Preston, PR26 8LW
<b>Description of service</b>	The Psychologically Informed Planned Environment (PIPE) at HMP Wymott was set up for determinate and indeterminate sentenced prisoners who have completed medium to high intensity programmes and are looking to consolidate progress and demonstrate skills acquired from group work. It also provides the opportunity for the residents to gain continued support to progress through the next stage of their sentence.
<b>Delivery partners</b>	NHS England, NOMS
<b>Number of places</b>	60
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum 6 months – maximum 2 years
<b>Catchment area</b>	North West (out of area referrals will be considered on an individual basis)
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ Must have completed and evidenced gains from medium to high intensity programme (s)</li> <li>▪ Must be self-motivated (it should not be a mandatory requirement of their sentence plan)</li> <li>▪ Demonstrated stability in behaviour</li> <li>▪ Have at least 6 months left to serve of their sentence</li> <li>▪ There is no specific requirement to have a diagnosis of PD</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>▪ Structured sessions (every fortnight)</li> <li>▪ Creative sessions (including music sessions and gardening)</li> <li>▪ Key worker sessions (twice a month)</li> </ul>
<b>Contact Details</b>	<a href="mailto:PIPE.Wymott@hmpr.gsi.gov.uk">PIPE.Wymott@hmpr.gsi.gov.uk</a> Tel. 01772 442 148 or 01772 442 135

## HMP Hull PIPE

<b>Address</b>	HMP Hull, Hedon Road, Hull, HU9 5LS
<b>Description of service</b>	The PIPE unit is designed to help individuals to interact with other residents and staff alike in a safe, friendly and productive way. In doing this residents will have the opportunity to practice and apply the skills that have been learned from previous group work. The aim of this is to help residents to prepare for their next step, whether this is to a lower category prison or release into the community.
<b>Delivery partners</b>	NOMS and NHS England
<b>Number of places</b>	50
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum: 6 months Maximum: 2 years
<b>Catchment area</b>	National
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ Vulnerable Prisoner (VP) Residents</li> <li>▪ Must be at a stage where the majority of the treatment has been completed.</li> <li>▪ There is no specific requirement to have a diagnosis of PD.</li> <li>▪ Must have at least 2 years remaining before the end of the sentence.</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>▪ Key worker sessions</li> <li>▪ Structured sessions in groups focusing on areas linked to risk and semi Structured/creative sessions for residents to engage and practice more interpersonal skills.</li> </ul>
<b>Contact</b>	<a href="mailto:rachael.dagnall@hmpr.gsi.gov.uk">rachael.dagnall@hmpr.gsi.gov.uk</a>

## Medication to Manage Sexual Arousal – HMP Hull

<b>Address</b>	HMP Hull, Hedon Road, Hull, Kingston-upon-Hull, HU9 5LS
<b>Description</b>	A service for offenders with a sexual element to their offending, where medication is offered to assist with reducing unwanted sexual rumination, preoccupation and arousal.
<b>Delivery Partners</b>	Humber NHS Foundation Trust
<b>Number of Places</b>	12
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	As clinically advised
<b>Catchment area</b>	National; NOMS may choose to move offenders into this location in order to access this service.
<b>Entry Criteria</b>	<p><b>This intervention can be offered to offenders who satisfy the conditions below whether or not they are on the OPD pathway.</b></p> <p>The service is for offenders with a sexual element to their offending who have psychological difficulties and distress including: Intrusive and obsessive thoughts about sex, deviant arousal or problem sexual behaviour associated with low mood or anxiety, sexual arousal or behaviour that is subjectively difficult to manage, high sex drive. Psychometrically determined sexual preoccupation.</p> <p>Degree of psychological distress is the primary consideration, but this will be compounded by risk of harmful sexual offending.</p>
<b>Interventions offered</b>	This intervention involves the prescription of medication, either a Selective Serotonin Reuptake inhibitor (SSRI) or an anti-androgen.
<b>Contact details</b>	<a href="mailto:jolene.jones@hmpps.gsi.gov.uk">jolene.jones@hmpps.gsi.gov.uk</a>

## Medication to Manage Sexual Arousal – HMP Isle of Wight

<b>Address</b>	HMP Isle of Wight, Clissold Road, Newport, PO30 5NX
<b>Description</b>	A service for offenders with a sexual element to their offending, where medication is offered to assist with reducing unwanted sexual rumination, preoccupation and arousal.
<b>Delivery Partners</b>	TBD
<b>Number of Places</b>	TBD
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	As clinically advised
<b>Catchment area</b>	National; NOMS may choose to move offenders into this location in order to access this service.
<b>Entry Criteria</b>	<p><b>This intervention can be offered to offenders who satisfy the conditions below whether or not they are on the OPD pathway.</b></p> <p>The service is for offenders with a sexual element to their offending who have psychological difficulties and distress including: Intrusive and obsessive thoughts about sex, deviant arousal or problem sexual behaviour associated with low mood or anxiety, sexual arousal or behaviour that is subjectively difficult to manage, high sex drive. Psychometrically determined sexual preoccupation.</p> <p>Degree of psychological distress is the primary consideration, but this will be compounded by risk of harmful sexual offending.</p>
<b>Interventions offered</b>	This intervention involves the prescription of medication, either a Selective Serotonin Reuptake inhibitor (SSRI) or an anti-androgen.
<b>Contact details</b>	<a href="mailto:Jacob.seaward@hmpr.gsi.gov.uk">Jacob.seaward@hmpr.gsi.gov.uk</a>

**Part C:  
Medium secure  
(Health), adult male  
Category C prisons  
and closed prisons  
for Young  
Offenders**



## Waddon Ward, Bethlem Royal Hospital

<b>Address</b>	River House, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent, BR3 3BX
<b>Description of service</b>	Waddon Ward forms part of a larger 90-bed medium secure unit, River House, in the Bethlem Royal Hospital. Patients have an initial three month admission for assessment, following which they are either accepted for treatment or recommendations are provided to the referrer regarding alternative treatment pathways, with the option of returning at a future date. Those who commence treatment have their treatment targets defined using the Violence Risk Scale (VRS), which is then used to monitor progress as patients complete the time-limited, three-phase Violence Reduction Programme.
<b>Delivery partners</b>	Penrose Options, London Pathways Partnership, SOVA, N-Gage
<b>Number of places</b>	15
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	12-24 months
<b>Catchment area</b>	South of the Thames, within the M25. Admissions from elsewhere in the South of England region may considered in liaison with NHS England
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Men aged 18 – 65 years, High-risk of high harm</li> <li>• Diagnosis, or likely to meet criteria for a diagnosis, of PD</li> <li>• Functional link between personality difficulties and offending behaviour</li> <li>• Evidence of some motivation to address both their personality difficulties and offending behaviour (including both sexual and violent offending)</li> <li>• Referrals are welcome for individuals with co-morbid mental illness, so long as current symptoms would not prevent engagement in treatment programme</li> <li>• The service is not suitable for individuals with learning difficulties (IQ &lt;65)</li> </ul>
<b>Interventions offered</b>	The main treatment model is the Violence Reduction Programme (VRP), which aims to meet the treatment needs of high-risk violent offenders using cognitive behavioural approaches and social learning principles within a relapse prevention model. Other treatments include Dialectical Behaviour Therapy, Behavioural Treatment of Substance Abuse, schema-focused therapy and a sex offender group programme. Patients also engage in occupational therapy and education session, with a view to continuity into the community, often in collaboration with third sector organisations.
<b>Web Links</b>	<a href="http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0005">http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0005</a>
<b>Contact</b>	<a href="mailto:Colin.campbell@slam.nhs.uk">Colin.campbell@slam.nhs.uk</a>

## Millfields Unit at the John Howard Centre, Homerton Hospital

<b>Address</b>	Millfields Unit, John Howard Centre, 12 Kenworthy Road, London, E9 5TD
<b>Description of service</b>	Millfields Unit is a medium secure service for adult men based in the East London NHS Foundation Trust. The service runs a modified therapeutic community model, including a mix of psychodynamic group interventions and accredited programmes (including SCP, SOTP and CALM). Individual work is also available, where needed. Developing people's strengths is also a focus of the therapy, and Millfields offers a range of jobs, activities, sports and education.
<b>Delivery partners</b>	NHS England
<b>Number of places</b>	16
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum: 1 year Maximum: 2 years 6 months
<b>Catchment area</b>	All London boroughs.
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Male, aged 18-65</li> <li>• Primary diagnosis or suspected diagnosis of PD. Any co-morbid psychotic illness should have been stabilised prior to admission.</li> <li>• PD is functionally linked to offending (or antisocial behaviour)</li> <li>• No convictions for sexual offences against children as an adult.</li> <li>• Must be willing to accept transfer to hospital for treatment.</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• CPA structure including bi-weekly ward rounds</li> <li>• Detailed individualised assessment, formulation and treatment targets for all patients.</li> <li>• Therapeutic Community treatment model including 3x weekly community meetings.</li> <li>• Orientation to Therapy (OTT): 12 session psycho-educational intervention for all new patients.</li> <li>• Small psychodynamically-informed groups 2x weekly.</li> <li>• Art Therapy 1x weekly (group and individual).</li> <li>• Individual psychology: offence analysis; help with specific difficulties, e.g. obsessive compulsive disorder.</li> <li>• Individual psychotherapy is occasionally available.</li> <li>• Self-Change Programme (SCP) for violence reduction for eligible offenders 1x weekly 'rolling' programme.</li> <li>• OT service offering lifestyle and vocational opportunities including cooking group, picture framing, painting and decorating, gym etc.</li> <li>• Substance misuse intervention 1x weekly.</li> <li>• Extensive rehabilitation opportunities, including community leave; opportunities to engage in Experts by Experience (XbX) programme.</li> </ul>
<b>Web Links</b>	<a href="http://www.eastlondon.nhs.uk/Services/Forensic/John-Howard-Centre-(Medium-Secure)/East-India-Ward.aspx">http://www.eastlondon.nhs.uk/Services/Forensic/John-Howard-Centre-(Medium-Secure)/East-India-Ward.aspx</a>
<b>Contact</b>	<a href="mailto:Celia.taylor@eastlondon.nhs.uk">Celia.taylor@eastlondon.nhs.uk</a>

## Oswin Unit at Bamburgh Clinic, St Nicholas Hospital

<b>Address</b>	St Nicholas Hospital, Jubilee Road, Newcastle upon Tyne, NE3 3XT
<b>Description of service</b>	The Oswin Unit is a medium secure service for adult aged males who require treatment in secure services due to risk. Treatment is mainly psychological and social, focussing on establishing and altering those patterns of thinking and feeling which drive problematic behaviours. Attention is given to both the major personality structures (antisocial, avoidant, paranoid or such) and offending (aggression, setting fires, physically or sexually assaulting others and such). The patient's active engagement and participation in the treatment programme is essential.
<b>Delivery partners</b>	NHS England
<b>Number of places</b>	16
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum: 2 years Maximum: 5 years.
<b>Catchment area</b>	NHS England
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Adult aged males with a primary diagnosis of PD.</li> <li>• History of offending and already subject to detention in hospital or prison.</li> <li>• Requires and is capable of being managed in a medium secure setting</li> <li>• Capable of, and willing to, engage in the assessment and treatment programme</li> <li>• Clearly defined and agreed discharge pathway with either referring agent or appropriate local service</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Individual and group work.</li> <li>• Group based PD Group Programme:             <ol style="list-style-type: none"> <li>1. Understanding PDs (psycho-education);</li> <li>2. Understanding Thinking (cognitive styles and skills);</li> <li>3. Understanding Emotions (emotional regulation, resilience and self management skills);</li> <li>4. Understanding Relationships (how you utilise all of the above to maintain longer term relationships based on mutuality, reciprocity &amp;c.).</li> </ol> </li> <li>• Occupational Therapy and ward based structured group activities.</li> <li>• CBT and Schema focussed approaches.</li> <li>• Offence Focussed Programmes</li> <li>• Medication as appropriate to the individual</li> </ul>
<b>Web Links</b>	<a href="http://www.ntw.nhs.uk">www.ntw.nhs.uk</a>
<b>Contact</b>	<a href="mailto:Mark.cookson@ntw.nhs.uk">Mark.cookson@ntw.nhs.uk</a>

## HMP Brixton London Pathways Unit (LPU)

<b>Address</b>	A-wing, HMP Brixton, Jebb Lane, London, SW2 5XF
<b>Description of service</b>	The LPU is designed for high risk, high harm offenders who have complex needs arising from pervasive psychological difficulties (which may meet the criteria for personality disorder), who have a realistic prospect of release or a progressive move within two years, and whose progression and safe release into the community is complicated by their personality difficulties. The service is located on a 36-single cell annexe on a normal residential unit at HMP Brixton. The LPU provides a range of treatment and support interventions aiming to assist prisoners by means of a psychologically-informed understanding of the particular difficulties and risk, and a relational context that enables them to develop a meaningful and realistic desistance plan.
<b>Delivery partners</b>	<ul style="list-style-type: none"> <li>▪ HMP Brixton</li> <li>▪ London Pathways Partnership (a consortium of NHS mental health trusts)</li> <li>▪ National Probation Service, London Division</li> </ul>
<b>Number of places</b>	36
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	9 – 24 months
<b>Catchment area</b>	Cases held by NPS and offender likely to be released to London
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ Assessed at some point during current sentence as presenting a high likelihood of violent or sexual offence repetition and high or very high risk of harm.</li> <li>▪ Personality difficulties likely to meet criteria for a personality disorder.</li> <li>▪ Risk linked to personality difficulties/disorder.</li> <li>▪ Likely to be released within 9 - 24 months, or further support is required to obtain a recommendation for Cat D/a progressive move to an open prison.</li> <li>▪ Category C</li> <li>▪ Has the potential to benefit from the psychologically-informed nature of the LPU's culture and regime.</li> <li>▪ Progression most likely to be facilitated by the LPU.</li> <li>▪ Recalled for breaching licence conditions.</li> </ul> <p>Determinate sentence prisoners in the last two years of their sentence will take priority, provided they have enough time left on their sentence to benefit from a stay on the LPU (preferably at least nine months). Indeterminate prisoners may be considered where there is a strong likelihood the parole board will recommend release within two years and it is clear how placement on the LPU can facilitate this progression.</p> <p>Sex offenders are not excluded, provided they are able to integrate and manage on ordinary location.</p>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>▪ Work and education</li> <li>▪ Induction</li> <li>▪ Introductory and Psychoeducational courses: <ul style="list-style-type: none"> <li>○ 'Understanding Personality Problems'</li> <li>○ 'Manage Your Risk'.</li> <li>○ 'Coping with Paranoia'</li> <li>○ 'Coping with Anger and Aggression'</li> </ul> </li> <li>▪ Skills Courses based on Dialectical Behaviour Therapy (DBT) and covering: <ul style="list-style-type: none"> <li>○ Interpersonal Effectiveness</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Emotion Regulation</li> <li>○ Distress Tolerance</li> <li>▪ Self Awareness Courses to deepen self-understanding and strengthen the individual's ability to manage personal vulnerabilities: <ul style="list-style-type: none"> <li>○ Mentalization-Based Treatment (MBT)</li> <li>○ Life Patterns (based on schema therapy)</li> </ul> </li> <li>▪ Moving On Courses for service users who are approaching a parole hearing or release: <ul style="list-style-type: none"> <li>○ Learning Together</li> <li>○ Preparing for Parole</li> <li>○ Managing your Licence</li> </ul> </li> <li>▪ Semi-structured/creative elements of the programme <ul style="list-style-type: none"> <li>○ Service user-led sessions: to be held in response to users' needs and ideas about preparing for release.</li> <li>○ Recreational sessions: planned collaboratively by staff and service users, including gym and cookery</li> </ul> </li> <li>▪ Fortnightly key work meetings</li> <li>▪ Offender manager sessions</li> <li>▪ Community Links – individual and group meetings with staff from our third sector partners, First Step Trust and Sova</li> </ul>
<b>Contact Details</b>	<a href="mailto:Chantal.scaillet@nhs.net">Chantal.scaillet@nhs.net</a> ; <a href="mailto:shane.foreman@hmps.gsi.gov.uk">shane.foreman@hmps.gsi.gov.uk</a>

## HMP and YOI Swinfen Hall PD Treatment Service and PIPE

<b>Address</b>	HMYOI Swinfen Hall, Lichfield, Staffordshire, WS14 9QS
<b>Description of service</b>	Assessment, Treatment and Consolidation Unit for offenders aged 18-25, with traits of emerging PD. This unit will be specifically for those deemed at high risk of violent and or sexual reoffending.
<b>Delivery partners</b>	Northamptonshire Healthcare NHS Foundation Trust HM Prison Service
<b>Number of places</b>	15 assessment/ admission 15 treatment 60 Consolidation
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	3 years maximum
<b>Catchment area</b>	Midlands and North
<b>Entry Criteria</b>	<p>For treatment and assessment: Individuals with medium/high or very high risk of a violent or sexual offence and additionally offenders who:</p> <ul style="list-style-type: none"> <li>▪ Repeatedly move from one establishment to another or wing to another</li> <li>▪ Have repeated adjudications</li> <li>▪ History of Substance use</li> <li>▪ Self harm</li> <li>▪ Identify as being vulnerable to bullying or instigation</li> <li>▪ Are on anti-depressants/anti-psychotic medication for mood stabilisation</li> <li>▪ Present with challenging behaviours.</li> </ul> <p>For the PIPE:</p> <ul style="list-style-type: none"> <li>▪ Have completed a period of treatment, e.g. DTC or PD treatment programmes</li> </ul>
<b>Interventions offered</b>	<p>For treatment service:</p> <ul style="list-style-type: none"> <li>▪ DBT informed groups</li> <li>▪ Cognitive Analytic Therapy</li> </ul> <p>For PIPE:</p> <ul style="list-style-type: none"> <li>▪ Social Creative Sessions</li> <li>▪ Structured Group Sessions</li> <li>▪ Key worker sessions</li> </ul>
<b>Contact</b>	<a href="mailto:Sunil.lad@nhft.nhs.uk">Sunil.lad@nhft.nhs.uk</a>

## HMYOI Aylesbury Pathway Service

<b>Address</b>	HMYOI Aylesbury, Bierton Road, Aylesbury, BUCKS, HP20 1EH
<b>Description of service</b>	The Service has been designed for high risk young offenders with behavioural, emotional and relationship difficulties. The service will offer a range of activities to help service users progress through their sentence addressing their needs in an individual way. It is particularly aimed at those who are not able to (for various reasons) to access the normal services already available in the prison due to the way they behave.
<b>Delivery partners</b>	HMYOI Aylesbury London Pathways Partnership (LPP)
<b>Number of places</b>	15-20
<b>Residential or non-residential</b>	Non residential
<b>Approx. length of intervention</b>	No set length of intervention.
<b>Catchment area</b>	National
<b>Entry Criteria</b>	Identified history of: Hurts themselves, hurts others, gets into fights regularly, can't make progress in their sentence or in life, are always on basic or regularly return to basic, spends a lot of time located in the segregation unit, staff find challenging in the behaviour, are impulsive, which may include self-harming, struggle to manage their feelings, anti-social behaviour, confrontational, and any other relevant information
<b>Interventions offered</b>	The Service will offer individualised treatment packages based on clients' needs and interests. The Service will draw on individual and group based treatments.
<b>Contact</b>	<a href="mailto:aylesburypathwaysser@hmps.gsi.gov.uk">aylesburypathwaysser@hmps.gsi.gov.uk</a>

## HMYOI Warren Hill Democratic Therapeutic Community

<b>Address</b>	HMP Warren Hill, Grove Road, Woodbridge, Suffolk, IP12 3BF
<b>Description of service</b>	Democratic Therapeutic Community. The DTC is a planned environment that promotes group living and aims to reduce reoffending in individuals who have self-management, interpersonal, affective and cognitive deficits.
<b>Delivery partners</b>	NOMS and NHS England
<b>Number of places</b>	40 Bed unit
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	A <u>minimum</u> of 18 months left to serve on a custodial sentence is required to participate in therapy
<b>Catchment area</b>	England and Wales
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Adult male offender</li> <li>• Minimum of 18 months left to serve on sentence</li> <li>• No current sexual offence</li> <li>• Up to date OASys</li> <li>• Free from ACCTs and adjudications for at least 6 months</li> <li>• No active major mental illness</li> <li>• Sufficient level of motivation to change and acceptance of responsibility</li> </ul>
<b>Interventions offered</b>	Large community meetings, small therapy groups, and individualised therapy plans. Feedback is a key element of progress as it helps members confront their problems.
<b>Contact</b>	<a href="mailto:TCWarrenHill@hmps.gsi.gov.uk">TCWarrenHill@hmps.gsi.gov.uk</a>

## HMP Warren Hill PIPE

<b>Address</b>	HMP Warren Hill, Grove Road, Woodbridge, Suffolk, IP123BF
<b>Description of service</b>	The PIPE unit is designed to help individuals to interact with other residents and staff alike in a safe, friendly and productive way. In doing this residents will have the opportunity to practice and apply the skills that have been learned from previous group work. The aim of this is to help residents to prepare for their next step, whether this is to a lower category prison or release into the community.
<b>Delivery partners</b>	HMPS and NOMS Regional Psychological Service
<b>Number of places</b>	20
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	6 - 24 months
<b>Catchment area</b>	National
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Have completed a period of high intensity treatment, e.g. DTC or PD treatment programmes</li> <li>• Indeterminate Sentenced Prisoners who completed all programmes identified on their sentence plan preparing to progress to Category D Status</li> <li>• Long term determinate sentenced prisoners post programmes for transition to the resettlement estate or to open conditions</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Social Creative Sessions</li> <li>• Structured Group Sessions</li> <li>• Key worker sessions</li> </ul>
<b>Contact</b>	<a href="mailto:sharon.durrant01@hmpr.gsi.gov.uk">sharon.durrant01@hmpr.gsi.gov.uk</a>

## HMP Wayland – Wensum PD Assessment and Treatment Unit

<b>Address</b>	E-Wing, HMP Wayland, Griston, Norfolk IP25 6RL
<b>Description of service</b>	Wensum is an assessment and treatment service for offenders who have a Personality Disorder (PD) or a suspected diagnosis of PD. Wensum is based on E Wing at HMP Wayland and is designed to be fully integrated within a Cat C prison. It aims to provide a pro social environment which focuses on positive relationships and an enabling environment in which interventions can take place. The service is delivered by a multi-disciplinary team. This includes prison officers, psychologists, and therapists who work closely together to carry out assessment and treatment.
<b>Delivery partners</b>	Norfolk and Suffolk NHS, HMP Wayland, Eastern Regional Psychological Services
<b>Number of places</b>	24
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Assessment period: 3 months with a further period for compilation of reports Treatment: Up to 2 years dependent upon the needs of the individual
<b>Catchment area</b>	National Resource with priority to Eastern Region and The Midlands.
<b>Entry Criteria</b>	<p>Entry Criteria:</p> <ul style="list-style-type: none"> <li>• Aged 18 or above</li> <li>• Has a formal diagnosis of personality disorder or is considered likely to meet the criteria for such</li> <li>• Currently a Cat C prisoner with at least two and a half years of sentence remaining</li> <li>• There is a link between personality disorder/traits and offending behaviour</li> <li>• Does not currently suffer from acute mental illness (however, illness controlled effectively by medication or past history of mental illness will be considered)</li> <li>• Have an IQ (intelligence level) in range which means ability to undertake non adapted work</li> <li>• Progression through the system is likely to be helped by the service</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• Foreign National Offenders</li> <li>• Individuals with a sexual index offence (individuals with historical sexual offending will be considered on a case by case basis)</li> <li>• Those requiring 24 hour healthcare/acutely unwell</li> </ul>
<b>Interventions offered</b>	The Service will offer individualised, formulation driven, treatment packages based on the needs and interests of the individual. Individual work will predominantly be based around CBT, CAT, and Schema informed interventions. Group interventions will include the ASSIST programme, a reflective group, and creative sessions.
<b>Contact</b>	<a href="mailto:Tina.steed@hmps.gsi.gov.uk">Tina.steed@hmps.gsi.gov.uk</a>

## HMP Wayland Wensum Unit PIPE

<b>Address</b>	Wensum PIPE (E-Wing), HMP Wayland, Griston, Norfolk IP25 6RL
<b>Description of service</b>	Wensum unit progression PIPE is designed to support individuals who have completed high intensity treatment to consolidate and generalise their learning and to aide them in their progression through the prison system.
<b>Delivery partners</b>	Norfolk and Suffolk NHS, HMP Wayland, Eastern Regional Psychological Services.
<b>Number of places</b>	45
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	6 months to 2 years
<b>Catchment area</b>	National Resource with priority to Eastern Region and The Midlands.
<b>Entry Criteria</b>	<p>Entry Criteria:</p> <ul style="list-style-type: none"> <li>• Aged 18 or above</li> <li>• Currently a Cat C prisoner</li> <li>• Does not currently suffer from acute mental illness (however, illness controlled effectively by medication or past history of mental illness will be considered)</li> <li>• Have an IQ (intelligence level) in range which means ability to undertake non adapted work</li> <li>• Progression through the system is likely to be helped by the service</li> <li>• Exclusions</li> <li>• Foreign National Offenders</li> <li>• Individuals with a sexual index offence (individuals with historical sexual offending will be considered on a case by case basis)</li> <li>• Those requiring 24 hour healthcare/acute unwell</li> </ul>
<b>Interventions offered</b>	<p>Creative activities including Greener Growth, The Reader, Creative writing and more!</p> <p>Structured activities including managing emotions and mindfulness, transition, problem solving and solutions, NA and more!</p> <p>Key worker sessions to focus on residents individual needs</p>
<b>Contact</b>	<a href="mailto:Karine.greenacre@hmps.gsi.gov.uk">Karine.greenacre@hmps.gsi.gov.uk</a>

## Medication to Manage Sexual Arousal – HMP Whatton

<b>Address</b>	HMP Whatton, New Lane, Whatton, Nottingham NG13 9FQ
<b>Description</b>	A service for offenders with a sexual element to their offending, where medication is offered to assist with reducing unwanted sexual rumination, preoccupation and arousal.
<b>Delivery Partners</b>	HMPS and Nottinghamshire Healthcare Trust
<b>Number of Places</b>	74
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	As clinically advised
<b>Catchment area</b>	National; NOMS may choose to move offenders into this location in order to access this service.
<b>Entry Criteria</b>	<p><b>This intervention can be offered to offenders who satisfy the conditions below whether or not they are on the OPD pathway.</b></p> <p>The service is for offenders with a sexual element to their offending who have psychological difficulties and distress including: Intrusive and obsessive thoughts about sex, deviant arousal or problem sexual behaviour associated with low mood or anxiety, sexual arousal or behaviour that is subjectively difficult to manage, high sex drive. Psychometrically determined sexual preoccupation.</p> <p>Degree of psychological distress is the primary consideration, but this will be compounded by risk of harmful sexual offending.</p>
<b>Interventions offered</b>	This intervention involves the prescription of medication, either a Selective Serotonin Reuptake inhibitor (SSRI) or an anti-androgen.
<b>Contact details</b>	<a href="mailto:Cheryl.McPhilomey2@hmpps.gsi.gov.uk">Cheryl.McPhilomey2@hmpps.gsi.gov.uk</a>

## Medication to Manage Sexual Arousal – HMP Usk

<b>Address</b>	HMP Usk, 47 Maryport Street, Usk, NP15 1XP
<b>Description</b>	A service for offenders with a sexual element to their offending, where medication is offered to assist with reducing unwanted sexual rumination, preoccupation and arousal.
<b>Delivery Partners</b>	TBC
<b>Number of Places</b>	TBC
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	As clinically advised
<b>Catchment area</b>	National; NOMS may choose to move offenders into this location in order to access this service.
<b>Entry Criteria</b>	<p><b>This intervention can be offered to offenders who satisfy the conditions below whether or not they are on the OPD pathway.</b></p> <p>The service is for offenders with a sexual element to their offending who have psychological difficulties and distress including: Intrusive and obsessive thoughts about sex, deviant arousal or problem sexual behaviour associated with low mood or anxiety, sexual arousal or behaviour that is subjectively difficult to manage, high sex drive. Psychometrically determined sexual preoccupation.</p> <p>Degree of psychological distress is the primary consideration, but this will be compounded by risk of harmful sexual offending.</p>
<b>Interventions offered</b>	This intervention involves the prescription of medication, either a Selective Serotonin Reuptake inhibitor (SSRI) or an anti-androgen.
<b>Contact details</b>	<a href="mailto:forensicpsychologyre@hmps.gsi.gov.uk">forensicpsychologyre@hmps.gsi.gov.uk</a>

## Deaf Prison In-reach Project at HMP South Yorkshire (formerly known as HMP Moorland)

<b>Address</b>	HM Prison South Yorkshire - Assessment Prison , Bawtry Road, Hatfield Woodhouse, Doncaster, DN7 6BW
<b>Description of service</b>	The service provides for a Consultant Psychiatrist, Clinical Psychologist and Advanced Healthcare Practitioner to assess and provide therapy to deaf PD men, who primarily use British Sign Language (BSL) as their preferred means of communication. Sign language interpreters are involved by the team as appropriate. Assessments are undertaken in a culturally and linguistically appropriate way, adapted to the individual's language and learning needs. These can be done in any prison but if suitable for therapy, the prisoner will have to move to HMP South Yorkshire.
<b>Delivery partners</b>	National High Secure Deaf Service, Rampton Hospital, NHS England, Ministry of Justice, National Offender Management Service
<b>Number of places</b>	10
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	2 years
<b>Catchment area</b>	Midlands/Yorkshire (but assessments can be undertaken nationwide)
<b>Entry Criteria</b>	Profoundly deaf Sign language user Unable to access conventional treatment programmes due to communication difficulties.
<b>Interventions offered</b>	Psychiatric and psychological assessment. Individual psychological/treatment focussed therapy e.g. Anger management including CALM & TSP, SOTP
<b>Contact</b>	<a href="mailto:Manjit.gahir@nottshc.nhs.uk">Manjit.gahir@nottshc.nhs.uk</a> ; <a href="mailto:Jason.lowe@nottshc.nhs.uk">Jason.lowe@nottshc.nhs.uk</a> ; <a href="mailto:craig.macdonald@nottshc.nhs.uk">craig.macdonald@nottshc.nhs.uk</a>

**Part D:  
Low secure  
(Health), Open  
Prisons and  
Community  
(including  
Probation Approved  
Premises PIPEs)**



## Community OPD provision – case identification, consultation, formulation, casework and workforce development

<b>Address</b>	Various – nationwide
<b>Description</b>	Joint Probation-Health partnerships to enhance existing offender management arrangements by offering case identification early in the sentence of offenders who are likely to meet the service criteria; targeted specialist advice, case consultation and formulation to support offender management; sentence planning taking account of complex psychosocial and criminogenic needs relating to personality disorder; promotion of effective engagement, compliance and appropriate monitoring of the offender; and training to increase confidence and competence of staff in working with the target population in the local area.
<b>Delivery Partners</b>	Joint operations involving NPS, Health Service Providers and third sector partners
<b>Number of Places</b>	There are currently 20,000 offenders being supported through Community OPD provision
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	Varies depending on length of sentence/licence
<b>Catchment area</b>	This service is available across England and Wales
<b>Entry Criteria</b>	<p><b>Men</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Likely to have a severe personality disorder; and</li> <li>• A clinically justifiable link between the personality disorder and the risk; and</li> <li>• The case is managed by NPS.</li> </ul> <p><b>Women:</b> Either the above criteria for men are met or:</p> <ul style="list-style-type: none"> <li>• Current offence of violence against the person, criminal damage, sexual (not economically motivated) and/or against children; and</li> <li>• Assessed as presenting a high risk of committing an offence from the above categories <b>OR</b> managed by the NPS; and</li> <li>• Likely to have a severe form of personality disorder; and</li> <li>• A clinically justifiable link between the above.</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• <b>Case identification</b> – identifying men and women who meet the PD pathway criteria near the beginning of sentence to ensure they have an appropriate plan in place with the maximum amount of time available for it to be delivered</li> <li>• <b>Case consultation</b> – this can be responsive to a request for assistance or planned through organised individual or group meetings</li> <li>• <b>Case formulation</b> – developing a theory about the onset, motivation and maintenance factors about an offender’s behaviour and functioning</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Joint casework</b> – time-limited joint casework may be beneficial in a small number of cases, most likely community-based offenders with the most complex needs at critical points in time</li> <li>• <b>Workforce development</b> – both general training on PD awareness, as well as tailored provision to match local need.</li> </ul>
<b>Contact Details</b>	<p>To find your local Community OPD service, please refer to the contact spreadsheet on Kahootz:  <a href="https://opd123.kahootz.com/connect.ti/workspace/view?objectId=18235077&amp;exp=e1">https://opd123.kahootz.com/connect.ti/workspace/view?objectId=18235077&amp;exp=e1</a>.  If you do not have access to Kahootz, please contact <a href="mailto:pd@noms.gsi.gov.uk">pd@noms.gsi.gov.uk</a>.</p>

## HMP Stanford Hill Pathways Enhanced Resettlement Service

<b>Address</b>	HMP/YOI Stanford Hill, Church Road, Eastchurch, Isle of Sheppey, Kent, ME12 4AA.
<b>Description of service</b>	The Pathways Enhanced Resettlement Service (PERS) has been designed to offer support to offenders who may find the transition to open conditions and onto the community difficult. It is recognised that most failures in open conditions arise from difficulties in relationships with family members, and a sense of hopelessness about the future and difficulty coping with the pressures of life in a less secure setting. PERS therefore aims at managing prisoners' expectations both before and immediately after a move to open, and in the period before release to support their transition.
<b>Delivery partners</b>	NHS and NOMS
<b>Number of places</b>	30
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	Transition In: 3-4 months following arrival Transition Out: 3-4 months prior to release
<b>Catchment area</b>	London, South & South East
<b>Entry Criteria</b>	All eligible prisoners are automatically screened on arrival at Stanford Hill. A prisoner will be broadly eligible if: <ul style="list-style-type: none"> <li>▪ He has obtained Category D status</li> <li>▪ Is managed by National Probation Service</li> <li>▪ He has been assessed at any stage in his sentence as posing a high risk of reoffending and/or harm</li> <li>▪ He is to be managed under Restricted ROTLs</li> <li>▪ His risk is linked to personality difficulties</li> </ul>
<b>Interventions offered</b>	PERS aims to provide both 'Transition In' support (3 to 4 months following arrival at HMP/YOI Stanford Hill) and 'Transition Out' support (3 to 4 months prior to release). This support includes: <ul style="list-style-type: none"> <li>▪ Support from a dedicated prison officer in the form of fortnightly key work sessions.</li> <li>▪ Engagement in psychologically informed groups to support the offender in managing the demands of open conditions, covering topics including Coping with Change, Understanding &amp; Managing Risk, Relationship Management, Managing Parole, Managing Licence.</li> <li>▪ Access to Mentalisation Based Treatment for prisoners from the London area.</li> </ul>
<b>Contact Details</b>	01795 884701

## Medication to Manage Sexual Arousal – HMP North Sea Camp

<b>Address</b>	HMP North Sea Camp, Croppers Lane, Freiston, Boston, Lincolnshire, PE22 0QX
<b>Description</b>	A service for offenders with a sexual element to their offending, where medication is offered to assist with reducing unwanted sexual rumination, preoccupation and arousal.
<b>Delivery Partners</b>	HMPs and Nottinghamshire Healthcare Trust
<b>Number of Places</b>	6
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	As clinically advised
<b>Catchment area</b>	National; NOMS may choose to move offenders into this location in order to access this service.
<b>Entry Criteria</b>	<p><b>This intervention can be offered to offenders who satisfy the conditions below whether or not they are on the OPD pathway.</b></p> <p>The service is for offenders with a sexual element to their offending who have psychological difficulties and distress including: Intrusive and obsessive thoughts about sex, deviant arousal or problem sexual behaviour associated with low mood or anxiety, sexual arousal or behaviour that is subjectively difficult to manage, high sex drive. Psychometrically determined sexual preoccupation.</p> <p>Degree of psychological distress is the primary consideration, but this will be compounded by risk of harmful sexual offending.</p> <p>At category D establishments, prisoners will have been prescribed this medication in closed conditions before moving to open conditions.</p>
<b>Interventions offered</b>	This intervention involves the prescription of medication, either a Selective Serotonin Reuptake inhibitor (SSRI) or an anti-androgen.
<b>Contact Details</b>	<a href="mailto:Jen.Munns@hmpr.gsi.gov.uk">Jen.Munns@hmpr.gsi.gov.uk</a>

## Medication to Manage Sexual Arousal – HMP Leyhill

<b>Address</b>	HMP Leyhill, Wotton-under-edge, nr Bristol, South Gloucestershire, GL12
<b>Description</b>	A service for offenders with a sexual element to their offending, where medication is offered to assist with reducing unwanted sexual rumination, preoccupation and arousal.
<b>Delivery Partners</b>	TBD
<b>Number of Places</b>	9
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	As clinically advised
<b>Catchment area</b>	National; NOMS may choose to move offenders into this location in order to access this service.
<b>Entry Criteria</b>	<p><b>This intervention can be offered to offenders who satisfy the conditions below whether or not they are on the OPD pathway.</b></p> <p>The service is for offenders with a sexual element to their offending who have psychological difficulties and distress including: Intrusive and obsessive thoughts about sex, deviant arousal or problem sexual behaviour associated with low mood or anxiety, sexual arousal or behaviour that is subjectively difficult to manage, high sex drive. Psychometrically determined sexual preoccupation.</p> <p>Degree of psychological distress is the primary consideration, but this will be compounded by risk of harmful sexual offending.</p> <p>At category D establishments, prisoners will have been prescribed this medication in closed conditions before moving to open conditions.</p>
<b>Interventions offered</b>	This intervention involves the prescription of medication, either a Selective Serotonin Reuptake inhibitor (SSRI) or an anti-androgen.
<b>Contact Details</b>	<a href="mailto:Martine.ratcliffe@hmps.gsi.gov.uk">Martine.ratcliffe@hmps.gsi.gov.uk</a>

## Mentalization Based Therapy

<b>Address</b>	MBT is being delivered across 14 sites in England and Wales. Groups are run in probation premises in Exeter, Gloucester, Leeds, Lincoln, Liverpool, Llanelli, Nottingham, Preston, Tamworth, Torbay and four locations in London (Baker Street, Lewisham, Stratford and London Bridge). MBT is co-ordinated through the Tavistock & Portman NHS Foundation Trust.
<b>Description of service</b>	Mentalization is the capacity to think about and reflect upon the workings of one's own mind and other people's minds. Researchers believe that the ability to mentalize is impaired in people with certain personality disorders, and that this can often lead to problematic, distressing and often harmful behaviour, putting both the person themselves and others around them at risk. Often assumptions are made regarding how another person may be feeling or thinking leading to impulsive responses. The ability to mentalize increases flexibility in thinking; slowing down the impulsive responses and exploring alternative explanations rather than making assumptions. MBT involves weekly group sessions and monthly individual sessions. MBT allows the opportunity to gain skills and practise mentalizing within a group setting. The aim of MBT is to reduce overall risk, decrease the severity of violent and aggressive behaviours, improve the ability to manage stress, increase the ability to problem solve within social situations and improve interpersonal relationships.
<b>Delivery partners</b>	NHS England, National Offender Management Service
<b>Number of places</b>	Up to 8 per group
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	12 months
<b>Catchment area</b>	Please contact Nicky Howard on the details below for information on specific sites.
<b>Entry Criteria</b>	Male offenders who: <ul style="list-style-type: none"> <li>• are aged 21 or over</li> <li>• have at least 6 months remaining of their licence, post-sentence supervision or community sentence</li> <li>• are under the management of the National Probation Service</li> <li>• have personality difficulties that result in problems with violence and aggression</li> <li>• have a history of violent offences</li> </ul>
<b>Interventions offered</b>	Individual and group therapy programme for male offenders with antisocial personality disorder (which does not need to be diagnosed prior to referral).
<b>Contact Details</b>	Nicky Howard, Implementation Project Manager, <a href="mailto:nhoward@tavi-port.nhs.uk">nhoward@tavi-port.nhs.uk</a> , 0208 938 2067

## Resettle at Merseyside Probation (IIRMS)

<b>Address</b>	Resettle, 1 De Havilland Drive, Speke, Liverpool, L24 8RN
<b>Description of service</b>	Intensive Intervention and Risk management Service (IIRMS) for high risk men who have complex needs and personality difficulties on their release from prison. Once a referral is accepted we will start and maintain contact before release (preferably for at least 6 months) in order to explain the project, get informed consent from the individual, foster relationships and develop plan for release with them. Once released, a high level of support and risk management is available, based on the needs and risks of the individual and underpinned by a psychosocial formulation. Interventions are delivered by staff from both health and criminal justice backgrounds on an individual and group basis. Once they have consented, all men who attend the project will have this as a condition of their post custody release licence.
<b>Delivery partners</b>	National Probation Service, Mersey Care Mental Health Trust, Merseyside Police
<b>Number of places</b>	40
<b>Residential or non-residential</b>	Non residential
<b>Approx. length of intervention</b>	Up to six months prior to release, active intervention for two years, ongoing support and intervention as needed thereafter.
<b>Catchment area</b>	North West England
<b>Entry Criteria</b>	Diagnosed or suspected PD, high risk on release from prison, subject to post custody release licence
<b>Interventions offered</b>	Socio-therapy; psychologically informed individual and group interventions aimed at addressing risk and need, delivered within an enabling environment; social integration activities; practical support and skills development. An out of hours crisis line is available to both service users and other support providers.
<b>Contact</b>	<a href="mailto:Vikki.baker@probation.gsi.gov.uk">Vikki.baker@probation.gsi.gov.uk</a>

## Bridging the Gap (IIRMS)

<b>Address</b>	The Raylor Centre, James Street, York, YO10 3DW
<b>Description of service</b>	<p>Bridging the Gap is a service that provides psycho-social interventions for male offenders with personality disorder who are from the OPD pathway in a community setting.</p> <p>The interventions provided aim to assist individuals with their resettlement into the community and to manage their personality disorder in a safe and supported method.</p> <p>We work with men who want to change their self-defeating behaviours offering Dialectical Behaviour Therapy, Meaningful Occupation and Life Skills interventions.</p>
<b>Delivery partners</b>	NHS England, National Offender Management Service (NOMS)
<b>Number of places</b>	18
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	12- 18 months
<b>Catchment area</b>	North Yorkshire and Humberside
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• On Licence or Community sentence, minimum 12 months remaining</li> <li>• Male</li> <li>• Wants to change self-defeating behaviours</li> </ul>
<b>Interventions offered</b>	Dialectical behaviour Therapy, Meaningful Occupation, Life Skills
<b>Contact Details</b>	01904 412 551 admin@btgservices.org.uk
<b>Web Links</b>	<a href="http://btgservices.org.uk/">http://btgservices.org.uk/</a>

## North East Community PD team at St Nicholas' Hospital (IIRMS)

<b>Address</b>	Forensic Community Personality Disorder Team, St Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne, NE3 3XT
<b>Description of service</b>	9am - 5pm Monday to Friday. FCPDT was established in 2003 to provide advice and help to men with a diagnosis of PD and who pose a risk of serious violence or sexual violence to others. Our team assesses and provides treatment, in the form of psychosocial interventions, for men who live in the area between Berwick and Middlesbrough and across to Whitehaven. We are a tertiary service so clients need to be referred and held by their local CMHT. We work with local teams across this area to support them in working with this client group and also provide training to a range of agencies and services. The service provides support on an ad-hoc basis to carers/ partners/ family of the men who work with us. If it is identified that additional support is required, the carer is then referred to specialist carer support.
<b>Delivery partners</b>	Northumberland, Tyne and Wear NHS FT
<b>Number of places</b>	10
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	6 – 18 months
<b>Catchment area</b>	Berwick to Middlesbrough and North Cumbria down to Whitehaven
<b>Entry Criteria</b>	Men with a diagnosis of PD and who pose a risk of serious violence or sexual violence
<b>Interventions offered</b>	CBT based interventions on an individual basis, around understanding PD, emotion regulation, building and maintaining relationships and understanding yourself.
<b>Web Links</b>	<a href="http://www.ntw.nhs.uk/sd.php?l=2&amp;d=9&amp;sm=33&amp;id=205">http://www.ntw.nhs.uk/sd.php?l=2&amp;d=9&amp;sm=33&amp;id=205</a>
<b>Contact</b>	0191 223 2868

## The Discovery Project (IIRMS)

<b>Address</b>	Personality Disorder Services, Unit 24 Sugar Mills, Leeds, LS11 7DF
<b>Description of service</b>	The Service works with personality disordered adult male offenders who pose a high risk of harm and reoffending. It is designed to develop an understanding of the service user's behaviour. It will support assessing, managing and reducing their risk of harm and reoffending, and enhancing their wellbeing, social engagement and capacity to lead independent, offence-free and fulfilling lives.
<b>Delivery partners</b>	Yorkshire and Humberside Personality Disorder Partnership
<b>Number of places</b>	The project will work with up to 30 service users at one time over the various phases of the intervention.
<b>Residential or non-residential</b>	The project includes an in-reach phase pre-release. The community phases may be with service users in Approved Premises and those in independent accommodation.
<b>Approx. length of intervention</b>	18 months
<b>Catchment area</b>	West Yorkshire and South Yorkshire
<b>Entry Criteria</b>	<p>The threshold/inclusion criteria for the Service will reflect the following:</p> <ul style="list-style-type: none"> <li>• Mental health problems which include serious disorders of personality and functioning that relate to high levels of risk as well as ability to function in the community;</li> <li>• Risks and complex needs that require multi-agency, intensive support and frequent contact;</li> <li>• History of volatile, impulsive, challenging and chaotic behaviours which indicate that the individual case might benefit from focussed work undertaken within a therapeutic milieu with a focus on relationships;</li> <li>• Evidence of the presence of stress / distress and associated risks which will require to be managed in a holistic approach delivered within an intensive and supportive environment;</li> <li>• Previous difficulties and risks on release that would benefit from a psychologically informed approach and access to an individualised programme to support their reintegration into the community.</li> </ul>
<b>Interventions offered</b>	<p>The Service will focus on the key points of the journey of an individual offender as outlined within the national IIRMS specification.</p> <p>Delivery will include five key phases:</p> <ol style="list-style-type: none"> <li>a) In-Reach Phase in custody: for a maximum period of 6 months pre-release, or subsequent to recall;</li> <li>b) Induction Phase in the community;</li> <li>c) Interventions Phase in the community;</li> <li>d) Exit Preparation Phase;</li> <li>e) Post Exit Support.</li> </ol>
<b>Contact Details</b>	<p>Jo Ramsden – 07817000137 – <a href="mailto:joanne.ramsden@nhs.net">joanne.ramsden@nhs.net</a></p> <p>Tanya Cockerill – 07718601582 – <a href="mailto:tanya.cockerill@probation.gsi.gov.uk">tanya.cockerill@probation.gsi.gov.uk</a></p>

## Changing Lanes (IIRMS)

<b>Address</b>	26 Shore Road, Hackney, London E9 7TA
<b>Description of service</b>	Changing Lanes is an intensive intervention and risk management service (IIRMS) for people with personality disorders who have previously committed serious offences. Our goal is to help them reduce their risk of reoffending, and increase their chances of leading a rewarding life.
<b>Delivery partners</b>	<ul style="list-style-type: none"> <li>• Millfields medium secure personality disorder unit at the John Howard Centre in Hackney</li> <li>• London Pathways Partnership (LPP)</li> </ul>
<b>Number of places</b>	50
<b>Residential or non-residential</b>	Non residential
<b>Approx. length of intervention</b>	Up to 12 months (dependent on need)
<b>Catchment area</b>	London Boroughs of City & Hackney, Tower Hamlets, Newham, Waltham Forest, Redbridge, Barking & Dagenham and Havering
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Case held by the National Probation Service (NPS) and at high risk of committing an offence and causing harm to others</li> <li>• Screened in to the Offender Personality Disorder Pathway</li> <li>• Probation LDU needs to be within the boroughs of North East London (those placed in the area are considered on a case by case basis)</li> <li>• Within 6 months of release, or on licence in the community</li> <li>• Case consultation and pathways planning have been unsuccessful</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Psychological assessment and risk management planning, specific to life in the community</li> <li>• Pre-release preparation for life in the community</li> <li>• Treatment for emotional, interpersonal, and social difficulties and to address particular types of offending</li> <li>• Peer mentoring from Experts by Experience</li> <li>• Assistance with the core protective areas of housing, substance misuse, education, occupation and building social networks</li> </ul>
<b>Contact Details</b>	To make a referral please e-mail: <a href="mailto:Forensic_Referrals@elft.nhs.uk">Forensic_Referrals@elft.nhs.uk</a> To make an enquiry, please contact the Changing Lanes Administrator: Tel: 020-8510 4940; Fax: 020-8510 4941

## FIPTS community PD team (IIRMS), including Penrose Supported Housing

<b>Address</b>	FIPTS Community Service, Landor House, Lambeth Hospital, 108 Landor Road, SW9 9NU	
<b>Description of service</b>	The Forensic Intensive Psychological Treatment Service (FIPTS) Community Team was developed in 2004 in partnership with the Ministry of Justice and Department of Health to treat and manage high risk offenders with severe PD. The FIPTS Community Team sits within a unique care pathway which includes a 15 bedded medium secure unit, a 6 bedded high support hostel, a 4 bedded low support hostel as well as community treatment and support. FIPTS uses the Positive Community Relationships Programme (PCRP), which was developed from Enabling Environment principles, Desistance Theory, and the Transtheoretical Model of Change, to improve psychosocial functioning, community integration and reduce violent reoffending among offenders with PD.	
<b>Delivery partners</b>	Penrose Options, London Pathways Partnership, SOVA, N-Gage	
<b>Number of places</b>	Supported Hostels = 10 places. Community Services = 40 places	
<b>Residential or non-residential</b>	Both residential and non-residential services	
<b>Approx. length of intervention</b>	12-24 months	
<b>Catchment area</b>	Southwark and Lambeth (men). Southwark, Lambeth, Richmond & Kingston, Wandsworth, Croydon (women).	
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Men and women over 18 who are at medium-high, high-risk of high harm, have a forensic history and likely to meet a diagnosis of personality disorder</li> <li>• There is a link between the individual's personality traits and offending behaviour</li> <li>• It is also desirable that individuals demonstrate some motivation to address both their personality difficulties and offending behaviour</li> <li>• Absence of active major mental illness, learning difficulties (IQ &lt;65) or substance dependence disorders</li> </ul>	
<b>Interventions offered</b>	<b>Intervention levels/intensity</b> Community care coordination with residential support Community care coordination Co-working with offender managers Therapy only	<b>PCRP Therapies</b> Moving Forward Group Personality Disorder Awareness Group Dialectical Behaviour Therapy Mentalisation Based Therapy Violence Reduction Programme Eye Movement Desensitisation and Reprocessing Schema Therapy
<b>Web Links</b>	<a href="http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0015">http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0015</a>	
<b>Contact</b>	<a href="mailto:Fiona.Brennan@slam.nhs.uk">Fiona.Brennan@slam.nhs.uk</a>	

## Douglass House Project Supported Housing

<b>Address</b>	Brockley, South East London
<b>Description of service</b>	Douglass House Project (DHP) offers both residential and outreach services to men with complex emotional and behavioural problems meeting criteria for PD and serious offending histories. The residential service comprises six self-contained flatlets and aims to assist residents to successfully re-integrate into the community. The outreach service offers support to those with their own accommodation in the community.
<b>Delivery partners</b>	<b>DHP</b> is a partnership project between <b>Oxleas</b> NHS Foundation Trust, the social care provider <b>Turning Point</b> , and <b>London Probation</b> . The Forensic Psychological Therapies Service (FPTS) at Oxleas NHS Foundation Trust provides a range of psychological assessment and treatment services for men and women living in the community who have longstanding emotional and behavioural problems.
<b>Number of places</b>	6 residential places; 12 outreach places
<b>Residential or non-residential</b>	Both residential (DHP) and non-residential services.
<b>Approx. length of intervention</b>	Interventions range from one-off assessments, through short individual and group treatments, to longer term (12 months+) community treatment and residential placements of up to two years.
<b>Catchment area</b>	Bromley, Bexley, Greenwich and Lewisham. Residents of Southwark may also be eligible for our forensic psychology outpatient services.
<b>Entry Criteria</b>	We provide a service to men and women with long term emotional, relationship and behaviour problems that have been associated with causing harm to others (and often to themselves).
<b>Interventions offered</b>	FPTS provides psychological assessment, individual therapy, workshops, group treatment programmes and access to psychosocial support.
<b>Web Links</b>	<a href="http://www.nhs.uk/Services/hospitals/Overview/DefaultView.aspx?id=34724">http://www.nhs.uk/Services/hospitals/Overview/DefaultView.aspx?id=34724</a>
<b>Contact</b>	01322 297 151

## SOVA Support Link – London, Sheffield and Leeds

<b>Address</b>	1 <sup>st</sup> Floor CRI Offices, 140-142 Kings Cross Road, London, WC1X 9DS (office)
<b>Description of service</b>	Sova is a charitable organisation which recruits and trains volunteers to support disadvantaged people. At Sova Support Link (SSL) we provide specialist trained volunteer mentors who work together in groups (known as 'HUBs') to support people with personality difficulties or high functioning Autistic Spectrum Disorder and a history of serious offending behaviour. We support people at periods of transition including offering a 'through the gate' service from HMP Belmarsh.
<b>Delivery partners</b>	National Probation Service Oxleas NHS Foundation Trust SLaM NHS Foundation Trust BEH NHS Foundation Trust East London NHS Foundation Trust Leeds and York Partnership NHS Foundation Trust HMP Belmarsh
<b>Number of places</b>	70
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	6 months (minimum) – 2 years (maximum)
<b>Catchment area</b>	All London boroughs Leeds and Sheffield (for Autistic Spectrum Disorder offenders only)
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• 18 years and over</li> <li>• Traits of personality disorder or high functioning autism or asperger's syndrome</li> <li>• High risk, high harm of reoffending</li> <li>• Significant history of interpersonal violence</li> <li>• Motivated to live an offence-free life</li> <li>• Motivated to engage with volunteer mentors</li> </ul>
<b>Interventions offered</b>	Based on principles from the Good Lives Model and Desistance theory, Sova Support Link offers a psychosocial based volunteer mentoring intervention. Groups of 2-3 volunteers that work in HUBs, aim to build pro-social networks and encourage engagement in crime free activity. Following a jointly agreed action plan, clients, volunteers and professionals work together to help improve community integration and improve individual quality of life.
<b>Web Links</b>	<a href="http://www.sova.org.uk/project/supportlink">www.sova.org.uk/project/supportlink</a> <a href="https://www.twitter.org.uk/sovasupportlink">www.twitter.org.uk/sovasupportlink</a>
<b>Contact</b>	<a href="mailto:Camelia.Land@sova.org.uk">Camelia.Land@sova.org.uk</a>

## Kirk Lodge Approved Premises PIPE

<b>Address</b>	Kirk Lodge 322 London Rd, Leicester, LE2 2PJ
<b>Description of service</b>	Kirk Lodge is an approved premises (formerly known as a probation hostel), for men on license or bail or present with a high or very high risk of harm. Operates according to the PIPE model.
<b>Delivery partners</b>	n/a
<b>Number of places</b>	30
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Variable
<b>Catchment area</b>	Leicestershire & Rutland
<b>Entry Criteria</b>	Residents present with high or very high risk of reoffending.
<b>Interventions offered</b>	Structured programme of activities as per PIPE model, including structured psychologically informed sessions and creative sessions with an emphasis on positive social interactions. No formal interventions offered in terms of treatment for PD related difficulties.
<b>Contact</b>	0116 270 8327

## Stafford House Approved Premises PIPE

<b>Address</b>	10 Croxteth Road, Toxteth, Liverpool
<b>Description of service</b>	Stafford House is an approved premises (formerly known as a probation hostel), for men on license or bail or present with a high or very high risk of harm. All individuals are subject to statutory supervision with the majority being subject to a post release prison licence. Operates according to the PIPE model.
<b>Delivery partners</b>	The Manchester College provide a significant amount of the daily programme activities (Monday – Fridays 9-5)
<b>Number of places</b>	16
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	The length of residency varies from a few weeks to up to 1 year, with most residents staying for about three or four months.
<b>Catchment area</b>	Mainly a local resource for the Merseyside area although out-of-area cases are considered in emergency cases.
<b>Entry Criteria</b>	Residents present with high or very high risk of reoffending. Our main referral criteria relates to motivation to engage with the programme
<b>Interventions offered</b>	Structured programme of activities as per PIPE model, including structured psychologically informed sessions and creative sessions with an emphasis on positive social interactions. No formal interventions offered in terms of treatment for PD related difficulties.
<b>Contact</b>	0151 726 8286

## Southview Approved Premises PIPE

<b>Address</b>	Southview Approved Premises, 18 Boroughbridge Road, York, YO26 5RU
<b>Description of service</b>	For High risk of serious harm offenders on licence, or Community orders to enable them to live in a planned, structured environment for those who have PD traits to interact productively in the Enabling Environment and to move them forward into community living'. For residents to be motivated to interact with around 22 hours of activity per week. All residents are discussed via group and 1-1 clinical supervision, through their transition before and leaving PIPE.
<b>Delivery partners</b>	NPS and NHS England
<b>Number of places</b>	
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	6-9 months
<b>Catchment area</b>	NE division, National.
<b>Entry Criteria</b>	Screened into the OPD pathway. Completed formulation. Completed OBP in prison environment. Possibly on PIPE in prison
<b>Interventions offered</b>	Structured and semi-structured activities including Life Skills, Bridging the Gap, residents meetings, key work sessions focused on Enabling Environment and Good Lives Model, semi-structured sessions including The Reader group, walking and gardening groups, Art, music, relaxation, yoga
<b>Contact</b>	<a href="mailto:jodieloft@nhs.net">jodieloft@nhs.net</a>

## Bradshaw House Approved Premises PIPE

<b>Address</b>	147-151 Walmersley Road, Bury BL9 5DE
<b>Description of service</b>	Bradshaw House is an Approved Premises (previously called Probation Hostel) that provides a service for men on licence or on community orders, who present a high or very high risk of harm. The service operates to the PIPE model (Psychologically Informed Planned Environment).
<b>Delivery partners</b>	NOVUS (previously Manchester College) provide a service for residents each week Monday-Friday. One Recovery provide a clinic for residents with drug and/or alcohol problems. The Rock Healthcare Practice provide GP services.
<b>Number of places</b>	26 beds, plus 1 emergency bed
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	The length of stay varies significantly, with the majority remaining in the service for approximately 3-4 months
<b>Catchment area</b>	North-West England
<b>Entry Criteria</b>	People who present with a high or very high risk of reoffending/harm to the public, are motivated to engage with aspects of the PIPE model and are expected to benefit from the relational focus of the service. Referrals are made by the Offender Manager through the Central Referral Unit for the region.
<b>Interventions offered</b>	Structured programme of activities including psychologically informed groups, creative activities with a focus on promoting positive social interaction and regular sessions with a PIPE worker. No formal treatment is provided with regards to personality difficulties.
<b>Contact Details</b>	0161 761 6419

## Holbeck House Approved Premises PIPE

<b>Address</b>	Holbeck House Approved Premises, Springwell View, Springwell Road, Leeds, LS12 1BS
<b>Description of service</b>	Holbeck House is an AP PIPE and has 24 single occupancy rooms for men released on licence who pose a high risk of harm to others. One room has disabled access.
<b>Delivery partners</b>	NOMs and NHS
<b>Number of places</b>	24
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Residents are expected to be at the PIPE for between 6-9 months
<b>Catchment area</b>	NE division, National.
<b>Entry Criteria</b>	<p>We aim to be as flexible as possible when considering referrals. We have some guidance to help us consider the suitability of the referral. <u>We do not expect referrals to meet all this criteria</u> and consider the fit between the man's needs and what the PIPE can offer. We encourage OMs to contact us to talk potential referrals through.</p> <ul style="list-style-type: none"> <li>• Does he screen onto the PD pathway?</li> <li>• Will he have 6-9 months left on license on release?</li> <li>• Is there time before release for PIPE preparatory work, such as letter or a visit whilst in custody?</li> <li>• Has he evidenced any motivation to engage in the past?</li> <li>• Has he completed any previous programmes or psychology work?</li> <li>• Has he already been on a PIPE, treatment unit or TC/TC+?</li> <li>• Has there been a diagnosis of Psychopathy?</li> <li>• Is there a history of mental health difficulties?</li> <li>• Does he have any learning difficulties/disabilities; a developmental disorder such as Autistic Spectrum Disorder or Acquired Brain Injury?</li> <li>• Is the AP PIPE part of his sentence plan with a clear objective?</li> <li>• Is there a clear psychological understanding (formulation) of his interpersonal functioning?</li> </ul>
<b>Interventions offered</b>	<p>There is an expectation that residents will participate in:</p> <ul style="list-style-type: none"> <li>• Socially creative groups</li> <li>• Structured groups</li> <li>• Key workers session</li> <li>• Unstructured time with staff</li> <li>• Weekly community meeting</li> </ul>
<b>Contact Details</b>	<p>To discuss a referral please contact:</p> <p style="padding-left: 40px;">David Harvey, Clinical Psychologist and Clinical Lead  <a href="mailto:Davidharvey1@nhs.net">Davidharvey1@nhs.net</a>  Chris Wright, Hostel Manager and Operational Lead  <a href="mailto:Christine.wright@probation.gsi.gov.uk">Christine.wright@probation.gsi.gov.uk</a></p>

Clare Cooper, PIPE Probation Officer

[Claire.Cooper@probation.gsi.gov.uk](mailto:Claire.Cooper@probation.gsi.gov.uk)

To send a completed referral form please contact:

Nicola Kinder, PIPE Business Co-Ordinator

[Nicola.Kinder@probation.gsi.gov.uk](mailto:Nicola.Kinder@probation.gsi.gov.uk)

Tel: 0113 245 4220

# Part E: All security categories



## Enabling Environments (EE)

<b>Address</b>	<p>Various sites:</p> <ul style="list-style-type: none"> <li>• 13 men’s prisons are working towards the EE award within one to four specified areas or wings</li> <li>• 23 men’s approved premises are working towards the EE award</li> <li>• 3 Male Prisons are working towards a whole prison EE</li> </ul>
<b>Description of service</b>	<ul style="list-style-type: none"> <li>• Enabling Environments are services that develop and maintain healthy relationships between staff, between offenders and between staff and offenders.</li> <li>• Enabling Environments recognise the value of ordinary relationships, respect and purposefulness in creating places where people can develop, grow and flourish.</li> <li>• The Enabling Environments Award is a developmental, standards-based, process which supports services to improve the quality of relationships and the social environment.</li> <li>• Ten simple standards break down the critical elements of a healthy social environment.</li> <li>• The Enabling Environment Award can be achieved by those who can demonstrate they are achieving all ten standards in relation to both staff and offenders.</li> </ul>
<b>Delivery partners</b>	NOMS (HQ, prisons and approved premises) and NHS England, with the Royal College of Psychiatrists
<b>Number of places</b>	n/a
<b>Residential or non-residential</b>	Enabling Environments can be found in all walks of life. They are places where people live, work or come together for a specific purpose. They can be work places, schools and colleges, hospital wards, prisons, day care units, care homes, children’s homes, supported accommodation or neighbourhoods etc.
<b>Approx. length of intervention</b>	n/a – EE is not an intervention. It takes around 18-24 months to achieve the EE award
<b>Catchment area</b>	n/a
<b>Entry Criteria</b>	n/a – EE does not affect the population management of the site or service
<b>Interventions offered</b>	Enabling Environments are <u>not</u> outstanding services with highly qualified individuals delivering treatments or interventions. They are ordinary places, with ordinary people doing their best to be caring and empathic in their approach to their work and with each other.
<b>Contact Details</b>	<a href="mailto:eeadmin@rcpsych.ac.uk">eeadmin@rcpsych.ac.uk</a>
<b>Web Links</b>	<a href="http://www.enablingenvironments.com">www.enablingenvironments.com</a>





# Brochure of offender personality disorder services for women

June 2016



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# Introduction

## Welcome to the Brochure

- The **aim** of this Brochure is to provide information and guidance on the range of services which are currently being developed and delivered as part of the Government's strategy for female offenders with personality disorder.
- Its **objectives** are:
  - To increase awareness of services available for women offenders with personality disorder
  - To encourage appropriate referrals to the services and support them to operate at full capacity
  - To help women offenders with personality disorder gain access to the services they need.

## How to use this Brochure

- Please use the contents table on p.2 to search for a particular service, if you already know it by name.
- The Brochure is divided into three parts: (A) Services in prisons; (B) Services in the community, including approved premises; (C) Services in Secure Hospital
- If you are searching for an appropriate service, please review each service, checking particularly for the catchment area for the service, the length of intervention, and the entry criteria.

# Part A: Services in prison

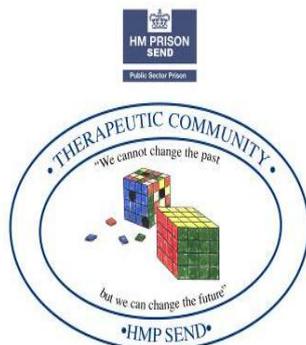


## The Primrose Service at HMP/YOI Low Newton



<b>Address</b>	47 Finchale Avenue, Brasside, Durham, DH1 5SD
<b>Description of service</b>	The Primrose Service offers 12 places for high risk of harm female offenders presenting with severe personality disorder. The treatment service forms the top tier of the <i>Offender Personality Disorder Strategy for Women</i> and won a prestigious WHO (World Health Organisation) award in 2009 for the high quality of service provided to female prisoners.
<b>Delivery partners</b>	The service is a joint initiative involving NOMS, NHS England and Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust. The service has strong links within HMP & YOI Low Newton with a number of different departments including the Offender Management Unit (OMU), Reader in Residence, and education. There is a part-time MIND counsellor also dedicated to the service. External links with outside agencies including the Probation Service are also maintained.
<b>Number of places</b>	12
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Potential candidates must have at least three years of their sentence left to serve.
<b>Catchment area</b>	National across England & Wales
<b>Entry Criteria</b>	<p>Primrose is the national women's high risk of harm service for England &amp; Wales. It can accommodate one restricted status woman at any time.</p> <ul style="list-style-type: none"> <li>▪ A <b>current offence of violence against the person</b>, criminal damage including arson, sexual (not economically motivated offences) and/or where the victim is a child; <i>and</i></li> <li>▪ Assessed as presenting a <b>high risk</b> of committing another serious offence; <i>and</i></li> <li>▪ Likely to have a <b>severe form of personality disorder</b>; <i>and</i></li> <li>▪ A <b>clinically justifiable link</b> between the above.</li> <li>▪ Have at least <b>three</b> years of their sentence left to serve.</li> </ul>
<b>Interventions offered</b>	Dialectical Behaviour Therapy (DBT), Trauma Recovery Empowerment Model (TREM©), Wellness Recovery Action Plan (WRAP©), Motivation & Engagement (part of the Chromis© package), Life Minus Violence – Enhanced (LMV-E™), individual specialist offence-focused work, art therapy, psychiatric sessions and other life skills sessions. Additional interventions also include Prim-role Play, Mobile Team Challenge (MTC) as well as further services including the <i>Officer Led Programme (OLP)</i> which includes the officer led clinic, acupuncture, massage, creative sessions and mural projects. There are a mixture of group and individual sessions.
<b>Contact</b>	<a href="mailto:primrose@hmpr.gsi.gov.uk">primrose@hmpr.gsi.gov.uk</a>

## Democratic Therapeutic Community at HMP Send



<b>Address</b>	Ripley Road, Send, Woking, Surrey, GU23 7LJ
<b>Description of service</b>	In the Democratic Therapeutic Community (DTC) we focus on the importance of healthy ways of relating to others, and getting involved in community life. There is a daily programme of group therapy and other activities. Along with other Community members you will be enabled to explore the difficulties you have experienced in life, including your crime, and learn new and more positive ways to manage your life.
<b>Delivery partners</b>	We have a multi-disciplinary staff team including HMP, NOMS and NHS staff. The quality of service is ensured via an accreditation process. We have an annual review, and bi-annual accreditation review which is organised by the Community of Communities, part of the Royal College of Psychiatrists Centre for quality improvement. We are also member of the Consortium of Therapeutic Communities.
<b>Number of places</b>	24
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum 18 months – Maximum 3 years
<b>Catchment area</b>	National
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Must have a minimum of 2 years left to serve</li> <li>• Must not be intending to, or in process of appealing sentence</li> <li>• Intellectual ability within broadly normal range</li> <li>• Willing to explore your crime</li> <li>• Not suffering from severe and enduring mental illness</li> </ul>
<b>Interventions offered</b>	Community Meetings, Group psychotherapy including Small and Larger (Median Groups). An expectation that later on in your treatment journey you will take on roles of responsibility such as being Chair of the Community, you may be able to benefit from Creative Core Therapy such as Art or Drama, and will also be expected to join in helping the Community run safely and effectively through involvement in activities such as cooking meals and buddying.
<b>Contact</b>	<a href="mailto:Sarah.morley@hmps.gsi.gov.uk">Sarah.morley@hmps.gsi.gov.uk</a> ; 01483 471 048

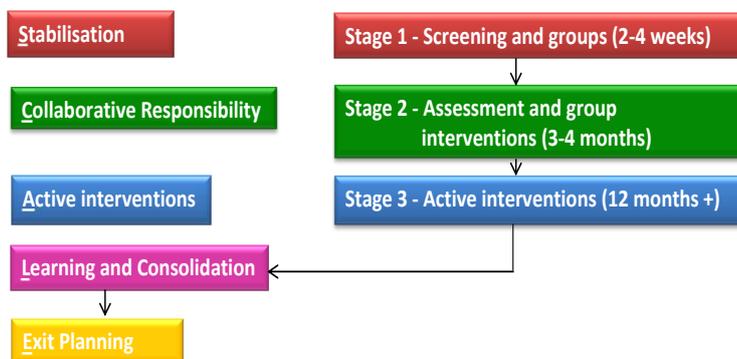
## The CAMEO Personality Disorder Treatment Service at HMP & YOI Foston Hall



<b>Address</b>	Uttoxeter Road, Foston, Derby, Derbyshire, DE65 5DN
<b>Description of service</b>	<p>The CAMEO personality disorder treatment service is designed for female offenders who have complex needs arising from pervasive psychological difficulties (which may meet the criteria for personality disorder), who have a high risk of re-offending, have at least two years remaining on their sentence and whose progression and safe release into the community is complicated by their personality difficulties. The name for the service was developed by one of the women residing at HMP &amp; YOI Foston Hall:</p> <ul style="list-style-type: none"> <li><b>C</b>oping with complex needs</li> <li><b>A</b>iming for a better understanding of self through</li> <li><b>M</b>otivation to change</li> <li><b>E</b>ngaging with others and</li> <li><b>O</b>ptimism for the future</li> </ul>
<b>Delivery partners</b>	HMP&YOI Foston Hall, the National Offender Management Service (NOMS), Birmingham Solihull Mental Health Foundation Trust (BSMHFT) and Anawim.
<b>Number of places</b>	20 treatment places and a further out-reach service
<b>Residential or non-residential</b>	Non-residential. The CAMEO service is a day treatment service offering individualised psychological treatment plans to women in a new purpose built unit located within the grounds of HMP Foston Hall.
<b>Approx. length of intervention</b>	Two year intensive programme of interventions. Each woman's intervention plan is individualised and informed by their in-depth psychological formulation following a detailed CAMEO assessment. Two years is the upper limit for the programme, however some women may not require this length of intervention.
<b>Catchment area</b>	Midlands & East of England
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Eighteen years and over</li> <li>• Serving a current offence of violence against the person, criminal damage, sexual and/or against children</li> <li>• Assessed as presenting a high risk of committing an offence from the above categories (based on clinical judgment)</li> <li>• Likely to have a severe form of personality disorder (this does not need to be a formal diagnosis)</li> <li>• Serving a sentence (including time on license) with two years remaining</li> <li>• Other women may be considered where there is a clinically justifiable reason</li> </ul>
<b>Interventions offered</b>	The CAMEO service uses the SCALE model as a way of capturing the essence of the journey that each woman needs to complete in order to have a successful and rewarding recovery.



Each woman will undergo a lengthy period of screening and assessment (up to 3 months in duration) before entering into a tailored intervention plan which supports them in actively completing the necessary work to achieve their goals. Interventions include a range of 1:1 and group sessions which increase in intensity as the woman become more psychologically resilient and moves through her treatment pathway.



Less intensive interventions tailored to assist the women in developing collaborative responsibility for their treatment include The Good Lives Model (GLM) group and a Trauma, Recovery and Empowerment Model (TREM) group. More intensive interventions include a Dialectical Behaviour Therapy (DBT) group, Life Minus Violence (LMV) group, Seeking Safety group, Mentalization Based Therapy and other 1:1 therapies such as Eye Movement Desensitisation Reprocessing (EMDR) therapy. Alongside their treatment plan, women will also engage in a range of enrichment activities in the afternoons, early evenings and weekends, provided by Anawim.

<b>Contact Details</b>	<a href="mailto:CAMEO.Fostonhall@hmps.gsi.gov.uk">CAMEO.Fostonhall@hmps.gsi.gov.uk</a>
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## NEXUS Personality Disorder Treatment Service at HMP & YOI Eastwood Park



<b>Address</b>	Falfield, Wotton-Under-Edge, Gloucester, GL12 8DB
<b>Description of service</b>	The service forms part of the treatment stage of the pathway for women offenders with personality disorder. Nexus delivers an evidence-based, gender-responsive service, within a safe, supportive and respectful environment. Nexus employs a range of skilled, motivated, supported and multi-disciplinary staff, to address offenders' personality difficulties and behaviours.
<b>Delivery partners</b>	HMP & YOI Eastwood Park and Avon and Wiltshire Mental Health Partnership Trust
<b>Number of places</b>	Around 21 (of which 16 are residential)
<b>Residential or non-residential</b>	Both
<b>Approx. length of intervention</b>	Length of intervention will be flexible to accommodate both short and long-stay prisoners, and support women who are released and return to Eastwood Park.
<b>Catchment area</b>	South West England & South Wales
<b>Entry Criteria</b>	<p>Nexus is designed to provide a service for women offenders who present a high risk of reoffending and who have personality problems. The nationally agreed entry criteria for women on the Offender Personality Disorder pathway is:</p> <ul style="list-style-type: none"> <li>• Current offence of violence against the person, criminal damage, sexual offences and/or offences against children; and</li> <li>• Assessed as presenting a high risk of committing an offence from the above categories; and</li> <li>• Likely to have a severe form of personality disorder; and</li> <li>• A clinically justifiable link between the above.</li> </ul> <p>This includes women patients transferred under the Mental Health Act from a prison to a secure hospital and women offenders managed in the community or serving prison sentences.</p>
<b>Interventions offered</b>	<p>The intervention programme includes:</p> <ul style="list-style-type: none"> <li>• <i>Brief focused psycho-educational and motivational groups and skills development:</i> A central aim of these groups is to help individuals prepare for the experience of treatment. In addition these groups will be beneficial for those women on short sentences. Such groups include Anxiety, Assertiveness, Anger Management, Healthy Living and Stop and Think (Social Problem Solving). Social creative</li> </ul>

	<p>sessions are also provided including arts and crafts, community projects and activities, and reading groups.</p> <ul style="list-style-type: none"> <li>• <i>Therapeutic group work</i>: more intensive interventions will be delivered to those prisoners within the Intervention Programme, and will include a range of the following groups: Trauma Recovery and Empowerment Model (TREM©); Dialectical Behaviour Therapy (DBT); Mentalisation Based Treatment-Introduction (MBT-I), Seeking Safety (for post-traumatic stress disorder and substance abuse); Beyond Violence, and FIP-MO (for arsonists), Emotional skills groups and Transition groups</li> <li>• <i>Individual work</i>; Individual assessment and therapy is offered to all service users that focus on extended assessment and offence formulation (using the HCR-20/FAM for longer term cases), offence-focused work, and therapy for personality disorder-related problems (including past trauma) using evidence based approaches. Alongside their treatment programme residents also engage in Key-Worker sessions which aim to provide women with an experience of a consistent relationship and goal development.</li> </ul>
<b>Contact</b>	<a href="mailto:nexus_ewp@hmpr.gsi.gov.uk">nexus_ewp@hmpr.gsi.gov.uk</a> ; tel. 01454 382 292

## The Rivendell Service at HMP/YOI New Hall



<b>Address</b>	Dial Wood, Flockton, Wakefield, West Yorkshire, WF4 4XX
<b>Description of service</b>	The service forms part of the treatment stage of the pathway for women offenders with personality disorder. Delivers an evidence-based, gender-responsive service; 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.
<b>Delivery partners</b>	HMP & YOI New Hall and Greater Manchester West NHS Foundation Trust and the Together Women Project.
<b>Number of places</b>	16 residential spaces plus additional out-reach provision to the wider prison population and to other women's prisons in the North of England
<b>Residential or non-residential</b>	Both residential and outreach work into the main prison/ other prisons
<b>Approx. length of intervention</b>	12-36 months
<b>Catchment area</b>	North of England and North Wales
<b>Entry Criteria</b>	<p>Women offenders who:</p> <ul style="list-style-type: none"> <li>▪ Have a current offence of violence against the person, criminal damage including arson, sexual offences (not economically motivated offences) and/or where the victim is a child; and</li> <li>▪ Are assessed as presenting a high risk of committing an offence from the above categories; and</li> <li>▪ Are likely to have a severe form of personality disorder.</li> </ul> <p>There should also be a clinically justifiable link between the offending and the personality disorder.</p> <p>This includes women patients transferred under the Mental Health Act from a prison to a secure hospital and women offenders managed in the community or serving sentences of imprisonment.</p>
<b>Interventions offered</b>	DBT, Cognitive Analytic therapy, Cognitive Behavioural therapy, Schema Therapy,
<b>Contact</b>	<a href="mailto:Tracy.wilkinson@hmps.gsi.gov.uk">Tracy.wilkinson@hmps.gsi.gov.uk</a>

## The *Options* modified DBT service at HMP/YOI Holloway

<b>Address</b>	Parkhurst Road, London N7 0NU
<b>Description of service</b>	The <i>Options</i> service offers 64 places per year for high risk of harm female offenders presenting with severe personality disorder. <b><i>Please note that the DBT service will close at HMP Holloway at the end of April 2016, but referrals are still accepted, as it is hoped that Options will be delivered at an alternative site from May 2016.</i></b>
<b>Delivery partners</b>	The <i>Options</i> service is a joint initiative involving NOMS, NHS England and Central and North West London (CNWL) NHS Foundation Trust. The service sits within the HMP & YOI Holloway psychological therapies service in Healthcare and has strong links within the prison with a number of different departments including Probation/Offender Management Unit plus offending behaviour programmes (forensic psychology) and drug and alcohol interventions.
<b>Number of places</b>	16 (8 on full programme + 8 on introductory programme)
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	6 weeks (introductory programme) – 16 weeks (full programme), with an opportunity to repeat if clinically indicated
<b>Catchment area</b>	National
<b>Entry Criteria</b>	<p><u>As per WOPD criteria:</u></p> <p>A <b>current offence of violence against the person</b>, criminal damage including arson, sexual (not economically motivated offences) and/or where the victim is a child; <i>and</i></p> <ul style="list-style-type: none"> <li>• Assessed as presenting a <b>high risk</b> of committing another serious offence; <i>and</i></li> <li>• Likely to have a <b>severe form of personality disorder</b>; <i>and</i></li> <li>• A <b>clinically justifiable link</b> between the above.</li> </ul> <p>Exclusion criteria include severe and enduring mental illness that is not being effectively managed (for example, by medication)</p>
<b>Interventions offered</b>	<p>The first stage is a 6-week Forensic introductory Dialectical Behaviour Therapy (FiDBT) psycho-educational group programme which aims to teach the basics of emotions and emotion regulation, crisis management, assertiveness and an introduction to mindfulness, as well as to enable commitment to the programme to be developed. The programme is based on a DBT model, offering the client a range of skills taught specifically for an offending population, with a focus on managing suicidal, para-suicidal and homicidal/violent behaviours.</p> <p>The second stage, Forensic Dialectical Behaviour Therapy (FoDBT) programme is a forensic modified-DBT model, modified specifically for working with offenders in the CJS. The FoDBT programme delivers the 4 DBT skills sets of mindfulness, emotion regulation, distress tolerance and interpersonal effectiveness, drawing on a fifth offence-focused module, developed from the tenets of 'mentalisation' and the 'Non-Violent Communication' model. It is a 16-week intervention, including weekly psycho-educational groups and individual DBT psychotherapy.</p> <p>Clients can follow through from Stage 1 to Stage 2, or can begin at Stage 2 where assessment deems appropriate.</p>
<b>Contact</b>	<a href="mailto:Roz.kerr@nhs.net">Roz.kerr@nhs.net</a>

## Choices, Actions, Relationships & Emotions at HMP & YOI Foston Hall and HMP & YOI New Hall

*"CARE has brought a lot of support into my life. It's made me see I have a better future and me to believe in myself and see the good things about myself. It's built my confidence and the skills I have learnt from the course I will carry and use in my future life"*

<b>Address</b>	HMP Foston Hall, Derbyshire, DE65 5DN HMP New Hall, Wakefield, WF4 4XX
<b>Description of service</b>	CARE is an accredited offending behaviour intervention developed by NOMS for adult women in custody who have a history of violence and evidence of complex need. CARE aims to enable women to better understand their risk and needs and to support them in living a satisfying and pro-social life. CARE does this by targeting the following areas: <ul style="list-style-type: none"> <li>• Motivation and Engagement – to provide hope that change is possible and the support to make change</li> <li>• Insight &amp; Awareness – to increase understanding of thoughts, feelings and behaviours that influence risk</li> <li>• Attitudes &amp; Beliefs – to develop pro-social ways of seeing the world that are consistent with how the woman would like to live their life</li> <li>• Emotion Management – to increase awareness into emotional states and to develop skills to better regulate emotional experiences.</li> <li>• Interpersonal Skills – to develop pro-social skills for dealing with conflict</li> <li>• Social Inclusion and Resettlement – to develop realistic and achievable plans for the future, including the development of support networks.</li> </ul>
<b>Delivery partners</b>	CARE is owned by NOMS and is delivered by the following partners: HMP Foston Hall: <ul style="list-style-type: none"> <li>○ Derbyshire NHS Foundation Trust</li> <li>○ Derbyshire Probation Trust</li> <li>○ East Midlands Psychology Cluster</li> <li>○ Women in Prison Mentoring and Advocacy Service</li> </ul> HMP New Hall <ul style="list-style-type: none"> <li>○ Yorkshire and Humber Psychology Cluster</li> <li>○ West Yorkshire Probation Trust</li> <li>○ Together Women Project Mentoring and Advocacy Service</li> </ul>
<b>Number of places</b>	24 places available each year at Foston Hall 24 places available each year at New Hall
<b>Residential or non-residential</b>	This service is non-residential. Women will stay on their usual locations during their involvement in the CARE programme.
<b>Approx. length of intervention</b>	Phase 1: treatment planning (approx 3 months) Phase 2: engagement phase (approx 3 weeks) Phase 3: core phase (approx 10 weeks) Phase 4: consolidation (approx 2 years) Consolidation phase work will be completed by the woman as they progress through their sentence and potentially out into the community. Within this phase there is a heavy focus on mentoring/advocacy.
<b>Catchment area</b>	CARE sites operate as a national resource although it is hoped that Woman will remain as close as possible to their home area
<b>Entry Criteria</b>	To be referred for CARE women should meet the following selection criteria:

	<ul style="list-style-type: none"> <li>• A history of violence seen through either index offence, previous convictions or custodial behaviour. For the purposes of CARE, violence is defined as actual, attempted or threatened bodily harm to person or persons (including robbery)</li> <li>• An OVP 2-Year Percentage Score of 30% or above or for Lifers/IPPS a high RoSH score</li> <li>• Evidence of complex need in two of the following areas: <ul style="list-style-type: none"> <li>○ History of substance misuse problems</li> <li>○ History of self-harming behaviour or history of suicidal behaviour</li> <li>○ Mental health difficulties</li> <li>○ Personality Disorder</li> <li>○ Past difficulties in accessing or benefiting from help or treatment.</li> </ul> </li> </ul>
<p><b>Interventions offered</b></p>	<p>CARE is a trauma informed and gender responsive intervention. It uses a variety of therapeutic approaches embedded within an integrative framework.</p> <p>Therapeutic methods are drawn from:</p> <ul style="list-style-type: none"> <li>○ Cognitive behaviour therapy</li> <li>○ Emotion approach coaching</li> <li>○ Mindfulness skills</li> <li>○ Narrative therapy</li> <li>○ Psycho-education</li> <li>○ Mentoring and advocacy</li> </ul> <p>During CARE women will take part in both individual and group sessions. Materials and exercises are adapted in order to best meet each woman’s needs.</p>
<p><b>Contact</b></p>	<p><a href="mailto:Emma.burgin@hmps.gsi.gov.uk">Emma.burgin@hmps.gsi.gov.uk</a> (Foston Hall)  <a href="mailto:Aiveen.fox@hmps.gsi.gov.uk">Aiveen.fox@hmps.gsi.gov.uk</a> (New Hall)</p>

## Progression PIPE at HMP Send



<b>Address</b>	Ripley Road, Send, Woking, Surrey, GU23 7LJ
<b>Description of service</b>	<p>PIPEs are specifically designed, contained environments where staff members have additional training to develop an increased psychological understanding of their work. This understanding enables them to create an enhanced safe and supportive environment, which can facilitate the development of those who live there. They are designed to have a particular focus on the environment in which they operate; actively recognising the importance and quality of relationships and interactions. They aim to maximise ordinary situations and to approach these in a psychologically informed way, paying attention to interpersonal difficulties, for example those issues that might be linked to personality disorder.</p> <p>The Progression PIPE supports residents in consolidating and generalising their treatment gains, putting new skills into practice and demonstrating improvements in behaviour. Residents will have successfully completed a treatment programme (usually one of high intensity).</p>
<b>Delivery partners</b>	Jointly delivered by HMP Send and clinical staff from Surrey & Borders NHS Trust
<b>Number of places</b>	20
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum of 6 months to maximum of 2 years
<b>Catchment area</b>	National, but primarily London and South
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ Minimum of 6 months of sentence remaining</li> <li>▪ Evidence of treatment completed – whole / in part</li> <li>▪ A diagnosis of personality disorder is not needed</li> <li>▪ No active mental health issues</li> <li>▪ Not intellectually impaired</li> <li>▪ A period of behavioural stability (self-harm or violence/ aggression) prior to applying</li> </ul>
<b>Interventions offered</b>	PIPE offers one small structured group a week, several larger less structured sessions, fortnightly individual key work sessions and one weekly meeting as a community. Otherwise women are encouraged to be in work or education during the core day.
<b>Contact</b>	<a href="mailto:Elaine.cameron@hmps.gsi.gov.uk">Elaine.cameron@hmps.gsi.gov.uk</a>

## Progression PIPE at HMP & YOI Low Newton

<b>Address</b>	Brasside, Durham, DH1 5YA
<b>Description of service</b>	<p>PIPEs are specifically designed, contained environments where staff members have additional training to develop an increased psychological understanding of their work. This understanding enables them to create an enhanced safe and supportive environment, which can facilitate the development of those who live there. They are designed to have a particular focus on the environment in which they operate; actively recognising the importance and quality of relationships and interactions. They aim to maximise ordinary situations and to approach these in a psychologically informed way, paying attention to interpersonal difficulties, for example those issues that might be linked to personality disorder.</p> <p>The Progression PIPE supports residents in consolidating and generalising their treatment gains, putting new skills into practice and demonstrating improvements in behaviour. Residents will have successfully completed a treatment programme (usually one of high intensity).</p>
<b>Delivery partners</b>	Jointly delivered by HMP & YOI Low Newton and clinical staff from Tees, Esk & Wear Valleys NHS Foundation Trust
<b>Number of places</b>	20
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum of 3 months to maximum of 2 years.
<b>Catchment area</b>	National, but primarily North and Midlands
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ Minimum of 3 months of sentence remaining</li> <li>▪ Evidence of treatment completed – whole / in part</li> <li>▪ A diagnosis of Personality Disorder is not needed</li> <li>▪ No active mental health issues</li> <li>▪ Not intellectually impaired</li> </ul>
<b>Interventions offered</b>	The PIPE model incorporates six core components which are designed to support and develop individuals living and working on a PIPE. Through training and clinical supervision, the staff group can begin to develop the psychological and social environment of the unit, paying attention to the core principles of an enabling environment. Planned socially creative and structured sessions are offered to offenders in order to provide opportunities for relating and addressing issues that may be affecting progression through their pathway of intervention. Key worker sessions between offenders and staff are developed to coordinate, reflect upon and process the participant's involvement on the PIPE, and their plans for the future.
<b>Contact</b>	<a href="mailto:Gary.walker@hmpr.gsi.gov.uk">Gary.walker@hmpr.gsi.gov.uk</a>

## ADAPT at HMP Styal

<b>Address</b>	HMP & YOI Styal, Styal Road, Wilmslow, Cheshire, SK8 4HR
<b>Description of service</b>	The ADAPT service offers an establishment wide comprehensive workforce development and support package for all staff and agencies. In-direct consultations and formulation based approaches to management and pathway planning is provided to women referred into the service, and a small amount of direct assessment and formulation work is offered
<b>Delivery partners</b>	NOMS, Greater Manchester West NHS Foundation Trust
<b>Number of places</b>	Not specified
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	Not specified
<b>Catchment area</b>	HMP Styal
<b>Entry Criteria</b>	Service available for women at Styal prison who are remanded or sentenced. For direct work the women should be sentenced.
<b>Interventions offered</b>	Workforce development, Case Consultation, Assessment and formulation, signposting and pathway planning
<b>Contact Details</b>	<a href="mailto:Suzanne.cook@gmw.nhs.uk">Suzanne.cook@gmw.nhs.uk</a>

## EOS at HMP Bronzefield



<b>Address</b>	HMP YOI Bronzefield, Woodthorpe Road, Ashford, Surrey, TW15 3JZ.
<b>Description of service</b>	<p>EOS at Bronzefield is a pilot project aimed at addressing the needs of female offenders identified as presenting with highly complex needs who are unable to access broader interventions. EOS currently is in the process of working with up to 5 women identified by NOMS as falling under this remit. Underpinning the project is a MBT (Mentalisation Based Treatment) approach, aimed at working with both the women and their proximal networks of staff. The aim of the project is to facilitate engagement with multi-disciplinary teams to identify shared goals which enable them to access more services within the PD Pathway.</p> <p>The project was named by one of the women after a Greek Goddess (EOS - Goddess of the Dawn of the New Day). EOS staff have also identified the pilot name as having a second meaning 'Engaging Optimising Services'.</p>
<b>Delivery partners</b>	Funded through NOMS, EOS at Bronzefield is a joint collaboration between Sodexo Justice Services and Central and North West London (CNWL) NHS Trust. EOS is overseen in HMP YOI Bronzefield by a Specialist Operational Manager and Lead Psychologist and involves multi-disciplinary working between EOS, Prison and Mental Health In Reach Staff.
<b>Number of places</b>	<p>5.</p> <p>All women on EOS are identified through the NOMS Complex Needs Case Supervision System (CNCSS)</p>
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	Dependent on need. The EOS project is currently funded for up to 2 years (from December 2015).
<b>Catchment area</b>	Women at Bronzefield identified by NOMS CNCSS
<b>Entry Criteria</b>	Women at Bronzefield identified by NOMS CNCSS as meeting their criteria for Highly Complex Needs.
<b>Interventions offered</b>	<p>Mentalisation Based Treatment (MBT) for the individual women.</p> <p>MBT-informed case based discussion groups on a fortnightly basis for the specific staff teams working with each of the women.</p> <p>Implementation of MBT training to the wider network of prison staff</p>
<b>Contact Details</b>	<p><a href="mailto:kayleigh.holden@sodexojusticeservices.com">kayleigh.holden@sodexojusticeservices.com</a></p> <p><a href="mailto:alan.larney@nhs.net">alan.larney@nhs.net</a></p> <p>Tel: 01784 425 690 (ext 3545)</p>

## Enabling Environments (EE)



<b>Address</b>	<p>Various sites:</p> <ul style="list-style-type: none"> <li>• All 10 women’s closed prisons are working towards the EE award within one or two specified areas or wings</li> <li>• All 6 women’s approved premises are working towards the EE award</li> <li>• HMP&amp;YOI Drake Hall is working towards a whole-prison EE</li> </ul>
<b>Description of service</b>	<ul style="list-style-type: none"> <li>• Enabling Environments are services that develop and maintain healthy relationships between staff, between offenders and between staff and offenders.</li> <li>• Enabling Environments recognise the value of ordinary relationships, respect and purposefulness in creating places where people can develop, grow and flourish.</li> <li>• The Enabling Environments Award is a developmental, standards-based, process which supports services to improve the quality of relationships and the social environment.</li> <li>• Ten simple standards break down the critical elements of a healthy social environment.</li> <li>• The Enabling Environment Award can be achieved by those who can demonstrate they are achieving all ten standards in relation to both staff and offenders.</li> </ul>
<b>Delivery partners</b>	NOMS (HQ, prisons and approved premises) and NHS England, with the Royal College of Psychiatrists
<b>Number of places</b>	n/a
<b>Residential or non-residential</b>	<ul style="list-style-type: none"> <li>• Enabling Environments can be found in all walks of life. They are places where people live, work or come together for a specific purpose. They can be work places, schools and colleges, hospital wards, prisons, day care units, care homes, children’s homes, supported accommodation or neighbourhoods etc.</li> </ul>
<b>Approx. length of intervention</b>	n/a – EE is not an intervention. It takes around 18-24 months to achieve the EE award
<b>Catchment area</b>	n/a
<b>Entry Criteria</b>	n/a – EE does not affect the population management of the site or service
<b>Interventions offered</b>	Enabling Environments are <u>not</u> outstanding services with highly qualified individuals delivering treatments or interventions. They are ordinary places, with ordinary people doing their best to be caring and empathic in their approach to their work and with each other.
<b>Contact Details</b>	<a href="mailto:eeadmin@rcpsych.ac.uk">eeadmin@rcpsych.ac.uk</a>
<b>Web Links</b>	<a href="http://www.enablingenvironments.com">www.enablingenvironments.com</a>

# Part B: Services in the community, including approved premises



## Community OPD provision – case identification, consultation, formulation, casework and workforce development

<b>Address</b>	Various – nationwide
<b>Description</b>	Joint Probation-Health partnerships to enhance existing offender management arrangements by offering case identification early in the sentence of offenders who are likely to meet the service criteria; targeted specialist advice, case consultation and formulation to support offender management; sentence planning taking account of complex psychosocial and criminogenic needs relating to personality disorder; promotion of effective engagement, compliance and appropriate monitoring of the offender; and training to increase confidence and competence of staff in working with the target population in the local area.
<b>Delivery Partners</b>	Joint operations involving NPS, Health Service Providers and third sector partners
<b>Number of Places</b>	There are currently 20,000 offenders being supported through Community OPD provision
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	Varies depending on length of sentence/licence
<b>Catchment area</b>	This service is available across England and Wales
<b>Entry Criteria</b>	<p><b>Men</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Likely to have a severe personality disorder; and</li> <li>• A clinically justifiable link between the personality disorder and the risk; and</li> <li>• The case is managed by NPS.</li> </ul> <p><b>Women:</b> Either the above criteria for men are met or:</p> <ul style="list-style-type: none"> <li>• Current offence of violence against the person, criminal damage, sexual (not economically motivated) and/or against children; and</li> <li>• Assessed as presenting a high risk of committing an offence from the above categories <b>OR</b> managed by the NPS; and</li> <li>• Likely to have a severe form of personality disorder; and</li> <li>• A clinically justifiable link between the above.</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• <b>Case identification</b> – identifying men and women who meet the PD pathway criteria near the beginning of sentence to ensure they have an appropriate plan in place with the maximum amount of time available for it to be delivered</li> <li>• <b>Case consultation</b> – this can be responsive to a request for assistance or planned through organised individual or group meetings</li> <li>• <b>Case formulation</b> – developing a theory about the onset, motivation and maintenance factors about an offender’s behaviour and functioning</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Joint casework</b> – time-limited joint casework may be beneficial in a small number of cases, most likely community-based offenders with the most complex needs at critical points in time</li> <li>• <b>Workforce development</b> – both general training on PD awareness, as well as tailored provision to match local need.</li> </ul>
<b>Contact Details</b>	<p>To find your local Community OPD service, please refer to the contact spreadsheet on Kahootz:  <a href="https://opd123.kahootz.com/connect.ti/workspace/view?objectId=18235077&amp;exp=e1">https://opd123.kahootz.com/connect.ti/workspace/view?objectId=18235077&amp;exp=e1</a>.  If you do not have access to Kahootz, please contact <a href="mailto:pd@noms.gsi.gov.uk">pd@noms.gsi.gov.uk</a>.</p>

## Crowley House Approved Premises PIPE



<b>Address</b>	31 Weoley Park Road, Selly Oak, Birmingham, B29 6QY
<b>Description of service</b>	Female only Probation Approved Premises accommodating women subject to statutory supervision whether this is bail, community order or licence. Accommodates women who are assessed as posing a medium or high risk of harm to others. Offers a variety of interventions (restrictive and rehabilitative) including an enhanced regime (structured and creative sessions), monitoring of behaviour and key working.
<b>Delivery partners</b>	<ul style="list-style-type: none"> <li>▪ <b>South Staffordshire and Shropshire Mental Health Trust are health partner – clinical lead and assistant psychologist.</b></li> <li>▪ Work with Women and Theatre – drama</li> <li>▪ Crisis – cookery sessions, other creative sessions</li> <li>▪ Anawim Women’s Centre</li> <li>▪ Close links to HMP Foston Hall (notably CAMEO service) and HMP Drake Hall</li> <li>▪ Fry Housing – accommodation services</li> <li>▪ NACRO – budgeting/ debt counselling services</li> <li>▪ <b>CRI</b> – substance misuse</li> <li>▪ Aquarius – alcohol misuse</li> <li>▪ Local CMHT is Warstock Lane</li> </ul>
<b>Number of places</b>	20
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Estimated length of stay is 3- 6 months, although can be shorter or longer dependant on need
<b>Catchment area</b>	National – England and Wales
<b>Entry Criteria</b>	Medium to high risk of harm women subject to statutory supervision
<b>Interventions offered</b>	Enhanced regime – structured and creative sessions. Structured sessions include LiHMo (living here moving on), Substance and alcohol misuse, positive thinking and healthy living. Creative sessions include creative writing, cookery, pampering sessions and arts and crafts. Women and Theatre provide 3 ‘blocks’ of theatre invention per year. Crowley House has strong links to Anawim a local women’s centre where residents can access offending behaviour courses, counselling and creative sessions as well as building up a support network outside of Crowley House. Aquarius and South Arch provide off site interventions for alcohol and substance misuse. PIPE offers women maximised opportunities to practice and show learning from treatment interventions in every day situations. All residents have a designated key worker (probation service officer)
<b>Contact</b>	<a href="mailto:Tracy.clarke@probation.gsi.gov.uk">Tracy.clarke@probation.gsi.gov.uk</a>

## Edith Rigby House Approved Premises PIPE



<b>Address</b>	6 East Cliff, Preston, PR1 3JE
<b>Description of service</b>	An Approved Premises for women providing specialist structured accommodation, in a friendly environment with supportive staff. We aim to meet the needs of our residents by providing housing advice, drug and alcohol support from our local delivery partner, structured groups run by staff, improving life skills by taking part in cooking and craft activities. Developing self esteem and, improving employability skills by taking part in sewing/upholstery groups.
<b>Delivery partners</b>	<ul style="list-style-type: none"> <li>▪ Discover – Drug and Alcohol Services</li> <li>▪ Community Mental Health Team – if not assessed as requiring a Care Programme Approach prior to leaving custody, a referral is made by the GP if necessary.</li> <li>▪ Guild Lodge staff work with us for Lancashire cases on the PD pathway</li> <li>▪ Abuse Counsellor</li> <li>▪ Achieve – Employment and Training advice and support</li> <li>▪ Foundations – housing advice and signposting</li> </ul>
<b>Number of places</b>	12
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	4 – 6 month placements dependent on level of need and risk
<b>Catchment area</b>	Our referrals generally stem from the North West region. We are however a national resource and have had residents from outside of the North West, and welcome all referrals.
<b>Entry Criteria</b>	Assessed as presenting a high risk of serious harm, or presenting a medium risk of serious harm with complex needs. It is preferable that where Personality Disorder has been identified, that the resident is linked in with the PD pathway in custody or the community. It is helpful if a formulation is available. We will offer a placement where a formulation has not yet been devised.
<b>Interventions offered</b>	This is to be further developed when the Psychologist has been appointed and is in post.
<b>Contact</b>	<a href="mailto:Linda.micallef@probation.gsi.gov.uk">Linda.micallef@probation.gsi.gov.uk</a>

## Together Women Mentoring and Advocacy Service for women offenders with personality disorder in N. England and N. Wales



<b>Address</b>	Together Women, 13 Park Square East, Leeds, West Yorkshire, LS1 2LF
<b>Description of service</b>	The Mentoring and Advocacy service supports women's engagement and progression through a pathway of care and management. The service provides emotional and practical support to women around a range of issues including accommodation, finance and benefits, children and families, substance misuse, personal safety, education and training, mental and physical health, motivation and social inclusion. The aim of the Mentoring and Advocacy Service is to reduce repeat offending and improve the overall health of female offenders with PD.
<b>Delivery partners</b>	n/a
<b>Number of places</b>	Up to 150
<b>Residential or non-residential</b>	Non-residential
<b>Approx. length of intervention</b>	Support will be offered to women throughout their statutory license/supervision or until they wish to no longer access the service. The length of support will average approximately two years
<b>Catchment area</b>	North of England and North Wales
<b>Entry Criteria</b>	<p>In all cases women must be:</p> <ul style="list-style-type: none"> <li>▪ Over 18 and give consent to referral</li> <li>▪ Have a home address in North of England or North Wales</li> </ul> <p>Referrals are accepted for:</p> <ul style="list-style-type: none"> <li>▪ Women who participate in the CARE programme at HMP New Hall.</li> <li>▪ Women in custody, community or an approved premise who have been identified for the women offender PD pathway.</li> <li>▪ Women who have a current offence of violence against the person, criminal damage, sexual offence and/or offences against children, are assessed as presenting a high risk of re-offending, are likely to have a form of PD and a demonstrated link between the PD and the offending behaviour.</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>▪ Each woman is allocated a Key Worker and receives a full needs assessment and co-produces an individualised support plan alongside their Key Worker</li> <li>▪ One to one emotional and practical support is offered on a weekly basis around family, benefits, health, accommodation, personal safety, education and training, substance misuse, confidence and social inclusion. Women also have the opportunity to take part in courses, groups and activities around personal development, social inclusion and employability</li> <li>▪ Women are supported to access a variety of specialist and community support including local women's hubs and services</li> <li>▪ Support is offered through flexible appointments, visits and telephone contact</li> <li>▪ Advocacy is provided on behalf of or for the women to help resolve issues, access services and ensure communication across agencies.</li> </ul>
<b>Web Links</b>	<a href="http://www.togetherwomen.org">www.togetherwomen.org</a>
<b>Contact</b>	<a href="mailto:lieranD@twpyandh.org.uk">lieranD@twpyandh.org.uk</a>

## Anawim Mentoring and Advocacy service, Birmingham

<b>Address</b>	228 Mary Street, Balsall Heath, Birmingham, B12 9RJ
<b>Description of service</b>	The Mentoring service supports women's engagement and progress through the gate into the community. It builds from the crisis management work undertaken by the prison in-reach team. The service provides emotional and practical support to women around a range of issues including accommodation, finance and benefits, children and families, substance misuse, personal safety, education and training, mental and physical health, motivation and community inclusion. The aim of the Mentoring and Advocacy Service is to reduce reoffending and improve the overall health & wellbeing of female offenders with PD.
<b>Delivery partners</b>	NA
<b>Number of places</b>	Not specified
<b>Residential or non-residential</b>	Non-residential currently but residential facility is being built for 6 women.
<b>Approx. length of intervention</b>	As long as needed, average 1 year
<b>Catchment area</b>	Birmingham and surrounding if women can get to centre
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Over 18 and give consent to referral</li> <li>• Women in custody, community or an approved premises who have been identified for the women offender PD pathway.</li> <li>• Women who have a current offence of violence against the person, criminal damage, sexual offence and/or offences against children, are assessed as presenting a high risk of re-offending, are likely to have a form of PD and a demonstrated link between the PD and the offending behaviour.</li> </ul>
<b>Interventions offered</b>	<p>Each woman is allocated a caseworker and receives a full needs assessment and co-produces an individualised support plan</p> <ul style="list-style-type: none"> <li>• One to one emotional and practical support is offered around family, benefits, health, accommodation, personal safety, education and training, substance misuse, confidence and social inclusion.</li> <li>• Full timetable of courses, educational and therapeutic including TREM, Seeking Safety, Stop &amp; Think</li> <li>• groups and activities which encourage personal development, community involvement and employability</li> <li>• Women are supported to access a variety of specialist and community support including local women's hubs and services</li> <li>• Support is offered through flexible appointments, visits and telephone contact</li> <li>• Advocacy is provided on behalf of or for the women to help resolve issues, access services and ensure communication including attendance at Child protection meetings and MARACs.</li> </ul>
<b>Contact Details</b>	0121 440 5296 or <a href="mailto:referrals@anawim.co.uk">referrals@anawim.co.uk</a>
<b>Web Links</b>	<a href="http://www.anawim.co.uk">www.anawim.co.uk</a>

## WIRE-ASD (Women's Information & Resettlement for Ex-offenders with Autistic Spectrum Disorder) Project



<b>Address</b>	St Giles Trust, In Tuition House 210 Borough High Street, London SE1 1JX
<b>Description of service</b>	The Project provides resettlement information and support to female offenders being released from HMP Holloway with complex mental health needs (specifically women with personality disorder <u>and</u> autistic traits) and those working with them. The project is running from July 2014 to March 2016.
<b>Delivery partners</b>	St Giles Trust aims to help break the cycle of prison, crime and disadvantage and create safer communities by supporting people to change their lives.
<b>Number of places</b>	The WIRE ASD project will provide volunteer and psychological support to at least <u>eight</u> women accepted onto the service across London.
<b>Residential or non-residential</b>	Non-residential. The WIRE ASD project is a Through The Gate service which engages women prior to release and on release into the community.
<b>Approx. length of intervention</b>	The time limit is client led until the end of the project.
<b>Catchment area</b>	Pan London
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ Women serving a prison sentence in HMP Holloway who will be released before January 2015</li> <li>▪ Women struggling to cope, engage, relate and be understood</li> <li>▪ Women with extended experience of justice, health and social services</li> <li>▪ Women who would like to break out of this cycle</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>▪ Case identification, formulation and joint case working with multiple agencies</li> <li>▪ Access to specialist healthcare and peer support</li> <li>▪ A personal and structured approach</li> <li>▪ Integrated resettlement support around: <ul style="list-style-type: none"> <li>○ Day-to-day living; housing; finance, debt and benefits</li> <li>○ Substance use and alcohol abuse</li> <li>○ Re-uniting with families and children</li> <li>○ Education, training and employment</li> <li>○ Safely exiting sex work</li> <li>○ Domestic abuse</li> <li>○ Sign posting to further services, information and guidance</li> </ul> </li> <li>▪ The WIRE ASD project will also be using the expertise of a clinical psychologist to offer support to staff and volunteers</li> </ul>
<b>Web Links</b>	<a href="http://www.stgilestrust.org.uk">www.stgilestrust.org.uk</a>
<b>Contact</b>	<a href="mailto:Molly.Hayhurst@stgilestrust.org.uk">Molly.Hayhurst@stgilestrust.org.uk</a>

## Pan-London Complex Needs Project



<b>Address</b>	Unit 10, The Ivories, 6 Northampton Street, Islington, London, N1 2HY
<b>Description of service</b>	Promote social inclusion and enable hard to reach women to engage and maintain an improved quality of life with the appropriate levels of support. The aim is that this will reduce their risk of re-offending, re-lapsing and re-call. The model is Through the Gate, so we begin our engagement with women within the prison, prior to their release. We will then work with them in the community to reach a number of individual support goals, focusing on positive progress in the following areas: housing, engagement, personal development, training, education and employment, substance misuse, health & well-being, and criminal justice. We also work with women who may already be released from prison and on licence.
<b>Delivery partners</b>	Part of the London Personality Pathway which has partners from mental health (Oxleas NHS, SLaM NHS, East London NHS, Brent Enfield & Haringey NHS), probation and the voluntary sector (First Steps, SOVA).
<b>Number of places</b>	15
<b>Residential or non-residential</b>	Non-Residential
<b>Approx. length of intervention</b>	3months – 18months
<b>Catchment area</b>	Women returning to London
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ Over 18 years old.</li> <li>▪ A diagnosis of Personality Disorder or personality disorder traits. (This recognises that women may not have come into contact with services to reach a diagnosis prior to imprisonment)</li> <li>▪ Women who are presenting with Complex Needs. By this we mean women who have found it difficult to engage with statutory services and who have a number of support needs including mental health, domestic violence, substance use, housing, benefits, education and training, family and parenting.</li> <li>▪ Women sentenced to over 12months for a non-acquisitive offence, who will be released on license in London</li> <li>▪ Women interested to engage/participate in the project. This may be women who want to make positive changes in their lives but need support and advocacy work to do this.</li> <li>▪ Released within 2014 as the project is currently funded till March 2015.</li> </ul>
<b>Interventions offered</b>	Client-led, one to one advocacy/relational support to enable effective engagement with statutory services.
<b>Web Links</b>	<a href="http://www.womeninprison.org.uk">www.womeninprison.org.uk</a>
<b>Contact</b>	<a href="mailto:referrals@womeninprison.org.uk">referrals@womeninprison.org.uk</a>

## Compass: Yorkshire / Humber Intensive Integrated Risk Management Service (IIRMS)

<b>Address</b>	Service is based at HMP New Hall, Dial Wood, Flockton, Wakefield, West Yorkshire, WF4 4XX. Office address for IIRM: Leeds Personality Disorder Services, Unit 24, Sugar Mill Business Park, Oakhurst Avenue, Leeds, LS11 7DF
<b>Description of service</b>	Compass is a psychologically informed occupational therapy-based intervention which aims to increase service users' understanding of how 'personality' influences their sense of themselves and others, and what they 'do' in their lives. The IIRM is a 'through the gate' intervention aiming to assist women with personality disorder to move more effectively from prison to the community, and to live more successfully and safely in the community.
<b>Delivery partners</b>	Compass is provided by the Leeds Personality Disorder Services, part of the Leeds and York Partnership NHS Foundation Trust. The IIRM is delivered in collaboration and co-operation with HMP New Hall and the Hull Together Women Project.
<b>Number of places</b>	x3 programmes per year, a total of x30 women
<b>Residential or non-residential</b>	Non-residential. Compass is based in HMP New Hall and the first pilot intervention will work with women released from New Hall back to the Humber/Hull region where the intervention will be based in the community.
<b>Approx. length of intervention</b>	Compass is for women who are in the last 4 to 12 months of their custodial sentence (of a sentence longer which is 12 months or longer), and works with the women in the community for up to 6 months.
<b>Catchment area</b>	Women in HMP New Hall who are ultimately returning the Hull / Humber region.
<b>Entry Criteria</b>	Women offenders: <ul style="list-style-type: none"> <li>▪ Who have 4-12 months remaining of a custodial sentence 12 months or longer</li> <li>▪ Who are considered a medium to high risk of harm and reoffending</li> <li>▪ Who have mental health problems consistent with personality disorder</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>▪ Within the context of a formulation-informed therapeutic relationship, IIRM offers a number of sequential interventions that aim to enhance women's motivation to engage in therapeutic process, and increase women's psychological and occupational understanding of themselves and others.</li> <li>▪ The <i>psychological intervention</i> focuses on increasing understanding of the function of the women's early maladaptive schema and associated behaviour as a way of protection from emotional pain associated with early trauma.</li> <li>▪ The <i>occupational therapy intervention</i> explores engagement in activity which enhances emotional regulation and control, and provides opportunities to explore identity beyond the experience of personality disorder.</li> <li>▪ Phase 1 (custody) – Group work - 'Understanding your personality' (10 weeks)</li> <li>▪ Phase 2(a) (custody or community) – Individual work – Developing individual psychological and occupational formulation, and occupational plans (4 weeks)</li> <li>▪ Phase 2(b) (community) – Individual work – Implementing the occupational plans in the context of the formulation (up to 6 months)</li> </ul>
<b>Contact</b>	<a href="mailto:Joanne.ramsden@nhs.net">Joanne.ramsden@nhs.net</a>

## FIPTS community PD team, South London and Maudsley NHS (IIRMS)

<b>Address</b>	FIPTS Community Service, Landor House, Lambeth Hospital, 108 Landor Road, SW9 9NU	
<b>Description of service</b>	The Forensic Intensive Psychological Treatment Service (FIPTS) Community Team was developed in 2004 in partnership with the Ministry of Justice and Department of Health to treat and manage high risk offenders with severe PD. The FIPTS Community Team sits within a unique care pathway which includes a 15 bedded medium secure unit, a 6 bedded high support hostel, a 4 bedded low support hostel as well as community treatment and support. FIPTS uses the Positive Community Relationships Programme (PCRP), which was developed from Enabling Environment principles, Desistance Theory, and the Transtheoretical Model of Change, to improve psychosocial functioning, community integration and reduce violent reoffending among offenders with PD.	
<b>Delivery partners</b>	Penrose Options, London Pathways Partnership, SOVA, N-Gage	
<b>Number of places</b>	Supported Hostels = 10 places (men only). Community Services = 40 places (men and women)	
<b>Residential or non-residential</b>	Both residential and non-residential services, however the residential service is for men only	
<b>Approx. length of intervention</b>	12-24 months	
<b>Catchment area</b>	Southwark and Lambeth (men). Southwark, Lambeth, Richmond & Kingston, Wandsworth, Croydon (women).	
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Men and women over 18 who are at medium-high, high-risk of high harm, have a forensic history and likely to meet a diagnosis of personality disorder</li> <li>• There is a link between the individual's personality traits and offending behaviour</li> <li>• It is also desirable that individuals demonstrate some motivation to address both their personality difficulties and offending behaviour</li> <li>• Absence of active major mental illness, learning difficulties (IQ &lt;65) or substance dependence disorders</li> </ul>	
<b>Interventions offered</b>	<b>Intervention levels/intensity</b> Community care coordination with residential support Community care coordination Co-working with offender managers Therapy only	<b>PCRP Therapies</b> Moving Forward Group Personality Disorder Awareness Group Dialectical Behaviour Therapy Mentalisation Based Therapy Violence Reduction Programme Eye Movement Desensitisation and Reprocessing Schema Therapy
<b>Web Links</b>	<a href="http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0005">http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0005</a> <a href="http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0015">http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0015</a>	
<b>Contact</b>	<a href="mailto:Fiona.Brennan@slam.nhs.uk">Fiona.Brennan@slam.nhs.uk</a>	

## Changing Lanes (IIRMS)

<b>Address</b>	26 Shore Road, Hackney, London E9 7TA
<b>Description of service</b>	Changing Lanes is an intensive intervention and risk management service (IIRMS) for people with personality disorders who have previously committed serious offences. Our goal is to help them reduce their risk of reoffending, and increase their chances of leading a rewarding life.
<b>Delivery partners</b>	<ul style="list-style-type: none"> <li>• Millfields medium secure personality disorder unit at the John Howard Centre in Hackney</li> <li>• London Pathways Partnership (LPP)</li> </ul>
<b>Number of places</b>	50
<b>Residential or non-residential</b>	Non residential
<b>Approx. length of intervention</b>	Up to 12 months (dependent on need)
<b>Catchment area</b>	London Boroughs of City & Hackney, Tower Hamlets, Newham, Waltham Forest, Redbridge, Barking & Dagenham and Havering
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>• Case held by the National Probation Service (NPS) and at high risk of committing an offence and causing harm to others</li> <li>• Screened in to the Offender Personality Disorder Pathway</li> <li>• Probation LDU needs to be within the boroughs of North East London (those placed in the area are considered on a case by case basis)</li> <li>• Within 6 months of release, or on licence in the community</li> <li>• Case consultation and pathways planning have been unsuccessful</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• Psychological assessment and risk management planning, specific to life in the community</li> <li>• Pre-release preparation for life in the community</li> <li>• Treatment for emotional, interpersonal, and social difficulties and to address particular types of offending</li> <li>• Peer mentoring from Experts by Experience</li> <li>• Assistance with the core protective areas of housing, substance misuse, education, occupation and building social networks</li> </ul>
<b>Contact Details</b>	To make a referral please e-mail: <a href="mailto:Forensic_Referrals@elft.nhs.uk">Forensic_Referrals@elft.nhs.uk</a> To make an enquiry, please contact the Changing Lanes Administrator: Tel: 020-8510 4940; Fax: 020-8510 4941

# Part C: Services in Secure Hospital



## Rampton National High Secure Healthcare Service for Women



<b>Address</b>	Rampton Hospital, Woodbeck, Retford, Nottinghamshire, DN22 0PD
<b>Description of service</b>	In-patient mental health service for patients detainable under the Mental Health Act and who present a grave and immediate risk to others and cannot be appropriately managed in conditions of lesser security
<b>Delivery partners</b>	We work in close partnership with Medium Secure Services, Prison Services, the Ministry of Justice, and the Courts
<b>Number of places</b>	50 beds consisting of 26 beds for PD, 12 for Mental Illness, 6 for LD and a 6 bed Intensive Care Unit
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Treatment needs vary considerably but on average they involve a number of years before the patient is able to progress on to the next stage of her pathway
<b>Catchment area</b>	England and Wales Scotland and Northern Ireland subject to Commissioner approval
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ The person needs to be detainable under the Mental Health Act by virtue of having a mental disorder of a nature and/or degree that justifies detention in hospital</li> <li>▪ Appropriate treatment needs to be available</li> <li>▪ The person must present a grave and immediate risk to others that could not be safely managed in a Medium Secure Hospital</li> </ul>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>▪ Ongoing mental state examination and monitoring</li> <li>▪ Offence / risk/ clinical formulations</li> <li>▪ Psychological interventions: CAT, Schema, DBT, Specific Trauma/Self Injury Interventions, CBT, Offence-specific interventions such as Arson, Engagement/Motivational Groups</li> <li>▪ Psychopharmacology as required</li> <li>▪ Occupational Therapy: Individual / Group interventions to underpin the specialist treatment programmes by developing / enhancing functional skills. For example: Range of assessments such as AMPS (Assessment of Motor and Process Skills); Social Skill, Work Skills, Personal recovery portfolio work; Healthy Lifestyle work; sensory integration; and, pre-discharge work</li> <li>▪ Specialist Services: Speech &amp; Language Therapy, Dietician, Physiotherapy, etc.</li> <li>▪ The hospital also provides a G.P. Service.</li> </ul>
<b>Web Links</b>	<a href="http://www.nottinghamshirehealthcare.nhs.uk/our-services/forensic-services/rampton-hospital/womens-directorate">www.nottinghamshirehealthcare.nhs.uk/our-services/forensic-services/rampton-hospital/womens-directorate</a>
<b>Contact</b>	<a href="mailto:John.wallace@nottshc.nhs.uk">John.wallace@nottshc.nhs.uk</a>

## Arnold Lodge Women's Medium Secure Unit Service

<b>Address</b>	The East Midlands Centre for Forensic Mental Health, Arnold Lodge, Cordelia Close, Leicester, LE5 0LE
<b>Description of service</b>	Provides treatment for those women whose needs for relational and procedural security cannot be managed in a standard medium secure setting. The service provides a psychologically informed and planned environment that facilitates treatment in a number of modalities. It is underpinned by a holistic, woman-centred approach that engenders individualised treatment packages. In addition to the usual problem specific treatment programmes to address coping strategies and criminogenic need, Arnold Lodge also offers somatosensory interventions and a range of occupational, educational and recreational opportunities. These take place in the unit and possibly in the community, depending on the stage of the woman's care pathway. The aim of the treatment programme is for women to be able to move on to conditions of low security, rather than the service forming an additional tier of security that women have to travel through.
<b>Delivery partners</b>	The service is delivered by a multidisciplinary team who are all employees of the NHS. We are also supported by independent advocates.
<b>Number of places</b>	Currently 10, but increasing to 12 in 2015
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Minimum 3 years. Maximum currently 7 years
<b>Catchment area</b>	East and West Midlands; East Anglia; Northamptonshire; Essex; Yorkshire and Humber; Tees and Wear
<b>Entry Criteria</b>	<ul style="list-style-type: none"> <li>▪ Primary diagnosis of personality disorder, all co-morbidity considered</li> <li>▪ No particular sentence length or offence type</li> <li>▪ Admission dependent upon level of risk, treatment readiness and functional ability to benefit from the treatment programmes offered</li> </ul>
<b>Interventions offered</b>	<p>Interventions are offered as a combination of group and individual sessions.</p> <ul style="list-style-type: none"> <li>▪ Somatosensory approaches to the management of arousal levels and self destructiveness</li> <li>▪ Mindfulness; Emotion regulation; Compassion based approaches</li> <li>▪ Social problem solving</li> <li>▪ Mental health awareness</li> <li>▪ Arson treatment</li> <li>▪ Substance misuse treatment</li> <li>▪ Individual offence focused, self esteem and skills-based work</li> </ul> <p>There are also a large number of occupational, educational and recreational opportunities offered including arts based activities, basic living skills activities, educational courses and work skills activities. All interventions are staged as part of a staged model of treatment that ensures treatments are delivered at a time when they can be engaged with meaningfully.</p>
<b>Contact</b>	<a href="mailto:Mary.dilustro@nottshc.nhs.uk">Mary.dilustro@nottshc.nhs.uk</a>

## Greater Manchester West Forensic Mental Health Services for Women

<b>Address</b>	Edenfield Centre & Low Secure Services, Greater Manchester West Mental Health NHS Foundation Trust, Prestwich Hospital, Bury New Road, Prestwich, Manchester M25 3BL
<b>Description of service</b>	Greater Manchester West (GMW) provides forensic mental health services for women at three levels of residential care – enhanced medium security, medium security, and low security – in six different settings (including two in the community) and forensic community follow-up. Our enhanced medium secure facility is Hayeswater Ward, which provides for women who have a significant need for relational and procedural security in order to promote their lasting recovery, needs that cannot be met to such a high and sustained level in our other areas of service provision. A variety of integrated treatment approaches are used with the residents, all of whom have severe and complex mental health problems, with the emphasis in psychological interventions on dialectical behaviour therapy and mentalisation based therapy. A strong occupational therapy service reinforces personal strengths and skills complementing the achievement of individual milestones to recovery. Our therapeutically enhanced medium secure service for women is part of a pathway of care through GMW, which takes women right through to supported accommodation in the community and independent living.
<b>Delivery partners</b>	We work in partnership with Rampton Hospital, the national provider of high secure beds for women, as well as local private providers of forensic mental health services for women and district mental health services. We also work in close partnership with the women’s prison estate in the North of England (Styal, New Hall, Askham Grange, Low Newton), and charitable organisations such as Imagine and the Together Women Project, who support our women through the provision of long term supported accommodation and mentoring and advocacy services designed specifically around the needs of women.
<b>Number of places</b>	We have 46 beds for women in GMW across all six service areas. We have six beds in our therapeutically enhanced medium secure service.
<b>Residential or non-residential</b>	Residential
<b>Approx. length of intervention</b>	Women engage with services in GMW for varying lengths of time, depending entirely on the needs of the women. Length of stay is monitored. Treatment from admission to discharge to supported accommodation lasts on average between two and five years.
<b>Catchment area</b>	Greater Manchester, Lancashire, and Merseyside
<b>Entry Criteria</b>	<p>Entry criteria for our enhanced medium secure service are:</p> <ul style="list-style-type: none"> <li>• The woman is liable to detention under the Mental Health Act (i.e. they have a mental disorder that is of a nature and/or degree that justifies their detention in a hospital)</li> <li>• She has a complex comorbid presentation significantly influenced by personality disturbance</li> <li>• There is evidence of behaviour that is harmful to others as well as self, which has resulted in actual or pending Court proceedings</li> <li>• There is evidence of challenging behaviour that cannot be managed in the ‘normal business’ sections of our medium secure service</li> <li>• She is regarded as a high risk of further acts of harmful behaviour</li> </ul> <p>And she is at least ambivalent about engaging with the service and is likely to</p>

	require additional work to develop her skills and motivation to do so effectively
<b>Interventions offered</b>	<p>We offer a range of integrated treatments including the following:</p> <ul style="list-style-type: none"> <li>• Comprehensive assessment ahead of bespoke treatment planning and treatment implementation</li> <li>• Treatment with a carefully monitored range of psychoactive medication</li> <li>• Focused psychological therapies, emphasising the DBT and MBT approaches to the management and remediation of mood and anxiety problems, substance misuse, trauma and problems with attachment, self-harmful behaviour</li> <li>• Nursing-led interventions and the development of a high level therapeutic milieu emphasising the understanding, assertion and maintenance of appropriate boundaries, emotional containment and management skills (including the management of self-harm), and interpersonal problem solving</li> <li>• Occupational therapy support in the attainment and maintenance of core skills</li> <li>• Social care intervention to support and maintain family contact and contact with children, if relevant</li> <li>• Art therapy for women who are not able to or not yet able to discuss their needs</li> <li>• An exceptional level of procedural and relational security aimed at the prevention and minimisation of harmful behaviour</li> </ul> <p>Pathway planning towards conditions of lower security and re-establishment in the community</p>
<b>Contact</b>	0161 772 9121

## The Orchard Women's Medium Secure Unit Service

<b>Address</b>	St Bernard's Hospital, Uxbridge Road, London, UB1 3EU
<b>Description of service</b>	The Orchard is comprised of two, 10-bedded wards for women with complex presentations who pose a high risk to themselves and/or others. The unit is located in Ealing, West London. Melrose Ward treats women with a primary diagnosis of personality disorder while Parkland treats those with a primary diagnosis of mental illness. Patients across both wards usually have a complex interplay of both diagnoses as well as a history of drug or alcohol misuse.
<b>Delivery partners</b>	West London Mental Health NHS Trust
<b>Number of places</b>	20
<b>Residential or non-residential</b>	Residential – all inpatients are detained under the Mental Health Act
<b>Approx. length of intervention</b>	24 months
<b>Catchment area</b>	Nationwide. Referrals come from prison, high security, medium and low secure services and all referrals have to be with the support of the local gatekeepers in medium security and need the support of the commissioners.
<b>Entry Criteria</b>	<p>We welcome referrals to our service. Referral and care pathway meetings are held fortnightly and we aim to assess patients within two weeks from allocation of referral. Referrals are accepted for women over the age of 18 who meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Primary diagnosis of personality disorder or mental illness</li> <li>• Detained under the Mental Health Act</li> <li>• Complex presentations/ needs</li> <li>• Ongoing challenging behaviour that cannot be contained in medium security</li> <li>• High risk of serious harm to others and/or self</li> <li>• Potential for engagement</li> <li>• Potential for benefiting from the clinical milieu and enhanced relational security.</li> </ul> <p>We do not accept women who meet the criteria for high security or could be safely managed in conditions of lower security; those with a primary diagnosis of substance misuse or who are currently de-toxing; or women with a primary diagnosis of learning disability or autism spectrum disorders.</p>
<b>Interventions offered</b>	<ul style="list-style-type: none"> <li>• The central function of the service is to assess and address the therapeutic needs of our patients and provide an individual tailored programme for each with an acknowledgment of the specific gender needs of women.</li> <li>• The core objectives of our service are to stabilise mental state, review diagnosis and appropriate treatment, assess and manage high risk and challenging behaviours through a strong emphasis on containment and boundaries, to support patients in their recovery, and to identify suitable care pathways.</li> <li>• The service does not provide a higher level of security than Medium Secure Services. It uses a different approach based on relational security. We are able to manage women whose behaviours have proved very difficult to manage in Medium Security, but it is not an approach that is suited to all such patients. If in doubt as to whether a referral would be suitable, we are happy to discuss.</li> <li>• The MDT is comprised of a Consultant Forensic Psychiatrist, Consultant Clinical</li> </ul>

	<p>Psychologist, Associate Specialist, Core Trainee doctor, and Forensic Social Worker who work across both wards. Each ward has its own Ward Manager, Nursing Team, and Occupational Therapist. We are also supported by Drug and Alcohol Services, Family Therapists, Art Therapies, Vocational Services, and Primary Healthcare. There is a strong emphasis on supporting patients in managing difficult relationships through attendance at community meetings and community psychology groups as well as 1:1 interventions and mediation. We encourage and support connections with carers and family. We also aim to develop strengths and functional skills through occupational and vocational therapies in preparation for the future.</p>
<b>Web Links</b>	<a href="http://www.wlmht.nhs.uk">www.wlmht.nhs.uk</a>
<b>Contact</b>	<a href="mailto:Kavita.ramlugan@wlmht.nhs.uk">Kavita.ramlugan@wlmht.nhs.uk</a>

<b>JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE</b>
<b>11 OCTOBER 2016</b>
<b>THE WILLOWS MEDICAL CENTRE, CARLTON</b>
<b>REPORT OF CORPORATE DIRECTOR FOR RESILIENCE (NOTTINGHAM CITY COUNCIL)</b>

### **Purpose**

- 1.1 To review action taken by Nottingham North and East Clinical Commissioning Group to ensure that all patients in the Carlton area have access to good quality GP services following the closure of The Willows Medical Centre.

### **2. Action required**

- 2.1 The Committee is asked to review action being taken locally to ensure that patients in the Carlton area have access to good quality GP services.

### **3. Background information**

- 3.1 At its meeting on 12 July 2016 the Committee heard that following inspection by the Care Quality Commission, The Willows Medical Centre in Carlton temporarily closed from 10 June until further notice. Following the temporary closure, patients registered with The Willows Medical Centre were advised to contact one of four other local practices (Peacock Healthcare, Park House Medical Centre, Netherfield Medical Centre and Westdale Lane Surgery) if they needed an appointment with a GP or practice nurse. The Committee was advised that there was sufficient capacity between these four practices to accommodate all patients registered with The Willows.
- 3.2 The CQC published a report detailing its inspection findings in August 2016. Overall the practice was rated as 'Inadequate'. The provider's registration was suspended for a period of up to three months and the service was placed in special measures. Nottingham North and East Clinical Commissioning Group is responsible for commissioning GP services in Gedling (in co-commissioning arrangements with delegated responsibility from NHS England) and issued a statement about the publication of the CQC report and the action it had taken/ was taking in relation to ensuring patient care and access to services.
- 3.3 Following publication of the CQC report NHS England received a formal resignation from Dr Nyatsuro in relation to this GP contract. In light of this resignation the CCG commenced the process of considering options

to ensure the right level of primary care health services for the local area going forward.

- 3.4 The CCG's Primary Care Commissioning Committee most recently met on 30 September 2016 to consider this issue. Representatives of Nottingham North and East CCG will be attending the meeting to provide the Committee with information on the latest position.

**4. List of attached information**

None

**5. Background papers, other than published works or those disclosing exempt or confidential information**

None

**6. Published documents referred to in compiling this report**

- 6.1 Report to and minutes of the meeting of the Joint Health Scrutiny Committee on 12 July 2016

**7. Wards affected**

Nottingham City Council - Mapperley and Dales  
Nottinghamshire County Council – Carlton West and Carlton East

**8. Contact information**

Jane Garrard, Senior Governance Officer  
Tel: 0115 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

**11 October 2016****Agenda Item: 8****REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH  
SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

1. To introduce the Joint City and County Health Scrutiny Committee work programme.

**Information and Advice**

2. The Joint City and County Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations, and reviewing other issues which impact on services provided by trusts which are accessed by both City and County residents.
3. Members will recall that at the Joint Health Scrutiny Committee meeting on 12 July they heard about the temporary closure of the Willows Medical Centre in Carlton following an inspection by the Care Quality Commission (CQC). The CQC inspection report has now been published and circulated to all Members of the committee for information along with a statement from Nottingham North and East Clinical Commissioning Group. The CCG will be attending a future meeting of the committee in relation to future service provision in that area.
4. At the last meeting of the committee, Councillor Jacky Williams raised the issue of delays in the X-ray department at Nottingham University Hospitals (NUH). A briefing has now been received from NUH and circulated to all Members for information. Members may wish to request a further briefing on performance in MRI reporting for October (to check whether the backlog of images awaiting report has been cleared in accordance with the planned trajectory for improvement).
5. At the previous meeting of the committee, Members also raised the issue of changes to the provision of nursing services at Oakfield School and other Special Schools. The lead officers for Joint Health Scrutiny met with representatives of the Integrated Community Children and Young People's Healthcare Service (ICCYPH) programme, commissioners and the provider, Nottinghamshire Healthcare Trust. Reassurance was received that the nursing needs of children and young people would be met in all settings by the reconfigured service. However, the reconfiguration of the service would mean that school nurses would not be based permanently within schools – services would follow the child with interventions wherever they are, delivered by a locality based integrated service. Implementation of the new arrangements will be proceeding at a slower pace than initially envisaged to enable concerns raised by schools and parents to be addressed and is now due to start in January.

Members may wish to schedule a review of implementation and the impact of the new service model for 2017.

6. The work programme for 2016-17 is attached as an appendix for information.

## **RECOMMENDATION**

1) That the Joint City and County Health Scrutiny Committee note the content of the work programme for 2016-17 and dates for future meetings.

**Councillor Parry Tsimbiridis**  
**Chairman of Joint City and County Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 9772826**

### **Background Papers**

Nil

### **Electoral Division(s) and Member(s) Affected**

All

## Joint Health Scrutiny Committee 2016/17 Work Programme

<b>12 July 2016</b>	<ul style="list-style-type: none"> <li style="margin-bottom: 10px;"> <p>• <b>Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire – outcomes of consultation and progress against key deliverables</b>            To consider the consultation process and findings and if/how proposals are changing to reflect those findings; and progress against the key deliverables to be completed by June 2016  <span style="float: right;">(Nottingham City CCG lead)</span></p> </li> <li style="margin-bottom: 10px;"> <p>• <b>The Willows Medical Centre, Carlton</b>            To review action taken by Nottingham North and East Clinical Commissioning Group to ensure that all patients in the Carlton area have access to good quality GP services during the temporary closure of The Willows Medical Centre; and in the future.  <span style="float: right;">(Nottingham North and East CCG)</span></p> </li> <li> <p>• <b>Work Programme</b>            To consider the 2016/17 Work Programme</p> </li> </ul>
<b>13 September 2016</b>	<ul style="list-style-type: none"> <li style="margin-bottom: 10px;"> <p>• <b>Environment, Waste and Cleanliness at Nottingham University Hospitals</b>            To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites  <span style="float: right;">(Nottingham University Hospitals)</span></p> </li> <li> <p>• <b>Defence and National Rehabilitation Centre (Stanford Hall)</b>            To examine the development of services for trauma rehabilitation  <span style="float: right;">(Nottingham University Hospitals)</span></p> </li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Future of Congenital Heart Disease Services</b> To consider NHS England’s recent announcement about the future of congenital heart disease services, including changes to the commissioning of services at the East Midlands Congenital Heart Centre at Glenfield Hospital, Leicester.</li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p>11 October 2016</p>	<ul style="list-style-type: none"> <li>• <b>Nottingham University Hospitals and Sherwood Forest Hospitals Trust Merger – Progress Update</b>  (Nottingham University Hospitals)</li> <li>• <b>Community Child and Adolescent Mental Health Services (CAMHS)</b> (Nottinghamshire Healthcare Trust/ commissioners/ local authority public health)</li> <li>• <b>Rampton Hospital/Psychologically Informed Planned Environments (PIPES)</b> To receive information on the operation of PIPES in prisons  (NHS England)</li> <li>• <b>The Willows Medical Centre, Carlton</b> To consider changes to services following the resignation from Dr Nyatsuro in relation to his GP practice contract (Nottingham North and East CCG)</li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>

<p><b>8 November 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>East Midlands Clinical Senate and Strategic Clinical Networks</b> To receive the EMCSSCN Annual Report and updates on other recent developments <span style="float: right;">(EMCSSCN)</span></li> <li>• <b>NUH Planning for Winter Pressures (TBC)</b> To receive briefing on NUH's plans to cope with winter pressures 2016/17 <span style="float: right;">(NUH)</span></li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p><b>13 December 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>Environment, Waste and Cleanliness at Nottingham University Hospitals</b> To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites <span style="float: right;">(NUH)</span></li> <li>• <b>Daybrook Dental Practice Report of Findings</b> To receive briefing on the outcomes of action taken against a dentistry practitioner who provided extremely poor care. <span style="float: right;">(NHS England)</span></li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p><b>10 January 2017</b></p>	<ul style="list-style-type: none"> <li>• <b>Uptake of child immunisation programmes</b> To consider the latest performance in uptake and how uptake rates are being improved <span style="float: right;">(NHS England/ Local Authority Public Health)</span></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<b>7 February 2017</b>	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<b>14 March 2017</b>	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<b>18 April 2017</b>	<ul style="list-style-type: none"> <li>• <b>Urgent Care Resilience</b> To review progress in developing resilience within the urgent care system, including the delivery of services during winter 2016/17 and how effectively winter pressures were dealt with. <p style="text-align: right;">(Nottingham City CCG/ NUH)</p></li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>

**To schedule:**

- Daybrook Dental Service - findings and lessons learnt (NHS England)/ future dental regulation – awaiting outcome of General Dental Council case (contact: Dr Ken Deacon)
- Progress against JHSC recommendation that “that the City and County Councils work with their partners, for example Marketing Nottingham and Nottinghamshire to support Health Education East Midlands to promote the East Midlands as a place for health professionals and students to train and work”

- Integrated Community Children and Young People's Healthcare Programme – review of implementation and outcomes from service changes
- Procurement of Patient Transport Service, including development of service specification - awaiting confirmation of procurement timings
- Scrutiny implications of long term partnership between Nottingham University Hospitals and Sherwood Forest Hospitals
- Evaluation of Urgent and Emergency Care Vanguard (primary care at the 'front door')
- Integrated Urgent Care
- Strategic Health Plans for the South of the County
- Evaluation of GP Access pilots

**Study Groups:**

- Quality Accounts

**Visits:**

- Nottingham University Hospitals sites

**Other meetings:**

- NUH (Peter Homa)
- NHCT (Ruth Hawkins)
- EMAS (Greg Cox) (informal meeting with East Midlands Health Scrutiny Chairs to consider EMAS response to CQC inspection)

**Items for 2017/18 Work Programme:**

May/ June

- Nottinghamshire Healthcare Trust Transformational Plans for Children and Young People – CAMHS and Perinatal Mental Health Services update (to include workforce issues, development of Education Centre and financial position)

NHS 111 (align with publication of NHS 111 Annual Report)

Visit to new CAMHS and Perinatal Services Site (spring 2018)