

Report for the November 2015 Meeting of the HOSC

The Decommissioning of the Dangerous and Severe Personality Disorder Service (DSPD) at
Rampton Hospital

Update Report

1. Introduction

Representatives from NHS England and Nottinghamshire Healthcare NHS Foundation Trust attended the Nottinghamshire HOSC in April 2015 to brief HOSC members on the decommissioning of the DSPD unit at Rampton Hospital and the implications for both current and potential future patients.

The original briefing report is attached as a background paper.

NHS England has been asked to provide an update of progress to the committee.

Since the April meeting of the Nottinghamshire HOSC, NHS England has been working with the Trust and partners in National Offender Management Services (NOMS), to further refine the capacity modelling and financial forecasts to establish the capacity requirements for high secure personality disorder services and the financial arrangements to support these requirements in the future.

2. Progress

- 2.1 In line with the agreement to reuse the more modern accommodation provided in the Peaks Unit, all male patients who meet the criteria for admission to Rampton hospital and require the Personality Disorder (PD) service, are admitted through the admission ward in the Peaks unit. .
- 2.2 NHS England are currently running a capacity modelling tool developed by Nottingham University to assess the impact that the closure of the DSPD service will have on the demand for high secure PD beds at Rampton Hospital.
- 2.3 Until such time as the outcome of the modelling is available commissioners are working on an assumption that the requirements are likely to reflect the PD bed capacity levels at both Broadmoor (78 beds) and Ashworth (75 beds) High Secure Hospitals for the relative catchment population size, and an additional 12 beds to reflect the predicted number of residual DSPD patients remaining in the service after 5 years.. The latest capacity modelling undertaken by the Trust indicates a required capacity of 90 beds. The final numbers will have an impact on the timing of the timescale of bed/ward closure.

- 2.4 The Current overall PD bed capacity at Rampton hospital is 115 beds. There are currently 55 patients in the Peaks unit and 45 patients in PD wards in E block (the current location of the three standard PD wards in the main building at Rampton hospital). Of these, 47 patients are part of the original cohort of 63 DSPD patients. The remainder having appropriately moved to alternative hospital provision or back to prison.
- 2.5 Financial modelling is currently taking place to establish the likely finances required to support the future model
- 2.6 The patients and staff in the Peaks have and continue to receive regular updates on these discussions and the OPD pathway. Further work is being undertaken to develop plans for engagement and information sharing with patients and carers regarding the improved services available within the prison estate. This is currently awaiting the outcome of the capacity modelling before being taken forward any further.
- 2.7 As stated at the April meeting of HOSC, members are welcome to visit Rampton Hospital if they feel this will support their understanding of the services discussed.

3. Next steps

The future occupancy modelling and associated financial forecasts continue to be refined as described above, to resolve the future High Secure PD capacity requirements at Rampton, the additional financial implications of using the Peaks building for standard PD patients, and the future funding needs for the developing OPD (Offender Personality Disorder) prison services.

Background paper

Report for the April Meeting of the HOSC

The Decommissioning of the DSPD service at Rampton Hospital

Executive Summary

- The new Offender Personality Disorder (OPD) strategy was approved by Ministers in 2011.
- In terms of services for high risk Personality Disorder Offenders, 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, however, to be the need for specialist medium and high secure hospital services for those prisoners/patients who required detention under the MHA and treatment in a hospital environment.
- There have been significant developments in the services available for PD Offenders in prisons, including the development of PIPEs (Psychologically Informed Planned Environments) and specialist treatment units. These developments have also been combined with educational programmes to enhance the Prison Officers awareness of the needs of PD Offenders.
- The OPD strategy proposed that the pilot DSPD hospital services (the two High Secure and three Medium secure services) should be decommissioned and the released funds recycled into other parts of the OPD pathway.
- The High Secure DSPD service (in the Paddocks building) at Broadmoor hospital was decommissioned in 2012 and at that time, it was agreed that the Rampton hospital High Secure DSPD service (in the Peaks building) would continue on a transitional basis. The three DSPD Medium secure units (two in London and one in the North East) continue to provide services.
- 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 process and it had its inaugural meeting on 18th July 2014.
- The Task group has met regularly since this date and has agreed/noted that:
 - The Peaks unit will continue to admit PD patients (who meet the standard criteria for admission to a High Secure Hospital) but that after the 18th July 2014, all subsequent admissions (other than an identified cohort of 'DSPD' patients who were already in the unit, on the waiting list, or on trial leave) would be categorised as standard PD patients.
 - The Peaks unit would be utilised by the standard PD service at Rampton hospital because it already was the sole admission route for all PD patients, was a purpose built unit, and had more appropriately sized wards in comparison to the three standard PD wards at the hospital.
 - An additional Case Manager would be appointed to attend CPA meetings where discussions about individual DSPD patient progress, risk, and care pathway needs would take place.
 - Approximately 50% of the DSPD patients in the unit are on hospital orders and will require a healthcare route as the next stage in their pathway (High secure or Medium secure hospital PD service) and none of the remaining patients on prison transfer orders were not considered by their RCs to meet the MHA criteria for remission to prison.

- The most recent occupancy modelling exercise has indicated that the hospital may be able to close a 17 bed PD ward in 2017/18.
 - Nottinghamshire Trust has received legal advice about the consultation process that raises potential issues that may need to be resolved.
 - Subject to the outcome of discussions concerning the need to increase the bed capacity of the Men's PD service at Rampton hospital, the decommissioning of the DSPD service could have a significant impact on the standard PD service at Rampton and Medium secure PD services.
 - Financial modelling has taken place with regard to the implications of the Occupancy profile modelling forecast.
- The DSPD service at Rampton hospital has 60 beds in the Peaks building and an agreed target occupancy of 52 patients. The Peaks currently has 50 in-patients, with an additional one patient on the waiting list for admission, and ten referrals being processed.
 - There is a need to resolve the future High Secure PD capacity at Rampton, the additional financial implications of using the Peaks building for standard PD patients, and the future funding needs for the developing OPD prison services.

1. Background

1.1 In 2011 the Department of Health and Ministry of Justice held a public consultation on the future shape of services for offenders with personality disorder. It described an ambition to reshape these services by developing new services mainly in prisons. The consultation at the time included individuals and organisations in the NHS and criminal justice system, the voluntary sector, the independent sector, professional associations, and prisoner/patient groups.

1.2 The proposed new OPD pathway, subsequently endorsed by Ministers, decided that the money invested by the NHS in England in DSPD hospital services (the two high secure services at Broadmoor and Rampton hospitals, and the three Medium secure services) could be used more effectively to improve the management and treatment of offenders with severe personality disorder. The intention of the new OPD strategy was to:

- reduce spending in NHS secure psychiatric hospitals' DSPD units and increase the number of treatment places in prisons as well as improved case management services
- invest in early identification of offenders who present a high risk of serious harm to others and who are likely to have a severe personality disorder
- improve risk assessment and case management of offenders with personality disorder who are in the community
- improve the nationally commissioned treatment services in high security prisons

- provide new intervention and treatment services in secure and community environments
- create specially designed environments within prison and probation trusts for offenders who have completed treatment or been released from prison
- build the wider workforce (NHS, social care, criminal justice and independent and voluntary sector) by developing staff knowledge, understanding and competencies

1.3 Implementation of the new OPD strategy is overseen by a joint programme board that is co-chaired by NHS England and the Ministry of Justice. On the NHS side, the programme board makes recommendations to NHS England's Specialised Commissioning Oversight Group, which has operational oversight of specialised commissioning and has delegated authority to make decisions on behalf of the Board of NHS England.

1.4 The Offender Personality Disorder Pathway is based on a 'whole systems' community-to-community pathway approach. Offenders who enter the pathway are managed by the criminal justice system, either in prisons or in the community via probation services (for individuals who are not held in custody), but with access to secure specialist hospitals for individuals/prisoners assessed as requiring detention under the MHA and treatment in a hospital setting. The pathway enshrines the concept of 'joint operations' whereby responsibility for an offender's pathway is shared between the NHS and the criminal justice system.

1.5 The DSPD service (The Paddocks) at Broadmoor hospital was decommissioned in 2012 and it was agreed that the DSPD service at Rampton would continue as a transitional arrangement to support the development of the new pathway. The three DSPD Medium secure services continue to provide services to the pathway.

1.6 Since 2012, the Offender Personality Disorder pathway has increased the volume and range of offender services considerably. The current portfolio comprises over 100 separate projects, including:

- early identification, case formulation and consultation services via a NHS – probation service partnership
- 2 re-specified personality disorder services for 135 men in high security prisons
- 1 re-specified personality disorder service for 12 women in prison
- 6 new personality disorder treatment services for men providing 248 places in prisons, plus 3 new therapeutic community based treatment services for men with learning difficulties providing 52 places

- 18 prison and approved premises providing 600 Psychologically Informed Placement Environment places for men
- 3 new personality disorder treatment services for women providing 60 places in prisons and 6 new Psychologically Informed Placement Environment places
- A major national workforce development programme
- Plans are underway to develop a specialist 18 bed PD PIPE service at HMP Long Lartin.
- Plus numerous prison and community projects supporting key elements of the pathway

1.7 In July 2014, Nottinghamshire Trust was served with a formal notice to de-commission the DSPD service, and a Task group was established to oversee the process. The Task Group is chaired by David Sharp, Leicestershire and Lincolnshire LAT, and has full members from NOMs, NHSE Finance, Commissioners, and with representatives from Nottinghamshire Trust in an Advisory capacity.

1.8 This paper reports on the developments since the Task Group was established and the current outlook.

2. Progress to date

2.1 Consultation

The Task group has met regularly since July 2014 and initially agreed the terms of reference and process to be followed. An initial issue concerned the need to ensure that the rights of the patients currently in the DSPD service were respected. The Trust obtained legal advice on the process and this raised concerns about the applicability of the OPD Consultation process to the present situation and patients. This issue, however, was managed by ensuring that the pathways for patients currently in the service would continue to be determined by their clinical teams and the respective Responsible Clinician, and at a time that was appropriate to their needs. As all the patients in the unit are detained under the MHA, the Responsible Clinician is in charge of their treatment and identifying, with the clinical team, their pathway needs.

2.2 Communications

The Trust has ensured that Patients have been kept informed of the process and reassured that their needs would be paramount. This has involved meetings directly with patients by the Modern Matron, General Manager, and Clinical Director. In addition, to this regular communiqués/updates have been circulated to patients. Similar processes have been

followed for other stakeholders such as staff and Carers. Initially, patients (and their Carers) were concerned about the implications of the decommissioning of the DSPD service for their personal care/pathway; and this was reflected in complaints, the involvement of advocacy, contact with their lawyers and MP, and threats of the need for a Judicial Review. Fortunately, the Trust has been able to reassure patients that their needs were paramount and that the decommissioning process would not adversely impact on their care pathway.

2.3 Admissions

As the Peaks unit was already being used to process all PD admissions to Rampton hospital (because the three larger standard PD wards were too large to take direct admissions), it was agreed that it would continue to admit patients (who meet the standard criteria for admission to a High Secure Hospital) but that after the 18th July 2014, all subsequent admissions (other than an identified cohort of 'DSPD' patients who were already in the unit, on the waiting list, or on trial leave) would be categorised as standard PD patients.

2.4 Post decommissioning use of the Peaks building

It was also agreed that the Peaks unit would be utilised by the standard PD service at Rampton hospital because it already was the sole admission route for all PD patients, was a purpose built unit, and had more appropriately sized wards in comparison to the three standard PD wards at the hospital.

2.5 Case Manager Reviews

In terms of reviewing the needs of patients, it was agreed that an additional Case Manager would be appointed to attend CPA meetings where discussions about individual DSPD patient's progress, risk, and care pathway needs would take place. The person appointed is an experienced Case Manager and familiar with Rampton hospital and the review process.

2.6 Peaks population profile updates

A number of updates concerning the profile of the patients in the Peaks and these indicated that approximately 50% of the DSPD patients in the unit are on hospital orders and will require a healthcare route as the next stage in their pathway (High secure or Medium secure hospital PD service) and none of the remaining patients on prison transfer orders were not considered by their Responsible Clinicians (RCs) to meet the MHA criteria for remission to prison. The latest update indicated only a small number of the current 'DSPD' patients were from outside the Rampton hospital catchment area, and that the RCs considered that there may be seven patients who could be discharged/transferred out of the Peaks in the next 12 months.

2.7 Workshops on PD Prison services

Colleagues from the specialist PD services in the prison estate have attended the hospital on two occasions to update and inform senior clinicians within the Peaks about the PD services that were now available in specific prisons.

2.8 Future Occupancy Modelling Exercises

The Trust was asked to produce modelling exercises to forecast the future occupancy profile of the service and the associated PD service. These forecasts have been based on historical data about admission and discharge rates, and more recently assumptions about the impact of the developments in the Prison services. The most recent occupancy modelling exercise has indicated that the hospital may be able to close a 17 bed PD ward in 2017/18.

2.9 Financial Modelling

The outcome of the occupancy modelling exercise has been used to generate financial forecasts about the impact of occupancy profile changes in the service. This also includes the financial implications of the PD service using the smaller but more clinically appropriate wards in the Peaks. Work is in progress exploring patient variable costs, and the 'step changes' in occupancy that might release overhead monies.

Commissioners have agreed to the full funding of the Peaks in 2015/16 and future funding will be decided in due course.

2.10 Impact of Decommissioning the DSPD service on other clinical services

It was noted that subject to the outcome of discussions concerning the need to increase the bed capacity of the Men's PD service at Rampton hospital, the decommissioning of the DSPD service could have a significant impact on the standard PD service at Rampton and Medium secure PD services. The current PD service at Rampton is based in three wards of 17, 18 and 20 beds and has significantly less capacity than the other two High Secure PD hospital services.

2.11 Current Occupancy in the Peaks

The DSPD service at Rampton hospital has 60 beds in the Peaks building and an agreed target occupancy of 52 patients. The Peaks currently has 50 in-patients, with an additional one patient on the waiting list for admission, and ten referrals being processed. Of the 50 patients, 46 are part of the original DSPD cohort.

2.12 Engagement

- NHS England is committed to discharging its legal duties around engagement with - and involvement of - individuals in decisions that are made about them. In this particular case the individuals' status as detainees of the criminal justice system, or requiring detention for the purposes of treatment under the

MHA, raises obvious challenges in terms of engagement, and NHS England and the Trust share responsibility for ensuring that appropriate engagement has and does take place.

- As previously mentioned, the Trust has already engaged in extensive engagement exercises with patients, staff and carers, and has met with colleagues from NHSE and NOMs in March to discuss any further actions that may be required. It was agreed that further work will be undertaken on developing User friendly descriptions of the components of the OPD care pathway.

2.13 Equality Considerations

NHS England is committed to actively meeting its legal duties as described in the Equality Act 2010 and the associated Public Sector Equality Duties (PSED). These specify that through the delivery of their functions, public bodies must evidence that they have paid due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The Trust has provided a breakdown of these characteristics amongst the current DSPD population to the Task group.

3. Next Steps

The future occupancy modelling and associated financial forecasts will continue to be refined. Fundamental to this exercise, however, is the need to resolve the future High Secure PD capacity requirements at Rampton, the additional financial implications of using the Peaks building for standard PD patients, and the future funding needs for the developing OPD prison services.