MOPAC | MAYOR OF LONDON
OFFICE FOR POLICING AND CRIME

DMPC Decision – PCD 650

Title: Community Sentence Treatment Requirement – Contract Award

Executive Summary:

The Community Sentence Treatment Requirement Programme is a partnership between the Ministry of Justice, Department of Health and Social Care, NHS England, and Public Health England. A Community Sentence Treatment Requirement protocol has been developed by this partnership, with a view to increasing access to mental health and substance abuse treatment as part of a community sentence. The pilot is now part of the national programme.

The intention is for the programme to be tested first with female offenders, based out of the Beth Centre in Lambeth, and covering residents of the six boroughs in the South London Alliance.

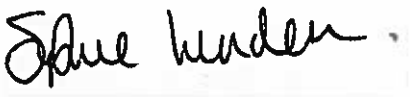
Recommendation:

The Deputy Mayor for Policing and Crime is recommended to award St Andrew's Healthcare the contract to deliver mental health assessments and treatment in support of the Community Sentence Treatment Requirement South London Female Offender Pilot, at a total contract value of £290,187.

Deputy Mayor for Policing and Crime

I confirm I have considered whether or not I have any personal or prejudicial interest in this matter and take the proposed decision in compliance with the Code of Conduct. Any such interests are recorded below.

The above request has my approval.

Signature  **Date** 23/10/2019

PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE DMPC

1. Introduction and background

1.1. This decision follows a competitive tender process for mental health services to support the Community Sentence Treatment Requirement (CSTR) Programme South London Female Offender Pilot.

1.2. The provider will be required to undertake clinical assessments and therapeutic treatment for primary Mental Health Treatment Requirements, as well as significant partnership working with probation and substance misuse services, to sequence and support combined orders (with Alcohol Treatment Requirements and Drug Rehabilitation Requirements).

1.3. The intended overarching impact of the project is that individuals with mental health or substance misuse needs receive the most suitable sentence, which is appropriate for their offence and addresses their treatment needs.

1.4. The specification for the service was based on the National Operating Model and developed in partnership, utilising the CSTR Project Group which is chaired by the MOPAC Criminal Justice and Commissioning Head of Service. Partners involved include: Ministry of Justice, NHS England, Public Health England, London National Probation Service, London Community Rehabilitation Company, HM Prison and Probation Service, HM Courts and Tribunal Service and representatives of Lambeth and the Beth Centre.

1.5. The procurement process was managed through Transport for London's e-portal Pro-Contract. Both the procurement strategy, evaluation and final decision have been approved by TfL. Further information can be found in section 5.

1.6. The successful bidder after following this process was St Andrew's Healthcare.

2. Issues for consideration

2.1. This pilot has been commissioned to test whether innovative working processes and dedicated provision can increase the use and impact of Community Sentence Treatment Requirements under the existing legislation. Data from 2018 indicates that 66% of female offenders in London had an identified mental health need, yet there were no mental health treatment requirements imposed in the pilot area that year.

2.2. The development of this pilot has involved all the key stakeholders and is aimed at raising awareness of a long-standing statutory option within the judiciary and measuring the outcomes. This pilot is being commissioned to test whether this approach can be an effective response to the strongly linked issues of mental health and offending.

3. Financial Comments

3.1. The total approved budget for this service was £294,250 over financial years 2019/20-2021/22. The successful bid has a total budget of £290,187 which comes in under this total.

3.2. The table below summarises the revised budget position:

	2019/20	2020/21	2021/22	Total
Original decision	£80,250	£107,000	£107,000	£294,250
Update	£60,473	£111,106	£118,608	£290,187
Change	-£19,777	£4,106	£11,608	-£4,063

3.3. The changes will be managed through the use of reserves.

3.4. Full terms and conditions for contract management and payment will be set out in the contract with the successful provider.

3.5. The investment in this service will be supported by additional funds for evaluation of the pilot and staff training and awareness.

4. Legal Comments

4.1. MOPAC's general powers are set out in the Police Reform and Social Responsibility Act 2011 (the 2011 Act). Section 3(6) of the 2011 Act provides that MOPAC must "secure the maintenance of the metropolitan police service and secure that the metropolitan police service is efficient and effective." Under Schedule 3, paragraph 7 (1) MOPAC has wide incidental powers to "do anything which is calculated to facilitate, or is conducive or incidental to, the exercise of the functions of the Office." Paragraph 7(2) (a) provides that this includes entering into contracts and other agreements.

4.2. Under MOPAC's Scheme of Delegation, the delegation of responsibility for the finalisation of planning and contractual/grant arrangements, including relevant terms and the signing of agreements, to the Chief Operating Officer or above is in accordance with the general power of delegation in paragraph 1.7.

4.3. There are further relevant powers set out in the Crime and Disorder Act 1998 at sections 17(1) (a) to (c) which place MOPAC under a duty to exercise its functions with due regard to the likely effect of the exercise of those functions on, and the need to do all it can to prevent, crime and disorder (including anti-social and other behaviour adversely affecting the local environment), reoffending in its area, and the misuse of drugs, alcohol and other substances in its area. The proposed arrangements are consistent with MOPAC's duties in the Crime and Disorder Act 1998.

4.4. Further to section 143 of the Anti-Social Behaviour, Crime and Policing Act 2014, MOPAC can also provide services that secure, or contribute to securing, crime and disorder reduction in the body's area.

4.5. The Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 made changes to the administration of the Mental Health Treatment Requirement (MHTR) by amending provisions linked to the Criminal Justice Act 2003 and the Mental Health Act 1983:

4.6. "The LASPO Act sought to make it easier for courts to use the MHTR as part of a Community Order or Suspended Sentence Order by simplifying the assessment process

and ensuring that those who require community-based treatment receive it as early as possible. The Act removed the requirement that evidence of an offender's need for mental health treatment is given to a court by a Section 12 registered medical practitioner"

5. Commercial Issues

5.1. The service was procured through the "Light Touch Regime (LTR)" under the Public Contracts Regulations 2015. The value of the contract is above GLA thresholds but under LTR Official Journal of the European Union thresholds. Within the LTR there are no requirements to follow one of the procurement processes. However, a non-mandatory Open Procurement process has been used to provide a structure for the process to ensure transparency.

5.2. A Single Stage Competitive Tender for the contract was undertaken, with a Selection Questionnaire (SQ) and Invitation To Tender (ITT) submitted at the same time. Bids that did not pass the SQ stage did not have their ITT submission evaluated. This is in line with the GLA's Funding Code, used by MOPAC.

5.3. The Quality:Price ratio was based on 100% technical criteria and 0% price. However, value for money was included in the quality evaluation. This is because volumes are unknown, so it was impossible to calculate a unit cost, and because the focus was on the quality of provision rather than the number of staff employed.

5.4. Bids were evaluated by MOPAC officers, and colleagues from the National CSTR Programme and London Community Rehabilitation Company. A moderation meeting was held on 6 September 2019 and the successful bid was determined by the highest quality score.

5.5. There were five bids in total, of which five passed the SQ and were evaluated. Of those evaluated, five passed all threshold questions and had their scores considered. The highest scoring bid achieved a score of 75%. This bid was made by St Andrew's Healthcare.

5.6. Successful and unsuccessful bidders will be notified following this decision, and there will then be a 10-day standstill period before a contract is signed.

5.7. There will be a robust monitoring system implemented to ensure delivery and spend is in accordance to the term and condition of the contract.

6. GDPR and Data Privacy

6.1. This project will use personally identifiable data for members of the public. The successful provider will be the primary data controller. MOPAC will be the commissioner and controller of for evaluation purposes only.

6.2. A Data Protection Impact Assessment will be completed by the successful provider and the contract will contain standard clauses regarding GDPR compliance.

7. Equality Comments

7.1. MOPAC is required to comply with the public sector equality duty set out in section 149(1) of the Equality Act 2010. This requires MOPAC to have due regard to the need to

eliminate discrimination, advance equality of opportunity and foster good relations by reference to people with protected characteristics. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

7.2. A draft equalities impact assessment has been undertaken for this pilot and this will be finalised with the provider once the contract has been awarded.

8. Background/supporting papers

Annex A – CSTR Specification

Public access to information
Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOIA) and will be made available on the MOPAC website following approval. If immediate publication risks compromising the implementation of the decision it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.
Part 1 Deferral: Is the publication of Part 1 of this approval to be deferred? Yes If yes, for what reason: To enable successful and non-successful bidders to be notified, and have a 10 day stand still period.
Part 2 Confidentiality: Only the facts or advice considered as likely to be exempt from disclosure under the FOIA should be in the separate Part 2 form, together with the legal rationale for non-publication. Is there a **Part 2** form – No

ORIGINATING OFFICER DECLARATION	*Tick to confirm statement (✓)*
Financial Advice The Strategic Finance and Resource Management Team has been consulted on this proposal.	✓
Legal Advice Legal advice is not required.	✓
Equalities Advice: Equality and diversity issues are covered in the body of the report.	✓
Public Health Approach Due diligence has been given to determine whether the programme sits within the Violence Reduction Unit's public approach to reducing violence.	✓
Commercial Issues The Contract Management Team has been consulted on the commercial issues within this report. The proposal is in keeping with the GLA Group Responsible Procurement Policy.	✓
GDPR/Data Privacy • GDPR compliance issues are covered in the body of the report and the GDPR Project Manager has been consulted on the GDPR issues within this report. • A DPIA will be completed following contract award.	✓
Director/Head of Service The Head of Service has reviewed the request and is satisfied it is correct and consistent with the MOPAC's plans and priorities.	✓

Interim Chief Executive Officer

I have been consulted about the proposal and confirm that financial, legal and equalities advice has been taken into account in the preparation of this report. I am satisfied that this is an appropriate request to be submitted to the Deputy Mayor for Policing and Crime.

Signature  **Date** 22/10/2019

Glossary

Alcohol Treatment Requirements (ATRs)	This a requirement of a Community Order or Suspended Sentence Order (under Criminal Justice Act 2003) that requires the sentenced offender to attend alcohol treatment.
Community Sentence Treatment Requirement (CSTR)	This the umbrella term for ATRs, DRRs and MHTRs. Unlike other sentencing requirements CSTRs must have the consent of the offender to be imposed.
Drug Rehabilitation Requirements (DRRs)	This a requirement of a Community Order or Suspended Sentence Order (under Criminal Justice Act 2003) that requires the sentenced offender to attend drug treatment.
Mental Health Treatment Requirements (MHTRs)	This a requirement of a Community Order or Suspended Sentence Order (under Criminal Justice Act 2003) that requires the sentenced offender to attend mental health treatment.
Primary care services	These are mental health services open to members of the public for less serious mental health problems and are usually provided or accessed via a GP.
Secondary care mental health services	These are specialist mental health services for more serious conditions that generally require a referral to be made for treatment to be provided.

1. Executive Summary

The Mayor's Office for Policing And Crime (hereinafter referred to as MOPAC) is commissioning clinical assessment and therapeutic treatment to support primary mental health treatment requirements (MHTRs), as part of the London testing of the national Community Sentence Treatment Requirement (CSTR) Programme.

The programme is being tested with female offenders resident in six boroughs in South London, and will be based out of the Beth Centre in Lambeth. The intended overarching impact of the programme is to ensure that eligible resident women receive the most appropriate sentence for their individual needs.

As well as providing assessments and primary mental healthcare for MHTRs, there will be a requirement for significant partnership working with probation and substance misuse services, to sequence and support combined orders.

This work has a maximum value of £294,250 over the financial years 2019/20-2021/22.

This document sets out the context and scope of this programme and provides details on:

- National and regional context
- Scope of the project and requirements
- Governance, reporting and evaluation

2. National and regional context

National CSTR Programme

The CSTR Programme is a partnership between the Ministry of Justice (MoJ), Department of Health and Social Care (DHSC), NHS England and Public Health England (PHE).

During 2017/18, five testbed areas were selected to test the recommendations within the protocol with a view to increasing the use of the Drug Rehabilitation Requirement (DRR), Alcohol Treatment Requirement (ATR) and Mental Health Treatment Requirement (MHTR). In 2019, a further two test sites were announced, including London.

Many offenders experience mental health and substance misuse problems, but the use of treatment requirements as part of a community sentence remains persistently low and has been declining over recent years. Improved partnership working can increase the use of treatment requirements, particularly as an alternative to short term prison sentences, and so reduce the number of vulnerable people in custody.

All three treatment requirements were introduced as a sentencing option in the Criminal Justice Act in 2003. 'Treatment' covers a broad range of interventions (for example talking therapies, a course of medication or inpatient treatment). As members of the general population, offenders in the community should access treatment in the same way as anyone else via mental health services, commissioned by NHS Clinical Commissioning Groups (CCGs) and drug and alcohol treatment services commissioned via local authorities. However, due to the multiple complexities of health and social needs affecting this cohort, there are few services in the community that are providing appropriate holistic treatment and care to support these orders.

ATRs and DRRs are provided through substance misuse services commissioned by the Local Authority.

MHTRs can be split into those provided by:
Secondary care mental health services: When an individual's mental health condition reaches the threshold of secondary care services. This provision should already be provided through locally commissioned frameworks for secondary care.
Primary care services: The majority of MHTRs don't reach the threshold of secondary care service. The testbed sites have demonstrated that the addition of clinically supervised mental health practitioners providing screening/assessment in court, followed by an average of 12 face to face individualised psychological interventions has been required to deliver primary care MHTRs. The average length of order has been 6-12 months.

MHTR is a treatment option which addresses mental health and associated vulnerabilities as part of a community or suspended sentence order. The requirement can be given either as a single requirement or as part of a combined order that includes other requirements (such as an ATR or DRR).

A published study by the MoJ[1] has provided the first evidence to show that including an MHTR or ATR into a community order or suspended sentence order can have a positive impact on reducing reoffending.

1 www.gov.uk/government/publications/do-offender-characteristics-affect-the-impact-of-short-custodial-sentences-and-court-orders-on-reoffending August 2019

The study found that for those with identified mental health issues, MHTRs attached to community orders or suspended sentence orders were associated with significant reductions in reoffending where they were used, compared with similar cases where they were not. Over a one-year follow-up period, there was a reduction of around 3.5 percentage points in the incidence of reoffending where such requirements were used as part of a community order, and of around 5 percentage points when used as part of a suspended sentence order.

The Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 made changes to the administration of the MHTR by amending provisions linked to the Criminal Justice Act 2003 and the Mental Health Act 1983:

"The LASPO Act sought to make it easier for courts to use the MHTR as part of a Community Order or Suspended Sentence Order by simplifying the assessment process and ensuring that those who require community-based treatment receive it as early as possible. The Act removed the requirement that evidence of an offender's need for mental health treatment is given to a court by a Section 12 registered medical practitioner"

This change means that the Courts may seek views and assessments from a broader range of appropriately trained mental health professionals. The intention was to ensure that Courts receive appropriate advice based on mental health assessments quicker, thus reducing avoidable time delays and adjournments, and unnecessary psychiatric court report costs which had acted as a barrier to using the MHTR as part of a community sentence.

National Drivers

NHS Long term plan: *"Since 2017, five parts of England have been testing a new Community Service Treatment Requirement (CSTR) programme. This enables courts to require people to participate in community treatment, instead of a custodial sentence. CSTR sites have provided community treatment for people who would otherwise have been sentenced inappropriately. We will build on this by expanding provision to more women offenders, short-term offenders, offenders with a learning disability and those with mental health and additional requirements. "*

Female Offenders Strategy: Published in June 2018 by the MoJ. The strategy highlights the complex and acute needs of female offenders and proposes that due to the offence profile of the majority female offenders, managing them in the community is more effective. The strategy seeks to reduce the number of women coming into contact with the CJS through early intervention and effective support in the community by reducing the number of women on short-term custodial sentences. Increased use of CSTRs were identified in the strategy as one of the mechanisms by which more female offenders could be managed in the community to address the complex needs that drive their offending.

Five Year Forward View for Mental Health taskforce 2016: In January 2016 the 5 year forward view for Mental Health strategy was published by the Mental Health Taskforce. Several of the recommendations relate to this client group, including one which recommends the increased use of MHTRs where appropriate. Additionally, there were recommendations for co-morbid mental health and substance misuse problems to be provided through joint assessment and provision.

London as a test site

It was announced that London would be a CSTR programme test site in April 2019. Partners (including MoJ, NHSE, PHE, London CRC, London NPS, HMCTS, HMPPS, Prison Reform Trust, Women in Prison and LB Lambeth) have developed and agreed an operating model for a female offender pilot in South London.

In the last year, for women sentenced who are resident in the six boroughs (Croydon, Lambeth, Lewisham, Southwark, Sutton and Wandsworth) there were no MHTRs given in London Courts. This is despite a high level of recorded mental health need among the cohort.

Local drivers

Police and Crime Plan (2017/21): One of the priority areas in the PCP is a better criminal justice service for London, and there is a drive to reduce reoffending among women as a cohort. In particular, there is a commitment to *"expand access to specialist women's centres so that female offenders across London have access to gender-appropriate provision designed to tackle reoffending."* There is also a drive to review the use of community sentences and improve compliance rates.

London Crime Prevention Fund: Since 2013/14, MOPAC has invested LCPF funding to deliver a new and innovative approach to addressing female offending in Lambeth. The Beth Centre, commissioned and part-funded by the London Borough of Lambeth and delivered by Women in Prison, offers women a safe and comfortable space to address their needs. Over the last two years this service has been expanded to women from the six boroughs in the South London Alliance.

Blueprint for women in contact with the criminal justice system: Most of the solutions to women's offending lie in the community, including through early intervention and prevention, diversion at the point of arrest and community sentencing options where available. The impacts of short custodial sentences are significant and voluntary, consent-based approaches are effective.

3. Scope of the project and requirements

Impact and outcomes

The aims of the national CSTR operating framework are to:

- Reduce offending/reoffending, by improving the health and wider social care outcomes through speedy access to effective individualised treatment orders (which if appropriate, and without up tariffing, may include more than one treatment requirement)
- Reduce the number of short term custodial sentences for offenders, by providing access to treatment which addresses the underlying cause of the offending behaviours
- Improve health outcomes by providing evidence-based interventions, alongside GP registration and supported access to community services, as necessary
- Contribute towards the court target of 80% on the day sentencing by providing assessment report to inform Pre-Sentence Reports
- Enable access to statutory community services to support offenders both during and after the community sentence
- Reduce A&E and out of hours use by providing effective psychological based treatments.

A logic model detailing the activities, outputs, outcomes and impacts for the London female offender pilot can be found in Annex 1.

The CSTR services will operate under five guiding principles. These are to:

1. Provide an exemplary and comprehensive assessment and treatment for eligible referred adult offenders, 18 years and over who consent to treatment.
2. Operate within a robust clinical operating framework.
3. Be inclusive of adults with mental health needs, substance misuse and personality disorder.
4. Provide high quality information to key decision makers across the criminal justice pathway including the police, courts, probation, health, substance misuse and Youth Offending Teams (YOTs in transition to adult's services).
5. Provide wider social support to ensure that individuals engage with treatment until an appropriate discharge point is reached. If required a referral is then made if to continue community care, support and treatment.

Activities

The activities undertaken by the commissioned service will fit into a wider CSTR operating model, which can be found in Annex 2.

Commissioned activities

In line with the national CSTR operating framework the service commissioned to support the MHTR process will:

- Provide identified Clinical Lead and recognised and qualified mental health practitioners (grade 4,5 or 7). To provide consent/agreement with the order, developing case formulation and supervision.
- Engage with CSTR partners to maximise the benefit of MHTRs and where appropriate jointly with ATR and DRRs.
- Carry out assessments for suitability for an MHTR at court.
- Have direct access within agreed information sharing protocols to mental health records for the secondary care providers within the six boroughs for adults over 18 to inform MHTR assessments and ensure appropriate safeguarding measures are in place. (This will include ensuring appropriate arrangements with the providers for both adult and young people's services 18-25 years)
- Ensure the offender has given consent to the order as a recommended sentencing option.
- Provide timely approval by the Clinical Lead of recommendations for MHTR order to be included in NPS pre-sentence report (written or verbal) to enable same day sentencing where possible.
- Post sentence three/four-way meeting with Responsible Officer (Probation/ CRC) MHTR and substance misuse provider with client to discuss goals and expectations.
- Clearly defined joint case management and working in partnership: Probation (NPS/CRC), HMCTS, Liaison and Diversion, Health and Substance Misuse Providers, to have agreements locally in place to appropriately share information. This will include working with secondary mental health providers for 18-25 year olds and for adults to ensure the MHTR treatment is working with appropriate clinical governance arrangements where an offender is receiving secondary mental health care.
- Ensure the offender is registered with a GP in London.
- Provision of evidence based psychological interventions.

- Retain records and provide monitoring information to CSTR Project Group.
- Work jointly with NPS and CRC to manage non-attendance at treatment, breaching and completion of orders.
- Provide timely access and referral into ongoing support post sentence.
- Contribute to the ongoing development of the service though engagement in the CSTR Project Group and other relevant networks.
- Seek service user feedback which informs the development of the service and engage people with lived experience in decisions regarding service development.
- Monitor and evaluate the effectiveness of the service and the working
- Make reasonable adjustments to accommodate offender's needs in line with the Equality Act (2010)

More detail on the activities outlined above can be found below:

Assessment

The Practitioner will use a semi-structured interview that focuses on engagement, motivation, fact-finding and captures a range of data including mental health and forensic history, current involvement in treatment, use of medication, and life problems.

The psychometric assessments will screen for psychological distress, personality disorder, depression, anxiety, self-efficacy and social adjustment. The outcome of the interview and psychometric test would determine the appropriate psychological intervention, which could include a recommendation regarding assessment for medication or psychiatric screening.

The Practitioner recommends the type and duration of 1:1 treatment which can be structured to include short term skills training to promote behaviour change, manage emotions and social problem solving.

Other assessments may include:

- Speech and communication needs
- Identification of vulnerabilities including history of trauma and abuse
- Drug and alcohol issues
- Identification of cultural and gender needs
- Social circumstances (including, safeguarding, relationships, leisure requirements, daily living, educational and occupational needs, employment/vocational needs, housing, finance)
- Physical health needs – management of physical health conditions
- Medication – medication history
- Historical, clinical risk management

The practitioner will then explain the MHTR process to the service user, and if suitable will gain consent for the order to be proposed. The practitioner will contact the CSTR Clinical Lead for MHTR approval and sign-off, then write up a short assessment report for the Court to propose the outline care plan (with agreement from the PSR writer).

Treatment

The treatment is provided as a requirement of the community/suspended sentence order and can last for a period of up to 3 years, depending on the length of the requirement. At each treatment session, the practitioner will assess risk and the mental health status of the client.

A formulation of delivery interventions, drawn from best practice should be developed, for example:

- Psycho education, breathing, mindfulness
- Compassion focused therapy
- DBT, CBT, behavioural activation
- Acceptance and commitment therapy(ACT)
- Mindful practices
- Value based solution focused therapy

On average each MHTR lasts for 10-12, 50 min sessions across the length of the order, or as specified by the court order in consultation with the Responsible Officer.

Clinical supervision

Pre-sentence:

- The Clinical Lead (CL) will define the locally agreed pre-sentence screening and assessment measures which will define guidance for the MHTR threshold. The CL will agree the consent process with the court (NPS).
- The CL will agree the information required within the assessment that probation (NPS) will require for the PSR.
- The CL will agree the clinical care plan including the desired outcomes from the treatment to be provided.
- NPS and the CL will agree a sign off process if the CL is not personally gaining consent.
- The CL will be the named clinician for the purpose of sentencing (in some instances the case will also be discussed at the Multidisciplinary Team Meeting).

Post sentence: treatment delivery:

- If the CL is personally providing the psychological therapy or interventions, the treatment will be recommended and provided within appropriate timescales in accordance with the community or suspended sentence order.
- If the CL is not providing the psychological therapy or interventions but is acting as supervisor and overseeing the requirement the CL will define the evidence-based treatments which may include psychoeducational and compassion focused therapy which will be provided within appropriate timescales.
- If the CL is acting as a supervisor, the frequency of supervision will follow recommendations from the relevant professional body (e.g. British Psychological Society/ HCPC).
- If the CL is overseeing the provision of the treatment but not supervising the treatment provider, the supervision will be locally agreed by the service providing the psychological interventions. The supervision will be locally agreed taking into consideration relevant safeguarding issues.
- Where appropriate the CL will advise/support the effective sequencing of the requirements (if other treatment requirements have been ordered) to ensure maximum engagement and effectiveness.
- The CL will be informed of any noncompliance with the requirement and advice would be gained from either CRC or NPS.

Sentence completion:

- On completion, the CL will sign the order off and advise further treatment with statutory services if appropriate.
- The CL (and treatment provider) will review clinical outcome, as specified pre-sentence to ensure assessments and treatments are effective and monitored as locally agreed
- The CL will feed back to the CSTR project group with the clinical progression of the requirements.

Eligibility and scope

In line with the national operating model, service eligibility includes:

- Client is 18 years or over and consents to treatment
- Any offence which falls into Community or Suspended Sentence Order range
- For MHTR: those with Mental Health, Personality Disorder problems, (from depression/anxiety through to secondary care mental health issues) neurodevelopmental disorders (e.g. ASD and ADHD) will not be excluded;
- For ATR: the client is dependent on alcohol, susceptible to treatment and arrangements can or have been made for treatment
- For DRRs: the client is dependent on or has a propensity to misuse drugs, requires or would benefit from treatment, and arrangements can or have been made for treatment
- Reasonable adjustments will be made to accommodate Offenders needs in line with the Equality Act (2010)

Those eligible for this pilot in London will be women who meet he above and are resident in any of the boroughs: Croydon, Lambeth, Lewisham, Southwark, Sutton, and Wandsworth. Based on data modelling we estimate a volume of up to 100 women being made subject to MHTR over the whole delivery period, however final volumes will depend on the discretion of the Courts.

Providers bidding for this service must be able to demonstrate experience of working with clients with identified criminal convictions. This is due to the additional risks involved with working with this client group, and to ensure a firm understanding of how complex needs can be impacted by contact with the criminal justice system.

Operational scope

The following courts will be included in delivery:

- Bromley MC, Bexley MC (Lewisham residents)
- Wimbledon MC (Wandsworth/ Lambeth residents)
- Croydon CC and MC (Croydon and Sutton residents)
- Camberwell Green MC (Southwark residents)

However, if it becomes apparent that a significant number of female residents are being sentenced outside these courts, we will look to expand this scope.

When developing detailed operating models and mobilisation plans, please note that Croydon MC will be closed for refurbishment at the end of August, with the bulk of work being transferred to Wimbledon MC until the new year. Overnight remands will go to Camberwell Green MC.

The Beth Centre and its hubs are located and open as follows:

Location	Mon	Tues	Wed	Thurs	Fri
Croydon Women's Space	AM/PM	X	X	X	X
The Beth Centre, Lambeth	AM	X	AM/PM	AM/PM	PM
Lewisham Women's Space	AM/PM	X	X	X	AM/PM
Southwark Women's Space	X	AM/PM	X	AM/PM	X
Amber's Ark, Sutton	X	X	AM/PM	AM/PM	X
Wandsworth Women's Space	X	X	AM/PM	X	X

Generally, services will operate between the hours of 9am to 5pm Monday to Friday. It may however be necessary to consider evening sessions to accommodate clients who are working or in order to facilitate childcare arrangements. The above opening times may change and/or require flexibility by the provider to meet the needs of individual service users.

Cases that appear on Saturday morning will be identified by NPS, and if appropriate a recommendation to adjourn for assessment and sentencing the following week.

In the event of a client appearing via videolink and requiring on the day sentencing, all efforts will be made to ensure that an assessment can be undertaken remotely. However, if sentencing is not on the day it would be preferable for assessment to be undertaken in person. Since there are no female prisons in London it is appreciated that this would be highly dependent on capacity.

The suggested delivery model uses the Beth Centre as the primary working location for the mental health practitioner(s), with 'on call' time between 11am-2pm to visit courts as required to undertake assessments. Appointments with those on MHTRs can be made at any of the Beth Centre hub locations, subject to availability of space.

However, other delivery models will be considered provided they allow for all the commissioned activities to be undertaken.

Diversion

Bidders should also be aware that another pilot is being undertaken for female offenders which will cover the same geographical area (among others) but has not yet commenced. This pilot will test diversion at the point of arrest and should result in fewer women attending court.

Since the target cohort is the same, we would anticipate that women could enter into treatment from the successful provider through this route instead of via referral from court. In the event of a breach of the diversion conditions resulting in sentence at court, an MHTR could still be recommended if the individual would benefit from a more structured approach to treatment.

Bids should not include this in their operating models and focus on the model as presented. However, MOPAC may hold discussions with the successful provider at a later date to consider volumes, capacity and potential referral pathways.

4. Governance, reporting and evaluation

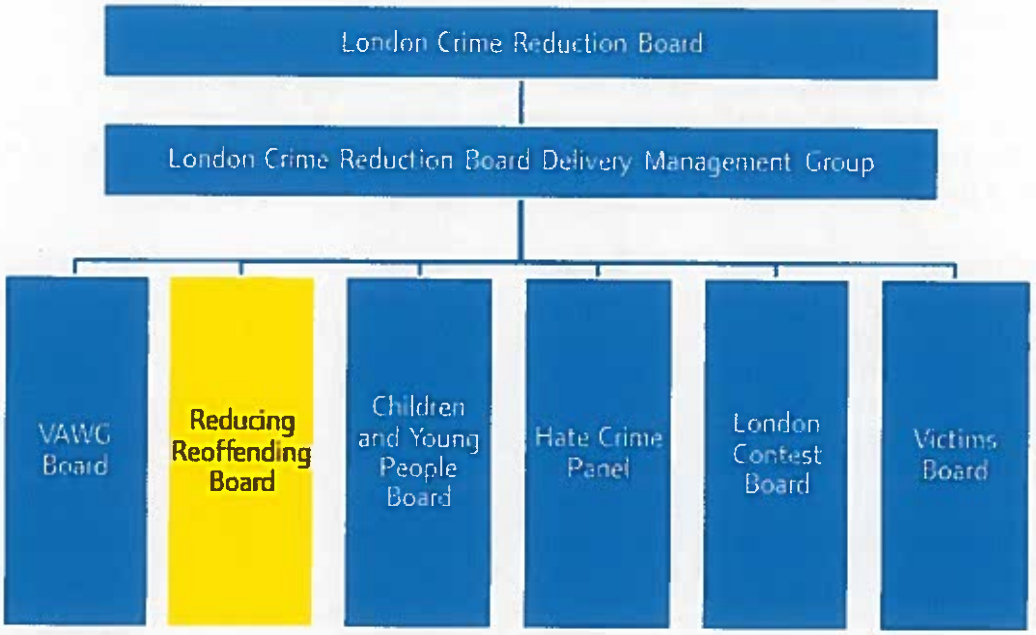
Governance

MOPAC and the CSTR Project Group will be responsible for monitoring the progress of the service to ensure effective delivery and value for money. However, at an operational level, the service will directly report to MOPAC.

The membership of the CSTR Project Group includes:
MOPAC (chair), MoJ, NHSE, PHE, London CRC, London NPS, HMCTS, HMPPS, Prison Reform Trust, Women in Prison and LB Lambeth.

This Group will provide updates to the Reducing Reoffending Board, chaired by the Director of Criminal Justice Policy and Commissioning at MOPAC. This Board is part of the multi-agency governance structure that oversees delivery of the Police and Crime Plan.

Police and Crime Plan partnership governance structure



Reporting and Evaluation

MOPAC will conduct regular monitoring meetings to review process against agreed outputs and outcomes in line with the requirements of the commissioned activities.

The Evidence and Insight team at MOPAC (research and analytic function) will be commissioned to undertake an interim report after 1 year or delivery, and a final report towards the end of the delivery period.

Data will be collected from all involved partners to support this, including court data from London NPS. The information required from the commissioned service includes:

- Number of referrals received and the source
- Number of assessments completed (including on the day)
- Number of assessments resulting in recommendation for MHTR/combined order
- Number of recommendations accepted and used for sentencing (caseload)
- Record of planning meetings and appointments, as well as attendance
- Record of compliance/breach
- Where possible, record reasons for non-compliance/disengagement
- Measure of change in mental wellbeing (before/after MHTR)
- Record of onward referral to community services

Where possible, all data should be recorded alongside equalities information to allow for monitoring of disproportionality in the process. An Equalities Impact Assessment has been undertaken (Annex 3), but this will remain a living document.

Information sharing

The service provider will need to ensure that appropriate data sharing agreements are in place with partners; London CRC, NPS and providers of substance misuse services in particular.

A DPIA is required with MOPAC and will be developed following selection of a provider.

Annex 1 – Logic Model

Inputs	Activities	Outputs	Outcomes	Method of evaluation	Impact
L&D staff assessment in Police custody and Courts when available	Assess women and share information about those with MH and substance misuse needs with NPS CDOs	All eligible convicted women are screened for mental health problems.	Appropriate CSTR assessment reports result in increase in requirements imposed	NPS to keep shared spreadsheet for data on screened cases to include L&D flags	Improved access to mental health and substance misuse treatment for female offenders.
NPS CDOs with allocated SPOC role for female offenders	To screen women not know to L&D and to request PSRs and MHTR assessment reports. Contact substance misuse SPOC where needed.	All convicted women are screened for mental health problems. Increase in NPS requests for PSRs – with aim to include DRR and ATR assessments as part of these if appropriate MHTR assessment reports requested for all suitable cases.	Appropriate MHTR assessment reports result in increase in requirements imposed. Increase in numbers of DRRs and ATRs, with or without dual diagnosis MHTR.	NPS to keep shared spreadsheet of females appearing with details of if they were screened by NPS or L&D and whether PSR and MHTR assessment was requested and agreed by Court. NPS/CRC outcome data	Improved access to mental health and substance misuse treatment for female offenders.
Sentencer training and awareness sessions	Training and awareness of mental health, substance misuse and CSTR offer provided by MOPAC.	Attitudes and knowledge questionnaire completed by sentencers before training and at delayed point after this.	Improved awareness of mental health and willingness to consider treatment for this group using CSTRs – either standalone CSTRs or	Sentencer questionnaire feedback – comparing before training to one or two points after this.	Improved access to mental health and substance misuse treatment for female offenders.

		Increase in concordance rate for PSRs and MHTR assessment report requests being granted.	combined orders for dual diagnosis. Increase in women being assessed for appropriate interventions and all sentencing options being considered. Reduced use of custody for women.	NPS data about amount of PSRs and MHTR assessments requested and granted (concordance rate). NPS and CRC outcome data on all CSTRs for women	
NPS Court Duty Officers – booking MHTR assessments	MHTR assessments carried out "on the day"– PSRs include DRR/ATR assessments	80% MHTR assessment done on the day to match up with PSR deadlines	Increase in MHTRs or combined with DRR/ATRs for dual diagnosis cases	Data from treatment provider about assessments requested, completed and outcomes.	Reduction in reoffending – need control group and sufficient numbers
MH Provider – to provide MHTR assessments and treatment	MHTR assessment reports for Court NPS CDOs to ask Judges to fill in form at point of sentencing	MHTR Assessment reports completed and CSTR imposed	Increase in MHTRs or combined with DRR/ATRs for dual diagnosis cases. Increase in CSTRs means decrease in other sentences, including custody	Data from treatment provider about assessments requested, completed and outcomes. CRC/NPS Delius data on sentences imposed. Judges asked to fill in form at sentencing to say what they would have done if not imposed CSTR	Reduction in reoffending – need control group and sufficient numbers Reduced use of short-term custodial sentences for eligible women.

Inputs	Activities	Outputs	Outcomes	Method of evaluation	Impact
MHTR treatment providers	Provide primary care – sessions attended, treatment given. Support GP registration.	Sessions attended records Record of treatment provided and completed Record of GP registration – which is prerequisite before MHTR starts Record of DA victimisation. (Will require information sharing with probation to avoid duplication)	Improved mental health. Improved ongoing access to mental health treatment Reduction in police contact time.	Data from treatment provider about sessions attended, treatment completed and outcomes and mental well-being measures. GP outcomes. Data from end of MHTR 3 way. Use of Reconnect post-release GP data. CRIS/PNC (arrest, victimisation), Merlin	Improved mental health for women involved in offending. Improved access to healthcare.
MHTR treatment appointments	Services users instructed to attend via 3 way with OM and treatment provider	Appointments attended by service users	Successful completions of MHTRs and combined orders	Delius records and treatment provider records of attendance, compliance and enforcement outcomes.	MHTRs and CSTRs seen as credible and relevant disposal. Stronger community sentences.
MHTR treatment appointments	Services users instructed to attend via 3 way with OM and treatment provider	Appointments attended by service users	Successful completions of MHTRs and combined orders	Delius records and treatment provider records of attendance, compliance and enforcement outcomes.	MHTRs and CSTRs seen as credible and relevant disposal. Stronger community sentences.

MHTR treatment provider	**Provide formal assessments and referrals to secondary care**	**Secondary treatment referrals made** **Service users attending and engaging with secondary care**	**Improved mental health outcomes** **Reduction in police contact time**	**Data from treatment provider about treatment completed and outcomes and mental well-being measures.** **Records on secondary referrals and those attended** **Data from end of MHTR 3 way** **CRIS/PNC (arrest, victimisation), Merlin**	**Improved mental health for women involved in offending.** **Improved access to healthcare.**
Drug or alcohol treatment provided for combined order	**Assessments of dual diagnosis clients.** **Combined treatment provided for DD clients**	**MHTR and DRR/ATR sessions attended.** **Treatment completed.** **RAR sessions to be used for those with lesser substance misuse intervention needs**	**Improved mental health.** **Reduced substance misuse intake** **Reduction in police contact time**	**MHTR outcomes from treatment provider.** **Feedback from Women's Centre substance misuser advisor, treatment progress and level of misuse.** **TOPS data can be requested from the treatment provider** **CRIS/PNC (arrest, victimisation), Merlin**	**Improved mental health for dual diagnosis cases.** **Overall increase in CSTRs**

Combined sessions with OM and treatment provider	**3-way meetings at the start and at the end of the CSTR**	**Sequenced sentence plan and care plan**	**Holistic and joined up approach to mental health, other offending needs and any dual diagnosis issues**	**Treatment provider records which include record of 3-way meetings**	**Improved mental health outcomes and completion rates for CSTRs**

Annex 2 – Operating Model

Where	Proposed South London Female offender model
Police Custody	L&D worker screens potential cases and passes on info to relevant Court.
Court: Morning of first appearance	NPS Court Officer and L&D review list of cases on the day to identify women who may be suitable based on previous screenings and offence seriousness.
Court: On the day	Court Officer to approach defence to identity potential MHTR needs for the offender.
Court: L&D/Link worker:	Case screened for MHTR and suitable cases are notified to Legal Advisor so that case can have PSR requested.
Court: Plea and conviction	If case pleads guilty or is convicted and is eligible for community order or suspended sentence order, then MHTR assessment done by Assessor.
Court: MHTR assessment completed	MHTR assessment done, suitable if consent obtained from offender and Clinical Lead agrees this is appropriate and that treatment can be provided. Assessment results shared with PSR author.
Court: sentencing	PSR presented. If sentenced to MHTR the treatment provider informed and service user given first treatment appointment. If sentence not imposed, then L&D worker offers other support.
Post sentence: Multidisciplinary meeting to agree sentence planning	Responsible Officer co-ordinates a sentence planning meeting including all partners and service user. Sequencing of treatment and any other Requirements is agreed and recorded in the sentence plan. Referral to other mental health services as needed. GP registration.
During sentence: Non-attendance	If service user does not attend then treatment provider informs Offender Manager, who makes enforcement decision in line with shared understanding of the case.
End of CSTR	Review meeting with service user and treatment provider to also agree future support. Referral to secondary care services if appropriate.