

# NOMS: how to avoid re-inventing the wheel

Chris Fox identifies examples of management practice in public services that could benefit NOMS.

The emergence of National Offender Management Services (NOMS), brings an opportunity for a major advance in the way that offenders of all kinds are managed by the criminal justice system. Those sentenced by the courts to custody, to community sentences or to a combination of both, will in the future have their sentences managed by an Offender Manager who will draw together all the services that are needed to enable the offender to reintegrate into the community.

Implementing the 'NOMS vision' is a huge challenge. The recently published national action plan *Reducing Re-Offending* offers some insight into how the challenge might be met, but for many key issues, the plan merely sets out a development agenda. We believe that there are four key issues to address in developing the structures and processes to make NOMS work.

- Developing commissioning frameworks
- Designing seamless services
- Managing performance
- Managing change

For each of these issues there is much to learn from the wider public sector modernisation agenda and in this paper we suggest both where to look for this learning and what its implications might be.

However, a further concern is whether changing the structure and processes associated with correctional services, will, indeed change the *substance* of what is delivered to individual offenders. We believe this will only happen with a clear commitment to evidence-based policy and commissioning.

## Commissioning

The structure of NOMS is built upon the idea that the Regional Offender Manager (ROM) should be able to commission the services that are needed to provide support for each offender. Custodial and non-custodial services would facilitate provision either directly or in partnership with bodies from the statutory, voluntary or commercial sectors. Commissioning of services is built upon the availability of public sector finance to support offender services and the existence of a competitive market focused on providing them.

The availability of a market allows for choices to be made on the basis of best value offered. In order to be able to make informed choices managers need to be able to develop strategies, set objectives (or targets) and obtain information on performance.

Market testing was introduced into the health sector in 1991 and there is much to learn from this experience. Two key lessons are that:

- The purchaser/provider split in the health sector took a long time to become meaningful and there has had to be a degree

of pragmatism in the design and development of a market system, with various different models being tried over the last 10 years.

- There is still limited flexibility for purchasers to switch contracts. The reasons for this are various, but include the limited use to date of a mixed economy and the disruption (both logistical and political) that would be caused if poor providers (e.g. hospitals) were allowed to fold.

## Developing seamless services

There is work across the public sector to develop seamless services that respond to the complex needs presented by the most vulnerable groups in society. Most familiar to a criminal justice audience will be the work led by Drug Action Teams, as part of the Criminal Justice Intervention Programme to develop processes for the 'end-to-end' management of offenders through the criminal justice system. This work entails, amongst other things, the development of common assessment tools, better information sharing between agencies and the use of case managers to provide ongoing support to offenders as they move through various criminal justice agencies.

Arguably the most developed approaches to seamless services are to be found within the health system. Integrated care pathways (ICPs) embed guidelines, protocols and locally agreed, evidenced based, best practice into day-to-day care for the patient. ICPs are often developed in the acute health sector to guide treatment for particular conditions or groups of patients. As a management tool, ICPs use process mapping re-engineering to establish a patient and service framework. Key learning from the development of ICPs includes:

- A single ICP is unlikely to map a whole journey through care, which will probably consist of a series of complementary ICPs describing a component or phase of care.
- Development is time and resource intensive, requiring extensive inter-agency working and good project management systems to produce ICPs that have the confidence of health professionals.

## Performance management

Since 1989, the year when the prison service adopted modern management methods, there has been an increasing preoccupation with performance monitoring of prison activity (originally called 'regime monitoring'). Monthly figures showing hours of 'purposeful activity' undertaken have been notoriously unreliable and have been replaced by a focus on setting standards and targets and the advent of measurement tools for assessing adherence to these. This mirrors the trend across the public sector, where the proliferation of targets and standards is partly a product of the government's desire to exercise a high degree of central control over local service

delivery, and partly a result of the increasingly 'cross-cutting' nature of service delivery with agencies working in varying degrees of partnership, subject to a wider range of standards and targets as a result. This proliferation has however led to a number of problems. It has made it difficult for local services to identify and focus upon key priorities, has limited opportunities for local innovation and has made it more difficult for local services to reflect the particular needs and views of local communities.

Solutions to these challenges have come from across the public sector and included:

- Bringing standards and their associated targets and performance indicators together into internally coherent groups. An example is the National Service Frameworks (NSFs) developed in the NHS.
- 'Earned autonomy' provides a mechanism whereby the burden of performance management is reduced for proven service providers. Local authorities have been able to negotiate Local Public Service Agreements (LPSAs) with Whitehall.
- The emphasis of performance management has been re-focused onto key priorities. An example from local government is the introduction of the Comprehensive Performance Assessment, in addition to Best Value.

## Change management

NOMS brings together the prison and probations services, two large and complex organisations, each with its own history of working with offenders, sometimes under stressful conditions. In our view the objectives of NOMS cannot be achieved by the imposition of centralised ideas. It requires the support and participation of those who have to deliver services, and the sensitive management of change from start to full implementation of the scheme. Experience of other sectors where radical change is already underway, such as in the case of the health service, suggests that particular care is necessary in this area. Directive and top-down approaches to change can be appropriate where a radical change is needed, the organisation in question is relatively simple, objectives are clear and the external environment is predictable. When used in other circumstances, the danger is that *change may not be sustained*.

To date, the implementation of NOMS has been largely top-down with minimal engagement of the organisations affected. More 'organic' approaches to step change are more appropriate for challenging conditions. Such transformational change requires visionary leadership and ownership of the process by a cross-section of management. Change is still likely to be initiated and led from the top, but detailed changes emerge through a process of engagement with people throughout the organisation.

In theory the interventions put in place by NOMS to work with offenders could be developed to reflect different levels of activity from the policy maker at the top to the practitioner on the ground. The default position will however be a 'top-down' approach, where the engine of the policy runs, overseen by those who have to deliver it to ministers.

In order to counteract this NOMS needs as much to be concerned with substance as with process. End to end offender management involves human activity and skills which are tested face to face with the person to whom they are directed. It involves active partnerships by organisations who will talk to each other to further a common goal. All this needs to be

managed at local, regional and national level. The engine must be fuelled by sound evidence.

At a national level, there must be a clear commitment to evidence-informed policy. NOMS is part of an ongoing process of modernisation set out by government since 1999. A commitment to evidence-informed policy has been an important element of the modernisation project. The *Modernising Government* White Paper published by the Cabinet Office in 1999 stated that government policy must be evidence-based, properly evaluated and based on best practice. The newly created Sentencing Guidelines Council will have an important role to play in developing and promoting this evidence base.

At a regional level NOMS must ensure to commission an infrastructure which ensures capacity to deliver to all types of offender population across a geographical area, and local expertise applied in harmony with these objectives. This requires a sound grasp of both the need that must be met and the capacity that is there to meet it.

## Developing a better understanding of need and capacity

At present it can be argued that the managerial activity that will shortly be subsumed by NOMS masks an essentially unchanging scene. A local prison in England and Wales will presently be responsible for the accommodation and care of at least five populations, each with different needs. The person on remand, uncertain of his immediate future, sits with another who is at the beginning of a 10-year sentence. Alongside them is someone who is sentenced but who will leave within the year. A life sentence prisoner may join the group, and somewhere out of sight will be a vulnerable prisoner who is at risk of harm from his fellows. The same prison may hold young offenders as well, in which case the population range doubles. NOMs will need to develop processes to both understand the needs they are commissioning services to meet, but also to understand the 'drivers' that might lead to this need changing over time.

Overseeing this complex group are the front line workers. Developing the capacity of the system to meet the needs of this group will not only require ensuring sufficient volume of supply, but also that this supply reflects the diversity of need and has the flexibility to respond to changing need. Key questions that NOMS will have to ask are:

Is there a strategy for each custodial and non-custodial provider which states what the purpose of its work is in relation to each of the populations over which it has a duty of care? How far does front line workers' training fit them for the task of working with each of these groups? Is there a regional strategy which ensures that each local prison has full working relationships with other prisons in the area as well as with *community organisations outside*? And are the measurement tools which assess the effectiveness of commissioning, performance, change and evidence structured from these local and regional strategies? If the answers to these questions are negative there is a real risk that the opportunities that NOMS announces may default to zero, leaving structures without substance, offenders re-offending, and the cost of crime escalating onwards.

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