



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Transfer of Police Custody and Sexual Assault Referral Centre (SARC) Healthcare Commissioning to the NHS

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| Date of meeting | 5 June 2014 |

Report for Information

1. Purpose of this Paper

Adults and young people who are socially excluded and are in contact with the criminal justice system have a high proportion of health inequalities, are more likely to experience mental health problems or learning disabilities, or misuse drugs and alcohol. Furthermore, they can struggle to access appropriate care and all too often have to reach crisis point in order to do so. It is therefore, important that high quality, safe healthcare services are commissioned and provided in police custody and Sexual Assault Referral Centres (SARCs).

Healthcare services in Police custody are currently commissioned by the police. There are commissioning partnerships for SARCs which include Local Authorities, Police and NHS England/Clinical Commissioning Groups. Representatives from the Health & Justice Team in NHS England (Bristol, North Somerset, Somerset and South Gloucestershire Area Team) are involved in a national partnership to oversee the transfer of commissioning healthcare in police custody and SARCS from the police to NHS England in 2015.

2. Context

Currently, healthcare services in Police custody are commissioned by the police. There are commissioning partnerships for SARCs which includes representation from Local Authorities, Police and NHS England/Clinical Commissioning Groups. Further details are available in section 3 of this report.

In 2009 Lord Bradley published a review into how the Criminal Justice System interacted with people suffering with mental ill health. One of the recommendations was that the NHS and the police should explore the feasibility of transferring commissioning and budgetary responsibility for healthcare services in police custody suites to the NHS at the earliest opportunity. The recommendations of the Bradley Report were accepted by the previous government under the 'Improving Health, Supporting Justice' delivery plan and were adopted by the coalition government.

Nationally, all police forces in England are signed up to the transfer and it is anticipated that the law will be changed in 2015. The governance of this programme is through a National Health and Criminal Justice Board which has cross government representation from the Department of Health, the Ministry of Justice, the Home Office, the National Offender Management Service and the Association of Chief Police Officers.

In order to ensure an effective transition, it is recommended that local Transfer Boards are established. In the South West, Avon and Somerset, Gloucestershire and Wiltshire Police Forces have formed a local Joint Board. NHS England Health & Justice Commissioners (from the Bristol, North Somerset, Somerset and South Gloucestershire Area Team) are members of this Board as commissioning responsibility will transfer to NHS England when the law is changed in 2015. Attached at Appendix 1 are the aims of the Board and the Terms of Reference.

The overall aims of the transfer of commissioning responsibility to the NHS are to:

- raise standards and quality of care
- ensure patient safety
- improve efficiency of services

- improve infection control standards
- improve health outcomes for detainees and victims
- form better working relationships with partner agencies
- prevent deaths in custody
- support the justice process and reduce reoffending

3. Current provision

Healthcare services in Police custody are currently commissioned by the police. The healthcare provision is as follows:

| Police Force | Healthcare provider |
|-----------------|---------------------|
| Avon & Somerset | Tascor |
| Gloucestershire | G4S |
| Wiltshire | G4S |

There are commissioning partnerships for SARCs which include Local Authorities, Police and NHS England / Clinical Commissioning Groups. The healthcare providers are as follows:

| SARCS: | Healthcare provider |
|----------------------------|------------------------------|
| Hope House - Gloucester | Gloucester Care Services |
| The Bridge - Bristol | University Hospitals Bristol |
| New Swindon Sanctuary | SEQOL |
| Twelves Company - Plymouth | Twelves |
| The Oak Centre - Exeter | Northern Devon Health Trust |
| Willow Centre - Cornwall | Skoodhya |
| Paediatric SARC | G4S |

4. Recommendations

The Health and Wellbeing Board is asked to:

- Note the establishment of the Avon & Somerset, Gloucestershire & Wiltshire Board
- Comment on the membership of the Board
- Indicate how they wish to be appraised of progress and the outcomes of this work

Appendix 1

Police Healthcare Partnership Avon & Somerset, Wiltshire and Gloucestershire Constabulary

1. Aim

The aim of the project is to sign-off a statement of readiness to transfer responsibility for commissioning police custodial healthcare and Sexual Assault Referral Centres (SARCs), and associated healthcare, to the NHS by April 2015.

In order to enable the commissioner and the police to assess the environment, undertake due diligence and establish working relationships before the local NHS commissioner takes over the commissioning and budgetary responsibility, a period identified as a 'shadow transfer' is entered into. The output from this process would be the joint police/NHS Statement of Readiness to transfer locally, where upon the NHS would take on the responsibility for healthcare commissioning.

2. Objectives

- To set up a local Partnership Board, agree terms of reference and set up a partnership agreement.
- To set the scope for the transfer of commissioning and budgetary responsibility of healthcare to the NHS.
- To undertake a healthcare needs assessment.
- To engage users of the service to ensure that they are involved in the design of the future service.
- To provide a model of custody healthcare, which reflects local ways of working and local partnership arrangements
- Review existing healthcare provider against clinical and forensic standards.
- Set up clinical governance framework, plans and clinical protocols for the service.
- Review all healthcare processes including within and externally to the police custody suite, SARCs and local criminal justice networks and to identify liaison and diversion pathways.

- To explore the opportunities and benefits of an integrated information system, including an integrated health care record.
- To ensure the physical, psychological and mental health needs of detainees are fully addressed in any re-commissioned services.
- To ensure the physical, psychological and mental health needs of victims of serious sexual offences and violence are fully addressed in any re-commissioned services.
- Set up performance monitoring arrangements to collect and measure health outcomes.
- Recommendations to delivery of optimal service model as a statement of readiness to be presented to Partnership Board.
- To identify potential additional demand on other healthcare agencies through improved clinical model.
- To undertake a review of different custody health staff team models.
- To agree any expenditure for the project
- To conduct a financial review of existing contract and due diligence assessment of the commissioning model
- Agree financial and contractual arrangements of a proposed transfer

3. **Local Progress**

- A Police Healthcare Partnership Board has been established and forms an equal partnership between the Wiltshire, Gloucestershire & Avon & Somerset Police Service and NHS England. This Joint Board has met bi-monthly since April 2013, Chaired by the Assistant Chief Constable from Wiltshire Police (Terms of Reference attached). The Head of Health and Justice and the Health and Justice Commissioner for the BNSSSG Area Team are both members of this group. The Board is supported by a Police Healthcare National Project Board Advisor (Ivan Trethewey).
- Transition funding is given to Partnerships to support the work required to prepare for 'readiness'. The Wiltshire, Gloucestershire & Avon & Somerset Board appointed a Project Manager with some of the funding to oversee the work required. The Project Manager is currently on maternity leave and a recruitment process to provide cover for this post is underway.

- Sub-groups are being established to support various work-streams, for instance a Clinical IT subgroup. These sub-groups report directly to the Board.
- The Health and Justice Team from the BNSSSG Area Team are represented on a National Police Healthcare Transition Forum. The Health and Justice Commissioner attends this forum with the Chief Inspectors with responsibility for Custody from Avon & Somerset, Wiltshire and Gloucestershire Constabularies. The Forum has been set up to share best practice and ensures Partnerships are compliant with legislation, national standards and guidelines.
- The Health and Justice Team from the BNSSSG Area Team are also represented on a National Clinical IT Forum. This Forum aims to develop a specification for a temporary detention and custodial clinical IT system, working closely with colleagues in the Department of Health who are reviewing the national clinical IT systems for prisons (SystemOne).

Terms of Reference for Collaborative Police Healthcare Partnership Board

The Police Healthcare Partnership Board is formulated as an equal partnership between the Wiltshire, Gloucestershire & Avon & Somerset Police Service and the NHS for:-

- Wiltshire
- Gloucestershire
- Bristol, North Somerset, South Gloucestershire Cluster
- Somerset, Bath & North East Somerset (part of cluster for Wiltshire)

Its purpose is to progress the transfer of commissioning and budgetary responsibility of police custodial healthcare and other associated healthcare deemed in scope, in line with government policy.

Key deliverable

Within two years, to sign off a statement of readiness to transfer responsibility for commissioning police custodial healthcare and associated healthcare to the NHS.

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Governance

The relationship between the partnership board and the Department of Health will be governed by the MOU signed by each participating police force. To support this relationship the partnership board will be expected to:

- Set up performance monitoring arrangements to collect and measure health outcomes
- To appropriately manage the budget provided by DH to facilitate the key deliverable
- To provide evaluation data and progress reports to the Police Healthcare Oversight Board as requested (not sure what this is)
- To promote engagement with other key stakeholders directly and indirectly affected by the programme
- To engage with other partnership boards and Department of Health to share best practice
- Maintain close links with the South West SARC Steering Group and provide updates regularly

Membership

The Collaborative Police Healthcare Partnership Board membership comprise of the following:-

Police:

- ACC Wiltshire (Chair)
- Strategic Custody Reps Wiltshire, Glos , A&S
- SARC representatives Wiltshire, Glos, A&S
- Sandra Brooks Senior Category Buyer (SWPPD)
- TBC SARC Manager
- TBC Administration (minutes)
- Finance Officer Wiltshire

Health:

- Head of Public Health Partnerships and / or Senior Public Health Manager (SW) and / or Consultant in Public Health (SW)
- Ivan Trethewey: National Programme Manager South
- Lyn Emslie, Head of Health and Justice Commissioning BNSSSG AT
- Kate Pearce Health & Justice Commissioner BNSSSG AT

Other Partners:

- Probation (TBA)
- Local Safeguarding boards (TBA)

To be copied into minutes:

- Superintendent A Hunt: West Midlands Police/Department of Health, National Programme Manager North

Any other potential invitees will be decided by the partnership board and be dependent on the future agendas of the partnership board meetings. These could include (but are not limited to): Police/Health IT contacts, Mental Health providers.

The Board will also form task and finish groups for particular identified work streams, as and when necessary. These groups will be accountable to the board and will bring their work to the group for discussion.

Frequency of Board Meetings: Bi-monthly

Terms of Reference to be reviewed: Annually or as necessary

Last updated: April 2013