

Transfer of Offender Health Commissioning

Health and Wellbeing Board

12 March 2104

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Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The purpose of this report is to brief members of the Health and Wellbeing Board on the current situation in relation to the transfer of commissioning of police custody healthcare and Sexual Assault Referral Centre (SARC) provision to NHS England.
- 1.2 For clarity the transfer is of commissioning responsibility and not service provision, albeit the service provision may alter as a result of any joint consideration by the partnership board.

2. Recommendations

The Board is recommended to:

- 2.1 Note the contents of this report.

3. Detail

- 3.1 In order to make the most cost effective use of resources, Avon and Somerset, Gloucester and Wiltshire Police have formed a collaborative partnership board with South West NHS England Commissioner to work towards signing a statement of readiness declaring readiness to transfer commissioning initially by August 2014 but, due to unforeseen circumstances, this has been delayed until January 2015. The statement of readiness stipulates that both the police and NHS England commissioner understand and approve the nature and scope of the service including the clinical governance arrangements to ensure a quality service provision and sufficient funding to cover full costs.
- 3.2 This Board is chaired by ACC Tatam and has representatives from each Force, NHS England, Procurement teams and OPCC.
- 3.3 Each partnership was given two year funding by the Dept of Health to support the setting up of the partnership board and to enable the Health Commissioners to work with the police in the following amounts:

Avon and Somerset	£75 k p.a.
Gloucester	£50k p.a.

Further information on the subject of this report can be obtained from Supt Marion Deegan, 01380 733439

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- 3.4 The Board has agreed to pool a proportion of the funding to finance agreed joint work, leaving finances available to each Force to manage identified local needs in pursuance of the transfer.
- 3.5 One product of the transfer is the development of a Health Needs Analysis of the needs of detainees in police custody. This can be utilised by PCC's to inform local authority Health and Wellbeing Boards of the unmet needs of detainees, to inform future service provision.
- 3.6 From a SARC perspective both police and NHS partners have been asked to identify their current spend on SARC provision. Primarily this was done to ensure that when PCTs ceased to exist in April 2013, that the NHS Commissioning Board could ensure that there was continuity of service provision, from a health perspective. It has also been a useful benchmarking exercise that has identified the complexities of current SARC funding in force areas which are being addressed by each Force in line with PCC and partners.
- 3.7 The Home Office and Department of Health are still working through the impact of a legal transfer on financial issues. It has been agreed that and decisions regarding national financial transfer would be revisited in the next CSR.
- 3.8 Once a legal transfer has occurred, NHS England would be legally and financially responsible for police custody and SARC healthcare. As such, from that point onwards, they would have to absorb from their own budgets any future increase in expenditure.

4. Alternative Options

- 4.1 This is a for information report.

5. Implications

- 5.1 This is a for information report.

6. Consultees

- 6.1 Not applicable.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 None.