

Securing Excellence in Commissioning for Offender Health

Key facts

March 2013

Introduction

1. From April 2013, the NHS Commissioning Board (NHS CB) will take up its full duties to ensure that the NHS delivers better outcomes for patients within its available resources and upholds and promotes the NHS Constitution. As a single national organisation, the NHS CB will be responsible for ensuring that services are commissioned in ways that support consistency not centralisation; consistency in ensuring high standards of quality across the country. The NHS CB will work through its national, regional and local area teams to discharge these responsibilities.
2. One of the NHS CB's responsibilities will be to commission directly health services or facilities for people who are detained in prison or in other secure accommodation and for victims of sexual assault. This document sets out the operating model through which the NHS CB will secure the best possible health outcomes for prisoners, detainees, children and young people in secure settings. These outcomes should be equivalent standards of care to those in the wider community.

The clinical commissioning system

3. The NHS CB will be set up and be responsible for directly commissioning all specialised services, primary care, offender healthcare and some services for members of the armed forces. The NHS CB is structured with four regions and 27 area teams. Nine area teams and a regional team for London have been designated to build the expert capacity necessary to undertake the NHS CB's commissioning role, including commissioning of preventive and public health services as set out in the Section 7a agreement with the Secretary of State, in respect of persons detained in prison, or in other secure accommodation and the victims of sexual assault.
4. The NHS CB will be supported by new commissioning support units (CSUs). Their role will be to carry out transactional commissioning function, such as contract monitoring and transformational commissioning functions, such as procurement.

5. Commissioning of public health services will be undertaken by Public Health England (PHE) and local authorities, although the NHS CB will commission, on behalf of PHE, many of the public health services delivered by the NHS.
6. The NHS CB will also work with clinical commissioning groups (CCGs) and local authorities (LAs) to ensure effective integration and handover to local clinical public health services, for example when people are discharged from secure to community settings. In addition, area teams may wish to secure additional support from local based expertise, for example working with local specialist stop smoking services to complement training of staff working in secure settings.

Improvement

7. The benefit of the NHS CB becoming a single commissioner for all specialised services will be the ability to plan for and deliver more consistent standards, higher quality services and better health outcomes for patients. A more consistent approach to commissioning and contract management will be implemented in order to deliver these improvements.
8. The health system reform presents an opportunity for health and criminal justice partners to work together more effectively. This opportunity is supported by inclusion of reducing re-offending rates and other related indicators in the Public Health Outcomes Framework and the requirements of the Mandate to the NHS CB. Partner agencies will be able to work together to develop outcomes aligned to local joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWBSs).

NHS CB regional and area teams

11. The work of the NHS CB in relation to all offender health services will be managed locally through area teams of the NHS CB to ensure close contact with patients, the public and key commissioning partners as well as local contractors and providers, and to ensure local priorities are part of the decision-making process.
12. Local Prison Partnership Boards and/or Health and Criminal Justice Boards, will bring together the interests of the NHSCB, CCGs, prisons, the police, LAs, probation and the National Offender Management Service (NOMS). They are able to scrutinise and ensure the effective use of resources and foster continuity of care during transition from custody to community and can monitor and ensure equity of access for prisoners – as referenced in the Mandate provided by the Government to the NHS Commissioning Board. This will allow the alignment of Justice commissioning intentions with those of NHS CB offender health teams and local partnerships.

12. NHS CB area teams will be the interface for all services and stakeholders, such as partnership boards, at a local level. This will initially be based on what the NHS CB inherits from PCTs until the new local partnership agreements are established which will enable commissioners and stakeholders to work together at a local level.
13. NHS CB regional teams will have a key role in ensuring an overview of offender health commissioning. In particular, they will maintain a focus on tackling health inequalities and ensuring the right balance between consistency, and the adoption of national frameworks, and localisation. They will also support the coordination of some of the NHS CB's national developments.

Providers

14. The NHS CB will inherit many and varied contractual forms and service level agreements which will have been locally negotiated. Initially, area teams will 'lift and shift' these local agreements, managing these locally negotiated contracts until such a time that all contracts are brought in line with the standard NHS contract. The intention is that this should be achieved by 2015. It will also be important that area teams review the current contract content to ensure it is fit for purpose and consistent with the agreed national approach and Section 7a specifications.
15. The NHS CB will manage contractual relationships within a consistent framework. However, in doing so it will also demonstrate enough flexibility to allow service developments and improvements to be locally responsive to meet the needs of individuals and local circumstances. All commissioning decisions will be based on outcomes and value for money and have regard to changing policy and nationally agreed commissioning guidance.

Next steps

16. In the coming months the NHS CB will provide more details about the operating arrangements including:
 - a) Fully explore the interdependent relationships critical for the operating model and take any action to ensure they work effectively.
 - b) Continue to work with stakeholders to identify risks and manage the transition.
 - c) Test and operate standard operating models and, in the light of experience, where necessary make adjustments.
 - d) Refine the scope and requirements for commissioning support services.