

Securing Excellence in Commissioning for Offender Health

Frequently Asked Questions

March 2013

1. What is the operating model?

The securing excellence document outlines the new expectations for the commissioning arrangements and how they will improve outcomes for patients whilst reducing inconsistency and duplication in the system.

2. Which services are covered within the operating model?

The NHS CB's responsibilities will be to commission directly health services or facilities for persons who are detained in prison or in other secure accommodation and for victims of sexual assault in England.

In addition to prisons and Young Offender Institutions, the 'other secure accommodation' referred to includes the following:

- (a) Secure children's homes;
- (b) Secure training centres;
- (c) Immigration removal centres;
- (d) Police custody suites; and
- (e) Courts

3. Why are sexual assault services included in the lead ten area teams for Offender Health commissioning and not with Public Health?

The reason for including sexual assault services within the responsibilities of the NHS CB is the close alignment needed between the NHS and police to deliver services, which address both the patient's health needs and forensic enquiry to support any criminal investigation. Sexual Assault Centres (SACs) will be funded through a public health resource stream as opposed to the funding arrangements for prisons and other places of detention, but the NHS CB's commissioning model has been designed to accommodate SACs as well as prisons.

4. How are the services currently commissioned?

The National Offender Management Service (NOMS) is responsible for commissioning and delivering services in 120 prisons and Young Offender Institutions in England¹, (both through the public sector prison service (HMPS) and contracted providers) including enabling the provision of healthcare in these establishments. The NHS is currently responsible for all health services in public sector prisons as well as some or all health services in contracted prisons, the scope of which may vary by the type of contracts held with prison operators for individual establishments by NOMS.

From April 2013 the NHS CB must be satisfied that it is meeting its duty under the Health and Social Care Act to arrange medical services for prisoners, irrespective of custodial providers and arrangements will be in place to effect this assurance for all prisons.

Healthcare in some secure accommodation is currently commissioned by other government bodies, such as NOMS for some contracted prisons; the UK Borders Agency (UKBA) for Immigration Removal Centres; the Youth Justice Board (YJB) for Secure Children's Homes and Secure Training Centres and youth offending places in YOIs; and Police Authorities for Police Custody Suites and Sexual Assault Referral Centres. There is an agreed direction of travel to migrate these commissioning responsibilities to the NHS and many pilot schemes are already in place where Primary Care Trusts (PCTs) in partnership with NOMS are commissioning healthcare in these establishments, especially adult prisons. Regulations will allow the transfer of most of these responsibilities to the NHS CB as the responsible NHS commissioner from April 2013.

Section 22 of the Health and Social Care Act 2012 inserts a new power in Section 7a of the NHS Act 2006, to enable the Secretary of State to delegate commissioning of public health services (which includes substance misuse services) to the NHS Commissioning Board by mutual agreement. Services for victims of sexual offences are public health services, though the commissioning model is through offender health arrangements because of the alignment with the criminal justice system.

5. Why does the way in which services are commissioned have to change?

Structural changes to commissioning arrangements are required by the Health and Social Care Act 2012 which creates the NHS Commissioning Board and abolishes PCTs.

¹ NOMS is also responsible for commissioning and delivering prison and probation services in Wales

A central pillar of the NHS CB's vision for the future of commissioning is achieving equity of access to, and excellence in care and treatment. Historically, there has been wide variation in the way PCTs have discharged their commissioning responsibilities for offender health. This has resulted in variations to the way in which contracts have been negotiated and the development and application of commissioning policies and quality standards. Having a consistent approach to central planning, with delivery at a local level will help to tackle variations and will be a positive step forward in raising the standard of care, using as a minimum the same standards and quality of care that can be expected in the community.

6. What role do clinical commissioning groups play in the new system?

Clinical commissioning groups (CCGs) will be responsible for commissioning emergency care, including A&E and ambulance services as well as out-of-hours primary medical services, for prisoners and detainees present in their geographical area. CCGs will also be responsible for commissioning health services for adults and young offenders serving community sentences or released under supervision on license by probation and health services for initial accommodation for asylum seekers.

In order to ensure the best possible quality of care for patients, it is also vital that care is seamlessly delivered. Therefore, it is essential that the NHS CB engages locally with CCGs

7. What improvements can we expect to see in the future?

The NHS CB's vision for the future NHS is patient-centred and focused on outcomes in which patients have equal access to high quality, consistent services, regardless of where they are, and in which productivity and efficiency remain key drivers for improving standards of care, and delivering value for money.

We will also seek to work even more closely together with our co-commissioning partners to ensure that healthcare and non-healthcare services for offenders, detainees and victims of sexual assault are integrated with system wide improvements and shared outcomes being driven forward.

8. Which regional and area teams will be responsible for the commissioning for people in prison, other secure accommodation and victims of sexual assault?

The responsible area teams that are responsible for the commissioning of services are:

- Durham, Darlington and Tees;
- West Yorkshire;
- Lancashire;

- Shropshire and Staffordshire;
- Derbyshire and Nottinghamshire;
- East Anglia;
- Bristol, North Somerset, Somerset and South Gloucestershire;
- Thames Valley;
- Kent and Medway; and
- The London region

9. How will contracts be managed under the new commissioning system?

Each of the nine area teams and one regional team with lead responsibility will be responsible for contract negotiation and management for all service activity with all providers within the defined area. It is expected that non lead area teams that have prisons or other secure accommodation in their areas will work closely with the lead area team commissioners on areas such as clinical advice and support, joint strategic plans with public health and other support that requires local context

The NHS CB will also work together nationally and through area teams with our co-commissioning partners in NOMS, the YJB, UKBA, police forces and courts and their delivery structures to ensure that the services we commission help to delivery shared outcomes which both address the wider determinants of health and support justice outcomes

10. Will there be any support services for commissioning for people in prison, other secure accommodation and victims of sexual assault?

The arrangements for commissioning support are currently being developed as described in '*Developing commissioning support; Towards service excellence* (February 2012). The two areas being developed are business intelligence and procurement.

11. In the move towards a consistent approach, is there a risk of destabilising existing services and providers?

The NHS CB acknowledges that there is a certain amount of risk involved in moving towards consistent contracting and service specifications. Therefore, in order to avoid destabilising any services during this period of transition, the NHS CB will set time limited transition arrangements and work closely with providers ready for the 2014/2015 contracting round.

The NHS CB will also work closely with its co-commissioning partners in NOMS, the YJB, UKBA, the police and courts and their providers to ensure that transition risks are carefully managed and services remain focussed on patient outcomes.

12. What is a service specification?

A key part of the transition to a single Operating Model is the production of a unified or converged single national service specification and supporting documentation, for example public health services specification for people in prison and other places of detention, or death in custody reviews.

The service specifications are intended to be a clear statement of the primary objectives of a service. They will provide details of what will be provided and be produced in conjunction with any relevant quality requirements which should be detailed in the contracts with providers.

We will work closely with our co-commissioning and delivery partners to ensure that these specifications align and manage the key interfaces with those for the delivery of non-healthcare related services in prisons and other prescribed places of detention.

13. How will Individual Funding Requests (IFRs) be managed in the new structure?

The NHS CB will be responsible for managing applications for funding specific individual patients for specialised service treatment, which fall outside of the nationally agreed service specifications and policies. These will be managed via the specialised commissioning area teams that have IFR responsibilities.

14. How will the NHS CB ensure continuity of care between services commissioned in prisons and other places of detention and community services?

The Secretary of State for Health's mandate to the NHS Commissioning Board sets a clear priority for our services in terms of developing better healthcare services for offenders and people in the criminal justice system which are integrated between custody and the community, including through development of liaison and diversion services.

The NHS CB will work closely with providers and co-commissioning partners to ensure that services are designed with clear pathways both between prison and other places of detention and between places of detention and the community. We will seek opportunities to share assessments of need including feeding into the work of health and wellbeing boards and explore 'through the gate' services. For example, lead commissioners in area teams may choose to commission substance misuse services in custody through existing joint commissioning arrangements in the community where they can be assured this will deliver their outcomes.

15. Why is partnership working so important?

Fully realising health outcomes for offenders, detainees and victims of sexual assault will be dependent on integrating and aligning the design and delivery of services which the NHS CB directly commissions with non-health services commissioned by our partners. Our partners in turn recognise the importance of health outcomes to their wider outcomes such as treating people in their care with decency, tackling inequalities or reducing reoffending. As such our services are co-dependent and we must work together to maximise the benefits to patients and wider society.

There is a history of successful partnership working nationally, regionally and locally between the NHS and our commissioning and delivery partners, and we want to continue to build on effective practices and structures while at the same time recognising both the changes to organisations and the services in scope of partnership working.