

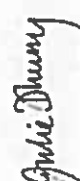
## Criteria for Readiness to Transfer the Commissioning of Police Healthcare

### Self-Assessment Framework for Durham Force Partnership

This document is a self-assessment framework that should be signed off by the chief officer of Police or his/her designated authority, the Police & Crime Commissioner or designated representative and the director of commissioning development, Health and Justice or his/her designated authority in relation to the transfer of commissioning and budgetary responsibility for police custody healthcare.

Signed on behalf of Chief Officer of police .....  ..... Position ..... *Asst. Chief Officer* .....

Signed on behalf of the Police and Crime Commissioner.....  ..... Position..... *Police and Crime Commissioner* .....

Signed on behalf of Director of Commissioning  ..... Position ..... Head of Commissioning, Health & Justice (Cumbria and the North East)

The partnership understands and supports the process of transferring legal and financial responsibility for Police custodial healthcare to NHS England at the point the Department of health enact the necessary change to the NHS Act 2006.

It is acknowledged that there may be parts of the assessment that may require an action plan to achieve full compliance with NHS/Police standards (Estates as an example). Such an action plan, where possible, (suitably risk assessed and managed) does not preclude the signing of this statement of readiness, where partners are happy with that plan and its future delivery.

Evidence

Current RAG status

| <b>GOVERNANCE</b>  |   | <b>Current State</b>  |
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| <p><b>1) Partnership</b></p>   | <p>a) Terms of reference for the partnership board, have a defined scope and outcomes.</p> <p>Minutes demonstrate involvement of senior managers, clinical, financial, and commissioning leads and robust joint commissioning and procurement arrangements.</p> | <p>Complete</p> <p>HNA Complete</p> <p>Jointly held OPCC/NHS E Durham: Custody Healthcare &amp; Sexual Offence Examination Contract &amp; Performance Meeting to achieve oversight of overall contract performance and assurance of contract fulfilment</p> |
| <p>b) Joint commissioning/procurement arrangements are in place that strategically assess the health needs via a Health Needs Assessment (HNA) and understands the needs of detainees taking a methodical approach to the use of data.</p> |   |   |

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| <p>c) <b>Joint planning and service design / redesign mechanisms to enable the identification of what service is required and required delivery enabling both partners' operational activity to continue.</b></p>   | <p>Quarterly Force wide Health &amp; Justice Partnership Board in place to provide force area overarching governance to Liaison and Diversion and Police Custody health &amp; Justice work streams</p>                                  |
| <p>d) <b>Joint agreement on how to deliver those services – (mutually agreed comprehensive service level agreement in place).</b></p>   | <p>Durham are currently benchmarking against the new national police custody healthcare specification with a view to moving onto the new specification. Progress update is monitored through the contract and performance meetings.</p> |
| <p>e) <b>Joint review monitoring of the contract / SLA takes place that, challenges, assesses the effectiveness and the impact of the service.</b></p> <p>f) <b>There is a systematic clinical governance framework in place that includes:</b></p> <ul style="list-style-type: none"> <li>• <b>Clinical effectiveness activities including audit and redesign</b></li> <li>• <b>Risk management including detainee safety</b></li> </ul> | <p>Delivery against the remaining actions on the HNA Action plan is being monitored through the contract and performance meeting with oversight by the H&amp;J Partnership board.</p> <p><b>Clinical governance</b></p>                 |

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| <p>arrangements e.g. in regards to audit and incident management are currently being explored and the benchmarking exercise will also highlight any issues.</p> <p>A contract specific risk register has been developed by County Durham and Darlington Foundation Trust (CDDFT) which is monitored through the contract and performance meeting.</p> |  |
| <p><b>2) Standards</b></p>  | <p>a) Where possible standards must be aligned to the following:</p> <ul style="list-style-type: none"> <li>• Equality Act</li> <li>• Disability Discrimination Act</li> <li>• Care Quality Commission</li> <li>• Health Service Infection Control</li> <li>• Medicines Management including NICE Guidelines</li> <li>• Information Governance &amp; record keeping</li> <li>• Cleaning contract</li> <li>• Faculty Forensic Legal Medicine</li> <li>• Royal College of Paediatrics and Child Health</li> <li>• College of Policing Authorised Professional Practise</li> <li>• Custody and Detention</li> <li>• NICE Guidelines</li> <li>• HM Government Working together to Safeguard Children</li> <li>• 2010: A Guide to Interagency Working to Safeguard and Promote the Welfare of Children</li> </ul> |
| <p>CDDFT to review and move onto national specification for police custody healthcare. A progress update is expected at the next C&amp;P.</p>   |  |

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|                              | <ul style="list-style-type: none"> <li>• PACE</li> </ul> <p>All processes can be evidenced to comply with nationally recognised standards where they exist. Where gaps are identified they are highlighted to the partnership board for consideration.</p>  |   |
| <p><b>3) Legal</b></p>       | <p>a) That contractual arrangements have been legally reviewed and are compliant with principle legislation including PACE, Medicines Act i.e. insurance indemnities are NHS and Police contract compatible.</p> <p>b) All parties understand the distinct legal implications of general health provision mandated for the NHS and the separate Forensic only provision requiring the signature of the PCC's office</p> | <p>Awaiting national guidance on the technical and legal implications of the national transfer.</p>   |
| <p><b>ADMINISTRATION</b></p> |   |   |
| <p><b>4) Workforce</b></p>   | <p>a) There is clear evidence that the workforce have CPD, training and development, appraisal.</p> <p>b) This needs to be reflected in both the contract and the monitoring of the service.</p>  | <p>CDDFT to review and move onto national specification for police custody healthcare. A progress update is expected at the next C&amp;P.</p> |

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| <p><b>5) Service Improvement Plans</b></p>        | <p>a) There is a service improvement plan based on health need and national and local priorities driving modernisation and commissioning intentions.</p> <p>b) This should include commitment to improving care pathways between police and community health service provision, e.g. MH/Drugs/Alcohol, in order to reduce risk in Police custody, make detention safer &amp; reduce re-offending.</p> <p>c) The plans should seek to make the multi-agency response to detainees and victims effective, efficient and timely.</p> | <p>HNA Actions are being tasked to the contract and performance meeting and will form the service improvement plan.</p> <p>Healthcare related HMIC Actions (if any) will be tasked to the contract and performance meeting and will form the service improvement plan.</p> <p>L&amp;D is standing agenda item on the contract and performance meeting for CDDFT.</p> <p>The H&amp;J Partnership board is firmly linked in to the wider Diversion and Liaison local and national agenda and is a standing item on the agenda. CDDFT will be a member of the L&amp;D project boards led by the L&amp;D provider</p> |
| <p><b>6) Service Delivery Concerns/Issues</b></p> | <p>a) An operational protocol between NHS and Police is established for escalating unresolved issues to senior managers of the partnership regarding service delivery for resolution at the lowest appropriate level.</p>   | <p>Any issues are discussed at the custody operational group meetings before being</p>  |

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|  | <p>b) A similar agreement or protocol is understood for resolving strategic issues relating to the overall management of the contract</p>   | <p>escalated to the Medical Services Contract and Review Meeting and if unresolved to the H&amp;J Partnership board</p>  |
| <p>7) Engagement with the Stakeholders</p> | <p>a) Stakeholder events and consultation processes have been held and the results documented for future reference.</p> <p>b) Plans are in place for continued engagement with key stakeholders such as Health and Wellbeing Boards (HWB) and CCGs.</p> | <p>Stakeholders were consulted as part of the HINA (see 5 a)<br/> A SARC Process<br/> Mapping event has taken place (08 12 14)<br/> Various liaison and diversion events have taken place<br/> PCC has been invited to sit on the Area Team Health &amp; Justice Forum<br/> NHS England has been invited to take part in various OPCC consultation processes/events</p> <p>Consultation with many stakeholders forms part of the Specification (1 a))<br/> NHS England's Area Team Director engages with HWBs but links to CCGs is a national issue<br/> Paper to be fed in to H &amp;WB from the Durham</p> |

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|   | <p>Force Area H&amp;J<br/>Partnership Board 4 June<br/>2015</p>   |
| <p>c) Strong links with Local Safeguarding Children Boards. Adult Safeguarding should be established and also engagement in multi-agency risk assessment conferences.</p> | <p>Chair of the Durham H&amp;J Partnership boards sits on the Safeguarding boards.</p> <p>Arrangements for identifying and escalating issues of safeguarding need to be confirmed with CDDFT at the contract &amp; performance meeting.</p> |



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| <p><b>8) Finance</b></p>                 | <p>a) Financial planning is based on transparency of processes.<br/> b) Cost of contract is understood and has been agreed by the partnership board<br/> c) Forward financial plan is within anticipated investment profile<br/> d) There is a process for police and NHS commissioners to meet to review expenditure against plan<br/> e) NHS commissioners will accept legal and financial oversight of the commissioning of these services at the point the Department of health enact the necessary change to the NHS Act 2006</p> | <p>Contract value is understood however contract indexation is applied annually and there is potentially a £100k risk.<br/> Awaiting national guidance on the technical and legal implications of the national transfer.</p> |
| <p><b>9) Health Needs Assessment</b></p> | <p>a) Has been undertaken and has informed the commissioning process (Should be refreshed annually and re-written every 3 years)<br/> b) Future HNA processes should include stakeholder and detainee involvement</p>  | <p>Complete. Delivery against the remaining actions on the HNA<br/> Action plan is being monitored through the contract and performance meeting with oversight by the H&amp;J Partnership board.</p>                         |
| <p><b>10) Premises and Equipment</b></p> | <p>a) The partnership is clear on who is responsible for premises and equipment fixed and non-fixed.<br/> b) Ensuring compliance with statutory requirements, including H &amp; S and appropriate British standards concerning inspection, testing, maintenance and repair of equipment, and with national standards for forensic premises.<br/> c) An Undertaking that any future custody estate developments</p>   | <p>Current contract places responsibility for the provision of premises and equipment on the ODPC; however an asset register is under development to</p>   |

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|                     | <p>that affects the healthcare environment is consulted on with Health and Justice Commissioner</p>  | <p>ascertain ownership and maintenance arrangements. Awaiting national guidance on the development of a national partnership agreement similar to that between NOMS/NHS E/PH if no agreement is put in place there could be future increased costs.</p> <p>Any changes to the custody estate would be consulted on at the H&amp;J Partnership Board.</p> |
| <p>11) IT</p>       | <p>a) Health IT conforms with the Memorandum of Information MOI from Offender Health IT</p>  | <p>Plans to develop clinical IT in custody are underway. Awaiting an update from the project lead.</p>   |
| <p>12) Products</p> | <p>a) TOR/Scope<br/> b) Health Needs Assessment<br/> c) Audits - Equipment, medical room, forensic facilities, storage and infection control<br/> d) Authorised Professional Practica/PACE audit<br/> e) Pharmacy/controlled drugs audit<br/> f) New jointly agreed service specification<br/> g) Risk Log Including who owns what risk<br/> h) Reference to an Equality Impact Assessment where appropriate</p> | <p>a) Complete<br/> b) Complete<br/> c) Arrangements for planned inspections are to be explored with CDDFT.<br/> d) OPCC to confirm if required.<br/> e) Complete</p>  |

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|  |  | <p>f) CDDFT to review and move onto national specification for police custody healthcare. A progress update is expected at the next C&amp;P.</p> <p>g) A contract specific risk register has been developed by County Durham and Darlington Foundation Trust (CDDFT) which is monitored through the contract and performance meeting.</p> <p>h) A local EIA can be completed if required. A national EIA is being completed by central support team.</p> |
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