By: **Meradin Peachey, Director of Public Health**

To: **Kent Community Safety Partnership – 6 March 2012**

Classification: ***For Information***

Subject: **"NHS Reform and the Impact on Community Safety".**

Summary

This paper provides a description of current and future NHS structures and health issues relating to the agenda of the Kent Community Safety Partnership. The paper describes both the public health and NHS health service issues affecting both victims and perpetrators of crime and the changes to the commissioning architecture that may impact on the community.

Currently the health services are accountable to the Department of Health, 4 Strategic Health Authorities and 50 Primary Care Trusts but from April 2013 there will be a National Commissioning Board, Public Health England, 4 sub national units, 50 local commissioning units and 400 + Clinical Commissioning Groups, as well as a County based Health & Wellbeing Board. There will be a Kent and Medway sub-national unit of NCB.

It is impossible to predict the impact of these changes which take place in a backdrop of economic uncertainty, public sector cuts and rising unemployment. However the willingness of all agencies to work together on shared outcomes based on sound data and analysis will go someway to mitigate any risks.

Kent and Medway PCT Cluster has responsibility for developing CCGs. There are likely to be seven and they will have delegated budgets from April 12.

1. Introduction

To date the key relationship between the Kent Community Safety Partnership and the NHS Primary Care Trusts (PCTs) has been the Director of Public Health and her team. This is because NHS public health teams have the following remits:

- health care commissioning
- health improvement commissioning
- ensuring quality of health care
- data analysis and audit
- health needs and health impact assessments
- health protection (including vaccination)
- reducing health inequalities via community development and leadership
- partnership building between NHS and other sectors

The reforms in the NHS will bring the Director of Public Health and her support team of consultants and specialists into direct Kent County Council accountability. KCC has taken on early management of Public Health, with governance remaining in the NHS.

The NHS reforms are now underway and the outcome in 2013 will be the transfer of the large proportion of the health care budget to local Clinical Commissioning Groups (CCGs) led by GP commissioners. Another outcome will be that by April 2013, dependent on the Health and Social Care Bill being passed in its current form, there will be a National Commissioning Board that will take on the role of monitoring quality of commissioning and specialist services, Prison Services, Sexual Assault Referral Centres, Primary Care Services and others.

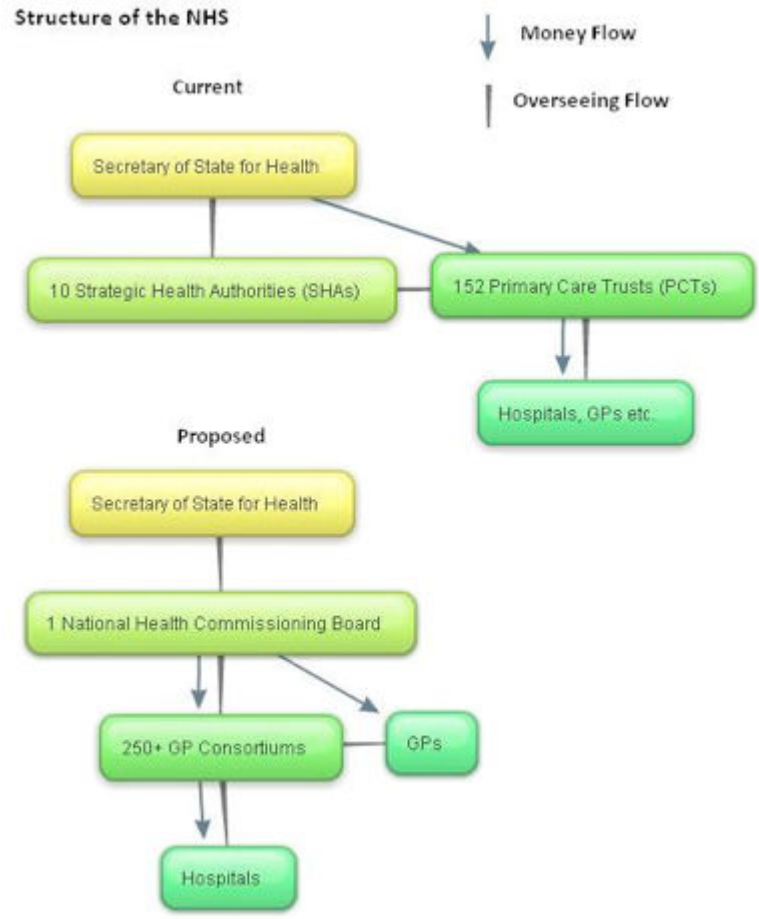
Public Health England will also be created and will have statutory powers to protect the health of the population. The director of public health and her team will be responsible to the Local Authority and be responsible for driving the Joint Strategic Needs Assessment, the Health and Well Being Board and commissioning Public Health services.

This paper highlights the key changes taking place, notes for information and discussion the key health and social care issues the Kent Community Safety Partnership will face and highlights the potential impacts of the NHS reforms for the Partnership.

2. Background

The current and future structure of the NHS is outlined in Figure 1 below. Currently there is the Department of Health, 4 Strategic Health Authorities and 50 Primary Care Trusts and from April 2013 there will be From Apr 2013 – National Commissioning Board, Public Health England, 4 sub national units, 50 local commissioning units and ? 400 Clinical Commissioning Groups and a County level Health and Well Being Board.

Figure 1



3. The Health and social care needs for community safety in Kent (see Table 1)

Community Safety Partnerships are key local partnerships between statutory services (e.g the local authority and the Police) to keep crime to a minimum and keep the community safe and secure.

In order to do this effectively the Police and the community partners need a broad understanding of the criminal justice system and the wider community issues e.g community cohesion.

The NHS is also a key partner and this has traditionally been delegated to a public health leader. The main reasons for this are that the bulk of the impacts are public health issues and the public health leader can navigate between the wider determinants of health (e.g housing and unemployment) and the health services (e.g drug and alcohol services that are paid for via the NHS). Another key aspect of the public health role is the use and understanding of local data and intelligence.

There are significant overlaps between the wider determinants of health such as tackling health inequalities and public health and the crime and community safety agenda that make public health leaders the natural partners. However there are also key strategic roles of health service commissioners and front line providers.

The key health and well being concerns for the Community Safety Partnerships are :

- Data analysis via annual strategic assessments and link to HNAs
- Domestic Violence
- Substance Misuse (including Alcohol)
- Health of offenders : community/ probation/ custody/remand and prison health
- Mental well being of communities (fear and community cohesion)
- Well being of families in need
- Road Safety and injury

Therefore given the scale and scope of the changes to the NHS commissioning architecture it is important to scope out the nature of the impact.

The content in Table 1 gives the key health issues and concerns related to community safety (the list is not exhaustive and is merely illustrative of the issue at hand) and describes the current position next to the future position.

In the main, it is clear from the table that the commissioning, and hence the partnership, landscape becomes more not less complicated and there are a number of unknown elements as the structures bed down, such as who the lead partner is, the link between the JSNA and the NHS Commissioning Board and which elements in a pathway the CCG will commission (and with what resource?).

An example is Alcohol commissioning. Currently there are two main payment streams for this: the National Treatment Agency and the Department of Health. The funds flow from them into the PCT which in turn along with Kent County Council, commission services from a select range of quality providers via Kent Drug and Alcohol Team. After the reforms, this will devolve via the Public Health England's budget to the DAAT, but there will also be a flow via KCC for some services and the NHS commissioning Board may also

have some services (e.g dual diagnosis and prison health) services that affect the pathway. Added to this the CCGs may well wish to use some their funds to improve their local pathways so the commissioning process becomes more, not less, complicated.

Complicated does not mean worse par se. However Community Safety Partnerships will need to be vigilant about what the commissioning intentions and services are and this makes keeping good partnerships important. Public health and local commissioners will still be able to provide links to NHS outcomes and the relationship with the Health and Well Being Board will be vital.

The director of public health (DPH) still provides a crucial role in the navigation towards the health outcomes. Interestingly the newly published Public Health Outcomes Framework for England ensures that community safety public health outcomes are embedded across all four domains of public health. These domains are: Improving the wider determinants of health, whole population health improvement, health protection and healthcare public health (preventing premature death).

4. NHS Commissioning Board and the Elected Police Commissioner: Greater Accountability

The public health outcomes framework highlights that that the NHS commissioning board will play a large part in the delivery on the public health outcomes. The necessity to put public and patients first will mean that there will be greater choice for patients (who may also be victims and perpetrators) and thus make the NHS services more accountable via boards such as the Health and Well Being Boards and the office of the newly elected Police Commissioner.

One area where (on the Table 1) the commissioning and partnerships will be streamlined in the future is in the Health of Offenders. The current approach is fragmented and has no clear governance, with aspects of health services for offenders commissioned and managed by prisons, police and health services. The strategic vision is that by April 2013 the whole of the offender health services, from custody to prison will be managed via NHS service contracts commissioned by the NHS commissioning Board. There is still a need to engage CCGs in the community offender pathway. It is hoped that issues relating to community safety are adequately reflected in the Joint Strategic Needs Assessment and the Health Inequalities Strategy.

Grass Roots Involvement

On the shop floor, local Crime partnerships will still need good quality partnership involvement from local health providers and commissioners will need to build such engagement into provider contracts. Domestic Violence services will need to be every agencies business and key health roles such as GP and health visitor can play an active role in tackling the issues rather then simply refer to another professional. This may need a culture change at the heart of health service provision. However with the new opportunities to work together on Community Budgets and Working Families as well pressure on budgets for all public sector agencies, culture change is possible and timely.

Recommendations

- The Public Health Director (and team) continue to relate key NHS issues to the Community Safety Partnerships

- There remain good links between the JSNA and the strategic assessments so that the wider determinants of health are understood
- The commissioning architecture of the NHS is understood locally via engagement with local CCGs and PCT commissioning cluster re the pathways and commissioning intentions.
- Commissioners build partnership and engagement into the contract of key providers including GPs and Health visitors.
- The whole offender management pathway is captured in the work of NHS commissioners and providers (including needs assessments).
- Develop relationship with evolving local NCB, particularly in relation to commissioning Prison Services.

Jess Mookherjee : Consultant in Public Health

Crime Partnership Issue	Health (Wider) Policy Solution	Public Health Intervention	Health Impact	Provider Services	Commissioner	
					Current	Future
Fear of crime	Community cohesion : Localism	Community development 'broken window syndrome'	Anxiety and depression	GPs Mental Health Trust Voluntary Sector	PCT KCC	Commissioning Board CCGs KCC
Domestic Violence	Unemployment Recession Family Intervention Community budgets	Identification Pro-active interventions training	Death Injury Child Protection	Hospitals A&E GPs Voluntary Sector KCC Specialist and Community Services Safe Houses SARC	PCT KCC	Commissioning Board?? CCG?? KCC
Alcohol related crime	Poverty Availability Illegal sales Industry	Identification and brief advice Responsibility deal Quality of Services to need Prevention	Early death Morbidity Admissions to hospital Injury Disability	Hospital A&E GPs Community Services Voluntary Services Specialist Services Counselling Borough Councils	KCC PCT	Commissioning Board CCGs KCC (DAAT) Public Health
Drug and Substance Abuse Related crime	Drug Legislation Unemployment availability	Surveillance Quality of treatment services and pathway Prevention	Death Transmitted disease Skin disease Organ failure Disability Mental Health needs	GP Hospital Specialist Services Voluntary Services	NTA DAAT PCT	PHE KCC DAAT Home Office Commissioning Board CCGs
Health of Offenders (including young offenders0	Home Office Prison health Probation and Criminal Justice Human Rights	Qualify of pathways and services Surveillance Health Protection Prevention Public Mental Health	Poorer outcomes Inequalities Serious Incidents Suicide Deaths in custody Mentally disordered offenders	Prison Health Services Police Health Services Community and Probation linked health services Mental Health Trusts	Police NHS Probation PCT CCGs?	Commissioning Board CCGs
Road Safety	Traffic and transport	Community Engagement prevention	Death Injury Disability	GP Hospital Voluntary and Social Care	PCT KCC	KCC CCG