## WILTSHIRE POLICE





## <u>Transfer of Police Custody Healthcare and Sexual Assault Referral Centre</u> (SARC) Provision - Briefing Paper

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.

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.

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 the South West NHS England Commissioner to work towards signing a statement of readiness, aiming to declare readiness to transfer commissioning by August 2014. 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 services, including the clinical governance arrangements, to ensure a quality service provision and sufficient funding to cover full costs.

This Board is chaired by Assistant Chief Constable (ACC) Tatam and has representatives from each Force, NHS England, Procurement teams and Office of the Police and Crime Commissioner (OPCC).

Each area was given two years funding by the Department of Health (DoH) to support the setting up of Partnership Boards and to enable the Health Commissioners to work with the police as follows:

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

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The Board has agreed to pool a proportion of the funding to finance agreed joint work, leaving finances available to each Force to manage their identified local needs ahead of the transfer.

One early product of the preparation is the development of a Health Needs Analysis of detainees in police custody. This can be used by Police and Crime Commissioners (PCCs) to inform local authority Health and Wellbeing Boards of the unmet needs of detainees to inform future service provision.

For SARCs, both police and NHS partners have been asked to identify their current spend on provision. Primarily this was done to ensure that when PCTs ceased to exist in April 2013, NHS England could ensure that there was continuity of service provision. 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 with PCCs and partners.

The Home Office and Department of Health are still working through the impact of a legal transfer of responsibilities from January 2015 on finances. It has been agreed that and decisions regarding national financial transfer would be revisited in the next spending round.

Once a legal transfer has occurred, NHS England will be legally and financially responsible for police custody and SARC healthcare. From that point onwards they will have to absorb from their budgets any future increase in expenditure.

Marion Deegan A/Head of Operational Support Services