

Navigational tool to support the Police to work across the NHS system

May 2021

Purpose

This document is aimed at colleagues in the Police to unravel the complexity of the NHS, encourage engagement and enhance opportunities to work collaboratively.

The social determinants of health such as housing, education, work and income overlap with the social determinants of crime. Key risk factors for poor health align closely with risk factors for offending; and those who are at risk of offending are more likely to suffer from multiple and complex health issues, including mental and physical health problems, learning difficulties, substance misuse and increased risk of premature mortality. With both the Police and health sectors individually positioned to influence these wider social determinants of health, there is an opportunity to work collaboratively to improve population health and reduce inequalities.

The UK Government's White Paper '[Working together to improve health and social care for all](#)' outlines a move away from competition, and towards collaboration, integration and system working. Specifically, the creation of Integrated Care Systems (ICSs) provides an opportunity for Police, public health and the NHS to work more closely together to take a whole system approach to crime prevention and address the significant challenges of police demand, health, social exclusion and inequalities.



Overview and structure of the NHS

The NHS in England exists to improve health and wellbeing, keep the population mentally and physically well, to help people get better when they are ill, and when people cannot fully recover, to stay as well as they can until the end of life.

The NHS is divided into three types of care:

- **Primary:** often the first point of contact for people in need of healthcare, usually provided by professionals such as GPs, dentists and pharmacists.
- **Secondary:** sometimes referred to as 'hospital and community care', this can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture or mental health crisis.

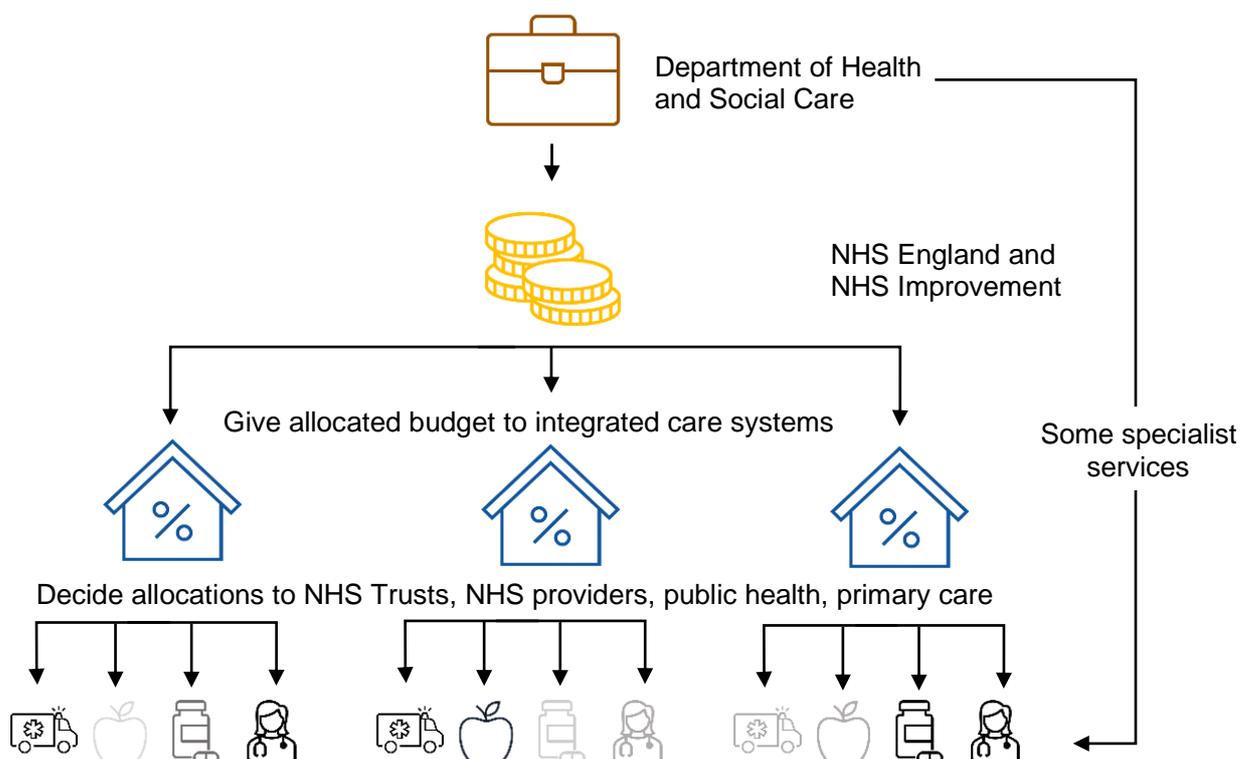
- **Tertiary:** highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services.

There is variation across the country in how services are designed, commissioned and delivered based on local need. This ensures that the local population's health determines the combination of services delivered. However, this can also have negative consequences and is commonly referred to in media as the 'postcode lottery', where a service is unavailable in some parts of the country or delivered differently.

Funding and commissioning

This [slide deck by The Kings Fund](#) explains how the money flows within the NHS. Currently, money flows to Clinical Commissioning Groups (CCGs) for commissioning, but under the new NHS structure, this money will go to Integrated Care Systems (ICS).

This [long read by The Kings Fund](#) outlines the process of commissioning. In summary, commissioners (including NHS England, ICSs and local authorities) contract with providers (e.g. NHS hospital trusts, private providers and the voluntary and community sector) to provide health and care services. Local authorities also have a statutory responsibility to commission some public health services, including sexual health, substance use and some nursing services.



The [Care Quality Commission](#) (CQC) register, monitor, inspect and rate providers and services. Every provider under the NHS banner is regulated by the CQC.



Strategic direction

The [NHS Long Term Plan](#) is the ten-year strategy to improve care for patients over the next ten years. It aims to:

- Make sure everyone gets the best start in life
- Deliver world-class care for major health problems
- Support people to age well

It will deliver these ambitions and overcome the challenges that the NHS faces by:

1. Giving people more control over their own health and the care they receive, encouraging more collaboration and increasing the focus on Integrated Care Systems
2. Tackling some of the most significant causes of ill health, including smoking, drinking problems and Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems
3. Training and recruiting more professionals and making the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients
4. Providing more convenient access to services and health information for patients, and planning services based on the analysis of patient and population data
5. Reducing duplication in how clinical services are delivered, making better use of the NHS's combined buying power, and reducing spend on administration



The move towards Integrated Care Systems

The government's White Paper outlines the move towards greater collaboration by replacing Clinical Commissioning Groups (CCGs) with Integrated Care Systems (ICSs) as statutory NHS bodies. ICSs bring together NHS, local authorities and third sector bodies to take on collective responsibility to jointly plan the delivery of health and care services within a given locality. The NHS Long Term Plan established a target for every area in the country to be covered by an ICS by 2021. ICSs aim to:

- Build stronger partnerships in local places between the NHS, local government and others
- Operate at scale by forming formal collaborations across Provider organisations
- Develop strategic commissioning through systems with a focus on population health outcomes
- Use digital and data to drive system working, connect health and care providers and improve outcomes

More information is available about ICS structures from the following resources:

- NHS England's [website](#) of definitions, [resources and tools](#), and [FAQs](#) on the legislative recommendations
- NHS England's [journey](#) towards integrated care
- A [video](#) explaining how ICSs embed collaboration to help local services respond to challenges of the pandemic and beyond
- A [letter](#) from NHS England's Chief Operating Officer Amanda Pritchard outlining the next steps
- The Kings Fund [explainer](#): making sense of systems, places and neighbourhoods
- The Kings Fund [report](#) on the next steps towards integrated care

As statutory NHS bodies, ICSs will:

- Have an appointed Chair, CEO and boards with representatives from provider organisations
- Hold budgets, directly employ staff, and take on the commissioning functions previously held by CCGs
- Develop a capital plan for NHS providers within their geography
- Work in collaboration with partners to develop the strategic plan for the system

There will also be ICS Partnership Bodies, which will include additional organisations, including local authorities. These bodies will promote partnership working and write a plan for the health needs of the system.



Collaborating with the NHS

The potential for a public health approach to policing is highlighted in a landscape review of [Policing and Health Collaboration in England and Wales](#) and a discussion paper on [Public Health Approaches in Policing](#). A public health approach aligns with the ICS aims to work in partnership, focus on the whole population, and use digital and data to drive systems working.

Through the new ICS structures, there is an opportunity for the Police and health sectors to focus on coordination, prevention and early intervention to identify and support vulnerable people. This can be done by organisations using their shared capabilities and resources more effectively, including moving from single service-based practice towards whole place approaches for commissioning and delivering preventative services based on assessments of threat, harm, risk and vulnerability.

One way that ICSs can work in partnership with local government is through its respective local [health and wellbeing \(HWB\) board](#). These boards bring together NHS, public health and local government organisations to jointly plan how best to meet local health and care needs, and to commission services accordingly. These boards produce [joint strategic needs assessments](#) (JSNAs) to understand the local challenges, inform and support the development of a joint HWB strategy and provide direction for commissioning decisions. More information can be found about the relationship between ICSs and HWB Boards in this [King's Fund long read](#). Local Police forces should be actively involved in their HWB board and play a role in shaping and influencing the HWB strategy.

Directors of Public Health (DPH) bridge local authorities and the NHS and are a key player in developing the local HWB strategy and influencing the approach to local population health. If you are interested in engaging with your HWB board, you can find your local Director of Public Health on the [Gov.UK website](#).

If you are interested in finding out more about existing projects or examples of good practice, you can search for key terms such as “police” and “mental health” on the [NHS England website](#) which contains articles, case studies and press releases.