

REQUEST FOR DMPC DECISION – DMPCD 2016 59

Title: Future of MPS Custody Healthcare Services

Executive Summary:

The MPS has been working in partnership with the NHS and MOPAC in a programme to prepare the MPS to engage a third party to provide custody health services as part of a proposed legal transfer to the NHS. The Home Secretary has decided not to transfer the estimated costs of police custody health services to the NHS and so the legal transfer to the NHS will now not happen on 1st April 2016 as planned.

As part of the preparation work, a NHS England clinical review of the MPS custody health service highlighted weaknesses in the current delivery model. Custody health services are classified as high risk on the corporate risk register and the NHS review provided further evidence to confirm the levels of risk being carried by the MPS. It is therefore suggested that the current model is no longer sustainable and a new approach is required to manage the levels of risk associated with the delivery of custody health services better.

Due to the timing of the Home Secretary's decision, there has been insufficient time to complete a full Outline Business Case (OBC) before the start of the statutory pre-election period deadline. This paper explains that further work has been commissioned to produce an OBC to give full information on future delivery options and seek the Deputy Mayor's agreement in principle to implement the preferred option.

Recommendation:

1. Note the work being done to develop an Outline Business Case regarding the future of MPS custody health services, which will establish how best to procure an appropriate and affordable service, aligned to OMM design.
 2. Note the projected project costs to cover a procurement and mobilisation process over 2 years which are estimated at up to £2m, with external costs to be funded by the Major Change Fund. This will form part of the OBC and brought for decision at that stage.
 3. Note that the £25k costs to produce the OBC will be met from existing budget within Territorial Policing.
-
4. To approve in principle the preferred option for the delivery of custody healthcare services on the basis of the decision on the OBC, as set out at Section B, paragraphs 3 to 6 of this report. This decision will either initiate a route to market or launch an in-house enhanced service development programme. Either option will subsequently follow established governance proposals.

Deputy Mayor for Policing and Crime

I confirm I have considered whether or not I have any personal or prejudicial interest in this matter and take the proposed decision in compliance with the Code of Conduct. Any such interests are recorded below.

The above request has my approval.

Signature**Date**

17/03/2016



PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE DMPC

Decision required – supporting report

1. Introduction and background

1. Background

- 1.1. The MPS has been engaged in a partnership with NHS England (NHSE) and MOPAC in preparation for a statutory transfer of commissioning responsibility of police custody health services from the MPS to NHSE, which Ministers had indicated would take place in April 2016. The transfer would have led to a new outsourced custody health service commissioned by NHS England in April 2017.
- 1.2. In December 2015, the Home Secretary issued her statement regarding the Spending Review settlement for the police. As part of that statement, she announced her decision not to transfer the estimated cost of the police custody health services to the NHS at this time. Because of this decision, the transfer project has been suspended pending consideration of next steps for MPS custody provision. The Home Secretary continues to support engagement with the NHS and is encouraging forces to continue working in partnership to improve the quality of custody health provision.
- 1.3. The Custody Health Transfer Project was led by NHS England and had completed a substantial amount of work to prepare for a procurement process, including the completion of a Health Needs Assessment informing the development of a draft service specification, a revised standard NHS contract to accommodate policing requirements and work to engage with the market. The working assumption of the partnership programme was that the new service would be led by Health in a partnership with the MPS. With the cancellation of the legal transfer, the MPS now has the opportunity to review how a custody health service will lock into our new BCU and Custody design work to ensure the most appropriate custody health provision is delivered for the future policing requirements of the MPS.
- 1.4. Although a significant amount of work has been completed in readiness for the commissioning of a new custody health service for the MPS; NHS governance requirements are different from those of the MPS. Further work is therefore required to complete an OBC suitable to inform Management Board's decision-making and it is intended that this be presented to Management Board and MOPAC in April. However, given the risks highlighted, this report is intended to request approval for the direction of travel.

2. Current Service Model

Risks:

- 2.1. It has already been recognised that the current custody health model holds high levels of risk and it sits on the corporate risk register. The Partnership (MPS/NHS England/MOPAC) commissioned NHSE to conduct a clinical review of the current model to provide evidence of the scale and details of the gaps in service. The review identified gaps in the service that present significant operational risk; it also provides a template against which to design future service levels. The issues include:
 - difficulties in recruiting healthcare professionals and over-reliance on subcontracted FMEs
 - under-investment in clinical governance
 - a number of structural difficulties in the delivery of a police led healthcare model.

2.2. Service Quality; The HMIC/P is inspecting custody services in partnership with the Care Quality Commission (CQC) and further work is planned to develop a new inspection framework which will apply modern healthcare standards to police custody provision.

2.3. There is substantial political interest in custody health services including;

- A Police and Crime Committee (PCC) challenge panel held in 2013
- Further questions have been asked at PCC meetings and updates requested
- Questions from GLA members at Mayoral questions, and
- Lord Adebawale's recommendation for NHS commissioning of custody health in his report on mental health

2.4. Financial: under a financial transfer, future budgetary pressures would have fallen to the NHS to manage. These pressures will now remain with the MPS. Budget management of the in-house model is inherently fragmented and has proved challenging to achieve strategic efficiencies, particularly in light of a national shortage of nurses and a structural reliance on expensive sub-contracting models for FME cover

2.5. The commercial review of custody will be taken into account in the OBC recommendations. The future service model will incorporate sufficient flexibility to ensure operational changes can be incorporated.

2.6. There are a number of risks associated with engaging a third party provider including:

- Service provision will cost more than the current budget:
Mitigation: None. Under investment has been identified as a major factor in the current delivery model that has significant risk attached to it.
- Service specification and/or commissioning strategy is inconsistent with market expectations and service providers do not engage with the process
Mitigation: Co-commission with NHS experts in Health service provision
- Lower direct control on operational delivery.
Mitigation: Effective contract management regime with Key Performance Indicators and contractual remedies to deter poor performance

3. Service Delivery Options

The NHS strategy for service delivery was to commission third party/parties to provide a new custody health service based on the national NHS service specification for Police custody. The service delivery models that will be reviewed in the OBC are:

- Retain existing model
 - Examine new potential service designs
 - Engage third party provider(s)
-

4. Engagement of third party provider(s)

The OBC will review both options noted in (3) above, however the partnership project with NHSE has identified the following benefits of commissioning third party provider(s):

- Enables the MPS to focus on Policing

- Service Risk mitigation
- Recruitment risk mitigation
- Improved performance management information
- Improved Clinical Management to reduce risk and enhance policing requirements
- Budget management
- Service Innovation
- Integration of health systems to drive efficiency

5. Enablers and Opportunities

5.1. Co-Commissioning/Co-Procurement.

NHSE funds and commissions mental health Liaison and Diversion (L&D) services in MPS custody suites, helping reduce re-offending through referral of detainees to community based support services. The NHS is looking to rationalise their current L&D contracts into one London procurement and re-procure the service in line with the new national service specification. This provides the MPS an opportunity to engage the NHS as a partner to share procurement costs and benefit from NHS expertise in either a co-commissioning or co-procurement model to deliver health services, as well as the operational benefits outlined below.

Co-commissioning the custody health service with L&D, will enable the integration of custodial health services to maximise the benefits of a coordinated health approach to reduce crime. Integration between custody health and L&D delivers efficiency benefits:

- reduces risk with one provider having a holistic oversight of detainee needs and better information sharing
- enhances funding for service delivery by minimising management on-costs
- increases the likelihood of collaborations between NHS and private providers, strengthening the market as no one provider could deliver both, and
- give the MPS access to the NHS infrastructural support (such as clinical governance support and advice)

5.2. Clinical Upgrade Investment.

NHSE has invested £400k into physical upgrades to MPS custody clinical rooms and improving compliance with infection control standards.

5.3. Technology.

NHSE has invested £650k to link all MPS custody suites to the NHS secure network, giving health professionals access to medical data that has already demonstrated time savings for staff and increased safety for detainees. It has also procured an Electronic Medical Records System, which will support modern clinical practice and provide performance and management data. The NHS have committed to supporting the on-going revenue costs of their systems. However, because of the Home Secretary's decision, the MPS will now be liable for the maintenance revenue costs of the electronic medical record system (up to £265k p.a. being addressed in a separate governance process) if the MPS wishes to continue using the system. Co-commissioning will provide an opportunity to share this cost.

5.4. Staff

Custody Nurse Practitioners (CNP) lead the MPS service model with Forensic Medical Examiner support. There is currently a 70% vacancy rate of Nurses and an ageing FME profile. A Met Detention Gold Group has been running for over two years with limited success in recruiting and retaining nurses, in spite of a range of innovative options put in place. An external provider will be able to offer a broader workforce development and recruitment model compared to the MPS. TUPE will apply to the CNPs and Forensic Health Services administration team. Met HR has appointed a

lead to manage this process. The FME contracts will effectively wither on the vine if the MPS engages a third party provider. FMEs would be free to work with any new provider.

6. Timescales and Key Milestones

- 6.1. An OBC will be developed for approval by Management Board in April/May 2016. To complete this work a small team will be required, the estimated cost of the team is £25k and it will be drawn from internal resource.
- 6.2. As previously noted, the Service Delivery options stated in (3) above will be examined in the OBC. The methods of delivering a service via third party service provider(s) will also be reviewed, with the risks and benefits of them identified.
- 6.3. The MOPAC have been fully engaged in the transfer project.
- 6.4. The Transfer project with the NHS planned to launch a commissioning process in February/March 2016 for delivery of a new service in April 2017. NHSE is continuing with this timeline for commissioning L&D services.
- 6.5. It is estimated that the commissioning project for third party service providers (including mobilisation) will cost up to £2m. The project would be expected to take between 18 months and two years to complete and will require a mix of internal and external resources.

2. Issues for consideration

The transfer project has been working through a formal governance structure, which has engaged the relevant stakeholders in all three organisations (MPS/MOPAC/NHSE) and had developed an approach ready to go to the market in February/March 2016. Once clarity is reached on how the MPS wishes to proceed, the previous governance structure will be reviewed and amended as appropriate.

Two market engagement events have also been held which has developed links with potential providers.

Internally, consultation has been through the Custody Programme Board, which has membership from the staff associations.

Progress on the transfer project has been reported to the Police and Crime Committee.

Points of contact have been established with Finance, DLS and HR appointed a lead to address any TUPE issues arising.

Key MPS leads (Hugh Giles, Lee Tribe, Linda McMullen, and Robin Wilkinson) have all been briefed on the transfer project and a briefing paper was submitted to PDDb in November 2015.

MPS Safety and Health are engaged in the governance structure and have been consulted regarding the H&S risk assessments with potential new providers.

3. Financial Comments

As part of the preparation to transfer the financial responsibility to the NHS, the MPS estimated the costs for the current in-house service at £12.1m for 2013/14. The budget figure for the service in 2015/16 is £13.23m.

The outline business case will evaluate the cost implications of the preferred options using the current budget as the benchmark value. The full business case will confirm the cost of the preferred delivery solution.

4. Legal Comments

Any legal issues will be addressed in the OBC, although any procurement process will be OJEU compliant.

5. Equality Comments

It is recognised that detainees coming through custody have disproportionately high levels of vulnerability with up to 40% suffering some mental health issue. This work will deliver support to those most in need and enhance their safety during the investigative process.

6. Background/supporting papers

6.1. None

Public access to information

Information in this form is subject to the Freedom of Information Act 2000 (FOIA) and other legislation. Part 1 of this form will be made available on the MOPAC website within 1 working day of approval. Any facts/advice/recommendations that should not be made automatically available on request should not be included in Part 1 but instead on the separate Part 2 form. Deferment is only applicable where release before that date would compromise the implementation of the decision being approved.

Is the publication of **this** form to be deferred? NO

If yes, for what reason:

Until what date (if known):

Is there a **part 2** form –NO

If yes, for what reason:

ORIGINATING OFFICER DECLARATION:

	<i>Tick to confirm statement (✓)</i>
Head of Unit: Graeme Gordon has reviewed the request and is satisfied it is correct and consistent with the MOPAC's plans and priorities.	✓
Legal Advice: The MPS team has been consulted on the proposal.	✓
Financial Advice: The Head of Strategic Finance and Resource Management has been consulted on this proposal.	✓
Equalities Advice: Equality and diversity issues are covered in the body of the report.	✓

OFFICER APPROVAL**Chief Operating Officer**

I have been consulted about the proposal and confirm that financial, legal and equalities advice has been taken into account in the preparation of this report. I am satisfied that this is an appropriate request to be submitted to the Deputy Mayor for Policing and Crime

Signature 

Date

18/03/2016