



Developing our NHS care objectives: A consultation on the draft mandate to the NHS Commissioning Board

Response by Revolving Doors Agency September 2012

Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system. We welcome the opportunity to comment on the draft mandate to the NHS Commissioning Board.

At any one time, an estimated 60,000 people in England and Wales are in repeat contact with the criminal justice system and face multiple and complex needs including mental ill health, drug and alcohol misuse and homelessness. They account for a small proportion of local populations but, as recognised in the draft mandate, experience significant health inequalities, often unable to access support services which are designed for single severe problems rather than a combination of lower level needs. Their patterns of service use incur high costs to the public purse, and repeat offending disrupts communities.

The draft mandate sets out the future strategic direction of the commissioning board, and we strongly support the inclusion of specific references to the health needs of offenders, those who are disadvantaged, vulnerable or socially excluded, and groups who have been historically been under-served by the health service.

The following brief response we respond to question 3 of the consultation "*Are the objectives right? Could they be simplified and/or reduced in number; are there objectives missing? Do they reflect the overarching goals of NHS commissioning?*" by outlining three areas where we believe the objectives could be strengthened.

1) Explicit reference to groups facing particular health inequalities

We strongly support the mandate's inclusion of a specific objective on the health of offenders, and its recognition of the need not to neglect those who have historically been under-served by the health service. However we are concerned that in focusing on disadvantaged communities, objective 8 is at risk if discouraging a focus on particular groups that represent small proportions of local communities, but face particular health inequalities such as offenders with multiple and complex needs. We recommend that objective 8 be amended to:

Objective 8: Ensure continuous improvement in reducing inequalities in life expectancy at birth (as measured by the Slope Index of Inequality) through greater improvement

in more disadvantaged communities and groups facing particular health inequalities.
(Emphasis added.)

2) Integrating care with non-health agencies

We fully support the goal of patient-centred care expressed in the draft mandate and the recognition of the heightened need for this amongst those with complex needs. We have often heard from members of our national service user forum that interactions the health and social care system feel confusing and poorly coordinated, and are pleased the mandate recognises this is too often the experience of people with multiple and complex needs.

We therefore welcome objective 13 in its ambition to ensure the new commissioning system promotes and supports the integration of care including through joint commissioning. However, we are concerned that there is insufficient emphasis on the need for joint commissioning with services outside health and social care, such as criminal justice agencies.

We recommend that the focus on joint commissioning is strengthened, and that there is specific reference in the objective for health commissioners to collaborate with commissioners of other sectors including criminal justice in order to achieve meaningful integration. Specifically we recommend objective 13 is amended to:

Objective 13: Ensure that the new commissioning system promotes and supports the integration of care (including through joint commissioning with agencies within and outside the health service) around individuals, particularly people with dementia or other complex long-term needs. (Emphasis added.)

This would reflect the wider sentiment of the draft mandate which recognises that “this is not only an issue of integration between the NHS and social care or public health, but also of how the NHS works with the broader range of public services” (p.19) and states that “partnership working with other public services should be seen as a core part of what the NHS does, not an optional extra.” (p.23)

3) Tackling health inequalities faced by offenders

We strongly support the mandate’s recognition that “offenders and ex-offenders typically have high health and social care needs and have difficulty accessing appropriate services.” (p.25) We welcome objective 16 covering better integrated healthcare services for offenders. However, we recommend that the objective is expanded to include a specific focus on tackling health inequalities as follows:

Objective 16: Contribute to the work of other public services where there is a role for the NHS to play in delivering improved outcomes and tackling health inequalities. This includes, in particular: ... developing better integrated healthcare services for offenders.
(Emphasis added)

We would be happy to expand on any of the points in this response. Please contact Anna Page, Policy Manager at anna.page@revolving-doors.org.uk or on 020 7407 0747.