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# Have you got what it takes?

Working with the health and care system

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## Working with the health and care system

### Important facts

The police and the health and care services have strong shared interests and need to work together to tackle crime and violence. These shared interests include gangs and violence, domestic abuse, sexual assault, mental health, and drugs and alcohol.

Identifying health and care needs early, and taking long-term action to tackle them, can reduce the risk of children and young people becoming involved in criminal activity. More intensive action is needed for those at serious risk of becoming involved in gangs and violence, or those with deep-rooted drug or alcohol addictions.

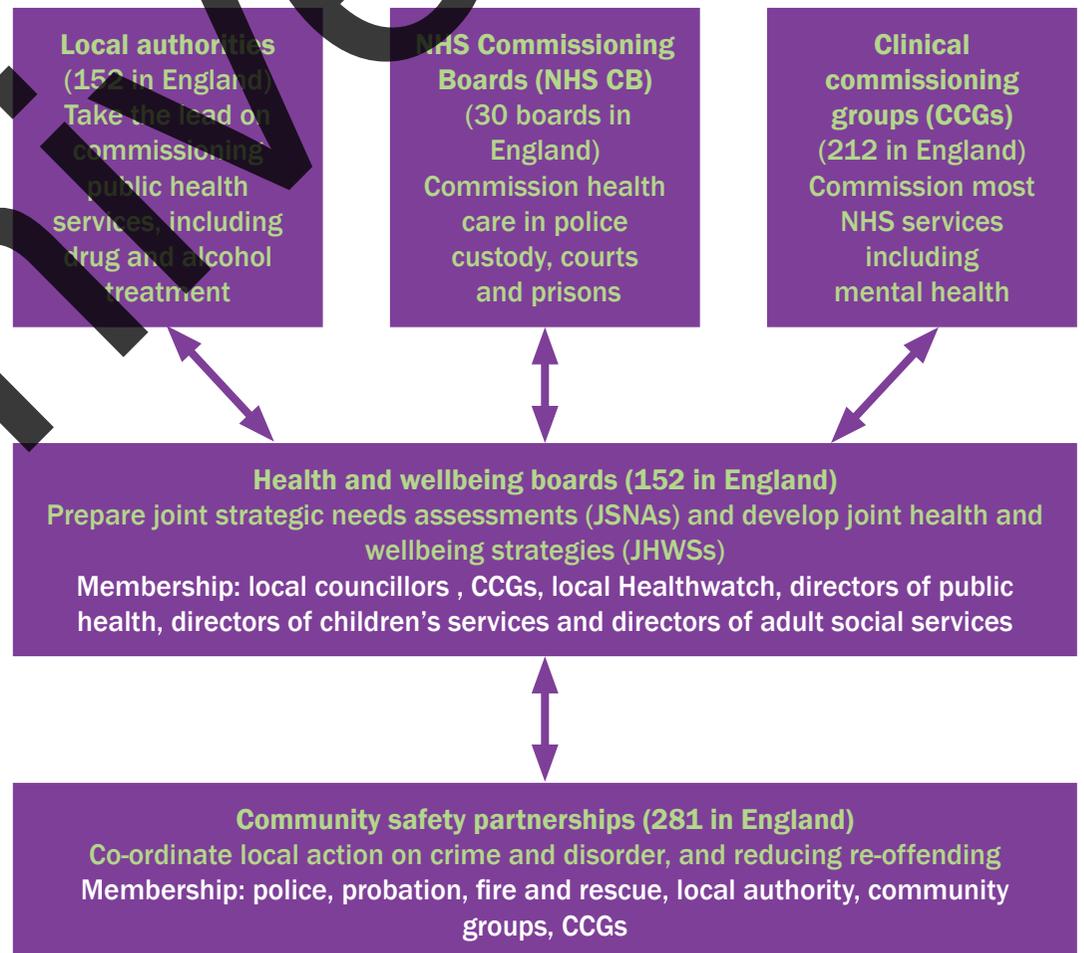
It is also important for the police and health services to co-operate on access to referral centres for the victims of sexual assault.

#### Some figures

- **Sharing information between emergency departments and community safety partnerships can have a dramatic effect on violent assaults. In Cardiff, it has been associated with a sustained 40% reduction.**
- **Every year one million women in England and Wales experience at least one incident of domestic abuse, but only around 11% of victims of sexual assault report the offence to the police. By co-operating on domestic and sexual violence, local partners can help to support victims to report to the police and make sure services are available to victims.**
- **90% of offenders have a mental health problem. Timely and effective mental health interventions can reduce reoffending.**
- **44% of all violent crimes are alcohol-related. A range of interventions, from advice and information to structured treatment, has been found to reduce problem drinking and violent crime.**
- **Drug-dependent offenders reoffend at double the rate of non-drug users. Drug-related crime costs the UK £15.4 billion a year.**
- **Offenders who use heroin, cocaine or crack cocaine are believed to commit up to half of all acquisitive crime (crime such as burglaries and robberies). Drug treatment can significantly reduce reoffending.**

### The health and care system

From April 2013, the modernised health and care system will be in place. The simplified diagram below shows the main local parts of the modernised health and care system. Each of these has responsibility for commissioning (defining and contracting) a range of services. There is a clear link through the health and wellbeing boards to community safety partnerships.



Local authorities will receive a public health grant for commissioning services aimed at improving the public health outcomes for their communities. The links between public health and crime and the safety of communities mean that these outcomes include:

- **preventing and reducing reoffending, domestic abuse and violent crime (including sexual assault);**
- **fewer people entering the youth justice system for the first time;**
- **reduced hospital admissions related to alcohol; and**
- **people successfully completing drug treatment.**

The NHS CB will, depending on ministerial approval, commission health services in police custody. The board will also commission liaison and diversion services in police custody and the courts across all police force areas in England.

## Health and Wellbeing in Wales

Responsibility for health and health services is devolved to the Welsh Government. For information on how the Welsh Government is taking forward its priorities in this area, please follow the link provided below:

<http://wales.gov.uk/docs/dsjlg/policy/120829healten.pdf>

## What is the Offender Health Liaison and Diversion Programme?

Liaison and diversion services will cover police custody suites and criminal courts in England. Where possible, they will aim to divert offenders in the youth and criminal justice system, so that their mental health needs are identified and they have access to appropriate treatment. This will allow the police and courts to make informed decisions about charging and sentencing, and could lead to a reduction in reoffending by this group.

CCGs will commission specialist adult mental health services and emergency departments.

CCGs will work with local authorities through health and wellbeing boards to develop joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs). Health and wellbeing boards will not necessarily commission services, but they will be involved in developing local authority, CCG and NHS CB commissioning plans.

The police are represented on these new structures, and also on the local safeguarding children's board (LSCB – Children Act 2004). For details see [Safeguarding children and vulnerable adults](#). PCCs, the LSCB and directors of children's services will need to work closely together.

## More information

### How PCCs can work with the health and care system

Health and wellbeing boards will be vital partners for PCCs, given their leading role in assessing local needs (through JSNAs) and developing local strategies (JHWSs) that shape how local health and care services are commissioned. PCCs may want to link the strategic priorities in the Policing and Crime Plan with both JSNAs and JHWSs in their area. To support this work each PCC will receive a share of the Community Safety Fund (in 2013 to 2014), which they may use to commission initiatives jointly with partners to tackle drugs and crime, reduce reoffending, and improve community safety.

PCCs will want to think about how best to work with local health partners. For example, health and wellbeing boards can decide to invite local criminal justice leaders (such as chief probation officers and PCCs) to become board members.