

Health and Justice Collaboration Improvement Board Minute of meeting on 7 September 2017

Attendees:

Paul Gray (Co-Chair), Scottish Government
Paul Johnston (Co-Chair), Scottish Government
Jane Grant , NHS Greater Glasgow and Clyde
Iain Livingstone , Police Scotland
Shiona Strachan, Clackmannanshire and Stirling Integrated Joint Board
Robbie Pearson , Healthcare Improvement Scotland
Karyn McCluskey , Community Justice Scotland
David Harvie , Crown Office and Procurator Fiscal Service
Andrew Scott, Scottish Government
Neil Rennick , Scottish Government
Alasdair Hay, Scottish Fire and Rescue Service
David Williams, Glasgow City Integrated Joint Board (and Chair of the IJB Chief Officers Group)
Colin McConnell , Scottish Prison Service
Pauline Howie, Scottish Ambulance Service
James Fowlie , COSLA (dep. for Sally Loudon)

Apologies

Fiona Lees, SOLACE
Sally Loudon, COSLA
Fiona Ramsay, NHS Forth Valley

Supporting Officials

Linda Pollock, Community Justice Division
Daniel Kleinberg, Health Improvement Division
Penny Curtis, Mental health Division
Orlando Heijmer-Mason, Community Justice Division
Jennifer Stoddart, Community Justice Division

Welcome and Introductions

1. Members were welcomed to the first meeting of the Health and Justice Collaboration Improvement Board and introductions were made.
2. The purpose and aims of the Board were discussed. It is intended that this Board provides the opportunity for organisations to work together differently, recognising the importance of effective collaboration in improving the health outcomes of individuals in contact with the justice system.

Setting the Scene

3. The Board examined the evidence underpinning the case for improved collaboration between health and justice. The following points were noted during the presentation of the evidence:

- Those in contact with all parts of the justice system have relatively much poorer mental and physical health, with well understood multi-morbidity. These significant inequalities are caused by long-term social disadvantage and poverty.
- Offending has many underlying causes, there is a growing understanding of the relationship between trauma and behaviour.
- As a result, justice organisations often come into contact with people in distress, or who have mental health problems, where no crime or offence has been committed. This is particularly true of the police.
- Understanding the numbers is important, to give a sense of scale. For example, in any given year in Scotland there are:
 - 65,000 victims of alcohol-related violence;
 - 2,500 emergency admissions to hospital related to assault;
 - Over 40,000 reports of Missing Persons and 22,000 investigations;
 - Over 42,000 incidents attended by Police Scotland involving mental health/distress.
- But there are also wider themes in the evidence which are critical to informing future action:
 - Person-centred care is essential;
 - Police custody and prison are opportunities to identify and address health needs;
 - Transition points, especially custody to community are vulnerable and vital to get right;
 - There should be equivalence of care between those in custody and the wider population;
- There are reasons to be optimistic. The current shift to early intervention, diversion and mitigation across the justice system is supported by evidence.
- There is good practice underway across Scotland, and there is a motivated and committed workforce with experience and expertise in what works. The trick is to support spread of this practice more widely.

Opportunities and Barriers

Opportunities

4. Board members reflected on this evidence and identified a number of opportunities afforded by greater collaboration between their organisations. It was recognised that good practice is already underway and that the establishment of the Health and Justice Collaboration Improvement Board provided a further opportunity to build on that.

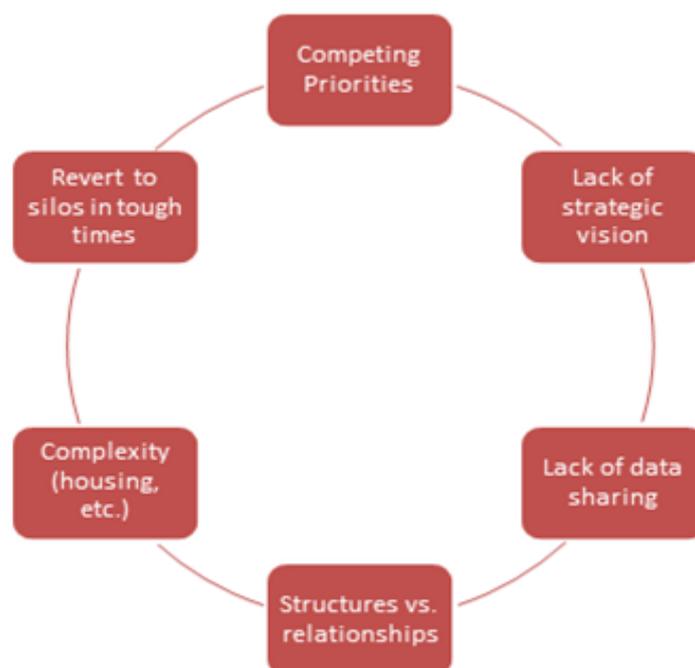
5. Several themes emerged from this discussion, which Board members committed to explore in more detail:



Barriers

6. The Board also discussed the barriers to effective collaborative working that currently exist and committed to working together to identify ways of addressing these.

7. The following themes emerged from that discussion:



Workforce

8. The Board noted that the impact of not capitalising on these opportunities (or addressing the barriers) was being felt most sharply by the individuals who are in contact with their services and by front-line staff in health and justice agencies.

9. Front-line practitioners deal with the challenges of collaborative working every day. This is borne out in frustrations expressed by police and ambulance staff at not being able to identify an appropriate support service for people presenting in distress. And by prison officers and prison healthcare staff who work hard to try to align the two regimes to ensure that prisoner healthcare needs are met, and the safe environment with the prison is upheld at all times.

ACTION: SPS and IJB chief officers to explore opportunities for collaborative working to support the transformation programme underway in SPS.

10. The Board recognised that within and across the organisations represented, there is excellent collaborative work being undertaken by frontline workers. The Board felt that good practice, as well as the specific challenges experienced, could be usefully illustrated in some case studies to improve understanding of these issues.

ACTION: Secretariat to liaise with member organisations to develop case studies.

Suggested early priority areas

11. Given the scale of the challenge, three areas had been identified for the Board to consider as early priorities for improved collaboration:

- **Distress:** The Board heard a presentation on the work underway to improve identification of, and support for, people experiencing distress. The distinction between distress and mental illness was discussed and it was recognised that individuals experiencing distress often come into contact with a range of health and justice agencies and require a different kind of intervention which is not currently readily available. The Board heard about ongoing work to try to address this challenge through partnership working between police and community psychiatric nurses, and through the development of a Distress Brief Intervention tool. The Board were asked to support this work.
- **Forensic Services for victims of sexual offences:** The Board were asked to continue to support efforts to ensure that the new [Healthcare Improvement Scotland national standards for forensic examinations](#) are effectively rolled out and implemented to ensure an improved service and support is available to victims of sexual assault and rape.
- **Prisoner Healthcare:** The recent [Scottish Parliament Health and Sport Committee](#) and [RCN reports](#) on prisoner healthcare focus attention on improving the delivery of NHS services within prisons for a population experiencing significant health inequalities. These reports highlighted a number of areas where the delivery of prisoner health and social care needs

to improve. The Board were asked to consider the establishment of a Prisoner Healthcare Programme which would address the structural barriers to delivering improved health and social care in prisons.

12. The Board reflected on these three areas, both in terms of scope and the role of Members in supporting this work:

- **Distress:** The Board agreed that work to improve the response to people experiencing distress was a priority and that this would have a positive impact across all the organisations represented. Members committed to supporting the development of Distress Brief Interventions and the wider roll out of the successful model. The co-location of community psychiatric nurses within ambulance control rooms – with police also having access to that information was highlighted as good practice. Members involved in that work will update the Board on progress at the next meeting. It was noted that, in addition to distress, there are people with mental health issues in contact with the justice system and the need to identify opportunities for diversion away from justice interventions.
- **Forensic Services for victims of sexual offences:** The Board agreed that improvements were required as a priority and Members agreed to support the work of the Chief Medical Officer's Taskforce.
- **Prisoner Healthcare:** The Board agreed that action was required to improve delivery of prisoner healthcare, in response to the Health and Sport Committee's report. Members also suggested there would be value in considering how this work could be supplemented by a wider perspective on improving wellbeing in custody – with a focus on the whole justice system pathway from the point of arrest.

ACTION: SG Prisoner Healthcare programme team to scope out wider prisoner healthcare/wellbeing in custody programme, including required resources and potential deliverables.

Leadership challenge to improve collaborative working

13. The Board reflected on the leadership challenge to improving collaboration and, in particular, what members could do to build relationships across health and justice agencies and to promote collaborative working in their organisations.

14. There was a clear commitment from all members to build on the initial discussions at the Board meeting to develop a clearer understanding of each other's business; the priorities and challenges of each organisation and where there is common ground. Board members are going to visit each other's services, meeting front-line staff and hearing first-hand about their work. The co-chairs committed to visiting service providers before the next meeting in December.

ACTION: Secretariat to share contact details of members and support arrangements for service visits, where appropriate.

Communications

15. The Board agreed that work was needed to raise awareness of the Board and its work. Members agreed to raise awareness amongst their networks and within their organisations.

16. The next Justice Leaders Network meeting in November will have a theme of Health and Justice Collaboration and will provide an opportunity to bring together a wider range of health and justice stakeholders to discuss shared priorities and mutual interests.

17. Members will also be using Twitter to communicate about the work of the Board and their visits to each others' organisation and will make their actions and reflections on Justice/Health improvement visible through use of #HealthJusticeImp

18. A wider communications plan for this Board and the priority areas will be developed and shared with members.

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