

Health and Justice Collaboration Unit

NEWSLETTER

Our team has recently expanded, this newsletter will aim to update you on both The Health and Justice Collaboration Board and The Health and Social Care in Prisons Programme.



The Scottish
Government

Issue 2
June 2019



HEALTH AND JUSTICE COLLABORATION BOARD

You can view the Board's latest minutes and membership [here.](#)

The Board last met on 5 June 2019

The Board's Priorities

Health and Social Care in Prisons

The 2017 report from the [Scottish Parliament Health and Sport Committee](#) and 2016 [RCN reports](#) on prisoner healthcare focus attention on improving the delivery of NHS services within prisons for a population experiencing significant health inequalities. The Board oversees a programme of work to address the structural barriers to delivering better health and social care in prisons.

CMO Taskforce

A Taskforce led by the Chief Medical Officer was established before the Board's existence to lead work to improve the delivery of healthcare and forensic medical examination services for anyone who has experienced rape or sexual assault in Scotland. The Board supports the work of the CMO's Taskforce and its efforts to support Health Boards to implement the national Healthcare Improvement Scotland Standards.

Collaborative response to Distress

Work is underway to improve the outcomes of people presenting to public services in distress, and to make those services more efficient, effective, and more designed around the individuals' needs. A range of partners are involved in this work from across the NHS and justice services. The Board has developed a blueprint for how the system should work in the future, and Ministers will announce next steps shortly.

Health and Justice Vision

In March, the Board initiated an 18 month review of their work. As a Board they considered 'what is it only they can do?' this resulted in the ask for a health and justice joint vision.

The Health and Justice Collaboration Unit actively engaged with the Board members and their organisations to develop a draft of this vision which was presented to the Board at their meeting on 5 June.

The vision is still in development and it was agreed by the Board that engagement with service users is vital to build an action plan for them to take forward. The vision is likely to focus on improving outcomes for people with multiple, complex needs, by rethinking the transition points between our public services.



**KEEP
CALM
AND
COLLABORATE**



HEALTH AND SOCIAL CARE IN PRISONS PROGRAMME

You can view the Board's terms of reference and membership [here](#).

The Board last met on 30 May 2019

Qualities, Outcomes and Indicators

A prison health dashboard, presenting data by prison, accessibly and transparently, has been developed, is currently being tested by prison health centre managers and will be launched in the summer for use nationally. The range of data reported will be broadened over the course of 2019-20, and a full suite of health and social care quality indicators for use in prisons is being developed. These will, where possible, mirror indicators found in the community where possible, and will provide information on the quality of services provided in prison and the transition of care in and out of prison. It is expected that the new clinical IT system for prisons will provide greater scope to improve the data that will be fed into the dashboard.

The last health needs assessment for prisons is 12 years old. We are therefore designing a new health and social care needs assessment to be started later this year, which will give us a better understanding of the health and social care needs of people in prison.



Leadership and Governance

Since 2011, the National Prisoner Healthcare Network has not had sufficient traction with delivery partners to improve services. We have therefore engaged closely with frontline NHS and SPS staff, as well as wider stakeholders including IJB Chief Officers, to develop a more effective national structure to replace the National Prisoner Healthcare Network. This new **National Prison Care Network** will resolve issues that need a national approach; spread best practice; and support healthcare professionals to improve services and innovate. The new network will be hosted by NHS National Services Division where it will have access to broader support including; clinical and public health leadership, programme management, data analysis and administrative support and will report to IJB chief officers. There will be a formal launch event in the autumn.

Once the responsibilities of integration partners have been clarified as part of the Integration work, the MOU between the SPS and Health and Social Care partners will be renewed.



Clinical IT



We have conducted an analysis of current use of clinical IT in prisons with a view to developing consistent, maximum use of the systems across all prisons and NHS Boards. The draft report was completed in May 2019 and it is clear that some of these issues can be addressed by improving the use of the existing system by providing training to staff, implementing a target operating model, developing support and guidance, and conducting a data cleansing exercise to address the poor quality of data in the current system. We are currently analysing the findings and will develop a delivery plan in the immediate future.



In addition, the current clinical IT system will not be supported beyond March 2021, so work has begun to replace the system beyond that point. The programme is in the process of scoping options to ensure a system is developed for use in prisons that supports delivery of health and social care, and the continuity of care in and out of custody.

Health and Social Care Integration

The policy intention is that health and social care partnerships that deliver integrated care in the community should do so in prisons, to ensure equitable quality of service and better support in the transitions in and out of custody. The University of Dundee has developed a vision for the future of social care in prisons. The report sets out 17 areas of focus for recommendations, and key themes including human rights, equality and diversity issues, the role of social work in prisons, the impact of prison on people with disability and long term conditions. We welcomed these recommendations and the workstream is leading a range of work to develop a model of integrated health and social care provision which can be delivered in Scotland's prisons. You can read the report [here](#).

Tests of change will be carried out from Autumn 2019 for six months to enable us to evaluate the potential models for a integrated health and social care provision in prisons. The initial tests will take place in HMPs Low Moss, Greenock, Grampian, Shotts, Perth and Castle Huntly. The intention is to introduce screening of people from reception onwards, enable social work and social care assessments and deliver a quality of care on a par with the community. The proposals will assess different models of care, and will deliver data and learning that will inform the financial modelling required to transfer the responsibility to health and social care partnerships.

Forensic Medical Services (Victims of Sexual Offences) Bill

- ▶ <https://www.gov.scot/policies/violence-against-women-and-girls/forensic-medical-services-for-rape-victims/>
- ▶ At the beginning of June our unit welcomed the Forensic Medical Services (Victims of Sexual Offences) Bill Team to join us.
- ▶ The Team's recent consultation paper asked for views on introducing direct statutory functions on NHS boards to provide forensic medical services and healthcare support to all victims, including those who have chosen not to report the crime to police, or are undecided, but wish to undergo examination and access support. The consultation ran for 12 weeks, closing in May 2019 and receiving 54 responses.
- ▶ This fulfilled a commitment in the Programme for Government 2018-19 to consult on legislative proposals to improve forensic medical services for victims of rape and sexual assault.
- ▶ Published responses and the consultation paper are available to read online <https://consult.gov.scot/equally-safe/equally-safe-improve-forensic-medical-services/>. Scottish Government will publish an analysis report of key findings in the summer.
- ▶ Any resulting Bill from the consultation will underpin the important work of the CMO Taskforce. We expect the Scottish Government's Programme for Government for 2019-20 to be announced in September.

Health and Justice Collaboration Unit

Who we are and what we do!

Orlando Heijmer-Mason is the unit head for Health and Justice Collaboration. **Emma Murphy** leads on health and justice collaboration and provides the Secretariat support to the Health and Justice Collaboration Board. Emma also manages the unit's communication channels. **Kirstin Leath** is not yet in post but will lead on Forensic Health.

Helen Forde is the Health and Social Care in Prisons Team Leader. **Nicola Gilroy** is the Programme Manager for Health and Social Care in Prisons. **Rachel Wallace** provides Programme Support to the Health and Social Care in prisons as well as managing a range of correspondence relating to healthcare in prisons.

Greig Walker is the Forensic Medical Services Bill Team Leader. **Ruth Winkler** and **Keir Liddle** work along side him on the Bill.

Health and Justice Collaboration Unit

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Forensic Medical Services (Victims of Sexual Offences) Bill

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RUTH Winkler
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Policy Officer

[KIRSTIN Leath]*
Forensic Health Lead

EMMA Murphy
Health and Justice Collaboration Lead

Thank You

The Health and Justice Collaboration Unit would like to take this opportunity to thank you for the support and interest we received following our February newsletter. Please continue share this throughout your organisations and stakeholders!

If you would like to contact the team please email
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You can follow us on twitter, too @SGHealthJustice