

GREATER MANCHESTER COMBINED AUTHORITY

Date: 31st January 2020

Subject: Greater Manchester Integrated Health and Justice Strategy

Report of: Baroness Beverley Hughes, Greater Manchester Deputy Mayor for Policing and Crime

Jon Rouse Chief Officer Greater Manchester Health and Social Care Partnership Chief Officer

PURPOSE OF REPORT:

This report requests that Greater Manchester Combined Authority formally approves the Greater Manchester Integrated Health and Justice Strategy. The report provides a rich evidence base for the work, describes the engagement process and highlights the strategy's priority areas.

RECOMMENDATIONS:

The GMCA is requested to:

Approve the Greater Manchester Integrated Health and Justice Strategy.

CONTACT OFFICERS:

Jane Pilkington - Deputy Director Population Health (Greater Manchester Health and Social Care Partnership) jane.pilkington1@nhs.net

Laura Mercer – Principal - Victims and Vulnerability (Greater Manchester Combined Authority) laura.mercer@greatermanchester-ca.gov.uk

Equalities Implications:

<u>BOLTON</u>	<u>MANCHESTER</u>	<u>ROCHDALE</u>	<u>STOCKPORT</u>	<u>TRAFFORD</u>
<u>BURY</u>	<u>OLDHAM</u>	<u>SALFORD</u>	<u>TAMESIDE</u>	<u>WIGAN</u>

Equality impact, in terms of strategy delivery has been considered at every stage of the development process and there has been extensive engagement with service users and people with lived experience, stakeholders and the general public, which will continue throughout the life of the strategy. An on-line public consultation was undertaken during the month of October and nearly 300 responses received.

Where requests for adjustments have been made, both in relation to access to material and the content of the strategy itself, these have been considered. An easy read version of the document has been made available, specifically to ensure meaningful engagement with people who have learning disabilities, autism and/or communication difficulties.

The strategy recognises that the vulnerable people who are seen in the criminal justice system, as victim or offender, may experience the cumulative impact of 'intersectional' inequalities. Intersectionality is the idea that vulnerability, disadvantage and discrimination can arise from multiple, overlapping individual and social characteristics e.g. race, gender, age, sexuality, socio-economic status and educational attainment.

These factors, and specifically the nine protected characteristics covered in the Equality Act (2010), will be considered in the implementation of the strategy, through the delivery planning process. It will be the responsibility of the identified leads to consider all relevant equality considerations for their programme of work

Climate Change Impact Assessment and Mitigation Measures:

Where the activity arising from the Health and Justice Strategy is already part of core business or existing programmes of work, partners will follow their existing local policies and practices e.g. maximising green travel.

Where new provision is commissioned or developed which arises directly from this strategy, the impact on the environment and any appropriate mitigating actions will be considered at that point.

Risk Management:

This strategy is intended to address the health inequalities of some of the most marginalised and vulnerable people within the Greater Manchester city region. It is imperative that the impact of the strategy work is understood and there is an ability to track benefits. As such, the strategy will be accompanied by a comprehensive dashboard and outcomes framework, which will enable an in-depth understanding of impact.

Funding and resourcing to support programme delivery has been secured, which will ensure effective programme management and the governance arrangements will sit with the Greater Manchester Health and Justice Board.

Legal Considerations:

The strategy has been developed with cognisance of relevant legislative requirements, clinical guidelines and local and national strategy.

Financial Consequences – Revenue:

Funding has been fully considered across both the existing and new work programmes. Existing priorities, which are in progress or planning, are likely to be realised in the next 1-3 years largely through the deployment of existing resources and capacity. In addition, some new funding sources have been identified from the Home Office and NHS England connected with Serious Violent Crime and sexual assault services, which are being aligned to priorities within the strategy.

Developmental and strategic work underpinning the other new priorities will be delivered through existing core work and part of the task for these programmes is to make better use of existing resources. Where additional operational changes are required, credible business cases will be built and costed, which will be applied to new funding streams as and when they become available.

Financial Consequences – Capital:

There are no known capital implications.

Number of attachments to the report:

Health and Justice Strategy final draft attached

BACKGROUND PAPERS:

- **HEALTH AND JUSTICE STRATEGY (2020-2024)**
- Greater Manchester Health and Justice Review (2018)
- Greater Manchester Health and Justice Needs Assessment (2018)
- Health and Justice Strategy Public Consultation (2019)
- Greater Manchester Health and Justice Investment Audit (2018)
- Findings from engagement with service users and people with lived experience (2019)
- Greater Manchester Justice Devolution Memorandum of Understanding (2019)
- NHS Long Term Plan (2019-2029)
- The Lammy Review (2017)

TRACKING/PROCESS	[All sections to be completed]
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Does this report relate to a major strategic decision, as set out in the GMCA Constitution		Yes
EXEMPTION FROM CALL IN		
Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?		no
GM Transport Committee	Overview & Scrutiny Committee	
[Date considered at GM Transport Cttee if appropriate]	[Date considered by the relevant Overview & Scrutiny Committee]	

1. INTRODUCTION/BACKGROUND

The integrated Health and Justice Strategy for Greater Manchester is the first of its kind in the UK and addresses the needs of some of our most marginalised populations who experience significant health inequalities.

The Public Service Reform ambition for Greater Manchester is to build a system wide integrated response that provides effective and consistent leadership, has a workforce that meets both demand and need, in a place that suits individuals.

The Greater Manchester Health and Justice Review (September, 2018) and the accompanying Health Needs Assessment (October, 2018) highlighted that victims and offenders in contact with the criminal justice system often have physical or mental health needs. They are much more likely than the general population to have had their needs complicated and aggravated by childhood trauma, substance misuse, homelessness, joblessness, debt or social isolation. They also often come from under-served populations with poor access to health services, which are appropriate to their needs. Yet in many cases, the support systems within which they find themselves are complex, disjointed and often inaccessible.

In its broadest sense, the Greater Manchester Health and Justice Strategy attempts to address these issues by building resilience at three distinct levels:

- To align services so that those individuals who end up in the criminal justice system, as either a victim or an offender, have access to services which help to build their individual resilience, thus preventing re-presentation;
- To work with agencies who provide local support to develop community and organisational resilience, to enable them to cope with complexity and demand;

- To support the development of a resilient workforce that can cope with the ever changing needs and demands of individuals and communities.

1. 2. RATIONALE AND CASE FOR CHANGE

‘Health and justice’ is the arena of public policy and service delivery that specifically addresses the health, care and wider support needs of young people and adults in contact with the criminal justice system (offenders and victims), or those at risk of entering it or of reoffending.

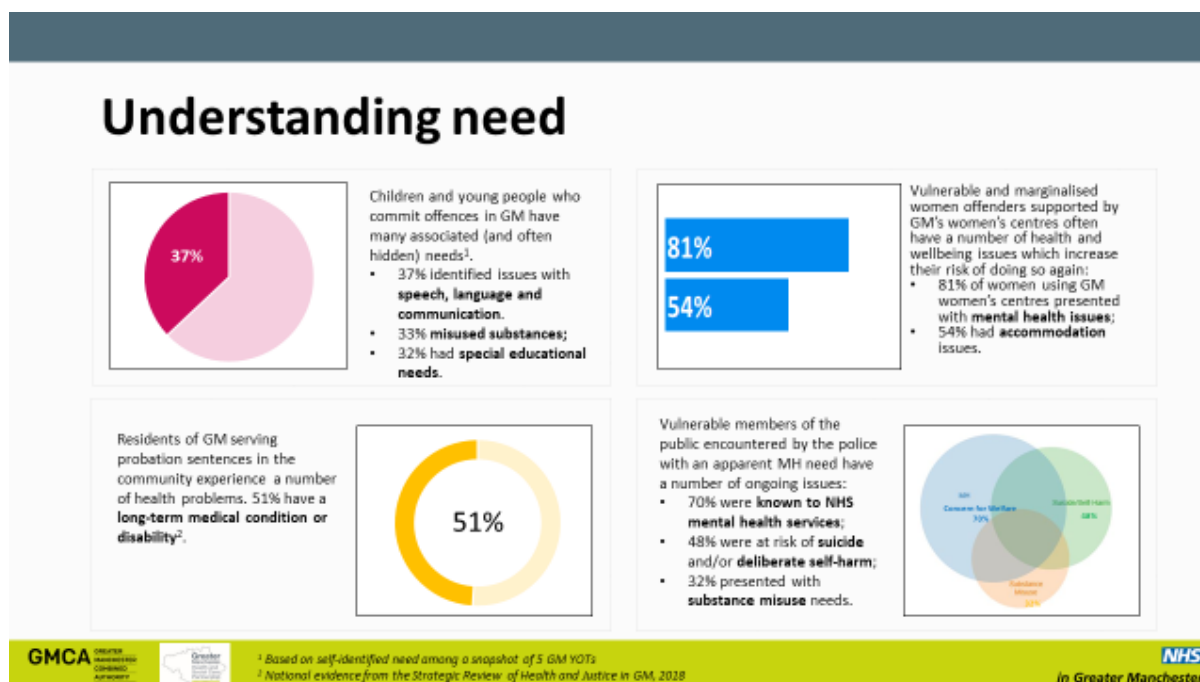
The rationale for integrated health and justice provision is that:

- addressing poor health and its causes is central to better individual health and wellbeing;
- good physical & psychological health enhances resilience, recovery, rehabilitation & reintegration;
- In turn, this has benefits to individuals, communities and wider society.

By focusing on health and social care needs in a criminal justice context, the Strategy will:

- increase identification and better support for people affected by domestic/sexual violence or abuse;
- improve the health, wellbeing and resilience of people who are a victim of crime and reduce the risk for those especially vulnerable to being harmed;
- address underlying health issues of people who offend or are at risk of offending; and
- In so doing, reduce health inequalities and bring offending rates down (in many cases by avoiding crime from arising in the first place).

The health needs analysis underpinning the strategy’s development identified some of the stark health inequalities faced by this cohort.



2. STRATEGY DEVELOPMENT AND ENGAGEMENT PROCESS

Work to develop the Strategy commenced with the publication of the Greater Manchester Health and Justice Review, which was completed in September 2018. Following that work, a series of engagement sessions with stakeholders, service users and people with lived experience commenced, which has informed the development of priority cohorts and work streams.

A public consultation ran across the month of October 2019 and feedback from has been analysed and incorporated into the strategy. Over 250 responses were received and subsequent to that process a “we asked, you said, we changed” exercise has been undertaken and published on the GMCA website, indicating where feedback had a direct impact on the strategy.

3. PRIORITY AREAS AND RESOURCES

During the extensive engagement period, four priority cohorts emerged and the strategy will focus on these groups specifically over the course of the first year of its life:

- children and young people
- adults and children with learning disability, autism and communications disorders
- vulnerable and marginalised women and
- rough sleepers

However, the broader crosscutting objectives in the strategy are intended to improve health outcomes for all people who are more vulnerable in a health and justice context.

4. BUILDING ON CURRENT COMMISSIONING AND PROVISION

The strategy builds on work that has been implemented across Greater Manchester in recent years to develop and improve health and social care provision for victims of serious interpersonal crime / abuse and offenders.

Services such as the Integrated Healthcare in Custody and Wider Liaison and Diversion Service (which identifies and treats the physical and mental health needs of people who come into contact with the formal criminal justice system) and the Mental Health Tactical Advice Service (which advises and supports frontline police officers who are called to support people with mental health problems) are relatively new, whilst the Sexual Assault and Referral Centre (SARC) at Saint Mary’s hospital has been established since the mid-1980s.

These ongoing services and commissioning plans are represented in the following 6 existing priorities and set the immediate strategic direction of health and justice provision in Greater Manchester for the next 1-3 years:

- 1) Improve the identification of health needs and support for young offenders and victims who may face barriers to accessing services through the newly established Collaborative Commissioning Network
- 2) Enhance the GM-wide response to members of the public with health vulnerabilities who come into contact with the Police, including:
 - a. Services that ensure the most appropriate response and reduce the likelihood of re-presentation for those individuals who present to the police in a state of mental health crisis e.g. control room triage
 - b. The GM Integrated Custody Healthcare and Wider Liaison and Diversion Service, which identifies and addresses the mental & physical health needs of children and young people (and other priority cohorts)
- 3) Work with NHSE commissioners to address continuity of care for people on reception and after release from prison by agreeing clear communication, transition and service pathways.
- 4) Review the current model and approach to commissioning of rape and sexual assault services to ensure the needs of victims are met
- 5) Explore with locality commissioners the scope for developing a city region model for improving the primary care response to sexual and domestic violence and abuse, such as the evidenced based IRIS general practice programme.
- 6) Use data and intelligence available across the health and justice interface to enable earlier and more focused intervention, establish data sharing protocols that support this approach and develop a consistent set of indicators which can track progress against health and justice strategic aims and outcomes

5. NEW STRATEGIC PRIORITIES

The selection of the nine new priorities has been more directly influenced by the research, development, engagement and socialisation processes undertaken for the strategy and in particular will provide opportunity for:

- the potential to identify risk factors and at-risk individuals earlier,
- the potential to intervene earlier, or
- to ensure that services and support are tailored appropriately to meet the additional psychological, physical health or social care needs that many vulnerable people have.

The new priority areas are highlighted below:

Prevention

1. Introduce a public health approach to violence reduction across public service provision, with a focus on children and young people at increased risk of committing anti-social or criminal activity
2. Work with schools, youth justice and children and young people's services to develop upstream, targeted interventions that reduce the risk of first-time entry to the criminal justice system
3. Building on the work with the Women's Alliance Partnership, extend provision to reach a wider cohort of vulnerable women who are at risk of victimisation or committing criminal activity, and, strengthen health care pathways between existing services

Intervention

4. Develop best practice approaches and pathways that appropriately identify and support offenders and victims of violence or exploitation who have a learning, autistic spectrum or communication/speech and language issue
5. Agree a standardised health improvement model with the NHS and youth justice teams that targets and addresses health vulnerability in this group of young adults
6. Work with partner organisations to promote and embed the principles of Family Justice within the strategic direction and operational delivery of unified public services in Greater Manchester

Enablers/Systems

7. Develop a long-term, sustainable approach to commissioning services that deliver specialist healthcare and therapeutic support to offenders and the victims of crime, agreeing common quality standards for Greater Manchester
8. Collaboratively develop workforce training and development programmes that promote insight into trauma, abuse, learning disability and communication disorder presentation and how to identify and support these issues effectively
9. Establish more consistent approaches to service user engagement in the design and delivery of specialist health and justice services

6. OUTCOMES

Whilst the development of the Integrated Health and Justice Strategy is an important step towards improving the system response to health and social inequalities experienced by people seen in the criminal justice system, it is not an outcome in itself.

The strategy puts forward an ambitious work programme over the next 5 years, which will be monitored by the Greater Manchester Health and Justice Board. One of the early priorities identified in the delivery plan is to create an outcomes framework, dashboard and logic model, which will help to monitor high level progress and understand the process of change. Until this is developed, these are some examples of the types of practical improvement we would expect to see for vulnerable people in this population group.

- Vulnerable young people will have their psychological and mental health, physical health, and specific developmental / learning disability / autistic spectrum / communication needs comprehensively assessed in a timely way
- Better support for young people with additional vulnerabilities such as learning disability, autism, school exclusion, or childhood trauma, to help to break the cycle of becoming a victim or offender
- Tailored support for vulnerable women at risk of offending or re-offending to improve their access to healthcare provision they may not otherwise have accessed independently
- Victims of rape and sexual assault will receive high quality forensic and therapeutic services at the right time and in the right location for them
- Decisions about people who present to the police in a state of mental health distress will be supported by 24/7 access to a mental health professional, increasing the likelihood of people being supported in their own home and community
- The public service and voluntary sector workforce will be more able to meet the needs of vulnerable people by providing more responsive, trauma-informed support
- People disclosing domestic violence or abuse in a healthcare setting will receive prompt, specialist advice

- Work will start with people before they are released from prison so that they receive continuous community-based health and care services that provide the support that they need
- People with lived experience of health and justice services will be engaged on an ongoing basis so that their real-world perspectives help to improve the way services are commissioned and delivered