SUMMARY OF REPORT:

This report introduces the new Integrated Health and Justice Strategy for the Greater Manchester city region which aims to address the gap in health and social wellbeing for people seen in the criminal justice system. It will contribute significantly to evolving work in localities to address health and social inequalities experienced by victims and offenders. Both groups often have complex psychological, social and healthcare support needs which require a person-centred, holistic and integrated response. This combination of needs can mean that victims and offenders are some of the most vulnerable people living in our communities.

KEY MESSAGES:

The strategy has been in development for around 12 months which has allowed for an ongoing and iterative process of engagement with strategic and operational colleagues and people who have direct experience of the criminal justice system.

Whilst all children, young people and adults seen in the criminal justice system across Greater Manchester are intended to benefit from the strategy, the four groups that particularly emerged from the development and engagement processes are:

- Children and young people up to age 18, however, where young adults have additional vulnerabilities this could extend to age 25.
- Marginalised female victims of domestic abuse and/or sexual violence.

1 With particular reference to victims of sexual and domestic abuse.
• People with a learning disability, autism or a communication disorder.
• People who are rough-sleeping.

These groups will provide the initial focus for the strategy and have influenced the nine new delivery priorities (listed in the main report) and how they are implemented in practice.

PURPOSE OF REPORT:

This strategy introduces and operates across a relatively new area of public policy, which focuses on the health and social care needs of a typically vulnerable, disadvantaged and excluded group of children, young people and adults.

As well as promoting understanding of the ‘health and justice’ policy area, the risk factors for victimhood and offending, and the needs of this population group across Greater Manchester, the strategy specifically seeks to develop a more coherent and integrated approach to service commissioning, design, planning and delivery, which meets individual’s needs more effectively and consistently.

In operational and best practice terms, ‘health and justice’ is a field of practice which is still emerging in England and what we develop and test in Greater Manchester will add to the evidence base, helping us to understand how best to support vulnerable people seen in the criminal justice system.

The Strategy has already been approved by the Partnership Executive Board (within the Health and Social Care Partnership) in December 2019 and will be considered by the GMCA Board on 31 January 2020.

RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to:

• Receive and note the new Integrated Health and Justice Strategy for Greater Manchester.

• Share the strategy with colleagues in their own organisations, helping to promote knowledge of its introduction, focus and priorities.

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1.0 OVERVIEW

1.1 The Health and Justice Strategy focuses on the physical, psychological, mental health and social care needs of victims and offenders and how the service response to these often vulnerable children, young people and adults can be enhanced and joined up in Greater Manchester. It directs effort towards the causes of the deep health and social inequalities that can be experienced by people seen in the criminal justice system, by identifying and intervening earlier to address the risk factors known to be associated with victimhood and offending.

1.2 The strategy has been in development for around 12 months. There has been an ongoing process of both formal and informal stakeholder engagement since November 2018 - with strategic and operational colleagues, people who have direct experience of the criminal justice system, and numerous Boards across health, social care and criminal justice governance arrangements - culminating with an online public consultation in Autumn 2019. This engagement of colleagues, partners and the public has fed directly into the choice of priority groups and delivery priorities.

1.3 Devolution provides a unique opportunity to address the health and social care needs of vulnerable people who are seen in the criminal justice system. The strategy brings coherence to the health and justice agenda in Greater Manchester and represents an integrated vision and approach. This consists of nine new priority areas, alongside complementary strategic developments in the existing health and justice work programme (see below). Together these priorities set the strategic direction for health and justice in Greater Manchester for the next five years. There is an accompanying delivery plan - a working document that will be adapted and developed during the life of the strategy and monitored annually.

2.0 BUILDING ON CURRENT COMMISSIONING AND PROVISION

2.1. 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 and offenders.

2.2. 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.

2.3. These ongoing services and commissioning plans are represented in the following six 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:
   - 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;
   - The GM Integrated Custody Healthcare and Wider Liaison and Diversion Service, which identifies and addresses the mental and 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.
3.0 NEW STRATEGIC PRIORITIES

3.1. The selection of the nine new priorities has been more directly influenced by the research, development, engagement and socialisation processes undertaken for the strategy.

3.2. These processes pointed towards an emphasis on the four groups mentioned earlier in this report (see key messages), which many strategic and operational commentators felt needed specific attention in Greater Manchester due to:

- 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.

3.3. These themes of earlier identification and intervention with vulnerable children, young people or adults, and a more holistic approach to support, also feature heavily in the nine new strategic priorities, which are:

**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.

3.4. Whilst all of these nine priorities will play an important part in improving the way public services, including those delivered by colleagues in the VCSE sector in Greater Manchester, work with people seen in the criminal justice system, 1. and 8. introduce concepts that are potentially transformative at a system level and have led to significant change and progress in other parts of the UK, including in Scotland and Wales.

3.5. The first is a public health informed approach to preventing and tackling serious violence, which was adopted in Scotland in 2006 through the Scottish Violence Reduction Unit (VRU). Greater Manchester has recently established its own VRU funded by the Home Office. The VRU model is typically a dedicated, co-located, multi-agency team including representation from policing, health, local authorities, schools and the voluntary sector. These partners then work together to tackle violent crime and its underlying causes, by identifying the drivers of serious violence locally and developing a coordinated response to tackle them. The approach uses data, intelligence and evidence, including insight from communities, victims and offenders, to design and introduce new approaches to prevent serious violent crime, often focusing on children and young adults.

3.6. Priority 8. highlights the importance of understanding the causes of victimhood and offending. The effects of adverse experiences in childhood and young adulthood (termed ‘adverse childhood experiences’ or ACEs),
particular those which are sustained over a period of time, are known to impact negatively on child development, sometimes leaving a young person with psychological trauma long into their adulthood. Many victims and offenders have complex and traumatic personal histories, which may include abuse and exploitation, and this is widely regarded as a common but underlying cause of offending or being a repeat victim of crime or exploitation.

3.7. Improving awareness and adopting methods of support which are ‘trauma-informed’ e.g. that consider and respond appropriately to the underlying psychological factors that influence anti-social behaviour or that increase vulnerability, has been adopted in Wales in the past 2-3 years. The goal in Wales is to create ACE-informed public services and thereby help to prevent and reduce the often enduring and destructive effects of ACEs on children, families and future generations.

3.8. The Greater Manchester Public Sector Reform Board has sponsored a piece of work to explore and develop how trauma-informed approaches and awareness of ACEs might be adopted across Greater Manchester. This work is being led by Helen Lowey, the Director of Public Health at Bolton, with the support of a multi-agency / multi-sector task and finish group which will meet for the first time in January 2020.

4.0 DELIVERY

4.1. Delivery plans for the existing and new priorities have been developed to accompany the strategy. These are working documents that will be reviewed on an annual basis by the Health and Justice Board. Following sign-off on the Health and Justice Strategy, the delivery plans will be collectively reviewed with the delivery leads to ensure that the work programme as a whole is aligned with other developments and integrates them wherever appropriate. Leadership and governance of the delivery plans will also be revisited.

4.2. The Health and Justice Board, Chaired by Baroness Beverley Hughes, and the Chief Officer of GMHSCP will oversee the overall delivery of the strategy and monitor outcomes.

5.0 OUTCOMES

5.1. 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 five years, which will be monitored by the Health and Justice Board. One of the early priorities identified in the delivery plan is to create a progress 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.
6.0 RECOMMENDATIONS

6.1. The Greater Manchester Health & Care Board is asked to:

- Receive and note the new Integrated Health and Justice Strategy for Greater Manchester.

- Share the strategy with colleagues in their own organisations, helping to promote knowledge of its introduction, focus and priorities.