The Health and Sport Committee has launched an Inquiry into Healthcare in Prisons and ‘Called for Views’ (03.02.17) from any interested organisations or individuals.

Response from Linda Irvine, NHS Lothian on behalf of the Re:D Collaborative

**Background**

The Re:D Collaborative was formed in January 2012 as a result of Linda Irvine and Dr Patricia Graham from NHS Lothian leading a transformational leadership programme focusing on addressing health inequalities.

The Collaborative brought together people from a wide range of services, professions, lived experiences and agencies that were all focussed on how different relationships could be created with and across public sector agencies to improve the outcomes of people who suffer from multiple problems which result in contact with the criminal justice system.

Using Kotter’s 8 step Change model, there was concentrated focus on three key steps; sense of urgency, collective vision and generating quick wins in relation to the Collaborative (Kotter, 1996). This is exemplified through the creation of the Re:D Community of Practice and the production of a detailed Action Plan which set out a number of ambitious priorities. The Action Plan focused on three interconnected strands:
- Changing the way services are developed
- Changing the way services are delivered
- Changing the way professionals work

The Re:D Collaborative Action Plan was submitted to the Community Justice Directorate of the Scottish Government (at their request) in April 2012. On 24 June 2012 to the Cabinet Secretary for Justice confirmed the Government’s acceptance of 33 of the 37 recommendations made in the *Commission on Women Offenders’ Report* (Scottish Government 2012a) and agreed to consider the other four recommendations in more detail highlighting that for some recommendations there is “a clear road map for the way ahead”. (Scottish Government 2012b: p1). The road map makes explicit reference to the work of NHS Lothian (The Re:D Collaborative). The national Mental Health Strategy 2012-15 was published in August 2012 (Scottish Government, 2012c). The strategy focused on key changes and improvements and set out 36 delivery commitments. Commitments 30, 31 and 32 are all informed by the work of the Re:D Collaborative and, for two of these commitments, Re:D is the delivery vehicle.

A total of seven funding applications were submitted during the period of June 2012 to May 2013, five of these were successful and two were not. Two of the concept tests detailed in Table One have now been completed with successful outcomes enabling both services to receive mainstream funding. The third concept test recently ended and the recommendations and report have been provided to the Mental Health Directorate at the Scottish Government for their consideration.

Reports and further information on the work of the ReD: Collaborative are available.
### Table One

<table>
<thead>
<tr>
<th>Policy Drivers / Funding Streams</th>
<th>Re:D Collaborative Action</th>
</tr>
</thead>
</table>
| **National Mental Health Strategy**  
We will also work with NHS Lothian to test an approach to working with women with borderline personality disorder in the community by extending the Willow Project in Edinburgh. We will use the learning from the test to inform service development more widely across Scotland. | Re:D Test of Concept 1 – funded for two years (£194,000)  
Using interpersonal therapy to address low level offending by women.  
Re:D Test of Concept 2 – funded for two years (604,000)  
– A Community Justice Centre for Women |
| **National Mental Health Strategy**  
We will build on the work underway at Corton Vale testing the effectiveness of training prison staff in a “mentalisation” approach to working with women with a borderline personality disorder and women who have experienced trauma. The pilot will be extended in that prison and also introduced in Edinburgh HMP Prison. | Re:D Test of Concept 2 – funded for two years (£212,000)  
Improving psychological care provision of women with multiple and complex needs who have been imprisoned. Report with Scottish Government. |
| **National Mental Health Strategy**  
We will promote work between health and justice services to increase the effective use of Community Payback Orders with a mental health condition to appropriate cases. | Re:D Legally directed abstinence programme  
(Proposal submitted but not funded) |
| Reducing Reoffending Change Fund – developmental Phase 2012 | Funding to explore concept of peer mentoring Re:D peer programme (£46,000) |
| Reducing Reoffending Change Fund – 2013 | Proposal to develop peer mentoring across Lothian and Borders – proposal not successful |
| Reducting Reoffending  
National mental health Strategy  
Scottish recovery Network  
A sense of belonging – Lothian’s Joint Mental health and Wellbeing strategy | Peer Workers Programme Concept test in Leith  
£40,000 for concept test – now recurring |
| Mental health (care and Treatment) Act  
Advocacy Action Plan, Lothian | Independent Advocacy to Edinburgh and Addiewell Prisons  
£47,000 p.a for two years – now recurring |

The Re:D Collaborative is a key component for addressing the aspirations of the Christie Commission to transform the “unduly cluttered and fragmented” (Christie, 2011: 10) public sector landscape. It’s an example of good partnership working across a range of public sector bodies, people with lived experience and 3rd sector partners. Evaluation is a key part of the Collaborative as its essential we increase our evidence base of what works for people who are in contact with the Criminal Justice system.
The Re:d Collaborative has also supported the introduction of independent individual advocacy to both prisons in the Lothian area. This has been well received by prisoners and staff. Through the RE:D Peer programme we have employed with partner agency, The Cyrenians, people with lived experience of mental health problems, substance misuse problems and a history of offending behaviour to work as peer workers to support, impure change and motivation in those with similar issues.

**What do you consider are the current pressures on health and social care provision in prisons?**
- Older population with multiple physical health problems
- Increasing number of people with dementia
- People with a range of mental health problems

**How well do you consider that these pressures have been responded to?**
- Examples of good practice including those from the R:D Collaborative. – including training for Prison staff and provision of evidence based psychological therapies
- Need to consider scaling up
- Disconnect between community services – pathways for prisoners could be improved by services reaching in

**To what extent do you believe that health inequalities are/ could be addressed in the prison healthcare system?**
There is a real opportunity to strengthen health improvement opportunities within the prison settings. The whole system WHO approach to Prisons provides a good framework.

**What are the current barriers to using the prison healthcare system/ improve the health outcomes of the prison population?**
- Clinical IT systems
- Prison regime can make access challenging
- Lack of community in reach
- Continuity of care difficult if prisoners need to be moved between the prison estate

**Can you identify potential improvements to current services?**
- Continue training and development for staff
- Create stronger links with community services
- Exploit the opportunity for behaviour change leading to healthier outcomes during incarceration period

**What do you think the main pressures will be in the next 15 years?**
- Impact of wider societal changes may result in greater incarceration
- Older population with complex and multiple needs

Linda Irvine
NHS Lothian
linda.irvine@nhslothian.scot,nhs.uk