Written submission to the Criminal Justice Committee

September 2026

Introduction

Healthcare Improvement Scotland (HIS) welcomes the opportunity to provide a written submission to the Criminal Justice Committee as part of the Committee's considerations of current challenges and opportunities across Scotland's justice system.

HIS is the national improvement organisation for health and social care in Scotland. Our core purpose is to enable the people of Scotland to experience the best quality health and social care, with a specific focus on safety. Our role is to be at the heart of national efforts to understand, shape and improve the quality and safety of health and social care. We ensure that the people of Scotland can rely on and trust the services they are using, and that those who are delivering care are supported to continuously improve.

We wish to highlight information to the Committee from the following areas of our work:

1. Healthcare within Justice
2. Transformational Change - Mental Health

1. Healthcare Improvement Scotland's inspection evidence on mental health, multi-agency working and justice settings

HIS provides independent scrutiny and assurance of healthcare services within justice settings across Scotland. We work with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) to inspect healthcare services in prisons and with His Majesty's Inspectorate of Constabulary in Scotland (HMICS) to inspect healthcare provision within police custody centres.

Within our police custody inspection programme, we focus on healthcare provision and outcomes for individuals who have entered police custody, including healthcare assessment, access to treatment, referral pathways and continuity of care.

Through our joint inspection work in police custody centres and prisons, we have consistently found that many people who come into contact with the justice system have complex and multiple needs. Mental ill health frequently coexists with substance use issues, physical health conditions, trauma, neurodevelopmental conditions, homelessness and other social vulnerabilities.

Our inspection findings highlight the importance of effective partnership working between health, social care and justice services. Better outcomes are associated with clear care pathways, effective

information sharing, coordinated care planning and continuity of support across organisational boundaries, particularly for individuals with complex and recurring needs.

While our inspections have not specifically assessed the effectiveness of Distress Brief Intervention (DBI) or other diversion programmes, our evidence supports the value of early intervention, timely access to healthcare and referral pathways that enable individuals to access the most appropriate support at the earliest opportunity.

Our inspections have also highlighted the importance of robust information sharing arrangements and coordinated care planning, particularly for individuals with multiple co-morbidities who may have repeated contact with health and justice services. Effective communication between agencies is essential to ensure risks are recognised, needs are assessed appropriately and support is delivered in a coordinated manner.

From an inspection perspective, opportunities to strengthen interagency working include improving continuity of care, strengthening referral pathways between services, supporting effective information sharing and ensuring individuals with complex needs can access coordinated and person-centred support. A recurring theme across both police custody and prison inspections is that addressing mental health distress often requires services to respond to a wider range of interconnected health and social care issues rather than mental health needs alone.

2. Transformational Change – Mental Health

Early Intervention in Psychosis

To define Early Intervention in Psychosis (EIP), guidance from NHS England states the following:

- Psychosis is characterised by hallucinations, delusions and affects the perception of reality, with the potential to cause considerable distress and disability for the person and their family or carers. A diagnosis of schizophrenia, bipolar disorder, psychotic depression or other less common psychotic disorder will usually be made, although it can take months or even years for a final diagnosis.

- Treatment can begin as soon as a first episode of psychosis has been identified–it does not have to wait for a final diagnosis, and services are encouraged to embrace diagnostic uncertainty. Treatment should be provided by a service capable of providing a full and effective EIP package of National Institute for Health and Care Excellence (NICE)-recommended care, normally a specialist EIP team. These services are evidence-based, cost-saving and preferred by service users and carers over generic services. Services should ensure there is a competent skill mix to provide necessary care and support to people experiencing first episode psychosis of all ages, including children and young people.

- People who experience psychosis can and do recover. The time from onset of psychosis to the provision of evidence-based treatment has a significant influence on long-term outcomes. The sooner treatment starts the better the outcome and the lower the overall cost of care.

There is a well-established evidence base within the United Kingdom and internationally that early identification and intervention for first episode psychosis leads to improved outcomes and is more cost-effective than standard care.

There is also evidence that EIP can be successfully implemented beyond a stand-alone EIP service and that this has shown to be the case even in challenging contexts such as rural areas.

Establishing a specialist service for this client group provides an opportunity to design a fit-for-purpose service that has the flexibility to meet the unique needs of service users, rather than requiring a person to navigate their own way through existing services. Beneficial outcomes demonstrated by pathfinders include a reduction in re-admissions to hospital.

The Scottish Government commissioned HIS in 2019 to develop a deeper understanding of the Scottish context related to EIP. In Phase 2 (2021-2023) of the EIP national programme, Scottish Government funded a test phase of EIP services in the Scottish context. The commission for HIS included:

- working with two pathfinder sites to design and test EIP services: NHS Tayside to design and test a 'hub' EIP service in Dundee City and NHS Dumfries & Galloway to design and test a 'bespoke' EIP service
- enabling these areas to assess whether approaches are delivering quality care, by developing and testing key quality indicator measures
- continuing to deliver a learning system, including a national network to share learning and develop practice
- design training and development to increase workforce capability, identify training needs and develop training resources, and
- engaging with people with lived experience, clinical leadership and stakeholders.

This programme has placed lived and living experience at the core of the national programme as well as locally. This has enabled the services to run as service users, their carers and families have suggested, meaning the services have maintained almost 100 % engagement throughout their 2-year cycle.

The following data are drawn from the pathfinder sites that HIS has worked with over the last three years to test, implement and sustain the changed service model around supporting first episode of psychosis.

Access data

Referral to treatment:

- 96 % of people identified with a first episode of psychosis (FEP) by the EIP pathfinders are being treated well within the Scottish Government target of 14 days (T %) (5/132, 96 %).
- 21 % of people presenting with FEP begin treatment on either the same day as referral or one day following referral. This is due to the assertive outreach employed by the pathfinder

boards and the ability of EIP teams to assess people on the ward and while on Community Mental Health Team waiting lists.

Engagement:

- Both pathfinder sites have continued to evidence high levels of engagement. Pathfinders are maintaining ongoing contact with 92 % to 100 % of their caseload every month.

Outcome data

- Many service users across both pathfinder sites have not experienced a readmission since engaging with EIP services. Among those with a previous inpatient admission, fewer than one in five have been readmitted following EIP. One pathfinder service has a readmission rate of 12.6 %, compared to a local average of 39.3 % for mental health readmissions over a five-year period.
- Only 2.6 % of EIP service users have had more than one readmission since referral, compared with the health board's overall psychiatric readmission of 26 %.

You can read the following reports for more information:

- Phase 1
- Phase 2
- Phase 3

The EIP Programme, including data, outcomes and feedback from staff and people involved in the projects supports evidence that if healthcare is designed and delivered with people's needs at the centre, positive sustainable outcomes are increased, and the likelihood of crises is decreased.

Mental Health and Substance Use Protocol programme

In 2022, "The Way Ahead: Recommendations to the Scottish Government from the Rapid Review of Co-Occurring Substance Use and Mental Health Conditions in Scotland" proposed seven recommendations. Recommendation 1 included the need to "Ensure that each area has an agreed protocol in relation to the operational interfaces between mental health services and substance use services."

The Scottish Government commissioned HIS in 2023 to deliver the Mental Health and Substance Use: Protocol Programme to create, test and implement a good practice protocol for how mental health and substance use services should work together.

By developing a National Protocol for Mental Health and Substance Use, we aimed to build an evidence-based framework for local protocols, and resources to support development and implementation.

HIS published the National Mental Health and Substance Use Protocol in 2024, which sets expectations for joined up working between mental health and substance use services, common assessment processes, information sharing and coordinated care pathways for people with co-occurring needs.

Efforts have been made across Scotland to strengthen interagency working through the development of interface or hub meetings and overcome structural barriers to information sharing through patient consent. One such example, is the Multi Agency Consultation Hub in Dundee. A recent joint inspection by Healthcare Improvement Scotland and the Care Inspectorate noted:

> *"The Multi Agency Consultation Hub in one health board area was established to deliver a coordinated, multi-agency response for people experiencing coexisting mental illness and substance use needs. It demonstrated effective interagency collaboration, where third sector providers could raise concerns and collectively plan support for individuals. The multi-agency consultation hub model demonstrated collaborative partnership working, bringing together a broad range of staff to ensure that responses to care and support issues were well informed having received specialist advice. It ensured that individuals received appropriate support tailored to their needs and enabled third sector providers to continue in their support role."*

The development of national protocols and local interface agreements reflect an acknowledgement that greater consistency and integration remain important challenges. By developing protocols based on the National Mental Health and Substance Use Protocol, local health and care systems will enable more collaborative working across services, smoother transitions of care, and more clarity on roles and responsibilities in relation to people presenting with co-occurring mental health and substance use needs.