



# Ilfracombe Health & Justice Pilot Leadership Group Agenda

**Date: Wednesday 7<sup>th</sup> January 2026**

**Time: 1-2pm**

**Location: MS Teams**

Agenda Number	Item	Lead	Timing	Annex
1	Welcome and introductions	Chair	13:00	
2	Review Action log from last meeting	Chair	13:05	1
3	Progress & challenges (including December Workshop outputs)	Simon Rapsey/Andrea Beacham	13:10	2
4	Kafka Brigade – senior leadership involvement	Chair	13:20	
5	Update on Scarlett's recommendations	Chair	13:30	3
6	Members' contribution.	All	13:45	

Name	Organisation	Role	Contact
Chandraa Bhattacharya	NHS/MOJ	NHS/MOJ Commissioner	<a href="mailto:Chandraa.Bhattacharya2@justice.gov.uk">Chandraa.Bhattacharya2@justice.gov.uk</a>
John Palmer	Royal Devon (RDUH)		<a href="mailto:john.palmer13@nhs.net">john.palmer13@nhs.net</a>
Graeme Murray	Devon Probation Service	Health & Justice Project Manager	<a href="mailto:2onja2.murray@justice.gov.uk">2onja2.murray@justice.gov.uk</a>
Andrea Beacham	Royal Devon (RDUH)/ One Northern Devon (OND)	Senior Programme Manager for Health Inequalities	<a href="mailto:andrea.beacham@nhs.net">andrea.beacham@nhs.net</a>
Louise Arscott	Devon Probation Service	Head of Devon Probation PDU	<a href="mailto:Louise.Arscott@justice.gov.uk">Louise.Arscott@justice.gov.uk</a>
Sonja Manton	Devon Partnership Trust	Director of Strategy	<a href="mailto:2onja.manton@nhs.net">2onja.manton@nhs.net</a>
Justin Varney	Public Health	Director of Public Health	<a href="mailto:justin.varney@birmingham.gov.uk">justin.varney@birmingham.gov.uk</a>
Rachel Campbell	OHID Public Health South West	Health & Justice Lead South West	<a href="mailto:rachel.campbell35@nhs.net">rachel.campbell35@nhs.net</a>
Paul O'Sullivan	NHS England South West	Head of Health & Justice	<a href="mailto:paulosullivan1@nhs.net">paulosullivan1@nhs.net</a>
Gail Warnes	Senior Commissioning Manager, Non Custodial	NHS England – South West	<a href="mailto:gail.warnes@nhs.net">gail.warnes@nhs.net</a>
Ginny Snaith	NHS Devon ICB	Director of Health Inequalities	<a href="mailto:g.snaith@nhs.net">g.snaith@nhs.net</a>
Lincoln Sargeant	Public Health, Torbay Council	Director of Public Health	<a href="mailto:lincoln.sargeant@torbay.gov.uk">lincoln.sargeant@torbay.gov.uk</a>
Steve Brown	Public Health, Devon County Council	Director of Public Health	<a href="mailto:steve.brown@devon.gov.uk">steve.brown@devon.gov.uk</a>
Scarlett Roberts		Lived experience Advisor	<a href="mailto:scarlett@rrc.care">scarlett@rrc.care</a>





### Annex 1 – Action Log - Ilfracombe Health and Justice Leadership Group

No	Action Item Description	Owner	Date Recorded	Date Due	Date Closed
1	<b>Webinar Information Sharing:</b> Send out details of the upcoming Chief Medical Officer report webinar to all relevant participants and ensure wider distribution among staff. (Rachel)	Rachel Campbell	12 November 2025	07 January 2026	
2	<b>Workshop Notes Distribution:</b> Distribute the notes from both workshops to this group and the steering groups to ensure everyone is informed of previous discussions and actions. (Andrea)	Andrea Beacham	12 November 2025	07 January 2026	
3	<b>Female Cohort Adjustments:</b> Ensure that the three identified women in the cohort are offered the option to attend women-only sessions in Barnstable if preferable and communicate this mitigation to them. (Graeme)	Graeme Murray	12 November 2025	07 January 2026	
4	<b>MOU Requirement Clarification:</b> Clarify whether the MOU needs to be signed before going live with stage one of the projects, considering existing information sharing agreements. (Andrea)	Andrea Beacham	12 November 2025	07 January 2026	
5	<b>Peer Support Worker Proposal:</b> Develop a proposal for including peer support workers in the project, outlining evidence, requirements, and costs for future consideration. (Andrea)	Andrea Beacham	12 November 2025	07 January 2026	
6	<b>Escalation Route Identification:</b> Identify and document clear escalation routes for resolving barriers encountered during the pilot, particularly for mental health service access. (Graeme)	Graeme Murray	12 November 2025	07 January 2026	



7	<b>Mental Health Service Linkage:</b> Provide the name and contact details of the appropriate local NHS mental health team lead or clinician to ensure the right level of support for the cohort. (Sonja)	Sonja Manton	12 November 2025	07 January 2026	
8	<b>Cross-Pilot Collaboration:</b> Reach out to Rachel Moore to establish links and facilitate shared learning with the other three pilot areas. (Graeme)	Graeme Murray	12 November 2025	07 January 2026	
9	<b>Workshop and Steering Group Action Sharing:</b> Ensure that any actions from the steering group or workshops are shared with all participants to avoid siloed working. (Andrea, Kirsty)	Andrea Beacham and Kirsty Smith	12 November 2025	07 January 2026	

## Annex 2 – Project update

# Workstream: Health and Justice Pilot Update

Date: Jan 2026

### Achievements and Learning in the last month

- Team around the person designed via multi agency workshop
- Process for holistic needs assessment finalised including paperwork and recording
- Meeting with North East Project leads to discuss shared learning and best practice
- Meeting with Irwin Turbitt to discuss Kafka Brigade – agreed process and potential timescales
- Evaluation agreed with Health Innovation SW

### Focus & actions for the next month

- Increasing referrals into Phase 1 and initial stages (holistic needs assessment of Stage 2)
- IG agreed and approved for Phase 2 and TAP
- Holistic needs assessment training/support for delivery staff
- Data from HMPPS passed to RDUH BI for analysis against ODD (including Kafka Brigade data requirements)
- Confirming senior leads for Kafka Brigade
- Evaluation framework and data collection agreement

### Identified risks/issues and mitigations

- Phase 2 holistic assessments and TAP not yet live
- Limited referrals to Phase 1 (number)
- IG barriers in setting up Team around a person approach – need multi agency IG input
- Data still required from HMPPS to enable RDUH BI analysis of health needs/activities of local cohort
- Senior leads from all partners need to be identified for Kafka Brigade to work

### Questions for the group / Escalations to OND Board

- Senior Leads needed from Partner Orgs
- Agree delivery post march ?



Annex 3 -Recommendations from Scarlett Roberts.

### **Recommendation 1 – Implement the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)**

Rationale:

Reducing re-offending requires more than tracking service engagement or cost outcomes; it requires understanding and supporting emotional wellbeing.

The WEMWBS provides a validated, globally recognised tool for measuring subjective

wellbeing in a way that centres the individual's experience and voice.

Implementation Principles:

- Use either the 7-item (short form) or 14-item version of WEMWBS.
- Questions can be read aloud by a facilitator to overcome literacy barriers (average literacy age in probation/prison cohorts is around 11).
- Responses are rated on a 5-point scale, from “none of the time” to “all of the time.”
- Administer pre- and post-intervention to track individual change over time.
- Integrate results with wider care planning and outcomes dashboards.

Expected Impact:

- Provides a human-centred, measurable wellbeing outcome.
- Reinforces the principle that feeling valued is critical to desistance.
- Links emotional wellbeing data to re-offending metrics to evidence impact.

### **Recommendation 2 – Ensure Access to Female-only Healthcare and Trauma-informed support**

Rationale:

Although women represent only around 4% of the prison population, their needs are highly complex and distinct. Over half (53%) report prior physical, sexual, or emotional

abuse—usually perpetrated by men.

These experiences are the greatest barriers to engaging with healthcare or trusting public services.

Implementation Principles:

- Non-negotiable Offer of Choice: Every woman must be asked if she wishes to access female-only healthcare (for both physical and mental health services).
- Guaranteed Accommodation: Where a woman requests female-only care, this must be honoured and facilitated without exception.
- Trauma-informed Practice: Ensure all staff are trained to recognise and respond to trauma, especially gender-based violence and abuse.
- Holistic Care Pathways: Integrate mental, physical, and emotional health into joined-up care pathways across custody, probation, and community.
- Lived Experience Inclusion: Involve women with lived experience in service design, delivery, and evaluation.

Expected Impact:



- Greater trust and engagement among women with lived experience.
- Reduction in missed appointments and disengagement from care.
- Improved wellbeing and stability—protective factors against re-offending.
- Demonstrable commitment to equality, inclusion, and trauma-informed practice.

### **Recommendation 3 – Data Sharing with Enhanced Safeguarding and Ethical Oversight**

Rationale:

Phase Two of this pilot includes sharing participants' medical data with probation services, with their consent.

While this supports joined-up care, it also introduces serious safeguarding risks. Individuals who trust the system enough to share their records are often the most vulnerable to inadvertent punitive outcomes—including prison recall triggered by mental health crises.

This risk is especially high for women, whose crisis behaviours are often misinterpreted

as non-compliance or risk, leading to recall or sentencing in place of care.

Implementation Principles:

- **Explicit Safeguarding Clause:** Participants must not face recall or enforcement action solely on the basis of medical information or mental health presentation, unless a new criminal offence is committed.
- **Independent Oversight:** Establish a multi-agency safeguarding panel (with clinical, probation, legal, and lived experience representation) to review any case where shared data could influence enforcement decisions.
- **Transparent, Informed Consent:** Ensure participants understand what data is shared, with whom, and why—and that consent can be withdrawn at any time without consequence.
- **Trauma-informed Probation Practice:** Train probation staff to recognise and appropriately respond to mental health crises, prioritising clinical support over enforcement.
- **Ethical Governance Framework:** Develop an NHS-aligned ethics and safeguarding framework to govern this pilot and future justice-health data initiatives.

Expected Impact:

- Increased trust in NHS-led initiatives and data-sharing pilots.
- Prevention of unintended punitive outcomes.
- Establishment of an ethical, rights-based model for cross-agency collaboration.
- National leadership example in ethical integration of health and justice data.

## **4. Conclusion**

These three recommendations form a cohesive framework for reducing re-offending through wellbeing, trust, inclusion, and ethical practice.

They reflect a model where individuals are treated not as data points, but as people—valued, supported, and safeguarded in their journey toward recovery and

reintegration.

The Royal Devon University Healthcare Trust has an opportunity to demonstrate national leadership in designing and delivering a model that is both clinically robust and morally grounded in compassion, dignity, and respect.