

Insights and Learning Session

Community partnerships to address crisis ([video here](#))

1. Welcome and introductions ([video here](#))

MdIR gave an overview to the purpose of the meeting. This is a tester session aiming to give more time to allow a more in depth exploration of some of the projects and updates that have been shared, at the Justice and Innovation Group in particular.

The session will focus on how this information and learning can be implemented into our work, and what additional resources we might need to do that. If the content and the format are useful, the Network will look to do more similar sessions.

MdIR reiterated the role of the Network for Justice to link the community with knowledge and expertise that can improve their work, and to bring together learning to understand more about the issues, and solutions with a focus on areas of interest as defined or highlighted by the community.

2. An Overview of Health Justice Partnerships ([video here](#))

Our focus today is on Health Justice Partnerships. As with our last ILS, this is not a new topic of discussion between advice colleagues, with the research of the link between Health and Justice being consistently researched and demonstrated over the last twenty years at least. And yet, it's a topic we keep returning to, whether it forms the basis of a conversation about our users, and the inequalities they face, or we're talking about service delivery where partnerships are still being "piloted" as new initiatives.

Today our focus will be on the partnerships themselves, what the key criteria for success are, and what makes them challenging, and we'll explore why we're still discussing scaling this evidently effective solution after almost a decade of dedicated work.

MdIR welcomed **Professor Dame Hazel Genn** to give an overview of Health Justice Partnerships.

Variety of models and history of HJPs

Over the last few years, there has been a development in interest in HJPs, particularly in the post-pandemic world.

HJPs are collaborations between health care professionals and free social welfare services. This collaboration is designed to address some of the most challenging determinants of health and provide the best possible services to patients and clients to address in a holistic way some of the difficulties faced by low-income, vulnerable people.

HJPs require and benefit from close relationships between free social welfare legal services in health care settings. Free social welfare legal advice services address everyday legal problems (for example: housing, debt, employment, etc.). These are also some of the most important determinants of health.

However, HJPs have never become a consistent feature of the service landscape because they have never been adopted into policy. Therefore, they are reliant on local, grassroots partnerships. The principle challenge in sustainable HJPs is keeping these partnerships running and integrated.

The Impact of Health Justice Partnerships on end users and Infrastructure

HJPs are seen as a positive intervention that can contribute to improving health and wellbeing, in particular, for low-income and vulnerable individuals.

The research demonstrates there is a bidirectional link between health and law. Legal health issues may disproportionately affect mental or physical health, and if someone experiences poor health, they may suddenly find themselves in a difficult situation for which the law provides a solution.

There is huge value in bringing together free social welfare legal services to help address underlying causes of physical and mental ill health. Health Justice Partnerships are shown to improve lives by:

- Reaching people, places, and communities most in need.
- Improve living conditions.
- Support healthcare teams, and support access to health care.
- Improve health and wellbeing.
- Resolve welfare rights issues.

Collaborative working establishes benefits between health and advice services including:

- Services are more aware of and able to identify specific user needs and make their services available to excluded groups.
- Better outcomes and experiences of patients.
- Increase in skills, knowledges, and understanding of staff.

3. Health Justice Partnerships in England: A study of implementation success (video [here](#))

Dr Sarah Beardon then highlighted her most recent study on partnership implementation success, seeking to understand how HJPs can be implemented effectively.

HJPs across the UK can vary in their model, structure, and implementation. Examples of variation includes type of health settings (primary care, hospital, mental health, or mixed), type of legal advice (casework services, single or multiple issues, or face to face vs remote), geography (single-site, multi-site, or region-wide), and source of funding (local authority, NHS, charity, university, or joint).

The session explored research that focused on multi-disciplinary teams with co-located services ('hubs'), direct referral (to advice teams), and navigation (via link workers) as an approach to service integration.

In addition to the successful delivery of services, the project produced two key outcomes:

1. **Collaborative working between advice and medical professionals** to identify user needs, make referrals, exchange information, and provide feedback on outcomes. Partners would consult each other to identify potential solutions and make joint contributions and decisions.
2. **Partnership success** through continued, sustained support over time.

Key elements of successful delivery models, and best practice

Two key indicators of whether a given partnership would ultimately be successful are:

1. **The ability of the medical and legal teams to collaborate effectively.**

There were several elements that enabled and indicated teams would be able to work more closely together. These were that teams were:

- *Willing* to work together - they valued the work of the HJP and they shared a sense of purpose with the project,
- *Confident* in their ways of working together - they built relationships, habits, and norms around a foundation of trust, and
- *Able* to effectively work together - there were the processes, systems, and engagement opportunities in place to enable people to contribute and develop their skills and knowledge.

2. The ability of the project to attract and retain funding to ensure sustainability.

There were several key aspects that influenced the decisions of Independent Care Boards (ICBs) to commit and continue funding, ICBs had to be:

- *Willing* to commit or continue funding - this would often be based on the *person* making the decision, they would recognise the alignment of the project with their strategic goals and perceive the value for money,

- *Confident* in the project - both in terms of what the funding would achieve but also in terms of the reputation of the project, and the relationships they had developed, and
- *Able* to provide funding - they had sufficient resources available and the authority to evaluate and allocate funding.

Key challenges facing implementation

- There is no one size fits all approach to implementing HJPs. Each might differ in scale, focus, resources, partners involved, and setting.
- HJPs need to be (able to be) responsive to local needs and context.
- In order for them to be successful, HJPs should aim for high levels of collaboration and engagement in order to enhance understanding and capability.
- It is important to build and maintain these relationships in order to strengthen the partnerships.
- Through these partnerships, consistent, open communication is necessary in order to highlight and reinforce the benefits of HJPs.

Attendees asked some questions and shared some comments.

<p>Social prescribing</p>	<p>Q: How do health justice partnerships feed into the social prescribers' role, if at all?</p> <p>A: Social prescribing is one way to link people with advice services.</p> <p>Where you have social prescribers, you have a difficulty in training. It requires knowledge of a vast range of topics within the local community. These issues include fundamental questions of finance, housing, security, etc. that need to be dealt with urgently.</p> <p>Challenges of social prescribing include that HJPs are often more established whereas social prescribing is more serendipitous</p> <p>C: Great points on the differences between social prescribing and HJP. There is some confusion about this and training, resourcing, and follow-up that HJP offer are often not necessarily underpinning social prescribing. Hazel's noting of challenges is very pertinent and often funders misunderstand the differences. Some issues are deeply embedded and structural which HJP can address rather than short linking up with limited follow-up. – Nottingham Trent University</p>
<p>Key factors of long term success?</p>	<p>Q: Does anything stand out from those projects that make them too good to let go of?</p> <p>A: In long-standing HJPs there are really no patterns or models that inherently last longer or work better.</p> <p>Leadership is very important: long-standing partnerships are often started by people who are very passionate about them and who worked at it for a long time.</p> <p>There is an extent to which many long-standing HJPs come down to individuals in a local area – a grassroots movement. There needs to be grassroots enthusiasm and drive and at the same time strategic conversations about how to address issues on sustainability and funding.</p> <p>No overall strategy – often just find there is some critical person or local authority who gets it and pushes the issue.</p>
<p>Impact of legal aid cuts</p>	<p>C: Ending legal aid for many advice services had an immediate impact on advice provision for the public. Equally, this has impacted finding advisers with the expertise required to help people where funding is provided. Now the impact of good advice is being recognised, services already under pressure not only have to try to target the resource they have at those most in need but also try to find ways to bring in new staff and train them - takes years. On the positive, in Lancashire, we have been targeting renal patients for benefit checks and working closely with</p>

	<p>renal social work staff who work in clinics. They were trying to manage the inquiries of people in financial crises. Been a great partnership - already identified over £150k in new benefit awards for patients at the start of their renal patient journey.</p> <p>C: LAPG are challenging Legal Aid. There is currently a review of Legal aid and there was an APPG review of sustainability led by Karen Buck MP. We have many claims against public sector organisations as often clients are so desperate, they complain and these claims are often unfounded or lack evidence and we then have to deliver disappointing news. There is also a lack of organisations to refer clients in order to get emotional support. Many of our clients are neurodiverse or have mental health conditions and the lack of support both legal and nonlegal is woeful. Good legal early intervention and support services improve mental health and well being.</p> <p>C: Although I agree that the civil legal aid review is an important opportunity, my sense is that in order to really drive the health justice agenda forward, a broader coalition and strategy is needed that considers a wider range of potential funding opportunities</p>
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4. Organisational Experience of Implementing Health Justice Partnerships (video [here](#))

Laura Arrowsmith, Head of Health Justice Partnerships at Maternity Action outlined their model where women and families can contact Maternity Action for advice on employment rights in pregnancy, maternity pay and benefits, maternity leave, flexible working, health and safety issues, redundancy, discrimination and dismissal, and breastfeeding rights. This advice is provided by in-house solicitors.

Maternity Action are currently working on two Health Justice Partnership projects, their structure and service delivery model is outlines below.

Wirral HJP Service

- Working with Cheshire and Merseyside Women’s Health and Maternity Programme
- Established a maternity HJP with the Wirral Women and Children’s Hospital
- A dedicated maternity rights advice service for women and families using maternity services
- Midwives can refer directly to Maternity Action which saves time for stretched teams
- Email service as opposed to a physical presence
- Partnerships working in the Wirral: received feedback that the service was beneficial in providing a route when people had questions about income etc.

DHSC Manchester Project

- Funding from the DHSC Health and Wellbeing Fund on the theme of women’s reproductive wellbeing in the workplace
- The project will deliver a dedicated Greater Manchester and East Cheshire Maternity Rights Advice Service, working in partnership with maternity services across the region
- Development of the HJP model includes prompt questions to more consistently embed the service into maternity pathways
- The project also partners with Greater Manchester Law Centre and supports a strand of work with employers
- External evaluation with NCVO

The key learning across these projects is that maternity HJPs make it easier for women and families to access advice, save midwifery time, and support objectives in the NHS Equity and Equality Guidance by enabling midwifery teams to help women with wider social issues that impact health and wellbeing in pregnancy.

Early evaluation data shows that access to legal services reduces stress, increases confidence, and resolves work issues/increases income. Health Justice Partnerships are also demonstrating the potential to increase health practitioners' understanding of legal issues.

There are several key elements of successful delivery models:

- A point of contact to champion the project is vital.
- You need to be flexible and adapt ways of working in partnerships, including creative approaches to engagement and use of time.
- It is necessary to allow sufficient time to embed new ways of working.
- On-the-ground presence and service visibility is hugely important.
- It was important to have direct conversations with midwives.
- Recognise that the need for legal assistance is not necessarily intuitive to health professionals and that this takes time.
- Colocation is a good model of HJP working.

HJPs are a practical solution to addressing social determinants that underpin health inequalities. These services help women to retain their jobs, reduce stress, resolve problems at work, and access maternity pay and benefits.

Maternity HJPs fit with objectives in the NHS Equity and Equality Guidance for Local Maternity Systems to address social determinants of health and wider health system objectives to tackle inequalities.

There are several questions we still need to explore including:

- The language of 'HJP' – does this resonate?
- How do we fit into the social prescribing agenda?
- Access to funding and short-term funding models
- Difficulty in demonstrating the direct health benefits of advice
- Who to influence next. It becomes challenging to navigate the complexities of the health system and finding the right people to engage with
- Attendees asked some questions and shared some comments.

Additional research and resource	C: This research might be of interest as has practical tips on the potential of HJP (multidisciplinary practices too from a 7-year project that's become a program) and do's and don'ts that might be helpful to the room. https://ssrn.com/abstract=4147431 – Nottingham Trent University
Breakthrough points	Q: Did you have breakthrough moment where thought things were really able to progress? A: We were fortunate to make the connections with Merseyside. There were colleagues in that program who really understood the importance of this work. A lot of it comes down to finding a good contact who gets it and can champion it!
Project evaluation	Q: Ideas on what might be included in the evaluation? Is Maternity Action as a national initiative taking on these projects, and to what extent will the evaluation influence their work as an organisation in the future? A: There is a challenge with evaluation and showing the health benefits of advice. We know the service helps reduce stress for women, but it's hard to find evidence that shows the link between the service and health. Keen to further their work in this area so any evaluation that shows the importance of this will help push that initiative forward. Projects delivered locally are about embedding in local initiatives.

5. Next Steps ([video here](#))

It's clear that these Health Justice Partnerships are worth investment and other resourcing from both service funders and the frontline, so this section seeks to understand what next steps can be taken in order to facilitate the development, growth, and sustainability of HJPs.

MdIR welcomed back Hazel to address how we can progress this issue.

Hazel expressed feeling more opportunistic about the success of implementing long-term HJPs than in previous years. In a post-pandemic world, there is an increased focus on health inequalities, poverty, and the impact of poverty on health.

We should be using this interest to implement long term and sustainable HJPs by:

Developing funding structures that ensure sustainable partnerships

There remains a question about who should be funding HJPs. Different stakeholders have different views on this, and there is a real danger that HJPs get dropped when money is scarce. Joint funding models helps both diversify income, ensure the resources burden is spread fairly, and supports continued partnership working at all levels.

Communicate the impact of advice in promoting health and reducing inequalities

Now is an opportune time for strategic action; with changes in the current economic crisis and post-pandemic living, the Ministry of Justice (MoJ) has looked in greater detail at how to provide support. HJPs have become part of that thinking.

A pivotal point of change for HJPs has been the Health and Care Act 2022:

- Use of non-medical interventions to promote health and reduce inequalities
- Recognition of the need for health services to join with other non-medical services to address in a holistic way some immediate health problems but also their underlying causes (socioeconomic causes for which law provides a remedy)
- Integrated Care Systems: statutory 'duty to collaborate'
- Cross-sector partnerships

This is a moment where the health sector is coming to other services asking what they can do, and are interested in HJPs.

Strengthen relationships between legal and medical professionals

Health care professionals are able to critically notice problems and are in a pivotal position to make a difference. There is real scope for collaboration with provider collaboratives, health and wellbeing boards, place-based partnerships, and primary care networks. We can activate this through:

Medical education: Education and training essential for effective HJP collaboration. There is a traditional focus on knowledge-based learning (legal and medical). There is scope for more context-based, problem-solving education.

We also need a shift in knowledge, skills, mindset, and approach in terms of understanding the social/economic determinants of health and how they manifest as legal needs, and we need to equip medical practitioners with the confidence and skills to analyse the root causes of the problem.

It is helpful to break down education disciplinary silos. UCL is currently the only medical school that actually provides this learning to students. They want to develop something that can be shared with other schools about their modules.

Supporting clinicians: These roles provide team-based problem-solving for complex patients and are well placed to hold knowledge of community resources and barriers to the resources. This provides a solid foundation for community partnerships and advocacy for policy and system change.

Exploring legal and medical shared core values: There is a shared understanding of the fiduciary duty to patient/client and ethical aspirations and obligations to provide services. There is a shared

approach to making evidence base decisions and a value of professional judgment and experience. Alongside this there is a shared focus on social equality and its effect on health, engagement with social inequity and an understanding of a holistic approach to complex challenges

6. AOB

MdIR extended thanks to the speakers and those who shared their learnings and experiences via the chat, with the rest of the community.

There has been a positive initial response from the academic community as well as from health care providers, many of whom were able to join the session. Attendees were encouraged to share their feedback on the structure of the group and content of the meeting, including what would be useful to do more of moving forward.

Please complete this survey to share your thoughts.

<i>Administrative Justice Council</i>	C: Hi, I provide the secretariat for the Administrative Justice Council. We've recently established a working group that's looking at how well the administrative justice system assists disadvantaged users. Health justice partnerships are one example of good practice. Picking up on the impact of frustrating legal systems on users' mental health, we're keen to find solutions for improvement. Today's discussion has been really helpful, thank you
<i>Devolved nations</i>	C: I think we are much further behind on this in Northern Ireland and without any Assembly I can't see much advancement any time soon though it definitely does feed into broader legal advice discussions. The session has been very informative and we will continue to explore Health Justice Partnerships further. Thank you.