

ACTION PLAN

1/ Service planning and commissioning

CROSS-CUTTING ACTIONS (Actions cutting across a number of services or stages of the criminal justice journey)

Action	Lead organisation(s)	Main partners	PROGRESS UPDATE
<p>1.1 Define the appropriate advisory contribution of criminal justice to the planning of health and social care services in prisons and put in place arrangements to support this.</p>	HSCB	PHA, NIPS, DOJ, DoH, health trusts	<p>Work is ongoing, with new structures established in the Board and a 10 point plan developed for delivering prison healthcare and engagement in 5 Nations events.</p>
<p>1.2 Health to provide advice on improving the health and social care model in Police, Courts and YJA.</p>	HSCB	PHA, PSNI, YJA	<p>Transformation of the custody healthcare programme is currently at pathfinder stage, with an embedded nurse-led model being delivered in one custody suite. Referral pathways, including for those detainees going to prison, are part of this model and will be reviewed as part of the pathfinder evaluation.</p> <p>The Review of Regional Facilities for Children and Young people, including Woodlands, is being taken forward jointly by DoJ and DoH</p>

<p>1.3 Provide a robust mechanism for determining the level of health and social care need for those in contact with the criminal justice system in Northern Ireland. This may include work to develop the local evidence base.</p>	<p>HSCB</p>	<p>PBNI, PHA, NIPS, YJA, PSNI, DoH, DOJ</p>	<p>A Health Needs Assessment has been completed by PHA for detainees in custody. This will be further updated in 2019/20. YJA have developed a range of local evidence which has been shared with relevant partners.</p> <p>Work is progressing across the 5 Nations 'Healthcare in Detention' group to standardise needs assessment tools.</p>
<p>1.4 Establish a number of service-user groups to seek feedback throughout the lifetime of the Strategy.</p>	<p>DoH</p>	<p>DOJ, NIPS, PSNI, YJA, HSCB, PHA, SEHSCT, Third Sector</p>	<p>Prisoner forums have been established, and provide an opportunity to seek feedback on aspects of the strategy.</p> <p>SEHSCT has established an engagement post to seek feedback from service users in prison and to feed into prisoner health forums, informing changes to prison healthcare services.</p>

SERVICE-SPECIFIC ACTIONS (Actions relating to a specific service or stage of the criminal justice journey)

Action	Lead organisation(s)	Main partners	UPDATE
<p>1.5 Explore the potential for providing mental health street triage and/or alternative 'safe places' to Emergency Departments and police custody for those who are in emotional crisis and/or at risk of attempting suicide.</p>	<p>HSCB</p>	<p>DoH, PHA, DOJ, PSNI, YJA, health trusts, third sector</p>	<p>A 'Street Triage' pilot commenced in July 2018 with mental health practitioners working alongside personnel from PSNI and NIAS to provide 'on the spot' help in the community to vulnerable adults with emotional or mental health difficulties.</p> <p>Given the positive feedback from health and justice agencies, a phased 'roll out' of this Multi-Agency Triage Team (MATT) is under consideration and will be subject to available resource</p>

2/ Continuity of care

CROSS-CUTTING ACTIONS (Actions cutting across a number of services or stages of the criminal justice journey)

Action	Lead organisation(s)	Main partners	UPDATE
2.1 Introduce formal arrangements to share health and social care information within the CJS where it is in the best interests of the individual, supported by a suite of information-sharing protocols that cover all health and criminal justice interfaces.	DoH	CJ agencies, HSCB, PHA, health trusts, third sector, DOJ	Work is ongoing to scope and share suitable arrangements, such as the the South Eastern HSC Trust & NIPS Quality Improvement project on committal to prison. GOVTECH funding has been secured for an Small Business Research Initiative (SBRI) project led by BSO, in collaboration with the South Eastern HSC Trust. This will also require involvement from NIPs and Court Services.
2.2 Develop and implement an integrated risk assessment tool/personal safety plan for health and social care needs that can be refreshed and built upon as an individual progresses along the criminal justice journey.	HSCB	CJ agencies, health trusts, third sector, PHA	Work is ongoing to establish an integrated risk assessment tool/personal safety plan. PHA's 'You in Mind' documentation is nearing completion and will cover the area of risk assessment and safety planning.
2.3 Promote awareness among criminal justice professionals of existing web based resources providing current information and signposting on available health and social care services.	HSCB	DoH,DOJ, CJ agencies, HSCB, health trusts, third sector, PHA	Health and criminal justice professionals are regularly directed to existing web-based resources and receive timely updates on same. Awareness of relevant electronic resources is high amongst staff.
2.4 Take steps to ensure a consistent approach to the prescribing,	HSCB	DOJ, DoH, JJC	Royal College of GPs' 'Safer Prescribing in Prisons'

<p>storage and administering of medication in police, court and prison custody and juvenile detention.</p>		<p>(YJA), PHA, health trusts, FMOs, NIPS</p>	<p>guidance is now operational in NI Prisons.</p> <p>Work is ongoing in relation to the development of regional guidance on storage / administration of medication in criminal justice settings. The YJA, meanwhile, use medication protocols which meet standards in respect of the medicine code and NMC guidelines.</p>
<p>2.5 Take steps to ensure a consistent practice approach for personality disorder and forensic mental health across trusts in line with existing care pathways.</p>	<p>HSCB</p>	<p>CJ agencies, PHA, health trusts, third sector</p>	<p>'You in Mind' documentation is nearing completion and addresses how services utilise recovery principles in providing care</p> <p>Forensic Mental Health and Personality Disorder pathways are well established. Work is ongoing to ensure consistency across Trusts.</p>
<p>2.6 Develop care pathways documents (including an in-reach function) for adult mental health services, learning disability, children's services and allied health professionals.</p>	<p>HSCB</p>	<p>CJ agencies, PHA, health trusts, third sector, YJA</p>	<p>Work continues to progress a regional consistency through the development of 'You in Mind' documentation, along with additional protocols for in-reach and outreach functions from community to prison services. Additional consistency will be found in pathways such as: Children and Adult Mental Health Services (CAHMs), eating disorders & perinatal mental.</p> <p>Protocols have been developed with Community HSC trusts to support transfer of those accessing mental health and addictions services in prison following release.</p>

			In addition in-reach by community mental health and forensic mental health teams has been enhanced.
<p>2.7 Develop and implement health and criminal justice service-user communications models that utilise current technologies (e.g. text, Facebook or email reminders for appointments).</p>	HSCB	DoH, DOJ, health trusts, third sector	All opportunities are being taken to develop and implement improved service-user communication models. For example, the NIPS is planning to roll-out a system that will allow prisoners to access information services whilst they are being transported to and from prison.

SERVICE-SPECIFIC ACTIONS (Actions relating to a specific service or stage of the criminal justice journey)

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<p>2.8 Develop referral pathways out of police custody at a District/trust level into appropriate healthcare.</p>	<p>PSNI</p>	<p>DoH, HSCB, DOJ, PHA</p>	<p>Transformation of custody healthcare programme is currently at pathfinder stage with an embedded nurse-led model being delivered in one custody suite. Referral pathways are part of this model and will be reviewed as part of the pathfinder evaluation.</p>
<p>2.9 Review the recording and analysis of self-harm incidents within prison custody settings with a view to improving the collection, analysis and sharing of this data in order to improve services for self-harm prevention and response.</p>	<p>NIPS</p>	<p>SEHSCT, DOJ, DoH, PHA</p>	<p>There is existing data available from the NI Self Harm Registry, however this reflects only those cases occurring in the prison environment which cannot be managed within the prison setting. Work is ongoing to identify the scale of the issue and to inform the development of relevant interventions and services, including a review of the Self-Harm and Suicide Prevention Standard Operating Procedures.</p> <p>Data quality is a consideration, with due regard being given to best practice elsewhere e.g. the Irish Prison Service Self-Harm Assessment and Data Analysis (SADA). Investigations are ongoing as to whether similar structures can be implemented in Northern Ireland, with the aim of improving services for self-harm prevention and response. The introduction of SPAR Evolution in 2019 provides an opportunity to look at how self-harm incidents are recorded.</p>

<p>2.10 Review mental health and psychological therapies in prison custodial settings to ensure that they are being delivered to equivalent standards to those applied in the community (NICE Guidance refers).</p>	<p>SEHSCT</p>	<p>DOJ, NIPS, DoH, HSCB, PHA, third sector</p>	<p>SEHSCT has implemented the NICE guidance in respect of mental health of prisoners and NICE guidance on physical health of prisoners .In addition SEHSCT has become a member of the Royal College of Psychiatrists 'Centre for Quality Improvement Quality Network for prison mental health services which has included a peer review team visiting NI prison healthcare and assessing the mental health service against nationally agreed standards. The mental health workforce has been extended to include clinical psychology.</p>
<p>2.11 Explore the introduction of a mix of Telehealth and in reach and outreach services into custodial settings.</p>	<p>HSCB</p>	<p>PHA, NIPS, SEHSCT, YJA, DOJ, DoH</p>	<p>All opportunities will be taken to explore the feasibility of this introduction in custodial settings. For example, Telehealth is in place and utilised for suitable service areas .Significant work has been progressed to extend the range of in-reach specialist services from secondary care including specialist sexual health / BBV-Hep C /Latent TB and other communicable diseases</p>
<p>2.12 Review current discharge planning arrangements to ensure people leaving criminal justice settings receive appropriate follow on health and social care (including ensuring GP registration) and to include appropriate interventions.</p>	<p>HSCB</p>	<p>CJ agencies, DoH, HSCB, health trusts, third sector, PHA</p>	<p>A Discharge co-ordinator has been appointed, with activity being monitored by HSCB/PHA. This will include mental health & addiction referrals to community services, revised referral protocols including care packages post release.</p> <p>Suitable arrangements are in place for people in prison for up to two years. The process for people in prison for longer periods is currently under review. Work is ongoing to ensure transfer of care/information between GPs working in prison and those working in the community. An educational package will be developed for GPs in the</p>

			<p>community. Individuals who have been in custody for more than 1 year and who will be subject to licence on release will have PBNi support, including help registering with a GP. Work is ongoing to develop procedures for those in prison for less than 1 year, as well as those not entitled to register with a GP in NI (e.g. foreign nationals)</p> <p>Work is ongoing to develop procedures for those people who are not registered with a GP on release as well as those who are not entitled to register with a GP in NI (e.g. some foreign nationals).</p> <p>Work is ongoing in relation to the development of transfer protocols for prisoners in receipt of mental health or addictions services. 'Person-centred' planning is being used to inform and agree post-release care plans when required.</p>
<p>2.13 Take steps to improve access to low and medium secure mental health facilities for adults requiring treatment in such settings (including personality disorder).</p>	<p>DoH (MHU)</p>	<p>DOJ, NIPS, HSCB, SEHSCT</p>	<p>Significant work has been progressed in partnership with DOJ/NIPs in regards to the administrative pathway for individuals who have been assessed clinically as requiring transfer to outside mental health hospital for treatment. As a result documentation can be processed within one day if required.</p> <p>Work has also been progressed with medium secure services and community mental health Psychiatric Intensive Care Unit (PICU) services to facilitate timely response for assessment and transfer. Currently there is no prisoner waiting for transfer to outside mental health hospital.</p>

2.14 Explore low and medium secure mental health facilities for under 18s.	DoH	HSCB, DOJ, YJA	Review of secure services for children has been completed and working groups established to action the outcomes.
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3/ Workforce development

CROSS-CUTTING ACTIONS (Actions cutting across a number of services or stages of the criminal justice journey)			
Action	Lead organisation(s)	Main partners	UPDATE
3.1 Establish an annual joint health care and criminal justice event to share evidence, experience and good practice.	DoH	DOJ, PHA, HSCB, health trusts, CJ agencies, third sector, academia	<p>The first annual joint health care and criminal justice event was held in October 2018 organised by PHA/HSCB</p> <p>PHA/HSCB has delivered on a number of themed training events and workshops including masterclasses for identified groups of staff. This will be further rolled out in 2020 in discussion with DoH to extend to all agencies</p>
3.2 Scope the issues affecting the retention of health care practitioners working across the CJS to ensure the availability of an experienced and capable workforce on an ongoing basis. Develop a workforce plan which aims to address the required workforce model for healthcare professionals working across CJS including the rotation of healthcare staff.	DoH	PSNI, NIPS, HSCB, PHA, NICTS	PHA/HSCB are taking forward a workforce analysis across the three prison sites. This will be completed in partnership with SEHSCT
3.3 Develop a training needs analysis which will inform recommendations to the strategy for all health, social care and criminal justice professionals working within the CJS to promote cross-discipline awareness.	HSCB/PHA	PSNI, NIPS, YJA, PBNI, health trusts	Several sectoral training analyses have been developed, with requisite funding identified where necessary.
3.4 Develop a succession plan for forensic health care practitioners (including influencing curriculum design at local academic institutions and promoting take up of	HSCB/ PHA	DoH, DOJ, PSNI,	Work is progressing with HSCB/PHA and in collaboration with education

<p>forensic modules and careers) [this action relates specifically to the future requirements to provide and support health care practitioners working in police custody and the introduction of nurses to work alongside FMOs.]</p>		<p>universities, FECs</p>	<p>providers.</p>
<p>3.5 Work with the third sector to identify their potential contribution throughout the criminal justice journey (e.g. in the areas of post-release support and lower level mental ill health).</p>	<p>DOJ</p>	<p>CJ agencies, HSCB, DoH, health trusts, third sector</p>	<p>All opportunities to engage with the Third Sector are being taken, and all parties are committed to further engagement as appropriate.</p> <p>For example, a Social Prescribing Co-ordinator has been appointed at Hydebank to scope a range of alternative treatments which may contribute to improvement of prisoner health and wellbeing.</p>

4/ Diversion and support of vulnerable individuals

CROSS-CUTTING ACTIONS (Actions cutting across a number of services or stages of the criminal justice journey)

Action	Lead organisation(s)	Main partners	UPDATE
4.1 Identify the most appropriate model to support all-stages diversion of vulnerable individuals coming into contact with the CJS.	DOJ	DoH, CJ agencies, Judiciary, HSCB, health trusts, third sector	Discussions are ongoing regarding moving away from use of the word “vulnerable” to describe individuals in this setting. Work such as the MATT (street triage) pilot contributes to early intervention with individuals in emotional or mental health crisis to prevent potential intervention from CJS

SERVICE-SPECIFIC ACTIONS (Actions relating to a specific service or stage of the criminal justice journey)

Action	Lead organisation(s)	Main partners	UPDATE
4.2 Engage with the Department of Education to explore whether pertinent information on young people vulnerable to offending can be shared with relevant criminal justice agencies.	DENI	PSNI, Education Authority, health trusts	Consultation is ongoing with DENI
4.3 Develop a vulnerable persons’ passport to alert criminal justice professionals, and particularly the PSNI, to an individual’s vulnerabilities at an early stage.	PHA	PSNI, CJ agencies, HSCB, health trusts	PHA/HSCB are developing personal wellbeing plans as part of tools considered for regional pathways. Discussions are ongoing regarding the appropriate use of ‘passports’, with some already in place e.g. Brain Injury Passport.
4.4 Review opportunities to share health and social	PSNI	NICTS, health trusts,	All opportunities to share health and social care information

care information with PPS to ensure that it is shared at the earliest stage possible.		FMOs, PPS	(within legislative and professional boundaries) will be taken. For example, Govtech innovation programme led by SEHSCT is examining ways to improve information sharing.
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5/ Health promotion and ill health prevention

CROSS-CUTTING ACTIONS (Actions cutting across a number of services or stages of the criminal justice journey)

Action	Lead organisation(s)	Main partners	UPDATE
5.1 Develop an approach to health promotion with key messages targeted at: individuals in the CJS; health and criminal justice professionals; the third sector; and, families.	PHA	NIPS, DoH, DOJ, HSCB, health trusts, third sector	A 3 year Health Improvement Action Plan (produced by SEHSCT) has been agreed. The vision for the plan places emphasis on collaborative working, reducing health inequalities and improving health and wellbeing outcomes for the prison community.
5.2 Take steps to ensure equivalency of access to health screening undertaken in Northern Ireland for those in prison custody settings.	SEHSCT	NIPS, DoH, DOJ	This will be monitored and reviewed as part of the three year Health Needs Assessment. RQIA through National Preventative Mechanism provide external monitoring. The agreed National screening programmes are all operational in prison healthcare services and female and male prisoners are targeted for screening in line with regional systems.

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5.3 Ensure that the CJS is aware of the value of breastfeeding and that justice settings and processes support breastfeeding as far as possible.	DoH	CJ agencies	All parties in this strategy are committed to the creation of supportive environments for breastfeeding, and all have joined the PHA'S 'Breastfeeding Welcome Here' scheme,

			<p>which was endorsed at Permanent Secretary's meeting of 21st September 2018.</p> <p>In-house services at Hydebank/Ash House ensure necessary support is given to pregnant and new mothers, with dedicated midwives and an obstetrician available.</p>
<p>5.4 Take steps to ensure that the revised Protect Life Strategy includes suicide prevention in custodial settings</p>	DoH	DOJ, PHA, HSCB, NIPS, SEHSCT, YJA, third sector	<p>The draft 'Protect Life 2' Strategy contains an action to implement suicide and self-harm elements of the Healthcare in Justice Strategy: including prisoner mental health and suicide risk assessment; access to mental health services; self-harm strategy; monitoring and supporting prisoners at risk; and screening for suicidal behaviour.</p> <p>There are effective procedures in place for early identification of children at risk of self-harming and for providing intensive supervision</p> <p>The 'Towards Zero' regional Transformation project has been extended to include prisons A coordinator has been appointed and will commence in post in March 2019 to work in partnership across healthcare and NIPS to progress.</p>
<p>5.5 Develop a suicide and self-harm strategy to cover NIPS including a review of Support Prisoner at Risk (SPAR) procedures.</p>	NIPS	HSCB, PHA, SEHSCT, DOJ, YJA, DoH, third sector	<p>The NIPS/SEHSCT joint Suicide and Self-Harm Risk Management strategy was approved in August 2017</p> <p>YJA deploys a Safe Risk Assessment process and management plan for children at risk.</p>
<p>5.6 Consider and make a determination on the potential for an in-reach counselling/mentoring service and review referral pathways from custody settings to self harm services.</p>	SEHSCT	DOJ, DoH, YJA, HSCB, PHA, third sector	<p>Work is ongoing with regard to the development of a 'Step 2 Step' counselling service, drawing on learning from projects such as the Self-Harm Intervention Programme (SHIP).</p> <p>Given the likely complexity of needs (PD, ADHD, substance</p>

			<p>misuse) specialist skills may be required. YJA operates a stepped CAMHS model within which there is access to psychological services for Under-16s.</p>
<p>5.7 Develop a joint health and criminal justice action plan on substance misuse, to include alcohol, psychoactive substances, illegal drugs and misuse of prescription/over-the-counter drugs.</p>	<p>DOJ</p>	<p>NIPS, CJ agencies, DoH, HSCB, PHA, health trusts, third sector</p>	<p>A pilot Substance Misuse Court (SMC) has been established in conjunction with the Department of Justice.</p> <p>By addressing the root causes of offending, SMC looks to give sentencers an alternative to imprisonment. It also joins up Justice with other key services such as Health, and assists with the sharing of information and community engagement. The SMC pilot has met its target of testing the model on 50 participants and is due shortly to undergo a 6-month period of evaluation.</p>

6/ Social care

SERVICE-SPECIFIC ACTIONS (Actions relating to a specific service or stage of the criminal justice journey)

Action	Lead organisation(s)	Main partners	UPDATE
6.1 Map current support and/or social care service provision commissioned by NIPS to those in custody and their families, identifying level of investment, service provided and provider agency.	NIPS	PBNI and DOJ	Assessment of social care provision within prisons has been completed and shared with relevant stakeholders. Workshops have taken place between PBNI and NIPS staff which will shape this work.
6.2 Collate and analyse information/data about the prison population to identify current support and/or social care needs of prisoners and any unmet social care needs.	SE Trust	DoH, NIPS, PBNI	SEHSCT has completed a mapping of current support and social care provision to those in prison custody. The outcome of this work will be shared with NIPS.
6.3 Develop improved data collection that will enable analysis of longer term trends in social care need among people in prison custody, taking into account wider demographic trends such as an ageing population.	NIPS	SEHSCT	Discussions are ongoing regarding the best way forward on this strategy action. In the interim, population-level data is routinely shared and monitored
6.4 Review current arrangements and promote opportunities within prisons to better support and meet the social welfare needs of individuals within existing resources.	NIPS	PBN, DOJ	NIPS, PBNI and SEHSCT are working together to ensure that those in custody with social care needs have those needs met.
6.5 Review the effectiveness of existing interfaces and pathways between CJS and social care services.	HSCB	SEHSCT, NIPS, CJS DoH	'You in Mind' documentation is nearing completion. Existing protocols and policies and those in development for will be monitored to evidence consistency of approach whilst highlighting the benefits to service users, carers and families

			SEHSCT and PBNI have developed partnership working arrangements and agreed a multi- agency case planning approach for very complex cases impacting across HSC and justice agencies.
6.6 Provide dedicated residential accommodation within the secure adult male estate for individuals who require additional support or have mobility issues.	NIPS	CJS, PBNI, DoH, health trusts	Accommodation has been developed within the NIPS estate to cater for prisoners who have specific health needs. This includes, for example, cells with disabled access and dementia-friendly designs.

7/ Accommodation

CROSS-CUTTING ACTIONS (Actions cutting across a number of services or stages of the criminal justice journey)

Action	Lead organisation(s)	Main partners	UPDATE
7.1 Develop strategic links with the Department for Social Development and the Northern Ireland Housing Executive with a view to ensuring that the accommodation needs of the criminal justice population are met.	DOJ /PBNI	DSD, NIHE	Work is ongoing in this complex policy area, with discussions taking place between relevant organisations to agree a way forward.
7.2 Develop and implement a strategic approach to accommodation for people in contact with the CJS that takes account of health and social care needs.	DOJ /PBNI	DSD, NIHE, HSCB	Work is ongoing in this complex policy area, with discussions taking place between relevant organisations to agree a way forward
7.3 Take steps to ensure that criminal justice needs are identified to the commissioning body for Supporting People.	PBNI	DSD, NIHE	Work is ongoing in this complex policy area, with discussions taking place between relevant organisations to agree a way forward

SERVICE-SPECIFIC ACTIONS (Actions relating to a specific service or stage of the criminal justice journey)

Action	Lead organisation(s)	Main partners	UPDATE
7.4 Take steps to ensure that suitable accommodation is available for mentally disordered offenders (including personality disorder).	HSCB	PBNI, DSD, NIHE, SEHSCT, DoH	Work is ongoing in this complex policy area, with discussions taking place between relevant organisations to agree a way forward