IMPROVING HEALTH WITHIN CRIMINAL JUSTICE

A STRATEGY AND ACTION PLAN TO ENSURE THAT CHILDREN, YOUNG PEOPLE AND ADULTS IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM ARE HEALTHIER, SAFER AND LESS LIKELY TO BE INVOLVED IN OFFENDING BEHAVIOUR

June 2019

FOREWORD

As the Permanent Secretaries for Health and Justice we are pleased to publish this Strategy and Action Plan, ***Improving Health within Criminal Justice***.

Each year significant numbers of children, young people and adults are in contact with the criminal justice system in Northern Ireland as suspects, defendants and serving sentences in the community or in custody. Some of these individuals will be in good health or, if not, accessing the services they need in the community. But research tells us that many are likely to have **unmet health needs**, especially in areas like mental ill health and substance misuse.

Our joint commitment, as set out in this Strategy, and its supporting Action Plan, is to work together to ensure that these children, young people and adults have the highest attainable standard of health and well-being. The Action Plan outlines a substantial work programme that seeks to ensure that resources are better aligned to need, enhance access to services, improve continuity of care, develop our workforces and the way we collaborate, increase diversion of vulnerable people and improve health protection and health promotion. By taking these steps to improve health and well-being of the criminal justice population, we believe that we can also contribute to safer detention and a reduced risk of reoffending.

Improving Health within Criminal Justice is the product of intensive joint working between a great number of officials in both the health and criminal justice families over several years. Welcome by-products of this collaborative effort are improved cross-discipline awareness and strengthened relationships between our respective Departments (and their agencies) – both of which will undoubtedly be of great benefit when it comes to implementation of the Action Plan, as well as in more everyday interactions.

In setting priorities, we have also worked with our statutory partners in the areas of accommodation and education, with the third sector and, most importantly, we have talked to service-users themselves.
The Strategy and Action Plan have been developed in the context of an extremely challenging financial climate, where frontline services available to the population as a whole are under pressure. As ever, we will have to work hard to ensure the best use of available resources and to focus our energy in areas where change is most needed and can be achieved.

Victims and witnesses do not fall within the scope of this Strategy, but addressing their support needs is of great concern to both health and justice. Elsewhere – as part of both the Department of Justice's victims and witnesses strategy and the joint domestic and sexual violence and abuse strategy – our Departments are collaborating on victim and witness support services, and the Department of Justice will of course continue to deal robustly with crime and offending behaviour.

Richard Pengelly
PERMANENT SECRETARY OF HEALTH

Peter May
PERMANENT SECRETARY OF JUSTICE

EXECUTIVE SUMMARY

Improving Health within Criminal Justice is a Strategy and Action Plan covering the health and social care needs of children, young people and adults at all stages of the criminal justice journey (as suspects, defendants and serving sentences) in Northern Ireland.

> Our aim is to ensure that children, young people and adults in contact with the criminal justice system (CJS) are healthier, safer and less likely to be involved in offending behaviour.

The Strategy and Action Plan are being taken forward jointly by the Department of Health, (DoH) and Department of Justice (DOJ), in pursuance of the strategic aims and objectives of both Departments. They will contribute to a number of existing Government priorities including: improving public health, preventing ill health, reducing health inequalities, safeguarding vulnerable people, reducing offending and promoting community safety. We believe that all citizens, regardless of their status within the CJS, should have the highest attainable standard of health, and this is at the heart of what we are seeking to achieve through ***Improving Health within Criminal Justice***.

Developing a strategic approach

Development of the Strategy and Action Plan has seen intensive joint working between DoH and DOJ and their agencies, supported by engagement with service-users and their families and the third sector. Throughout the development process, we have found widespread commitment to improving the health and wellbeing of those in contact with the CJS across all sectors and a strongly held belief that this can contribute to reducing offending and a safer community. The Strategy and Action Plan aim to harness this commitment to deliver significant change over the next 5 years.

The scale of the challenge

Significant numbers of children, young people and adults come into contact with the CJS each year in Northern Ireland. Research tells us that many of them will have a history of under-using health and social care services and, consequently, unmet health needs (in turn forming part of a wider picture of practical, emotional, educational and employment needs). They are also more likely than the general population to experience issues like mental ill health, personality disorder, learning disability or difficulties, speech, language and communication difficulties and problems with drugs and alcohol. Contact with the CJS therefore presents an important opportunity to engage or re-engage such children, young people and adults with the services they need. In some, but by no means all, cases there will be a link between an individual's health issues and their offending behaviour – and it is here that the right care and treatment may have a positive impact in terms of reducing re-offending.

A new direction

The Strategy provides an agreed strategic framework for ensuring that children, young people and adults in contact with the CJS are healthier, safer and less likely to be involved in offending behaviour. Pages 21 to 28 outline our service goals at each stage of the criminal justice journey, including what should be provided and who should be involved. This is the model that we are working towards and against which we will measure progress.

The initial three year Action Plan sets out a clear programme of change to deliver improvements, structured around the seven strategic priorities set out below. This programme of change will be reviewed and refreshed in year three of the Strategy and a supplementary two year Action Plan issued to cover the remaining period.

1/ Service-planning and commissioning

To ensure that health and social care services for children, young people and adults in contact with the CJS are aligned to need, evidence-based, delivered to high standards and achieve value for money.

We will take action to:

- seek advice from Health on improving the health and social care model in Police, Courts and Youth Justice;
- Improve the local evidence base to ensure that services and resources are aligned to need;
- Continue to seek feedback from our service-users, to ensure that we deliver services that meet their needs.

2/ Continuity of care

To deliver improved continuity of health and social care for children, young people and adults in contact with the CJS by developing care pathways and supporting information-sharing where it is in the best interests of the individual.

We will take action to:

- Deliver continuity between different professionals and services by improving care pathways and developing a signposting portal for criminal justice and health professionals;
- Ensure that health and social care information follows an individual and is refreshed as they progress along the criminal justice journey;
- Support continuity of therapeutic relationships, where possible.

3/ Workforce development

To ensure that the health and criminal justice workforces and third sector partners are equipped to work confidently across organisational boundaries, to share information and to take co-ordinated action to meet the needs of children, young people and adults in contact with the CJS.

We will take action to:

- Promote cross-discipline awareness and improve relationships, knowledge and skills, including through joint training and an annual health and criminal justice event;
- Promote recruitment and retention of health care staff working in the criminal justice sphere.

4/ Diversion and support of vulnerable individuals

To ensure that the needs of vulnerable children, young people and adults in contact with the CJS are known and understood and that opportunities are taken to divert them, where appropriate, into mainstream health and social care or other services.

We will take action to:

- Identify the most appropriate model to support all-stages diversion of vulnerable individuals.

5/ Health promotion and ill-health prevention

To ensure that opportunities are taken for health promotion and ill-health prevention at every stage of the criminal justice journey.

We will take action to:

- Support people in the CJS to increase control over and improve their own health;
- Ensure equivalency of access to health screening and health promotion undertaken in Northern Ireland for those in custody settings;
- Improve our approach to suicide and self-harm in custody settings.

6/ Social care

To ensure that children, young people and adults in contact with the CJS have access to appropriate support and/or social care provision to improve and safeguard their social wellbeing in line with assessed need.
Social care is therefore included within each of the priority areas. However particular concern has been raised about social care provision in prison and therefore specific actions have been agreed with regard to the prison setting.

We will take action to:

- Refine our understanding of the delivery landscape for social care in prison context;
- Analyse the current and projected social care needs of the prison population;
- Review current arrangements and promote opportunities within prisons to better support and meet the social welfare needs of individuals within existing resources.

7/ Accommodation

To ensure a range of accommodation options is in place to meet the health and social care needs of children, young people and adults in contact with the CJS.

We will take action to:

- Develop and implement a strategic approach to accommodation for people in the CJS that takes account of health and social care needs, drawing on engagement with the Department for Social Development and the Northern Ireland Housing Executive.

Delivering change

Successful implementation of the Strategy and Action Plan, once agreed, will require a significant and coordinated multi-agency effort. Our proposed governance arrangements for the implementation phase build on those that have successfully delivered the Strategy and Action Plan. The existing Steering Group will be re-purposed as an ***Improving Health within Criminal Justice*** Implementation Group, chaired jointly by DoH and DOJ and tasked with directing, coordinating, monitoring and evaluating delivery of the Strategy. Elements of evaluation will include: a benefits realisation approach; use of the Health Needs Assessment process and other quantitative research; service-user feedback; practitioner feedback; and, independent oversight by the Regulation and Quality Improvement Authority and Criminal Justice Inspection Northern Ireland.

Resources

The Strategy and Action Plan have been developed in the context of an extremely challenging financial climate, where frontline services available to the population as a whole are under pressure. We believe we can make a significant impact, in the first instance, by better aligning existing services and resources to need. There is also much that can be done without significant additional resources in terms of improved information-sharing and working together effectively and efficiently as one seamless service. Where it is clear that the implementation of identified actions calls for additional resource, this will require the development of an appropriate business case setting out attendant benefits, with final decisions taken in the context of the prevailing financial climate at the time.

A list of abbreviations is provided at **Appendix A**.

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1/ THE CASE FOR CHANGE

STRATEGIC CONTEXT
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STRATEGIC CONTEXT

Improving Health within Criminal Justice is a Strategy and Action Plan covering the health and social care needs of children, young people and adults at all stages of the criminal justice journey in Northern Ireland. [1]

> Our aim is to ensure that children, young people and adults in contact with the criminal justice system (CJS) are healthier, safer and less likely to be involved in offending behaviour.

The Strategy and Action Plan are being taken forward jointly by DoH and DOJ in pursuance of the strategic aims and objectives of both Departments.

DoH has a statutory responsibility to promote an integrated system of health and social care, designed to secure improvement in:

- the physical and mental health of people in Northern Ireland;
- the prevention, diagnosis and treatment of illness; and,
- the social wellbeing of the people in Northern Ireland.

This includes leading cross-government action on the factors which influence health and well-being and health inequalities. It also includes interventions, at all stages of the life course, involving health protection, health promotion and education to enable and support people to adopt activities, behaviours and attitudes which lead to better health and well-being. *Transforming Your Care* set out the Department's strategic vision and roadmap for the delivery of more significant health and social care services focused on the individual rather than the organisation to deliver the right care, at the right time in the right place.

DOJ has responsibilities in relation to suspects, defendants and those in custody with particular health and social care needs. In the first instance, there is a duty of care to ensure that the children, young people and adults coming into contact with the CJS are connected with the health care and support that they need. DOJ must also ensure that people are treated fairly in justice processes and are supported to understand what is happening and to participate fully. Thirdly, where there is a relationship, direct or otherwise, between an individual's health issue and their offending, every opportunity should be taken to help them to move away from reoffending by addressing those underlying health needs – and in turn contributing to a safer community. Finally, for those in a custody setting, DOJ must ensure that the custody environment and regime support health and wellbeing.

Both Departments believe that all citizens, regardless of their status within the CJS, should have the highest attainable standard of health, and this is at the heart of what we are seeking to achieve through ***Improving Health within Criminal Justice***.

The need for a Strategy and Action Plan covering health care and criminal justice was originally identified as part of a review of the Northern Ireland Prison Service (NIPS) commissioned by Justice Minister David Ford. The review, published in October 2011, considered the conditions, management and oversight of all prisons and made 40 recommendations (**Appendix B**), of which 10 related to health and social care. Recommendation 13 called for:

[1] The Strategy and Action Plan cover suspects, defendants and those convicted of an offence and serving sentences. We recognise that children, young people and adults coming into contact with the CJS as victims and witnesses may also have health and social care needs. These needs are outside the scope of this Strategy but are addressed through the DOJ's *Making a difference to victims and witnesses of crime; improving access to justice, services and support* strategy.

"a joint health care and criminal justice strategy, covering all health and social care trusts, with a joint board overseeing commissioning processes within and outside prisons, to ensure that services exist to support diversion from custody and continuity of care."

This Strategy and Action Plan represent the Government's response to that recommendation. We can also expect the Strategy and Action Plan to contribute significantly to existing Government objectives such as improving public health, preventing ill health, reducing health inequalities, safeguarding vulnerable people, reducing offending and promoting community safety.

Crucial to this policy area, but falling outside of the scope of the Strategy and Action Plan, is the broader agenda of health and social care-led prevention activity, which can play a role in diverting people away from contact with the CJS altogether in line with the DOJ's *Strategic Framework for Reducing Offending*. The Framework sets out the Executive's commitment to building a safer society through a long term reduction in offending behaviour and puts in place a cross-Government approach to tackling the underlying causes of offending, including collaboration with DOH in the area of health and social care.

A range of health and social care issues such as mental ill health, substance misuse and early trauma have been identified by research as being associated with offending behaviour – although it is also true that many people experience one or more of these issues but do not offend. The new overarching *Strategic Framework for Public Health* provides strategic direction for policies and actions to improve health and wellbeing, reduce inequalities in health and encourage greater collaboration around the range of factors that impact on health. A number of other specific DOH-led strategies also contribute to the aims of reducing offending and keeping people out of the CJS – as set out in the page overleaf. It is the intention of this Strategy and Action Plan to build on and complement rather than duplicate work already under way as part of these strategies.

Third sector organisations have been key partners in the development of this Strategy and Action Plan and will likewise play an important role in their implementation. We acknowledge the impact of the current financial climate and the challenge this presents to the third sector and indeed all stakeholders.

Northern Ireland has a well-developed third sector adding significant value in this policy area through their advocacy role and delivery of a range of health and criminal justice-focused services to people who have offended and their families. Areas where the third sector already makes an important contribution include the provision of approved premises, support for substance misuse and mental health issues, advocacy, mentoring and link-working, family support and prison visits, art and literacy projects and diversionary and community service schemes. An important element of the Strategy will be working with voluntary and community organisations to develop a shared understanding of where and how they can further contribute to our aim of improving the health and wellbeing of children, young people and adults in contact with the CJS.

Looking to the future, the Assembly is currently considering the Mental Capacity Bill, which, if enacted, will apply to the general population in Northern Ireland, and those subject to the criminal justice system. The Bill, will provide a fused legislative approach for mental health and mental capacity in Northern Ireland, and will represent a very significant change to law, practice and culture in the health and criminal justice systems. Work is under way

to prepare for implementation, but no commencement date has been decided yet. However, it is worth considering the actions in this strategy in the context of the proposed new legislation. Further details can be found at http://www.niassembly.gov.uk/assembly-business/legislation/2011-2016-mandate/primary-legislation-current-bills/mental-capacity-bill/

Figure 1. Health and social care strategies contributing to prevention.

A range of health and social care issues such as mental ill health, substance misuse and early trauma have been identified by research as being associated with offending behaviour – although it is also true that many people experience one or more of these issues but do not offend. The strategies above can therefore play a role in reducing offending and keeping people out of the CJS altogether.

CURRENT PROVISION

This section provides an overview of current health and social care provision for children, young people and adults in contact with the CJS.

Police custody

DOJ has overall responsibility for the health care needs of children, young people and adults detained in police custody. They are provided for on a 24/7 'on call' basis by Forensic Medical Officers (FMOs), who are GPs with additional specialist training. The decision to call in a FMO is made by police custody staff referring to guidance from the Association of Chief Police Officers.

Escort and court custody

Prisoners held under the Police and Criminal Evidence Act (PACE) produced at courts by the Police Service of Northern Ireland (PSNI) will have been assessed by police custody staff or FMOs. Adult male and female remand prisoners being transferred to court from prison custody will have been cleared by prison health care as being fit to attend. If appropriate any prescribed medication for that day is sent with them to be administered at the court facility. If medical expertise is required while an individual is detained in court custody, this is secured by the Prisoner Escort and Court Custody Service (PECCS) manager, or other escort service, either through an FMO or by contacting emergency services.

Prison custody

DoH has overall responsibility for prison health care policy. Services are commissioned by the Health and Social Care Board (HSCB) in conjunction with the Public Health Agency (PHA). The South Eastern Health and Social Care Trust (SEHSCT) is responsible for the provision of health care to prisoners. In prison custody, aspects of social care are delivered by: Northern Ireland Prison Service (NIPS), as part of its day to day pastoral and operational role; the Probation Board for Northern Ireland (PBNI), which has a statutory duty to provide a social welfare service within prisons; SEHSCT when providing personal health care support for individuals with complex health care needs; and, the third sector, on a commissioned basis.

Prison health care services in Northern Ireland are delivered by a range of healthcare staff within the three prison establishments – Maghaberry Prison, Magilligan Prison and Hydebank Wood Prison and Young Offenders Centre – including: primary and secondary care staff; mental health and addictions staff; a range of allied healthcare specialists; and, a number of voluntary and private organisations.

Further detail of current provision in prison custody is included at **Appendix C**.

Woodlands Juvenile Justice Centre

Health care within Woodlands Juvenile Justice Centre (JJC) is provided by a small nursing team employed by the Youth Justice Agency (YJA) with usually only one member of nursing staff working each day. Psychiatric, and Psychology services are procured through the Community Children and Mental Health Service Team (CAHMS) which provides a bespoke in-reach service. All custodial staff in Woodlands JJC are trained in a number of professional qualifications including Social Work, Youth and Community Work and other relevant childcare qualifications.

Community supervision

Children, young people and adults being supervised in the community either on release from custody or as part of a community sentence access mainstream health and social care services. The PBNI and YJA have an important role to play in supporting them to do so.

THE SCALE OF THE CHALLENGE

This section establishes the scale of the challenge by looking at the level and nature of health and social care need among people in the CJS based on available Northern Ireland and UK evidence. Figures on the numbers of children, young people and adults in contact with the Northern Ireland CJS are also provided.

The Northern Ireland evidence base

At present we do not have a complete picture of the health and social care needs of children, young people and adults in contact with the CJS in Northern Ireland, and this is one issue that the Strategy and Action Plan seek to address. The Public Health Agency's *Health Needs Assessment of Prisoners within the Northern Ireland Prison Service 2011 for the 2012/13 year* and subsequent 2013/2014 assessment are important developments that are being built upon in this regard.

Health Needs Assessment

This first Health Needs Assessment (HNA) was highly valuable with regard to learning about the process, engagement of key organisations and the stakeholder feedback that was obtained. However, there was a lack of robust information such that an accurate assessment of need was difficult. The key finding from the report was that information systems require development to support routine HNA.

The 2012/2013 HNA also included a corporate element involving a stakeholder survey of NIPS and SEHSCT staff, and utilised findings from the 2011 prisoner healthcare survey. Both surveys suffered from a low response rate, however, the key health needs identified by the respondents, including both staff and prisoners are shown below:

- Prescription drug abuse;
- Personality disorders;
- Anxiety and depression;
- Pain management;
- Development of chronic disease clinics;
- More purposeful activities for prisoners; and,
- A focus on the prisoner as an individual with individual needs.

The 2013/2014 HNA found that there are still limitations in the data available to support HNA for prisoners: however, developments are ongoing and improvements have been made. HNA will be performed on an annual basis and may rotate from a broad perspective to a focus on a particular sub-population or disease group.

A HNA is planned for the first time for under 18s in Woodlands JJC in late 2016: however, YJA reports an increase in children and young people presenting with significant mental health needs, learning disability and communication needs and substance misuse. A provisional one day snapshot in September 2013 within Woodlands JJC showed a very high proportion of children with substance misuse issues, particularly poly-substance misuse, and a significant proportion with identified mental health needs. Local data collected as part of a joint YJA and Royal College of Speech and Language Therapy pilot undertaken in 2013 indicated that 58% of young people engaged with the YJA had speech, language and communication needs.

Stakeholder engagement

Stakeholder engagement undertaken to date has identified a wide range of health and social care needs that are likely to be over-represented within this population including: mental ill health (from low level anxiety and depression to psychoses and severe personality disorder); learning disability and difficulty; speech, language

and communication issues; substance misuse; a 'looked after' background; domestic and sexual violence and abuse; victimhood and trauma; and, relationship, family and attachment issues.

Stakeholder responses also indicate that we should give particular focus to the areas of mental health, substance misuse and social care. Work is under way in each of these areas at a population level including through the *New Strategic Direction for Drugs and Alcohol (2011-16)*, the implementation of mental health and wellbeing promotion actions by PHA and consideration will be given to identification of social care gaps in a custody setting. The Improving Health within Criminal Justice Strategy and Action Plan will seek to reflect, build upon and inform this existing work.

NUMBERS IN CONTACT WITH THE NORTHERN IRELAND CRIMINAL JUSTICE SYSTEM*

*All figures cited are taken from publications found on the official websites for: PSNI, PPS NI, DoJ NI, Youth Justice Agency for NI, Probation Board NI, and the Northern Ireland Prison Service.

Crime levels

- The total recorded crime level for the 12 months to the end of February 2018 was 98,890. This represented an increase of 0.7% compared to the equivalent 12 month figure up to the end of February 2017.
- Alcohol was a contributory factor in 19% of all crimes recorded in 2016/17 while, for offences against the person, alcohol was a contributory factor in 40% of crimes recorded.

Prosecutions

- Between April 2017 and December 2017 (figures for the full financial year are not yet available) a total of 36,776 prosecution decisions were issued. Of these, 1,051 were 'indictable', 21,458 were 'summary', 11,242 were 'no prosecution', and 3,025 were 'diversion'.

Convictions in all courts in Northern Ireland 2016

	Gender			
Age band	Male	Female	Other[1]	Total
10 - 17	702	117	4	823
18 - 24	5,239	780	-	6,019
25 - 29	3,815	699	-	4,514
30 - 39	4,700	991	1	5,692
40 - 49	2,516	718	2	3,236
50 - 59	1,401	427	-	1,828
60 & over	653	109	1	763
Unknown	50	29	2	81
Total	19,076	3,870	10	22,956

[1] Includes sex not stated, transgender and other offenders, i.e. companies, public bodies, etc.

Courts

- In 2016 the number of convictions in all courts was 22,956. 19,076 (83.1%) were male and 3,870 (16.9%) were female.
- The highest percentage of convictions in all courts was handed down to people in the 18-24 year old category. In 2016, 6,019 (26.2%) of convictions were handed down to people in this category.
- The most common type of disposal imposed in 2016 was a monetary penalty (52.8%), followed by suspended custodial sentence (16.6%), imprisonment (12.9%), community sentence (12.4%), discharge (4.0%) and other (1.2%).

Youth Justice System

- The number of young people involved with Youth Justice Services in 2016/17 was 893.
- The total number of young people involved with Custodial Services (JJC) in 2016/17 was 139.
- There were a total of 7,935 days of custody provided by the JJC. Of these days, 3% were for PACE, 65% for remand and 32% for sentence.
- The average JJC populations in 2015/16 and 2016/17 were 26 and 23 respectively.

Probation

- There were 2,747 new statutory orders made at court requiring PBNI supervision in the 12 months to the end of December 2017.
- At December 2017 there were 4,145 people being supervised by PBNI.

Prisons

- The total prison population at the end of March 2018 was 1,475, an increase of 3.5% compared to March 2017.
- The number of prisoners in immediate custody was 1,066, a decrease of 1.6% compared with March 2017.
- The number of prisoners on remand was 409, an increase of 19.6% from March 2017.
- The number of women prisoners was 68, compared to 47 at the end of March 2017.

UK-based research

A number of research projects and reports have looked at the prevalence of different health and social care issues in the CJS in England and Wales. Although there is some variation in estimates – linked to the different definitions, assessments and methodologies employed – it is clear that individuals with a range of conditions are over-represented in the criminal justice population in England and Wales when compared with the national average. We should be cautious about applying published data from other jurisdictions, where populations may differ significantly, to Northern Ireland. Nevertheless, research conducted in England and Wales can provide an indication of some of the health and social care issues we could reasonably expect to be present in the Northern Ireland criminal justice context.

Some points emphasised by UK-based research are:

Unmet health and social care need

Many people in contact with the CJS have a history of under-using health and social care services in the community. Amongst the unmet need there are some people who have disengaged from health and social care services. Therefore signposting and supporting engagement into these services is an important part of this strategy
In particular GP and primary care services have a function in safeguarding vulnerable people by monitoring their health and wellbeing when in contact with such vulnerable individuals.

Multiple and inter-related needs

For many individuals in contact with the CJS, health and social care needs will form part of a wider picture of multiple and inter-related practical, emotional, educational and employment needs. People with multiple needs who are in repeat contact with the CJS are sometimes referred to as the "revolving doors" group.

Hidden conditions

A range of studies have confirmed the over-representation of people with mental ill health, personality disorder, learning disability or difficulties, speech, language and communication difficulties and problems with drugs and alcohol in the CJS, and there is growing evidence to suggest high rates of neurodisability and acquired brain injury among children and young people. Many of these issues are not readily identifiable.

Changing demographic

Demographic changes in the wider population (e.g. ageing population, migration trends) are also evident in this population.

The figures in Appendix D on pages 52-54, all cited the Bromley Briefings Prisons Factfile (Prison Reform Trust, 2015), provide a snapshot of some of the more common health and social care needs identified among children, young people and adults in contact with the CJS in England and Wales.

NEEDS OF PARTICULAR GROUPS

The majority of people coming into contact with the CJS in Northern Ireland are adult men, and the Strategy and Action Plan reflect this. However, we recognise that there are a number of other significant groups within the criminal justice population that will require particular consideration in the implementation of the Strategy and Action Plan.

Children and young people

Children and young people make up a small proportion of those involved in offending behaviour in Northern Ireland. Of those sentenced through the courts in Northern Ireland in 2015, 4.7% (1,136) were under 18. In 2014/15 the average daily population in Woodlands JJC was 34. As with adults, many children and young people experience multiple and inter-related health and social care needs. Common issues include substance misuse, mental ill health and communication difficulties. Contact with the youth justice system provides an important opportunity to engage or to re-engage children and young people with the health and social care services they need or to undertake more general health promotion. Looked after children and those from a care background are recognised as being particularly vulnerable.

Young adults – transition group

Many areas of public policy are now seeking to develop policies and practices that meet the distinctive transitional needs of young adults. The term young adult is difficult to define as it depends on individual maturity as well as physical age, but we are aiming to capture those young people leaving the child-centred youth justice system and entering the adult justice system as well as those in the 18 to 24 age range. Of those sentenced through the courts in Northern Ireland in 2015, 27.1% (6,609) were aged between 18 and 24. Research suggests that a very large proportion of imprisoned young people have one of these conditions: personality disorder, psychosis, neurotic disorders or substance misuse. Young adults also have higher rates of self-harm and suicide than older prisoners and are more likely than older prisoners to have been in the care system.

Older people

People aged 60 or over make up a very small proportion of those involved in offending behaviour in Northern Ireland. Of those sentenced through the courts in Northern Ireland in 2015, just over 3% (751) were aged 60 or over. On the other hand, there are likely to be increasing numbers of older people in contact with the CJS due to demographic changes in the general population. Older prisoners tend to have more health problems than younger prisoners and than older people in the general population. They can also experience particular barriers in accessing health and social care services. The House of Commons Justice Committee report on older prisoners identified a number of common health issues including significant levels of chronic illness (cardiovascular, musculoskeletal and respiratory), mental ill health and disability and mobility restrictions, as well a particular need for social care and end of life care.

Women and girls

Women make up a small proportion of those involved in offending behaviour in Northern Ireland. Of those sentenced through the courts in Northern Ireland in 2015, 16.8% (4,098) were women. Most women coming before the Courts receive non-custodial disposals. Baroness Corston's review of vulnerable women in the CJS in England and Wales identified a range of issues underlying women's offending behaviour including: domestic circumstances and problems such as domestic violence and childcare issues; personal circumstances, such as mental illness and substance misuse; and socio-economic factors, including poverty, isolation, unemployment and homelessness. Her fundamental

conclusion was that the needs of women and men are different, and equal treatment of men and women within the CJS does not therefore result in equal outcomes.

Foreign nationals and ethnic minority groups

On 01 September 2016, 9.3% of the Northern Ireland prison population was from outside the UK or Ireland and 5.3% belonged to Black or Minority Ethnic groups. There are considerably more foreign national adults on remand than sentenced. Issues impacting on health and social care provision for foreign nationals may include language and cultural barriers, access to health records and social support and networks in and outside of custody.

Lesbian, gay, bisexual and transgender (LGBT) people

We do not have clear data on the numbers of people from the LGBT community in contact with the CJS in Northern Ireland. Research suggests that issues affecting people from the LGBT community within custody may include isolation, harassment or physical abuse.

Vulnerable individuals

A number of vulnerable groups are over-represented in the CJS when compared with the national average, including those with mental ill health, personality disorder, learning disabilities and difficulties and speech, language and communication difficulties. These individuals may experience particular difficulties as they move through the CJS in terms of communication, participation, access and welfare; their needs are likely to require both a medical and a criminal justice response. Whilst all potentially vulnerable groups have not been listed separately for the purposes of the strategy, irrespective of the numbers of individuals affected by a specific vulnerability, their needs should be understood and addressed with the appropriate health and social care services.

Homeless people

It is difficult to estimate the numbers of homeless people within the CJS in Northern Ireland because of a lack of reliable data, but there is certainly a relationship between homelessness and coming into contact with the CJS. Offending behaviour among people experiencing homelessness is often interlinked with other health support needs, including in the areas of substance misuse and mental health, and a holistic response is required, particularly in the context of release and resettlement. Access to services may also be an issue in the community due to a lack of address.

DEVELOPING A NEW STRATEGIC DIRECTION

This section provides an overview of the stages of work involved in developing the new strategic direction set out in the following chapter, 'A new direction.'

A joint approach

In November 2013, DOH and DOJ Ministers established a Steering Group to oversee development of a joint health care and criminal justice strategy and supporting action plan. As a first step, the Steering Group commissioned four work streams, led at senior level within both health and justice, to map existing health and social care provision for children, young people and adults at each stage of the criminal justice journey and identify gaps and areas for improvement. Alongside this, work began to bring together an Evidence Base in this policy area.

Statutory workshop

On 20 January 2014, DOH and DOJ hosted a workshop bringing together those involved in the Steering Group and its work streams following two months of intensive exploratory work. The workshop, attended by over 40 delegates from the health and criminal justice sectors, was designed to consolidate our understanding of existing health and social care provision for children, young people and adults in contact with the CJS and produce a comprehensive picture of gaps in provision. It also led to the identification of a number of emerging themes. The outcomes of this workshop were set out in a Discussion Document for review by a wider audience.

Stakeholder engagement event

On 10 March 2014, DOH and DOJ hosted a joint stakeholder engagement event – Enhancing Equity, Improving Outcomes – at the Crumlin Road Gaol to support development of the Strategy and Action Plan. The event brought together 109 delegates from the statutory and third sectors to test our initial understanding of the issues, set out in the Discussion Document and supplemented by the Evidence Base, and to begin to identify priorities. Delegates shared their views through interactive voting, annotation of large scale maps of the criminal justice journey, facilitated group discussions and Twitter. We gathered a large amount of valuable feedback during the event, which was collated and published in an Event Report and has informed the current Strategy and Action Plan.

Service-user focus groups

Over the course of April 2014, a number of focus groups were held to gather views on improving the health and wellbeing of people in contact with the CJS from a range of service-users and their families/carers. Groups engaged included men, young men, women and children who have offended and parents/carers and partners of people who have offended. We again gathered a large amount of valuable feedback, which was collated and published in a Report of Service-User Focus Groups and has informed the current Strategy and Action Plan. Focus groups will continue during the consultation period.

Strategy and Action Plan

During 2015 further work was completed to re-evaluate proposed actions and their potential costs.

Proposals, which have the agreement of the Ministers for Health and Justice and have been shared with the Northern Ireland Executive, are set out in this Strategy and Action Plan.

Final Consultation

Both Ministers approved the development of a joint strategy and action plan and a formal consultation was launched on 24 March 2016. To raise awareness of the consultation, a wide range of key stakeholders were contacted with over 800 letters/emails distributed to the relevant statutory, independent, voluntary and

community sector organisations and political representatives. There were two stakeholder engagement events on 18th May in Belfast with 43 people, representing statutory, voluntary and community sector organisations, attending on the day
An 'Easy Read' version of the policy, including questions, was also developed. In addition to the stakeholder events, the Youth Justice Agency also contributed feedback from an engagement with children and young people at the Woodlands juvenile justice centre on 1st September 2016

Equality screening

A preliminary Equality Screening, including a Disability Duties and Human Rights Assessment was undertaken against the policy contained in the Strategy and Action Plan and it was deemed that the policy/decision did not justify the requirement for a full Equality Impact Assessment (EQIA) to be carried out.
Following the completion of the consultation and an analysis of the responses the equality screening was reviewed and subject to some appropriate amendments, it is again deemed that the policy/decision does not justify the requirement for a full Equality Impact Assessment (EQIA).

How to access these reports

All of the reports mentioned above (including final strategy and action plan and consultation analysis report) are available for digital download from the DOH and DOJ websites via the following links:

https://www.health-ni.gov.uk/consultations
https://www.justice-ni.gov.uk/consultations

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Review of Stakeholder Engagement Event, 10 March 2014

"This was an excellent and well-coordinated event. There was careful selection and recognition of all delegates involved, when considering individuals who encounter the Criminal Justice System - from initial point of contact often in PSNI custody right through to their re-integration back into society. The importance of early intervention, at every step along this process, to introduce methods of helping to prevent re-offending was highlighted. Particular emphasis was placed upon consideration of the holistic approach, with special interest being placed upon health promotion issues and educational methods to help re-integrate the individual back into society.

As a delegate, I found particular encouragement when interfacing with other professionals involved in the criminal justice pathways. Each of us approaching the various issues with wide diversity, but with an absolutely common vision of wanting to provide excellent care and attention to all individuals involved.

The importance of communication between professionals in the Criminal Justice System was recognised as paramount and particular attention was directed at IT, as being a method as to how communication could be improved. This not only is being highlighted as a tool to help improve care for the individual in custody but also to help protect the professionals involved along the pathway of their care. This helps to emphasise the absolute need for Justice and Health to be in union.

I personally found it enlightening to hear the report from the reformed ex-prisoner and how the various stages in the Criminal Justice pathway worked and sometimes were dysfunctional for him.

This multi-disciplinary approach is imperative when considering all facets of the custodial pathway and I look forward to a review event in the near future to reflect upon the various changes that have been implemented and to have another open forum whereby emerging issues may be addressed."

- Dr. Gail Pickering, Forensic Medical Officer, member of the Association of Forensic Medical Officers (AFMONI) Executive.

2/ A NEW DIRECTION

OVERVIEW
SERVICE GOALS
STRATEGIC PRIORITIES

OVERVIEW

This section introduces a new strategic direction for health and criminal justice in Northern Ireland. Below we set out the purpose, timeframe, aims and guiding principles of the Strategy and Action Plan. The pages that follow outline the service goals we have identified for each stage of the criminal justice journey, including what should be provided and who should be involved. They also set out seven strategic priorities for service improvement over the next five years.

Scope

The Strategy and Action Plan cover the health and social care needs of children, young people and adults at all stages of the criminal justice journey from initial police contact, through the courts, to custody, supervision in the community and resettlement.

The Strategy and Action Plan cover suspects, defendants and those convicted of an offence and serving sentences. We recognise that children, young people and adults coming into contact with the CJS as victims and witnesses may also have health and social care needs. These needs are outside the scope of this Strategy but are addressed through the DOJ's *Making a difference to victims and witnesses of crime; improving access to justice, services and support* strategy.

Purpose

The Strategy is intended to provide an agreed strategic framework for improvement. The Action Plan sets out a clear programme of change to deliver these improvements, structured around seven strategic priorities.

Timeframe

The Strategy will cover a five year period from 2017 to 2022. An initial three year Action Plan has been developed for 2017 to 2020. This will be reviewed and refreshed in year three of the Strategy to cover the remaining period, 2020 to 2022.

Aims and objectives

The overarching aim of the Strategy and Action Plan is to ensure that children, young people and adults in contact with the criminal justice system in Northern Ireland are healthier, safer and less likely to be involved in offending behaviour. We have developed more specific objectives in the following seven strategic priority areas (See page 29):

- Service-planning and commissioning
- Continuity of care (including pathways and information-sharing)
- Workforce development
- Diversion and support of vulnerable individuals
- Health promotion and ill health prevention
- Social care
- Accommodation

Principles

The principles for change introduced by *Transforming Your Care:* A *Review of Health and Social Care in Northern Ireland* (DOH, 2011) will also guide the implementation of the Strategy:

- Placing the individual at the centre of any model by promoting a better outcome for the service user, carer and their family.
- Using outcomes and quality evidence to shape services.
- Providing the right care in the right place at the right time.

- Population-based planning of services.
- A focus on prevention and tackling inequalities.
- Integrated care – working together.
- Promoting independence and personalisation of care.
- Safeguarding the most vulnerable.
- Ensuring sustainability of service provision.
- Realising value for money.
- Maximising the use of technology.
- Incentivising innovation at a local level.

A further principle of this strategy is equivalency of access to services. That all people in contact with criminal justice have equivalent access to health and social care services, appropriate to their needs and in line with standards set for the rest of the population.

An important aspect of the strategy is cross departmental co-operation and inter agency collaboration which will be vital to successfully implement the action plans and achieve our service goals.

SERVICE GOALS

This section sets out the service goals we have identified at each stage of the criminal justice journey, including what should be provided and who should be involved. The stages that we have looked at are summarised below. The majority of children, young people and adults who come into contact with the CJS will not progress through all the stages of the criminal justice journey; there are a number of exit points and opportunities for diversion.

Police response and prosecution
Including initial police contact, arrest, charge, detention in police custody and Public Prosecution Service (PPS) decision to prosecute.

The courts process
Court custody and courts proceedings, including bail and remand decisions and sentencing.

Custody
Adults and young people in the care of the Northern Ireland Prison Service (NIPS) or Woodlands JJC.

Supervision in the community
Supervision either as part of a community sentence or on release from custody.

Resettlement
Release from a custodial setting and resettlement in the community.

Police response and prosecution

The PSNI is usually an individual's first point of contact with the CJS. Early police recognition of potential health and social care issues is vital in ensuring both an appropriate criminal justice and health care response.

The first priority is to address any immediate health care needs; appropriately i.e. the detained person might be assessed for fitness for detention/interview by a healthcare professional in Police Custody, or might be taken directly to hospital for treatment.

Beyond this, an understanding of an individual's health and social care needs can be used to: inform care and management within police custody; allow for diversion of vulnerable individuals into mainstream services, where appropriate; and, inform PSNI and PPS decision-making on diversionary disposals. Some individuals will need additional support to understand and participate in police investigations.

What would a good service look like?

- Appropriate first contact response, including proactive and timely identification of potentially vulnerable individuals
- Arrangements in place to secure treatment for immediate health issues (including clear protocols for complex areas)
- Early identification of health and social care need to inform care and management in police custody and decision-making
- Effective information gathering, recording and sharing of health and social care information
- Appropriate diversionary disposals available and used
- Arrangements in place to allow for referral or diversion of vulnerable individuals with severe mental ill health or learning disability into mainstream health and social care services, where appropriate
- Alternatives to custody in place
- Vulnerable individuals have access to support to understand and participate in police investigations
- PSNI and PPS well-informed on health and social care issues that can contribute to vulnerability
- Effective working relationships and protocols between PSNI and health and social care providers, particularly emergency and mental health services
- Effective information for PSNI on available health and social care services, including contacts and referral pathways

Who should be involved?

PSNI, Emergency Services, Forensic Medical Officers, PPS, Secondary care and Mental Health services, Appropriate Adults, Registered Intermediaries, Social Services, JJC, GPs, families and carers and third sector partners.

Mr M's Experience

"Mr M is a 20 year old man who was arrested about six months ago for burglary and attempted burglary and interviewed at a Belfast PSNI station. He was assessed by the Forensic Medical Officer after he disclosed as part of the PACE risk assessment that he had previously engaged in self-harming and he was deemed fit for interview. An Appropriate Adult (AA) Worker was called in as he was classed as a "mentally vulnerable adult" due to that disclosure. The AA Worker noted that there was no other information recorded on the custody record regarding suffering from any mental health problems or depression. Mr M had disclosed alcohol dependency but was not under the influence of alcohol during the time of arrest.

During the time that the AA spent with M to prepare for the interviews and providing samples, Mr M divulged that he had been feeling very depressed over the last number of months and that he was using alcohol and self-harming (cutting) to feel better. He also explained that he had been put in secure accommodation when he was sixteen because of his self-harming but had not been given any support since. Mr M was bailed and offered a referral to the MindWise Linked-In Project, which supports young people (aged 13 to 25) leaving police custody for a period of up to six months. The Linked-In Officer (who in this case was also the AA) met with Mr M the next day and identified a number of health and other support issues including: no GP registration; not engaged with Community Mental Health Services; previous suicide attempts and recent suicidal thoughts; regular cannabis and alcohol use leading to anger and depression; recent rejection by his biological father; insecure housing; difficulty accessing benefits; and, offending behaviour. The Officer also noted that M seemed undernourished, dishevelled and very anxious.

Mr M was helped to develop and implement a personal action plan including support to secure GP registration, GP referral to Community Mental Health Services, psychiatric assessment and referral to counselling support. He was also helped to address a range of stressors for mental health problems including support in accessing housing and benefits and meeting the requirements set by the CJS and with life skills such as budgeting, nutrition, managing stress, (own) mental health awareness and help-seeking skills. At a three month evaluation, Mr M reported improved mental health and appeared physically healthier although alcohol and drug misuse remained a problem."

– Appropriate Adult

The courts process

Decisions in the courts should be informed by an understanding of the health and social care needs of those being adjudicated. A clear picture of an individual's needs can be used, in the first instance, to help determine their immediate requirements, including establishing if they are fit to plead or need additional support to understand and participate in courts proceedings. It can also inform sentencing decisions about the best solution for dealing with their offending behaviour, taking into account public safety and the rights of the victim. Individuals may also require access to health and social care services while detained in court custody and relevant information on health and social care needs should be available to support this.

What would a good service look like?

- Timely information available to criminal justice decision-makers on health and social care needs of those being adjudicated
- Judiciary pro-active in enquiring if health and/or social care issues exist
- Sentencing framework supports diversion
- Range of post-diversion health and social care services available in the community
- Vulnerable individuals have access to support to understand and participate in courts proceedings
- Registered intermediaries available to assist in the provision and cross-examination of evidence
- People have access to health and social care while detained in court custody
- Defence legal representatives – solicitors and barristers – well informed on health and social care issues that may inform decisions as to prosecution and sentencing
- Judiciary well-informed on health and social care issues that may inform sentencing decisions
- Relevant information gathered, recorded and shared on health and social care needs to inform care and management in court custody

Who should be involved?

PSNI, PPS, Judiciary, defence legal representatives, court staff, PECCS and other escort services, Appropriate Adults, Registered Intermediaries, PBNI, YJA, GPs, secondary care, The Guardian Ad Litem Agency, Social Services and third sector partners.

"A is 16 years old and he received a referral to the Youth Justice Agency for a Youth Conference for an offence of burglary. In order to assess suitability for the Youth Conference process and prepare A for the conference, an assessment established that the young person was known to the Learning Disability Team in the trust Children and Disabilities Team and he was also receiving medication for Attention Deficit Hyperactivity Disorder. The Youth Justice Agency Youth Conference Co-ordinator required information from the Social worker responsible for A as well as psychological reports that had been prepared. This was necessary to make proper assessments and ensure that he was properly supervised in the community. A continues to be supervised by the Youth Justice Agency who link regularly with his social worker and ensure that they are involved in the review of his case."

Custody

The key principle at this stage of the criminal justice journey is to ensure that children, young people and adults in custodial settings have equity of access to health and social care. An understanding of an individual's health and social care needs can also inform operational management within custody and ensure that vulnerable people are appropriately safeguarded. Custody regime and environment have an important supporting role to play in terms of wellbeing in particular through good design, purposeful activity and balanced nutrition. The custody setting can present an opportunity for health promotion and ill health prevention with groups that may otherwise be hard to reach in the community. Custodial facilities cater for children, young people and adults with different needs including those on remand, those serving short sentences, those serving long sentences and those who have been recalled following release – and this can present challenges. There are also a number of transitions to be managed to ensure continuity of any health and social care services including from community to custody, between prisons, to secure settings and on release from custody.

What would a good service look like?

- Appropriate use of custody: where health needs dictate that an alternative place of custody is appropriate, this is provided
- Equity of access to health and social care for people in custodial settings
- Continuity of care between community and custody and on transfer between prisons and to other settings
- Evidence-based healthcare and custody services delivering measurable health and wellbeing benefits
- Health and social care services appropriately structured and resourced to meet assessed needs
- Custody environment and custody services support positive health and wellbeing through good design, purposeful activity, balanced nutrition and a positive regime
- Opportunities taken for health promotion by both custody and healthcare services
- Custody staff well-informed on common health and social care issues that can contribute to vulnerability
- Partnership working to ensure a joined up response between custody and healthcare to reduce vulnerability and improve wellbeing
- Relevant information gathered, recorded and shared on health and social care needs to inform care and management and to improve health outcomes

Who should be involved?

NIPS, PBNI, Woodlands JJC, YJA, custody health care, custody mental health and addiction teams, GPs, secondary care, Social Services, third sector partners, chaplaincy and family/carers.

> "I done well for so long but then I hit the drugs again. I was skint out and I was out looking to get a few quid again, doing something for money. I was doing really good for a good while, the drug use and getting into debt took over... Getting locked up again was a nightmare ...I was back to square one. I knew it was the drugs doing the damage."
>
> *– Prisoner, Maghaberry Prison*

Supervision in the community

Children, young people and adults can be supervised in the community either on release from custody or as part of a community sentence. The PBNI and YJA are responsible for the risk management and supervision of adults and under 18s respectively.

Although children, young people and adults supervised by these statutory organisations access mainstream health and social care services, PBNI and YJA have an important role to play in supporting them to do so. In particular, there is an opportunity to re-engage people who have previously failed to access the services they need in the community. People with multiple needs will require more intensive support and supervision to meet their complex requirements. It is important that all services operate flexibility with this client group, who may distrust support services or experience difficulties in adhering to strict engagement criteria (e.g. elective access criteria, which require the individual to take responsibility for attending health appointments).

For those who do not present with specific health and social care needs, there is also an opportunity for health promotion during the time that they are subject to statutory supervision in the community.

What would a good service look like?

- Early, effective identification of health and social care need to inform management and support
- PBNI and YJA coordinate elements of care for people with multiple needs
- PBNI and YJA support people in engaging effectively with health and social care services
- Health and social services work flexibly, as appropriate, with people who have offended
- Supported accommodation /community hostels available
- Opportunities taken for health promotion
- Effective referral procedures into health and social care services
- Effective working relationships and protocols between PBNI and YJA and local health and social care providers, particularly GPs and mental health services
- Relevant information gathered, recorded and shared on health and social care needs to inform care and management
- Effective information for PBNI and YJA on available health and social care services, including contacts and referral pathways
- PBNI and YJA have advisory input to health and social care strategies and commissioning

Who should be involved?

PBNI, YJA, NIPS, YJA, JJC, prison health care, mainstream primary and secondary care, third sector partners, family/carers and faith and community support.

Ms J's Experience

"Ms J is a 26 year old woman who was convicted of a serious assault on a man, resulting in her being subject to a three year Probation Order. She has a diagnosis of Emotionally Unstable Personality Disorder.

As a child, Ms J was known to Social Services and spent periods in foster care and residential children's homes. From adolescence she led a transient life, including periods of homelessness, moving across Trust areas and with no contact with her family and minimal social support. Ms J has been the victim of domestic abuse within intimate relationships. Many of her previous housing placements have broken down due to her substance abuse, unstructured and chaotic lifestyle.

Ms J was referred to the PBNI Psychology Department at the case management stage for assessment. The referring probation officer suspected that she may have intellectual deficits and was also concerned about her perceived vulnerability in the community. It was suspected that she was being exploited by others and she was not linked with any community mental health or addiction services.

Once Ms J had engaged with a preliminary psychological assessment, it was identified that referrals were warranted for further interventions from the community learning disability service as well as to the community mental health team (in order that she might access addiction and personality disorder services, as appropriate). This case is currently being managed on a multi-agency basis with the involvement of the community forensic mental health team and PBNI."

– Probation Board Northern Ireland

Resettlement

The majority of children, young people and adults in prison or juvenile detention will eventually return to the community. Many of those leaving custody will leave directly from court, having previously been on remand. For those who have been accessing health and social care in custody, it is important to ensure that this engagement continues as part of resettlement.

Children, young people and adults can be vulnerable following release from custody. Men in particular may be at increased risk of suicide or drug overdose (due to a reduced tolerance to substances). Some individuals will have led a chaotic life prior to custody and may lose touch with services following release due to missed appointments or because they have more pressing needs such as stable housing. For children and young people, the requirement to take a more pro-active role in accessing health and social care on their return to the community can be a challenge. There are further challenges associated with remand prisoners and those serving short sentences, who may not have been detained long enough to have their needs assessed or access services.

Research suggests that a link worker or a mentor providing post-release support to help complex client groups with multiple needs to navigate a large number of agencies and appointments can be helpful.

What would a good service look like?

- Timely information on release dates
- Integrated pre-release work that considers multiple needs, including impact of housing on access to health and social care for adults
- Vulnerable individuals identified pro-actively well in advance of release
- In-reach/outreach services providing continuity of care
- Post-release support in place to help people with complex needs navigate a large number of agencies (PBNI, YJA, link worker or mentor)
- Model in place for short sentence and remand prisoners
- Effective referral procedures into health and social care services
- Effective working relationships and protocols between NIPS, PBNI, YJA, health and social care services and the voluntary and community sector
- Relevant information gathered, recorded and shared on health and social care needs to inform effective resettlement
- Effective information on available health and social care services, including contacts and referral pathways

Who should be involved?

PBNI, YJA, NIPS, YJA, JJC, prison health care, mainstream primary and secondary care, third sector partners, family/carers and faith and community support.

"B is 17 and he is soon to be released from the Juvenile Justice Centre to complete the supervision element of his Juvenile Justice Centre Order. B has nowhere to live on release. His family are refusing to take him home. His key-worker in the Juvenile Justice Centre made contact with the gateway team in the local trust. A social worker from the trust carried out a child in need assessment and the assessment determined an intervention pathway supported by Social services and the Northern Ireland Housing Executive. Work is under way to find suitable supports and housing for this young person on release."

- Youth Justice Agency

STRATEGIC PRIORITIES

We have identified seven strategic priorities over the next five years to deliver enhanced access and improvements in the health and wellbeing of children, young people and adults coming into contact with the CJS in Northern Ireland.

1/ Service planning and commissioning

To ensure that health and social care services for children, young people and adults in contact with the CJS are aligned to need, evidence-based, delivered to high standards and achieve value for money.

2/ Continuity of care

To deliver improved continuity of health and social care for children, young people and adults in contact with the CJS by developing care pathways and supporting information-sharing where it is in the best interests of the individual.

3/ Workforce development

To ensure that the health and criminal justice workforces and third sector partners are equipped to work confidently across organisational boundaries, to share information and take co-ordinated action to meet the needs of children, young people and adults in contact with the CJS.

4/ Diversion and support of vulnerable individuals

To ensure that the needs of vulnerable children, young people and adults in contact with the CJS are known and understood and that opportunities are taken to divert them, where appropriate, into mainstream health and social care or other services.

5/ Health promotion and ill health prevention

To ensure that opportunities are taken for health promotion and ill health prevention at every stage of the criminal justice journey.

6/ Social care

To ensure that children, young people and adults in contact with the CJS have access to appropriate support and/or social care provision to improve and safeguard their social wellbeing in line with assessed need. Social care is therefore included within each of the priority areas. However particular concern has been raised about social care provision in prison and therefore specific actions have been agreed with regard to the prison setting.

7/ Accommodation

To ensure a range of accommodation options is in place to meet the health and social care needs of children, young people and adults in contact with the CJS.

Each of these priorities is examined in more detail in the pages that follow. A more detailed Action Plan including delivery partners, lead organisation and benefits is attached to this document.

1/ Service planning and commissioning

"To ensure that health and social care services for children, young people and adults in contact with the CJS are aligned to need, evidence-based, delivered to high standards and achieve value for money."

Service planning and commissioning for people in contact with the CJS should, as for the rest of the population, involve planning for assessed needs, securing services that meet those needs and monitoring quality of care. Our focus within the initial 3 year Action Plan has been on two areas: improving access to services for people at all stages of the CJS; and, ensuring that available resources are aligned to need by developing a robust evidence base.

In April 2008 responsibility for prison health care in Northern Ireland transferred from the NIPS to DoH. To improve access to services for people at all stages of the CJS, we will now seek advice from Health on improving the health and social care model in Police, Courts and Youth Justice. There are clear benefits to this approach in terms of continuity of care, consistent practice and equity of access to services. We will also seek to ensure that the needs of the criminal justice population are heard in broader planning processes through appropriate arrangements.

At present we do not have a clear picture of health and social care needs of people in contact with the CJS in Northern Ireland, and this is a significant barrier to effective and efficient service planning and commissioning. To ensure that available resources are aligned to need we will also take a number of steps to develop the local evidence base. We will also continue to consult directly with service-users and their families/carers to ensure that we deliver services that meet their needs.

We will:

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.
2. Health to provide advice on improving the health and social care model in Police, Courts and YJA.
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.
4. Establish a number of service-user groups to seek feedback throughout the lifetime of the Strategy.
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.

2/ Continuity of care

"To deliver improved continuity of health and social care for children, young people and adults in contact with the CJS by developing care pathways and supporting information-sharing where it is in the best interests of the individual."

Continuity of care for children, young people and adults in contact with the CJS is not fully delivered by existing arrangements, and improving on this position has been of principal concern in developing the initial 3 year Action Plan – as can be seen in the number of actions identified within this strategic priority.

We have given attention to three critical aspects of continuity of care:

- Management continuity between different professionals and services to create integrated services that are appropriate to people's needs.
- Informational continuity between professionals who provide care.
- Relationship continuity in therapeutic relationships (e.g. between professional and client).

In terms of management continuity, we have included a number of actions to improve referral and care pathways for people at various stages in the criminal justice journey. Release from custody is most likely to lead to a breakdown in continuity of care, and discharge planning will therefore benefit from particular attention. We have also committed to promote awareness amongst criminal justice and health professionals of existing web based resources providing current information and signposting on available health and social care services. .

We have developed a number of actions to support information continuity. Two of the more critical actions are: introducing formal arrangements to share health and social care information; and, developing an integrated risk assessment tool for health and social care needs that can be refreshed and built upon as an individual progresses along the criminal justice journey. A further area to be explored is improved access to low and medium secure mental health facilities.

Finally, in terms of relationship continuity, we have committed to looking at in-reach and outreach arrangements to and from custody settings to support continuity of care in general and continuity of therapeutic relationships, where possible.

Actions identified as part of the Workforce Development strategic priority will also contribute to continuity of care objectives.

We will:

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.
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.
3. Promote awareness among criminal justice professionals of existing web based resources providing current information and signposting on available health and social care services.
4. Take steps to ensure a consistent approach to the prescribing, storage and administering of medication in

police, court and prison custody and juvenile detention.

5. Take steps to ensure a consistent practice approach for personality disorder and forensic mental health across Trusts in line with existing care pathways.
6. Develop care pathways documents (including an in-reach function) for adult mental health services, learning disability, children's services and allied health professionals.
7. Develop and implement health and criminal justice service-user communications models that utilise current technologies (e.g. text, Facebook or email remainders for appointments).
8. Develop referral pathways out of police custody at a District/trust level into appropriate healthcare.
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.
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).
11. Explore the introduction of a mix of TeleHealth and in reach and outreach services into custodial settings.
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.
13. Take steps to improve access to low and medium secure mental health facilities for adults requiring treatment in such settings (including personality disorder).
14. Explore low and medium secure health facilities for under 18s.

3/ Workforce development

"To ensure that the health and criminal justice workforces are equipped to work confidently across organisational boundaries, to share information and take co-ordinated action to meet the needs of children, young people and adults in contact with the CJS."

Health and social care and criminal justice workforces need to be equipped to work confidently across organisational boundaries and respond effectively to people with multiple and complex needs – as is commonplace in the criminal justice population. The actions identified in the previous Continuity of Care strategic priority in terms of care pathways, awareness of existing web based resources and the common assessment approach will provide a suite of new tools to support partnership and multi-disciplinary working. We have supplemented these proposals with a small number of additional actions targeted at improving how we work together, understand each other and navigate the tensions that sometimes occur between clinical and forensic need.

To promote cross-discipline awareness and build relationships, we propose to establish an annual joint health care and criminal justice event to share evidence, experience and good practice. Where possible, we will also take opportunities to deliver training jointly, for example, in the area of diversion and support of vulnerable individuals.
We have also looked at how we recruit and retain forensic health care practitioners and have identified actions to ensure the availability of an experienced and capable health care workforce on an ongoing basis.

The third sector is a critical partner for both health and criminal justice and already delivers a range of services to children, young people and adults in the CJS. We want to work with the sector to explore how it can contribute to the aims of ***Improving Health within Criminal Justice***, particularly in the context of post-release support and lower level mental ill health.

We will:

1. Establish an annual joint health care and criminal justice event to share evidence, experience and good practice.

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 health care professionals working across the criminal justice system including the rotation of healthcare staff.

3. Develop a training needs analysis for all health, social care and criminal justice professionals working within the CJS to promote cross-discipline awareness.

4. Develop a succession plan for forensic health care practitioners (including influencing curriculum design at local academic institutions and promoting take up of 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.

5. Work with the third sector to identify their potential contribution throughout the criminal justice journey (e.g. in areas of post-release support and lower level mental ill-health)

4/ Diversion and support of vulnerable individuals

"To ensure that the needs of vulnerable children, young people and adults in contact with the CJS are known and understood and that opportunities are taken to divert them, where appropriate, into mainstream health and social care or other services."

At present, Northern Ireland does not have a dedicated diversion service, although diversion in its broadest sense does take place through other routes. A critical element of the initial 3 year Action Plan is our commitment to identify the most appropriate model to support all-stages diversion of vulnerable individuals in contact with the CJS in Northern Ireland.

Implementation should follow within the 5 year lifespan of the Strategy subject to business case, necessary approvals and securing additional funding. In parallel with this, we will give consideration to a number of more specific actions to support diversion at the earliest stage.

Defining diversion

Diversion has been actively promoted in England and Wales since the early 1990s, when the Home Office Circular 66/10 and subsequent Reed report together outlined a move towards diverting mentally disordered offenders away from the CJS and towards health and social care services in the community, primarily at the courts stage. This was a response to high rates of psychiatric morbidity within the criminal justice population. Today, there is some variation in use and understanding of the term 'diversion.' The Bradley Report (2009) and publications by the Sainsbury Centre for Mental Health emphasise 'all stages' diversion, the idea that people can be diverted at any stage of their route through the CJS (i.e. Prevention, pre-arrest, point of arrest, arrest/pre-court, bail, remand, sentencing, custody/detention and community). In other words, such a service should not exist solely to identify individuals with severe mental illness requiring diversion from the CJS; an understanding of an individual's needs should also inform decisions about their care and management within the CJS.

Diversion from custody a DoH perspective

Diversion from custody is not a healthcare objective however we acknowledge that healthcare workers play a part in this when Criminal Justice colleagues require an assessment of vulnerable individuals to determine if they are better cared for in an alternative place of safety given their circumstances.

Liaison and diversion services aim to identify and support people with mental health problems, learning difficulties and other vulnerabilities in police stations and courts.

As well as mental health problems the people using these services also need help with:

- housing, including urgent help with rent arrears or homelessness;
- finance, including debt, benefits and food; and
- employment.

Effective liaison and diversion needs to be personalised to the individual, with an infrastructure in place to respond to their needs from a range of different agencies. In

addition to screening and identifying people with a specific range of problems, liaison and diversion teams should act as connecting services, offering gateways to a range of services. To do this they require staff who can span agency boundaries to negotiate personalised packages of care.

English National Liaison and Diversion Development Programme

The Coalition Government announced in 2010 that £50 million was being made available to support a development programme for liaison and diversion across England. An example is the liaison and diversion healthcare in police custody suites scheme which is funded by police who commission a local trust to deliver this scheme. It provides improved screening, identification of issues, information to police and prosecutors and relevant signposting to health and social care services when appropriate.

Northern Ireland

Provision in Northern Ireland is currently limited and there has been in the past some psychiatric nurse liaison with police custody in Belfast. In order for a similar liaison and diversion scheme as in England to be developed in Northern Ireland there would need to likewise be a commitment to provide the associated funding. Recently DoH and HSCB /PHA colleagues have formally engaged with PSNI and YJA to assist them with healthcare needs and this will include exploring liaison and diversion or similar schemes.

In Northern Ireland such an approach would require significant resources both in policy and service development and subsequently in operational staff and infrastructure given these schemes require individually tailored and monitored bespoke service packages for offenders. It would also require coordination of finances and resources between many Departments including DoH, DOJ, DFP, DSD, DRD and their many arms length bodies and also the voluntary sector in Northern Ireland. Northern Ireland also has additional political and equality considerations to address when it considers offering preferential services to any health patients who are criminal offenders over other patients in the wider community who have similar health problems but who have not committed a criminal offence.

We will:

1. Identify the most appropriate model to support all-stages diversion of vulnerable individuals coming into contact with the CJS.
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.
3. Develop a vulnerable persons' passport to alert criminal justice professionals, and particularly the PSNI, to an individual's vulnerabilities at an early stage.
4. Review opportunities to share health and social care information with PPS to ensure that it is shared at the earliest stage possible.

5/ Health promotion and ill health prevention

"To ensure that opportunities are taken for health promotion and ill health prevention at every stage of the criminal justice journey."

The natural counterpart to improving access to health and social care services and treatment for children, young people and adults in contact with the CJS is to be more proactive and ambitious in health promotion and ill health prevention activity with this group.

For this reason, our initial 3 year Action Plan includes a commitment to support people to increase control over and improve their health by developing and implementing a CJS-wide approach to health promotion. Areas for consideration will include: self-care, life skills; smoking; diet; exercise; mental well-being; and, parenting. For those in a custody setting, we must also ensure that the custody environment and regime support health and wellbeing.

The Action Plan also includes a number of ill-health prevention-focused actions looking in particular at access to health screening, self-harm reduction and substance misuse.

We will:

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.
2. Take steps to ensure equivalency of access to health screening undertaken in Northern Ireland for those in prison custody settings.
3. Ensure that the CJS is aware of the value of breastfeeding and that justice settings and processes support breastfeeding as far as possible.
4. Take steps to ensure that the revised Protect Life Strategy includes suicide prevention in custodial settings.
5. Develop a suicide and self-harm strategy to cover NIPS including a review of Supporting Prisoner at Risk (SPAR) procedures.
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.
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.

6/ Social care

"To ensure that children, young people and adults in contact with the CJS have access to appropriate support and/or social care provision to improve and safeguard their social wellbeing in line with assessed need."

Arrangements for the provision of social care provision in the criminal justice context can be confusing. In many instances family, friends, carers, community services and staff within the CJS can provide all of the support required by an individual in contact with CJS. Where the needs of an individual cannot be fully met in this way, criminal justice agencies may purchase specific social care services. In addition the third sector and/or health trusts may provide social care services where individuals meet the criteria for such provision, as no one has automatic entitlement.

Within the community, those in contact with CJS have the same right of access to social care services as other citizens.

In prison custody, aspects of social care are delivered by:

- NIPS, as part of its general duty of care and day to day pastoral and operational role;
- PBNI, in pursuance of its statutory duty to perform a social welfare service within prisons; and,
- The third sector, primarily on a commissioned basis by NIPS.

In individual cases, the SEHSCT, as provider of prison healthcare in Northern Ireland, may provide personal healthcare support for individuals with complex healthcare needs.

There is a perception that there are gaps in the provision of social care within prisons however there is currently not sufficient evidence to support this. Therefore our focus in the initial year of the 3 Action Plan is on information gathering to inform recommendations for consideration by DOJ and DoH for improvements in existing arrangements for further work in the 2nd year of the Action Plan.

Actions identified as part of a number of other strategic priorities in this strategy will also contribute to the analysis of offenders' social care needs.

We will:

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.
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.
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.
4. Review current arrangements and promote opportunities within prisons to better support and meet the social welfare needs of individuals within existing resources.
5. Review the effectiveness of existing interfaces and pathways between CJS and social care services.
6. Provide dedicated residential accommodation within the secure estate for individuals who require additional support or have mobility needs.

7/ Accommodation

"To ensure a range of accommodation options is in place to meet the health and social care needs of children, young people and adults in contact with the CJS."

Overview

Access to accommodation is a high priority issue for people in contact with the CJS and a lack of accommodation can disrupt engagement with health and social care services. Our stakeholder engagement suggests that current hostel provision does not fully meet the health and social care needs of some of the client groups being released from custody. The initial 3 year Action Plan therefore makes a commitment to developing a strategic approach in this area, drawing on engagement with the Department for Social Development and the Northern Ireland Housing Executive.

We will:

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.
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.
3. Take steps to ensure that criminal justice needs are identified to the commissioning body for Supporting People.
4. Take steps to ensure that suitable accommodation is available for mentally disordered offenders (including personality disorder).

3/ DELIVERING CHANGE

OVERVIEW
RESOURCES
GOVERNANCE ARRANGEMENTS
MONITORING AND EVALUATION

OVERVIEW

Successful implementation of the Strategy and Action Plan, once agreed, will require a significant and co-ordinated multi-agency effort. This chapter sets out proposed delivery arrangements including resources, governance arrangements and monitoring and evaluation.

RESOURCES

The Strategy and Action Plan have been developed in the context of an extremely challenging financial climate where front-line services available to the population as a whole are under pressure.
It is critical that existing resources are aligned to need and targeted to create the maximum benefit for children, young people and adults in contact with the CJS. Departments, agencies and their service commissioners may therefore need to consider if shifts in investment are required to deliver the priorities identified in the Action Plan.

Where it is clear that the implementation of identified actions calls for additional resource, this will require the development of an appropriate business case demonstrating the attendant benefits. Final decisions will be taken in the context of the prevailing financial climate at that time. However, not all initiatives will require additional or even prioritised resource. Much of what needs to be achieved is about sharing information and putting in place better processes for working together effectively and efficiently as one seamless service. It is about shared ambition, shared values and a shared culture.

The supplementary 2 year Action Plan will present a fresh opportunity to consider the resourcing requirement. A number of actions within the Service-planning and Commissioning strategic priority seek to improve our evidence base on health and social care need within the criminal justice population and effective practice. Once a robust evidence base is in place, departments, agencies and their service commissioners may again need to consider if available resources can be better aligned to meet identified need.

GOVERNANCE ARRANGEMENTS

Our proposed governance arrangements for the implementation phase build on those that have successfully delivered the Strategy and Action Plan.

The existing Steering Group will be re-purposed as an ***Improving Health within Criminal Justice*** Implementation Group, chaired jointly by DoH and DOJ and tasked with directing, co-ordinating, monitoring and evaluating delivery of the Strategy.

The Implementation Group will continue in existence over the five year lifespan of the Strategy. It will report regularly on progress to the Ministers for Health and Justice, and a formal evaluation will be laid before the Northern Ireland Assembly at the conclusion of the initial 3 year and the supplementary 2 year Action Plans.

Initial representatives will include the Departments and their statutory agencies as well as third sector partners. However, the group may expand over time to include representatives from other departments, agencies and organisations. Terms of Reference will be developed to set out the remit and responsibilities of the Implementation Group and will be subject to review on an annual basis by DoH and DOJ to determine and effect changes required over the five year term.

MONITORING AND EVALUATION

The ***Improving Health within Criminal Justice*** Implementation Group will be responsible for co-ordinating, monitoring and evaluation of the Strategy and Action Plan. A number of mechanisms for monitoring and evaluation have been identified and are outlined below.

Benefits realisation

A Benefits Realisation exercise carried out in relation to the Strategy and Action Plan has identified the following expected interim and end benefits:

Interim benefits:

- Resources and services better aligned to need
- Enhanced access to services
- Improved continuity of care
- Improved workforce capacity and capability
- Improved multi-disciplinary working
- Increased diversion of vulnerable individuals
- Client more engaged in managing own health
- Better ill-health prevention

End benefits:

- Improved health and wellbeing of people in contact with the CJS
- Safer detention
- Reduced risk of re-offending

A benefits map is attached at **Appendix E**.

Health Needs Assessment and other quantitative research

The annual Health Needs Assessment process will provide information on trends in the health and wellbeing of the criminal justice population within prison custody and juvenile detention and will be a critical source of evidence to track progress. The work to develop a local evidence base will also provide a resource for monitoring and evaluating progress, and can be used to examine the impact of the Strategy and

Action Plan at other stages of the criminal justice journey.

Service-user feedback

An important feature of evaluating the impact of the Strategy and Action Plan will be direct feedback from people who have offended and their families/carers. The ***Improving Health within Criminal Justice*** Implementation Group will establish a number of service-user groups to seek feedback throughout the lifetime of the Strategy.

Practitioner feedback

Also important will be direct feedback from both health and criminal justice practitioners. The proposed annual Health and Criminal Justice Event will provide one forum where feedback can be gathered.

Independent oversight

In addition, as part of their ongoing work to monitor the delivery of the Strategy as a Prison Reform Team recommendation, Regulation and Quality Improvement Authority and Criminal Justice Inspection Northern Ireland will play a key role in evaluating progress and the realisation of the identified benefits.

APPENDICES

LIST OF ABBREVIATIONS
PRISON REVIEW TEAM RECOMMENDATIONS
CURRENT PROVISION IN ADULT PRISON CUSTODY
SNAPSHOT OF NEED IN ENGLAND AND WALES
BENEFITS MAP

APPENDIX A – LIST OF ABBREVIATIONS

DoH	Department of Health
DOJ	Department of Justice
FMO	Forensic medical officer
HNA	Health Needs Assessment
HSCB	Health and Social Care Board
JJC	Juvenile Justice Centre
NICTS	Northern Ireland Courts and Tribunals Service
NIPS	Northern Ireland Prison Service
PACE	Police and Criminal Evidence (Northern Ireland) Order 1989
PBNI	Probation Board for Northern Ireland
PECCS	Prisoner Escort and Court Custody Service
PHA	Public Health Agency
PPANI	Public Protection Arrangements Northern Ireland
PPS	Public Prosecution Service
PSNI	Police Service of Northern Ireland
PSR	Pre-Sentence Report
SEHSCT	South Eastern Health and Social Care Trust
SPAR	Support Prisoner at Risk
YJA	Youth Justice Agency

APPENDIX B – PRISON REVIEW TEAM RECOMMEDATIONS

1. There should be supervised activity order pilot schemes in more than one location, rolled out during 2012. Building on the lessons learnt, and the resources required, there should be legislation in 2013 so that supervised activity or distraint of income is a presumption in cases of fine default.
2. Statutory time limits between arrest and disposal should be implemented in stages over the next three years, beginning with cases in the youth court and moving on to magistrates' courts and finally crown court cases.
3. There should be a statutory presumption against prison sentences of three months or less, with commensurate investment in robust and effective community alternatives
4. The Northern Ireland Prison Service should keep and publish more detailed routine data on the prison population, including those recalled, and those serving sentences of up to 6, 12 and 24 months.
5. The Maghaberry site should be reconfigured into three 'mini-prison' areas: for short sentenced and remand prisoners and new committals; long- and life-sentenced prisoners; and category A and separated prisoners, with appropriate support, regimes and security for each. The square houses should be demolished when new accommodation is built.
6. A clear decision should be made on the role and future of Magilligan. Ideally, a new prison should be built in a more accessible location. Failing that, there should be a timed programme either to rebuild it for a new role or to refurbish existing accommodation.
7. Funding should be found, in partnership with probation and voluntary and community organisations, for halfway house and step-down accommodation to manage long-sentenced prisoners' return into the community and supported accommodation for those with mental health and substance use issues.
8. Efforts should be continued to see whether there is an effective and less intrusive method than full body-searching of ensuring that prisoners leaving and entering prison are not bringing in contraband.
9. The Prisoner Ombudsman should be invited to carry out random reviews of SPAR documentation, and her findings should be reflected in training for managers and staff.
10. Equality and diversity reports should be presented in a form that signals clearly where there are differential outcomes in relation to religion, race or ethnicity. They should be routinely examined in equality committees and if necessary action taken. Ethnicity and disability should be better recorded and monitored.
11. Records of interpretation usage should be kept in each prison, by department and unit or house and regularly interrogated by managers. Support groups for foreign nationals should be established, and issues raised actioned by managers.
12. The current governance structure for healthcare in prisons should be strengthened and clarified, in the context of links between criminal justice and healthcare more generally. This should include direct representation from health and social care at a senior level on the Prisons Board. It should also include clarifying and strengthening the governance of healthcare delivery, through a permanent board linked to the commissioning structure and accountable for the implementation of an agreed strategy.
13. There should be a joint healthcare and criminal justice strategy, covering all health and social care trusts, with a joint board overseeing commissioning processes within and outside prisons, to ensure that services exist to support diversion from custody and continuity of care.

14. Data collection and monitoring should be improved, and health needs assessments carried out in each prison to frame and support individual improvement plans and assess performance and delivery.
15. The transfer of healthcare staff to the SE Trust should be expedited. In the meantime, clinical leadership and governance should be strengthened, so that nurses fulfil their professional obligations.
16. Clear pathways for primary healthcare and mental healthcare should be established and implemented as a matter of urgency, and the operation of the REACH and Donard units monitored.
17. Joint working between healthcare and other prison departments and services should be developed to support prisoner care and resettlement, and information-sharing protocols should be developed to enable this.
18. There should be a cycle of annual needs assessments, service monitoring and planning for substance misuse services, supported by effective data collection.
19. There should be increased partnership working and integrated care amongst the three providers of substance misuse services (primary care, secondary care and AD:EPT), and with other departments and services in the prisons, supported by information-sharing protocols.
20. There should be a clinical audit specific to substance misuse, to ensure low dosage withdrawal-led substitute prescribing, beginning at committal, for all those dependent on opiates and consistent and safe prescribing for those who are benzodiazepine dependent.
21. In relation to both healthcare and substance use, there should be integrated discharge and care planning between prison and community services, in all health and social care trusts. This should be supported by information sharing protocols, in reach and outreach links and transfer protocols, to ensure continuity of treatment and support after release.
22. A dedicated change management team should urgently be put in place, headed by an experienced change manager, to coordinate, prioritise, oversee and communicate the complex change process that is required, reporting regularly to a programme steering group headed by the Director General. In particular, this will require expert human resources input.
23. There should be oversight of the change process, by a high-level Ministerial group including external involvement from a non executive director of the Prisons Board and the Chief Inspector of Criminal Justice, with regular reports to the Justice Committee. The CJINI should be given additional resources to carry out independent monitoring of outcomes against our recommendations.
24. A new operating model for the staffing of prisons be agreed within the next six months. It should include more flexible and efficient working practices and staff deployment, as set out in our interim report (pp 47-49), a review of staffing numbers at all levels of the service, and the reform of dispute procedures.
25. The Strategic Efficiency and Effectiveness programme should be shared with other relevant government departments, particularly DFP, DOH and DEL, who may have an interest in, or be affected by it, and integrated into their planning and implementation processes.
26. There should be a twin-track approach to refreshing and developing staff. There should be an early retirement scheme which allows a significant number of staff to leave and new staff to be recruited, alongside a training and development programme, externally delivered, for those who remain or join. This should include short courses and exchange programmes that can swiftly be delivered, alongside the development of longer training programmes to equip staff for the new roles envisaged.
27. There should be a new code of ethics and values, and new disciplinary and appraisal systems based on the code. In the interim, a professional standards unit should oversee all disciplinary matters.

28. The Northern Ireland Prison Service should develop its own awards scheme, with external assessors, to provide public recognition for innovative and positive work done within prisons.
29. Accurate data should be collected about prisoners' needs and risks in all three prisons, as a basis for planning and commissioning services.
30. Each prisoner should have a personalised custody or sentence plan, developed together with him or her, which reflects his or her own needs, strengths and risks. It should identify and engage all the other agencies and disciplines within and outside prison that are needed to support change.
31. The Northern Ireland Prison Service and the Probation Board for Northern Ireland should undertake joint work to plan and deliver integrated services, explore staff exchange and consider shared services.
32. The Northern Ireland Prison Service should create and recruit to a new post at Director level, focused on rehabilitation: bringing in expertise in working with other statutory, voluntary and community agencies and private sector employers, to structure and develop appropriate partnerships. This should focus on effective and professionally delivered education, work and skills training within prisons, linked to employment and educational opportunities and support in the community, as well as other soft skills necessary to support personal development and change.
33. The desistance strategy developed in NIPS must involve partnership with and support for families and community organisations to build social capital and prevent social exclusion, drawing upon and extending existing initiatives and experience.
34. There should be a cross-departmental safer society strategy, agreed by the Executive and overseen by the Assembly, to ensure that reducing offending is part of each department's strategy and budgeting, and which engages voluntary and community organisations in both planning and delivery.
35. The Inspire model should be adopted as the norm for dealing with women who offend. It should be centrally funded, but planned and delivered by a partnership of statutory, voluntary and community organisations.
36. A new small custodial facility for women should be built, staffed and run around a therapeutic model. It should be supported by an acute mental health facility and draw on a network of staff, services and support in the community.
37. A community-based pilot project should be set up for young adult offenders, on the model of the Inspire project, as a statutory, voluntary and community partnership offering an alternative approach and providing community support for young adult offenders.
38. Under-18s should not be held at Hydebank Wood.
39. There should be a rebuilding programme at Hydebank Wood YOC, to provide suitable accommodation that allows proactive and safe engagement between staff and young people.
40. Hydebank Wood should become a secure college, offering a full programme of skills based activities and one to one support, with a multi-disciplinary trained staff group, and working in partnership with a range of external providers and agencies.

APPENDIX C – CURRENT PROVISION IN PRISON CUSTODY

DoH has overall responsibility for prison health care policy. Services are commissioned by the Health and Social Care Board (HSCB) in conjunction with the Public Health Agency (PHA). The South Eastern Health and Social Care Trust (SEHSCT) is responsible for the provision of health care to prisoners.

Prison health care services in Northern Ireland are delivered by a range of healthcare staff within the three prison establishments - Maghaberry Prison, Magilligan Prison and Hydebank Wood Prison and Young Offenders Centre.

There are approximately 1,800 prisoners at any time throughout the Prison estates. There are approximately 5,000 committals annually.

Healthcare is delivered by primary and secondary care staff; mental health and addictions staff; a range of allied healthcare specialists; and, by a number of voluntary and private organisations. It falls into the following broad categories:

Primary Care

Primary care begins at committals. Here a baseline of general health is captured and recorded. This includes chronic disease, past and present medical history, medication history and any outstanding hospital appointments. The Electronic Care System is now available for staff to check the validity of information given by the patient. The aim of the broad committals assessment is to allow the patient to be cared for appropriately and in line with the Quality and Outcomes Framework throughout their stay in prison. It also signposts the prisoner to the most appropriate healthcare professional whether that be a member of the mental health team, the General Practitioner (GP), psychiatrist or an Allied Health Professional.

As a rule, if it is appropriate to care for someone in their own home then it is appropriate to care for someone in a custodial setting. The nursing staff have the appropriate skills to manage wounds, promote continence where applicable, deliver terminal care, manage chronic disease such as diabetes and asthma and, together with the pharmacy staff, they manage the delivery of the extremely resource intensive medicines programme.

Emergency Care, Minor Injuries and Out of Hours (OOH)

There is always a member of primary healthcare on call, on site, for an emergency. If called, the nurse will assess the situation immediately and act appropriately. A blue light ambulance may be called or the nurse may choose to treat on site (e.g. suturing of lacerations or dressing of wounds). Healthcare staff also work with colleagues from NIPS to administer first aid or basic life support until emergency help arrives.

Minor injuries are usually treated on site with the input of the nurse and GP, much like a GP practice. Healthcare staff have the support of the specialist nurses in the community who will visit to help assess in the first instance, e.g. the tissue viability nurse or the infection prevention and control nurse. OOH cover is provided by 'Lagandoc' situated on the Lagan Valley site.

Secondary Care Services

If a patient requires secondary care, he/she is always transferred to a hospital or secondary care facility. In the case of an emergency physical episode such as a suspected heart attack or collapse, it will be via a 999 ambulance. Transfer to a mental health secondary care facility

requires an assessment from the receiving hospital so this process tends to take a number of days. Patients are cared for in the enhanced landing of the healthcare unit within the prison until this can be facilitated.

Pharmacy

All pharmacy services for the whole prison estate are now managed through an in-house South Eastern Trust facility situated on the Maghaberry site. A team of pharmacists, pharmacy technicians and support personnel process, dispense and deliver all prescribed medication across all three sites. Pharmacy technicians now also issue "in possession" medication releasing nursing time to deal with the cases requiring "supervised swallow". Future plans for the pharmacy team include medicines reconciliation in committals and patient support clinics where solutions in relation to symptom management will be explored.

Mental Health, Learning Disability, Addictions, Personality Disorder and Safer Custody

A mental health pathway is now in place. Through the early intervention nurse, patients with mental health issues are identified at committal and allocated for appropriate treatment. The range of mental health services available across the three prison sites include Cognitive Behavioural Therapy, Forensic Occupational Therapy and crisis response services. Across the three sites there are 2.4 full time consultant psychiatrists and one whole time equivalent staff grade psychiatrist. Health promotion options such as "safe behind the door" groups are offered to those who find long periods of 'lock up' difficult to cope with. Addictions are managed through the primary care team and the clinical addictions team. Withdrawal scales and tools are used for the safe management of these patients and where the patient meets the criteria, substitution is offered and managed in relation to opiates.

Those with a personality disorder are also identified at committals. In most of the cases they are already known to a community team and this is ascertained either by means of the Electronic Care System or the patient identifying their key worker in the community. Need is then assessed and healthcare delivered as appropriate.

Psychiatry

As referenced above, in the prison healthcare team there are 2.4 full time consultant psychiatrists and a whole time equivalent staff grade psychiatrist. Together they look after the forensic and general psychiatric needs of the prison population. Included in this service, are addictions sessions for those who wish to address their opiate dependency. The wider mental health team consists of a multidisciplinary team who assess and plan care from committals through to discharge as necessary. This includes the use of home treatment, crisis response, general psychiatric nursing and group therapy to address a range of conditions and to teach coping skills for both custodial and community life. The mental health lead liaises closely with colleagues in the community and the HSCB to ensure care is delivered in line with best practice and of an equal standard to that afforded to those at liberty.

Health Promotion

A health promotion officer has been appointed by the South Eastern Trust to work collaboratively with the Northern Ireland Prison Service in order to develop and deliver a structured health promotion programme. The aim is to be able to measure positive outcomes and help provide constructive activity and time out of cell so promoting positive mental health. Physical health promotion such as tackling obesity, smoking, drug and alcohol addiction and sexual health will also be part of the considered programme.

Social Care

In prison custody, aspects of social care are delivered by: NIPS, as part of its day to day pastoral and operational role; the PBNI, which has a statutory duty to provide a social welfare service within prisons; the SEHSCT; and, the third sector, on a commissioned basis.

Under the Probation Board (Northern Ireland) Order 1982, Article 4(1)(c):
"The Board shall provide such Probation Officers and other staff, as the Secretary of State considers necessary, to perform social welfare duties in prisons and young offender centres".

Probation officers contribute to the sentence planning process with a view to social care and risk management and, for those prisoners identified as higher risk and/or subject to post release supervision, discharge planning. NIPS also contributes to meeting the social care needs of prisoners through the allocation of personal officers.

PBNI has staff who work across all three prison establishments - Maghaberry, Magilligan, Hydebank Wood and Young Offenders Centre. Within PBNI there is an Assistant Director of Prisons who is responsible for liaising with and supervising probation Area Managers who are based in the three prisons and ensuring PBNI aims and objectives are achieved. The Assistant Director also has regular meetings with the Senior Management within NIPS.

PBNI works closely with NIPS in accordance with an overarching Management Framework Agreement and Service Level Agreements in each of the three prisons. The framework document is reviewed annually. The NIPS and PBNI local Service Level Agreements (SLAs) are agreed between Governors and PBNI and form the basis for the provision of PBNI services to NIPS. The key business areas currently identified include the following: Public Protection, Risk Assessment, Case Management, Interventions and Programme Delivery, Parole, Release and Licensing and Requests. PBNI also contributes to Safer Custody and the Public Protection Arrangements for Northern Ireland (PPANI). In preparation for a prisoner's discharge an assessment is always completed and then it is considered if there should be referral to a relevant Trust, particularly for those individuals who have complex needs. Community mental health, learning disability and older people services are provided by integrated teams consisting of social workers, nurses, occupational therapists, medics etc, so the health and social care needs of the person will be provided for in an integrated way, as assessed by the team.

Representatives from all of the five Health and Social Care Trusts contribute to the multi-disciplinary Public Protection Arrangements for Northern Ireland (PPANI), attending Local Area Public Protection Panels (LAPPPs) within the prisons prior to a prisoner being released.

APPENDIX D – SNAPSHOT OF NEED IN ENGLAND AND WALES

SNAPSHOT OF NEED IN ENGLAND AND WALES*

*Common health and social care needs identified among children, young people and adults in contact with the CJS in England and Wales. All figures cited the Bromley Briefings Prisons Factfile (Prison Reform Trust, 2016).

Mental health

- 25% of women and 15% of men in prison reported symptoms indicative of psychosis. The rate among the general public is about 4%.
- Prisoners with learning disabilities or difficulties were almost three times as likely as other prisoners to have clinically significant anxiety or depression, and most were both anxious and depressed.
- 26% of women and 16% of men said they had received treatment for a mental health problem in the year before custody.
- 70% of people who died from self-inflicted means whilst in prison had already been identified with mental health needs. However, the Prisons and Probation Ombudsman (PPO) found that concerns about mental health problems had only been flagged at reception in just over half of these cases.
- The PPO investigation found that nearly one in five of those diagnosed with a mental health problem received no care from a mental health professional in prison.
- 71% of transfers from prison to secure hospitals under the Mental Health Act between April to September 2015 took more than 14 days, the Department of Health's expectation.
- 9,093 people have been referred for mental health treatment since the start of liaison and diversion services in England. 13% were detained under the Mental Health Act and 3% were admitted to a mental health hospital.

Alcohol and substance misuse

- The Prisons and Probation Ombudsman found that in 39 deaths in prison between June 2013 and June 2015, the prisoner was known, or strongly suspected, to have been using new psychoactive substances before their deaths.
- Former Chief Inspector of Prisons, Nick Hardwick has said that new psychoactive substances (NPS) are now "the most serious threat to the safety and security of jails". They are a source of debt and associated bullying as well as a threat to health.
- There were 851 recorded seizures of NPS in prison during October and November 2015.
- 9% of prisoners reported that they had been pressured to give away their prescribed medication.
- 7% of men and 7% of women in prison reported that they had developed a problem with diverted medication.
- Levels of drug use are high amongst offenders with the highest levels of use found amongst most prolific offenders. 64% of prisoners reported having used drugs in the four weeks before custody.
- 15% of men and women in prison are serving sentences for drug offences.
- 66% of women and 38% of men in prison report committing offences to get money to buy drugs.
- Nearly half of women in prison report having committed offences to support someone else's drug use.
- Reconviction rates more than double for prisoners who reported using drugs in the four weeks before custody compared with prisoners who had never used drugs (62% vs 30%).
- In almost half (47%) of all violent crimes the victim believed the offender or offenders to be under the influence of alcohol.

APPENDIX E – BENEFITS MAP