

# **JOINT HEALTHCARE and CRIMINAL JUSTICE ACTION PLAN**

## 1/ Service planning and commissioning

<b>CROSS-CUTTING ACTIONS</b> (Actions cutting across a number of services or stages of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
1.1 Define the appropriate advisory contribution of criminal justice to the planning of health and social care services in prisons and put in place arrangements to support this.	HSCB	PHA, NIPS, DOJ, DHSSPS, health trusts
1.2 Health to provide advice on improving the healthcare model in Police, Courts and YJA.	HSCB	PHA, PSNI, YJA
1.3 Provide a robust mechanism for determining the level of health and social care need for those in contact with the criminal justice system in Northern Ireland. This may include work to develop the local evidence base.	HSCB	PBNI, PHA, NIPS, YJA, PSNI, DHSSPS, DOJ
1.4 Establish a number of service-user groups to seek feedback throughout the lifetime of the Strategy.	DHSSPS	DOJ, NIPS, PSNI, YJA, HSCB, PHA, SEHSCT
<b>SERVICE-SPECIFIC ACTIONS</b> (Actions relating to a specific service or stage of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
1.5 Explore the potential for providing mental health street triage and/or alternative 'safe places' to Emergency Departments and police custody for those who are in emotional crisis and/or at risk of attempting suicide.	HSCB	DHSSPS, PHA, DOJ, PSNI, YJA, health trusts, third sector

## 2/ Continuity of care

<b>CROSS-CUTTING ACTIONS</b> (Actions cutting across a number of services or stages of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
2.1 Introduce formal arrangements to share health and social care information within the CJS where it is in the best interests of the individual, supported by a suite of information-sharing protocols that cover all health and criminal justice interfaces.	DHSSPS	CJ agencies, HSCB, PHA, health trusts, third sector, DOJ
2.2 Develop and implement 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.	HSCB	CJ agencies, health trusts, third sector, PHA
2.3 Promote awareness among criminal justice professionals of existing web based resources providing current information and signposting on available health and social care services.	HSCB	DHSSPS, DOJ, CJ agencies, HSCB, health trusts, third sector, PHA
2.4 Take steps to ensure a consistent approach to the prescribing, storage and administering of medication in police, court and prison custody and juvenile detention.	HSCB	DOJ, DHSSPS, JJC, PHA, health trusts, FMOs, NIPS
2.5 Take steps to ensure a consistent practice approach for personality disorder and forensic mental health across trusts in line with existing care pathways.	HSCB	CJ agencies, PHA, health trusts, third sector
2.6 Develop care pathways documents (including an in-reach function) for adult mental health services, learning disability, children's services and allied health professionals.	HSCB	CJ agencies, PHA, health trusts, third sector, YJA
2.7 Develop and implement health and criminal justice service-user communications models that utilise current technologies (e.g. text, Facebook or email reminders for appointments).	HSCB	DHSSPS, DOJ, health trusts, third sector

<b>SERVICE-SPECIFIC ACTIONS</b> (Actions relating to a specific service or stage of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
2.8 Develop referral pathways out of police custody at a District/trust level into appropriate healthcare.	PSNI	DHSSPS, HSCB, DOJ, PHA
2.9 Review the recording and analysis of self-harm incidents within prison custody settings with a view to improving the collection, analysis and sharing of this data in order to improve services for self-harm prevention and response.	NIPS	SEHSCT, DOJ, DHSSPS, PHA
2.10 Review mental health and psychological therapies in prison custodial settings to ensure that they are being delivered to equivalent standards to those applied in the community (NICE Guidance refers).	SEHSCT	DOJ, NIPS, DHSSPS, HSCB, PHA, third sector
2.11 Explore the introduction of a mix of Telehealth and in reach and outreach services into custodial settings.	HSCB	PHA, NIPS, SEHSCT, YJA, DOJ, DHSSPS
2.12 Review current discharge planning arrangements to ensure people leaving criminal justice settings receive appropriate follow on health and social care (including ensuring GP registration) and to include appropriate interventions.	HSCB	CJ agencies, DHSSPS, HSCB, health trusts, third sector, PHA
2.13 Take steps to improve access to low and medium secure mental health facilities for adults requiring treatment in such settings (including personality disorder).	DHSSPS (MHU)	DOJ, NIPS, HSCB, SEHSCT
2.14 Explore low and medium secure mental health facilities for under 18s.	DHSSPS	HSCB, DOJ, YJA

### 3/ Workforce development

<b>CROSS-CUTTING ACTIONS</b> (Actions cutting across a number of services or stages of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
3.1 Establish an annual joint health care and criminal justice conference to share evidence, experience and good practice.	DHSSPS	DOJ, PHA, HSCB, health trusts, CJ agencies, third sector, academia
3.2 Scope the issues affecting the retention of health care practitioners working across the CJS to ensure the availability of an experienced and capable workforce on an ongoing basis. Develop a workforce plan which aims to address the required workforce model for healthcare professionals working across CJS including the rotation of healthcare staff.	DHSSPS	PSNI, NIPS, HSCB, PHA, NICTS
move to 3.5		
3.3 Develop a training needs analysis which will inform recommendations to the strategy for all health, social care and criminal justice professionals working within the CJS to promote cross-discipline awareness.	HSCB/PHA	PSNI, NIPS, YJA, PBNI, health trusts
3.4 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.]	HSCB/ PHA	DHSSPS, DOJ, PSNI, universities, FECs
3.5 Work with the third sector to identify their potential contribution throughout the criminal justice journey (e.g. in the areas of post-release support and lower level mental ill health).	DOJ	CJ agencies, HSCB, DHSSPS, health trusts, third sector

## 4/ Diversion of vulnerable individuals

<b>CROSS-CUTTING ACTIONS</b> (Actions cutting across a number of services or stages of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
4.1 Identify the most appropriate model to support all-stages diversion of vulnerable individuals coming into contact with the CJS.	DOJ	DHSSPS, CJ agencies, Judiciary, HSCB, health trusts, third sector
<b>SERVICE-SPECIFIC ACTIONS</b> (Actions relating to a specific service or stage of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
4.2 Engage with the Department of Education to explore whether pertinent information on young people vulnerable to offending can be shared with relevant criminal justice agencies.	DENI	PSNI, Education Authority, health trusts
4.3 Develop a vulnerable persons' passport to alert criminal justice professionals, and particularly the PSNI, to an individual's vulnerabilities at an early stage.	PHA	PSNI, CJ agencies, HSCB, health trusts
4.4 Review opportunities to share health and social care information with PPS to ensure that it is shared at the earliest stage possible.	PSNI	NICTS, health trusts, FMOs, PPS

## 5/ Health promotion and ill health prevention

<b>CROSS-CUTTING ACTIONS</b> (Actions cutting across a number of services or stages of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
5.1 Develop an approach to health promotion with key messages targeted at: individuals in the CJS; health and criminal justice professionals; the third sector; and, families.	NIPS	PHA, DHSSPS, DOJ, HSCB, health trusts, third sector
5.2 Take steps to ensure equivalency of access to health screening undertaken in Northern Ireland for those in prison custody settings.	SEHSCT	NIPS, DHSSPS, DOJ
<b>SERVICE-SPECIFIC ACTIONS</b> (Actions relating to a specific service or stage of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
5.3 Ensure that the CJS is aware of the value of breastfeeding and that justice settings and processes support breastfeeding as far as possible.	DHSSPS	CJ agencies
5.4 Take steps to ensure that the revised Protect Life Strategy includes suicide prevention in custodial settings	DHSSPS	DOJ, PHA, HSCB, NIPS, SEHSCT, YJA, third sector
5.5 Develop a suicide and self-harm strategy to cover NIPS including a review of Support Prisoner at Risk (SPAR) procedures.	NIPS	HSCB, PHA, SEHSCT, DOJ, YJA, DHSSPS, third sector
5.6 Consider and make a determination on the potential for an in-reach counselling/mentoring service and review referral pathways from custody settings to self harm services.	SEHSCT	DOJ, DHSSPS, YJA, HSCB, PHA, third sector

5.7 Develop a joint health and criminal justice action plan on substance misuse, to include alcohol, psychoactive substances, illegal drugs and misuse of prescription/over-the-counter drugs.	DOJ	NIPS, CJ agencies, DHSSPS, HSCB, PHA, health trusts, third sector
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## 6/ Social care

SERVICE-SPECIFIC ACTIONS (Actions relating to a specific service or stage of the criminal justice journey)		
Action	Lead organisation(s)	Main partners
6.1 Map current support and/or social care service provision commissioned by NIPS to those in custody and their families, identifying level of investment, service provided and provider agency.	NIPS	PBNI and DOJ
6.2 Collate and analyse information/data about the prison population to identify current support and/or social care needs of prisoners and any unmet social care needs.	SE Trust	DHSSPS, NIPS, PBNI
6.3 Develop improved data collection that will enable analysis of longer term trends in social care need among people in prison custody, taking into account wider demographic trends such as an ageing population.	NIPS	SEHSCT
6.4 Review current arrangements and promote opportunities within prisons to better support and meet the social welfare needs of individuals within existing resources.	NIPS	PBN, DOJ
6.5 Review the effectiveness of existing interfaces and pathways between CJS and social care services.	HSCB	SEHSCT, NIPS, CJS DHSSPS
6.6 Provide dedicated residential accommodation within the secure adult male estate for individuals who require additional support or have mobility issues.	NIPS	CJS, PBNI, DHSSPS, health trusts

## 7/ Accommodation

<b>CROSS-CUTTING ACTIONS</b> (Actions cutting across a number of services or stages of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
7.1 Develop strategic links with the Department for Social Development and the Northern Ireland Housing Executive with a view to ensuring that the accommodation needs of the criminal justice population are met.	DOJ /PBNI	DSD, NIHE
7.2 Develop and implement a strategic approach to accommodation for people in contact with the CJS that takes account of health and social care needs.	DOJ /PBNI	DSD, NIHE, HSCB
7.3 Take steps to ensure that criminal justice needs are identified to the commissioning body for Supporting People.	PBNI	DSD, NIHE
<b>SERVICE-SPECIFIC ACTIONS</b> (Actions relating to a specific service or stage of the criminal justice journey)		
<b>Action</b>	<b>Lead organisation(s)</b>	<b>Main partners</b>
7.4 Take steps to ensure that suitable accommodation is available for mentally disordered offenders (including personality disorder).	HSCB	PBNI, DSD, NIHE, SEHSCT, DHSSPS