



Justice Health

Area Health Service Plan
2010 and Beyond

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Executive Summary

Prisoners and detainees are members of the general population: they come from and usually return to the community. Their health needs are far greater than those of the wider community and their entry into the criminal justice system is often the only window in which their health issues can be addressed. Justice Health fulfils a valuable role in improving the health status of this group while also minimising the health consequences of incarceration on individuals, their families and the general community. As unfortunate as an individual's interaction with the criminal justice system may be, it does provide unique opportunities to improve the health status of a group who on the whole, experience poor health and have minimal contact with mainstream health services in the community.

Since the mid 1970s when Justice Health was known as the Prison Medical Service, the Service has grown rapidly and expanded services both within and beyond the walls of NSW correctional facilities. The Service has incorporated projects that aim to divert those coming into contact with the criminal justice system and ensure continuity of care in the community after release, especially in the areas of mental health and drug dependence.

In all contexts, Justice Health must work closely with a variety of other organisations. Partnerships are therefore essential for the delivery of quality health services and the achievement of Justice Health's values and objectives. Corrective Services NSW, Juvenile Justice, NSW Health, Area Health Services, Community Controlled Aboriginal Health Organisations, the NSW Police Force, the Attorney General's Department, universities, community groups and advocacy groups are foremost amongst these organisations whose partnerships we appreciate and seek to foster.

The Justice Health Area Health Service Plan outlines how health services will be delivered to those in contact with the criminal justice system in NSW. The Plan covers all aspects of health service delivery from population health programs and primary care, to community forensic mental health services through to acute services and rehabilitation programs.

The Plan has been developed in the context of the Justice Health Corporate Strategic Plan 2006 – 2010 and will be supported by a cluster of strategic Enabling Plans. The Enabling Plans will detail efforts in areas that provide support to the Area Health Services Plan, in particular Workforce, Information Management and Technology, Assets, Research and Teaching, Finance, Quality and Risk as well as Procurement.

The Plan reflects the seven strategic directions of NSW Health and the goals of the NSW Government's State Plan. Notably, Justice Health is an important contributor to many of the objectives within the State Plan that are not traditionally associated with the health sector especially reducing offending, reducing re-offending and ensuring community safety. The Plan aligns activities to each of the strategic directions and relevant performance indicators.

The Plan is focussed on health service delivery. However, the endeavours of Justice Health are assisted by a comprehensive structure of support services, including Corporate Services, Finance, Workforce, Research, Governance and Executive Support and Planning.

Justice Health Strategic Objectives

Vision

International best practice health care for those in contact with the criminal justice system

Justice Health Goals

- Identify the health care needs of our client group
- Provide high quality clinical appropriate services, informed by best practice and applied research
- Make health care part of care to the community
- Facilitate continuity of care to the community
- Develop an organisational culture that supports service delivery
- Promote fair access to health services
- Provide strong corporate and clinical governance
- Be an employer of choice

NSW Health Strategic Directions

Seven strategic directions underpin our vision and goals:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services
6. Build a sustainable health workforce
7. Be ready for new risks and opportunities

Justice Health is a contributor to the following NSW State Plan priorities:

R1: Reduced rates of crime, particularly violent crime

R2: Reducing re-offending

R3: Reduced levels of antisocial behaviour

S2: Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care

S3: Improved health through reduced obesity, smoking, illicit drugs use and risk drinking

F1: Improved health and education for Aboriginal people

F4: Embedding prevention and early intervention into Government services

Justice Health In The Future

- Improved continuum of care between Justice Health and other health service providers
- Improved partnerships with other agencies involved in providing services to those in contact with the criminal justice system
- Improved patient journeys through Justice Health
- Expansion of early intervention strategies
- Improved management of patients with chronic diseases using innovative models of care
- Improved access to mental health professionals in correctional facilities and juvenile justice centres
- Improved access to culturally appropriate health services for Aboriginal people
- Expansion of community mental health and drug and alcohol services
- Improved follow-up in the community of high risk mentally ill people
- Improved follow-up in the community of young people at risk of mental illness identified in juvenile justice centres and detention centre and of young people with drug and alcohol problems, co-morbid drug and alcohol problems and mental illness and for those with complex physical health presentations including blood borne viruses
- Valued health professionals, improved workforce skills, and capacity building and practice models in place
- Better information technology and information technology infrastructure to meet the challenges of health service delivery
- Effective and efficient information management systems that support strategic decision making
- Many corporate and service functions transferred to state-wide shared services through HealthSupport and Health Technology
- Masters in Forensic Mental Health continuing to be delivered in collaboration with the University of NSW to strengthen workforce skills
- Enhance evidence-based practice through strategic research
- Improved management of patients with chronic diseases using innovative models of care

Justice Health Overview

Justice Health is a statutory health corporation constituted under the NSW Health Services Act 1997. Justice Health cares for over 30,950 inmates and detainees annually.

Justice Health is responsible for providing health services to adults in:

- 31 Correctional Centres
- 11 Periodic Detention Centres
- 10 Police Cell Complexes
- 21 court complexes
- Adult Drug Court Program
- Long Bay Hospital
- The Forensic Hospital
- State-wide Connections Program
- Community Forensic Mental Health Service
- State-wide Community and Court Liaison Service

Justice Health is responsible for providing health services to adolescents in:

- 8 Juvenile Justice Centres
- 1 Juvenile Correctional Centre
- 5 Children's Courts
- Youth Drug and Alcohol Court
- Juvenile Justice Post Release Treatment Scheme
- Adolescent Court and Community Team
- Adolescent Community Integration Team

Justice Health has over 1,200 employees working at locations across metropolitan, regional and remote NSW. Nursing staff, general practitioners, psychiatrists, dentists, medical specialists, allied health professionals and administrative staff work together to deliver health services.

Health Care Locations



Corporate and Clinical Governance

The Justice Health Board is responsible for the corporate and clinical governance of Justice Health. The Board of Justice Health comprises of twelve members appointed by the NSW Minister for Health. Corrective Services NSW (CSNSW) and Juvenile Justice (JJ) nominate one Board member each. In addition, a Justice Health staff member is appointed to the Board.

The Board has processes in place to ensure its responsibilities are fulfilled in relation to the following:

- Setting strategic direction
- Ensuring compliance with statutory requirements
- Monitoring performance of the health service
- Monitoring the quality of the health service
- Monitoring clinical, consumer and community participation
- Ensuring ethical practice
- Industrial relations and workforce development

Justice Health Population

The window of opportunity for Justice Health to provide healthcare to individuals is usually brief. In addition, inmates rarely spend their entire sentence within the same correctional centre, with many movements annually between correctional centres and court complexes.

Adult Profile

People in custody generally have a poor health status characterised by general neglect, substance abuse and mental illness. Justice Health fulfils a valuable role in improving the health status of this group while also minimising the health consequences of incarceration on individuals, their families and the general community. Justice Health's role in providing healthcare to individuals is usually brief since their length of stay in custody varies:

- 30% less than 6 months
- 16% between 6 and 12 months
- 18% between 1 year and 2 years
- 36% longer than 2 years.

Also, people in custody rarely spend their entire sentence within the same correctional centre. There are approximately 150,000 inmate movements between correctional centres, police cells and courts annually, further interrupting continuity of healthcare.

The Justice Health 2009 Inmate Health Survey: Key Findings Report shows that the inmate population has the following characteristics:

- 47% of males and 54% of females had ever had mental health treatment, with 19% of males and 27% of females having ever attempted suicide
- 28% of males and 45% of females are Hepatitis C positive
- 50% of males and 67% of females are unemployed in the six months prior to incarceration, with 65% of males and 78% of females receiving some kind of pension benefit prior to incarceration
- 49% of males and 39% of females have not achieved School Certificate level of education
- 42% males and 21% of females had a history of juvenile detention
- 64% of male and 46% of females has previously been incarcerated.

The 2008 Inmate Census undertaken by the Department of Corrective Services (now known as Corrective Services NSW) showed the following:

- Most inmates are male, as females make up only 7% of the population
- 20% of male inmates and 30% of female inmates are Aboriginal and/or Torres Strait Islander, compared with 2% of the general community in NSW
- The average age of inmates is 33 years for males and 31 years for females.

Adolescent Profile

Adolescent detainees have the following characteristics:

- there are approximately 14,000 receptions a year
- 65% of young people in custody have a length of stay of up to one week
- 18% of adolescents stay between 1 week to 1 month
- 14.5% of adolescents stay between 1 to 6 months
- only 2.5% of adolescents stay longer than 6 months
- over 90% of adolescents in custody are male
- 47.5% identify as Aboriginal and/or Torres Strait Islander.

Juvenile clients commonly report experiences of neglect, and physical, emotional or sexual abuse. This is particularly the case with young women. Many detainees report experiencing significant relationship problems in their families leading to periods of homelessness. A large number of detainees leave school before completing Year 8. Due to their educational deficits and poor self-esteem, most have limited employment choices and report feeling powerless and socially isolated. Many abuse alcohol and other drugs, seeking refuge in a delinquent peer group.

Consumer Participation

Consumer participation within Justice Health is provided primarily through the Consumer & Community Group and through local Inmate Development Committees at individual correctional centres.

The Consumer & Community Group

The Consumer & Community Group is a sub-committee of the Justice Health Quality Council and aims to provide a forum where consumer and community representatives can interface with Justice Health in addressing issues that relate to the provision of health services to adult and juvenile offenders. The Group seeks to empower inmates and detainees by seeking their feedback, and provide an effective forum for consumer participation.

The Group has representatives from prisoner support and advocacy organisations, Justice Health, and male and female consumer representatives who participate in the meetings via teleconference. The Consumer & Community Group receives feedback about healthcare issues and concerns through the feedback form, provided to the Chairperson of each Inmate Development Committee (IDC) at all correctional centres following each bi-monthly Consumer & Community Group meeting. Each issue or concern raised is addressed in writing to the Chairperson of the relevant IDC.

Inmate Development Committees (IDC)

Inmate Development Committees (IDC) are held at all adult correctional centres. Attendees usually include inmate representatives, the General Manager of the facility, senior Justice Health nursing staff and, depending on the facility, other CSNSW senior representatives. The committees provide a forum to discuss and resolve local issues relating to the treatment and care of inmates. The Justice Health representative on the committee is responsible for following up healthcare related issues and concerns. Inmate Development Committees are also held as part of the Board's activities when the Board meets at a Correctional Centre, and when the Board visits Juvenile Justice Centres. The schedule also includes a meeting with a representative group of young people and can also occur when the Chief Executive formally visits a facility.

Justice Health Service Delivery Model

To utilise the small window of opportunity usually available, the Justice Health state-wide service delivery model is focused on screening, triaging, providing and monitoring care. Reception Screening, or Reception Triage as it is more commonly known, provides a means for conducting health and risk assessments on patients entering NSW correctional centres and juvenile justice centres.

The priorities for Justice Health are to ensure the patient's immediate or acute health needs are met and to ensure that they remain safe and free from harm.

Screening and triaging

The Reception Triage Process is undertaken on all of the patients entering the NSW correctional system. Health assessment is conducted in three stages:

1. Triage: all patients undergo a triage process to determine any immediate or acute health needs
2. Screen: all patients have a risk assessment undertaken to determine if they are at risk of harming themselves, being harmed by others or at risk of transmission of infectious diseases
3. Comprehensive health assessment: any immediate health care needs are stabilised and appropriate health care referrals are made. This is a more detailed assessment that involves additional screening of targeted patients and the development of a management plan for their care

The Reception Triage procedure has been developed to provide cues for clinicians and allows for a standardised process of assessment of the following:

- Primary Health
- Mental Health
- Drug and Alcohol
- Women's Health
- Population Health

Justice Health does not have the facilities to provide emergency department and tertiary level care as provided in other Area Health Services. Patients that present with emergency health issues are provided with initial first aid and transported, often via the Ambulance Service of NSW, to the nearest hospital for ongoing assessment and intervention. Long Bay Hospital provides accommodation and services for patients requiring care for acute/sub-acute mental health and step-down medical and surgical conditions.

Service Development

The new Forensic Hospital and Long Bay Hospital were both commissioned in 2008. These facilities deliver acute and rehabilitative care for women, men, aged inmates, young people and civilians.

The primary objective of the new facilities is to provide:

- Appropriate inpatient facility to ill and sick inmates;
- Care for forensic patients and the mentally ill in line with national and international best practice, while continuing to ensure community safety.

Long Bay Hospital

Long Bay Hospital was constructed and is managed collaboratively by CSNSW, Justice Health and PPP Solutions Inc. (Public Private Partnership). The hospital has three distinct Units: Mental Health Unit - 40 beds, Medical Surgical Unit - 30 beds, Aged Care and Rehabilitation Unit - 15 beds.

Healthcare services for patients are provided by a multidisciplinary team of clinicians and include specialist medical officers, 24/7 nursing care and a range of allied health consultations.

Long Bay Hospital is an 85 bed facility.

The Forensic Hospital

The Forensic Hospital is a 135 bed health facility that is operated by Justice Health on behalf of NSW Health. The objective of this facility is to provide the most humane care of mentally ill persons while ensuring the safety of patients, staff and the community.

This facility is staffed by Justice Health (on behalf of NSW Health) and caters for both adults and young people including males and females. The Forensic Hospital principally focuses on mentally ill patients within the criminal justice system, but it also has the capacity for mental health patients with challenging behavior from across NSW whose management requires a high level of security, a high clinician to patient ratio and a special model of care.

The 135 beds accommodate:

- Forensic patients (mostly persons found not guilty of offence by reason of mental illness or who are unfit to plead because of mental illness)
- Correctional patients (sentenced and remanded inmates who become mentally ill while in custody and require treatment in hospital) and
- 15 beds for civilian patients whose challenging behavior cannot be managed in the acute mental health system.

The Forensic and Long Bay Hospitals were procured as a Public Private Partnership (PPP), meaning that the private sector financed, designed, built and are responsible for maintenance of the facilities under contract until July 2034.

Long Bay Outpatient Services

The Justice Health model of care (excluding initial care received at reception) requires adult male patients to be transferred to the Long Bay Correctional Complex for all non-emergency specialist services. Female patients receive the majority of specialist services at Westmead Hospital. Infrastructure within Justice Health and the CSNSW have been developed to support this method of service delivery. Justice Health also provides an outpatient services for male and female patients at the Metropolitan Medical Transit Centre (MMTC), adjacent to Long Bay Hospital.

The range of specialist services provided in the outpatient facility includes:

- Minor local anesthetic surgical procedures
- ENT
- Orthopedics
- Pain clinics
- Diabetes clinics
- Optometry
- Ophthalmology clinics
- Hepatitis C clinics
- Immunology clinics
- Public Health clinics
- Dental clinics
- Physiotherapy clinics
- X-ray imaging

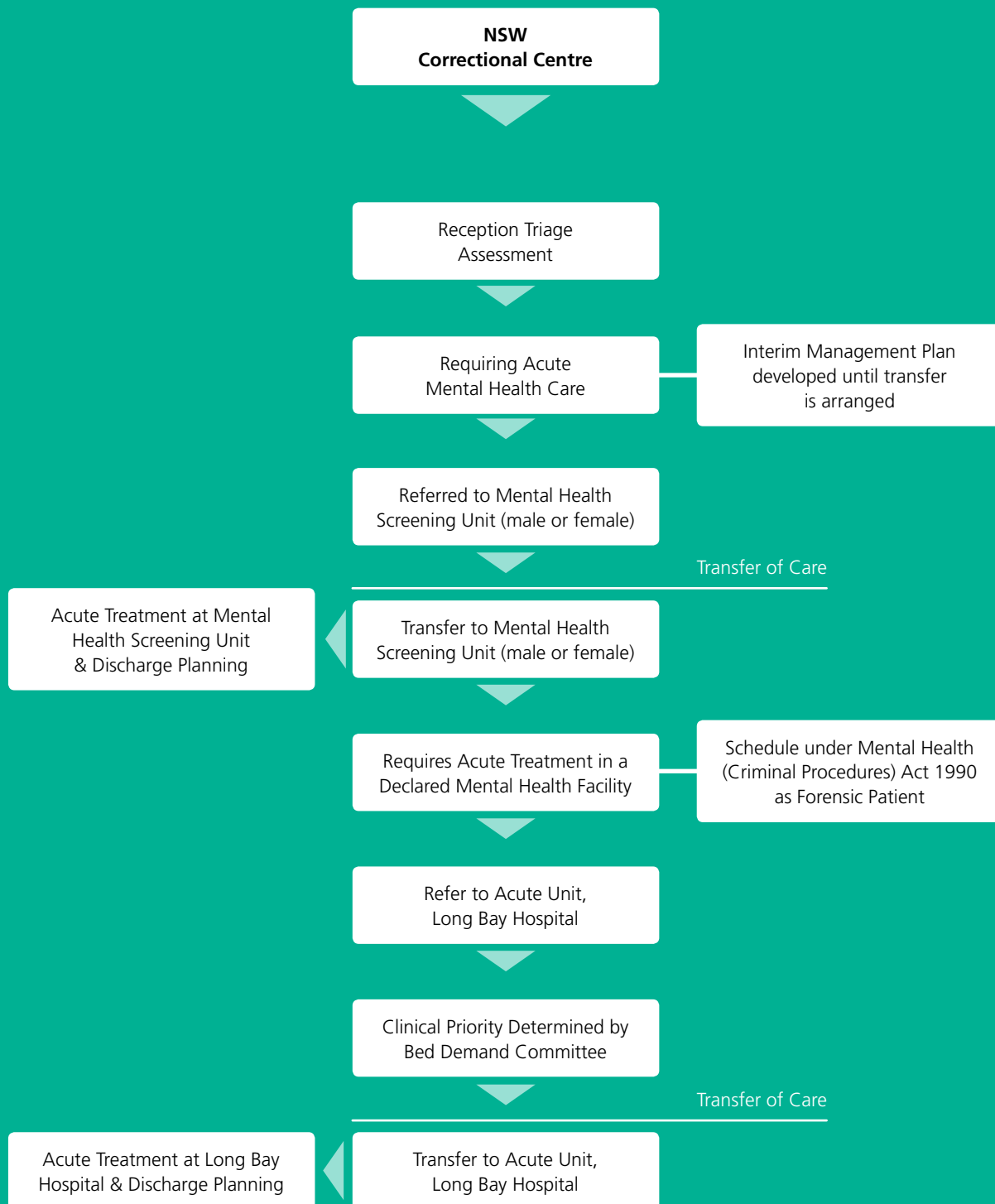
Adult Acute Mental Health Service Provision

As well as the services provided at Long Bay Hospital and the Forensic Hospital, acute mental health services are provided by Justice Health at the Metropolitan Remand and Reception Centre at Silverwater.

Mental health care at the Metropolitan Remand and Reception Centre at Silverwater is provided by a multi-disciplinary team under the management and supervision of Consultant Psychiatrists, Clinical Director, and Nursing Unit Manager, Mental Health.

Patients are placed either in the Mental Health Screening Unit or the mental health accommodation area depending on their clinical need. Patients who present a risk of harm to themselves are managed by a Risk Assessment and Intervention Team (RAIT) and are placed in a 'safe cell'. The RAIT is a multidisciplinary team comprising Justice Health and CSNSW staff. The role of the team is to assess and manage patients identified as at risk of deliberate self-harm or suicide.

The patient journey through Justice Health’s acute mental health service is outlined below



Workforce Overview

Workforce

As at June 2009, Justice Health had approximately 980 Full Time Equivalent (FTE) positions of which over 73% had clinical roles.

Employer of Choice

Justice Health staff have the opportunity to work in many specialist areas and in a variety of settings. Justice Health dedicates approximately 2% of staff related costs towards staff development and training through the provision of ongoing education from within the organisation or funding for training with external educational facilities. Further, strong links are maintained with universities for medical, nursing and allied health undergraduate placements. Justice Health also has a New Graduate placement program to assist newly registered nurses in their first year of practice.

The Justice Health workforce continues to expand to meet increased service demand. While the clinical workforce remains predominantly nursing, there has been a change in the nursing classifications to increase the number of Endorsed Enrolled Nurses (EEN).

Ongoing service reviews will further refine the workforce classifications in order to ensure clinic staffing structures are able to provide cost effective and patient focused health care.

Staff profile as at 30 June 2009

Table 1: Number of Full Time Equivalent Staff (FTE) Employed in Justice Health as at June 2009

	June - 04	June - 05	June - 06	June - 07	June - 08	June - 09
Medical	23	26	30	36	37	50
Nursing	437	506	504	508	518	623
Allied Health	8	7	10	12	11	22
Other Prof. & Para professionals	3	2	3	5	7	9
Oral Health Practitioners & Therapists	9	9	11	11	11	9
Corporate Services	56	65	51	55	61	76
Scientific & technical clinical support staff	3	8	8	8	11	12
Hotel Services	22	23	22	22	22	47
Hospital Support Workers	52	69	85	86	114	131
Other	-	1	1	1	0	1
Total	614	717	725	744	791	980
Medical, nursing, allied health, other health professionals & oral health practitioners as a proportion of all staff	78.2%	76.8%	76.9%	76.9%	75.1%	73%

(Source: DOH Health Information Exchange & Health Service local data)

Clinical and Nursing Services

Service Profile

The Clinical and Nursing Services directorate is responsible for the planning, coordination and provision of clinical and nursing services to adult patients in correctional centres and police cells across NSW. The directorate has a matrix management structure that includes cooperative effort between Clinical Streams and Clinical and Nursing Operations to set, implement and coordinate strategic directions.

The Clinical and Nursing Services directorate consists of the following service areas:

- Adult Clinical and Nursing Operations
- Primary Health
- Women's Health
- Aboriginal Health
- Population Health
- Medical Administration

Each of these service streams is lead by a Senior Clinical Manager who leads their team in service planning and determining clinical service requirements in each of the respective specialty areas.

The Executive Director Clinical and Nursing Services (EDCNS) is responsible for the strategic direction of the Directorate and leads the development and coordination of all clinical policies, practices and services including initiation of organisational wide strategies in clinical and nursing practices, education and research.

Health Centres in adult correctional centres are typically composed of the following staff:

- Nursing Unit Manager who is overseen by a Cluster/Site manager as appropriate
- Nursing staff (RNs, ENs, AINs)
- Medical staff – including permanent & visiting GPs
- Clerical staff
- Aboriginal Health Workers

Adult Clinical and Nursing Operations

Adult Clinical and Nursing Operations has operational responsibility for the provision and coordination of clinical and nursing services and facilitates the development of best practice principles for clinical activities to ensure optimal clinical care with minimal risk. This includes

benchmarking the delivery of services, auditing services provided and undertaking a range of quality improvement initiatives to ensure best practice. Adult Clinical and Nursing Operations also facilitates direct stakeholder input in both policy and strategic directions of the organisation and identifies organisational impacts.

The Director Adult Clinical and Nursing Operations (DACNO) is a senior member of the Clinical and Nursing Services team and as such works closely with the EDCNS in meeting the goals and strategic directions of the directorate. The DACNO assumes ultimate responsibility for all male adult facilities (including Police Cells and Periodic Detention Centres) and reports directly to the EDCNS and the Justice Health Executive.

The role of DACNO within Justice Health includes:

- Operational management of all Adult Correctional Centres accommodating males, Periodic Detention Centres and Police Cell and Court Complexes where nursing staff are located and oversight of all clinical projects
- Provision of nursing professional leadership and oversight of professional standards.

The primary roles and responsibilities of the DACNO include:

- Provision of support to all Nurse Managers within the area of responsibility for operational issues and the promotion of quality, effectiveness and efficiency
- Provision of support to the EDCNS in planning, developing, co-ordinating and reviewing nursing services
- Coordination of key projects in all aspects of service development and improvement
- Coordination of responses to clinical incidents and operational service needs in collaboration with the Clinical Services Manager
- Coordination and/or conducting investigations relating to nursing professional and operational issues
- Oversight and interpretation of nursing resource utilisation
- Oversight and coordination of the state wide after hours nurse manager (weekdays and weekends) responsibilities.

The DACNO oversees the operations of the Rural and Remote and Metropolitan regions with the support of two Senior Nurse Managers. The DACNO and the two Senior Nurse Managers play an active role in the development, implementation monitoring and administration of the individual plans of clinical streams ensuring compliance with identified and established targets. They are also responsible for the development and implementation of Cluster Business Activity Plans and reviewing performance against key performance indicators to improve the utilisation and effectiveness of resources.

Primary Health

Service Profile

Primary Health staff deliver services in an ambulatory care setting within health centres located in correctional centres and periodic detention centres. The aim of primary health interventions is to identify and manage acute and chronic conditions through:

- The Reception Triage Process – a comprehensive risk assessment is conducted on all new inmates by Justice Health staff upon reception into one of the designated correctional reception centres: Metropolitan Remand and Reception Centre, Cessnock, Bathurst, Goulburn, Grafton, Mid North Coast, Wellington and Silverwater Women's Correctional Centres
- Comprehensive Health and Assessment Plan (CHAP) – a plan for the continuing care of patients with identified need
- Referral to specialist medical services
- Implementation of health policy and programs in relation to special needs groups.

Primary Health is responsible for setting the strategic direction of primary health services, the planning and coordination of primary health care, policy development, initiating service improvements, and the achievement of key performance indicators and targets.

Functions of Primary Health

- Risk assessment and risk management
- Emergency response
- Assessment, referral and treatment for common conditions
- Prevention, early detection and intervention
- Ongoing care for chronic conditions.

Primary Health also provides the following special programs and support functions:

- Specific management for the frail aged
- Specific management for Aboriginal people with chronic conditions
- Dental Services
- Pharmacy Services
- Radiology Services
- Medical appointments through the Medical Appointments Unit, including internal and external specialist medical services
- Physiotherapy Service at Long Bay Correctional Complex.

Primary Health provides healthcare services in most areas including rural, remote, and metropolitan correctional centres, and at police and court cell complexes.

These services are provided by:

- General Practitioners
- Clinical Nurse Consultants
- Generalist Registered Nurses
- Dentists, Dental Assistants and Dental Therapists
- Radiographers and an Ultrasonographer
- Pharmacists
- Physiotherapists

Current target population

Primary care is the health care a patient receives upon first contact with the health care system, before referral elsewhere. As such, there is no defined target population as in other clinical streams such as Population Health. Patients have access to primary health care in every correctional centre and periodic detention centre in NSW.

Strategic Direction 1

Make prevention everybody's business

Identify at risk individuals and provide timely and appropriate intervention and reduce illness and death from preventable diseases

Activity

Improving Reception Health Assessment procedures

Acute Health Care Needs

The provision of services to patients with acute health care needs is facilitated by the Primary Care Clinical Team, including the Clinical Director Primary Health and Clinical Nurse Consultant Primary Health. Acute health care needs are identified through the Reception Triage Process, through ongoing assessments during time in custody and through referrals made to relevant services within Justice Health. The on-call Medical Officer is available 24 hours a day, 7 days a week to provide advice for the management of acute needs.

Issue	Objective	Indicators/Targets
1.01 Identification of acute health care needs	To efficiently identify patients with acute health care needs	1.011 Average time on GP clinic waitlist
		1.012 Average time on Primary Health Nurse clinic waitlist
	To efficiently identify patients with chronic health care needs	1.013 Average time on GP Chronic Care clinic waitlist
		1.014 Average time on Primary Health Chronic Care Nurse clinic waitlist
1.02 Management of acute health care needs	To effectively assess and manage acute health care needs of the patient population	1.021 Number of non-urgent calls to the on-call medical officer during the day
		1.022 Number of non-urgent calls to the on-call medical officer during after hours
		1.023 Number of calls to on-call medical officer where CAT Form not used
		1.024 Number of Telehealth for Primary Health Career Medical Officer consultations
1.03 Emergency health care	To ensure appropriate referrals to the Emergency Departments	1.031 Percentage of patients with unplanned transfer to Emergency Department

Activity:**Increasing access to the Oral Health Program****Oral Health**

Oral health services are provided throughout the NSW correctional system, through Visiting Dental Officer clinics, employment of Staff Dental Officers and arrangements with local health services. The Information System for Oral Health (ISOH) provides access for patients to referrals through a telephone hotline.

Issue	Objective	Indicators/Targets
1.04 Access to Oral Health Services	Improvements in oral health among the patient population	1.041 Number of occasions of services per clinical hours

Activity:**Increase health education and promotion initiatives**

Primary Health will develop an educational program based on best practice in relation to Primary Health Care, Chronic Care and the needs of Justice Health patients based on the 2009 NSW Inmate Health Survey: Key Findings Report. An Inmate Health Promotion Program based on the NSW Health Calendar and NSW Chronic Care Program will be developed and the risk factors identified on reception to Justice Health.

Primary Health will ensure that health promotion will have particular emphasis on heart disease, respiratory disorders, diabetes, oral health care and medication awareness. Collaboration will occur with the Aboriginal Health Education Officer in providing culturally sensitive health promotion and education programs that meet the needs of our Aboriginal population.

These strategies will be facilitated by the Clinical Nurse Consultant Primary Health.

Strategic Direction 2

Create better experiences for people using health services

Implement models of care that improve access to health care for adults and young people who come into contact with the criminal justice system and deliver high quality health services

Activity:

Developing Models of Care project and business process re-engineering

Primary Health Model of Care

Primary Health will participate in the review of the current service delivery model within Justice Health. Primary Health will ensure that the Clinical Redesign Project will evaluate current services within Primary Health to enable consideration of potential alternative models of care, such as the use of Medication Management Technicians, medication delivery models, chronic care clinics and case management.

Primary health will also establish appropriate policy and procedures to reflect best practice in relation to Primary Health across the organisation. An overarching continuous quality review process will be developed to ensure the service and care provided meets the needs and expectations of patients.

Issue	Objective	Indicators/Targets
2.02 Primary Health Model of Care	Review the Primary Health Model of Care	2.021 Number of occasions of service delivery for Primary Health Nurse clinic
		2.022 Number of occasions of service delivery for GP clinic
		2.023 Number of occasions of service delivery for Allied Health clinic
	Improved knowledge and competence of Primary Health issues among Justice Health clinical staff	2.024 Number of clinical staff attending education on Primary Health Model of Care

Activity:**Implement the Waiting List Project recommendations****Outpatient Services**

Justice Health provides a range of outpatient clinics at the Long Bay Correctional Complex. Male patients accessing these services are transferred by CSNSW from their current location to the Long Bay complex to facilitate access to their appointment. Where an outpatient service is not available within Justice Health, male patients access external appointments, primarily at Prince of Wales Hospital (POWH). Female patients generally access external appointments at either Westmead or Nepean Hospital.

Primary Health will implement the recommendations of the Waiting List Project, including reconfiguration of systems for management of waiting lists for internal and external appointments, and establishment of performance targets.

Issue	Objective	Indicators/Targets
2.03 Outpatient services	Ensure patients receive treatment in a timely manner	2.031 Number of patients in Category 1 waiting longer than 30 days
		2.032 Number of patients in Category 2 waiting longer than 90 days
		2.033 Number of patients in Category 3 waiting longer than 365 days
		2.034 Average waiting time for internal ENT clinic
		2.035 Average waiting time for internal ophthalmology clinic
		2.036 Average waiting time for internal pain clinic
		2.037 Average waiting time for internal surgical review
		2.038 Average waiting time for internal diabetic clinic

Issue	Objective	Indicators/Targets
2.04 Cancellations	Provide appropriate health care to the patient population	2.041 Number of cancellations due to Justice Health for external appointments made by MAU for males
		2.042 Number of cancellations due to Justice Health for external appointments made by MAU for females
		2.043 Number of cancellations due to Justice Health for internal appointment made by MAU for males
		2.044 Number of cancellations due to CSNSW for external appointment made by MAU for males
		2.045 Number of cancellations due to CSNSW for external appointments made by MAU for females
		2.046 Number of cancellations due to CSNSW for internal appointments made by MAU
		2.047 Number of cancellations due to patient for external appointment made by MAU for males
		2.048 Number of cancellations due to patient for external appointment made by MAU for females
		2.049 Number of cancellations due to patient for internal appointments made by MAU
		2.0410 Number of patients who had 2 or more cancellations to their external appointment
		2.0411 Number of patients who had 2 or more cancellations to their internal appointment

Activity:**Develop models of care around management of chronic disease****Management of Chronic Disease**

Primary Health will implement the strategies from the NSW Chronic Care Program. This will involve investigating the possibility of implementing Health and Fitness Program for Special Populations across Justice Health facilities.

The Reception Triage Process will be reviewed to ensure the clients at risk of chronic disease are identified on presentation with the appropriate assessment and referral attended. The Comprehensive Health and Assessment Plan (CHAP) will be revised and facilitated for all clients in need who present with chronic disease.

Based on preliminary data there is a particular need to address cardiac, respiratory and diabetes management within Justice Health, and consideration should also be given to renal disease and cancer. Primary Health will establish a process for high risk clients to be referred to the Clinical Nurse Consultant Chronic Care.

Primary Health will implement the Framework for the Integrated Support and Management of Older People in the NSW Healthcare System. An Aged Care identification tool has been developed to be incorporated within the Reception Triage Process for all clients on presentation at the reception centres.

Primary Health will ensure appropriate services and infrastructure are provided in the Aged Care and Rehabilitation Unit of Long Bay Hospital. A strong partnership is being developed with external agencies to ensure effective Aged Care management.

Issue	Objective	Indicators/Targets
2.05 Identification of chronic conditions and frail aged	To effectively identify chronic diseases among the patient population	2.051 Number of patients identified with cardiovascular disease
		2.052 Number of patients identified with diabetes on insulin
		2.053 Number of patients identified with diabetes who are not on insulin
		2.054 Number of patients identified with asthma
		2.055 Number of patients identified with renal disease
		2.056 Number of CHAP appointments by age grouping and ATSI (Age>50 not ATSI and Age >35 ATSI)
2.06 Management of chronic conditions	To effectively manage chronic conditions among the patient population	2.061 Number of patients who have a CHAP completed within 28 days of Reception Triage Process being completed
2.07 Management of aged care patients	To effectively manage the ageing patient population	2.071 Number of patients admitted to the Aged Care and Rehabilitation Unit
		2.072 Number of ambulatory patients under the management of the multidisciplinary team

Strategic Direction 3

Strengthen primary health and continuing care in the community

Ensure post-release needs have been identified prior to release from custody and arrangements have been made to link patients with the appropriate community based health services as appropriate. Ensure supported self-management in the care of people with chronic health conditions

Activity:

Patient Journey

Continuity of Care

Primary Health will undertake a review of processes in relation to patients moving across service boundaries within Justice Health and to and from external health providers.

Primary Health will examine the possibility of establishing a Patient Flow Unit for Justice Health, to have responsibility for management of these processes, including bed management, liaison with external healthcare providers, transfer, discharge planning and release planning. Primary Health will also strengthen partnerships with external healthcare providers to improve seamless care for clients in transition between Justice Health and Area Health Services facilities.

Issue	Objective	Indicators/Targets
3.01 Continuity of care	> Identification of actual or at risk of health disease	3.011 Implementation of Comprehensive Health and Assessment Plan (CHAP)
	> Provide a continuity of care	3.012 80% of patients with CHAP have a treatment plan
		3.013 80% of patients released from custody with an existing treatment plan and are linked with health services on release

Population Health

Service profile

The Justice Health Population Health clinical stream differs considerably to the functions of Public Health and Population Health Units within Area Health Services. As well as the usual public and population health functions, the Population Health clinical stream has responsibility for the delivery of specialised clinical services across the state. These services reflect those of specialist HIV, hepatitis, sexual health and harm minimisation services in the general community. Clinical services encompass screening for, and management of, both blood borne and sexually transmissible infections, and the co-ordination of specialist hepatitis and immunology services. Clinical service provision also includes co-ordinating the management of patients who report sexual assault.

The Population Health clinical stream also provides services aligned with Public Health Units in the community and population-focused health improvement initiatives that are specific to the NSW correctional and juvenile justice environment including health protection, disease prevention including surveillance, infection control, immunisation, communicable diseases outbreak management, and environmental health.

Service delivery is provided via a central team which currently includes a Service Director, and three Clinical Nurse Consultants with specific domains of practice in Sexual Health / Hepatitis C, Public Health, and Infection Control respectively. This team provides clinical support to all staff. The team also includes a Public Health Surveillance Officer, Project Officer – Emergency Pandemic Planning and an Environmental Health Officer. Specialist medical services are provided by Visiting Medical Officers or through a Memorandum of Understanding with Sydney Sexual Health Centre.

Across the state, a Public Health Network of designated nursing positions supports the provision of clinical services and acts as local resources for clinics regarding public health and population health clinical issues. This network also includes nurses working in single nurse clinics and all juvenile justice centres. The majority of the network has now completed the Population Health Clinical Accreditation Program (CAP) Screening and Management of Blood Borne Viruses in the Correctional Environment.

This program was developed to ensure standardised best practice clinical skills and to acknowledge the specialist hybrid role that the network nurses perform – a combination of sexual health, public health, hepatitis and harm minimisation nursing that is unique to Justice Health. This program is accredited through the University of Technology, Sydney and attracts 6 credit points towards a Master of Nursing.

The Population Health Unit manages all specialist hepatitis clinics, which are now available at a number of centres across the state. A Memorandum of Understanding with Sydney Sexual Health Service (South Eastern Sydney Illawarra Area Health Service) covers the provision of specialist HIV / Sexual Health services at on-site clinics and by the provision of ongoing clinical support and medical consultancy via telephone.

There is a close working relationship between Population Health, CSNSW and Juvenile Justice. Harm minimisation and health improvement education is shared between these agencies and provided to patients. Communicable disease outbreaks are managed collaboratively and access to Sexual Health and Blood Borne Virus services are facilitated either locally or by transfer to the appropriate health service.

Current target population

- Patients with, or at risk of acquiring a communicable disease
- Patients with, or at risk of acquiring a blood borne virus (BBV)
- Patients with, or at risk of acquiring a sexually transmitted infection (STI)
- Patients who allege being sexually assaulted
- Patients requiring immunisation
- Patients wanting to cease smoking or requiring information regarding smoking risks and cessation programs.

Strategic Direction 1

Make prevention everybody's business

Identify at risk individuals and provide timely and appropriate intervention and reduce illness and death from preventable diseases

Activity:

Increasing number of patients who participate in the Influenza Vaccination Program

Communicable Disease Control

Large numbers of people living in close proximity to each other, multiple movements of people between police cells, courts and rural and metropolitan facilities, and an overall poorer general health and immunisation status, these conditions provide an ideal environment for the transmission of communicable diseases. Many programs within Justice Health are aimed at preventing or minimising the impact of communicable diseases in correctional centres and juvenile justice centres.

Issue	Objective	Indicators/Targets
1.05 Communicable disease control	To increase participation in Justice Health Winter Immunization Program (WIP)	1.051 Percentage of doses of seasonal influenza vaccine administered within the first two weeks of commencement of Winter Immunization Program (WIP)
		1.052 Percentage of target population administered seasonal influenza vaccine
		1.053 Percentage of overall population administered seasonal influenza vaccine
		1.054 Percentage treated for actual and suspected cases of tuberculosis

Activity:
Increasing access to Hepatitis B Vaccination

Surveillance

Surveillance activities within Justice Health monitor trends in communicable diseases and assist with the planning and implementation of programs that identify, screen, manage and protect the health and well being of the correctional centre and juvenile justice centre populations. Justice Health's Early Detection Program identified patients at risk of having, or acquiring a BBV or STI and offers voluntary testing and vaccination.

Issue	Objective	Indicators/Targets
1.06 Early Detection Program	Increase participation in Early Detection Program (EDP)	1.061 Number of patients informed of the Early Detection Program
		1.062 Percentage of patients tested as part of the Early Detection Program
	All patients tested Hep B positive commence Hep B vaccination schedule	1.063 Percentage of first doses of Hepatitis B vaccine administered
		1.064 Percentage of patients who complete Hepatitis B vaccination schedule whilst in custody
		1.065 Total number of doses of Hepatitis B vaccine administered

Activity:**Continuing the Early Detection Program for blood borne viruses and sexually transmitted infections****Sexual Health and Blood Borne Infections**

With the development of a range of treatment options for HIV and Hepatitis C, patients are living longer and healthier lives. Effective HIV and Hepatitis C treatments are in their infancy and there is currently no way to predict the long-term effects they will have on the patient or the health care system. If patients are living longer, management of co-morbidity and shared care arrangements may be required.

Research within Justice Health indicates that the population coming into contact with the NSW criminal justice system is at high risk of having, or acquiring, blood borne viruses and / or sexually transmissible infections.

The Justice Health targeted screening program will continue to identify and provide opportunities to deliver services to those with blood borne viruses.

Issue	Objective	Indicators/Targets
1.06 Early Detection Program	All at risk patients are screened for Chlamydia	1.067 Percentage tested positive for Chlamydia
	All patients who tested positive are monitored and managed according to policy	1.068 Percentage monitored and managed according to policy
	All patients screened for HIV	1.069 Number tested positive for HIV
	All at risk patients are screened for Syphilis	1.0610 Number tested positive for Syphilis

Activity:**Improving health risk factors such as smoking rates through the Smoking Cessation Clinical Program****Health Promotion and Health Improvement**

There is a significant role for Justice Health in the promotion and improvement of patient's health. Smoking cessation, harm reduction / minimisation, health maintenance and healthy lifestyle are some important areas where Justice Health can affect the overall health status of patients. The creation of a Project Officer – Population Health / Health Improvement position within Population Health has provided a much needed resource to oversee the health promotion / improvement activities within Justice Health.

Programs in this area are aimed at minimising the effect of these risk activities on the health status of the patient population.

Issue	Objective	Indicators/Targets
1.07 Health Improvement	To encourage participation in Justice Health Tobacco Cessation Program (TCP)	1.071 Number of sites participating in Tobacco Cessation Program
		1.072 Number of participants in Tobacco Cessation Program
	All patients who participate complete Justice Health Tobacco Cessation Program (TCP)	1.073 Number of participants who successfully complete the Tobacco Cessation Program

Environmental Health

The Environmental Health Officer position is a jointly funded position between Justice Health and CSNSW. An Environmental Health Strategic Plan was developed collaboratively and details program initiatives undertaken in this area.

Issue	Objective	Indicators/Targets
1.08 Environment Health	Environment health assessments	1.081 Number of assessments conducted annually
		1.082 Number of food quality monitoring reports finalised

Strategic Direction 2

Create better experiences for people using health services

Implement models of care that improve access to health care for adults and young people who come into contact with the criminal justice system and deliver high quality health services

Activity:

Continued development of Hepatitis C Services

Increased Hepatitis C Treatment Demand

Prior to April 2006, it was necessary for patients to undergo a liver biopsy before the commencement of Hepatitis C treatment and due to this, many patients declined treatment. From April 2006, the requirement to undergo a liver biopsy has been removed and patients only need to have the procedure if clinically indicated. It is anticipated that there will be an increased service demand for Hepatitis C treatment as a result and that more patients will want to commence treatment both within Justice Health and in the community. Patients entering custody on Hepatitis C treatment commenced in the community will expect this to be continued.

The numbers of patients seeking treatment for Hepatitis C have increased significantly over the past 3 years. Additionally the creation of the Clinical Nurse Consultant HIV/Hepatitis Clinical Care position at the Long Bay Complex has assisted with the increase in Hepatitis C treatment numbers.

Maintained prevalence of Hepatitis C

State and national trends have shown a steady increase of about 10% in Hepatitis C prevalence amongst injecting drug users (IDU) over the past 10 years.

The absence of a needle syringe exchange program in Australian prisons impacts on the higher prevalence of Hepatitis C amongst people in custody in NSW.

Issue	Objective	Indicators/Targets
2.08 Hepatitis C Services	All patients are screened for Hepatitis C	2.081 Total number tested positive for Hepatitis C
		2.082 Number of newly diagnosed Hepatitis C positive cases
	All patients diagnosed with Hepatitis C commence treatment	2.083 Total number of patients commencing treatment

Activity:

Continued delivery of Infection Control Services

Infection Control

The service model used within Justice Health is based on ambulatory / primary health care. With the commissioning of the new hospitals, inpatient bed numbers have increased. A number of programs aimed at maintaining infection control standards and reducing infection in both staff and patients operate within these facilities at Justice Health.

Justice Health aims to maintain its high standards for minimising Healthcare Associated Infection (HAI), Multi Resistant Organisms (MRO) and Needle Stick Injuries (NSI) through its infection control practices.

A Healthcare Associated Infection is an infection acquired in a hospital or healthcare setting. The definition encompasses those infections, occurring as a result of healthcare interventions, which may manifest before or after discharge from a healthcare setting.

A Multi Resistant Organism is a bacterium that is resistant to two or more commonly used antibiotics from different classes (to which it would not be expected to be susceptible).

Justice Health continues to improve the management of occupational exposure to blood and body fluids through Needle Stick Injuries and other forms of exposure.

Issue	Objective	Indicators/Targets
2.09 Infection Control	All Justice Health inpatient facilities remain infection free	2.091 Number of Healthcare Associated Infections (HAI) acquired in Justice Health inpatient facilities
		2.092 Number of Multi-Resistant Organisms (MRO) acquired in Justice Health inpatient facilities
	All Justice Health staff sustaining a Needle Stick Injuries (NSI) managed according to policy	2.093 100% of staff sustaining a NSI managed according to policy
	All new Justice Health clinical and medical staff receive infection control training	2.094 Percentage of clinical staff trained in infection control during orientation

Strategic Direction 4

Build regional and other partnerships for Health

Work in collaboration with other agencies to manage high risk adult offenders and young people who come in contact with the criminal justice system in the community

Activity:

Develop specialist services in conjunction with other agencies to manage high risk adult offenders and young people who come in contact with the criminal justice system in the community.

Interagency Collaboration

Population Health is currently undertaking activities to build partnerships with Area Health Services. In particular, linkages with AHS are being strengthened in the area of specialist HIV & hepatitis medical services in Justice Health with the development of Memoranda of Understanding (MOU) and Visiting Medical Officer (VMO) contracts.

Population Health is also continuing to work with CSNSW and Juvenile Justice to plan and implement Population Health services.

Issue	Objective	Indicators/Targets
4.01 Interagency collaboration to develop models of care for population health services	To establish MOU with government organisations	4.011 Number of MOU in place
	Increase VMO contracts	4.012 Number of VMO contracts
	All patients on HIV/Hepatitis C treatment leaving custody have a discharge plan	4.013 Percentage of patients on HIV or Hep C treatment entering or leaving custody with a discharge plan

Co-infection Management

Issue	Objective	Indicators/Targets
4.02 Co-infection management	All patients with viral co-infection be reviewed	4.021 Percentage of patients with viral co-infection seen by Long Bay specialists

Shared Care Arrangements

There are now successful treatment options for patients with blood borne viruses such as HIV and hepatitis. This has resulted in these patients living longer and healthier lives. As such, patients with HIV or hepatitis may develop other health problems that require the involvement of other Justice Health or Area Health Service clinical services.

Patients with one blood borne virus can also acquire another and this is referred to as co-infection. A patient with both HIV and hepatitis may require collaborative management by a sexual health and hepatitis physician through shared care arrangements.

Patients with pre-existing health conditions, or those who develop another health condition while in custody, may require shared care arrangements. Examples of this include patients with a blood borne virus that also have a mental health issue, heart disease, diabetes or asthma.

Additionally, managing co-morbidity and an ageing population are key aspects to future health improvement program planning:

- Management of co-morbidity with VMO GPs and Psychiatrists
- Discharge planning with community based services and programs.

Strategic Direction 5

Make smart choices about the costs and benefits of health services

Ensure sound resources and financial management

Cost Effective Services

Population Health receives specific AIDS Program Funding from NSW Health to provide clinical services to people in custody in NSW with blood borne infections.

Population Health is required to report on funding expenditure through key performance indicators. Continued support of Population Health services by NSW Health is contingent on achievement of these key performance indicators.

Issue	Objective	Indicators/Targets
5.01 Financial management	To maintain the budget within +/-3% variance	5.011 AIDS Program Budget managed within +/-3% variance

Strategic Direction 6

Build a sustainable health workforce

Ensure Justice Health workforce is aligned with the health needs of its population and the staff capability is strengthened to provide patient-focussed care through a focus on workplace and professional cultures and through improving staff support

Workforce Capacity Building

Continuing capacity building initiatives undertaken by Population Health include the development and education of Public / Sexual Health Nurse Network and generalist nurses in Population Health services.

To further strengthen the scope of practice within population health facilitation of Clinical Nurse Specialist and Nurse Practitioner roles is also being undertaken.

Strategic Direction 7

Be ready for new risks and opportunities

Ensure close alignment of teaching and research with Justice Health's strategic directions and build its capacity in environmental scanning and risk assessment

Justice Health has to be alert to the surrounding changes and be able to adapt and respond to the new issues and risks that may emerge in future. This includes Justice Health's capacity in environmental scanning and risk management and ensuring close alignment of teaching and research. Areas such as H1N1 Pandemic Planning represent emerging risks.

Activity:

Influenza Pandemic Planning

Influenza Pandemic Preparedness

At Federal and State levels, measures are being taken to prepare the health care system and the population for an influenza pandemic. The enclosed environment and high mobility of the correctional centre and juvenile justice population are conducive to the transmission of communicable diseases. Respiratory borne illnesses pose a challenge for not only the patient population but also the staff in Justice Health, CSNSW, Juvenile Justice and the wider community.

The correctional centres and juvenile justice centres provide a suitable environment for the transmission of communicable diseases including those responsible for pandemics. Interagency collaboration between Justice Health and its key partners aims to prepare Justice Health for a pandemic and protect the health and well being of its staff and patients.

Issue	Objective	Indicators/Targets
7.01 Pandemic preparedness	All Justice Health staff provided Personal Protective Equipment (PPE) training	7.011 Percentage of staff trained in the use of Personal Protective Equipment (PPE)
	CSNSW staff aware of the use of PPE	7.012 Number of CSNSW staff trained as 'Train the Trainer' by Justice Health
	DJJ staff aware of the use of PPE	7.013 Number of Juvenile Justice staff trained as 'Train the Trainer' by Justice Health
	Increase influenza pandemic awareness	7.014 Number of desktop/actual influenza pandemic exercises
	Release of Joint Pandemic Influenza Action Plan	7.015 Release of Joint Pandemic Influenza Action Plan

Women's Health

Service Profile

The Women's Health clinical stream of Justice Health incorporates the activities of all Justice Health clinical programs, including Drug & Alcohol, Mental Health, Primary Health and Population Health to provide women in contact with the NSW criminal justice system comprehensive health services. The Women's Health clinical stream is responsible for the overall strategic planning for all Women's Health services state-wide, as well as the operational management of health services for the four major adult women's correctional centres.

Generally women in custody are at a social disadvantage when compared to the general community. With this in mind the Women's Health clinical stream aims to target women when they come into custody and provide gender specific screening such as cervical and breast screening.

In addition to gender specific care, chronic illnesses in women in general and the frail aged are identified and treated.

Current target population

The age range of women in custody is from adolescent through to frail and aged. There are currently approximately 680 women in fulltime custody. The majority of women are accommodated at Berrima, Dillwynia, Emu Plains, Silverwater Women's and Juniperina Correctional Centres. Silverwater Women's Correctional Centre is the reception centre for women entering the criminal justice system. Around 13% of the total numbers of women are also accommodated in predominately male correctional centres at Bathurst, Broken Hill, Grafton, Junee and Mid-North Coast. Women who are eligible for pre-release community programs may reside in Transitional Centres located at Parramatta and Emu Plains.

Strategic Direction 1

Make prevention everybody's business

Identify at risk individuals and provide timely and appropriate intervention and reduce illness and death from preventable diseases

Activity:
Improving patient journey for pregnant women

Pregnancy – Improved maternal and Infant Health

Lower socio-economic status and disadvantaged have been associated with maternal and fetal risk factors. There is also increasing recognition that psychosocial issues such as abuse and poor social support have poor perinatal outcomes.

Justice Health facilitates a shared care program for pregnant women in custody. Improvements for this shared care program are underway. A working group within Justice Health has developed a Framework for Pregnant Women in Custody. The Framework outlines the optimal care plan for pregnant women in custody taking into account their special needs by providing a shared care arrangement with Justice Health medical staff and linking with mainstream maternity services.

At any one time there are 15 – 30 pregnant women in custody. Over a 12 month period there were over 250 antenatal ultrasounds undertaken within the Justice Health population. The Women's Health clinical stream aims to test all women who come into custody. Women of childbearing age have a pregnancy test within the first 24 hours so implementation of a planned care pathway can occur. If the test is negative it is repeated within 28 days.

Issue	Objective	Indicators/Targets
1.09 Improving the patient journey	Identify women who are pregnant at reception on entering custody	1.091 Percentage of pregnancy tests conducted for all eligible adult females within 24 hrs of reception
		1.092 Percentage of second pregnancy tests conducted within 28 days for all prior negative tests
		1.093 Percentage of adult females who attend antenatal care when pregnant in custody

Activity:**Increase in resources to improve cervical screening rates****Increased Need for Colposcopy Due to Abnormal Pap Tests**

Women in custody are more likely to have an abnormal Pap Test than women in the general community. Justice Health operates a women's health clinic to offer women cervical screening as well as general education regarding their specific health needs. To ensure delivery of timely colposcopy services to Justice Health patients, a Colposcopy Clinic will be established.

Issue	Objective	Indicators/Targets
1.10 Improve cervical screening rates	All eligible women have a cervical screen every 2 years	1.101 100% eligible women screened
		1.102 Percentage of abnormal Pap Tests
	To ensure all women requiring colposcopy attend the clinic	1.103 Percentage of women attending colposcopy clinic

Activity:**Improving breast cancer screening rates****Breast Cancer**

Breast Cancer is the most common malignant cancer in women. Despite increased screening and detection the mortality rates have remained stable. Women in custody generally neglect their health when they are in the community.

The Justice Health women's health clinic provides general health education, including education relating to breast cancer screening.

Issue	Objective	Indicators/Targets
1.11 Breast screening	To breast screen all eligible women	1.111 100% women screened
	To ensure eligible women are offered mammogram	1.112 Percentage of women offered mammogram

Strategic Direction 2

Create better experiences for people using health services

Implement models of care that improve access to health care for adults and young people who come into contact with the criminal justice system and deliver high quality health services

Activity:

Create links with community health services and local hospitals for shared care arrangements

Community & Outside Agency Involvement

The Women's Health clinical stream works with services in the community both while women are in custody and when they are to be released. Links with community health services will be strengthened to enhance the delivery of care to women with specific needs.

Issue	Objective	Indicators/Targets
2.10 Models of care	To ensure antenatal services are provided within Justice Health and Area Health Services	2.101 Links created with external health service provider for care of pregnant women

Activity:

Incorporate a gender approach to health

A gender approach to health allows health professionals to identify and act on gender related health social issues and inequalities. The following activities will be undertaken to incorporate a gender approach to health.

Workforce Capacity Building

- Education and training in specific Women's Health issues eg: Pregnant Women in Custody Framework
- The employment of a Transitional Nurse Practitioner for Women's Health
- Build resilience in the workforce including coping skills, problem solving and strategies for dealing with adversity.

Community & Outside Agency Involvement

- Continue to maintain membership on CSNSW Women's Advisory Council and NSW Health State-wide Women's Committee.

Quality Care & Cost Effectiveness

- Utilisation of the newly opened Mental Health Screening Unit and new health centre at Silverwater Women's Correctional Centre
- Continue ultrasound clinic – non obstetric
- Research into obstetric ultrasound clinic
- Work with the Aboriginal Health stream to promote women's specific care programs and screening.

Aboriginal Health

Service Profile

The principal responsibility of the Justice Health Aboriginal Health Unit is to establish, manage, monitor and evaluate existing and enhanced health service provision for Aboriginal people in custody both in NSW Correctional Centres and Juvenile Justice Centres. To ensure that incarcerated Aboriginal people have access to the full range of services expected in the custodial environment, existing health care services are drawn from mainstream health centres and enhanced health care services and programs are provided through collaborative partnerships between Justice Health, Aboriginal Community Controlled Health Services (NSW and ACT) and Area Health Services.

Justice Health has a strong relationship with the Aboriginal Health & Medical Research Council of NSW (AH&MRC). The AH&MRC is the peak body for more than 60 Aboriginal Community Controlled Health Services (ACCHSs) throughout the state. Presently, Justice Health has linkages with six ACCHS (Brewarrina, Bulgarr Ngaru, Durri, Western Sydney, Winnunga Nimmityjah (ACT), Tamworth,) and three Area Health Services (Sydney South West, Hunter/New England, Sydney West) that provide enhanced health care services to eleven adult centres and one juvenile facility.

Frequency of services to custodial sites is dependent on factors including geographic location and the present organisational capacity of the partnering Aboriginal Community Controlled Health Service and Area Health Service to deliver services. Ensuring appropriate intervention and increasing access to care through firstly, dedicated health care services and secondly, with continuum of care planning assists in reducing the disparity in health between Aboriginal and non Aboriginal populations in the NSW adult and juvenile correctional environments. Justice Health is focussed on increasing its Aboriginal workforce within health centres beginning with the successful recruitment of both female and male Aboriginal Health Workers at Wellington Correctional Centre.

The NSW Aboriginal Chronic Conditions Area Health Service Standards are being implemented by Justice Health for the prevention of chronic conditions in Aboriginal people who are cared for in the correctional environment. Justice Health is also involved in a state-wide responsive approach to addressing Aboriginal chronic care through contributing efforts towards the NSW Health Chronic Care for Aboriginal people Redesign Program, the 'Walgan Tilly Project'.

Practical steps and solutions related to cultural sensitivity, communication and continuum of care linkages have been developed as a means to improving access for Aboriginal peoples with or at risk of chronic conditions in accessing mainstream health services whilst in custody.

Current target population

- As at August 2009, there were 2290 Aboriginal people in full-time custody. This represents approximately 22% of the total population.
- 2055 (21.4% of total offender population) are Aboriginal males and 235 (30.1%) are Aboriginal females, in comparison to Aboriginal people representing just over 2% of the general community
- There were 198 (44%) Aboriginal young people in Juvenile Justice Centres in August 2009 (male – 185, female – 13)
- 84.0% of Aboriginal people in custody are current smokers compared with 72.2% for non-Aboriginal people.

Strategic Direction 1

Make prevention everybody's business

Identify at risk individuals and provide timely and appropriate intervention and reduce illness and death from preventable diseases

Activity:

**Justice Health Aboriginal Chronic Care Program
'Murr-roo-ma Dhun-barn' – To Make Strong**

NSW Aboriginal Chronic Care Program

The NSW Aboriginal Chronic Care Program aims to promote the chronic health of Aboriginal people by targeting cardiovascular disease, diabetes, chronic respiratory disease, circulatory diseases, renal disease and cancer. The Justice Health Program is to be operational in 16 identified sites (14 adults, 2 juvenile) state-wide and managed collaboratively by a Coordinator Aboriginal Chronic Care and a Coordinator Aboriginal Renal / Health Promotion, based within the Aboriginal Health Unit.

Program activities will include:

- Designated nursing staff responsible for Program implementation
- Delivery of targeted screening sessions for Aboriginal patients
- Development of referral pathways, treatment plans and follow up systems
- Initiation of self management plans along with patient education
- Planning and delivery of health promotion/education/healthy lifestyles programs specific to tobacco control
- Organisation of and/or participation of nursing staff in local health promotion activities during NAIDOC Week, Heart Week, Diabetes Week and other events including Sorry Day.

Issue	Objective	Indicators/Targets
1.12 Prevention and management of cardiovascular disease, diabetes, chronic respiratory diseases, renal disease and cancer for Aboriginal people	To close the gap in lifetime expectancy for Aboriginal people	1.121 Number of adult and juvenile centres at which Aboriginal Chronic Care Program (ACCP) is provided
		1.122 Percentage of Aboriginal patients accessing the ACCP
		1.123 Percentage identified with chronic conditions
		1.124 Percentage undertaking chronic conditions self management
		1.125 Percentage of patients with controlled chronic conditions

The NSW Aboriginal Renal Health Project (ARHP) is an initiative of the primary health care sector to optimise prevention, detection and treatment of early stage renal and vascular disease amongst Aboriginal people in NSW, including people within the custodial environment. Justice Health will focus efforts on the uptake of prevention and early treatment by Aboriginal patients through clinically and culturally competent mainstream services and with the effective linkages made with Aboriginal Community Controlled Health Services and Area Health Services.

Strategic Direction 2

Create better experiences for people using health services

Implement models of care that improve access to health care for adults and young people who come into contact with the criminal justice system and deliver high quality health services. Continuum of health care upon release from custody to be a priority focus

Activity:

Increasing access to health services by Aboriginal Community Controlled Health Services and Area Health Services

Access to culturally specific services for Aboriginal people

Justice Health has working partnerships with Aboriginal Community Controlled Health Services (ACCHS) and Area Health Services (AHS) that provide enhanced health care services to twelve adult centres and one juvenile facility. Aboriginal clients are targeted for appropriate assessment on presentation at the reception centres to meet health care needs. Justice Health will continue to pursue opportunities to increase the numbers of partnerships with ACCHS and Area Health Services as another means to improve access to health services for Aboriginal and Torres Strait Islander people in custody and to make important continuum of care linkages.

Issue	Objective	Indicators/Targets
2.11 Access to culturally specific services for Aboriginal People	To increase and enhance culturally appropriate services for Aboriginal patients	2.111 Percentage of health centres with an Aboriginal Health Worker
		2.112 Number of adult centres with sustainable services from Aboriginal Community Controlled Health Services (ACCHS) and Area Health Service (AHS)
		2.113 Number of adolescent centres with services from ACCHS and AHS
		2.114 Percentage of Aboriginal males accessing designated services whilst in custody
		2.115 Percentage of Aboriginal females accessing designated services whilst in custody

NSW Health Chronic Care for Aboriginal People (CCAP) Redesign Program 'Walgan Tilly Project'

Issue	Objective	Indicators/Targets
2.12 NSW Health Chronic Care for Aboriginal People (CCAP) Redesign Program 'Walgan Tilly Project'	To increase access among Aboriginal patients to mainstream health centres	2.121 Percentage of Aboriginal patients accessing mainstream health services

Aboriginal Health Promoting Funding Program

Issue	Objective	Indicators/Targets
2.13 Aboriginal Health Promotion Funding Program	Ensure Aboriginal patients have access to and participate in health promotion programs	2.131 Percentage of patients participating in Oral Health Programs
		2.132 Percentage of patients having access to smoking reduction and cessation programs
		2.133 Percentage of patients participating in smoking reduction and cessation programs
		2.134 Percentage of patients who have quit smoking at 3 and 6 months
		2.135 Percentage of patients participating in Disease Prevention
		2.136 Percentage of patients participating in Indigenous Games Exercise Activities
		2.137 Percentage of patients participating in Aboriginal Women's Health Programs

Adolescent Health, Drug & Alcohol and Mental Health

Service Profile

The Adolescent Health, Drug & Alcohol and Mental Health directorate is responsible for planning, coordination and setting the strategic direction in adolescent health, drug and alcohol and mental health services. The directorate has strong working relationships with other directorates within Justice Health, with senior staff of CSNSW, Juvenile Justice and with Area Health Services.

The Directorate consists of the following service areas:

- Adolescent Health
- Drug & Alcohol
- Mental Health

Each of these service streams is led by a Service Director who leads in service planning in each of the respective speciality areas.

The team includes clinical leaders with responsibility for developing best practice approaches in their areas of expertise to be implemented across the organisation as well as providing advice, through the Executive Director, to the Chief Executive on clinical issues. Clinical leadership is provided by specialist clinical leads.

The directorate also has the responsibility for developing and managing an integrated ambulatory, inpatient and community forensic mental health service for mentally ill adult offenders within NSW criminal justice system and ensuring effective provision of health services to young people in juvenile justice centres and the juvenile correctional centre.

Adolescent Health

Service Profile

The Adolescent Health stream provides nursing, general practitioner, psychiatric, drug and alcohol, dental and optometry services to all Juvenile Justice Centres and the Juvenile Correctional Centre at Kariong. Adolescent Health works closely with Justice Health clinical streams including Mental Health, Drug & Alcohol, Primary Health, Population Health, Women's Health and Aboriginal Health.

Adolescent Health has a Health Centre in each of the Juvenile Justice Centres and the Juvenile Correctional Centre and provides health services seven days a week. The registered nurses provide an initial risk assessment for all young people in custody within 24 hours of reception. This focuses on mental health, drug and alcohol, sexual health and immediate risk. A further comprehensive health assessment is then conducted within five days of reception. Clinicians provide ongoing primary health care, including sexual health, immunisation, mental health, drug and alcohol services and health education on a variety of topics via individual counselling sessions, group work and structured health education modules. If a particular health care service is not available within a centre, care is sought from the local Area Health Service.

Adolescent Health provides services to the Youth Drug & Alcohol Court (YDAC) Program including physical, mental and drug and alcohol health assessments, working closely with the NSW Attorney General's Department (AGD), Juvenile Justice, Department of Community Services (DoCS) and Department of Education and Training (DET).

Adolescent Health works in the community through the Justice Health Adolescent Court and Community Team. This service is aimed at clients between the ages of 10 and 18 years who have come in contact or are at risk of contact with the criminal justice system and have an existing or emerging mental illness and/or drug and alcohol problems. The service comprises two main components including community based forensic mental health assessments for key partner agencies including JJ, DoCS, Child and Adolescent Mental Health Services (CAMHS), court liaison and diversion in targeted Children's Courts in NSW.

Adolescent Health also operates the Community Integration Team. This project involves assessing post release needs prior to release from custody for young people with significant mental health and/or drug and alcohol problems, and developing a post release care plan to assist with co-ordination between custodial care and community based health and welfare services. The aim of this program is to support young people to access services within their local community, support the re-integration back into their family network where appropriate and to enhance support to young people with mental health and/or significant drug and alcohol problems post release.

The population health model is used within Adolescent Health. This model features five major elements:

- Early detection and assessment
- Prompt and effective treatment equal to community standards
- Preventive measures
- Comprehensive health education
- Continuity of care planning – from and back to the community

Adolescent Health provides healthcare to approximately 500 young people in Juvenile Justice Centres and the Juvenile Correctional Centre on any given day. The breakdown of length of stay for young people in custody is as follows:

Length of stay in custody	Number of admissions	Percentage %
Up to 1 week	2200	65%
1 week to 1 month	613	18%
1 month to 6 months	493	14.5%
Over 6 months	92	2.5%
TOTAL	3398	100%
Average Admission Length	2.88 days	
Median Admission Length	1.63 days	

Key facts about our young people

- 47.5% identify as Aboriginal and Torres Strait Islander
- 42% report having been physically abused, 10% sexually abused, 38% had experienced emotional neglect and 34% physical neglect
- 19% of males and 24% of females had seriously considered attempting suicide at some time in the past
- Overall, 28% of young men and 56% of young women have been diagnosed with asthma
- 32% of young men and 30% of young women have mild hearing loss
- 43% of participants have a history of parental imprisonment and 11% had a parent who was currently incarcerated
- 17% of young men and 47% of young women had injected drugs in the twelve months prior to custody
- Almost 90% of all detainees have used cannabis and most adolescents report having consumed alcohol and being drunk at some time in the past.

(Source: Young People in Custody Health Survey 2003, Young People on Community Orders Health Survey 2006, DJJ Annual Report 2005-06)

Strategic Direction 1

Make prevention everybody's business

Identify at risk individuals and provide timely and appropriate intervention and reduce illness and death from preventable diseases

Activity:

Develop adolescent physical and mental health early identification and intervention strategies

Drug and Alcohol Services

All young people coming into custody are assessed for drug and alcohol problems, and commence treatment where appropriate. This is undertaken in consultation with the CNC Drug and Alcohol and Staff Specialist Drug and Alcohol services.

Issue	Objective	Indicators/Targets
1.23 Adolescent drug and alcohol problems	Provide pharmacotherapy to adolescents requiring opiate treatment	1.231 Percentage of clients maintained on existing opiate treatment
	Provide appropriate treatment for adolescents with drug and alcohol problems	1.232 Percentage of adolescents who have completed the assessment for drug and alcohol problems

Increased focus on early intervention in both custody and the community and continuity of care planning for at-risk individuals

Adolescent Health will undertake and formulate plans for proactive management of identified physical and mental health risks. This will include comprehensive care planning. This planning will require collaboration between Juvenile Justice staff, counsellors, psychologists, Area Health Services and nurses at health centres. In the community this will be addressed by Adolescent Health involvement in the YDAC Program and the Community Integration Team. This will require a change of focus towards identifying emerging mental health and physical treatment in conjunction with treatment of existing conditions.

Adolescent Physical and Mental Health

Adolescent Health is in a unique position to identify both physical and mental health issues at an early stage and thus initiate treatment. Screening for both physical and mental health issues will be implemented for all young people in custody staying longer than 5 days.

Issue	Objective	Indicators/Targets
1.24 Identifying adolescent physical and mental health needs	Provide treatment to adolescents with physical and mental health problems	1.241 Percentage of adolescents screened for physical and mental health problems

Activity:
Implement the framework for pregnant women in custody

Managing Pregnant Adolescents Effectively

Adolescent Health is working together with the Justice Health Women’s Health clinical stream to implement the Framework for Pregnant Women in Custody. It is therefore essential that pregnancies are identified early and appropriate management is put in place in order to effectively manage pregnant adolescents. All young women will be offered a pregnancy test. Young women who are pregnant will be offered appropriate care and a collaborative patient centred plan developed along with Juvenile Justice.

Issue	Objective	Indicators/Targets
1.09 Improving the patient journey	Identification of pregnancy in adolescent females	1.094 Percentage of pregnancy tests conducted for adolescent females within 24 hours of reception
		1.095 Percentage of second pregnancy tests conducted within 28 days for all prior negative tests
	Appropriately manage pregnant adolescents	1.096 Percentage of adolescent females who attend antenatal care when pregnant in custody

Activity:
Increasing access to Hepatitis B vaccination Immunisation

Both the YPiCHS (2003) and YPoCOHS (2006) health surveys identified that low Hepatitis B immunisation rates amongst young people significantly increased their risk of contracting this disease in later life. A vigorous vaccination program will seek to mitigate this risk.

Issue	Objective	Indicators/Targets
1.06 Immunization	All adolescent patients tested Hep B positive commence Hep B vaccination schedule	1.066 Percentage of adolescents who receive full course of Hepatitis B vaccinations

Strategic Direction 2

Create better experiences for people using health services

Implement models of care that improve access to health care for adults and young people who come into contact with the criminal justice system and deliver high quality health services

Activity:

Developing health care literacy programs for young people who come in contact with the criminal justice system – custody and community

Increased focus on preventative health care through education

Adolescent Health has a significant role in providing health education with young people including the areas of health seeking, health literacy, relapse prevention, smoking cessation, harm reduction/minimisation, sexual health and healthy lifestyle. This education is delivered either in groups or individually by Justice Health clinicians or in conjunction with the Department of Education and Training, and Juvenile Justice youth officers or counsellors.

Justice Health has developed 12 health information modules to guide the health education of young people in custody. The modules include health in detention, the skin, sexuality, STDs, sexually transmitted infections, Hepatitis, HIV/AIDS, Keeping Safe and Drugs, Parenting, Sexual and Reproductive Health, Babies, Cancer Awareness and Healthy Living.

Activity:

Developing and implementing the Clinical Audit Program

Adolescent Health uses incident reporting data and observation to develop a schedule of clinical audit and review.

Issue	Objective	Indicators/Targets
2.16 Quality health services	Ensure quality adolescent health services	2.161 A yearly Adolescent Health Audit Plan developed with 3 audits performed per year

Strategic Direction 3

Strengthen primary health and continuing care in the community

Ensure arrangements have been made to link patients with the appropriate community based health and welfare services

Increased focus on continuity of care on release from custodial care

With the short length of stay for the vast majority of young people in custody, and movements between centres and courts, it is important to ensure that young people receive treatment as recommended and that discharge planning occurs. Upon release from custody, a comprehensive summary of a young person's history, a plan for ongoing care and, referrals to community health providers is provided to the young person.

Adolescent Health will build on relationships with Area Health Services including increasing service modelling that combines in and out of custody care to ensure that young people receive improved overall care.

Activity:

Continued improvement of Adolescent Community Continuity of Care Planning

Community Integration Team (CIT)

The new Community Integration Team (CIT) coordinates integrated, ongoing care for young people with mental health and/or drug and alcohol problems upon their release from custody in order to aid their successful integration back into the community. The target client group are young people with an emerging mental illness or serious mental illness and/or problematic drug and alcohol use or dependence. Care will be co-ordinated prior to and during the critical post release period with links made to appropriate specialist and general community services.

The work of the CIT incorporates the learning from the successful pilot Juvenile Centre Release Treatment Scheme.

Issue	Objective	Indicators/Targets
3.07 Manage adolescent patients across service boundaries to ensure post-release needs have been identified prior to release from custody	To identify the health needs of adolescents	3.071 Number of young people accepted and managed by the Community Integration Team (CIT)

Activity:

Providing Adolescent Community Justice Health Services Adolescent Community Justice Health Services

As 80% of young people found guilty of an offence before Children's Courts are placed on Community Orders, it is important that appropriate community health services are in place for this group. This includes the Adolescent Court and Community Team and the Youth Drug and Alcohol Court. These programs offer appropriate treatment and rehabilitation as an alternative to incarceration.

Issue	Objective	Indicators/Targets
3.08 Provide special programs that offer treatment and rehabilitation as an alternative to incarceration	To improve the health of adolescents who enter the criminal justice system	3.081 Percentage of young people who are suitable for the Youth Drug and Alcohol Court Program have a comprehensive health assessment

Activity:

Improved access to mental health and well-being services for Aboriginal young people in Justice Health

Aboriginal young people represent 50% of all juveniles in detention

The 2003 NSW Young People in Custody Health Survey and the NSW Young People on Community Orders Health Survey (2006) provide compelling evidence that young people in custody and young people on community orders in NSW have wide-ranging health and welfare needs. Across a range of health indicators both groups experience severe disadvantage characterised by poor physical and mental health, limited educational attainment, disrupted and dysfunctional families, abuse of alcohol and other drugs, risk taking behaviours, and higher levels of infectious disease and blood borne viruses than the wider adolescent population. To address the high levels of identified mental health need amongst Aboriginal young people in custody Adolescent Health have implemented the following strategies:

Aboriginal Clinical Leadership Program Project Officer

This new position commenced in October 2007. The position will develop a proposal for a pilot clinical leadership program in Youth Aboriginal Mental Health in Justice Health. The project will review current delivery of mental health and well-being services to Aboriginal young people in Justice Health and make recommendations for providing and developing clinical leadership in Aboriginal Mental Health.

Aboriginal Mental Health Worker Trainee

The key function of this position is to improve access to mental health services for young Aboriginal people. The position is focused on activities to prevent and intervene in the development of mental health and drug and alcohol problems for young people within the Aboriginal community. This position has a strong link to the Western Sydney Aboriginal Medical Services and assists in the facilitation of the continuation of care for Aboriginal young people from custody to appropriate community services.

Issue	Objective	Indicators/Targets
3.09 Improved access to Mental Health and Well-being Services for Aboriginal Young People in Justice Health	To improve access to culturally appropriate health services	3.091 Implementation plan developed to improve access to services to mental health for Aboriginal adolescents who come into contact with the criminal justice system
		3.092 Aboriginal Clinical Leadership Project Officer position established

Drug & Alcohol

Service Profile

The Drug and Alcohol services within Justice Health operate on a medical model of intervention, which is different to other Area Health Services within NSW. This is largely due to the fact that CSNSW is funded to provide case management, health promotion and relapse prevention services within the correctional setting.

The Justice Health role primarily involves:

- Risk assessment and management of intoxication and withdrawal from drugs and/or alcohol for all clients on entry to the custodial system
- Provision of Opioid Treatment Programs (OTP) such as Methadone, Naltrexone and Buprenorphine
- Post release care arrangements for any client on an OTP to ensure continuity of care
- Referral to Drug and Alcohol services provided by CSNSW which include individual and group counselling and life style education.

The Drug and Alcohol clinical stream works closely with community based Drug and Alcohol service providers and other relevant stakeholders to ensure continuity of care occur for clients post release.

Drug and Alcohol service delivery is strategically developed and monitored via a central team which includes the following positions: Service Director, Clinical Director, three Clinical Nurse Consultants with specific roles in clinical support and education to all sites across the organisation and the state wide post release care planning service known as Connections which has staff based at each rural and metropolitan cluster of correctional centres across NSW.

In addition, there are specific projects that Justice Health provides significant clinical services including the Adult Drug Court Project (ADCP) and the Compulsory Drug Treatment Program (CDTP).

The Drug and Alcohol clinical stream provides operational direction for all Justice Health sites on drug and alcohol clinical processes via a range of support methods. The Justice Health Drug and Alcohol Procedures Manual reflects international best practice and ensures that staff have access to appropriate documentation that reflects the expected clinical standard.

The Drug and Alcohol clinical stream provides telephone consultation and support via a specialist medical on call service provided to all Justice Health sites on a 24 hour basis.

Adult Drug Court Program (ADCP)

The Adult Drug Court of New South Wales has been in operation since February 1999 and Justice Health has been involved since the inception of this innovative court diversion scheme. This scheme brings together the judiciary, Legal Aid, the Department of Public Prosecution, Probation and Parole and NSW Health with the aim of placing into treatment those drug dependent offenders who would otherwise be likely to serve a custodial sentence.

Justice Health provides integral services to those offenders who are found eligible to participate in the program. These services include detoxification, assessment and treatment, liaison with Drug and Alcohol Services in Area Health Services, and assessment and referral to a variety of rehabilitation centres. There are specific Drug Court places at the Metropolitan Remand and Reception Centre, Parramatta and Silverwater Correctional Centres.

The Compulsory Drug Treatment Program (CDTP)

The Compulsory Drug Treatment Program (CDTP) is an innovative interagency abstinence based program that commenced within the Parklea Correctional Campus in 2006.

This program targets up to 100 male offenders with long term drug dependence who have committed multiple offences over a long period to support their addiction. The program operates through the Drug Court based at Parramatta in NSW. The program is abstinence based.

For clients to be eligible for this court mandated program, the client must:

- have long term illicit drug dependency and have committed an offence which in the opinion of the Drug Court was related to dependency and the person's associated lifestyle
- have been convicted of at least two other offences in the past five years
- have been sentenced to full time imprisonment for their current offence and have at least 18 months to three years non parole left to serve at the time the Drug Court makes the order
- have not been convicted at any time of murder, manslaughter, sexual assault, any firearms offence, commercial drug trafficking or any offence in the opinion of the Drug Court that involves serious violence
- have not a serious or violent mental illness that could prevent or restrict the person's active participation in the program.

Clients must be abstinent in order to move into Stage 2 - Semi open Detention and Stage 3 – Community Custody. A participant who relapses in Stage 2 or Stage 3 will have their personal plan revised and / or regressed back to an earlier stage temporarily. If a participant continues to relapse the person's suitability for an abstinence-based program will need to be considered. In such cases the Drug Court may consider a revocation order and return the participant to mainstream custody.

Current target population

Approximately 80% of clients entering adult custody in NSW have some kind of a drug problem. The custodial setting provides additional risk factors for transmission of blood-borne viruses and overdose.

All clients entering the correctional system with drug and alcohol issues have a risk assessment completed for any potential problems associated with withdrawal, intoxication and/or to ensure the ongoing provision of existing individual pharmacotherapy treatment.

Strategic Direction 1

Make prevention everybody's business

Identify at risk individuals and provide timely and appropriate intervention and reduce illness and death from preventable diseases

Activity:

Access to the Opiate Treatment Program

Extensive research into opiate treatment continually demonstrates its effectiveness in reducing morbidity and mortality, reducing transmission of BBVs, reducing recidivism and improving social functioning. Justice Health aims to ensure that all those entering custody are continued on the Opiate Treatment Program unless clinically contra-indicated.

Issue	Objective	Indicators/Targets
1.13 Opioid Treatment Program (OTP)	To ensure continuity of care	1.131 Percentage continued on the OTP upon entry into custody
	To reduce the risk associated with illicit opioid drug use	1.132 Number commenced on the OTP in custody

Strategic Direction 3

Strengthen primary health and continuing care in the community

Ensure post-release needs have been identified prior to release from custody and arrangements have been made to link patients with the appropriate community based health and welfare services as appropriate. Ensure supported self-management in the care of people with chronic health conditions, including mental illness is expanded and special programs that offer treatment and rehabilitation as an alternative to incarceration for suitable adult offenders and young people is provided

Activity:
Continued Delivery of Connections Project

In 2007 the Correctional Centre Release Treatment Scheme and the In-Reach Project were incorporated into the Connections Project.

This project aims to improve continuity of care for recidivist clients of the correctional centres with drug and alcohol problems, who are being released to the community. The Connections Project is a linkage model project that aims to link clients with relevant health and welfare service providers post release.

It is well known that post release clients with drug and alcohol issues experience difficulties in the return from prison to the wider community. These include dealing with a range of negative experiences of imprisonment. These experiences are characterised by isolation, accommodation difficulties, financial and material constraints and a lack of significant emotional support.

In addition, recent research has shown that clients released from NSW prisons have a substantially higher risk of mortality post-release from a range of causes (especially drug overdose) than the general population.

The Connections Project utilises a broad array of contacts, both in the correctional environment and the community, and links clients into services appropriate to their individual needs post release.

Connections Project Clinical Support Workers:

- Assess the individual's post release needs prior to release & develop a post release care plan
- Provide co-ordination between correctional centre care and community based health and welfare services in order to support former clients to stay in the community for longer
- Ensure that clients on Opioid Treatment Programs (OTP) have appropriate arrangements in place to continue treatment in the community post release and that their care is taken over by the external service provider in a timely manner
- Ensure that clients, who have other ongoing health related needs, are identified and supported appropriately post release
- Ensure that the Clinical Support Worker assist the client with the engagement process if needed.

Issue	Objective	Indicators/Targets
3.02 Connections Program	To ensure all patients have an appropriate post-release plan developed	3.021 Percentage on OTP referred to Connections Program
3.03 Continuity of care	All patients who are accepted receive an initial assessment	3.031 Percentage of pre-released health assessments completed
	All eligible patients have a care plan developed prior to release	3.032 Percentage of post-release care plans developed
	All patients released from custody complete the Connections Program	3.033 Percentage completing the Program

Strategic Direction 6

Build a sustainable health workforce

Ensure Justice Health workforce is aligned with the health needs of its population and the staff capability is strengthened to provide patient-focussed care through a focus on workplace and professional cultures and through improving staff support

Activity:

Delivering education programs that focus on enhancing clinical knowledge and skills

Education Programs

The Drug and Alcohol clinical stream provide a series of workshops annually that aim to equip staff with the clinical skills and knowledge base required to manage the drug and alcohol health needs of clients in a correctional environment. The workshops include:

- Introduction to Alcohol and Other Drugs (2 day workshop)
- Women and Substance Use (1 day workshop)
- Advance Practice workshop for Mental Health staff (1 day workshop)
- Advance practice workshop for Drug and Alcohol RNs (1 day workshop).

Drug and Alcohol education is also facilitated for Justice Health new graduate staff through 2 day workshops and to new CSNSW Officers each quarter through Safe Custody Training. Drug and Alcohol Clinical Nurse Consultants are also present at each new staff orientation workshop.

In addition, clinical supervision for staff working in Drug and Alcohol roles is provided by the Drug and Alcohol Clinical Nurse Consultants.

Issue	Objective	Indicators/Targets
6.01 Potential risks associated with intoxication	All intoxicated patients are managed according to policy and procedure manual	6.011 Number of files audited
		6.012 Total of 3 police cell sites and 4 remand centres audited
	Revision of audit tool	6.013 Audit tool revised
	To pilot revised audit tool	6.014 Revised audit tool pilot tested
	To improve knowledge and skill among Justice Health nursing staff dealing with alcohol and other drug issues within the correctional setting	6.015 Percentage of nursing staff attended introduction of AOD workshop

Mental Health

Service Profile

The State-wide Forensic Mental Health Service provides comprehensive mental health care to people who come into contact with the NSW criminal justice system. Mental Health services within Justice Health promote continuity of care and health promotion, through a population health based model to optimise patient health outcomes. Admission, transfer and discharge are targeted to maximise interagency links within the correctional system and externally with the wider community.

The NSW service model provides the platform for the enhancement of current service initiatives, further implementation of the National Principles for Forensic Health Services, and structural reform of the administration and co-ordination of services. It builds upon the strengths of the current system, incorporating new structures to administer and co-ordinate a comprehensive service across a range of sites in custodial, court and community settings.

All offenders and juveniles have a comprehensive assessment, including a mental health assessment, on reception into the correctional system. Referral to specialised mental health services such as specialist mental health nurses, psychiatrists, psychology and in-patient services is arranged through Justice Health Centres. A variety of models are used to provide mental health care, depending on demand, including visiting psychiatrists, mental health nurses, videoconferencing (psychiatry) services and telephone advice to general health staff. A psychiatrist and a registrar are on call (via telephone) for all correctional centres 24 hours per day. Mental health services are supplemented by a number of specialised units operated by CSNSW, as well as three acute crisis management units for offenders in the adult system.

Forensic Patients

A forensic patient is one who has been found not guilty by reason of mental illness, unfit to be tried because of mental illness or who is awaiting trial for a serious offence where mental illness is thought to be a factor. Inmates or young people already in custody who become mentally ill and require compulsory treatment may also be classified as forensic patients.

The Justice Health Forensic Mental Health Service is comprised of several units:

Inpatient Services

A significant expansion of inpatient services occurred in 2008 with the commencement of operations of the new Forensic and Long Bay Hospitals.

Ambulatory Correctional Services

Ambulatory mental health services are provided to two-thirds of NSW correctional centres and all juvenile justice centres. In centres with no specialist mental health nurses, generalist nurses provide mental health triage and referral for further assessment and treatment. Telehealth psychiatry offers increased availability of sessional and emergency psychiatric services to both rural and remote centres.

Mental Health Screening Units

A 40 bed adult male mental health screening unit at the Metropolitan Remand and Reception Centre (MRRRC) and a 10 bed adult female Mental Health Screening Unit at Silverwater's Women's Correctional centre, screen offenders identified with mental health problems. Where offenders are not appropriate for court diversion, these units provide treatment and a management plan to assist in determining custodial placement and in discharge planning to ensure continuity of care.

State-wide Community and Court Liaison Service (SCCLS)

This service provides mentally ill offenders with court-based diversion options from the criminal justice system towards treatment in mental health facilities. There are Justice Health mental health practitioners in 21 courts across NSW.

Community Forensic Mental Health Service (CFMHS)

This service provides specialist forensic assessments and advice for individuals with a serious mental illness presenting to the criminal justice system. The service has an ongoing role in monitoring and reviewing conditionally released patients in the community of which there are approximately 80 at any given time. The service also collaborates with CSNSW in the provision of treatment to sex offenders in custody and in the community.

NSW Aboriginal Mental Health and Well Being Policy 2006-2010

The NSW Aboriginal Mental Health and Well Being Policy 2006-2010 has been adopted by the Justice Health Mental Health Service to provide culturally sensitive and appropriate mental health and social and emotional well being services to Aboriginal inmates in NSW correctional environments and follow this through their release in the community.

Current target population

Forensic mental health services in NSW serve a diverse consumer group, defined by both their legal and health status. The population served by forensic mental health is outlined below:

- Inmates/detainees who are mentally ill or who have a mental condition for which treatment is available in a declared mental health facility, requiring transfer to a declared mental health facility for treatment
- Persons found to be unfit to be tried, persons found guilty at a special hearing and given a limiting term in custody, and those persons found not guilty by reason of mental illness
- Detainees identified and referred by courts for mental health assessment and/or diversion into treatment
- Inmates/detainees with mental illnesses requiring specialist mental health assessment and/or treatment while in a correctional or juvenile correctional centre
- Inmates/detainees with severe and complex mental illnesses ordered by courts to be detained as an inpatient in a secure forensic facility
- Selected high-risk offenders with a mental disorder referred by releasing authorities
- People in the community with severe and complex mental illnesses in mainstream mental health services who present chronic management difficulties.

Strategic Direction 1

Making prevention everybody's business

Identify at risk individuals and provide timely and appropriate intervention and reduce illness and death from preventable diseases

Activity:

Increase identification of the mentally ill coming into contact with the criminal justice system and their diversion and/or follow-up in the community

State-wide Community and Court Liaison Service (SCCLS)

The Justice Health State-wide Community and Court Liaison Service (SCCLS) provides court based diversion services. Court diversion refers to diversion from the criminal justice system into treatment in a mental health facility. This involves co-ordination, facilitation of diversion from court and custodial settings for people with mental health problems and disorders. The service is available to those who face charges for a minor offence, and where the process of prosecution has begun. The service aims to divert mentally ill offenders to appropriate treatment programs and to prevent inappropriate incarceration.

Increasing the number of adults diverted from court to treatment involves ensuring that all defendants in the holding cells are screened, improving liaison with court stakeholders and working in collaboration with Area Health Services and Justice Health staff to ensure continuity of care for new and existing clients.

Issue	Objective	Indicators/Targets
1.14 Increase court diversion of mentally ill to health services in correctional centres, hospitals or the community	Assist courts with the diversion of mentally ill and mentally disorderly individuals by linking them to appropriate Mental Health Services in the community, prison and hospital system	1.141 Percentage of adults diverted from courts into treatment in correctional centres
		1.142 Percentage of adults diverted from courts into treatment in hospitals
		1.143 Number of adults diverted from courts into treatment in the community
	To divert adolescents with mental illness from court into appropriate treatment	1.144 Percentage of adolescents diverted into treatment from courts

Community Forensic Mental Health Service (CFMHS)

The Community Forensic Mental Health Service was established in November 2004 with the aim of enhancing the care provided to conditionally released clients and high risk civilian mental health clients across NSW. The service maintains oversight of all conditionally released clients in the community and provides consultation liaison services to Area Health Services concerning high risk civilian mental health clients.

The Community Forensic Mental Health Service ensures that a solid platform is established to protect the community and provide the best care to the mentally ill offender.

Issue	Objective	Indicators/Targets
1.16 Provision of education to Area Health Service	Clinicians receive education on the risk assessment process and development of risk management plans for patients as well as structured post supervision sessions to consolidate skills within their clinical context.	1.161 Number of education sessions per year
1.17 Increase access to Sexual Behaviors Program	To identify demand for, risk associated with and costs of the Sexual Behaviors Program	1.171 Report on options to expand the Sexual Behaviors Program

Strategic Direction 2

Create better experiences for people using health services

Implement models of care that improve access to health care for adults and young people who come into contact with the criminal justice system and deliver high quality health services

Activity:

Continued improvement of mental health services for women with the opening of the Mental Health Screening Unit, Silverwater Women's Correctional Centre

Mental Health Screening Unit (MHSU)

The MHSU at Silverwater Correctional Centre is a 10 bed non-gazetted inpatient assessment unit. The purpose of the unit is to assess female inmates with mental health problems and commence appropriate treatment and refer to appropriate services. The MHSU undertakes assessment and screening through a multi-disciplinary mental health team using standard Mental Health Outcome Assessment Tools (MHOAT).

Issue	Objective	Indicators/Targets
2.14 Mental health services for women	To ensure female patients have access to mental health services	2.141 Number of women admitted to Mental Health Screening Unit

Strategic Direction 4

Build regional and other partnerships for health

Work in collaboration with other agencies to manage high risk adult offenders and young people who come in contact with the criminal justice system in the community

Activity:

Conducting baseline assessments of 'high risk' forensic and non-forensic patients

Community Forensic Mental Health Service

The Community Forensic Mental Health Service will work with AHS to conduct baseline assessments of 'high risk' forensic and non-forensic patients.

Issue	Objective	Indicators/Targets
4.03 Continuity of care in the community	To ensure continuity of care in the community for forensic and non forensic patients	4.031 Number of baseline assessments conducted

Governance

Service profile

The Justice Health Governance Unit incorporates a variety of corporate and clinical governance functions, and provides support for frontline staff as well as high-level support for senior management. Major functions of the Governance Unit include client liaison and complaints management, quality activities including ongoing involvement in the accreditation cycle, patient safety and clinical risk management, legal advice and coordination, support of Board activities, coordination of internal audit and support for the Medical and Dental Appointments and Advisory Committee (MADAAC).

The Governance Unit leads implementation of the NSW Patient Safety and Clinical Quality Program within Justice Health, assisting the organisation to comply with NSW Health policy directives including Incident Management, Open Disclosure, Management of a Complaint or Concern about a Clinician and Correct Patient/Site/Procedure.

The unit facilitates Justice Health's participation in accreditation and Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQulP), and its development and implementation of the Quality Action Plan arising from this process, as well as co-ordinating the Quality Systems Assessment (QSA) program of online surveys to identify gaps in patient safety systems.

Clinical and corporate risk management is a fundamental responsibility of the Governance Unit and the organisation is devoting substantial effort to review of its Risk Management Framework and Risk Management Plan, within the context of evolving risk management protocols in the broader NSW health system.

The Quality function on the Governance Unit continues to support and develop Practice Improvement Initiatives across Justice Health, providing training and support to staff throughout the organisation and encouraging submission for both Justice Health's own Quality Awards and the annual NSW Health Awards.

The unit continues to assist the organisation to address recommendations arising from Root Cause Analysis (RCA) investigations into serious incidents. Oversight and facilitation of the organisation's incident management continues, with the provision of training at all levels throughout the organisation, in-depth reports generated from the Incident Information Management System (IIMS), support to all directorates and input into Clinical Council.

The Justice Health Legal Advisor provides expert advice and guidance on a range of legal matters including coronial inquests, policy, litigation and legislative interpretation and compliance.

Clinical and corporate audits are identified annually, in accordance with risk ratings assigned to Justice Health functions. The Governance Unit is responsible for ensuring that actions are undertaken by the organisation to meet recommendations arising from internal audits.

The Governance Unit centrally coordinates and manages complaints and concerns raised by consumers and their carers, as well as responses to complaints received from the Health Care Complaints Commission, NSW Ombudsman and other external agencies.

There are several mechanisms for consumers to raise issues with the organisation. Irrespective of how the complaint or concern is received, all matters are dealt with in a manner commensurate with the severity or significance of the issue. In addition to dealing with the individual issue, the nature of all complaints are analysed to identify any systemic and/or resource deficiencies to be addressed to improve health services according to the health needs of inmates.

The Executive Director Governance represents the organisation at the monthly Directors of Clinical Governance meetings chaired by the Quality and Safety Branch of NSW Health, and has oversight of the development and achievement of indicators within the Patient Safety and Clinical Quality Performance Agreement. There is also close liaison with the Corporate Governance and Risk Management Branch in relation to corporate risk management.

The Governance Unit provides the point of contact for the Justice Health Board, which is constituted in accordance with the Health Services Act 1997, and the Area Health Services Model By-Laws. The Board of Justice Health comprises of 12 members appointed by the NSW Minister for Health, including a Justice Health staff member. Two of these members are nominated by CSNSW and Juvenile Justice. The Governance Unit assists the Board in meeting its responsibilities as follows:

- Setting strategic direction
- Ensuring compliance with statutory requirements
- Monitoring performance of the health service
- Monitoring the quality of the health service
- Industrial relations and workforce development
- Monitoring clinical, consumer and community participation
- Ensuring ethical practice.

The Justice Health Board has a committee structure in accordance with Area Health Services Model By-laws, and these committees perform governance roles. The following committees meet regularly and are chaired by Board members:

Quality Council

Responsible for issues affecting the quality of services, including clinical risk management, achievement of objectives and indicators within the Quality Action Plan, monitoring of incidents, complaints and practice improvement initiatives.

Audit and Risk Management Committee

Responsible for oversight of the risk management functions and responsibilities of the organisation, maintaining an effective internal control framework and reviewing and ensuring the reliability and integrity of management and financial information systems and internal and external audit functions.

Finance and Performance Committee

Responsible for examining budget allocations and monitoring overall financial performance in accordance with allocated budget, monitoring and oversight of the organisation's finance function and information systems, and ensuring appropriate delegated financial controls.

Human Research and Ethics Committee

Responsible for considering the methodological and ethical implications of all proposed research projects, advising applicants of approval, rejection or recommendations for changes to research submissions, maintaining surveillance of approved research and maintaining a register of projects.

Medical and Dental Appointments Advisory Council

Responsible for considering applications and providing advice and recommendations to the Board on matters relating to the appointment of both employed and visiting medical and dental practitioners, and on the clinical privileges that should be allowed to such practitioners.

A Justice Health Board member also chairs the Board of the Centre for Health Research in Criminal Justice, which sets and reviews the strategic direction of research in relation to the criminal justice system, determining the policy and controlling the activity of the Centre, and entering into Memoranda of Understanding between the Centre and universities, faculties, schools, other Health Service other organisations. The Centre's Board is accountable to the Board of Justice Health for administrative and financial matters.

The Governance Unit has a large role in co-ordinating consumer and community participation within Justice Health, through the Consumer and Community Group and through local Inmate Development Committees (IDC) at individual correctional centres.

The Consumer and Community Group is a sub-committee of the Justice Health Quality Council and provides a forum where consumer and community representatives can interface with Justice Health in addressing issues that relate to the provision of health services to adult and juvenile offenders. The Group has representatives from prisoner support and advocacy organisations, as well as inmate representatives. Inmate Development Committees are held at all adult correctional centres, with representation from both Justice Health and CSNSW, and provide an opportunity to discuss and resolve local issues relating to the treatment and care of inmates.

Strategic Direction 2

Create better experiences for people using health services

Implement models of care that improve access to health care for adults and young people who come into contact with the criminal justice system and deliver high quality health services

Activity:

Continuous improvement of the Inmate Development Committee feedback process

Inmate Development Committee (IDC)

Inmate Development Committees (IDCs) are held at all adult correctional centres. Attendees include inmate representatives, the General Manager of the facility, senior Justice Health nursing staff and, depending on the facility, other CSNSW senior representatives.

The committees provide a forum to discuss and resolve local issues relating to the treatment and care of inmates. The Justice Health representative on the committee is responsible for following up healthcare related issues and concerns. Inmate Development Committees are also held as part of the Board’s activities when the meeting is off-site, and when the Board visits Juvenile Justice Centres the schedule also includes a meeting with a representative group of young people.

The Governance Unit aims to increase the level of feedback provided to the organisation by IDCs. The structure and processes for engagement of Justice Health consumers, including IDCs, will be reviewed to identify opportunities to engage more effectively with clients receiving services in a range of settings.

Activity:

Continuous improvement of incident and risk management processes including further utilisation of the Incident Information Management System (IIMS)

Incident Management

Justice Health utilises the NSW Health Incident Information Management System (IIMS). The data is audited throughout the organisation by the Governance Unit to identify areas for further improvement. The Governance Unit has provided training to managers within the organisation on the incident management and plans to focus future training on frontline staff. The Governance Unit has provided a tool to assist nursing staff in the analysis of IIMS data, including complaints, and such tools will be extended to other nursing clusters and clinical streams, accompanied by training and support. Systems issues identified through the incident management process are reported by all clinical streams to the Justice Health Clinical Council and these are to be developed into action plans with responsibility assigned.

Issue	Objective	Indicators/Targets
2.19 Incident and risk management processes	Promote a culture of incident management and ensure Clinical Council has oversight of clinical incident management	2.191 Percentage of clinical streams providing reports to Clinical Council regarding incident management
		2.192 Percentage of clinical streams providing analysis and action plans for incidents to Clinical Council

Activity:**Implement the Open Disclosure Standards and Justice Health Policy and Guidelines****Open Disclosure Standards**

The NSW Health Open Disclosure Policy Directive requires that open disclosure of incidents occurs with patients and carers. The process involves two levels of disclosure:

- high-level, where senior managers communicate with patients and/or relatives following identification of a serious incident and
- low-level, where disclosure of an error occurs at the frontline.

Both levels involve expression of regret and explanations of incidents and the action taken to prevent recurrence.

This policy and its accompanying guidelines require substantial adaptation for the Justice Health context, in particular with regard to working with partner agencies. Training is provided to senior managers in disclosure processes for serious incidents and to frontline managers for other incidents.

Issue	Objective	Indicators/Targets
2.21 High quality health services	To ensure high quality health services	2.211 Percentage of targeted senior managers trained in high-level Open Disclosure
		2.212 Percentage of frontline staff trained in general Open Disclosure
		2.213 Percentage of SAC 1 Clinical Reportable Incidents where Open Disclosure occurs

Activity:**Implement the correct patient, correct site, correct procedure protocol****Correct Patient, Correct Site, Correct Procedure**

The NSW Health Policy Directive Correct Patient, Correct Site, Correct Procedure aims to reduce the number of incorrect incidents performed. Justice Health has established its baseline rates in preparation for ongoing monitoring. The policy applies to Justice Health in the domains of invasive procedures and radiology, and some adaptation will be required for the Justice Health context. Training will be provided to all relevant services.

Issue	Objective	Indicators/Targets
2.22 High quality health services	To reduce the incidence of wrong site incidents and incorrect procedures	2.221 Percentage of complaints resolved within 35 days
		2.222 Percentage of Root Cause Analysis completed in 70 days
		2.223 Percent compliance as identified by audit
		2.224 Number of incorrect invasive procedures conducted by a medical office or surgeon
		2.225 Number of incorrect procedures in radiology
		2.226 Number of incorrect procedures in oral health

Strategic Direction 7

Be ready for new risks and opportunities

Ensure close alignment of teaching and research with Justice Health's strategic directions and build its capacity in environmental scanning and risk assessment

Activity:

Continuous improvement of risk management processes including review of risk management frameworks and Justice Health Risk Management Plan

Risk management

Justice Health is continuing to improve its clinical and corporate risk management systems. These will continue to be addressed within the context of the broader NSW health system, which is itself developing revised systems and processes. The Justice Health Risk Management Framework describes the structures and processes in place for the effective management of risk, whilst the Risk Management Plan identifies the organisation's risks and planned mitigation strategies. Both of these documents will be revised in line with NSW Health procedures, and education provided to staff. The top 10 clinical risks for the organisation have been identified, mitigation strategies developed and progress monitored through the Clinical Council and Quality Council.

Issue	Objective	Indicators/Targets
7.02 New risks	To improve risk management	7.023 Percentage of staff provided with education in Risk Management
	To improve clinical and corporate risk management	7.024 Top 10 clinical risks identified and mitigation strategies developed, implemented and monitored through Clinical and Quality Councils

Hospitals

Service profile

The new Forensic Hospital and Long Bay Hospital were both commissioned in 2008. These facilities deliver acute and rehabilitative care for women, men, aged inmates, young people and civilians.

The primary objectives of the new facilities are to provide:

- Appropriate inpatient facility to ill and sick inmates
- Care for forensic patients and the mentally ill in line with national and international best practice, while continuing to ensure community safety.

The new Forensic Hospital is owned and staffed by Justice Health (on behalf of NSW Health), while Long Bay Hospital is operated by CSNSW with clinical services provided by Justice Health.

Both hospitals were procured as a Public-Private Partnership, meaning that the private sector finance, design, build and maintain the facilities under contract until July 2034.

The Forensic Hospital

The number of forensic mental health patients in NSW has been increasing in recent years with health care being provided in a custodial setting as the only option.

The new Forensic Hospital provides a significantly improved therapeutic environment compared to the mixed health and custodial environment within the old Prison Hospital. The new Forensic Hospital is an essential component of the integrated Justice Health State-wide Forensic Mental Health Service. It provides high quality mental health care in a high security setting.

The Forensic Hospital principally focuses on mentally ill patients within the criminal justice system, but it also has capacity for mental health patients across NSW whose management requires a high level of security and a high clinician to patient ratio.

The Forensic Hospital provides a range of care options for forensic patients and works in close collaboration with the Justice Health Mental Health Screening Units, the Mental Health Unit of Long Bay Hospital and the Area Health service forensic units at Cumberland and Morisset Hospitals.

The Forensic Hospital is a 135-bed stand-alone high security mental health facility located outside but adjacent to the perimeter of the Long Bay Correctional Complex. It is the first of its kind in NSW. It has been built and operates as a Public-Private Partnership (PPP) with PPP Solutions Inc. Justice Health provides the health care services and those aspects of security management that impact on patient clinical care. PPP Solutions Inc. provides security systems, perimeter security and domestic and maintenance services for all assets.

The Forensic Hospital consists of five units providing inpatient care to adults, both male and female, young people and adolescents and includes a Long Stay Unit. The units cover the clinical spectrum from high dependency, acute care, continuing to long stay and rehabilitation.

The Forensic Hospital units are as follows:

Austinmer

Austinmer is a 23 bed acute unit for males. This unit provides gender-sensitive assessment and stabilisation of acute symptoms, and the management of associated risks.

Bronte

Bronte has a 17 bed female unit and a 16 bed adolescent unit. The female unit accommodates patients with a range of clinical needs and is a gender-sensitive assessment and stabilisation of acute symptoms of mental illness and management of associated risks.

The adolescent unit provides specialist mental health care for male and female patients aged between 14 to 21 years. This unit provides educational and social activities in line with the patient's development need. Particular care is taken in the areas of child protection, consent and respect for the rights and needs of children and young persons.

Clovelly

Clovelly is a 27 bed extended care unit for males. The unit provides a comprehensive multidisciplinary program to facilitate the progression of patients towards a more independent level of functioning.

Dee Why

Dee Why is a 32 bed long stay unit for males and females, who require ongoing treatment within a high secure environment. The unit supports patients to maintain functional status through the provision of individualised multidisciplinary interventions. Patients are encouraged to participate in therapeutic activities targeted to their clinical and social needs.

Eloura

Eloura is a 20 bed Rehabilitation Unit for males and females that provides an extensive psychiatric rehabilitation program. It provides targeted multidisciplinary interventions in collaboration with the individual patient to assist them in recovery from mental illness by improving and maintaining role function.

Similar to the Forensic Hospital, the construction of Long Bay Hospital was the result of a collaborative Public-Private Partnership arrangement with PPP Solutions Inc. The Hospital is an 85 bed facility located within the Long Bay Complex site. The hospital has three distinct units including the Mental Health Unit, the Medical Surgical Unit and the Aged Care and Rehabilitation Unit.

Health care services at Long Bay Hospital are provided by a multidisciplinary team of clinicians and include specialist medical officers, nursing care and a range of allied health consultations.

Mental Health Unit

The Mental Health Unit works in close collaboration with the Mental Health Screening Units at the Metropolitan Remand and Reception Centre (MRRC) at Silverwater and the new Forensic Hospital. This Unit provides specialty mental health inpatient services to patients requiring voluntary treatment. It acts as a step-up and step-down Unit for people that require comprehensive assessment and who may require treatment at the Forensic Hospital. This Unit has 40 beds.

Medical Surgical Unit

The Medical Surgical Unit aims to provide non acute inpatient pre and post operative care, medical observations and convalescence. This Unit has 30 beds.

Aged Care and Rehabilitation Unit

The Aged Care and Rehabilitation Unit provides inpatient geriatric and rehabilitation services to the increasing aged population of patients in the criminal justice system as well as specialised palliative care to patients. It is anticipated that the planning for transitional care will be utilised to ensure patients discharged from the Unit are appropriately accommodated to enable self care in a correctional environment where possible. This Unit has 15 beds.

Strategic Direction 1

Making prevention everybody's business

Identify at risk individuals and provide timely and appropriate intervention and reduce illness and death from preventable diseases

Activity:

Increase identification of the mentally ill coming into contact with the criminal justice system and their diversion and/or follow up in the community

Inpatient Services

The Forensic Hospital aims to provide high quality, clinically appropriate services, with a focus on rehabilitation and facilitating continuity of care to the community.

Clear referral and admission criteria and regular decision-making meetings will determine priority of access by civilian patients to the Forensic Hospital. Time spent on waiting list, incident occurring whilst patient is on waiting list, and delays in discharge back to service of origin will provide indicator of effective and safe patient flow and bed management.

Issue	Objective	Indicators/Targets
1.18 Prevention of psychiatric morbidity	To prevent psychiatric morbidity	1.181 Collection of individual and collated HONOS scores
		1.182 Percentage of patients accessing rehabilitation programs
1.19 Preventing metabolic syndrome	To prevent psychiatric morbidity	1.191 Percentage of patients participating in rehabilitative programs who have comprehensive baseline physical health data collected, including weight circumference, BSL and blood pressure
	To prevent metabolic syndrome	1.192 Percentage of adverse effects related to medication
		1.193 Percentage of patients receiving antipsychotic medications who have their biological parameters reviewed at regular and predictable intervals
1.20 Risk assessment and management	Ensure that risks are identified, assessed and managed	1.201 Number of violent or aggressive incidents in the forensic population on discharge
1.21 Inpatient Unit	Staff are educated to undertake their duties in a safe manner	1.211 Education and orientation programs in the staff profile for the Forensic Hospital
1.22 Limited consumer advocacy	To encourage the engagement of consumer advocates in the provision of health care	1.221 Consumer advocates included in the staff profile in Forensic Hospital

Activity:

Commission the Forensic and Long Bay Hospitals and develop appropriate forensic mental health and prison health models of care

New model of care

The completion of the Long Bay Hospital on the Long Bay Correctional Complex and the Forensic Hospital outside and adjacent to the Long Bay Correctional Complex has created facilities to provide improved primary care for adult patients both within the NSW correctional system and the Justice Health system. New models of care are being implemented at both sites to provide an improved level of care to the patients entering these facilities.

Issue	Objective	Indicators/Targets
2.24 New model of care	To provide effective patient care	2.241 Delivery of effective new models of care in Long Bay Hospital
2.25 Model of care	To provide effective patient care	2.251 Development and implementation of new models of care in the Forensic Hospital
2.26 Developing links with AHS	Access and admission to the system of care is according to clinical need and legal status	2.261 Admission criteria developed

Strategic Direction 3

Strengthen primary health and continuing care in the community

Ensure post-release needs have been identified prior to release from custody and arrangements have been made to link patients with the appropriate community based health and welfare services as appropriate. Ensure supported self-management in the care of people with chronic health conditions, including mental illness is expanded and special programs that offer treatment and rehabilitation as an alternative to incarceration for suitable adult offenders and young people is provided

Activity:

Developing the rehabilitation models of care

Models of care for rehabilitation aim to provide high quality health care. This includes a set of targeted interventions that intend to prevent/reduce further disability associated with mental illness, assisting patients to achieve maximum independence and preparing them for discharge to a less secure environment.

Issue	Objective	Indicators/Targets
3.05 Mental Rehabilitation Program	To increase the capacity to live within the community and prevent both relapse and recidivism	3.051 All patients participating in specific rehabilitation programs will have a recovery plan which has been developed in collaboration with the patient and which incorporates targets and goals identified by the patients. This plan will be reviewed and updated regularly with the patient.
3.06 Develop comprehensive programs for patients for patients in long term care in the Forensic Hospital	To provide the skills for independent living	3.061 Total number of programs developed for long term patients

The Planning Process

The NSW State Plan – Towards 2010, A New Direction for NSW, sits over NSW Health's plans and includes priorities and targets for health, to which NSW Health has committed over the next ten years. The State Health Plan is aligned to the State Plan and describes how the health sector will achieve its priorities. It has a significant focus on prevention, early intervention, partnerships and workforce sustainability.

Importantly, the NSW State Plan also recognises the role of Justice Health in working in partnership with a range of government agencies, including the CSNSW, Juvenile Justice, NSW Police and the Attorney General's Department to achieve targets in areas such as reducing rates of crime, reducing re-offending and reducing levels of anti-social behaviour.

Within Justice Health:

- The planning process is co-ordinated by the Executive Support and Planning Unit (ES&PU)
- ES&PU works with directorates and streams within Justice Health to develop organisational plans that align with the NSW Health planning framework and the key contributions Justice Health makes towards achievement of priorities in the NSW State Plan
- There is a consultation process in the development of Justice Health plans that includes Executive Directors, the key clinical groups in the organisation as well as consumers.

A Monitoring Framework has been developed to monitor implementation of the plan and the targets set within the plan. This Monitoring Framework is linked to the Justice Health Corporate Strategic Plan, the Justice Health Annual Performance Agreement, the NSW Health Plan and the NSW State Plan.

The targets in the Justice Health Area Health Service Plan will be modified as necessary in light of changes such as:

- Where targets are achieved, new targets may be set
- Changes in clinical treatment practices or priorities may modify, or add to, existing strategies
- Changes in Commonwealth or State funding priorities or policies
- The emergence of new diseases or increased risk of known diseases
- Developments in technology that improve health outcomes.

Acronyms

ACCCHS	Aboriginal Community Controlled Health Services	ISOH	Information System for Oral Health
ACHS	Australian Council on Healthcare Standards	JJCRTS	Juvenile Justice Centre Release Treatment Scheme
ATSI	Aboriginal or Torres Strait Islander	MADAAC	Medical and Dental Appointments and Advisory Committee
ADCP	Adult Drug Court Program	MHOAT	Mental Health Outcome Assessment Tools
BBV	Blood Borne Virus	MHRH	Mental Health Rehabilitation Hostel
CCAP	Chronic Care for Aboriginal People	MHSU	Mental Health Screening Units
CIT	Community Integration Team	MOU	Memorandum of Understanding
CDTP	Compulsory Drug Treatment Program	MRRC	Metropolitan Remand and Reception Centre
CHAP	Comprehensive Health and Assessment Plan	MRO	Multi Resistant Organisms
CHRCJ	Centre for Health Research in Criminal Justice	NSI	Needle Stick Injuries
CPGs	Clinical Practice Guidelines	OTP	Opioid Treatment Programs
CSNSW	Corrective Services NSW	PAS	Patient Administration System
DACNO	Director Adult Clinical and Nursing Operations	PPE	Personal Protective Equipment
DET	Department of Education and Training	POWH	Prince of Wales Hospital
DoCS	Department of Community Services	PPP	Public Private Partnership
EDCNS	Executive Director Clinical and Nursing Services	QSA	Quality Systems Assessment
EEN	Endorsed Enrolled Nurses	RCA	Root Cause Analysis
ESPU	Executive Support and Planning Unit	SHAAP	Sexual Health & Attitudes of Australian Prisoners
EQIP	Evaluation and Quality Improvement Program	STI	Sexually Transmitted Infection
HAI	Healthcare Associated Infection	SCCLS	State-wide Community and Court Liaison Service
HCV	Hepatitis C Virus	VMO	Visiting Medical Officer
IIMS	Incident Information Management System	YDAC	Youth Drug & Alcohol Court
IAS	Inmate Access Survey	YPiCHS	Young People in Custody Health Survey
IDC	Inmate Development Committee	YPoCOHS	Young People on Community Orders Health Survey
IDU	Injecting Drug Users		

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