



STRATEGIC PLAN 2018 - 2022



Health
Justice Health &
Forensic Mental Health Network



CONTENTS

FOREWORD.....	01
OUR ORGANISATION.....	03
OUR HISTORY.....	04
OUR PAST STRATEGIC PERFORMANCE 2013 - 2017.....	05
OUR VISION.....	09
OUR VALUES.....	09
OUR PATIENTS.....	10
OUR SERVICES.....	13
STRATEGIC CONTEXT.....	17
INTEGRATED PERFORMANCE AND PLANNING FRAMEWORK 2018 - 2022.....	18
OUR CONSULTATION PROCESS.....	19
STRATEGIC FRAMEWORK.....	20
IMPLEMENTATION, MONITORING AND EVALUATION.....	29
APPENDIX: FEEDBACK FROM CONSULTATION.....	31

FOREWORD



Gary Forrest
Chief Executive, JH&FMHN



Christopher Puplick, AM
Chair, JH&FMHN Board

The *Justice Health & Forensic Mental Health Network Strategic Plan 2018 – 2022* builds on the Network’s successes following the completion of the *2013 – 2017 Strategic Plan*. Our new plan reflects ongoing, new and emerging challenges and opportunities faced by the Network; and sets the direction for the organisation over the next five years.

Our workforce of dedicated staff is key to ensuring the continued delivery of quality, safe, patient-centred healthcare. Research evidence and patient experiences of care inform their delivery of best practice healthcare and support services for people in contact with the NSW forensic mental health and criminal justice systems. It is through their commitment that the Network will achieve ongoing success and deliver on a renewed vision ‘to return healthier patients to their communities’.

Over the past three years the Network has seen unprecedented growth of patients in our care. This has created significant pressures on the Network and its staff, who have continued to provide quality and safe healthcare and support services across community, custodial and inpatient settings.

Through the Network’s ongoing research there is a wealth of evidence about the complexity of health needs for patients in our care. Chronic and complex illnesses and co-morbidities remain high and the Network must ensure that quality and safe healthcare and support services are delivered before, during and after custody, to the right patients in the right locations at the right times and within budget.

In collaboration with our partner agencies, the Network will continue to meet the challenges of the NSW forensic mental health and custodial population growth including increased numbers of aged patients, Aboriginal and Torres Strait Islander over-representation, cultural and linguistic diversity, infrastructure changes, as well as any NSW Government decision regarding the contestability of services within the NSW custodial environment.



Our commitment to providing the best possible health care to our patients remains our key focus. We are confident that, through the efforts of our dedicated and professional staff, we will continue to provide a health service for those in contact with the forensic mental health and criminal justice systems that leads the way in international and best practice.

On behalf of the Board and the Network Executive Team, we wish to extend our sincere thanks to all those who have contributed to the development of the *Justice Health & Forensic Mental Health Network Strategic Plan 2018 - 2022*. We also acknowledge and thank the Network staff for their tireless work and dedication in pursuit of high quality and safe healthcare and support services leading to improved health outcomes for our patient population in this unique environment.



Gary Forrest
Chief Executive, JH&FMHN



Christopher Puplick, AM
Chair, JH&FMHN Board

OUR ORGANISATION

Justice Health & Forensic Mental Health Network (JH&FMHN) is a Specialty Network Governed Statutory Health Corporation constituted under the *Health Services Act 1997* (NSW).

JH&FMHN provides health care for over 30,000 patients annually in a complex, multifaceted environment. Our patient cohort comprises adults and young people in contact with the criminal justice system, including those in correctional centres, courts, police cells, juvenile justice centres and the community; as well as patients within the NSW forensic mental health system. As unfortunate as an individual's interaction with the criminal justice or forensic mental health system may be, it does provide unique opportunities to improve the health status of a group which, on the whole, experience poor health and have minimal contact with mainstream health services in the community.

JH&FMHN forms a vital component of the NSW public health system through its support of a highly vulnerable patient population whose health needs are frequently numerous and more complex than the broader community. As part of NSW Health, JH&FMHN reports to the Minister for Health through the Network Board and the Secretary, NSW Health.

In all contexts, JH&FMHN must work closely with a diverse range of organisations, including NSW Ministry of Health, NSW Health pillar organisations, Corrective Services NSW, Juvenile Justice NSW, local health districts and specialty health networks, Aboriginal Community Controlled Health Organisations, NSW Police Force, Department of Justice, universities, non-government organisations, community groups and advocacy groups.

OUR HISTORY

For over 200 years, the delivery of health services to those in contact with the criminal justice system has evolved and shifted with the changing landscape of our socio-political environment. At JH&FMHN, these early beginnings are a recognised part of our story.

JH&FMHN has its origins in the first European settlement established in Australia in 1788. The health of the penal colony was managed by the Colonial Medical Service, which remained responsible for the medical supervision of convicts until 1836. Subsequently the *Prisons Act 1869* gave prison governors direct control over healthcare provided to inmates. This continued until 1968 when control of the Prison Medical Service was transferred to the Department of Public Health.

Since this time, the Network has grown rapidly and expanded services within and beyond the walls of NSW correctional and juvenile justice facilities. In the early 1990s, the Service was designated a statutory health corporation and in 2004 the Service became known as Justice Health, in recognition of the scope of services the organisation provided across the community and courts as well as

in correctional and juvenile facilities. In 2008, two new hospitals were opened on the Long Bay campus. The 85 bed Long Bay Hospital with facilities for aged care, medical sub-acute patients and declared mental health beds; and the 135 bed Forensic Hospital.

On 1 January 2011, NSW Health established local health districts and specialty health networks, and the Justice Health & Forensic Mental Health Network became operational. This change established JH&FMHN as the principal service provider and coordinating agency for forensic mental health services in NSW, in addition to care for those in contact with the criminal justice system.

Today, the Network provides a dynamic range of specialist services including: primary care, population health, drug and alcohol, mental health, women's health, dental and oral health, Aboriginal health and adolescent health. In addition to these specialist services, JH&FMHN plays a key role in diverting patients away from custody through intervention in the courts, establishing healthcare linkages with community based health services and supporting continuity of care in the community post release.

OUR PAST STRATEGIC PERFORMANCE 2013 - 2017

JH&FMHN has demonstrated clear progress and achievement against the strategic directions, outcomes, and actions defined in our *Strategic Plan 2013-2017*.

We acknowledge significant success and achievements across all directorates and divisions as well as areas of continuing focus. These include:

SD 1 Provide a values-based, innovative model of care

Milestone achievements

- Design, development, and implementation of an Integrated Care Service and a multidisciplinary approach across the organisation.
- Improved health outcomes for specific population groups and health services: court diversion services, drug and alcohol patients, adolescent patients, oral health, aged patients and Aboriginal and Torres Strait Islander patients.
- Successful implementation of *Smoke-Free Prisons Policy* to improve patient health outcomes.
- Additional funding for and the establishment of new clinical care programs: Adolescent Community Integration Team, court diversion programs for adults, adolescents and Aboriginal people.

Our work continues ...

- Defining the scope of clinical practice by location including access to external health service providers.
- Applying an Activity Based Costing model to the distribution of resources within custodial health.
- Identifying and utilising measures of quality to support the distribution of services.
- Developing low secure and community accommodation options for forensic patients in collaboration with local health districts.

SD 2

Engage effectively with community and key stakeholders through strong partnerships and alliances

Milestone achievements

- Strong ongoing partnerships with Corrective Services NSW and Juvenile Justice NSW, e.g. successful implementation of *Smoke-Free Prisons Policy* and implementation of the *2015 Young People in Custody Health Survey*.
- Clarification of interface with local health districts to ensure continuity of care and health outcomes for patients exiting JH&FMHN settings and transitioning back into community.
- Working with the Aboriginal Health and Medical Research Council to strengthen the Network's Aboriginal research governance, to support research that reflects the views and perspectives of Aboriginal peoples.

Our work continues ...

- Establishing, maintaining and strengthening participation in policy and resource utilisation decisions with key partners (including through formal agreements).

SD 3

Strengthen the decision-making systems that enable the best health outcomes

Milestone achievements

- Implementation of the Justice Health electronic Health System (JHeHS) to ensure relevant patient health information is accessible.
- Evolution of our research strategy and framework to ensure a consistent organisational approach to commissioning, undertaking and translating research into practice.
- Improvement in our information management and use of data to drive service delivery and planning.

Our work continues ...

- Undertaking regular staff support services survey in line with improving corporate and business processes.
- Improving availability of financial information at a local level by consistent provision of cost centre reports and cost data.
- Establishing with other jurisdictions (interstate/Commonwealth) national benchmarks in custodial health and forensic mental health.
- Developing and monitoring measurable indicators on health outcomes for custodial patients and forensic mental health patients.

SD 4

Attract, grow and retain a talented workforce and foster a safe working environment

Milestone achievements

- Roll out of values and culture workshops across the organisation to retain, empower, and build capability in our workforce.
- Improved attraction and retention of specialist workforce through engagement in research and education opportunities, and increases in senior clinical care roles (e.g. Nurse Practitioners).
- Introduction and ongoing utilisation of our Learning Management System.

Our work continues ...

- Addressing ongoing issues raised in Network staff surveys, particularly in the areas of bullying, harassment and discrimination.
- Reducing staff vacancies.
- Improving staff leave performance (e.g. excessive annual leave accrual, sick leave).

OUR VISION

To return healthier patients to their communities

Our vision informs our organisational purpose and strategy. The wording of this vision was carefully selected to include all patients under our care; those staying with us for a short period or a considerable length of time; and those in the criminal justice or forensic mental health systems.

“Community” is used deliberately and in its broadest context. Patient perceptions of community varies; to some it may be their local correctional/juvenile justice centre or forensic mental health facility, to others it may be their local community or the cultural or Aboriginal community with which they identify, to name a few.

Our patient population has complex health needs and is increasing in number and age, amplifying the challenges the Network must overcome. Regardless, the Network’s vision is to return them in a healthier state to their community.

OUR VALUES

Through consultation with staff JH&FMHN developed our core values. These values represent the organisation’s expectations of workplace behaviour. Our staff are expected to work according to these values, our performance development and review process and Recognition and Awards program are aligned with these values, and staff are terminated for breaching these values.



Care

Showing compassion and understanding, being courteous, acknowledging the feelings of others, supporting others – particularly in difficult situations, putting the patient at the centre of decision making processes.



Clear Communication

Being genuine, being open and transparent beyond verbal messages, an active two way process.



Respect

Treating all people equally, valuing others and self, consistency in approaches, having empathy towards others.



Honesty

Acknowledging when you don’t know, having open and transparent processes.



Professionalism

Being patient focused, delivering on your commitments, taking ownership and being accountable and being able to ask for help/assistance.

ABORIGINAL FORENSIC PATIENTS

16%



of forensic patients in the Network's care are Aboriginal, despite making up only 2.9% of the wider community in NSW

SUICIDE ATTEMPTS

46%



have previously attempted suicide

63% reported past suicidal thoughts

SUBSTANCE ABUSE

80%



reported ever using illicit drugs or misusing pharmaceuticals

GENDER SPLIT



88% Male

12% Female

EXPERIENCE OF TRAUMATIC EVENTS

70%



have experienced or witnessed at least one type of traumatic event

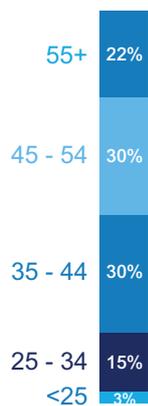


PRIMARY DIAGNOSIS

The top 3 primary diagnoses among NSW forensic patients:

- 88% Schizophrenia and other psychotic disorders
- 5% Affective disorders
- 3% Developmental disorders, including intellectual disability

AGE



Forensic Patient Profile

COUNTRY OF BIRTH

78%



were born in Australia

Source: 2016 Forensic Patient Health Survey

ABORIGINAL PATIENTS IN CUSTODY

25%



of adults in custody identify as Aboriginal (compared to 2.9% in the wider community)

EXPERIENCE OF TRAUMATIC EVENTS

65%



have experienced or witnessed at least one type of traumatic event

SUICIDE ATTEMPTS

18%



have previously attempted suicide (10x higher than in the community)

SUBSTANCE ABUSE

2/3 had a daily substance abuse problem



& 69% reported consuming alcohol in a quantity and pattern that was deemed hazardous (likely to result in harm)

PHYSICAL HEALTH



Top 5 reported chronic conditions

- Allergies
- Asthma
- Back problems
- Hepatitis C
- High blood pressure

INTERGENERATIONAL INCARCERATION



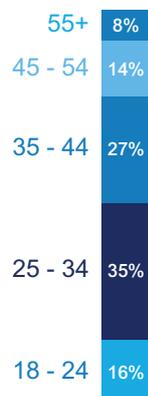
1/5 had one or both parents incarcerated during their childhood



MENTAL ILLNESS

Almost 2/3 have received a diagnosis for a mental illness at some stage in their life

AGE*



COUNTRY OF BIRTH

72%



of patients were born in Australia, for those born overseas the next top 5 countries are:

- New Zealand 22%
- Vietnam 20%
- China (excl SARs and Taiwan) 12%
- Lebanon 10%
- England 9%



Source: 2015 Network Patient Health Survey
*Australian Bureau of Statistics, Prisoners in Australia (December 2016)

Adolescent Custodial Patient Profile

JUVENILE DETENTION

82%



have previously been in juvenile detention

PSYCHOLOGICAL DISORDERS

83%



have a psychological disorder

ABORIGINAL PATIENTS IN CUSTODY

51%



of adolescents in custody identify as Aboriginal (compared to 5% in the wider community)

OBESITY RATES

46%



have a Body Mass Index (BMI) in overweight or obese ranges

BEHAVIOURAL DISORDERS

59%



have an attention and/or behavioural disorder

PLACED IN CARE



21%

were placed in care for some period before the age of 16

INTERGENERATIONAL INCARCERATION

54%



reported one or both parents ever incarcerated

SUBSTANCE ABUSE

4/5



had a weekly use of illicit drugs

98%



reported risky drinking

ABUSE



68%

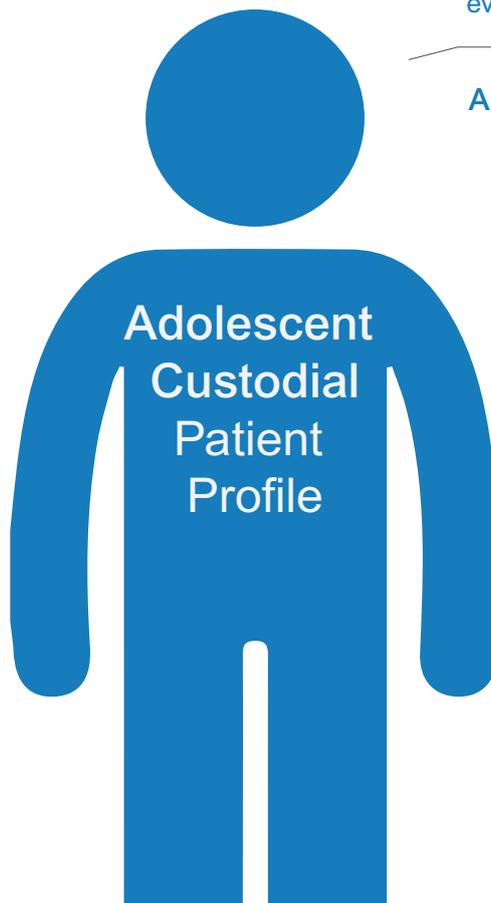
have an experience of childhood abuse or neglect

IQ

17%



have an IQ in the Extremely Low (intellectual disability) range



OUR SERVICES

JH&FMHN provides two distinct specialty areas of healthcare: custodial health services and forensic mental health services. These health services are provided to adults and young people across inpatient, custodial, and community settings.

Administration services including: planning, performance, finance, clinical and corporate governance, training and education, research, and corporate services; provide support across both custodial health and forensic mental health components of our Network.

JH&FMHN delivers healthcare services across NSW in:

Custodial Settings	Inpatient Settings	Community Settings
42 Correctional Centres	The Long Bay Hospital	37 Local Courts and Children's Courts
7 Police Cell Complexes	The Forensic Hospital	
6 Juvenile Justice Centres		
		Other community settings (Community Integration Team, Community Forensic Mental Health Service and Connections Program)

Custodial Healthcare Services

JH&FMHN provides comprehensive health services to patients in adult correctional centres, to those in the community, police cells, juvenile detainees and patients in the Long Bay Hospital. The service delivery model for custodial healthcare is focussed on screening and triaging patients, providing healthcare and monitoring the health status of patients. Key services include primary care, population health, women's health, oral health, drug and alcohol services, adolescent health, mental health, aged care and Aboriginal health.

Correctional Centres

Due to the record increases in the adult custodial population, the landscape of NSW correctional centres is rapidly evolving to provide accommodation and services across the State. There are 42 adult correctional centres in NSW, with an additional centre (June) under private management. Additional correctional centres are planned to open by the end of 2020, including the privately operated New Grafton Correctional Centre.

Amber Laurel
 Bathurst
 Berrima
 Brewarrina
 Broken Hill
 Cessnock Min
 Cessnock Max
 Cooma
 Compulsory Drug Treatment
 Dawn de Loas
 Dillwynia
 Emu Plains
 Glen Innes
 Goulburn
 Grafton (public)
 High Risk Management Unit (Goulburn)
 Illawarra Reintegration Centre
 Ivanhoe
 John Morony
 Kariang
 Kirkconnell
 Lithgow
 Long Bay Metropolitan Special Programs Centre (MSPC) Area 1

The Network has achieved significant improvement in patient outcomes by ensuring our services are aligned with our strategic ambitions and performance and planning frameworks.

Key patient outcomes achieved during 2016/17 include:

3,009 adults and adolescents with identified mental illness **diverted from the criminal justice system into community based treatment.**

80% of participants reported an easier transition to the **community** in the Connections Program.

5,355 patients received the **influenza vaccination** against a performance target of 3,000.

1,317 young people in custody **received antenatal care and parenting education**; and **817** young people in custody **participated in sexual health education sessions.**

Long Bay Metropolitan Special Programs Centre (MSPC) Area 2
Long Bay Metropolitan Special Programs Centre (MSPC) Area 3
Long Bay Metropolitan Special Programs Centre (MSPC) Area 4
Long Bay Hospital (Inpatient Facility)
Long Bay Hospital 2 (12 & 13 Wings and Out-Patients Department)
Long Bay Special Purpose Centre (SPC)
Macquarie
Mannus
Mary Wade

Metropolitan Remand and Reception Centre (MRRC)
Mid North Coast (Kempsey)
Oberon
Outer Metropolitan Multi-purpose
Parklea
Silverwater Women's
South Coast (Nowra)
St Heliers
Tamworth
Wellington

Juvenile Centres

The Network provides care in the State's 6 juvenile justice centres.

Acmena (Grafton)
Frank Baxter (Kariiong)
Cobham (St Marys)
Riverina (Wagga Wagga)
Orana (Dubbo)
Reiby (Airds)

Forensic Mental Health Services

The Network is the principal service provider and coordinating agency for forensic mental health services in NSW. The partnership and collaboration of services in the statewide Forensic Mental Health Network (FMHN) aims to improve patient flow through the forensic system while providing high quality assessment, care, treatment and other services to people with mental illness who are, or have been, in contact with the criminal justice system.

The FMHN includes:

The Forensic Hospital at Malabar

(135 beds - high secure unit) – operated by JH&FMHN

The Bunya Unit at Cumberland Hospital

(24 beds - medium secure unit) – operated by Western Sydney Local Health District

The Kestrel Unit at Morisset Hospital

(30 beds - medium secure unit) – operated by Hunter New England Local Health District

The Macquarie Unit at Bloomfield Hospital

(20 beds - medium secure unit) – operated by Western NSW Local Health District

A range of services are provided by JH&FMHN including the Statewide Community and Court Liaison Service, Community Forensic Mental Health Service, Adolescent Court and Community Team, Community Integration Team, and custodial mental health services.

Our Partnerships and Stakeholders

In all environments, the work of JH&FMHN requires collaboration with a diverse range of other organisations. Partnerships are therefore essential for the delivery of quality health services and the achievement of JH&FMHN's vision.

The NSW Ministry of Health, its pillar organisations, local health districts, specialty networks and shared services, Corrective Services NSW, Juvenile Justice NSW, Department of Justice NSW, Mental Health Review Tribunal, NSW Mental Health Commission, Aboriginal Community Controlled Health Organisations, NSW Police Force, universities, non-government organisations, community groups and advocacy groups are foremost among those organisations whose partnerships we value and strive to foster.

Health service delivery in custodial settings is influenced by a range of factors, many of which are outside the control of the health sector. There is an acknowledged need for custodial systems that ensure the safety and security of the inmate population, as well as others working within and visiting custodial facilities. The model of custodial health service delivery in NSW requires collaboration

between three separate organisations, JH&FMHN works with Corrective Service NSW and Juvenile Justice NSW, with responsibility for health care and security respectively. There is growing recognition nationally and internationally that this model provides the best outcomes for patient care. Services are provided in line with the United Nations (1990) *Basic Principles for the Treatment of Prisoners*, and the World Health Organisation's (2003) *Declaration on Prison Health as a Part of Public Health*.

Health service delivery for forensic patients in NSW involves JH&FMHN and local health districts working in partnership. Continued development of forensic mental health services in NSW will involve the NSW Ministry of Health, JH&FMHN and local health districts further improving patient flow systems, resource management, and training to underpin high quality services to forensic patients.

“The provision of health care for prisoners is a state responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

Health care services should be organised in close relationship to the general public health administration and in a way that ensures continuity of treatment and care...”

United Nations (2015) Nelson Mandela Rule 24

“Every prison shall have in place a health-care service tasked with evaluating, promoting, protecting and improving the physical and mental health of prisoners, paying particular attention to prisoners with special health-care needs or with health issues that hamper their rehabilitation.

The health-care service shall consist of an interdisciplinary team with sufficient qualified personnel acting in full clinical independence and shall encompass sufficient expertise in psychology and psychiatry. The services of a qualified dentist shall be available to every prisoner.”

United Nations (2015) Nelson Mandela Rule 25

STRATEGIC CONTEXT

The purpose of the JH&FMHN Strategic Plan is to:

Provide an ambitious vision

Clarify the organisation's strategic direction

Identify our strategic outcomes and actions to guide operations across the organisation

JH&FMHN's policy and planning context continues to evolve as the Commonwealth and State governments and NSW Health pursue reforms that have relevance to JH&FMHN and its patient population.

JH&FMHN's strategy must align with the overarching plans and objectives of government and NSW Health to ensure work undertaken by the Network supports achievement of both internal and external strategic priorities.

These plans, including the NSW Government's State Plan: *NSW 2021: A Plan to Make NSW Number One* (hereafter, the 2021 State Plan), the NSW State Health Plan, *Towards 2021* (hereafter, the State Health Plan), and *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* continue to inform our strategic planning processes through our dynamic Integrated Performance and Planning Framework.

Under the 2021 State Plan, the NSW Government is focused on 30 priority areas, including 12 Premier's priorities. Of particular relevance to JH&FMHN are the key aims of the State Health Plan to keep people healthy and out of hospital, provide world-class clinical care, achieve better access to services, improve local accountability and transparency, ensure greater responsiveness to local communities and provide a stronger financial basis for our health system into the future.

INTEGRATED PERFORMANCE AND PLANNING FRAMEWORK 2018 - 2022

The Network's Integrated Performance and Planning Framework (outlined below) provides a consistent approach to planning across JH&FMHN and aligns with State and NSW Health priorities through coherent linkages to overarching plans and agreements.

The underlying plans outline how we work together to achieve our core objectives and measure our performance.



Performance monitoring

The Network's internal planning instruments and performance monitoring arrangements position the Network to deliver against key priorities under the JH&FMHN Strategic Plan, the annual Service Agreement with the NSW Ministry of Health and other applicable priorities of the NSW Health sector and wider NSW Government.

Implementation of our *Strategic Plan 2018 - 2022* will be managed through robust performance reporting that will be reviewed annually to ensure the Network is responsive to the changing environment.

We will measure our success by mapping key performance indicators and initiatives to all strategic outcomes in our plan. Progress will be monitored via a Strategic Plan Dashboard Report, reviewed bi-annually by the JH&FMHN Executive and Board.

Further, rigorous analysis of health information and service activity data is conducted to enable informed decision making for health service planning, service evaluation and performance improvements.

OUR CONSULTATION PROCESS

The *JH&FMHN Strategic Plan 2018-2022* was shaped by the valuable comments of JH&FMHN's Board, Network Executive Team, staff, external stakeholders and the community.

The process of developing a new strategic plan gave the Network the opportunity to undertake comprehensive consultation on the strategic direction of the organisation.

First steps...

Initial consultation included individual interviews with the Executive team, and facilitated workshops with the JH&FMHN Board, Network Executive Team and Senior Leadership Forum-level managers on recent performance and future challenges/opportunities to inform the development of the Insights Paper and reshape the strategic directions and outcomes for the plan.

A broader approach...

Following the development of the first draft strategy, staff at all levels of the organisation were provided with opportunities to submit feedback on activities that will guide operations across the organisation for the next five years.

Contributions were sought via three avenues: voluntary individual submissions, consultation with peak leadership and representative groups such as the Clinical Council, Medical Staff Council and Senior Leadership Forum; and targeted locally-led team consultations to ensure a mix of contributions from clinical and corporate teams across all directorates, as well as across rural and metro locations.

Staff comments were collated and incorporated within the plan or considered for inclusion in the cascading plans that form the Network's Integrated Performance and Planning Framework.

The "Plan on a Page" was then circulated broadly to external stakeholders for consultation to enable greater alignment across jurisdictions and better integration of health and social support services for our patients.

Overall, staff from 75 teams across JH&FMHN and 32 stakeholders contributed more than 1,500 comments. A summary of key themes and actions arising from their comments is provided at appendix A.

STRATEGIC FRAMEWORK



STRATEGIC DIRECTION 1

Provide a values-based, quality model of care

Outcomes

- 1.1 The health of custodial patients and forensic mental health patients improves
- 1.2 A collaborative, person-centred and integrated healthcare experience for custodial patients and forensic mental health patients
- 1.3 Research, evidence and evaluation drives safety, quality and innovation in custodial health and forensic mental health

We will be successful when:

The health of our patients improves

Integrated care processes reduce unplanned patient journeys

Alternative health diversion pathways reduce incarceration rates

Actions

1.1 The health of custodial patients and forensic mental health patients improves

- (a) Utilise the specialty skills of our workforce to deliver holistic care to patients in custodial settings and forensic mental health settings
 - (b) Support patients to take ownership of their health condition, recovery and wellbeing
 - (c) Deliver appropriate and accessible services for at-risk groups, including culturally diverse patients, the aged and cognitively impaired
 - (d) Deliver culturally responsible care to improve the health status of Aboriginal patients
 - (e) Deliver services that address health-related risk factors that impact offending behaviour
 - (f) Deliver strategies that target the increased prevalence of chronic disease, including health promotion and education
 - (g) Deliver mental health services with recovery-oriented and trauma-informed care practices
-

1.2 A collaborative, person-centred and integrated healthcare experience for custodial patients and forensic mental health patients

- (a) Partner with forensic mental health patients and carers to co-design service delivery that meets expectations
 - (b) Partner with custodial patients to understand their experiences of care, and redesign services to deliver person-centred care and improved health outcomes
 - (c) Divert individuals from custody into community-based treatment and forensic patients from custodial settings to health settings
 - (d) Deliver coordinated multidisciplinary care within JH&FMHN
 - (e) Strengthen integrated care pathways and partnerships that support coordinated care throughout the patient journey
-

1.3 Research, evidence and evaluation drives safety, quality and innovation in custodial health and forensic mental health

- (a) Generate best clinical practice from translational research
- (b) Implement contemporary evidence and best practice to improve safety, quality and design of services
- (c) Evaluate current clinical care approaches to inform service innovation and redesign
- (d) Develop innovative solutions that enable equitable and efficient access to services

STRATEGIC DIRECTION 2

Engage with the community and key stakeholders through strong partnerships

Outcomes

- 2.1 JH&FMHN’s role and services are understood by the community
- 2.2 Strong partnerships are formed with government and non-government sectors

We will be successful when:

Health services improve for disproportionately represented populations

Stakeholder partnerships improve in quality and increase in number

Actions

2.1 JH&FMHN's role and services are understood by the community

- (a) Improve communication with community-based health providers to promote understanding and utilisation of JH&FMHN services
- (b) Raise the profile of JH&FMHN by expanding its social media presence
- (c) Engage effectively with communities who are disproportionately represented in custodial settings and forensic mental health settings

2.2 Strong partnerships are formed with government and non-government sectors

- (a) Strengthen existing and implement new strategies to maximise engagement and collaboration with key stakeholders
- (b) Strengthen collaboration with public and private correctional, security and healthcare providers to support continuous, accessible and integrated delivery of custodial health and forensic mental health services
- (c) Engage with NSW Health pillar organisations, external research bodies and tertiary education providers to establish and promote specialist clinical expertise
- (d) Strengthen collaboration with government and non-government organisations to support transition of eligible patients to the National Disability Insurance Scheme
- (e) Strengthen collaboration with NSW Health and local health districts to advocate for the evolution of the Forensic Mental Health Network, increased medium and low secure beds, and improved forensic mental health patient flow

STRATEGIC DIRECTION 3

Attract, grow and retain a talented workforce and foster a safe working environment

Outcomes

- 3.1 Organisational values are shared and role-modelled by all JH&FMHN staff, visitors and contractors
- 3.2 JH&FMHN has a strong culture of health and safety
- 3.3 JH&FMHN is considered an employer of choice for all existing and potential employees

We will be successful when:

Workplace culture improves

Staff vacancy rate reduces

Work Health and Safety incidents are maintained at low levels when benchmarked

Actions

3.1 Organisational values are shared and role-modelled by all JH&FMHN staff, visitors and contractors

- (a) Sustain culture improvement and role-modelling of organisational values
 - (b) Drive positive workplace cultural change at local and organisational levels for all staff using evidence-based methods
 - (c) Foster leadership skills that positively influence organisational culture for all staff
-

3.2 JH&FMHN has a strong culture of health and safety

- (a) Implement initiatives that enhance safe and culturally inclusive workplaces throughout the Network
 - (b) Support the health, safety and wellbeing of all JH&FMHN staff and students in clinical and non-clinical settings
 - (c) Strengthen systems to assess clinical and corporate professional competencies
 - (d) Provide appropriate access to clinical and non-clinical professional supervision
-

3.3 JH&FMHN is considered an employer of choice for all existing and potential employees

- (a) Facilitate access to education, training and professional development opportunities to build clinical and non-clinical staff capability
- (b) Promote career pathways for clinical and non-clinical staff and students at JH&FMHN
- (c) Target expansion of our clinical and non-clinical Aboriginal workforce
- (d) Implement strategies to attract and recruit clinical and non-clinical specialist workforce to rural locations
- (e) Target expansion of the consumer and peer workforce

STRATEGIC DIRECTION 4

Position our organisation to effectively operate in a changing environment

Outcomes

- 4.1 JH&FMHN operates effectively in a competitive economic and political environment
- 4.2 JH&FMHN management of resources is optimised for performance and efficiency
- 4.3 Clinical and corporate governance supports JH&FMHN service safety, quality and assurance
- 4.4 Corporate, financial and clinical technologies meet JH&FMHN service needs

We will be successful when:

The performance of privately managed centres meets the health specifications

Financial and performance targets are met

Clinical risks and unwarranted variations reduce

Actions

-
- 4.1 JH&FMHN operates effectively in a competitive economic and political environment**
- (a) Apply benchmarking to compare service performance and health outcomes in custodial health and forensic mental health
 - (b) Establish and implement JH&FMHN's role as an administrator and monitor of custodial health and forensic mental health policy and standards across public and private settings
 - (c) Improve alignment between the performance frameworks and accountability mechanisms for public and private custodial healthcare settings
 - (d) Support staff to adapt effectively to the changing environment and understand any impacts on their role and the broader organisation
-
- 4.2 JH&FMHN management of resources is optimised for performance and efficiency**
- (a) Distribute resources to meet the Network's strategic priorities and apply activity-based management principles
 - (b) Improve financial management at all levels by decentralising budgets and building financial literacy
 - (c) Develop custodial health and forensic mental health clinical service delivery contingency plans to manage interruptions to health services or reduced patient access
-
- 4.3 Clinical and corporate governance supports JH&FMHN service safety, quality and assurance**
- (a) Develop clinical standards and enhance monitoring systems for custodial health and forensic mental health
 - (b) Strengthen the integrated risk management, audit and assurance framework
 - (c) Ensure compliance and risk assurance through timely implementation of all recommendations arising from governance processes
 - (d) Identify information technology solutions that deliver enhanced enterprise-wide risk and assurance processes, and support best practice in custodial health and forensic mental health
-
- 4.4 Corporate, financial and clinical technologies meet JH&FMHN service needs**
- (a) Implement robust information management and technology services that support data collection, timely reporting, information sharing and systems security
 - (b) Implement a forward strategy to identify required clinical information systems and priorities to support the implementation of a full suite of clinical applications
 - (c) Strengthen existing and develop solutions that enable staff easy access to financial, performance and quality information

IMPLEMENTATION, MONITORING AND EVALUATION

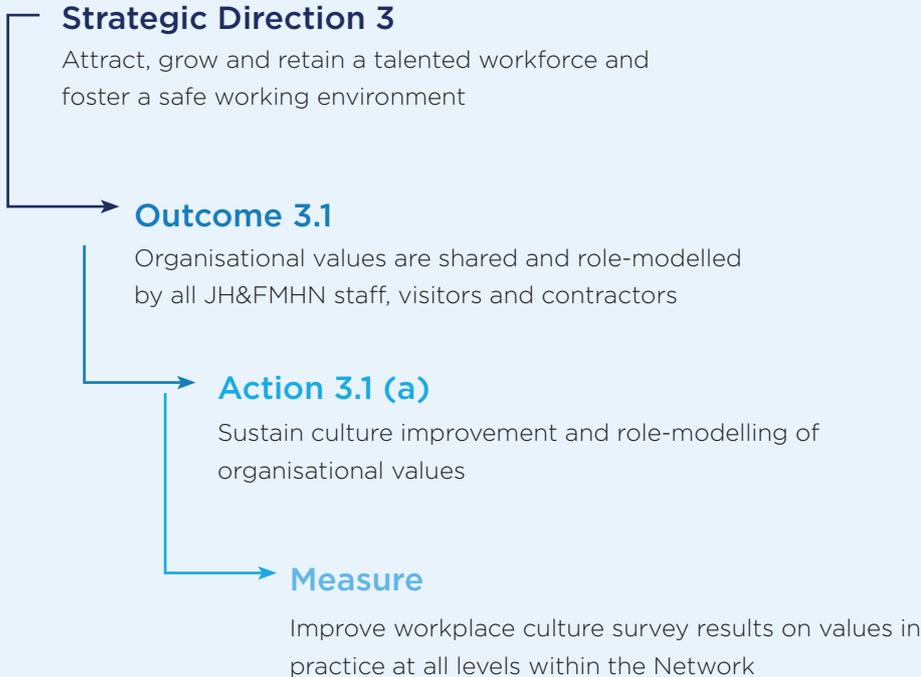
Implementation

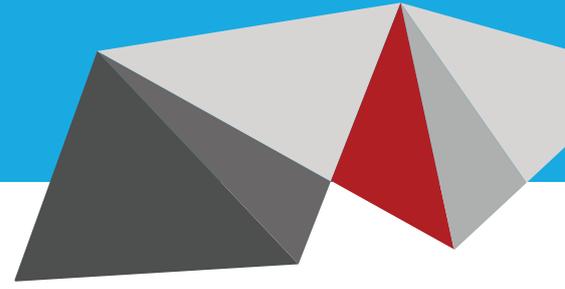
JH&FMHN has an implementation plan that both describes the process of implementation of this Strategic Plan within the organisation as well as identifies accountabilities for the actions described in this plan. All actions will also be supported by the development of

accompanying service, operational and business plans across the Network.

Progress against all actions will be measured through a range of soft and hard indicators; and process and outcome measures.

Example of the monitoring process using SD3





Monitoring

JH&FMHN will monitor progress through the following:

- **Strategic Plan Dashboard Report**
(Bi-annual review by the Executive and Board)
- **Performance and Monitoring Report**
(Quarterly to the Executive, Board and NSW Ministry of Health)
- **Finance, Performance and Work, Health & Safety Key Performance Indicator Reports**
(Monthly to the Finance and Performance Sub-Committee of the Board)
- **Enterprise Risk Report**
(Quarterly to the Board, Audit & Risk Committee and NSW Ministry of Health; and monthly to the Network Executive Team Meeting)
- **Safety and Quality key performance and improvement measures**
(Monthly to the Clinical Governance Committee and quarterly to the Quality Council Sub-Committee of the JH&FMHN Board)
- **Monitoring of 'at risk' key performance indicators and improvement measures**
(Monthly by the Executive)
- **Regular detailed reporting and review of key performance indicator data**
(Executive and senior leadership teams)
- **Patient Feedback Report**
(Quarterly to the Community Reference Group Sub-Committee)

Evaluation

Measuring our overall success will involve a thorough evaluation of the planning, development and implementation of this Strategic Plan. This will be undertaken informally throughout the implementation of the plan and via a formal evaluation process at the conclusion of the plan in 2022. The Network will again seek

to utilise the expertise and opinions of JH&FMHN staff, the Board and Executive, and our stakeholders to ensure transparency and a broad perspective when reviewing JH&FMHN's success, through the plan, in achieving our vision and strategic outcomes.

Appendix A: Key themes and actions arising from the consultation of the “Plan on a Page”

Theme	Feedback
Aged Care	<ul style="list-style-type: none"> • Increase the number of facilities that may appropriately accommodate the aging population in the NSW corrective environment • Highlight the importance of the physical environment and aged care supports in ensuring effective care of older people with mental illness
Aboriginal Health	<ul style="list-style-type: none"> • Undertake culturally appropriate and informed research that demonstrates engagement with ethics committees, Aboriginal Reference Groups and the AH&MRC • Reference Aboriginal communities as a key population group in accordance with the Aboriginal Health Improvement priority • Include strategies for Aboriginal young people
Audit and Risk	<ul style="list-style-type: none"> • Reference the NSW Ministry of Health’s proposed Patient Safety Program • Increase communication, mapping and publishing of results
Contestability	<ul style="list-style-type: none"> • It is unclear where there is a strategic aim to ensure JH&FMHN services are competitive in a contestable market
Coordinated Care and Partnerships	<ul style="list-style-type: none"> • Improve clarity of partnership references within the plan • Emphasise engagement with Corrective Services NSW, Primary Health Networks, mental health services and Aboriginal Community Controlled Health Services
Cultural	<ul style="list-style-type: none"> • Increase cultural sensitivity in the workplace
Sensitivity	<ul style="list-style-type: none"> • Develop cultural awareness guidelines that are underpinned by the principles of equity, self-determination and cultural safety • Include all cultures and disadvantaged groups, not just Aboriginal
Integration of Services and Access	<ul style="list-style-type: none"> • Continue focus on chronic and continuing care programs • Expand opportunities for early intervention • Ensure a multidisciplinary approach for all aspects of care • Increase the use of digital services to increase access to specialists and minimise costs of travel
Partnerships	<ul style="list-style-type: none"> • Improve partnerships with Corrective Services NSW, local hospitals and Aboriginal Community Controlled Health Services • Increase understanding of ambulatory care environments and the need to engage effectively with other healthcare providers
Measuring Performance	<ul style="list-style-type: none"> • Identify appropriate outcome measures and tools to evaluate organisation’s success • Improve data collection and transparency • Focus on evaluation, not just implementation • Identify benchmarks for key services and compare service delivery to community, national and international standards • Increase internal reporting of performance to frontline staff • Articulate a clear measurement approach across the plan • Collect information to understand the experiences and outcomes of JH&FMHN patients to enable implementation of a person-centred health system
Men	<ul style="list-style-type: none"> • Focus on healthcare needs of men as the primary population in custody, not just minority groups
Mental Health	<ul style="list-style-type: none"> • Explicitly align the plan with the <i>Living Well: A Strategic Plan for Mental Health in NSW 2014-2024</i> including the focus on recovery-oriented practice and language
Research	<ul style="list-style-type: none"> • Develop a framework that supports the research program by having a process that formally applies recommendations from research findings

Theme	Feedback
Systems	<ul style="list-style-type: none"> • Improve systems capabilities, particularly for reporting and analysis of data • Improve systems and processes to move towards a paperlite or paperless workplace • Finalise implementation and improve capabilities of JHeHS and CHIME
Trauma and Recovery Principles	<ul style="list-style-type: none"> • Include references to trauma informed care practices and principles in recognition of the high number of JH&FMHN patients with histories of childhood/intergenerational trauma and its connection with chronic illness and mental health issues • Respond to complex trauma via integration of research into practice, collaboration with other services and specialist training and education • Tailor healthcare and management plans to the patient • Encourage patients and carers to take ownership of their health condition/s by involving them in informed decision making • Focus on wellbeing and recovery; Emphasise rehabilitation needs, not just healthcare needs • Support patients with health literacy
Women	<ul style="list-style-type: none"> • Redesign programs and support services to reflect the increasing rate of women in prison
Workforce	<ul style="list-style-type: none"> • Target expansion of the consumer and peer workforce • Reference ongoing staff capability and skill development • Include references to students as the future workforce • The rural service and workforce may be considered as a specific workforce and culture improvement strategy • Increase opportunities and access to skill development and education programs • Support wellbeing of staff, including vicarious trauma training and support • Improve staff capability to understand and utilise research • Commit to employment of peer workers • Improve tracking of projects to maximise shared learnings • Include strategies to support and enhance learning outcomes of students on placement • Increase the number of Aboriginal staff and career pathways • Support individuals and teams to drive change management • Embed mindfulness and reflective practices in the workplace



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