CONSULTATION RESPONSE TEMPLATE

IMPROVING HEALTH WTIHIN CRIMINAL JUSTICE
CONSULTATION RESPONSE TEMPLATE

HOW TO SUBMIT YOUR RESPONSE
Please return your consultation response via the following email or postal address **no later than 20th June 2016**. Email: cjhcstrategy@dojni.x.gsi.gov.ukPostal Address: ***Department of Health, Social Services and Public Safety, GDOS and Prison Healthcare Policy Branch, Room D3, Castle Buildings, Stormont Estate, Belfast, BT4 3SQ*** **Freedom of information** DHSSPS and DOJ will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request.

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1/ THE CASE FOR CHANGE
The scale of the challenge*(p.15-19)* Have we identified the right issues? Are there any other issues you would like us to consider? Can you highlight any additional relevant research?
This section describes how many people come into contact with the Northern Ireland criminal justice system and briefly outlines the particular health needs that are likely to be prominent in the offender population. The Bromley Briefings Prisons Factfile is a particularly useful document to draw upon. Although its analysis is drawn largely from England and Wales, it is highly likely that the picture of need presented is one that could be applied to Northern Ireland also. However, there is more that could be said in this section about the reasons why action is so urgently needed and the strength of the case for change. In particular: - Given the current constraints on public finances, it is vital that, as a first priority, a strong evidence base is developed to inform investment of additional financial resource. Improving initial screening and, where necessary, assessment and access to and quality of health and social care to people in contact with the criminal justice system should not only improve outcomes for these individuals (and their families), but should also support a reduction in reoffending rates and, consequently, a reduction in financial pressure on criminal justice and other public services. - Given the many different organisations involved in planning and delivering health and social care services to people within the criminal justice system, an integrated multi-agency approach should be taken to achieve the best possible outcomes for individuals and in the use of limited financial resource for public services. This section could be

clearer about the benefits of working in partnership and perhaps more upfront about barriers that currently make partnership working difficult.

- Finally and most importantly, a key theme that should run through the strategy and action plan is the principle of equivalence – that people in the criminal justice system should have the same access to and quality of health and social care as people living in the community. It is right to point out that many people in the criminal justice system will have a history of under-using health and social care services in the community (p18). But being involved in the criminal justice system can have further negative impact on their mental and physical health needs – and those exacerbated needs can continue to be unmet, either in prison or upon an individual's return to the community.

Needs of particular groups *(p.20-21)* Have we identified the right groups? Are there any other groups you would like to see included? What are their particular issues or needs?

We agree that the groups listed in this section have particular needs that require particular consideration and bespoke approaches. This section could be clearer about the needs of some of these groups and the potential impact for individuals who come into contact with the criminal justice system. It would be helpful to acknowledge that being in custodial settings can in itself have a detrimental impact on a person's physical and mental health.

For example:

- **Young adults in transition:** The strategy rightly highlights on p.20 that young people in prison are more likely to have a mental health need and are more likely to be at risk of self-harm or suicide. Transition between custodial settings and/or support services can be a difficult time for the young person involved. Therefore the strategy should be clearer about the need to anticipate and provide support to young people in transition – for example, during transition from children's to adult services, between custodial establishments, and upon the young person's release from custody. Children's and adult services in contact with the young person should work together in a timely and coordinated manner to ensure a smooth transition; the young person and his/her family members should be involved in transition planning, wherever possible and appropriate. Where no such services are involved, custodial staff should review each individual and take a view on whether a referral to health and/or social care services is necessary to support transition.

- **Older people:** Although, as it is noted on p.20, older people make up a very small proportion of people in contact with the criminal justice system in Northern Ireland, demographic trends are likely to mean that this number will increase. It is also known that prisoners tend to be affected by the impact of ageing significantly earlier than the general population. It is vital therefore that relevant organisations work together to provide appropriate health, social care and support to meet the needs of this particular group. P.42 of the strategy notes a current lack of evidence about whether there is currently an unmet need for social care within prisons. PRT welcomes the intention to address this evidence gap but this work should not delay steps to address a likely deficit in current provision. Since April 2014, local authority adult social care services in England have had responsibility for meeting the eligible social care needs of prisoners. The Association of Directors of Adult Social Services (ADASS) has undertaken a number of activities to support this new responsibility and reviews to monitor progress made, which would be informative/useful in responding to the needs of older people, and others, with social care

needs; contact James Bullion, James.Bullion@essex.gov.uk

- **Women and girls:** Women in prison exhibit worse physical and mental health than women in the general population, and rates of mental ill health, self-harm and learning disability are higher amongst women in prison than in men. The negative impact of women's experiences of the criminal justice process is greater for women than it is for men, and can have a disproportionate impact, for example, on their children and families, and their reintegration into society after a period in custody. The prison system is largely designed, practically and culturally, around the needs of a male population and, as a result, women suffer disproportionately. Evidence shows that gender specific approaches to women's offending, and programmes that help to build their confidence and self esteem, leading to greater empowerment, alongside opportunities to address underlying problems, such as addiction, debt, health and domestic/sexual violence, have been proven to help women's reintegration into society and thereby reduce reoffending.

  The strategy should therefore highlight the need for prisons, health and social care services and relevant local agencies, such as women's centres, to work together to ensure effective provision of women-specific services in the criminal justice system. The guidance should emphasise the importance of adhering to the principles concerning the treatment of women in prison, as set out in the 2010 Bangkok Rules. The Bangkok Rules are clear that providing for women's distinctive needs is necessary to advance gender equality and should not be regarded as discriminatory.

- **People with learning disabilities and/or autism:** We suggest that people with learning disabilities and/or autism should be listed as a particular group. Each of these disabilities is not immediately obvious – they are frequently referred to as 'hidden disabilities', and many people will not have had their needs identified or have a diagnosis. Many will be reluctant to admit to struggling with certain tasks or finding it hard to understand what is happening around them. The strategy should emphasise that people with learning disabilities and/or autism may find it harder to adjust to the prison environment and their capacity to understand new processes and requirements, particularly under stress, may be limited. People with acquired brain injury, people with poor communication skills and those with learning difficulties may also experience similar problems. Appropriate written communication (for example, accessible information such as Easy Read)and personalised support will be necessary to ensure that all prisoners and people living in approved premises are able to fully understand and participate in local protocols, regimes and daily living activities, such as cleaning their clothes, personal hygiene, ordering meals and keeping themselves safe.

One other group which should be listed here is **"Family and carers"**– both in terms of the positive contribution they can make to a detainee's health and wellbeing, and the negative impact experienced by families, especially children, as a consequence of their relative coming into contact with the criminal justice system. The impact on women detainees, whose children may be taken into care, can be especially traumatic; and the generational impact on children can have far reaching consequences for the individuals directly affected and financial costs to the public purse. The strategy should reflect the importance of family members and carers in supporting people to maintain health, wellbeing and independence while in custodial settings, supporting effective transition back to the community and potentially taking on caring responsibilities once an individual has left prison. While it may not always be possible or appropriate to involve family

members of prisoners directly in assessment or care planning, there should be an expectation that an individual should be asked if they would like to involve others in their assessment and care planning.

2/ A NEW DIRECTION

Overview *(p. 25-26)* Do you agree with the proposed scope, purpose, timeframe, aims and objectives of the Strategy and Action Plan? Please explain.

PRT agrees that the strategy and action plan should cover all individuals at all stages of the criminal justice journey.

We recommend that the **scope** should also reference those particular groups listed in the previous section who are likely to have particular health and social care needs and who, individually or as an "at risk" population group would benefit from a particular focus and bespoke support to ensure their needs are identified and met.

The **purpose** of the strategy should be to provide a framework, "**agreed by all relevant partners**" listed on p.14 for **"rapid, measurable"** improvement.

Timeframe: We recommend that each of the actions set out in the action plan should be assigned a specific milestone within the 3 year period 2017-2020. Some may be achievable more quickly than others and some will be dependent on others having been completed, and it will be important that partners are held accountable for delivery of specific actions during the three year period, rather than waiting until 2020.

Principles: We agree with the principles listed on p.26. The fifth principle should be revised to say:

- A focus on prevention, **proactive identification of need** and tackling inequalities

The following principles should also be added:

- People in contact with the criminal justice system should receive the same standards of access to and quality of health and social care as people in the community
- Clear understanding of respective accountabilities - but improving health and care outcomes is also the responsibility of all partners

Service goals *(p. 27-34)*For each stage in the criminal justice journey, have we correctly identified what a good service would look like and who should be involved? Please explain.

Police response and prosecution: We agree with the stated service goals and the list of people/organisations that should be involved. It would be helpful to make the following additions as shown in bold below:

- Arrangements in place to allow for referral or diversion of vulnerable individuals with severe mental ill health, learning disability **or autism** into mainstream health and social care services where appropriate. **This requires dedicated health and social care professionals in police stations and custody suites to undertake screening and, where appropriate, assessment and, where necessary, to divert people to treatment and care. Wherever possible, reasonable adjustments should be made to the criminal justice process to ensure that individuals are held to account for alleged offending behaviour and have fair access to justice.**
- Vulnerable individuals have access to **necessary, personalised** support to understand and participate **effectively** in police investigations, **including access to independent**

advocacy
- PSNI and PPS s well-informed on health and social care issues that can contribute to vulnerability, **including how to identify the appearance of need and an awareness of the needs of particularly vulnerable groups and how some detained persons, particularly those with learning disabilities or autism, may have hidden needs. PSNI and PPS staff to undergo training to understand these issues and to be able to take steps accordingly**
- **Subject to appropriate consent being given, families of detained persons are informed about their family member's situation as early as possible and given the opportunity to provide support. Permission to share information should be 'fluid' – meaning that a person can change their mind about giving or withholding permission without needing to say why.**

The courts process: We agree with the stated service goals. It would be helpful to make the following additions as shown in bold below:
- Timely information available to criminal justice decision-makers on health and social care needs of those being adjudicated, **including access to physical and psychological assessment reports. Responsibility to share/seek out information should be incumbent on both the provider of information and the recipient.**
- **Arrangements in place to allow for referral or diversion of vulnerable individuals into health and social care services as appropriate. This requires dedicated health and social care professionals in the courts to undertake screening and, where required, assessment and ensure people have access to support as necessary.**
- Vulnerable individuals have access to support and necessary reasonable adjustments to understand and participate **effectively** in courts proceedings, **including access to independent advocacy**
- Judiciary well-informed on health and social care issues that may inform sentencing decisions, **as well as alternative options to custody for vulnerable offenders with particular support needs, which should be routinely available**
- **Defence legal representatives and judiciary should be required to participate in training, particularly to increase their awareness of the needs of vulnerable groups and how some defendants, for example those with learning disabilities or autism, may have hidden needs**

We agree with the list of people/organisations who should be involved, we think mental health, learning disability and autism services, families and carers should also be added.

Custody: We agree with the stated service goals. It would be helpful to make the following additions as shown in bold below:
- Equity of access to health and social care **between** people in custodial settings **and people residing in the community**
- Health and social care services appropriately structured and resourced to meet assessed needs
- Custody staff well-informed **and appropriately trained** on common health and social care issues that can contribute to vulnerability, **the needs of vulnerable groups and the existence of "hidden need" for people with certain conditions**
- Opportunities taken for health promotion by both custody and healthcare services, **including promotion of mental wellbeing**
- **Clear understanding of respective responsibilities for health and social care in prisons so that people don't fall through the gaps.** Partnership working to ensure a

joined up response between custody and healthcare to reduce vulnerability and improve wellbeing. **Information sharing protocols in place between health, social care and custody staff to ensure timely and proportionate information sharing to safeguard individuals and ensure their participation in the daily life of the prison and in the prison regime**

- **Effective screening and assessment procedures must be in place for when people first enter prison, with a clear understanding of the tools to be used, who should be involved and next steps for ensuring access to health and social care services, and prison regimes**
- **Straight forward referral routes for prison staff to refer individuals to health and social care if they are concerned about their behaviour, physical or mental condition, or deteriorating health, and a timely response by health and social care staff**
- **Assessments should be holistic and person-centred. Care and support provided to people in custody should be personalised according to their needs and preferences, and wherever possible people should be able to exercise choice and control about how their needs are met**
- **People in custody should be able to maintain links to family members and carers, where appropriate. Family members and carers should be involved in assessment, care planning and delivery of care and support wherever possible.**
- **Where people move around the a prison, or from one prison to another, their assessed need should be portable and proactive steps taken to support them during transition**
- **Prisons, health, social care and other relevant services/organisations should work together to ensure effective provision of women-specific services in prisons. These services should agree a named lead for such a service and what steps they will all take to contribute to its operation.**
- **Appropriate adjustments, aids and adaptation should be made for people with health and care needs which may make it harder to adapt to the prison environment, for example adjustments to prison buildings to support people with physical disabilities.**
- **All written information provided to prisoners should also be made available in Easy Read to ensure those with communication needs are not disadvantaged.**
- **Clarity needs to be provided on who will undertake safeguarding enquiries; how safeguarding concerns can be raised; to who concerns should be taken, and how they should be dealt with.**

Supervision in the community: We agree with the stated service goals and the list of people/organisations that should be involved. It would be helpful to make the following additions as shown in bold below:

- **Clear understanding of respective responsibilities for providing health and social care services to offenders in the community so that people don't fall through the gaps.** Effective relationships and protocols between PBNI and YJA and local health and social care provides, particularly GPs and mental health services
- Effective information for PBNI and YJA on available health and social care services, including contacts and referral pathways, **as well as other services with an impact on health and wellbeing such as housing, benefits and employment**. **Collaborative development of services where analysis of population need identifies gaps**
- **Bespoke support for women offenders, including providing women only and safe**

spaces for supervision meetings and women only programmes and activities
- **PSNI and YJA staff well-informed and appropriately trained on common health and social care issues that can contribute to vulnerability, the needs of vulnerable groups and the existence of "hidden need" for people with certain conditions**

Resettlement: We agree with the stated service goals and the list of people/organisations that should be involved. It would be helpful to make the following additions as shown in bold below:
- **All people leaving prison, but particularly vulnerable individuals, should be supported to register with a GP in the area to which they are released**

Additionally this section should reference the particular challenges for women leaving prison, particularly in resuming caring responsibilities and reconnecting with families. Evidence suggests that even women serving short sentences can encounter difficulties leaving prison, including dealing with stigma and shame, which can have significant impact on mental health and wellbeing.

Strategic priorities *(p.34-43)* Have we identified the right strategic priorities? Are there any other areas that you feel should be given priority in the Strategy and Action Plan?

We agree with the strategic priorities set out – taken together and supported by focused, collaborative action, these represent a significant opportunity for positive change.

The strategic principles could be enhanced by further clarity in the following areas:

1) Service planning and commissioning: This must support the principle of equivalence - that access to and quality of health and social care should be the same for people in custody as for people in the community. The evidence base should involve an in-depth understanding of need, as well as drawing from evidence and learning about what interventions are likely to achieve desired outcomes, and how. The evidence must focus on prevention and early intervention as well as addressing existing need.

Rather than health and criminal justice services simply providing advice to each other, the onus should be on health and justice to collaborate and to agree a joint strategy for planning and commissioning, including joint commissioning, where appropriate.

Not only is it important to monitor the impact of the joint planning and commissioning strategy, but a culture of continuous improvement should be fostered and changes made where necessary. Feedback and wherever possible co-production with service users should inform every stage of the process.

2) Continuity of care: A key focus for this priority should be early action to support and help people prepare for and cope with transitions, whether that be transition between prisons, transition between prison and the community or transition from youth to adult services. Where people have an identified/eligible need for health and social care services, that need must be continued to be met after any transition to avoid gaps in care. This means necessary health and social care arrangements must be put in place before the individual is moved. Once the transition has been made, a further assessment of need may be undertaken; if less support than that identified in the previous assessment is deemed necessary, this should be justified. A named lead professional with responsibility for coordinating the transition should be identified, alongside a named lead at the receiving institution or within the community.

3) Workforce development: This priority should refer to social care as well as health professionals. As well as a training needs analysis, collaborative action by health and criminal justice services is required to ensure that all relevant staff participate in necessary training. Training should support staff at all stages of the criminal justice pathway to be better equipped to identify likely signs of health and social care needs, particularly where people may have a mental health need, learning disability and/or autism. There should be steps in place to monitor how many, and which staff have participated in relevant training. Staff should also be trained to work collaboratively and to take a person-centred, preventative approach to working with people with health and social care needs. Workforce development should be undertaken to ensure that the particular characteristics of individuals are responded to appropriately, such as women specific and women-centred ways of working, and for individuals from black and minority ethnic communities.

4) Diversion of vulnerable individuals: We agree that developing and implementing an effective liaison and diversion service is a key priority. Development should be informed by learning from other places where this has been developed successfully. An effective liaison and diversion service will include bespoke for support for women and young people. Women, children and young people are particularly hard hit by prison being the default option, with the after effects of inappropriate detention often leading to pressure on relatives, mental ill health and even family breakdown.

We note that implementation of a liaison and diversion service is subject to a business case and necessary approval for funding; however, some existing evidence already suggests that swift access to diversion and liaison schemes and, if necessary, onward health and social care support, could yield short, medium and long-term reductions in the prison population and result in cost savings to the public purse.

To be successful, liaison and diversion efforts must be complemented by timely access to services in the community, including mental health, learning disability, autism and substance misuse, as well as strong working relationships made with other relevant services including housing, financial advice and family support.

5) Health promotion and ill health prevention: Prevention and health promotion should be holistic in focus, reflecting parity of esteem between physical and mental health. Support to maintain physical and mental wellbeing should be available to all people at all stages of the criminal justice pathway, but proactive steps should also be put in place to support known vulnerable groups, particularly women, young people, people with mental health needs, learning disability and autism.

Many interventions will be relatively low cost but could have significant benefits in terms of individual outcomes and reduced costs to services. It is therefore in the interests of health, social care and criminal justice services to work together to put effective preventative support in place. Where people have an identified health or social care need, as far as is possible or appropriate, assessment and support should be personalised and provide choice and control, and include input from a family member or friend. This could help promote and sustain future independence and reduce the risk of people experiencing further health crises or re-offending.

Social care: As people live longer and with long-term conditions or ongoing disability the need to provide effective social care to people in the criminal justice system will become ever more

important. It is essential that the principle of equivalence should underpin a collaborative approach between health, social care and criminal justice services – people in the criminal justice system should expect the same level of access and quality as people in the community. This includes the right to assessment where there is an appearance of need and, where the assessment identifies eligible need, the right to receive appropriate support to meet that need. The threshold for referral needs to be sufficiently low that all potential need can be identified. Clear timeframes should be set clarifying how soon after reception into prison (whether as a remand or sentenced prisoners) assessment should take place.

Only once eligibility is established should the nature of the custodial setting be taken into account in determining how best to meet eligible needs. In other words, the extent and nature of need should be identified before taking into account the environment in which the individual lives. This is particularly important for when people move between prisons or from prison into the community.

We agree that further work should be undertaken to establish what social care is currently provided in prisons. However, as it is highly likely there will be some existing level of unmet need, action should be taken now in parallel to the establishment of the evidence base.

Given the number of agencies with a role around social care, it is imperative that a clear protocol should be developed to establish respective accountabilities to ensure that people with social care needs have those needs met by named providers and do not fall through the gaps. It is not acceptable, for instance, that NIPS staff or fellow prisoners should be relied upon to provide social care that in the community would be the responsibility of health and social care providers, and/or supplemented by trusted family members or close friends. Should fellow prisoners be called upon to provide support, this should be done within a framework of recruitment, training and ongoing support, and monitored by appropriately qualified staff; and the role should be paid.

Where a prisoner has needs but these do not meet the eligibility threshold, these non-eligible needs should be recorded and, where possible, addressed. People in custodial settings, like those in the community, may benefit from low-level preventive support, information and advice which will help them maintain their own health and wellbeing and potentially reduce the risk of escalating need at greater public cost. This kind of support should be made routinely available by the prison service, with advice and support from health and social care services.

7) Accommodation

Appropriate accommodation is a significant contributing factor in helping individuals desist from further offending upon their release from prison – appropriate, meaning: safe and decent accommodation, with a secure tenancy, or plans to move towards this within a given timeframe. This is especially important for women, who can be placed at risk of personal harm through inappropriate accommodation, which can lead to reoffending. For women hoping to be reunited with their children on release from prison, every effort should be made to secure suitable accommodation to expedite children being reunited with their mother, where appropriate. It will be necessary for some individuals, such as people with a learning disability, to move into accommodation with integral support for independent living, and every effort should be made to ensure that the necessary support is in place without delaying release dates or releasing people from prison without the necessary support.

2/ A NEW DIRECTION – ACTION PLAN

Please share your views on the actions identified for each strategic priority. Have we identified the right actions? Are there any other actions you would like to see included?

General comments on the action plan:
Each action should have an assigned date for completion. We note that the strategy and ensuing action plan is designed to bring about change over the next 5 years, but many actions can and will need to be implemented more quickly for that change to be achieved in that timescale. Some quick wins will be available. It is vital that all signatory organisations are accountable for delivering on stated commitments.

Many of the actions are interdependent so it would be helpful to be explicit about the links and respective timeframes. Identifying critical dependencies will also help assign completion dates for each action.

Service planning and commissioning *(p. 2 of action plan)*

Action 1.2 should be developed further to stipulate that health and social care professionals should be located within criminal justice settings to ensure timely access to screening, assessment, liaison and diversion and support where appropriate.

Action 1.3 should be revised to say "This **should** include work to develop the local evidence base, **comprising both needs analysis and existing learning from best practice."**

Action 1.4: This should be done at the outset and assigned an appropriate completion date accordingly.

Action 1.5: This action could be strengthened to say "**Develop a multi-agency approach to supporting people in crisis, for example mental health triage and/or alternative safe spaces to custody. This should include a review of the availability of relevant mental health services at all times of day."**

There should be an additional action that health, social care and criminal justice services should

work together to develop and implement a joint planning and commissioning strategy. This must also take into account the needs of families and carers.
Continuity of care *(p. 3-4 of action plan)*
There should be an additional action for health, social care and criminal justice organisations to develop a protocol for supporting people in the criminal justice system during times of transition, with statements of accountability. Health and social care support should not be removed until there are appropriate ongoing arrangements in place and/or a reassessment of need. This protocol should establish the need for a named accountable professional to lead and coordinate arrangements around transition, and a named professional to 'receive' the individual, whether they are being transferred to another institution or are returning to the community.
Workforce development *(p. 5 of action plan)*
Action 3.2: We agree a key action is to develop a future workforce plan which considers both capacity and capability. This plan should respond to analysis of population need (action 1.3 above). Action 3.3: We agree a training needs analysis should be undertaken – this is an action that could be carried out relatively quickly when completion dates are assigned. There should then be an additional action to design and implement a training plan, and to monitor and ensure that all staff participate in the identified training required, Where possible, this training should be multidisciplinary and should focus on knowledge of health and social care need and effective interventions, but also cultural issues around working with others and taking a person-centred approach. The design, development and delivery of condition specific awareness training, such as learning disability awareness training, should include individuals with direct experience of that condition – in the example given, this would mean people with a learning disability.
Diversion of vulnerable individuals *(p. 6 of action plan)*
Action 4.1 could be strengthened to say "Identify the most appropriate model to support all-stages **liaison and** diversion of vulnerable individuals coming into contact with the CJS, **based on existing evidence of where such services have been effective."** There should then be a further action to plan and implement a liaison and diversion service, including ensuring availability of health and social care services to meet identified need. Like all actions this should be assigned a completion date. There is a direct link here to action 3.2 under workforce development.
Health promotion and ill health prevention *(p.7-8 of action plan)*
Actions in this section of the plan need to focus on health promotion for all people in criminal justice settings, but targeted prevention and early intervention for known vulnerable groups. This will require collaboration from all organisations concerned. There should be a further action to consider the role that the third sector, families and people themselves can play in improving and sustaining mental and physical wellbeing.
Social care *(p. 9 of action plan)*

As set out above, we welcome actions to analyse current social care need in the Northern Ireland prison population, to map current provision and take steps to improve arrangements for meeting need. However, the action plan could be considerably strengthened in relation to social care. In particular, given the number of organisations with responsibilities for social care in prisons, a key action (which should not depend on needs analysis or review of provision having been completed) must be to draw up a protocol for respective agencies to work together to identify potential need, undertake person-centred assessment and meet eligible needs.

Action 6.4 commits to "meeting the social welfare needs of individuals within existing resources." However, if, as it has been suggested, there are levels of unmet social care needs within the prison population, those needs must be met through appropriate funded provision. The Equality Screening for this consultation itself sets out that "the previous 2013/14 Health Needs Assessment report highlighted that under-identification of health and social care needs is an issue, particularly at the front end of the CJS, but also in custody in areas such as mental health."

People in custody should be able to access the same level of social care as people in the community. The determining factor should be need, not where they reside. Ensuring people's social care needs are effectively met could also help prevent future escalation of need at further cost to public services.

A further action should be added to ensure that prisoners are provided with timely and accessible information at every stage from initial identification of need, to assessment and then discussions and decisions about how their needs should be met.

Accommodation *(p. 10 of action plan.)*

A further action should be added to ensure that proactive planning takes place before prisoners are released into the community to ensure that their housing needs are appropriately met. See strategic priorities, number 7, accommodation.

3/ DELIVERING CHANGE

*(p. 45-47 of consultation document)*Please share your views on the proposed approach to resources, governance arrangements, monitoring and evaluation.

Resources: We note that decisions will need to take account of the availability of financial resources and be subject to robust business cases. However, as set out above, any gap in the quality and provision of health and social care services between people in custody and people in the community is an unacceptable discrepancy, which should addressed forthwith. The principle of equivalence is important, and to respond otherwise would be discriminatory. Additionally, more preventative, joined up and person-centred support for health and wellbeing is likely to lead to better outcomes for individuals and families, reduce inefficiencies and duplication of efforts by multiple organisations, while supporting objectives to reduce re-offending.

Governance: We welcome the multi-agency approach to governance. Terms of reference must be clear about the individual and collective accountability of all partners concerned and what is expected to be delivered, and by when. We strongly recommend that there should be service user representation on the Implementation Group, and welcome the intention to establish a number of service user reference groups to provide feedback. A key objective for the Implementation Group should be to ensure that service users are engaged and able to input at every stage from design to delivery to monitoring and evaluation; how their contributions are balanced against those of other group members should be made clear and an 'equal voice' is recommended.

Monitoring and evaluation: More detail is required about how this is carried out. We suggest that an independent evaluation partner should be appointed, and that service users are an integral part of the monitoring and evaluation arrangements. Formative evaluation, where real-time feedback is available to the lead agencies during the lifetime of the action plan, will be particularly helpful in making adjustments and improvements to the approach as it develops.

EQUALITY CONSIDERATIONS
A preliminary Equality Screening, including a Disability Duties and Human Rights Assessment, has been undertaken and the draft Strategy and Action Plan have been screened out: however, a review of Equality Screening will be undertaken following the public consultation exercise. Responses to the questions below will help to inform this review.
Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and comment on how these adverse impacts could be reduced or alleviated.
No; but the action plan must take specific account of and take proactive steps to address the needs of particular vulnerable groups.
Are you aware of any indication or evidence – qualitative or quantitative – that the proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.
Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.
Are there any aspects of proposals where potential human rights violations may occur?

FURTHER COMMENTS
Please include any further comments on the consultation document in the space provided.

Signature: Jenny Talbot

Date: 20 June 2016

Thank you for taking the time to respond to the consultation.