

Our Health Service Story

February 2022

Our Health Service Story

Introduction

Ara Poutama Aotearoa have more than 10,000 staff who work in some of the most difficult and challenging environments in Aotearoa New Zealand, with complex people who have serious convictions, including for physical and sexual violence.

People often come into our management with significant health, disability, mental health, and addiction needs. We are committed to doing everything we can to help people address the causes of their offending, improve their wellbeing, and safely reintegrate back into their communities.

In 2019, Ara Poutama Aotearoa launched Hōkai Rangi: Ara Poutama Aotearoa's Strategy for 2019-2024. Hōkai Rangi expresses Ara Poutama's commitment to deliver better outcomes with and for Māori, so that the over-representation of Māori in the corrections system can be addressed.

At the heart of the strategy is the concept of oranga (wellbeing). A key component of oranga is good physical and mental health.

When a person has a physical or mental health need they may seek help from Health Services, which illustrates the important role it plays in achieving oranga for people in prison.

Purpose

This document provides the context which led to the establishment of Health Services in its current form. It also outlines how Health Services are structured, resourced, delivered, and the work we are doing to improve service delivery in the prison setting.

Why change was necessary

Monitoring agencies highlight the need for improvement

Since 2012, the Office of the Ombudsman¹ (the Ombudsman) has released several reports, some of which identified areas for improvement in relation to health service delivery.² For example, in 2015-2016, the Ombudsman found people in prison had mixed views on the overall quality of primary health services provided by our Health Centres located at each prison site.

During this period, the Health and Disability Commissioner (HDC) released several reports concluding that there had been multiple breaches of The Code of Health and Disability Services Consumers' Rights. Cumulatively, findings from different monitoring agencies coupled with the introduction of Hōkai Rangi, led to the redesign of Health Services in 2019/2020.³

1. The Ombudsman is one of the designated National Preventive Mechanisms under the Crimes of Torture Act 1989. It is responsible for examining and monitoring the general conditions and treatment of detainees in New Zealand prisons.

2. Ombudsman Annual Report 2012-2013.

3. 13HDC00207: Care of a prisoner with complex care needs, 16HDC01703: Healthcare provided to patient in prison, 16HDC01922: Medical care of a prison inmate.

In 2019/2020 Health Services are redesigned

Previously, the Director Offender Health reported to the Deputy Chief Executive Service Development. Broadly, this position was responsible for reporting requirements, health provider contracts, and any issues that could not be addressed at a local level. In 2018, changes took place, which resulted in the Director Offender Health position being changed to General Manager Health.⁴ For the first-time new positions were created that specifically related to mental health and health practice. However, the scope of this service remained limited, particularly, in terms of service improvement, monitoring, and governance.

In 2019, following the publication of Hōkai Rangī, the role of Deputy Chief Executive Health was created with the aim of improving the delivery of health services. Creating this position sent a clear signal that Health Services were considered an integral part of the decision-making process in achieving the outcomes of Hōkai Rangī.

One of the first actions taken by the new Deputy Chief Executive Health was to commission a stocktake of previous reports related to health service performance. This included reports over the last decade from the Ombudsman, HDC, and Ara Poutama Aotearoa's Office of the Inspectorate. Over 100 documents were reviewed and four key areas that required attention were identified. These were:

- better data and reporting – monitoring system performance
- improve integrated and planned care – working with external providers to ensure those in prison receive timely care
- governance and structure – developing stronger reporting lines, with an emphasis on quality and safety
- health sector alignment – developing strong relationships with health partners and better workforce development and retention.

This also meant strengthening our health leadership through the creation of a team of senior health sector leaders and practitioners both within National Office and regionally, which now includes a:

- Chief Nurse / National Operations Director
- Chief Māori Health Officer
- Chief Medical Officer
- Director Insights & Analytics Health
- Director Mental Health & Addictions
- Principal Adviser Health.

These changes also resulted in Health Centre Managers no longer directly reporting to Prison Directors but to the new Health Services leadership team.

The health, disability, mental health, and addiction services' teams are now under the one Health Services group structure. Building better monitoring and governance arrangements of what the health issues are, where they interconnect, e.g. health and mental health, and how health service delivery can be improved is crucial. Now the focus is on improving health service availability, access, timeliness, and health equity for Māori.

Of note, Addiction Services now resides within the Health Services group. Previously, addictions were primarily viewed as a criminogenic condition rather than as an offence-focused and health-related issue.

Health Services also actively works with health providers, the health and disability system, and our partners across government. As a result, we're improving existing relationships and building new ones. In this way we're better placed to respond and implement change quickly, e.g. Ara Poutama Aotearoa's response to implementing COVID-19 prevention measures and our subsequent COVID-19 vaccination rollout.

4. The Deputy Chief Executive Service Development and General Manager Health have subsequently been disestablished.

Our current service delivery model

How health, disability, mental health, and addiction services operate in practice

Health Services deliver primary healthcare services that are reasonably equivalent to those in the community.⁵ This includes medical practitioner services, nursing care, basic dentistry, and disability support services.

Each prison has a health centre which is managed by a team of registered nurses employed by Ara Poutama Aotearoa. Dentists, Medical Practitioners, and allied health practitioners are contracted to provide services at prison sites.

A person entering prison undergoes a reception health screen, which helps identify any health, disability, mental health, or addiction-related issues. When indicated, supports or referrals are also made to specialist services. The Initial Health Assessment is a more in-depth health screen that also takes place early on during a person's stay in prison. This contributes to their plan of care which may include scheduled health assessments or further health screening.

All people in prison can access health services via a Health Request Form process or by speaking to a health or custody staff member at any time. Health Request Forms are triaged, and appointments are booked with nurses, allied health professionals and medical practitioners as necessary.

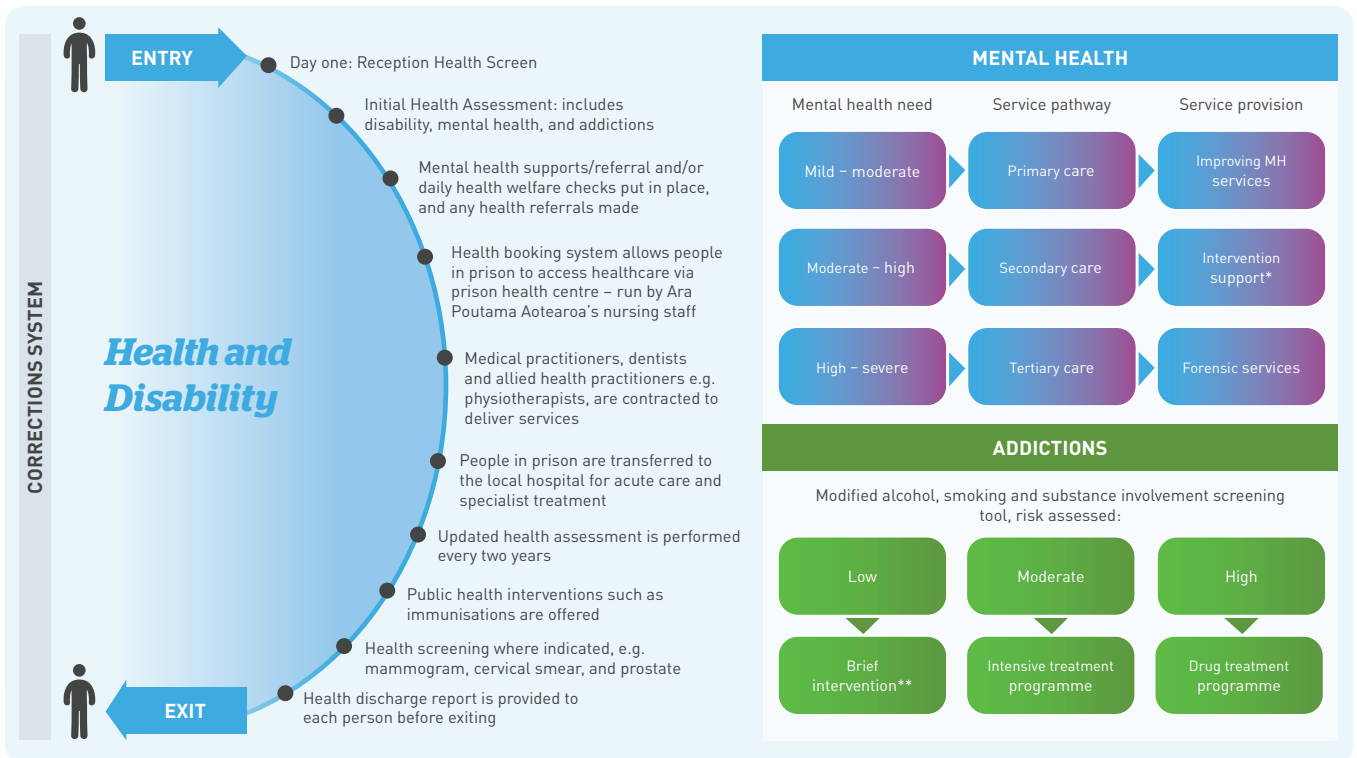
Secondary health care service provision, often hospital-level care, is the responsibility of the publicly funded health and disability system. People in prison are referred by Health Services under the same eligibility criteria which applies to the general population. Where an acute medical event occurs, which cannot be managed by a Prison Health Centre, the patient is transferred to the local hospital for treatment.

In 2020/21, all Health Centres were Cornerstone Accredited by the Royal New Zealand College of General Practitioners. The following diagram provides an overview of the health, disability, mental health, and addiction services we deliver.

5. Section 75 of the *Corrections Act (2004)*.

A high-level overview of our service delivery model

Health Services: touch points and functions



* Intervention support is delivered at six prison sites, nine prison sites have Clinical Nurse Specialists – Mental Health in place, and three sites solely provide Improving MH services and forensic services.

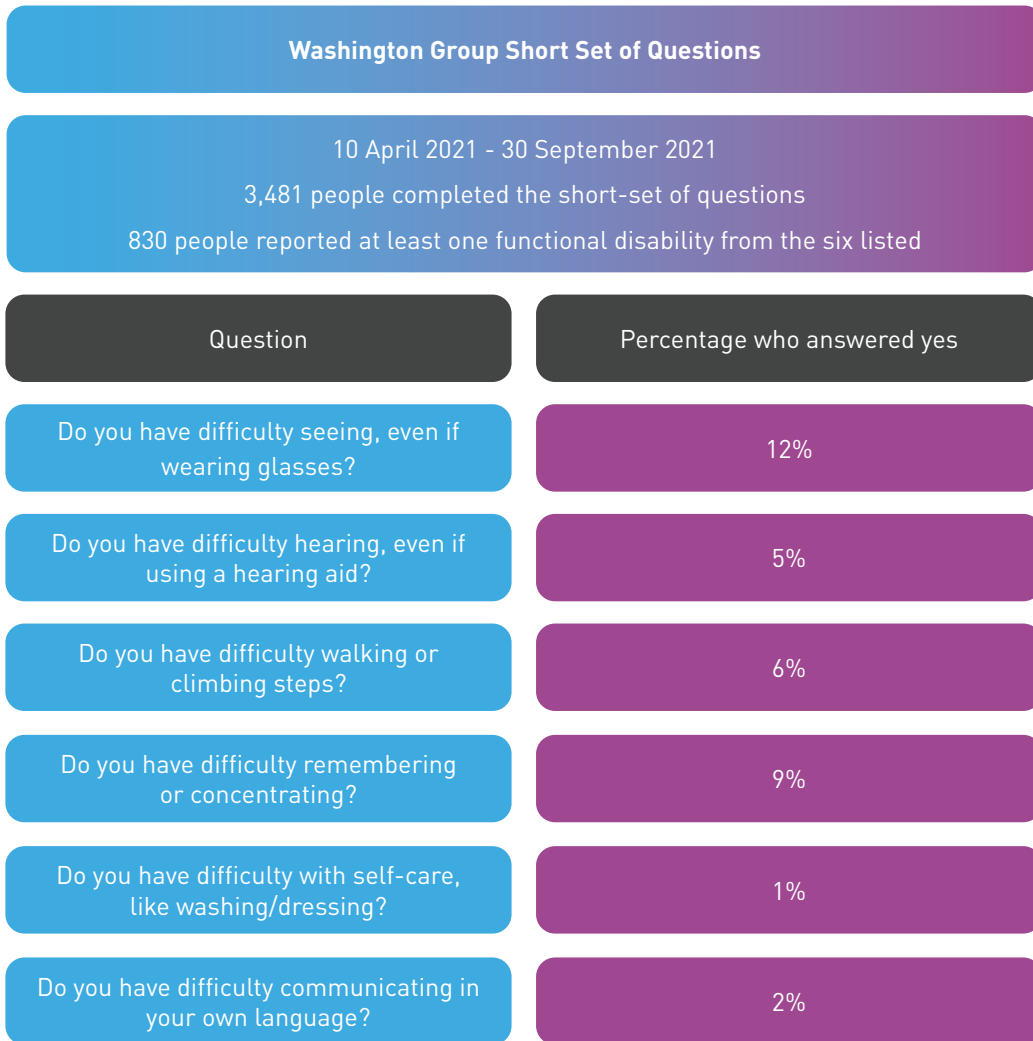
** Brief intervention falls under case management. Case Managers help people in prison understand their offending and assist with any potential obstacles to living an offence free life.

Each person also undergoes a mental health screen as part of the prison entry process. People with serious mental health needs may be supported in partnership with their local Regional Forensic Mental Health Service (run by the public health system). If a person satisfies the criteria under the Mental Health Act 1992, they may be transferred to a secure forensic mental health facility for ongoing care.

This assessment includes questions about a person’s functional capability in relation to mobility, cognition, vision, hearing, language and communication, and the activities of daily living. The information captured provides an opportunity to identify how services can be better delivered for people who are living with a disability, at a population-based level.

In April 2021, Health Services incorporated the Washington Group Short Set of Questions on Disability into our Initial Health Assessment.

Washington Group Short Set of Questions – preliminary findings



What’s underway and what’s next

Creating a Kaupapa Māori Health Service

More than half of the total prison population identifies as Māori. Action 2.4 in Hōkai Rangī mandates Ara Poutama Aotearoa to co-design a Kaupapa Māori Health Service that incorporates the services of rongoā Māori practitioners. This is to better meet the health needs of Māori, and ultimately everyone in the corrections system.

The Kaupapa Māori Health Service aims to provide care pathways that clearly map out how people access health services.

This new service will have a strong focus on ensuring that there is continuity of care for those who transition back into the community. This will be achieved through referral pathways to whānau, hapū and iwi health services. Service development is guided by the concept of pae ora, a holistic concept which includes three interconnected elements:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.⁶

6. Whakamaua: Māori Health Action Plan 2020-2025, Ministry of Health.

By addressing people's health needs sooner, they are more likely to have better health outcomes, which helps reduce the likelihood of reoffending once a person has left prison. This programme of work is in its early stages.

Better data reporting has begun

Health Services is now producing a Health Outcomes and Equity Report on a quarterly basis. This is a significant milestone. Historically health data collection and reporting were limited and largely focused on outputs rather than health outcomes. This resulted in:

- difficulty in seeing the value of some of the outputs
- multiple outputs can often provide false reassurance
- they offer limited insight as to how service delivery can be improved.

The Health Outcomes and Equity Report will be refined over time. Nevertheless, there is currently a balanced mix of output and outcome measures which utilises some of those outlined in Whakamaua, the Ministry of Health's Māori Health Action Plan for 2020-2025.

As our reporting and insights function matures it will act as a catalyst to identify opportunities for service improvement.

We've piloted our first Health Needs Assessment of people in prison

Our health needs assessment is a systematic review of the health issues faced by people in prison, including their unmet health needs. Prison populations tend to have some of the highest and most complex needs—including a high prevalence of people with serious, often life-threatening conditions, which underscores why completing a health needs assessment is an important action. Overall, it seeks to:

- build a picture of the current Ara Poutama Aotearoa Health Service
- understand the burden of disease among people in prison
- inform future work planning.

Consequently, we can see how service delivery requires change to better meet evolving health needs.

We're working on our first Disability Action Plan for mid-2022

Health Services Disability Action Plan is to be launched in mid-2022. It will align with Hōkai Rangi and embed Ara Poutama Aotearoa's obligations to the United Nations Convention of the Rights of Persons with Disabilities, the New Zealand Disability Strategy 2016-2026, the New Zealand Disability Action Plan 2019-2023, Te Tiriti o Waitangi, and Whakamaua: Māori Health Action Plan 2020-2025.

Whilst action plan development is in progress, work is already underway to better understand how the prison environment affects a disabled person's health and wellbeing. Where environmental improvements can be made Health Services intends to work with our colleagues across Ara Poutama Aotearoa to implement change.

Strengthening Mental Health and Addiction Services is a high priority

In Budget 2019, Ara Poutama Aotearoa received additional funding to improve access to mental health and addictions support for people in prison. The following highlights illustrate our progress to date:

- Multidisciplinary Mental Health Intervention and Support Practice Teams at three additional prison sites (there are now six teams based in our most complex and challenging prison sites).
- New Clinical Nurse Specialists – Mental Health, at nine additional sites (where we do not have Intervention and Support Practice Teams).
- Alcohol and Other Drug intensive treatment in prisons: 11 programmes have been improved by recruiting more clinicians, making aftercare roles permanent, and providing additional roles for peer and cultural support.
- Up to five more intensive Alcohol and Other Drug programmes in prison are being rolled out by the end of 2022/23, which includes:
 - The Tongariro Prison Drug Treatment Programme that started in September 2021.
 - The Invercargill Prison Intensive Treatment Alcohol and Other Drug Programme which starts in early 2022.
- In addition, Alcohol and Other Drug testing and harm reduction support was rolled out nationally in 2019/20.

Delivering on our new Suicide Prevention and Postvention Action Plan

Our Suicide Prevention and Postvention Action Plan 2022-2025, is to be published shortly. Ara Poutama Aotearoa recognises that people in prison are at higher risk of suicide compared to the public. Some risk factors for suicide can pre-date a person’s stay in prison, however others such as social isolation, feelings of shame, or guilt, may be a direct consequence of or exacerbated by their imprisonment.

Action plan development was informed by the Ministry of Health’s suicide prevention strategy, Every Life Matters (2019-2029). Health Services will take deliberate and targeted action to reduce suicides in prison and improve wellbeing for all.

To be successful we need to:

- further develop our capacity to use data to help reduce suicides
- expand the current workforce, and provide mental health supervision, training and learning opportunities
- use early intervention approaches to improve wellbeing and prevent suicidal distress
- effectively respond to suicidal behaviour by increasing the range of supports available
- ensure our response to a suicide is always coordinated and culturally appropriate.

Hikitia: the new Mental Health and Addiction Service based out of Waikeria Prison

Hikitia (meaning to “uplift”) is being developed and delivered in partnership with Iwi Raukawa, Ngāti Maniapoto, mana whenua ahi kā Maniapoto ki te Raki, Raukawa ki Wharepūhanga and Waikato DHB for men in prisons within the Central Region who have mental health and addiction needs.

The 100-bed unit, Te Wai o Pure, at Waikeria is central to the service with outreach services for the wider Waikeria site, Tongariro Prison and Spring Hill Corrections Facility. Te Wai o Pure, is being developed as part of the new Waikeria Prison build.

It is expected approximately 2,000 men will benefit from this service annually with an outreach function across the three Central Region prison sites ensuring the service is accessible and equitable. It also marks a significant investment that strengthens health services and supports a strong mana whenua ahi kā, tāne/whānau centred model of care focusing on oranga.

Alcohol and Other Drug Strategy 2021-2026: a change in direction to improve outcomes

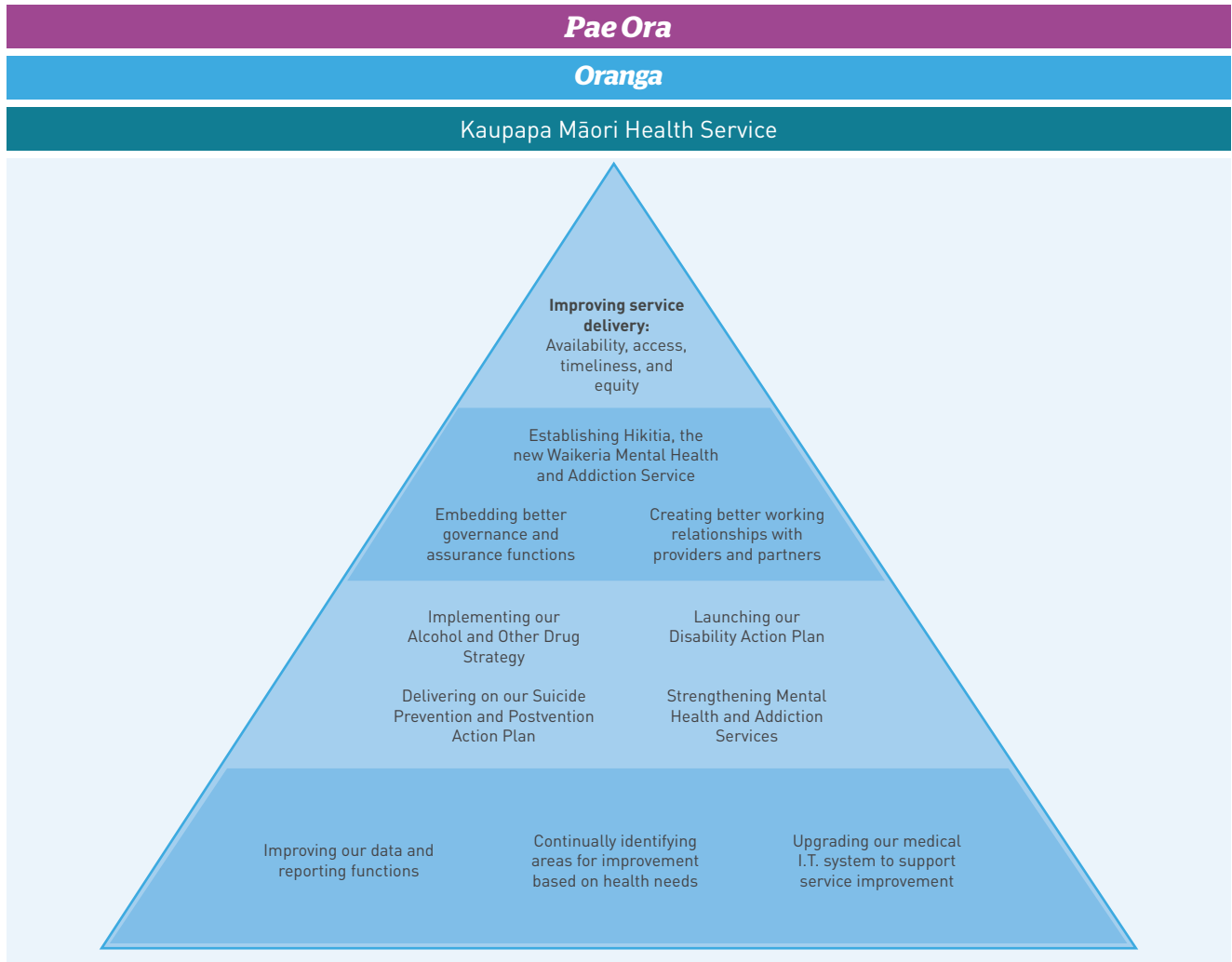
Substance use is a serious health issue and a significant contributing factor to crime and other social harm. Focussing on the criminalisation of drugs contributes to ongoing stigma and marginalisation. The criminalisation of whānau, families and communities has not enabled an effective approach to addressing the harms of alcohol and other drug use. The Alcohol and Other Drug Strategy, in taking a wellbeing focus, moves from a deficit approach to focus on enabling oranga and rethinking how we as a department address substance use in our policies and practices. The strategy:

- Prioritises alcohol and other drugs as an important oranga and wellbeing issue and treat it as such in policy and practice while recognising any connections with offending.
- Demonstrates our commitment to partnership under Te Tiriti by sharing design and delivery functions and responsibilities with Māori.
- Identifies and addresses systemic and institutional barriers to treatment and support.
- Develops and nurtures a compassionate, competent, culturally safe, complexity capable, whānau centred and empowered workforce that uses mātauranga Māori as a normal part of their everyday therapeutic practice.
- Works effectively with other agencies and organisations to build people’s resilience and enable them to stay connected with whānau and communities that support their oranga and wellbeing.
- Designs and evaluates intervention and treatment pathways in partnership with Māori and actively enable, support, and protect mātauranga Māori as expressions of mana motuhake and rangatiratanga.

These early actions support our overarching aims

The sum of these actions contribute to delivering a better health service, that allows more people to achieve oranga and pae ora, respectively. Our Kaupapa Māori Health Service is a key enabler, which will become more apparent as new programmes of work and initiatives get underway.

How multiple actions contribute to oranga and pae ora



Summing-up

Success: people in prison, particularly Māori, get the care they need when they need it

The New Zealand health and disability system is embarking on reforms to improve outcomes for Māori. Ara Poutama Aotearoa’s Health Services finds itself in a similar position. The task ahead is not underestimated, but we have made good early progress.

We know we will have been successful when people in prison, particularly Māori, get the care they need, when they need it, which results in good health and wellbeing now and in the future, in other words, pae ora.



Health Services
Paē Ora



ARA POUTAMA AOTEAROA
DEPARTMENT OF CORRECTIONS

Department of Corrections, PO Box 1206, Wellington, 6140

Phone: {64 4} 460 3000



Follow us @CorrectionsNZ or visit
our website www.corrections.govt.nz