



8 October 2021

Co-ordinated Effort Required to Improve Health and Social Care Services for Vulnerable Prisoners in Northern Ireland

In July 2020, following criticism by the Prisoner Ombudsman for Northern Ireland of the care provided to vulnerable prisoners, the Ministers for Justice and Health commissioned RQIA to review services provided to vulnerable people in Northern Ireland prisons.

An Expert Review Team led by the RQIA has found evidence of improvement in partnership working and governance arrangements and examples of good practice, such as: health and wellbeing engagement work during COVID-19; the Towards Zero Suicide Initiative; the Forensic Managed Care Network; and the Supporting People at Risk (SPAR) Evolution approach to supporting people in crisis.

However, the Expert Team found a need for further improvement in how services are commissioned, planned and delivered.

Services are under considerable pressure, with demand greatly exceeding capacity. There are long waiting times for mental health appointments, for addiction appointments and for transfer to acute mental health beds within hospital; and significant lack of psychological support for people with a history of personality disorder and trauma.

Many committed prison service and healthcare staff are already working with great compassion and dedication to make things better for vulnerable people in custody, but co-ordinated effort is needed across the Criminal Justice and Health and Social Care systems to improve outcomes.

The Expert Review Team has made 16 recommendations, which, if fully implemented, will support better outcomes for vulnerable prisoners - including the avoidance of harm; better prospects for treatment and rehabilitation; reduced reoffending; and reduced risk to wider society.

Achieving this is a considerable challenge in a highly complex system with limited resources. Success depends on sustained commitment and deepening partnership across the Criminal Justice and Health and Social Care systems, recognising that prisons are not “a place apart” but a part of society.

The Ministers of Health and of Justice have both welcomed the review.

Health Minister Robin Swann said: **“We welcome the review undertaken by the Expert Panel, and along with the HSC Board, South Eastern Trust, Department of Justice and the NI Prison Service will consider the recommendations arising from this report, and produce an implementation action plan. It’s important that we all continue to collaborate and work together to improve outcomes for vulnerable people in prison.”**

Justice Minister Naomi Long added: **“This review was jointly commissioned by the Departments of Justice and of Health in response to concerns about how best to keep vulnerable prisoners safe when in the care of the Prison Service. RQIA’s report provides an insight into the challenges faced by people in custody and the staff who provide care and support to vulnerable people in prison on a daily basis.**

“While it highlights a need for improvement in how services are planned and delivered, as well as a need for a co-ordinated effort across the criminal justice and health and social care systems, it also recognises the commitment of prison staff as they seek to meet the needs of some of the most complex, challenging and vulnerable members of our society. The Department of Justice will take into account RQIA’s findings and recommendations, and we will work with the Department of Health to oversee its implementation.”

Commending this review, Professor Siobhan O’Neill, Northern Ireland’s Mental Health Champion said: **“I am assured of their commitment to work together to improve the outcomes for prisoners with mental health issues. The report identifies the need for a government-led strategy, accompanied by additional funding, to deliver interventions and support for people in the care of the prison system who have suicidal thoughts and behaviours. It is vital that the report’s recommendations are fully implemented.”**

Briege Donaghy, Chief Executive of RQIA, concluded: **“RQIA is committed to monitoring the care provided to people in custody, as part of its statutory role. We will work in partnership with the Criminal Justice Inspectorate, and with the skilled and dedicated staff in the Northern Ireland Prison Service and in the Health and Social Care system to make sure that services are improved for these particularly vulnerable people.”**

ENDS

NOTES TO EDITORS

RQIA's review programme provides independent and professional assurance to the Minister and to the public about the quality, safety and availability of health and social care (HSC) services in Northern Ireland, in both the HSC itself and the independent sector. It drives continuous improvement of those services and ensures that the rights of service users are safeguarded. RQIA is one of the four designated National Preventive Mechanisms under the United Nations Optional Protocol for the Convention against Torture (OPCAT) with a responsibility to visit individuals in places of detention and to prevent inhumane or degrading treatment.

Northern Ireland has a 25% higher prevalence of mental ill-health than the rest of the United Kingdom. Many people in prison can have complex needs and may require additional care and support for their mental health. Many have a history of adverse childhood experiences, substance misuse and significant mental illness.

Between 2012 and 2019, a number of prison reports highlighted that the care of vulnerable people in custody required significant improvement.

In July 2020, RQIA was jointly commissioned by the Departments of Health and of Justice to undertake a Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons. This review was undertaken from December 2020 to February 2021.

The review examined the quality of the services and support available to prisoners, and examined how services are planned, commissioned and delivered. RQIA's Expert Review Team met with people in prison to understand their views and experiences; and engaged with prison and healthcare staff working in these services. The Terms of Reference for the review, agreed by a Steering Group of Department of Health and the Department of Justice policy officials, were:

- To assess the effectiveness of strategies/policies, services and operational procedures in place to deliver care and treatment to individuals with mental ill-health at risk of self-harm or suicide in Northern Ireland prisons.
- To assess the effectiveness of arrangements for needs assessment and planning and commissioning of services delivered to this group within Northern Ireland prisons.
- To assess the effectiveness of arrangements for assuring the quality of services delivered to this group within Northern Ireland prisons.
- To seek the views and experiences of service users in relation to the effectiveness of services provided.
- To report on the findings and make practical recommendations to improve outcomes for vulnerable prisoners in Northern Ireland.

The report makes 16 recommendations (listed below) which have been prioritised in relation to the timescales in which they should be implemented, following the publication of the report.

- Priority 1 - completed within 6 months of publication of report
- Priority 2 - completed within 12 months of publication of report
- Priority 3 - completed within 18 months of publication of report

Number	Recommendation	Priority
1	DoH and DoJ should clearly communicate the vision for improving outcomes for people in prison who are at increased risk of self-harm and suicide. This may be encompassed in a new or updated strategy and should be fully embraced and implemented by all stakeholders: NIPS, SEHSCT, HSCB and PHA.	3
2	Commissioners (currently the HSCB) and providers (SEHSCT) should work together and with NIPS to define and agree the metrics needed to inform an ongoing assessment of need. A robust system for regular data collection and analysis, utilising all relevant sources of information, should be developed and implemented as an interim measure ahead of the introduction of Encompass. In the absence of a reliable electronic system, consideration should be given to harvesting data manually.	2
3	The DoH and HSCB should define the future arrangements for the planning and commissioning of healthcare in prison. These arrangements should be founded on the development of a regional service specification which is based on a robust needs assessment and has the specific requirements and standards to enable the monitoring of services for people who are vulnerable in custody. The Forensic Managed Care Network should develop a Healthcare in Prison sub-group as part of its governance structures in order to provide expert advice to this process.	2
4	Commissioners (currently the HSCB) and providers (SEHSCT) should benchmark Northern Ireland's healthcare in prison services with prison healthcare services in the rest of the United Kingdom. Where deficits are identified through benchmarking, a needs assessment should inform additional funding arrangements.	1
5	The DoH and HSCB/PHA should review their oversight arrangements to ensure that there are clear lines of reporting to support oversight and accountability for both the commissioning and provision of services. This should be facilitated by introduction of a traffic light dashboard to facilitate joint oversight and monitoring of key performance indicators at both commissioner and provider level.	2
6	Commissioners (currently the HSCB) and providers (SEHSCT) should work together to develop a service specification for an integrated model of care for mental health provision within the prison service; this should be informed by a robust needs assessment taking into account the needs of vulnerable people in custody. Underpinned by the right to health.	2
7	The SEHSCT should update policy and procedure for allocating mental health appointments to align with the Quality Network for Prison Mental Health Services Standards and ensure live monitoring of performance. This process should consider the feasibility of a pathway for self-referral.	2
8	Commissioners (currently the HSCB) and providers (SEHSCT) should work together to review the capacity and capability of the mental health service to ensure that waiting times for urgent and routine mental health assessments meet the Quality Network for Prison Mental Health Services Standards. Specifically, this should include a review of the number of staff members and skill mix of the mental health team. Data should be routinely collected on waiting times of all mental health appointments including review appointments.	2

Number	Recommendation	Priority
9	Commissioners (currently the HSCB) and providers (SEHSCT) should work together to review the current capacity and capability of the addiction service to meet the needs of prisoners who require treatment and support for addiction. Urgent consideration should be given to increasing the number of specialist nurses in order to increase Opiate Substitution Therapy provision and to shorten waiting times.	1
10	Commissioners (currently the HSCB) and providers (SEHSCT) should work together to review the current capacity and capability of prison psychology services to effectively deliver a stepped-care model that meet the needs of vulnerable prisoners. Consideration should be given to introduction of a specialist psychology service which offers therapeutic intervention for those with a history of trauma and personality disorder.	2
11	Commissioners (currently the HSCB) and providers (SEHSCT) should work together to plan, commission and implement a therapeutic approach to personality disorder within the prison service. This should include the introduction of a specialist personality disorder service providing evidence-based treatment programmes. Commissioners (currently the HSCB) and providers (SEHSCT) should also work together with NIPS to consider the introduction of Psychologically Informed Planned Environments to help improve the management of people with personality disorder.	3
12	Commissioners (currently the HSCB) and providers (SEHSCT) should ensure that there is a robust screening and data collection system for specific vulnerabilities such as learning disability, autism, ADHD, acquired brain injury and dementia. This data should be used to inform the needs assessment, planning and commissioning of specialist provision to ensure that services meet the needs of these vulnerable groups.	2
13	The joint NIPS and SEHSCT Executive Group should jointly commission an external review of the SPAR Evolution approach. This should assess the effectiveness of input from healthcare in prison and evaluate outcomes for vulnerable people detained in Northern Ireland prisons.	3
14	Commissioners (currently the HSCB) and Providers (SEHSCT) should develop an algorithm to assess the suitability of individuals placed in the CSU as the result of an operational decision taken by NIPS. The algorithm should be applied by a doctor or registered nurse within two hours of placement in the CSU. Where it is identified that a prisoner is mentally unwell, they should be assessed by the mental health team; appropriate arrangements should be made for the immediate transfer of those who are severely mentally unwell to an acute mental health bed within HSC. For those who are mentally unwell but do not require an acute mental health bed, an appropriate care plan should be formulated and implemented by SEHSCT.	1
15	Commissioners (currently the HSCB) and providers (all HSC Trusts) should collaborate to identify options for expediting the transfer of prisoners who are acutely mentally unwell and require admission to appropriate hospital services. One option should be a single point of entry for access to PICU and acute mental health beds.	3

Number	Recommendation	Priority
16	Commissioners currently the (HSCB) and its provider (SEHSCT) should work together with NIPS and all relevant stakeholders, including the probation service, to ensure that there are robust systems in place for referral, liaison and information sharing to facilitate planning for ongoing care in advance of a prisoner's release date.	2

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From Friday 8 October 2021, you can access the report at: www.rqia.org.uk and a short video will be available on Twitter [@RQIANews](https://twitter.com/RQIANews).