



Paper No. SET/71/2021	
	Tick One ✓
For discussion	
For approval	
For noting	✓

Date of Trust Board Meeting:

Confidential or Public Agenda:

Agenda item: RQIA Review of Vulnerable People Detained in Northern Ireland Prisons

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) completed a Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons in 2020. An expert review group from across the UK examined the effectiveness of strategies/policies, services and operational procedures in place to deliver care and treatment to people with mental ill-health at risk of self-harm or suicide in Northern Ireland prisons. The review included an evaluation of needs assessment, planning and commissioning of services, and the arrangements for assuring the quality of services delivered to this vulnerable and at risk group within Northern Ireland’s Prisons. The Expert Review Team acknowledged the enthusiasm and positivity of ground level staff and their clear value base. The Mental Health Champion for Northern Ireland also commended the commitment shown by the Northern Ireland Prison Service (NIPS) and the South Eastern Health and Social Care Trust (SEHSCT), as reflected in this review.

2.0 Brief summary of key points contained in the paper/s

RQIA has established that healthcare in prison is significantly underfunded in comparison to other regions within the United Kingdom, despite the NI population having higher levels of mental illness. As a result, prison healthcare services are under considerable pressure and presently it is a challenge to meet the needs of all those within its care who are at increased risk of self-harm and suicidal behaviour or have mental health issues. RQIA stated while that the Prison Service and the South Eastern Health and Social Care Trust have made great efforts and commendable progress since the negative reports in 2014-16 period, particularly in relation to Supporting People at Risk Evolution, partnership-working and governance, they can only continue to improve within the constraints of existing resources.

The Review found that:

- Existing services are under considerable pressure, with demand greatly exceeding capacity.
- Waiting times for urgent and routine mental health assessments fall significantly short of national standards.
- There is a distinct lack of specialist support for people with personality disorder and for those with specific vulnerabilities such as learning disability and autism.

- Acutely mentally unwell people are still being looked after within the Prison Care and Supervision Units (CSU's) rather than receiving appropriate inpatient treatment; and
- Waiting times for transfer to mental health beds are unacceptably long.

3.0 Recommendation/s for the Trust Board (for information/noting)

The Review made 16 recommendations, allocating these to a timescale for Implementation. The following are the "Priority 1" measures, which the Review Team considered should be implemented within six months:

- 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.
- 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.
- 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.

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