

**Circular HSC (SQSD) (NICE NG66) 22/17**

**Subject: NICE Clinical Guideline NG66 – Mental health of adults in contact with the criminal justice system**

**For action by:**

Chief Executive of HSC Board – **for distribution to:**  
All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – **for cascade to:**  
Head of Pharmacy and Medicines Management  
Family Practitioner Services Leads – for cascade to relevant  
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**  
Director of Public Health and Medical Director – for cascade  
to relevant staff  
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**  
Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Heads of Pharmaceutical Services – for cascade to relevant  
staff  
Directors of Acute Services – for cascade to relevant staff  
HSC Clinical and Social Governance Leads  
Directors of Social Services – for cascade to relevant staff  
Directors of Finance – for cascade to relevant staff  
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

**For Information to:**

Chair of HSC Board  
Chair of Public Health Agency  
Chairs of HSC Trusts  
Chair of RQIA  
NICE Implementation Facilitator NI  
Members of NI NICE Managers' Forum

**Summary of Contents:** This guideline covers assessing, diagnosing and managing mental health problems in adults (aged 18 and over) who are in contact with the criminal justice system. It aims to improve mental health and wellbeing in this population by establishing principles for assessment and management, and promoting more coordinated care planning and service organisation across the criminal justice system.

**Enquiries:**

Any enquiries about the content of this Circular should be addressed to:  
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**Circular Reference: HSC (SQSD) (NICE NG66) 22/17**

**Date of Issue: 15 May 2017**

**Related documents:**

HSC (SQSD) 3/13  
HSC (SQSD) (NICE NG57) 14/17

**Superseded documents**

None

**Status of Contents:**

Action

**Implementation:**

As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

**Additional copies:**

Available to download from  
<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

**Dear Colleagues**

**NICE Clinical Guideline NG66 - Mental health of adults in contact with the criminal justice system** <https://www.nice.org.uk/guidance/ng66>

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf>)

**1. HSC Board / PHA**

- a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
- b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
- c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
- d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DoH as required at 6 monthly accountability meetings.

**2. HSC Trusts**

- a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
- b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
- c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
- d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

**3. RQIA**

- a. Disseminate the Guideline to the independent sector as appropriate.

**4. HSC Special Agencies and NDPBs**

- a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department's website at <https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

A handwritten signature in black ink, appearing to read 'Paddy Woods', with a stylized flourish at the end.

**Dr Paddy Woods**  
**Deputy Chief Medical Officer**

## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Clinical Guideline – NG66 <a href="https://www.nice.org.uk/guidance/ng66">https://www.nice.org.uk/guidance/ng66</a>
Title	Mental health of adults in contact with the criminal justice system
Summary of guidance	<p>This guideline covers assessing, diagnosing and managing mental health problems in adults (aged 18 and over) who are in contact with the criminal justice system. It aims to improve mental health and wellbeing in this population by establishing principles for assessment and management, and promoting more coordinated care planning and service organisation across the criminal justice system.</p> <p>It includes recommendations on:</p> <ul style="list-style-type: none"><li>• assessing and managing a person's mental health problems, including assessing risk to themselves and others</li><li>• planning their care</li><li>• psychological and pharmacological interventions</li><li>• how services should be organised</li><li>• staff training</li></ul> <p>Also see NICE Clinical Guideline NG57 - Physical health of people in prison (endorsed by DoH in February 2017), which covers mental health assessment for the prison population as part of the first-stage health assessment for people going into prison, and continuity of mental health care for people leaving prison <a href="https://www.health-ni.gov.uk/articles/nice-endorsed-clinical-guidelines-20162017">https://www.health-ni.gov.uk/articles/nice-endorsed-clinical-guidelines-20162017</a>.</p>
Related strategically relevant DoH/ HSC policies	None
Inter-Departmental interest	None

Legislative / policy caveats	<p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p> <p>The <i>Care Act 2014</i> does not apply in NI. The following legislation should be read in place of the <i>Care Act 2014</i>;</p> <p><i>Health and Personal Social Services (Northern Ireland) Order 1972</i> -  <a href="http://www.legislation.gov.uk/nisi/1972/1265">http://www.legislation.gov.uk/nisi/1972/1265</a></p> <p><i>Health and Social Care (Reform) Act (Northern Ireland) 2009</i> -  <a href="http://www.legislation.gov.uk/nia/2009/1/contents">http://www.legislation.gov.uk/nia/2009/1/contents</a></p> <p><i>The Mental Health (Northern Ireland) Order 1986</i> -  <a href="http://www.legislation.gov.uk/nisi/1986/595">http://www.legislation.gov.uk/nisi/1986/595</a></p> <p>This guideline refers to <i>Assessment, Care in Custody and Teamwork (ACCT)</i> in GB which should be replaced with the <i>Supporting Prisoner at Risk (SPAR)</i> used in all NI prisons.</p> <p>The Guideline refers to the <i>Care Programme Approach</i>. Care co-ordination and risk management should be interpreted within the Northern Ireland legal framework under the <i>Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability 2010</i>.  Available at: <a href="https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/mhld-good-practice-guidance-2010.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/mhld-good-practice-guidance-2010.pdf</a></p> <p>In taking this guidance forward there should be recognition that the Trust mental health service delivery model for prisoners in NI, provided regionally by SEHSCT who employ mental health practitioners largely based within the prisons, differs from GB where the model is largely of community mental health services who in-reach into prisons.</p>
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