

Prison Reform Trust response to Change NHS: 10-year health plan consultation – December 2024

The Prison Reform Trust (PRT) is an independent UK charity working to create a just, humane and effective penal system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government and officials towards reform. The Prison Reform Trust provides the secretariat to the All Party Parliamentary Penal Affairs Group and has an advice and information service for people in prison.

The Prison Reform Trust's main objectives are:

- reducing unnecessary imprisonment and promoting community solutions to crime
- improving treatment and conditions for prisoners and their families
- promoting equality and human rights in the criminal justice system.

www.prisonreformtrust.org.uk/

Questions

1. What does your organisation want to see included in the 10-Year Health Plan and why?

People living in prison (and those in contact with the criminal justice system) should be included in the 10-Year Health Plan. PRT is not a health charity, and we do not claim expertise on the health needs of people in prison. PRT runs an advice and information service which provides information about prison rules, prison service instructions, life in prison and gives advice to prisoners about how they can make requests for things they need or challenge unfair treatment.¹ Concerns about health and social care is one of the most common categories of enquiry we receive, with more than 1,400 enquiries about related issues in the last 12 months, approximately 12% of all enquiries we received.

Our response is based on the evidence we receive through our service as well as the evidence of our work with older prisoners and women. It is also founded on the important principle established in prison policy and practice that people in prison ought to receive the same standard of healthcare in prison that they would otherwise receive in the community.² People in prison have poorer health outcomes than people in the general population.³ A recent study found that “prisoners who die from natural causes do so at a median age of 67.5 compared with 86.7 in the general population”.⁴ The Health and Justice Framework for Integration 2022-2025 sets out an aim to tackle the “health inequalities this vulnerable patient group face”.⁵ The framework aligns with NHS England’s Core20Plus approach, which aims to target the most deprived 20% of the population according to the Index of Multiple Deprivation. People in contact with the justice system are one of the target inclusion groups.⁶

Healthcare in prisons

Healthcare provision is provided in each prison, but the set up and running of this provision depends on the characteristics of the prison itself, resulting in wide variation of service availability across the prison estate.⁷ A common concern raised by prisoners in contact with the PRT is basic access to services. People often report real difficulty in getting an appointment with healthcare services to discuss a concern they have. A comparatively small but considerable number of people contact us about the difficulty in accessing dental care or an optician whilst in

custody. We have heard from people who have struggled for months to obtain appointments with these services despite report urgent concerns. It is clear that these experiences are significantly worse than you might expect in the community.

Mental Health

Mental health in prisons

Prison is an inherently traumatic environment. Many people will go into prison with mental health issues which are then compounded whilst in prison, others will develop mental health issues whilst in prison. Overcrowded prisons running poor regime are also likely to exacerbate mental ill health. In 2023 there were 1,064 transfers from prison to secure hospital – a 47% increase in yearly transfers compared to 2003.⁸ Often, there is not sufficient resource available to support the level of mental health need, and a lack of staff training. A justice committee inquiry found mental health provision in prison to be inadequate and called for a proper analysis of needs to inform resource planning; an end to fragmentary service provision; improved staff training; and an increase in care availability.⁹

Access to mental health support is a regular concern for users of PRT's advice and information service. In the last 12 months we received a total of 443 enquiries related to mental health problems and access to mental health support services in prison. We hear from people who feel that they are not able to access the support they need – for example, not being able to see a mental health professional easily enough, or lack of access to talking therapy. Over the past couple of years, the service has experienced a notable increase in the volume of calls from people clearly experiencing serious mental health difficulties.

How those detained under the Mental Health Act are treated and reform to the law

The prevalence of serious mental health need in prisons is very high. The chief inspector of prisons has found that "prisons continue to hold a number of very seriously mentally unwell men and women".¹⁰

PRT welcomes the introduction of the Mental Health Bill, with its aim of modernising the act and addressing some of the key issues. In particular, we are pleased to see provision to introduce a 28-day transfer period for acutely mentally ill patients held in prison to be transferred to hospital. Despite previous attempts to ensure a reasonable transfer period¹¹ and National Good Practice Guidelines¹², a recent HM Inspectorate of Prisons report found only 15% of patients were transferred within 28 days¹³. Prisons are not well equipped to provide the necessary level of care and treatment for acutely mentally ill men and women. Patients held in prison frequently experience high levels of distress that, in turn, can impact other prisoners and staff who care for them.

We welcome provisions for the removal of prisons as a place of safety. Prisons are neither safe nor a place of safety and individuals should not be remanded into custody for reasons pertaining to their mental health. We are also pleased to see provision introduced for the removal of remand for a person's own protection. Though the power is not regularly or routinely used, when it is, evidence suggests it is used to detain the most vulnerable defendants.

For these provisions to have the desired impact on the numbers of mentally unwell people in prison, adequate investment must be made, including in the creation of readily accessible community health-based provision and, where necessary, hospital beds, and a professional workforce to deliver these new legislative requirements.¹⁴

Social care needs / older prisoners

The number of older people in prison is increasing. This group faces distinct health and social care challenges, but often prisons are not set up well to meet their needs.¹⁵ The Care Act 2014, and the Social Services and Well-Being (Wales) Act 2014, places a legal duty on local

authorities to assess need and provide social care to those eligible to receive it.¹⁶ This obligation applies to those in prisons who, on arrival at prison, should receive a healthcare assessment, and who are entitled to have access to the equivalent care provision as someone in the community. This includes providing the necessary support to individuals unable to care for themselves, to the extent that it impacts on their wellbeing.¹⁷

In a joint inspection on the delivery of social care in prisons, HMPPS and the Care Quality Commission concluded the prison service and local authorities were failing to plan for the needs of a growing population of elderly, ill and frail people.¹⁸ These needs include palliative and end-of-life care, disability, mobility and sensory issues and chronic health conditions. In 2020 the Justice Committee again highlighted the health and social care needs of older people due to a combination of these factors.¹⁹

PRT's National Lottery funded Building Futures programme explores the experiences of people serving very long sentences. Working collaboratively with prisoners, prison staff and others, the programme aims to provide solutions and shape a prison environment that is safe, humane, encourages accountability and fosters hope.²⁰ In a range of consultations since 2020 the programme has seen the issue of health and social care raised consistently by people living in prisons. For them, health and social care services were not comparable to that in the community, and many older people felt their health needs went untreated or were ignored. Key issues which older prisoners raised included:²¹

- A lack of consistent and regular health assessments to identify issues which could impact people's ability to engage in prison programmes and activities.
- Prison design could impact on people's ability to maintain their physical and mental health, their mobility and access purposeful activity. Many prison spaces are not wheelchair accessible, and availability of ground floor cells is limited.
- Frailty contributes to insecurity, anxiety, fear and vulnerability within prison. Older participants highlighted that in some establishments, current provision contributes to their sense that they are 'dying inside' and that the prison environment is accelerating the ageing process; these feelings resonate with research on older prisoners' health.
- There can be long waiting periods for appointments and cancellations due to issues with prison staffing. When they do occur, participants said medical visits can feel humiliating, especially in relation to being handcuffed in hospital spaces. People we consulted with shared their experiences of age-related health conditions, giving examples of where this led to a sense of a loss of dignity and shame.
- Some of the people we consulted with talked about the lack of dignity involved in seeing out their final days inside.

Women in prison

Women in prison have distinct health needs. The joint NHS England and HMPPS Women's Prisons Health and Social Care Review found that whilst there were dedicated and committed staff delivering services in challenging circumstances, these were inconsistently offered and delivered, resulting in unmet gender specific needs including menopause, incontinence and menstruation. The report set out eight strategic recommendations for improving health and social care outcomes for women in prison – all of which were accepted.²²

The 'Invisible Women' workstream of PRT's Building Futures programme focuses on the experiences of women serving long sentences in custody. In consultations with this group, the issues of health and social care in women's prisons are consistently raised. For these women, health issues were particularly acute as they were facing many more years in custody. Some key issues include:²³

- As women in prison grow older, menopause becomes a key health concern, particularly due to lack of awareness by staff. Some older women said they struggle to access support and relevant information about their menopause symptoms and treatment options.

- Some women report they had not had appointments for cervical screening or breast examinations. Linked to this are concerns that some staff do not take women's health seriously and/or do not know how to provide support.
- Many women reported that their worsening physical health is closely linked with declining mental health and felt there was a lack of joined-up care between healthcare and mental health services, and the way in which prison restrict people's ability to self-care. The women linked this to issues around health maintenance, including poor diet and lack of access to exercise.

Mother and baby units

Half of the women's prisons in England have a mother and baby unit. The Pregnancy, MBUs and Maternal Separation in Women's Prisons Policy Framework sets out the mandatory requirements to address the needs of perinatal women and mothers in prison and how prisons support them.²⁴ It is widely recognised that all pregnancies in prison are high risk,²⁵ with pregnant women in prison seven times more likely to suffer stillbirth.²⁶ However, figures show that being pregnant and in prison is becoming more common. Over the course of the last year there were 229 pregnant women held in prison. Last year, on average, 50 pregnant women were in prison, up from 44 women in 2022/23 and 29 women in 2021/22.^{27,28}

Introducing the three shifts

The next questions relate to 3 'shifts' – big changes to the way health and care services work – that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:

- *Shift 1: moving more care from hospitals to communities*
- *Shift 2: making better use of technology in health and care*
- *Shift 3: focussing on preventing sickness, not just treating it*

Shift 1: moving more care from hospitals to communities

2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

PRT does not have the healthcare expertise to speak to the practical challenges involved in moving more care from hospitals to communities. However, prison must be considered as part of the communities which care is to be moved towards under 'Shift 1' of the plan. Given the current barriers faced by prisoners requiring external hospital appointments, this shift has the potential to significantly improve access to healthcare for this marginalised patient group. If health services are moved to other local centres, it is important to ensure these are still accessible to people in prison.

Shift 2: Analogue to Digital

3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Use of technology in the prison estate remains behind the curve. As part of the 10-year plan, health providers and HMPPS should look to develop digital health and wellbeing in prison, investigating the potential for using health technologies safely and the potential cost effectiveness of this. This could be built on technologies which are already being used in prisons safely and effectively. For example, there has been a sea change in the use of technology to enable virtual visits. But advancement of technology in other parts of the prison system remains slow, including when it comes to GP consultations, people's health maintenance, the use of

virtual wards²⁹ and ambulatory care. This is a missed opportunity, given there are often challenges getting prisoners to appointments, because of the need for staff escorts, transport etc. Better use of technology may help to alleviate some of these pressures.

Shift 3: Sickness to Prevention

4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Access to healthcare and missed appointments continue to be issues for prisoners. Delays may increase the risk of serious illness and makes preventative treatment more difficult. Research by the Nuffield Trust found in 2019/20 prisoners missed 42% of outpatient appointments, in comparison with 23% of the general population.³⁰ This is likely to be linked to poor working conditions and falling rates of applications which result in less prison escorts of escort slots.³¹ To achieve Shift 3 in prisons, it is important to properly account for the nature and prevalence of health issues when resourcing provisions to meet the needs of people living in prison. It is also important that prison staff are supported, incentivised and given the appropriate resources needed. This, in turn, will support better and earlier access to healthcare for prisoners.

Prison Reform Trust December 2024

¹ See <https://prisonreformtrust.org.uk/information-and-advice/>

² National Prison Healthcare Board. (2019). *National Prison Healthcare Board Principle of Equivalence of Care for Prison Healthcare in England*.

https://assets.publishing.service.gov.uk/media/5d9dd37fed915d354bdf91d4/NPHB_Equivalence_of_Care_principle.pdf

³ House of Commons Health and Social Care Committee. (2018). *Prison Health: Twelfth report of session 2017–19. House of Commons*.

⁴ British Medical Journal. (2024). *Prisoners die from natural causes 20 years earlier than the general population, finds review*. <https://www.bmj.com/content/384/bmj.q198.full>

⁵ NHS England. (2022). *Health and justice framework for integration 2022-2025: Improving lives – reducing inequality*. <https://www.england.nhs.uk/publication/health-and-justice-framework-for-integration-2022-2025-improving-lives-reducing-inequality/>

⁶ See <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

⁷ Hutchings, R. & Davies, M. (2021). *How prison health care in England works*. Nuffield Trust. <https://www.nuffieldtrust.org.uk/resource/prison-health-care-in-england>

⁸ Table 7. Ministry of Justice. (2024). *Restricted patients statistics: 2023*. Restricted patients statistics, England and Wales, 2023.

⁹ House of Commons Justice Committee. (2021). *Mental health in prison. Fifth report of session 2021-22*.

¹⁰ HM Chief Inspector of Prison. (2024). *The long wait: A thematic review of delays in the transfer of mentally unwell prisoners*. p.3. [The long wait: A thematic review of delays in the transfer of mentally unwell prisoners by HM Chief Inspector of Prisons February 2024 \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/the-long-wait-a-thematic-review-of-delays-in-the-transfer-of-mentally-unwell-prisoners-by-hm-chief-inspector-of-prisons-february-2024/).

¹¹ Lord Bradley. (2009). *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*.

¹² NHS England. (2021). *Guidance for the transfer and remission of adult prisoners and immigration removal centre detainees under the Mental Health Act 1983*.

<https://www.england.nhs.uk/publication/guidance-for-the-transfer-and-remission-of-adult-prisoners-and-immigration-removal-centre-detainees-under-the-mental-health-act-1983/>

¹³ HM Inspectorate of Prisons. (2024). *The Long Wait: a thematic review of delays in the transfer of mentally unwell prisoners*.

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- ¹⁴ See PRT's briefing for the Mental Health Bill second reading in the House of Lords: <https://prisonreformtrust.org.uk/wp-content/uploads/2024/11/Mental-Health-Bill-HoL-2nd-reading-PRT-briefing.pdf>
- ¹⁵ Davies, M. et al. (2023). Living (and dying) as an older person in prison. *Nuffield Trust*. <https://www.nuffieldtrust.org.uk/research/living-and-dying-as-an-older-person-in-prison>
- ¹⁶ The Care Act 2014. <https://www.legislation.gov.uk/ukpga/2014/23/contents>
- ¹⁷ The Care Act 2014. <https://www.legislation.gov.uk/ukpga/2014/23/contents>
- ¹⁸ HMIP & Care Quality Commission. (2018). *Social care in prisons in England and Wales: A thematic report*. <https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf>
- ¹⁹ Ibid.
- ²⁰ For more information on the Building Futures programme see: <https://prisonreformtrust.org.uk/project/building-futures/>
- ²¹ See Building Futures reports: Price, J. (2024). Growing old and dying inside: improving the experiences of older people serving long prison sentences. *Prison Reform Trust*. <https://prisonreformtrust.org.uk/wp-content/uploads/2024/08/Growing-old-and-dying-inside.pdf>, Hutton, M. & O'Brien, R. (2024). A Long Stretch: The challenge of maintaining relationships for people serving long prison sentences. *Prison Reform Trust*. <https://prisonreformtrust.org.uk/publication/a-long-stretch/>, Vince, C. & Evison, E. (2023). Invisible Women: Hope, health, and staff-prisoner relationships. *Prison Reform Trust*. Building Futures' interim final first stage report (PRT, forthcoming). <https://prisonreformtrust.org.uk/publication/invisible-women-hope-health-and-staff-prisoner-relationships/>
- ²² NHS England & HMPPS. (2023). *A review of health and social care in women's prisons*. <https://www.england.nhs.uk/long-read/a-review-of-health-and-social-care-in-womens-prisons/>
- ²³ Vince, C. & Evison, E. (2023). Invisible Women: Understanding women's experiences of long-term imprisonment. Briefing 2: Hope, health, and staff-prisoner relationships. *Prison Reform Trust*. https://prisonreformtrust.org.uk/wp-content/uploads/2023/02/Invisible_women_hope_health_relationships.pdf see also Price, J. (2024). Growing old and dying inside: improving the experiences of older people serving long prison sentences. *Prison Reform Trust*. <https://prisonreformtrust.org.uk/wp-content/uploads/2024/08/Growing-old-and-dying-inside.pdf>
- ²⁴ Ministry of Justice. & HMPPS. *Pregnancy, MBUs and maternal separation in women's prisons Policy Framework*. <https://www.gov.uk/government/publications/pregnancy-mbus-and-maternal-separation-in-womens-prisons-policy-framework>
- ²⁵ See NHS. (2022). *Service specification: National service specification for the care of women who are pregnant or post-natal in detained settings (prisons, immigration removal centres, children and young people settings)*. and Prisons & Probation Ombudsman. (2021). *Independent investigation into the death of Baby A at HMP Bronzefield on 27 September 2019*.
- ²⁶ Summers, H. & Murray, N. (2023). *Pregnant women in English jails are seven times more likely to suffer stillbirth*. The Observer.
- ²⁷ Table 10.2. & 10.3. Ministry of Justice. (2024). Chapter 10 tables: Mother and Baby Units, pregnant prisoners and births. *HMPPS Annual Digest, April 2023 to March 2024*.
- ²⁸ Ministry of Justice. (2023). *HMPPS Annual Digest, April 2022 to March 2023*.
- ²⁹ See NHS England. *Virtual wards*. <https://www.england.nhs.uk/virtual-wards/>
- ³⁰ Davies, M., Keeble, E. & Hutchings, E. (2021). Injustice? Towards a better understanding of health care access challenges for prisoners. *Nuffield Trust*. https://www.nuffieldtrust.org.uk/research/injustice-towards-a-better-understanding-of-health-care-access-challenges-for-prisoners?gad_source=1&gclid=EAlaIqobChMI3Jjj8LLtiQMV8YFQBh18KwzdEAYASAAEgIqOvD_BwE
- ³¹ Ibid.