ALL-PARTY PARLIAMENTARY GROUP ON PENAL AFFAIRS
Chair: *Pam Cox MP*
Officers: *Tessa Munt MP, Lord Garnier KC, Baroness Prashar CBE*

Minutes of the meeting of the All-Party Parliamentary Ground on Penal Affairs held on Tuesday 16 December 2025

The health of people in prison and on probation in England

Guest speaker: Professor Chris Whitty KCB FRS FRCP
Chief Medical Officer for England

Present
Pam Cox MP (Chair)
Richard Hanford (obo Grahame Morris MP)
Baroness Healy of Primrose Hill
Warinder Juss MP
Amy Laver (obo Ben Coleman MP)
Rachel Maskell MP
Dr Simon Opher MP
Baroness Prashar CBE (Officer)
Marie Rimmer MP

Apologies
Josh Babarinde MP
Lord Keith Bradley
The Lord Bishop of Gloucester
Baroness Ludford

Attendees
Thea Arch
Ghazala Ashraf
Tracey Burley
Alexandra Clarke
Marc Conway
Jon Czul
Mark Day (clerk)
Naomi Delap
Danny Duffield
Callum Dineen
Emily Evison (assistant to clerk)
Adam Fox
Richard Garside
Oliver Glick
Donna Gipson
Paul Grainge
Bethan Guard
Dali Kaur
Leyya Kitmitto
Jemima Langdon
Martine Lignon
Tanya Lightfoot-Taylor
Leonie Loftus
Harinder Mian
Catlyn Omelia
Lowri Page
Sarah Shepherd
Alice Stevens
Hannah Stevens
Charlie Taylor
Nicky Vousden

Pam Cox MP opened the meeting at 5pm and welcomed members and observers to the meeting.

Pam Cox MP: It's lovely to see so many of you here today, it's no surprise to me that you turned out in great numbers to hear our speaker. My name is Pam Cox I'm chair of this APPG on Penal Affairs, which is supported by the Prison Reform Trust.

I'm very happy to welcome you to our winter meeting, and introduce Sir Chris Whitty, Chief Medical Officer for England. I am delighted that you're here.

We are also joined by Nicky Vousden who worked on the report we're going to be discussing tonight, the health of people in prison and on probation and in the secure NHS estate in England.

Also here are some of the lived experience contributors including Donna Gipson from EPIC. Thank you so much and do feel free to chip in as and when you would like to.

Chris is going to speak for 10 to 15 minutes and will then take questions.

I'm very pleased to have just come from the Justice Select Committee where we had David Lammy in front of us for two and a half hours. My final question was "what do you think of the Whitty report?", and he said he would write to me. So, I look forward to receiving that.

Chris, over to you.

Sir Chris Whitty: Thank you. I should start by saying there are many people in the audience who know more than I do about this, so forgive me if I say some basic things to begin with.

There is a short version of the report of which copies are available here today. There is also a much longer version of the report on the web that is free to use and goes into much more detail, written largely by experts in the field to whom I'm immensely grateful. Nicky and Danny who are also here did a lot of the editing.

So, why concentrate on this? The first reason is that I was asked to do it, but I was very keen to do so. I should also say that Lord Timpson has taken a lot of interest in this area.

People who are in prisons and on probation have some of worst health in every country and at every point in history. This is the starting point of this report. The reasons for that are essentially threefold.

The first is that though not exclusively, they tend to be drawn from deprived communities that have worse health to begin with. So, their health will be less good than the health of people in the UK as a whole.

The second reason is that prison itself makes a number of medical conditions more likely to accelerate and more difficult to treat. There is a variety of reasons for this. Historically the three that dominated were very poor hygiene, diet and crowding. Of those, hygiene has improved a lot, diet has improved to some degree, but crowding

is still an issue. These are not ideal environments for managing disease. Also, people who are in prison for long periods don't have access to things like exercise or other things which are pro-health. So unsurprisingly those two make quite a difference on physical health.

The third thing is the prevalence of significant mental health conditions is a lot higher in prisons than it is in the general population. Indeed, for many people that is part of the reason why they have ended up in prison in the first place. That is an important point because if we can get on top of that it is far less likely that they will reoffend when they leave prison.

So that is the background of why it is important.

I would like to start with the 'glass half full' bit of the report and then go on to some areas which can be improved.

The first thing I want to highlight is the commitment from staff is overwhelmingly very good. Despite what you may think from the outside, their morale is high, they are clear what they are trying to do and feel they are serving a disadvantaged community to the best of their ability. So, I think it is important we recognise the remarkable work many of them do under quite difficult circumstances. Of course, it's not a clean sweep and some prisons are better than others.

My second point is that the NHS took over commissioning of prison medical services a bit over a decade ago. That has, in my view, led to a significant improvement in quality and to a closer approximation of a person in prison receiving the same level of healthcare as in the community. People aren't sent to prison to stop them being able to access healthcare, they should be getting the same as they would in the community.

The third thing is that some drivers of ill health in certain areas of vulnerability have improved. I would like to highlight two in particular. The number of children in the secure estate is substantially lower than it was a decade ago. Those children tend to have reasonable physical health, similar to that of the wider population. Mental ill health is a very different story. But numbers have gone right down and that is a deliberate policy choice which has been taken by repeated governments.

The fourth area we have seen improvement, is around pregnant women in prison. Pregnancy in prison is not safe. Things can go wrong very suddenly, including in the middle of the night. There is a whole chapter in the report on things we could improve, so though it has improved, there is still a long way to go. I think the general principle that people who are pregnant, except under the most extreme circumstances, should not be in prison from a narrow health point of view is a very sensible one. It is a dangerous place for the unborn baby to be, and for the pregnant woman.

So, there are several things that have improved considerably. There is a long list of things which have improved, some include infectious diseases, attempts at improving mental health treatment or attempts at improving physical health.

Now I'm going to move on to glass half empty points, because there are quite a number of issues we need to worry about.

If I was going to put one issue at the top of the list it is that the prison population is aging very rapidly, and more rapidly than the general population. The reasons for that are complex and to do with sentencing policy and the groups of people that are going into prison. Nevertheless, over the next 10 years the numbers of older people (50 years old and above) are going up very substantially. That is going to cause very significant issues for those people because being in prison with multiple medical conditions which accumulate over time is not an ideal thing for them or for the prison service. For example, someone who must go to five or six outpatient visits in a month is a very serious risk for the prison service to be able to provide people to go with them, as much as it is for the people involved. So, aging of the prison population is the number one risk of where things are getting worse. We have got to take that seriously.

The two things we need to do are to try and prevent disease and slow it right down. Particularly for long term prisoners, who are many of the prisoners I'm talking about here. Preventative measures work really well. If people had better diets and better access to exercise for example, their disease may come on at a later stage and for a shorter period of time. We then need to ensure we provide services in a way which works best for them and the prison service. This is because the prison service has always got to do two things for people with ill health in prison: look after their health but also look after the safety and security other prisoners, prison staff and the wider population. They have got to keep those two in balance and everyone recognises that those two are sometimes in tension.

There are several other areas I could go into, but the second biggest issue is crowding. That makes many things much more difficult. It makes it harder to run prisons. The Gauke report made several recommendations, if taken into law they will hopefully help to deal with this. But this problem has been getting more marked over a long period of time, and if we do nothing that's the current direction of travel.

So, moving on to some of the specifics. I'll only cover a few, but very happy to hear from the experts on others.

The first thing follows from the point I was making which was that we've got to have a serious approach to older people in prison, but this is not what we've historically seen. Generally, the prison population has been young and overwhelmingly male. It's still overwhelmingly male, but it's not overwhelmingly young. Prisons, the health service and preventative services are not designed for that. We need to take that seriously.

To explain the second thing I'm going to broadly divide prisoners into three different types. There is a group of people who are long term prisoners, and there is a relatively established approach of release for this group, where a plan is in place which steps down over time. So that is the group I'm least concerned about from the point of view of release

There's a second group also in prison who are either on remand or on very short sentences. They come in for very short periods, often move around between lots of

different establishments and many go in and out of prison a lot of times. This results in a lack of systematic approach to physical and mental healthcare because they are not stably in one place. Very often their health records do not follow them into prison, so staff do not know what's happened to them outside. The same thing then happens on reverse. So, the churn causes a very serious set of practical problems for looking after this group of prisoners.

The third group are people on probation, and I think the medical services in general do not spot them at all. I think the average GP or director of public health has no idea how many people are on probation in their patch, even though many more people are on probation than are in prison. This is also a very vulnerable group, but one element of their life which is stable is their interaction with the probation service, so I think we can do a lot better in providing primary care, preventative care and integrating them into services.

So, I think those three groups have different sets of problems, but they are all solvable.

I'm now going to comment on three additional recommendations from the report, which are around data. You might think, why worry about data? But the first bit is that we do not have a good mechanism for allowing the medical records to follow them in and out of prisons. In the modern era when almost all records are electronic, there is absolutely no reason for that, and we need to fix it. Because it means particularly for people that come in and out of the prison estate more frequently, they are getting much worse service than they could do. This is difficult for them and for the doctors and nurses looking after them.

The second thing is what gets measured, gets done. The data on large elements of prison health are quite weak and is something that Nicky, Danny and I came across the whole time. There's no reason for this. People collect data but it is not aggregated in a way that is useable. I think we need to do that, because without data it's quite difficult to make forward movements.

The third thing, which I think would benefit the prison service, prisoners and the health service, would be to make telemedicine work. It should be possible to do the great majority of outpatient appointments this way. We just need to sort this out. There are arguments against it, but many of these are solvable. We really need to be serious about this because everyone benefits if we get it right, including the prison service.

Now there's a very large number of specific recommendations in the report and for those who are interested in the area it's at least worth going through the abstract which is short. If you are interested in something you can follow it to the individual chapters which are longer but have some very specific recommendations.

Thank you. I'm happy to take any questions, with support from Nicky and Danny if helpful. Or take any views from the many experts in the audience.

Pam Cox MP thanked Sir Chris for his speech and opened the floor.

Marc Conway congratulated Chris on a once in a generation report. Marc raised his concerns that the Imprisonment for Public Protection (IPP) sentence wasn't addressed specifically within the report. Marc reminded the group that 94 people serving an IPP sentence have died by suicide, which is likely to reach 100 people in the next six months. Marc asked why this was omitted from the report.

Dr Simon Opher MP said he was interested in how primary care is provided to the prison population. Simon added that in his area it happens through GPs taking on extra contracts.

Baroness Prashar CBE asked whether the report included mental health as well as physical health.

Sir Chris Whitty responded that he would take the questions in reverse order.

Chris confirmed that yes, the report includes a long section on mental health. Adding that mental health rates are much higher in prison than they are elsewhere in the community on average and for a high number of people this is a contributory factor as to why they are in prison. So, addressing this is important for a number of reasons. Chris added that mental health services in the country as a whole are stretched, and prisons are no different. For people in prison for long periods of time Chris' view was that services did a reasonably good job in trying to engage and ensure people had access to the services they needed. But for those in and out of prison on short sentences this was not the case as it is very difficult to engage properly. So, this is an opportunity to flag it to people who can then take it on further down the line. Chris added they also saw issues with people starting treatment in the community and then it stopping when they went into prison or vice versa. Finally, Chris added that he doesn't think we think about it on probation at all, and he really thinks we should do.

Chris then spoke about how services are provided. He said that the NHS commissions but does not provide in a straightforward way. An example is that in a prison they may have 20 or more providers of different elements, and how they get all those providers to work together well is difficult. Chris added that most prisons are served by GPs who also work as GPs in their own practice. Very often they have an interest in 'inclusion' health, but not always. Some just specialise in this area of this profession. Prison GPs were very keen for the report to say that their work is not understood by GPs who don't work in prisons; and so, there is a need to demystify and raise the status of this work.

Chris then addressed the question around IPP sentences. He said the report didn't include IPPs specifically because for medical purposes this is covered under people who are in prison for long periods. The report team thought about whether there were specific health problems which are different to other populations. The view taken was that yes there were at a conceptual level, in the absence of hope and being unable to see a way out, but that is not really a medical point. Chris added that, as the audience will know, the law on this is under review. However, that is not something for the chief medical officer to engage in as that is firmly for parliament and the justice side.

Warinder Juss MP raised concerns around women's mental health. Hearing that it is a contributing factor to offending behaviour by women made him think we should be doing a lot more before people are going to prison. Warinder continued that more than 80% of women offenders have suffered abuse themselves or have got a mental health condition. He asked whether there was any separate data on women's health and what is being done to address the mental ill health of people either in prison or on probation.

Paul Grainge said his organisation trains up peer support workers. The problem his organisation faces is lack of funding. He asked Chris if there was any way to better link this work up? Paul added that the peer support workers are a fantastic resource which could be used more to a far greater benefit and impact, and it was a tried and tested model.

Naomi Delap thanked Chris for covering the issues affecting pregnant and postnatal women and babies. Naomi said she had a question about the impact of high temperatures in prison. She said she was pleased to see the issue reflected in the report. She asked Chris to say a bit more about the findings around this and what might happen in the future.

Sir Chris Whitty answered that you might think heat is a weird thing to worry about, and if you are young and healthy then that is true. But for those who are at the extremes of life and for people who are pregnant it is something to worry about. The aging prison population is a concern. Older people are very heat sensitive; this was evident in the short heatwave around three years ago. People think of it as an inconvenience but for vulnerable people it is very problematic. Chris added that prisons are not designed for this, and the prison estate is old and overcrowded. What needs to be done pragmatically is identify the people who are most medically at risk and try to deal with the problem for them; rather than assume we can solve it for the whole prison estate. In the long run, that's the right answer as clearly climate change over time will increase the number of hot days and decrease cold days on average.

Chris then responded to the question on funding. He said one of his rules is not to talk about money outside the privacy of a meeting with the minister unless absolutely forced. But as a general point, people in prison are a phenomenal resource. In prison there are large numbers of people providing both formal and informal peer support which can make a very big difference, including on the preventative side. Quite a lot of the preventative medicine in prison is done by people in prison themselves. Chris concluded that he completely agreed with the general principle but won't comment on the money because that is outside of his role.

Chris agreed with the point made around women. The levels of self-harm for women in prison and in the secure estate are very high and much higher than for men. Many of these women have committed repeated serious self-harm. The good news is that the number of pregnant women in prison has decreased, overall, from a medical point of view that is a sensible thing. But we're then left with quite a number of issues that are specific to women. Chris then invited Nicky Vousden to make some fuller comments on this.

Nicky Vousden added that most women are in prison for short periods of time, often for non-violent offences. With the Sentencing Review there is a move to have fewer

women in prison. So, the proportion of women should go down over time. Nicky added that there is a need to ensure the mental health provision within prison meets the needs of women and tackles very high rates of self-harm. But there will be an increasing proportion of that same group of women in the community, so therefore we need to think more about how we tie in with probation and community services to support those women. The community provision needs to be scaled up for those who are not going in to prison. Nicky concluded that it comes back to the point that Chris made earlier, about how we do better in the community to join up probation, primary care and mental health services, and women's centres.

Pam Cox MP asked whether the report has any suggestions on how this might be done?

Nicky Vousden answered that because of the Women's Justice Board and their upcoming report, it is a very live space. So, the report does not go into specifics of how to do it.

Pam Cox MP added that she is thinking about the broader question of how you connect community services with criminal justice services. Also, devolution is going to be spreading to large parts of the country. Does that open an opportunity to commission in different ways?

Nicky Vousden responded that different chapters of the report talk about different ways of doing that, for example having a navigator or peer model where people are supported to link in with the mainstream health services. Another idea is collocating health within the probation office to make it more accessible or reducing the barriers to registering with a GP.

Pam Cox MP then flagged the January session of the APPG will be looking at community commissioning in the devolution landscape.

Dali Kaur raised the issue of screening for women entering custody. Dali said that key workers from the women's estate had told her that there needs to be better communication between prison and community probation teams. Dali questioned whether these screenings are being done in a way which successfully identifies health needs. Dali raised concerns around continuity of care and support for women who are in a cycle of coming in and out of prison. Dali noted the focus of the Sentencing Bill on women, but questioned what the model looks like, as it is not being shared. Dali also raised concerns around a lack of mental health beds.

Charlie Taylor welcomed the report. Charlie said he wanted to pick up on the use of the word 'crowding', which is a prison service euphemism. The correct term is overcrowding. Charlie raised the issue of mental health transfers. HMIP published a thematic report on this last year looking at delays in mental health transfers. Charlie gave an example in HMP Swaleside of a man waiting more than 700 days for a transfer to a mental health facility. Charlie explained that some of that is due to not enough beds being available, but some of it is due to bureaucratic processes which are getting in the way of people being transferred. For example, if an assessment is being done and the person gets knocked back, they are then put to the bottom of the queue and must go through the whole process again. So often it becomes incredibly time consuming and particularly difficult for riskier men and women.

Rachel Maskell MP thanked Chris and asked about opportunities for physical health and exercise. Rachel added that because of the constraints on the estate people often do not have the opportunity for exercise. What are some solutions are to that? Rachel also asked whether other health elements such as sleep were looked at in the report.

Sir Chris Whitty responded first on exercise. Evidence that relatively modest amounts of exercise are massively protective against physical and mental health illness in men and women has continued to accumulate. Virtually no week has gone by this year without another study showing that the equivalent of a mile and a half twice a week is enough to substantially reduce cardiovascular disease, cancer, mental ill health. Chris added that for most prisons and secure estates there is physical capacity to provide this in some form or other. Chris said that one thing which struck the team was how a lot of people in prison had to choose between healthcare, paid employment, contact with families and exercise. Possibly unsurprisingly people weren't prepared to sacrifice their time with family or paid employment to exercise. Chris concluded that a recommendation of the report was that preventative measures like this should be given parity in how they are seen by the estate, including in remuneration potentially.

Chris said that the report didn't look at sleep specifically. Logically you would think sleep would be a tricky area in prisons for obvious reasons, but it was not covered.

Chris continued that on the mental health side he completely recognised the point being made. One of the problems is that there are undoubtedly too few beds, even that aren't secure, in the mental health estate in general. Once someone is seen as being in a "place of safety", which would include other healthcare facilities, getting a transfer is extraordinarily difficult. Priority is given to people who are at the maximum end of vulnerability; those who don't have any kind of support. The fundamental problem is that we need to get more resource in this area because it is a gap across the whole service, not just in the prison estate. Chris added that he thinks the Mental Health Act may make this more rather than less complicated, at least until we have learnt how to navigate it. We need to be careful of that and keep a close eye on that because it could, at least in the short term, make things worse rather than better as we recalibrate. Chris concluded that this is a problem across the whole board and there's no getting away from that. Only extra resource in mental health beds as a whole is going to be able to deal with the issue.

Nicky Vousden asked about the needs of someone entering prison and continuity of care. The report had three recommendations around this. These were not specific to women but are very applicable to this group. The team noticed that arriving and leaving prison is a high risk time for everyone. There is a recommendation around better identification of mental health need on arrival to prison and repeatedly during prison stays. There is also a recommendation around streamlining of the number of services that are involved in supporting a person leaving prison. The third relevant recommendation is around the responsibility for the health of people on probation. Specifically, that Integrated Care Board and Directors of Public Health have a responsibility for looking after people in their area on probation, and that includes looking at what the population needs are and how they can be met in the community.

Harinder Mian said she wanted to acknowledge the depth of the report and its clarity on health inequality, fragmentation and the risks created at reception, transfer and release. However, while families are recognised as important to outcomes, they are largely absent from the health pathways described – particularly as contributors to highlighting early concerns or helping to ensure continuity of care. Harinder added, given the report's emphasis on early identification, prevention and continuity of care, how can the system develop a clear, consent-based framework that recognises families as part of that early warning and continuity function, without transferring risk or responsibility onto families where health and custodial systems are misaligned?

Harinder also asked whether there would be value in this being set through a national policy standard, with clear expectations, accountability and measures of delivery, so families know who to approach, responsibilities are explicit and continuity and communication do not depend on luck, relationships or persistence – nor leave families feeling the only route to being heard is legal escalation.

Richard Garside thanked the team for the report. Richard raised the issue of infectious disease control and asked for thoughts on the general approach by prisons and whether the way they approached the containment and management of the Covid-19 pandemic in prison influences how they are managing infectious disease control in prisons now.

Leonie Loftus noted that there is a lot of focus in the report around prevention of mental ill health, which is great. However, many of the women she is working with are navigating complex issues such as PTSD. Waiting lists are long, some women are being turned away, and for some access to the support they need comes at a cost. Leonie asked whether there are any recommendations in the report around bringing in that support for people with complex needs before they end up in prison; and possibly joining that up with diversion services.

Sir Chris Whitty first responded on infectious diseases. Chris explained that he broadly divides those into chronic diseases that people come in with and will have throughout their prison stay if it's not treated, for example Hepatitis C, HIV, TB, Hepatitis B. Some of the prisons were managing these diseases incredibly well and others were managing them poorly. That was largely to do with the people who were providing the service. But overall, more were good than not.

The other issue which Richard mentioned in his question was outbreak prevention. Chris said that the prison service did a remarkable job in preventing large outbreaks in the Covid-19 pandemic. But it did so by locking people in cells for very long periods of time. So, the price for a small but important number of people not dying of Covid-19, and a larger group not getting long covid, was that everybody had less time socialising and doing other things they would have otherwise done. Chris added that he believes the prison service made the right decision, but we should acknowledge the fact that it came at a cost to the men and women in prison and to staff.

Chris continued that in terms of the management of outbreaks more widely, he thinks it is quite patchy. It is very striking that things like measles or diphtheria outbreaks, which should be completely preventable, are still happening. This is an area which can be improved. But Chris concluded that he would not want to see prisons going

back to large numbers of prisoners in cells for long periods. It is the right answer in an emergency, it is not the right answer to day-to-day outbreaks. The downsides are very considerable.

Chris then responded to the question around PSTD. He suggested people should read the specific chapters around mental health in the report. Chris added that among women the prevalence of PTSD is probably higher than men. Encouragingly there is a greater understanding of how to treat PTSD compared to other things such as personality disorders. Chris concluded that it is an area where we ought to be able to improve things, but mental health services in general are incredibly stretched. There is a gap between where we want to be and where we are.

Nick Vousden responded to the question about families. Nicky answered that it is a really important question but unfortunately one which was not covered in depth by the report. This was simply because of capacity, given the breadth of the report was already so wide. But Nicky acknowledged that it is a really important area and there is a strong evidence base that support from families supports better outcomes for people in prison.

Sir Chris Whitty added that he agrees that families can be very protective for the mental and physical health of people within prison and prison leavers. However, because there are fewer women's prisons and a smaller youth estate, people tend to be further away from families on average than those in the male estate. So, with the best will in the world, families are often unable to provide that support.

Harinder Mian responded that she understands that but believes this should be incorporated into policy. Families should have the ability, when there is consent, to be involved.

Pam Cox MP asked Harinder to contact her and, as APPG Chair, she would take that forward with the relevant parties.

Pam Cox MP asked what is next, what does Chris need from MPs and the sector to push this forward?

Sir Chris Whitty firstly thanked the attendees for being at the meeting, their interest and questions. Chris added that the danger in the prison service is that it is a bit awash with reports. Chris said that the team doesn't expect every recommendation will come to something, but many are very important. Especially around the aging population, which is a very risky thing for the prison service not to respond to. Also, many of the more specific recommendations are easy to fix. Chris continued that putting pressure on the service is important. The danger is not that they are against the recommendations, the danger is that the issue moves down the agenda. Chris added they will do their best to push from their end, but the attendees are in a very strong position to also push from their end.

Chris concluded that there is a way to go, but it is important to say that things have got better, and that's thanks to many people in the room and others you work with.

Pam Cox MP thanked Chris and all those involved in the production of the report. Pam confirmed the Justice Select Committee will be taking it up, and that she is sure people will take it up in their sector as well.

Pam concluded the session at 6pm.