

Health and social care provision in the adult prison estate in Wales

March 2021



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March 2021



About the Committee

The Committee was established on 28 June 2016. Its remit can be found at: www.senedd.wales/SeneddHealth

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Plaid Cymru

Current Committee membership:



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The following Members were also members of the Committee during this inquiry.



Dawn Bowden MS
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Andrew RT Davies MS
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Neil Hamilton MS
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Chair's foreword

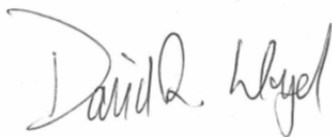


Prisons in Wales operate at the intersection of the responsibilities of the UK Government and the Welsh Government for justice in Wales; representing one of the sharpest points on devolution's jagged edge. The complex web of responsibilities for security, health and social care services is further tangled by the range of different governance, commissioning, delivery and funding models in operation in respect of health and social care across Wales' six prisons.

Navigating the complexities of delivering devolved health and social care services within the secure estate in Wales requires multi-agency cooperation, effective joint working, a clear and robust governance framework, and sufficient and sustainable funding arrangements. Without this, our health and social care services will fail to meet the needs of Wales' prison population, and will miss opportunities to keep people safe and to help them to improve their mental and physical health and wellbeing.

During the course of our inquiry, the Welsh Government, Her Majesty's Prisons and Probation Service, individual prisons, health boards and local authorities in Wales agreed the *Partnership Agreement for prison health in Wales*. The Partnership agreement, and the subsequent establishment of the Prison Health and Social Care Oversight Group, are important first steps towards ensuring that the health and social care services available to people held in Welsh prisons are designed, delivered and resourced appropriately according to needs.

The COVID-19 pandemic has had a significant impact on the prison population in Wales, and on the time and resources available to progress the priorities in the Partnership agreement. However, unless work to deliver the identified priorities is progressed as a matter of urgency, the objective of driving improvements in the health and wellbeing of people held in Welsh prisons will be at risk.



Dr. Dai Lloyd MS
Chair

Recommendations

Recommendation 1. The Sixth Senedd committee with responsibility for health and social care in the adult prison estate in Wales should seek a response to our recommendations from the Welsh Government in the Sixth Senedd, monitor what progress is being made, and include follow-up work on these issues at an appropriate point in its work programme. Page 14

Recommendation 2. The Welsh Government should provide further information about the membership and work programme of the Prison Health and Social Care Oversight Group (PHSCOG), and commit to publishing the PHSCOG's agendas and minutes on an ongoing basis..... Page 22

Recommendation 3. The Welsh Government should work with Her Majesty's Prison and Probation Services (HMPPS) to ensure that the work of the Parc Contract Expiry Board includes the development of robust inspection arrangements that are consistent with the arrangements in place for public sector prisons in Wales. Page 26

Recommendation 4. The Welsh Government should use the first suitable legislative vehicle to bring forward amendments to the *Public Services Ombudsman (Wales) Act 2019* to include the Prisons and Probation Ombudsman in the list of bodies with whom the Public Services Ombudsman for Wales can cooperate in an investigation..... Page 26

Recommendation 5. The Welsh Government should make representations to the UK Government to extend the role of the Prisons and Probation Ombudsman to enable them to question professional and clinical judgement when exercising their function of investigating complaints about health services in privately-run prisons in Wales. Page 26

Recommendation 6. The Welsh Government, working with its partners through the PHSCOG, should publish an annual assessment of the extent to which the Partnership agreement objective that prisoners should be able to access health services to an equivalent standard of those within the community is being met. Page 33

Recommendation 7. The Welsh Government should provide further details about how it will work with partners to promote better communication between justice, health and social care services on prisoners' release dates and release plans, including what roles the PHSCOG and the NHS Wales Special Health Authority for Digital might play in this work. Page 38

Recommendation 8. The Welsh Government should provide an update on what consideration has been given to adopting in Welsh prisons the approach in England to ensure prisoners' pre-prison medical records are available to prison health services.....Page 38

Recommendation 9. The Welsh Government should establish a national performance indicator for attendance at health care appointments, and should work with its partners through the PHSCOG to facilitate the sharing of learning and best practice in respect of the reasons for missed appointments and measures that can be taken to ensure that all prisoners are able to access the health services that they need in a timely fashion.Page 45

Recommendation 10. The Welsh Government should set out how progress against the priority in the Partnership agreement in respect of mental health will be monitored, including how the contribution of the new national standards will be assessed and whether the 'national standard' approach offers any learning for the approach to the provision of other health or social care within the secure estate in Wales.....Page 54

Recommendation 11. The Welsh Government should write to the Sixth Senedd committee with responsibility for prison health care to provide details of the secure in-patient strategy developed under the revised *Together for Mental Health Delivery Plan*, outline any additional secure bed capacity that will be delivered as a result, and explain how the subsequent impact on waiting times will be monitored.....Page 54

Recommendation 12. The Welsh Government should set out the anticipated timescales for the development of the standardised clinical pathway for the management of substance misuse in prisons, including how the planned approach to engaging with key stakeholders will be revised to ensure that it is not unduly delayed by the public health restrictions arising from the COVID-19 pandemic.....Page 57

Recommendation 13. The Welsh Government should provide an update on the Deep Dive Group's revised priorities and work plan, including how its progress in removing barriers faced by prisoners and ex-offenders with co-occurring substance misuse and mental health issues who are seeking to access support in prison or post-release will be monitored.Page 58

Recommendation 14. The Welsh Government should write to the Sixth Senedd committee with responsibility for prison health care to provide an update on

discussions with HMPPS about the potential benefits of establishing an Expert Advisory Group for Medicines..... Page 61

Recommendation 15. The Welsh Government should work with partners to develop and implement a dementia pathway for prisoners held in Wales. This should include the introduction, as a matter of urgency, of screening and early diagnosis for dementia in public sector prisons in Wales, as well as arrangements to ensure that people who are diagnosed with dementia receive the care and support they need.Page 68

Recommendation 16. The Welsh Government should work with partners within the health workstream of the Parc Contract Expiry Board to ensure that the service specification for health and social care services at HMP Parc includes screening and early diagnosis for dementia, and arrangements to ensure that people who are diagnosed with dementia receive the care and support they need.Page 68

Recommendation 17. The Welsh Government should work with partners through the PHSCOG to develop and implement training for prison staff—including those providing health and social care services—on supporting older prisoners and prisoners with dementia.....Page 68

Recommendation 18. The Welsh Government should set out how the PHSCOG's agreed national priorities for older prisoners will be integrated into the priorities set out in the Partnership agreement, what actions will be taken to implement them, and how any improvements in the approach to meeting the needs of older prisoners will be monitored and assessed.....Page 69

Recommendation 19. The Welsh Government should work with partners through the PHSCOG to prioritise activities within the prison environment workstream according to their respective urgency and importance. This should include identifying any quick wins or learning arising from changes to prison environments or regimes during the pandemic, and ensuring that there are no unnecessary delays in implementing improvements that could positively affect prisoner health and wellbeing..... Page 73

Recommendation 20. The Welsh Government should set out how the joint health and social care workforce strategy published in October 2020 will address recruitment and retention issues in respect of the prison health and social care workforce..... Page 77

Recommendation 21. The Welsh Government should reach agreement with the UK Government on the establishment of a fair, sufficient and sustainable baseline

for funding via the Welsh Block of the health care provision in the public sector prisons in which the Welsh Government has responsibility for health care provision. This should be underpinned by robust and evidence-based assessments of the health care needs in these prisons, and should include an uprating mechanism that is sufficiently flexible to take account of inflation, the forecasted prison population, and any changes in health care needs.Page 80

Recommendation 22. Regardless of how health care in each prison in Wales is funded, the Welsh Government should work with relevant partners through the PHSCOG to collate, review and publish information about the costs of health care provision across all six prisons in Wales, and to facilitate benchmarking and the sharing of best practice.Page 81

Recommendation 23. The Welsh Government should monitor the level of demand, provision and spend in respect of social care provision in prisons in Wales, and should provide assurances to our successor committee in the Sixth Senedd that neither the funding model nor the overall level of funding are preventing people held in Welsh prisons from accessing the care and support they need.....Page 83

Recommendation 24. The Welsh Government should set out the timescales within which it anticipates restarting work on the development of a set of national performance indicators, by when it expects the indicators to be in place, and how and when performance against the indicators will be reported and publishedPage 85

Recommendation 25. The Welsh Government, working with partners through the PHSCOG, should identify, develop and regularly publish Wales-specific datasets in respect of the current and forecast prison population.Page 85

Recommendation 26. The Welsh Government should include within its COVID-19 dashboard information about the number of COVID-19 cases and deaths among prisoners held in Wales, and the number of COVID-19 vaccinations offered and taken up among the prison population.....Page 94

Recommendation 27. The Welsh Government, working with partners through the PHSCOG, should consider what could be learned from ways of working adopted during the pandemic, including the potential contribution of digital and remote technologies to improving prisoners' access to health and social care services.....Page 95

1. Introduction

Responsibility for prison health and social care

1. The prison system, like much of the justice system, is a reserved matter. However, the provision of health and social care within the secure estate in Wales is devolved. The Welsh Government therefore has a clear set of responsibilities in providing health and social care services to prisoners held in Wales.
2. The report of the Commission on Justice in Wales, published in October 2019, concluded that there was unnecessary complexity, confusion and incoherence in justice and policing in Wales. Noting that this stemmed from the way in which responsibilities were split between Westminster and Cardiff, it recommended that justice should be determined and delivered in Wales so that it aligns with distinct and developing social policy and a growing body of Welsh law.¹ This is a matter which lies outside the remit of our inquiry. Rather, we have focused on the implications of the current devolution settlement, and what it means for the mental and physical health and wellbeing of prisoners held in Wales.
3. We recognise that there is no prison provision in Wales for women, that there are specific issues relating to children and young people within the secure estate, and that Welsh men may be held in prisons in England or elsewhere. However, during our inquiry we have focused on the experience of male prisoners in the adult prison estate in Wales.

Our inquiry

4. During our inquiry, we have explored:
 - The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.
 - The demand for health and social care services in Welsh prisons, and whether health care services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.
 - What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental

¹ Commission on Justice in Wales, *Justice in Wales for the people of Wales*, October 2019

health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital-based care for inmates.

- How well prisons in Wales are meeting the complex health and social care needs of a growing population of older people in prison, and what potential improvements could be made to current services.
- If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner health care across health board needs to be reviewed.
- What the current barriers are to improving the prison health care system and the health outcomes of the prison population in Wales.

5. The landscape for the provision of health and social care in the adult prison estate in Wales is complex. However, at its centre are people who have the right to access health and social care services. We visited HMP Cardiff, HMP Parc and HMP Berwyn during our work to ensure that we could hear directly from prisoners and staff. We also held a stakeholder discussion event, as well as issuing a general call for written evidence and holding a series of oral evidence sessions.

Impact of the COVID-19 pandemic on our inquiry

6. We finished our evidence gathering in early 2020. Our intention had been to deliberate on the significant issues raised by stakeholders, and publish a report and recommendations during the spring. However, following the outbreak of the COVID-19 pandemic in Wales, we decided to pause all of our ongoing work in order to focus on the impact of the pandemic and its management on health and social care in Wales.

7. The ongoing public health emergency has prevented us from returning in detail to our work on the provision of prison health and social care. Throughout our report we draw on the evidence we gathered in 2019-20. We recognise that while this evidence will have reflected the circumstances when it was submitted, the context may have changed since then. However, we believe that many of the issues are longstanding, and that it is, therefore, appropriate for us to draw conclusions on the basis of this evidence.

8. We also sought further written evidence from the Welsh Government in December 2020, including asking for information about the impact of the

pandemic on prison health and social care in Wales.² We are grateful to the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services for the additional information they have provided.³

9. We are publishing our report shortly before the dissolution of the Sixth Senedd. This means that the current Welsh Government may not have time to respond fully to our recommendations. We urge, therefore, our successor committee in the Sixth Senedd to seek a response from the next Welsh Government, and to follow up our recommendations.

Recommendation 1. The Sixth Senedd committee with responsibility for health and social care in the adult prison estate in Wales should seek a response to our recommendations from the Welsh Government in the Sixth Senedd, monitor what progress is being made, and include follow-up work on these issues at an appropriate point in its work programme.

² Letter from the Chair of the Health, Social Care and Sport Committee, 7 December 2020

³ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

2. Governance

Prisons in Wales

10. Prisons are the responsibility of the Ministry of Justice. However, responsibility for prison health and social care in public sector prisons in Wales rests with the Welsh Government.

11. Adult prisoners in Wales are held across five sites in south Wales (HMP Cardiff, HMP Parc, HMP Swansea, and HMPs Usk and Prescoed), and at HMP Berwyn in north Wales. Each prison has its own health care facilities, and GPs, nurses and health care assistants work on site in each prison. With the exception of HMP Parc, all of the prisons in Wales are publicly-run.

12. Each prison has a different profile, function and security category. HMP Parc is mainly an adult prison, although it also has a Young Offenders Institution, where most of the 18-24-year-old prisoners in Wales are held, and a young person's unit that houses people aged 15 to 17.

13. The prisoner population in Wales is male-only; there are no female prisons in Wales. The nearest female prisons are HMP Eastwood Park in Gloucestershire and HMP Styal in Cheshire. In May 2019, the Deputy Minister and Chief Whip Jane Hutt, outlined new 'blueprints', developed jointly with Her Majesty's Prison and Probation Service (HMPPS) and the Youth Justice Board Cymru.⁴ This includes the *Female offending blueprint*⁵ and the *Youth justice blueprint*⁶, which set out key aspirations and guiding principles for women and young people in or at risk of entering the criminal justice system.

Local governance arrangements

14. Accountability for the planning of health services lies with NHS Wales, although this responsibility can only be exercised in partnership with HMPPS. At a local level, Prison Health and Social Care Partnership Boards (PHSCPBs) have responsibility for the governance of prison health and social care services. The

⁴ Plenary RoP [paras 206-267], 21 May 2019

⁵ Welsh Government and Ministry of Justice, *Female offending justice blueprint for Wales*, May 2019

⁶ Welsh Government and Ministry of Justice, *Youth justice blueprint for Wales*, May 2019

PHSCPBs are jointly chaired by the relevant health board and the prison governor. The lead health board for each of the public sector prisons are:

- **HMP Cardiff:** Cardiff and Vale University Health Board (UHB).
- **HMP Berwyn:** Betsi Cadwaladr UHB.
- **HMP Swansea:** Swansea Bay UHB.
- **HMPs Usk and Prescoed:** Aneurin Bevan UHB.

15. At HMP Berwyn, as a new prison, health services are currently provided on the basis of a memorandum of understanding and service level agreements between the prison and Betsi Cadwaladr UHB.⁷

16. The majority of the evidence we received suggested that the local governance arrangements in place for the public sector prisons in Wales were adequate, although Clinks (an England and Wales-wide body supporting third sector organisations working in the criminal justice system) called for PHSCPBs to increase their engagement with the third sector and service users.⁸ Cardiff and Vale UHB said that day-to-day partnership working worked well, but that greater focus was needed on planning future health services to meet the needs of the prison population.⁹

17. HMPPS called for the role of the PHSCPBs to be strengthened. It said it wanted to see greater strategic planning for health delivery, development of action plans, and progress monitoring, as well as clear escalation routes.¹⁰

18. In January 2021, the Welsh Government told us that engagement with PHSCPBs had increased, and that each prison's head of health care now met fortnightly with Public Health Wales (PHW), Welsh Government offender health leads and HMPPS.¹¹

⁷ RoP [para 61], 29 January 2020

⁸ [HSP19 Clinks](#)

⁹ [HSP32 Cardiff and Vale University Health Board](#)

¹⁰ [HSP27 Her Majesty's Prison and Probation Service in Wales](#)

¹¹ [Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services](#), 28 January 2021

HMP Parc

19. Unlike the other prisons in Wales, HMP Parc is privately-run. Like the other prisons, its health and social care provision is overseen by a PHSCP. However:

- Primary health care services are commissioned from G4S by HMPPS, and are also subject to private performance and contract management arrangements.
- Secondary and tertiary health care services are commissioned by NHS Wales. This responsibility passed to Cwm Taf Morgannwg UHB following a boundary change on 1 April 2019. The health board is represented on the PHSCP. In line with other health board PHSCP members, the representative is also responsible for reporting into the health board's internal governance structures as required.

20. We took evidence from Cwm Taf Morgannwg UHB in November 2019, around six months after it had taken on responsibility for the provision of secondary and tertiary health care services. We were surprised to hear that the first meeting of the PHSCP had not yet taken place by that time. Alan Lawrie, Cwm Taf Morgannwg UHB, acknowledged that it was taking “some time” to get effective partnership working arrangements in place.¹² He described the impact of the health service model in place at HMP Parc on the extent to which prisoners received “joined-up services”, and outlined challenges including the range of commissioners and health care providers, a lack of transparency about the primary health care contract between the Ministry of Justice and G4S, and the increasing size and changing demographic of the prison population.¹³

21. The governor of HMP Parc, Janet Wallsgrove, agreed that the increasing size of the prison population, its increasingly complex requirements, and the lack of clarity surrounding patient pathways between primary and secondary care services was placing additional pressures on the prison and its health services.¹⁴

22. The 25-year contract for HMP Parc is due to expire in December 2022.¹⁵ Alan Lawrie, Cwm Taf Morgannwg UHB, said that this offered an opportunity to break down silos in the commissioning and delivery of health and social care, to develop

¹² RoP [para 100], 21 November 2019

¹³ RoP [paras 136, 138 and 144-145], 21 November 2019

¹⁴ RoP [para 62], 9 January 2020

¹⁵ Her Majesty's Inspectorate of Prisons, [Media release: MP Parc – successfully using its size and resources to meet needs of complex population](#), March 2020

closer partnership working, and to consider bringing HMP Parc into line with the other prisons in Wales.¹⁶

23. Both the Welsh Government and Chris Jennings, HMPPS, agreed the contract expiry provided an opportunity to rethink how services, including health care, were provided.¹⁷ The Welsh Government told us that it was funding a health needs assessment in early 2021 to inform this process. It explained in January 2021 that the HMPPS-led Parc Expiry Project Board's work included a health workstream. This workstream is considering delivery, needs assessments and planning arrangements across a range of services including mental health, substance misuse, scheduled and unscheduled primary and secondary health care, medicines management, youth, and digital health care interventions.¹⁸

National governance arrangements

24. In early 2019, HMPPS told us that it met monthly with the Welsh Government and PHW about prison health care, but that it would like to see a national structure established for strategic planning for prison health care in Wales. It also called for an all-Wales strategic plan for prison health and a national implementation plan.¹⁹

25. We heard from many other witnesses about the need to improve national strategic oversight and strengthen governance arrangements. Particular issues stakeholders raised included:

- An absence of clear national priorities and objectives, contributing to the development of unnecessarily complex commissioning structures.²⁰
- Hinderance to coordinated planning in respect of health and social care needs and resourcing across the current or future prison population.²¹

¹⁶ RoP [paras 152-153], 21 November 2019

¹⁷ RoP [para 21], 9 January 2020; [Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services](#), 28 January 2021

¹⁸ [Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services](#), 28 January 2021

¹⁹ [HSP27 Her Majesty's Prison and Probation Service in Wales](#)

²⁰ RoP [paras 21-22 and 114], 27 March 2019

²¹ RoP [para 52], 21 November 2019

- A lack of a clear and effective escalation route to enable issues arising at a local level to be discussed and addressed at a strategic national level.²²
- Barriers to effective scrutiny and assessment of progress, including limited scope for health and social care recommendations arising from prison inspections or ombudsman reports to be considered beyond individual prisons.²³
- People receiving different services depending on the prison in which they are held.²⁴ Combined with a high level of inter-prison transfers, the variation in policies and pathways can affect the “stability of management for those imprisoned”, whereas stronger national oversight could improve continuity, facilitate learning, and support the development of minimum standards.²⁵
- Inconsistency in the extent to which all relevant health boards systematically consider prison health care within their quality and safety agendas on an ongoing basis or following death in custody reviews.²⁶
- An overreliance on local relationships, initiatives and goodwill for effective joint working, and the potential for national leadership and a national strategy to facilitate closer and more effective integration and partnership work in respect of health and social care provision.²⁷

26. While there was general support for stronger national governance structures, some witnesses cautioned against the risk of any new structure being overly-bureaucratic or resource-intensive.²⁸ We also heard warnings that the effectiveness of any new structures would depend on the extent to which all partners were committed to a “real multi-agency approach”.²⁹

²² RoP [para 63], 9 January 2020

²³ [HSP09 Public Health Wales](#)

²⁴ Ibid

²⁵ [HSP31 WLGA and ADSS](#)

²⁶ RoP [para 304], 3 October 2019; [HSP35 Healthcare Inspectorate Wales](#)

²⁷ [HSP29 Cais, Hafal and WCADA](#); RoP [para 234], 21 November 2019

²⁸ RoP [para 50], 13 November 2019

²⁹ RoP [para 82], 21 November 2019

Partnership agreement

27. In September 2019, the Welsh Government published the *Partnership agreement for prison health in Wales* (the Partnership agreement).³⁰ The Partnership agreement outlines priorities agreed by HMPPS, the Welsh Government, health boards and PHW to “drive improvements in the health and wellbeing of those held in Welsh prisons”. It identifies four priorities:

- 1.** Ensuring prison environments in Wales promote health and well-being for all.
- 2.** Developing consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need.
- 3.** Producing a standardised clinical pathway for the management of substance misuse in prisons in Wales.
- 4.** Developing standards for medicines management in prisons in Wales.

Prison Health and Social Care Oversight Group

28. The Partnership agreement also commits to the establishment of a prison health oversight group, and to the preparation of a memorandum of understanding to set out ways of working and information sharing protocols. This was described to us by Chris Jennings, HMPPS, as a forum for national conversations about local issues, a mechanism to facilitate more consistent provision across health boards, and:

“...a kind of programme board to make sure that we’re actually getting the traction we need to really see the improvements against those four priorities [in the Partnership agreement]”.³¹

29. In summer 2020, the Prison Health and Social Care Oversight Group (PHSCOG) was established. Jointly-led by Welsh Government and HMPPS, we understand from the Welsh Government that the PHSCOG met three times between June 2020 and January 2021, and that its main remit is to oversee the delivery of agreed priorities, provide oversight and accountability in respect of the

³⁰ Welsh Government, *Partnership agreement for prison health in Wales*, September 2019

³¹ RoP [para 13], 9 January 2020

response to the pandemic, provide an escalation route for local issues, and facilitate cross-government discussions.³²

30. In January 2020, we asked the Welsh Government whether the minutes of the PHSCOG (once established) would be published. The Welsh Government's Head of Mental Health and Vulnerable Groups told us that this would be a matter for the PHSCOG to consider at its first meeting.³³ As far as we are aware, no agendas or minutes have been published, and there is little information in the public domain about the membership, ways of working or operation of the PHSCOG, beyond that provided to us in written evidence by the Welsh Government in January 2021.³⁴

Clinical leadership

31. During our evidence gathering, medical practitioners described a lack of opportunities for prison health care professionals to come together to discuss relevant issues, and emphasised the importance of any national governance structures including a strong clinical voice and leadership.³⁵ The Royal College of GPs (RCGPs) suggested the appointment of a clinical lead or champion to provide leadership and accountability.³⁶

32. The Welsh Government confirmed to us in January 2021 that a clinical lead for offender health had joined the PHSCOG to “provide clinical leadership and accountability”.³⁷ However, it did not provide any further information about who the clinical lead is, or about their responsibilities.

Our view

33. We welcome the publication of the Partnership agreement and the establishment of the PHSCOG as important steps in smoothing the jagged edge between non-devolved prisons and devolved prison health and social care. These

³² Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

³³ RoP [para 57], 29 January 2020

³⁴ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

³⁵ RoP [para 241], 21 November 2019; HSP02 British Medical Association; HSP12 Royal College of General Practitioners; HSP22 Royal Pharmaceutical Society; HSP.34 An individual

³⁶ HSP12 Royal College of General Practitioners

³⁷ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

arrangements could provide a firm basis for effective working across the health, social care and justice sectors to ensure that prisoners are able to access the services to which they are entitled, that lessons are learned and good practice shared across Wales, and that issues are escalated for resolution at the appropriate level.

34. However, it is disappointing that a body that has been established as a mechanism to provide accountability and oversight is, itself, not currently operating transparently and openly. The landscape within which prison health and social care is planned, commissioned, delivered and resourced is complex. Such complexity is, perhaps, currently unavoidable as a result of the devolution settlement and because of the particular arrangements in place in respect of both HMP Berwyn (as a new prison operating on a different funding model) and HMP Parc (where primary health care is privately-provided). However, the complexity is exacerbated by a lack of clear information in the public domain about the operation of the national governance arrangements that are in place to oversee and promote the delivery of the priorities in the Partnership agreement.

Recommendation 2. The Welsh Government should provide further information about the membership and work programme of the Prison Health and Social Care Oversight Group (PHSCOG), and commit to publishing the PHSCOG's agendas and minutes on an ongoing basis.

3. Inspection and oversight

Health care

35. Her Majesty's Inspectorate of Prisons (HMIP) has a statutory duty to inspect health care and substance misuse in prisons in England and Wales. It aims to inspect each prison in Wales at least once every five years. There is a memorandum of understanding between HMIP and Healthcare Inspectorate Wales (HIW), under the terms of which HIW may accompany HMIP on routine inspections of public sector prisons and share intelligence about emerging issues or concerns.³⁸ Rhys Jones, HIW, told us that this arrangement was working well.³⁹

HMP Parc

36. However, as primary health care at HMP Parc is privately-provided, it is not covered by the memorandum of understanding between HMIP and HIW, except where any health care is provided by an independent health care provider that is registered with HIW. HMIP does inspect the primary health care services provided by G4S at HMP Parc, and shares its reports with HIW.⁴⁰

37. The lack of oversight by HIW of the primary health care services at HMP Parc was described as “concerning” by the Prisons and Probation Ombudsman (PPO), who added that it could also create confusion as to where any concerns or recommendations arising from her reports should be escalated.⁴¹

38. The governor of HMP Parc indicated that she would welcome additional scrutiny and oversight if it would help to ensure that men in all prisons in Wales received the same level of treatment and care.⁴² Similarly, Chris Jennings, HMPPS, acknowledged there could be benefits in equivalent inspection arrangements across all prisons in Wales.⁴³

³⁸ [HSP35 Healthcare Inspectorate Wales](#)

³⁹ RoP [para 211], 3 October 2019

⁴⁰ [HSP35 Healthcare Inspectorate Wales](#)

⁴¹ [HSP39 Prisons and Probation Ombudsman](#)

⁴² RoP [para 32], 9 January 2020

⁴³ RoP [para 23], 9 January 2020

Social care

39. Local authorities in Wales took on responsibility for the provision of social care in prisons in 2016, following the implementation of the *Social Services and Wellbeing (Wales) Act 2014*. Gillian Baranski, Chief Inspector at Care Inspectorate Wales (CIW), told us that local authorities had “embraced this new work”, but acknowledged that the inspection of prison social care in Wales was “a developing picture”. She said that CIW had been working closely with HMIP and HIW, and that plans were in place to further develop working relationships.⁴⁴

Complaints procedures and access to ombudsmen

40. The provision of health care in public sector prisons in Wales is subject to NHS complaints regulations, and all relevant NHS standards apply except “where the constraints of the custodial environment are over-riding”.⁴⁵ However, these arrangements do not apply in respect of the privately-provided primary health care at HMP Parc.

41. Prisoners in public sector prisons in Wales also have recourse to the Public Services Ombudsman for Wales (PSOW) in respect of the health and social care services they receive. Again, however, this arrangement does not apply in respect of the privately-provided primary health care at HMP Parc.

42. The PSOW summarised what he described as “the unclear and complex” landscape for complaints about health care in prisons in Wales:

- **PPO:** responsible for handling complaints about prison services in Wales. Prisoners in Wales can complain to the PPO about their general health care. Unlike the PSOW, the PPO cannot question professional or clinical judgement. The PPO investigates deaths in custody. The PPO may also consider complaints about the privately-provided primary health care provision at HMP Parc.
- **Parliamentary and Health Service Ombudsman:** responsible for handling complaints about the Ministry of Justice (and other UK Government departments).
- **PSOW:** responsible for handling complaints about health services provided or commissioned by Welsh public sector prisons. The PSOW

⁴⁴ RoP [paras 213 and 323], 3 October 2019

⁴⁵ [HSP35 Healthcare Inspectorate Wales](#)

can also investigate complaints about the secondary health care provision at HMP Parc, as these services are provided by NHS Wales. The PSOW may question professional and clinical judgement.⁴⁶

43. Following a recommendation from the PPO in 2017, HMPPS introduced a complaint escalation process under which complaints made about privately-provided primary health care at HMP Parc can be raised with a senior HMPPS official. That official can refer complaints for review by an independent health care professional. The PPO told us that while she was encouraged that her recommendation had been implemented, she was still not persuaded that the process at HMP Parc was “as clear and thorough [...] as it is for prisoners in the rest of Wales and England. Ultimately, it appears that it is a non-clinician deciding whether a complaint should be looked at by someone with medical expertise”.⁴⁷ The PPO added in oral evidence in November 2019 that it was too soon to assess whether the new escalation structure was working as intended.⁴⁸

44. The governor of HMP Parc said that the new procedure had improved things, and that the men in the prison understood the arrangements. However, she emphasised that transparency should be at the heart of the complaints procedure, and said that her preference would be for the same arrangements to apply at HMP Parc as for the public sector prisons in Wales.⁴⁹

45. The PSOW was similarly dissatisfied with the escalation process, noting that prisoners in HMP Parc still did not have equal access to an independent ombudsman service. He explained that while his office had regular contact with that of the PPO, the PPO was not listed within the *Public Services Ombudsman (Wales) Act 2019* as a body with whom he can cooperate in an investigation. He called for this to be changed, and suggested in addition that the PPO’s remit for health services in private prisons in Wales should be extended to include the questioning of professional and clinical judgement, and for clear guidance to be given to prisoners on how to complain, and to whom, in respect of the different aspects of prison services.⁵⁰

⁴⁶ [HSP41 Public Services Ombudsman Wales](#)

⁴⁷ [HSP39 Prisons and Probation Ombudsman](#)

⁴⁸ RoP [paras 8 and 10 and 14], 13 November 2019

⁴⁹ RoP [para 67], 9 January 2020

⁵⁰ [HSP41 Public Services Ombudsman Wales](#)

Our view

46. We welcome the assurance from the three inspectorates—HMIP, HIW and CIW—that they are working together effectively to oversee the provision of health and social care in public sector prisons in Wales. However, it is a matter of concern to us that the arrangements for the inspection and oversight of health care within HMP Parc are arguably less robust.

47. We acknowledge that it is a matter for the Ministry of Justice to determine whether prisons in Wales should be publicly or privately-run. However, whichever operating model is in use, the men held in prisons in Wales should be able to be confident that the health and social care services they receive are subject to the same levels of oversight and inspection.

Recommendation 3. The Welsh Government should work with Her Majesty's Prison and Probation Services (HMPPS) to ensure that the work of the Parc Contract Expiry Board includes the development of robust inspection arrangements that are consistent with the arrangements in place for public sector prisons in Wales.

48. We strongly believe that any prisoner in Wales who has a complaint about their health and social care should have equal and fair access to administrative justice through independent ombudsmen, regardless of the prison in which they are held. It is unacceptable that the operating model of HMP Parc restricts the extent to which prisoners held there are able to access an independent ombudsman service in respect of the health and social care they receive.

Recommendation 4. The Welsh Government should use the first suitable legislative vehicle to bring forward amendments to the *Public Services Ombudsman (Wales) Act 2019* to include the Prisons and Probation Ombudsman in the list of bodies with whom the Public Services Ombudsman for Wales can cooperate in an investigation.

Recommendation 5. The Welsh Government should make representations to the UK Government to extend the role of the Prisons and Probation Ombudsman to enable them to question professional and clinical judgement when exercising their function of investigating complaints about health services in privately-run prisons in Wales.

4. Equivalence in health and social care provision

An opportunity to improve health and wellbeing

49. Several responses, such as the Howard League for Penal Reform, referred to the health of people in prison as a public health issue.⁵¹ Councillor Huw David, Welsh Local Government Association (WLGA) Spokesperson for Health and Social Care and Leader of Bridgend County Borough Council, argued that investment in effective prison health and social care services to ensure that prisoners' health and wellbeing did not deteriorate avoided "storing up problems for the health and social care sector when these people are discharged".⁵²

50. Many of those who submitted evidence described time spent in custody as an opportunity to reach people who might otherwise struggle to access health and social care services in the community. For example, Cais, Hafal and the Welsh Centre for Action on Dependency and Addiction described prisoners as:

"...people that are often overlooked, seldom heard, and represent the most vulnerable in our society. They are people who for many reasons tend not to access mainstream services and who often fall between gaps in existing services".⁵³

51. Similarly, Chris Jennings, HMPPS, explained that some people who are serving time in prison may lead "chaotic lives" while in the community. He suggested that, with appropriate resources, prisons had an opportunity to help to meet longstanding or underlying health and social care needs.⁵⁴

Partnership agreement

52. The Partnership agreement includes overarching aims to improve access to health care, to enable prisoners to lead healthy lives, and to reduce health inequality. It states that "prison should be a place where an individual can reform their lives", and commits to a "shared objective of ensuring those in prison can live

⁵¹ HSP20 Howard League for Penal Reform

⁵² RoP [para 73], 21 November 2019

⁵³ HSP29 Cais, Hafal and WCADA

⁵⁴ RoP [paras 58-59], 9 January 2020

in environments that promote health and well-being and where health services can be accessed to an equivalent standard of those within the community”.⁵⁵

Assessing equivalence

53. There was strong support in the evidence we received for the principle that prisoners should have access to health and social care provision equivalent to that in the community, without discrimination on the grounds of their legal situation.

54. Tania Osborne, HMIP, described health provision as being “of a reasonable standard, except in some areas”. She told us that, while there had been improvements, continuing gaps included mental health and substance misuse services.⁵⁶

55. However, the PPO told us that two investigations following deaths at HMP Cardiff in 2019 had concluded that the health care provision there was not equivalent to the community.⁵⁷ The PPO outlined a series of challenges in the provision of equivalent services, including:

- The availability of information to inform needs assessments.
- Staff recruitment, retention and training.
- Lack of equipment.
- Disconnect between the prison and the community, with implications for continuity of care.⁵⁸

56. Other witnesses highlighted challenges including:

- The intersection of the restrictions of prison life with the increasing emphasis in the community on self-referral, opting in to services and digital service provision via facilities not available within prisons.
- Restricted access to the wider health and social care system.
- A lack of formal diagnoses or pathways for learning disabilities and dementia.

⁵⁵ Welsh Government, *Partnership agreement for prison health in Wales*, September 2019

⁵⁶ RoP [para 205], 3 October 2019

⁵⁷ [HSP39 Prisons and Probation Ombudsman](#)

⁵⁸ RoP [para 23], 13 November 2019

- Prison infrastructure and the environment within the secure estate.
- A lack of shared standards and performance indicators by which the equivalence or otherwise of services can be assessed.⁵⁹

Health and social care needs of the prison population

57. Chris Jennings, HMPPS, described equivalence as “a great aim” but argued that, as the health and social care needs of the prison population are generally greater than those of the wider community, the level of services required might also be greater.⁶⁰

58. The additional levels of need among the prison population compared to the wider community was a consistent theme throughout our inquiry. For example, we heard that as many as 9 in 10 prisoners in Wales may have either a diagnosable mental health or substance misuse problem.⁶¹ It was suggested to us that needs arising from “social deprivation, mental health, substance addiction, age and disability” are exacerbated by confinement in an intrinsically unhealthy environment.⁶²

59. However, we also heard from a number of witnesses that the assessment of the health and social care needs of the prison population in Wales was currently inconsistent and inadequate. The governors of HMP Swansea and HMP Parc highlighted variation in practice across prisons and health boards, and suggested that a lack of robust needs analyses was a barrier to assessing whether current service specifications were sufficient.⁶³

Turnover in the prison population

60. The secure estate in Wales incorporates a range of different criminal justice settings through and between which individuals may pass at different times. Turnover within the prison population can result from admissions and releases, or from inter-prison transfers either within Wales or between England and Wales. Some witnesses told us that turnover within the prison population can have implications for the assessment and planning of overall prison population health

⁵⁹ RoP [para 7], 21 November 2019; RoP [paras 17-18 and 20], 9 January 2020; [HSP25 Swansea Bay University Health Board](#)

⁶⁰ RoP [para 6], 9 January 2020

⁶¹ [HSP29 Cais Hafal and WCADA](#)

⁶² [HSP10 South Wales Against Wrongful Conviction](#)

⁶³ RoP [paras 56-57 and 83], 9 January 2020

and social care needs, and that moves between prisons can also have implications for the assessments and interventions available to individual prisoners. In addition, repeat offenders may not always serve their sentences in the same prison.

61. We heard that turnover is particularly an issue for HMP Cardiff as a remand prison. HMP Cardiff has an overall population of around 900 prisoners, but a turnover of around 100 prisoners per week.⁶⁴ Witnesses told us that 35-50 per cent of new receptions to HMP Cardiff stay less than a month, 70 per cent stay less than three months, and fewer than 5 per cent stay for a year.⁶⁵ However, the Hepatitis C Trust highlighted good practice, stating that close working between the HMP Cardiff prison authorities and health services enabled prisoners who tested positive for hepatitis C to be placed on ‘medical hold’. Such prisoners would either not be moved during their treatment period, or, if they had to be moved, their medication would go with them.⁶⁶

62. The impact for individual prisoners of high levels of mobility within the prison population was thought by some to be exacerbated by the level of variation in policies and services in different prisons and health boards across Wales.⁶⁷ The consequences could include additional challenges in engaging prisoners with health care services, or in locating them to provide test results or continue treatment.⁶⁸ In addition, we were told that failure to complete treatment, or gaps in medication, could delay an individual’s recovery or lead to developing resistance which makes it more difficult to recover.⁶⁹

63. There can be particular challenges in assessing the health and social care needs of people serving short sentences, and in delivering the appropriate care and support interventions. Swansea Bay UHB suggested that vulnerable individuals with complex or multiple needs who are serving short sentences might best be assessed and have their needs met by community services, for example on the basis of “court diversion, housing and other wrap-around community care”. It also highlighted differences in the speed of access to some services within prison and the community, noting that “access is not always as quick once the person is sent to prison; despite services being available the sense

⁶⁴ [HSP02 British Medical Association](#)

⁶⁵ RoP [para 347], 21 November 2019; [HSP29 Cais Hafal and WCADA](#)

⁶⁶ [HSP04 The Hepatitis C Trust](#)

⁶⁷ [HSP25 Swansea Bay University Health Board](#)

⁶⁸ [HSP04 The Hepatitis C Trust](#)

⁶⁹ [HSP32 Cardiff and Vale University Health Board](#)

of urgency is often changed with the prison often wrongly being seen as a place of safety”.⁷⁰

Transition between prison and the community

64. The need for continuity of health and social care services on an individual’s transition from the community into a prison, and back into the community on release was raised by many.⁷¹

65. Cardiff University and the Offender Health Research Network called for prison health and social care services to be “a true extension” of community services, and for greater recognition that “prisoners were part of the wider community before entry into prisons and most will become so again”.⁷² Continuity of health and social care support was thought to have benefits not only for the individual, but also for the wider community, as individuals who were released without appropriate support from health and social care services could be at greater risk of reoffending.⁷³

66. Conwy Social Care Department emphasised the need for more effective communication between prison and community services on an individual’s admission to prison, as well as their release. It suggested that taking greater account of the knowledge held by local authority social services departments about individuals on their admission to prison could help to inform risk assessments and the continuation of existing care and support packages.⁷⁴

67. The PPO acknowledged that there was a rising trend in the number of deaths while people were under probation supervision. However, she explained that further research was needed to understand the issues involved, including whether or not continuity of care and support on release was a factor.⁷⁵ The transition from prison to the community was described by Gillian Baranski, CIW, as “one of the most difficult times for individuals”. She emphasised the importance of sharing information between prison and community services during this time.⁷⁶ Information sharing was also highlighted by PHW, which suggested that better

⁷⁰ HSP25 Swansea Bay University Health Board

⁷¹ HSP09 Public Health Wales; HSP22 Royal Pharmaceutical Society

⁷² HSP24 Cardiff University and Offender Health Research Network Cymru

⁷³ RoP [para 79], 21 November 2019

⁷⁴ HSP26 Conwy Social Care Department

⁷⁵ RoP [paras 28-29, 33 and 35], 13 November 2019

⁷⁶ RoP [para 258], 3 October 2019

communication was needed between justice and health services about individuals' release dates and release plans.⁷⁷

68. Housing and homelessness support were identified as key services to support individuals' health and wellbeing on their release from prison. Dr Mair Strinati, Cardiff and Vale UHB, told us that 47 per cent of men leaving Cardiff were released to be homeless. She explained that this affected not only their ability to prioritise their health over meeting basic needs such as food and shelter, it also affected their mental health:

“...some of our men don't want to go, because they leave an environment where they're respected, they have a bed, they have food, they have a job, and they're part of a valued, core-member team. And they go to the community and they're treated like nothing, and they have no status, and nobody cares, and it's very sad”.⁷⁸

69. The WLGA and Association of Directors of Social Services (ADSS) Cymru explained that while there were good resettlement programmes in place, the responsibilities of local authorities in Wales to provide social care services in prisons were still relatively new. They acknowledged that further improvements were needed to support effective transitions between prison and the community, including greater involvement of housing and homelessness services, and better access to mental health and substance misuse services.⁷⁹

70. The Minister for Health and Social Services (HSS) acknowledged the role of housing in supporting the transition from prison back to the community. He and his officials explained there was a Welsh Government strategic framework for accommodating offenders in Wales, including objectives relating to demand, improving access to private rental and registered social housing, and increasing commissioning and provision of specialist accommodation.⁸⁰

Our view

71. People held in prisons in Wales are entitled to be treated with dignity and compassion. The time they serve in prison represents a valuable opportunity to

⁷⁷ HSP09 Public Health Wales

⁷⁸ RoP [para 347], 21 November 2019

⁷⁹ HSP31 WLGA and ADSS

⁸⁰ RoP [paras 93-94], 29 January 2020

work with them to improve their physical and mental health and wellbeing, and they must be able to access the health and social care services they need.

72. We therefore strongly support the Partnership agreement objective that people in prison should be able to access health services to an equivalent standard of those available in the community.

73. We welcome the assurance from HMIP that prison health care in Wales is generally of a reasonable standard, and is improving. However, we are concerned that there are still gaps in key areas such as mental health and substance misuse services, in particular as these are areas where the needs of the prison population are likely to be greater than those in the wider community. We also agree with the witnesses who told us that prison and community services could work more effectively together, sharing information as appropriate, to ensure continuity of care and support for individuals on their admission and on their release.

74. We understand that there are challenges in assessing the health and social care needs of the prison population, not least because of the levels of turnover and inter-prison mobility. However, the lack of an overarching assessment of prison health and social care needs represents a significant barrier to the commissioning and resourcing of services, and to any assessment of whether the objective of equivalent service provision is being met.⁸¹

75. The Minister for HSS told us that the PHSCOG would be a forum for national discussions about the health and social care needs of prisoners across Wales and effective cooperation and collaboration with services in the community.⁸²

76. We agree that the PHSCOG represents an opportunity for more systematic discussion, for greater streamlining, and for the removal of unnecessary variation in policies and services where such variation cannot be justified on the basis of local circumstances or needs. However, we are concerned that without greater transparency about its work programme (as requested in Recommendation 2), it will be challenging for either stakeholders, or our successor committee in the Sixth Senedd, to assess whether the PHSCOG is having the intended effect.

Recommendation 6. The Welsh Government, working with its partners through the PHSCOG, should publish an annual assessment of the extent to which the

⁸¹ We consider issues relating to data and performance indicators in chapter 14.

⁸² RoP [para 19], 29 January 2020

Partnership agreement objective that prisoners should be able to access health services to an equivalent standard of those within the community is being met.

5. Access to health records

ICT systems

77. Within the prison estate, medical records are stored on an ICT system called SystmOne. This enables prisoners' records to follow them through the prison system, including any inter-prison transfers. However, SystmOne is not available outside the prison estate, nor is it compatible with ICT systems used by services in the community. Bridgend County Borough Council told us that access to SystmOne had been limited by G4S Health Services, causing "significant impediments to the local authority social care team in discharging its functions".⁸³

78. While acknowledging the benefits of an integrated system within the prison estate, Tania Osborne, HMIP, suggested that greater connectivity and compatibility with ICT systems used in the community would lead to better patient outcomes.⁸⁴ The British Dental Association (BDA) noted that a national dental ICT system would enable information to be shared and transferred between prisons and the community, contributing to continuity of care, and reducing duplication and the time taken to complete treatment plans.⁸⁵

79. PHW called for prison health services operating outside of the prison setting, including teams providing secondary care and GPs providing out of hours cover, to have access to SystmOne.⁸⁶

80. On a practical point, the RCGPs highlighted that the NHS Wales Informatics Service (NWIS) does not have a direct relationship with the supplier of SystmOne or expertise in using the system.⁸⁷ This was described by Dr Mair Strinati, Cardiff and Vale UHB, as "catastrophic for us within health", although she noted that the gap had been recognised and that work was underway to "help us build our skill and to build the services around the prison".⁸⁸

81. In January 2021, the Welsh Government told us that its officials would discuss with NWIS issues relating to access for prison health care teams to prisoners' NHS

⁸³ [HSP11 Bridgend County Borough Council](#)

⁸⁴ RoP [paras 224-225], 3 October 2019

⁸⁵ [HSP05 British Dental Association](#)

⁸⁶ [HSP09 Public Health Wales](#)

⁸⁷ [HSP12 Royal College of General Practitioners](#)

⁸⁸ RoP [para 352], 21 November 2019

numbers, and access for community health care teams to SystemOne outside the prison environment.⁸⁹

Continuity of care on admission, transfer and release

82. We were told that there could be significant implications for individual prisoners entering the secure estate or moving between locations if clinicians did not have quick and easy access to their medical records:

- The ICT systems in use in community substance misuse services are not compatible with those used within prisons in Wales. Specialist substance misuse services may not be open out of hours. This can delay provision of opiate substitutes to prisoners, or place them at risk of receiving incorrect dosages.⁹⁰
- Within a mobile prison population, clinicians may have a small window of opportunity to undertake assessments and deliver health interventions. The ability to make best use of this time can be hindered by delayed access to medical records.⁹¹

83. During our visit to HMP Cardiff we were told that, by the end of 2019, men going into custody in England would be registered with the prison, and their pre-prison medical notes would follow them. We were advised that this would not be the same for men going into prison in Wales. In written evidence, a clinician from HMP Cardiff suggested that a two-tier system would emerge, whereby:

“Welsh men in English prisons will be safer than Welsh men at home in Welsh prisons because their medical team can see their historic record, and we can’t do that in Wales”.⁹²

84. The British Medical Association (BMA) stated that the new approach in England would improve continuity of care and reduce the risk of dual prescribing. Highlighting the “fluidity of transfer of prisoners across the two countries”, it

⁸⁹ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

⁹⁰ RoP [para 337], 21 November 2019

⁹¹ RoP [para 348], 21 November 2019

⁹² HSP34 An individual

suggested the adoption of consistent registration procedures.⁹³ PHW called for prison health services to have access to NHS numbers for the men in their care.⁹⁴

85. We also heard that a lack of effective communication and information sharing could affect the continuity of care received by prisoners on release. For example, the BMA told us that prison GPs were often “completely left out of the loop when patients are released so there is no defined process (or administration time provided) for arranging informative and useful discharge summaries”.⁹⁵ The Hepatitis C Trust called for a process to ensure that prisoners were registered on release with a GP who would receive their medical records.⁹⁶

86. The PPO suggested that risks to individual prisoners could be mitigated by accurate record-keeping and effective information sharing.⁹⁷ However, she explained that a lack of accurate record-keeping had arisen as a theme from her recent investigations of fatal incidents in Welsh prisons. While it was not one of her most common findings, she said that practitioners were nevertheless sometimes unable to access prisoners’ medical records immediately and accurately as a result of delays in medical record transfers or incompatible technology.⁹⁸ She told us that ICT solutions alone were not sufficient to delivering effective and timely information sharing, suggesting that they needed to be supported by training, by a culture of willingness to cooperate, and by the establishment of effective protocols that facilitated information sharing while also respecting confidentiality.⁹⁹

Our view

87. Prisoners’ health care records, like those of any other person in Wales, must be treated carefully and in line with all applicable data protection requirements. However, to ensure that people in prisons in Wales are able to receive effective, timely and safe health and social care, health and social care providers must have smooth and seamless access to the information that they need.

⁹³ [HSP02 British Medical Association](#)

⁹⁴ [HSP09 Public Health Wales](#)

⁹⁵ [HSP02 British Medical Association](#)

⁹⁶ [HSP04 The Hepatitis C Trust](#)

⁹⁷ [HSP39 Prisons and Probation Ombudsman](#)

⁹⁸ RoP [para 17], 13 November 2019

⁹⁹ RoP [para 38], 13 November 2019

88. The Welsh Government told us that its *A Healthier Wales* strategy included an expectation that “everyone in Wales experiences a whole system approach to seamless support, care or treatment through services designed around individuals, based on their unique needs and what matters to them, as well as quality and safety outcomes. This includes ensuring effective arrangements to deliver access to systems and records for all authorised practitioners”.¹⁰⁰

89. The evidence that we have heard suggests that such arrangements are not necessarily in place across the full range of services who are providing health and social care within the secure estate, or those whose responsibility it is to ensure continuity of care upon either admission or release. The consequences of inadequate or delayed access to prisoners’ health records can be severe.

90. We welcome the confirmation from the Welsh Government that it is discussing issues regarding ICT access and compatibility with NWIS. However, we would welcome further information about how the Welsh Government plans to promote better communication and cooperation between the health, social care and justice sectors in respect of information sharing, including how the PHSCOG and the new NHS Wales Special Health Authority for Digital can contribute to the development of an information-sharing culture. We would also welcome an update on any consideration given to adopting in prisons in Wales the approach in England to ensure prisoners’ pre-prison medical records are available to prison health services.

Recommendation 7. The Welsh Government should provide further details about how it will work with partners to promote better communication between justice, health and social care services on prisoners’ release dates and release plans, including what roles the PHSCOG and the NHS Wales Special Health Authority for Digital might play in this work.

Recommendation 8. The Welsh Government should provide an update on what consideration has been given to adopting in Welsh prisons the approach in England to ensure prisoners’ pre-prison medical records are available to prison health services.

¹⁰⁰ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

6. Health care

Health care provision

91. A range of health care services are provided in prisons in Wales, ranging from general practice and nursing to specialist services. Different prisons in Wales have different functions, and their populations have different needs.¹⁰¹ The specific health care provision therefore varies between prisons.

92. We heard a range of views about the health care services available in Welsh prisons, including:

- **GP provision:** provision varies across prisons, with potential implications for service availability. The BMA told us that in one prison face to face GP provision had been reduced from six sessions per day to two to three sessions per day.¹⁰²
- **Nursing:** nursing provision covers a range of primary, secondary and community care services, including 24/7 emergency cover, drug rounds, chronic disease management and wound management. Swansea Bay UHB told us that as one team provides a broad range of services “some elements which are less urgent can lose out to those which are time sensitive such as drug rounds”.¹⁰³ The Royal College of Nursing (RCN) told us about concerns about the quality of care within the constraints of the prison regime, citing its 2017 Safe Staffing Survey which had found that 64 per cent of nurses working in prisons had said that “care was compromised on their last shift”.¹⁰⁴
- **Out of hours care:** different prisons take different approaches to the provision of out of hours care, with some health boards providing 24/7 access to primary care on site and others making use of in person or telephone out of hours services.¹⁰⁵ We heard concerns from organisations who work with individuals with direct experience of prison health care about out of hours care.¹⁰⁶ Cardiff and Vale UHB said that it had robust

¹⁰¹ RoP [paras 252-254, 261 and 263], 21 November 2019

¹⁰² [HSP02 British Medical Association](#)

¹⁰³ [HSP25 Swansea Bay University Health Board](#)

¹⁰⁴ [HSP14 Royal College of Nursing](#)

¹⁰⁵ [HSP23 Welsh NHS Confederation](#)

¹⁰⁶ [HSP08 False Allegation Support Organisation](#); [HSP10 South Wales Against Wrongful Conviction](#)

arrangements in place, but acknowledged that there were few specialist providers for out of hours prison health care, in part because of stringent vetting requirements.¹⁰⁷

- **Dental services:** the level of need for dental care among the prison population is generally higher than in the community.¹⁰⁸ HMIP highlighted concerns over waiting times for routine dental treatment, with prisoners waiting for long periods and experiencing deterioration in their condition.¹⁰⁹ The BDA emphasised the need for proper training to meet the prison population's specific oral health needs, and raised concerns about the impact of turnover and prisoner transfers on treatment completion rates. It added that insufficient information about waiting times and health care plans hinders assessment of the effectiveness of current arrangements.¹¹⁰
- **Optical services:** The BMA told us that there was a shortage of services compared to need.¹¹¹
- **Sexual health services:** while sexual activity is proscribed in prisons, Cardiff University and the Offender Health Research Network Cymru said that it would be "unlikely" that such activity would not occur. It called for condoms to be freely available, and said that institutions had a duty of care to limit the transmission of infections and address issues relating to coerced sex and rape.¹¹² The BMA agreed there was a shortage of sexual health services.¹¹³ In respect of HMP Parc, Cwm Taf Morgannwg UHB highlighted the fragmented arrangements for the delivery of health care, noting that sexual health services were delivered by a different provider than primary health services.¹¹⁴
- **Blood-borne viruses:** blood-borne viruses are particularly prevalent in the prison population compared to the wider community. For example, between 7 and 20 per cent of the prison population are estimated to

¹⁰⁷ [HSP32 Cardiff and Vale University Health Board](#)

¹⁰⁸ RoP [para 10], 9 January 2020; [HSP05 British Dental Association](#)

¹⁰⁹ RoP [paras 282-284], 3 October 2019

¹¹⁰ [HSP05 British Dental Association](#)

¹¹¹ [HSP02 British Medical Association](#)

¹¹² [HSP24 Cardiff University and Offender Health Research Network Cymru](#)

¹¹³ [HSP02 British Medical Association](#)

¹¹⁴ RoP [para 205], 21 November 2019

have hepatitis C, compared to around 0.4 per cent of the general Welsh population. Since 2016 prisoners in Wales have been routinely tested for blood-borne viruses on an opt-out basis, with an average take up in 2018 of 34 per cent. There is variation across prisons, and the Hepatitis C Trust noted that staffing capacity issues limit the availability of specialist blood-borne virus nurses. However, good practice at HMP Parc has led to 71 per cent of new arrivals being tested, better prisoner knowledge, reduction in stigma, improved attendance at specialist clinics and increased treatment uptake.¹¹⁵

- **Occupational therapy:** The Royal College of Occupational Therapists recommended increasing the number of occupational therapists employed in prisons and providing prison in-reach services. They said therapists could advise on modifications and the design of buildings, minimise potential risks in the prison environment through the provision of equipment and adaptations, and advise on strategies and techniques to manage personal care and other activities of daily living.¹¹⁶
- **Physiotherapy:** The Chartered Society of Physiotherapy (CSP) described physiotherapists as a potential key member of prison health care staff, helping to tackle, for example, the misuse of drugs related to chronic pain and issues relating to frailty for older prisoners. It explained that this was not currently the case in most situations in Wales and prisoners therefore needed to access private or NHS physiotherapy services outside the prison setting. The CSP drew attention to good practice at HMP Berwyn, where the health board has appointed two physiotherapists to provide services in the prison environment, tailored to the particular needs of the prison population.¹¹⁷
- **Speech and language therapy:** The Royal College of Speech and Language Therapists (RCSLT) highlighted a “high prevalence” in the prison population of speech, language, communication and swallowing needs. It noted that needs would increase as the prison population aged, “partly as a natural part of ageing, but also due to other co-morbidities”. The RCSLT referred to good practice at HMP Berwyn, which employs two speech and language therapists. However, it noted that elsewhere, current speech and language therapy provision for men in

¹¹⁵ HSP04 The Hepatitis C Trust

¹¹⁶ HSP16 Royal College of Occupational Therapists

¹¹⁷ HSP13 Chartered Society of Physiotherapy

prisons in Wales is “extremely patchy”.¹¹⁸ Janet Wallsgrove, governor at HMP Parc, acknowledged that there was unmet need for speech and language therapy among the prison population.¹¹⁹

- **Preventative services:** the WLGA and ADSS Cymru suggested that there was scope to improve access within prisons to the range of preventative services available in the community.¹²⁰ Cardiff and Vale UHB noted that increased nursing provision could improve patient triage, enable more efficient use of GP time, and facilitate tackling health issues in a preventative rather than reactive way.¹²¹

93. The delivery of health care services has to reflect the security regime, including the availability of prison officers. The RCN told us that prison staff shortages could affect approaches to administration of medication, delivery of clinical interventions, and the identification of prisoners who might be in need of interventions, health promotion or screening work. It added that this could result in staff or patient safety being compromised.¹²² Similarly, Cardiff and Vale UHB told us that it offers specialist onsite blood-borne virus clinics, but that these sometimes had to be cancelled as a result of custodial staff shortages or prison lockdowns. It said that this increased risks not only to individual patients but also to the wider population due to the risk of onward transmission.¹²³

Health care appointments

94. A consistent theme in the evidence we heard related to the level of missed health care appointments. This could affect access to primary, secondary or tertiary services, and those delivered onsite and externally. A number of factors were raised with us, including:

- **The challenges of getting prisoners to external appointments.** Prisoners must be escorted by prison officers. If there are insufficient officers available, or escorts are required to accompany a prisoner to an emergency appointment, routine appointments may be cancelled. This has implications not only for the patient who misses their appointment,

¹¹⁸ HSP17 Royal College of Speech and Language Therapists

¹¹⁹ RoP [para 102], 9 January 2020

¹²⁰ HSP31 WLGA and ADSS

¹²¹ HSP32 Cardiff and Vale University Health Board

¹²² HSP14 Royal College of Nursing

¹²³ HSP32 Cardiff and Vale University Health Board

and may experience a deterioration in their condition, but also for the health service, which may be unable to offer the appointment to another patient. It also requires additional administrative resource to reschedule the appointment.¹²⁴

- **The challenges of getting prisoners to appointments at onsite specialist clinics.** Cardiff and Vale UHB noted that the provision of secondary care services such as physiotherapy on the prison estate avoids patients with, for example, musculoskeletal issues from having to be sent to hospital. It noted, however, that its ability to deliver such services was limited by “workforce levels and overall funding for the prison healthcare service”.¹²⁵ Where possible, some prisons do arrange onsite secondary care services such as blood-borne virus, hepatology or tuberculosis clinics. However, prisoners still require prison officer escorts to move across the estate.¹²⁶
- **The level of inter-prison transfers.** The BMA explained that transferring between prisons could result in prisoners losing their place on secondary care waiting lists, as such prisoners often needed to be re-referred to secondary care after their transfer. The BMA described this as “unacceptable” and contrary to the principle of equivalence of care.¹²⁷
- **The lack of alignment between health care and justice appointment systems.** Cardiff and Vale UHB told us that prisoners might miss health care appointments if they had clashes with other appointments such as legal or family visits.¹²⁸
- **A lack of continuity of care on release.** Further issues can arise on a prisoner’s release, as in some instances prison GPs are not able to refer patients to services outside of the health board area in which the prison is based. The result is that “a prisoner requiring access to a clinic at their local hospital on their release could not be directly referred to said hospital if their prison was located in a different health board area. This patient would require a further GP appointment for the local referral to take place”.¹²⁹

¹²⁴ HSP09 Public Health Wales

¹²⁵ HSP32 Cardiff and Vale University Health Board

¹²⁶ HSP09 Public Health Wales

¹²⁷ HSP02 British Medical Association

¹²⁸ HSP32 Cardiff and Vale University Health Board

¹²⁹ HSP02 British Medical Association

- **Communication issues:** The BDA highlighted issues in terms of ensuring that prisoners are aware of appointments made for them, and ensuring that onsite prison health care services are aware of planned or sudden prisoner transfers. It said that a 2017-18 survey of prison dental services in Wales, England and Northern Ireland had found that “almost 40 per cent of dentists reported that patients very frequently or frequently miss their dental appointment due to being unaware or not receiving notification of said appointment. Sixty-five percent of dentists were unaware when patients were transferred”.¹³⁰
- **Individual patient choices.** The governor at HMP Parc told us that individuals may choose on occasion not to attend medical or dental appointments, whether because of anxiety about treatment or because they prioritised another activity. She told us that HMP Parc had had “some success in using peer mentors, peer support, healthcare champions, in following up people and encouraging them [...] and if people have not turned up, to try and understand what that’s about”.¹³¹ The HMP Swansea governor noted that issues identified there had included people feeling uncomfortable waiting in communal waiting rooms with prisoners from other wings.¹³²

95. We were told by Tania Osborne, HMIP, that different prisons take different approaches to monitoring missed appointments. Some are proactive, and have reduced the number of missed appointments significantly. Others do not monitor missed appointments at all.¹³³ Rob Lightburn, Betsi Cadwaladr UHB, told us that any cancelled appointments were reported directly to the prison governor, as well as through the local health delivery group and the PHSCPB.¹³⁴ Similarly, the governor of HMP Swansea told us that by personally monitoring missed appointment figures on a weekly basis and exploring and addressing the underlying reasons, 90 per cent of appointments were now kept.¹³⁵ Highlighting the complexity of the underlying factors that could lead to missed appointments, the governor of HMP Parc suggested that missed appointments should be

¹³⁰ [HSP05 British Dental Association](#)

¹³¹ RoP [paras 162-164], 9 January 2020

¹³² RoP [para 159], 9 January 2020

¹³³ RoP [para 264], 3 October 2019

¹³⁴ RoP [para 166], 21 November 2019

¹³⁵ RoP [paras 157-158], 9 January 2020

included within national performance indicators to facilitate benchmarking across Wales.¹³⁶

Our view

96. In evidence to us, the Welsh Government recognised that “offenders are a vulnerable population who frequently present with complex needs and high levels of ill-health, often as a result of inequalities”, and noted that its wider strategies on mental health, substance misuse, suicide and self-harm prevention, and dementia include specific reference to the prison population.¹³⁷ However, the evidence we gathered during our inquiry suggests that there continue to be issues in terms of access to a range of health services for prisoners.

97. We hope that the establishment of the PHSCOG as a forum for oversight at a national level, and the escalation of local issues, can help to drive greater consistency in the provision, standard and availability of health services across public sector prisons in Wales.

98. There are many reasons why prisoners might miss their medical appointments, including exercising their own choices about whether or not to engage with health services. However, it is unacceptable that prisoners who do want and need to attend their medical appointments are sometimes unable to do so as a result of the lack of availability of prison staff, a lack of coordination with legal appointments or family visits, inter-prison transfers, poor communication or inadequate continuity of care on release. These issues can, and should, be addressed. We are, therefore, concerned about the apparent variation across prisons in Wales in the approaches taken to monitoring missed health care appointments. We welcome the fact that some prisons are taking a proactive approach to monitoring attendance at appointments, and to identifying and addressing the reasons for missed appointments where there may be barriers preventing prisoners from accessing the services. However, it is troubling that not all prisons are doing this.

Recommendation 9. The Welsh Government should establish a national performance indicator for attendance at health care appointments, and should work with its partners through the PHSCOG to facilitate the sharing of learning and best practice in respect of the reasons for missed appointments and

¹³⁶ RoP [para 163], 9 January 2020

¹³⁷ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

measures that can be taken to ensure that all prisoners are able to access the health services that they need in a timely fashion.

7. Mental health

Mental health needs

99. Many witnesses highlighted the prevalence of mental health issues within the prison population, including both mental health conditions they may have experienced prior to admission and the impact of being in prison on mental health. The governor of HMP Parc explained that in many cases prisoners' underlying mental health issues may be of long-standing, and may have been exacerbated by a lack of mental health services within the community, including services for children and young people. She told us:

“These problems don't occur in prison; they're already there when they come to prison and they're there when they go out, back into the community. So, it's a community issue that manifests itself in prison. The problem in prison is that everything is amplified and magnified and the complex range of individuals”.¹³⁸

100. Both the False Allegation Support Organisation and South Wales Against Wrongful Conviction (SWAWC) highlighted the initial impact of going to prison on mental health.¹³⁹ Acknowledging this initial impact, Cardiff University and the Offender Health Research Network told us that many prisoners will then experience an improvement in their mental health. They explained that this can be the result of early diagnosis and treatment or a changed relationship with substances or alcohol, as well as “reduction in the intense emotional impact of the arrest and detention”. They recommended however that there should be repeated mental health screening and assessment over time, as some mental health disorders may be sustained and others may emerge during the period of imprisonment.¹⁴⁰

Learning disabilities

101. A number of written submissions drew attention to the problems faced in prison by men with learning disabilities. The WLGA and ADSS Cymru stated in written evidence that “a significant proportion of prisoners also have learning disabilities, autism, mental health disorders or difficulties which may also inhibit

¹³⁸ RoP [para 101], 9 January 2020

¹³⁹ [HSP08 False Allegation Support Organisation](#); [HSP10 South Wales Against Wrongful Conviction](#)

¹⁴⁰ [HSP24 Cardiff University and Offender Health Research Network Cymru](#)

their ability to cope with life in prison”.¹⁴¹ Similarly, the RCSLT stated that “20-30 per cent of people in prison are estimated to have learning disabilities or difficulties that interfere with their ability to cope with the criminal justice system”.¹⁴² Bridgend County Borough Council suggested that a lack of assessment for prisoners who may have learning difficulties or appear to be on the autistic spectrum could adversely affect prisoners during their time in prison, and be a barrier to accessing appropriate services on release.¹⁴³

102. HMPPS acknowledged that people with learning disabilities are “frequently disadvantageded from being able to access the full prison regime, this can impact on behaviour and self-harm”. It explained that first night reception screening includes the identification of prisoners with diagnosed learning disabilities, but that there is currently no screening of new receptions for undiagnosed learning disabilities.¹⁴⁴ Both HMPPS and the RCN suggested the inclusion in prison health care teams of specialist learning disability nursing care.¹⁴⁵

Resourcing

103. A consistent theme emerging from our inquiry was a lack of resourcing for services to meet either demand or the complexity of prisoners’ mental health needs.¹⁴⁶ The BMA described mental health services as “under-resourced compared to the huge demand placed on them”,¹⁴⁷ and written evidence from a clinician at HMP Cardiff described mental health services in Welsh prisons as “woefully underfunded”.¹⁴⁸ Issues in HMP Parc were felt to be particularly acute, as the mental health in-reach services had been commissioned to meet the needs of 720 prisoners, whereas the prison population was now almost 1,800.¹⁴⁹

104. Dr Mair Strinati, Cardiff and Vale UHB explained that historically the focus in prison mental health had been on secondary care. She said that while there was increasing recognition of the need for primary mental health care, this was not yet

¹⁴¹ HSP31 WLGA and ADSS

¹⁴² HSP17 Royal College of Speech and Language Therapists

¹⁴³ HSP11 Bridgend County Borough Council

¹⁴⁴ HSP27 Her Majesty's Prison and Probation Service in Wales

¹⁴⁵ HSP14 Royal College of Nursing; HSP27 Her Majesty's Prison and Probation Service in Wales

¹⁴⁶ RoP [para 101], 9 January 2020

¹⁴⁷ HSP02 British Medical Association

¹⁴⁸ HSP34 An individual

¹⁴⁹ HSP11 Bridgend County Borough Council

reflected in the funding.¹⁵⁰ The RCGPs agreed that greater investment was required in primary mental health services to provide equivalence with the services available in the community.¹⁵¹

105. The governor of HMP Swansea told us in January 2020 that there was no primary mental health provision in her prison at all, but that she intended to use newly-provided additional funding from the Welsh Government to establish a service. She noted that she anticipated the establishment of a primary mental health service would also increase demand for secondary mental health care, because the lack of primary mental health service provision was likely to be masking undiagnosed and unmet needs.¹⁵² The governor of HMP Parc similarly highlighted the link between the provision (and resourcing) of primary mental health services and the identification of unmet demand for secondary care. She added that a failure to properly resource prison mental health services increased risks not only to individual prisoners who might not receive diagnoses or treatment, but also to the wider community on their release.¹⁵³

Partnership agreement

106. HMPPS called for mental health needs assessments to be standardised across prisons in Wales to provide consistency throughout the secure estate. It also wanted to see revised national guidance providing advice on mental health interventions in prisons.¹⁵⁴ This is reflected in the Partnership agreement, which includes as a priority the development of consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need.¹⁵⁵

107. The Minister for HSS told us in January 2020 that the Royal College of Psychiatrists had been commissioned to develop prison mental health service standards, and that he anticipated draft standards being ready by April 2020.¹⁵⁶ However, in January 2021, the Welsh Government told us that elements of this work had been delayed as a result of the COVID-19 pandemic. It explained that the following standards for mental health services were in the process of being

¹⁵⁰ RoP [para 256], 21 November 2019

¹⁵¹ [HSP12 Royal College of General Practitioners](#)

¹⁵² RoP [paras 85-86], 9 January 2020

¹⁵³ RoP [para 94], 9 January 2020

¹⁵⁴ [HSP27 Her Majesty's Prison and Probation Service in Wales](#)

¹⁵⁵ Welsh Government, [Partnership agreement for prison health in Wales](#), September 2019

¹⁵⁶ RoP [para 80], 29 January 2020

finalised, and that the Welsh Government would work with health board and prison partners to support their implementation:

- Admission and assessment.
- Case management and treatment.
- Referral, discharge and transfer.
- Patient experience.
- Patient safety.
- Environment.
- Welsh language.
- Workforce capacity and capability.
- Workforce training, CPD and support.
- Governance.
- 24 hour mental health care.
- Condition-specific standards for people with dementia and autism.¹⁵⁷

Primary mental health services

108. Many of the written responses we received focused on low level mental health needs, stating that there is little evidence of any support for men who might benefit from early intervention support or well-being interventions. The BMA for example, called for “better availability of psychological interventions for anxiety, depression and PTSD”, all of which they said were overrepresented in the prison population compared with the community.¹⁵⁸

109. Clinks summarised findings from recent inspection reports, noting that care for people with mild to moderate mental health needs in HMP Cardiff and HMP Parc had been deemed inadequate. It stated that there were gaps in service provision, and “prisoners with mild to moderate mental health needs were not

¹⁵⁷ [Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services](#), 28 January 2021

¹⁵⁸ [HSP02 British Medical Association](#)

always assessed promptly and did not get the regular ongoing support they needed”.¹⁵⁹

110. Cardiff and Vale UHB acknowledged that meeting its responsibilities under the *Mental Health (Wales) Measure 2010* to undertake mental health assessments within 28 days could be challenging, particularly as the level of turnover within the prison could result in men leaving the prison without receiving an assessment.¹⁶⁰

111. Dr Anjula Mehta, Swansea Bay UHB, suggested that there also needed to be closer and more effective joint working between primary mental health services and prison officers. She described prison officers as “a valuable resource in terms of information and relationships with prisoners”, and called for better training for prison officers and the introduction of escalation policies to enable them to raise concerns about individual prisoners’ mental health.¹⁶¹

Secondary mental health services

112. We were told during our visit to HMP Cardiff that the needs of prisoners with acute mental health problems are generally well met. However, in written evidence, Clinks pointed out that inspection reports show that HMP Cardiff is the exception—where care for those suffering from severe mental health issues was deemed good, despite a high demand on services. This, they said, was not the case in other Welsh prisons. Clinks highlighted long waiting lists at HMP Berwyn. They also stated that “some prisoners waiting to be transferred to hospital under the *Mental Health Act* [at HMP Parc] had waited for excessive periods, including more than 20 weeks in one case”.¹⁶²

113. The RCGPs also called for more timely transfers of prisoners with mental health conditions to secure hospitals. It emphasised that “prison is not an appropriate environment for someone who is acutely mentally unwell and should not be used as a ‘place of safety’”.¹⁶³

114. We heard from health boards that a number of factors can affect the timeliness of transfers, including:

¹⁵⁹ [HSP19 Clinks](#)

¹⁶⁰ [HSP32 Cardiff and Vale University Health Board](#)

¹⁶¹ RoP [para 306], 21 November 2019

¹⁶² [HSP19 Clinks](#)

¹⁶³ [HSP12 Royal College of General Practitioners](#)

- **Funding arrangements.** Funding responsibility lies with the health board in whose area the individual was resident before they were admitted to prison. Additional complexity can result if the individual was resident in England before going to prison, or if they were not registered with a GP.
- **Lack of availability of medium secure beds.** In addition to overall capacity issues, there can sometimes be a lack of clarity about capacity in private facilities.
- **Time taken for the Responsible Clinician to attend the prison to complete the Second Medical Recommendation.**¹⁶⁴

115. Cardiff University and the Offender Health Research Network Cymru highlighted a particular concern that there were “no inpatient beds in Wales for children or young people who become offenders and who need inpatient psychiatric treatment”. It acknowledged that the numbers of such children or young people would be low, but suggested that it should be kept under review.¹⁶⁵

116. The Welsh Government told us in January 2021 that in line with the commitments in the October 2020 revised *Together for Mental Health Delivery Plan*, an audit of secure in-patient provision had now taken place. It noted that a secure in-patient strategy would be developed in 2021.¹⁶⁶

Self-harm and suicide

117. Concerns about safety in Welsh prisons, particularly around violence, self-harm and suicide were all raised in the written evidence we received. Although the process for assessing suicide and self-harm risk is the responsibility of the Ministry of Justice, the provision of mental health services in prisons in Wales is the responsibility of the Welsh Government. There is also a role for devolved services in supporting those at risk of suicide and self-harm within prisons on their release. Tania Osborne, HMIP, described addressing self-harm as “a whole-prison responsibility” requiring a multidisciplinary response and clear guidance on how to manage people who are, or could be, at risk.¹⁶⁷

¹⁶⁴ RoP [paras 302-303], 21 November 2019; [Letter from the Director of Primary, Community and Mental Health Services, Cwm Taf Morgannwg University Health Board](#), 18 February 2020

¹⁶⁵ [HSP24 Cardiff University and Offender Health Research Network Cymru](#)

¹⁶⁶ [Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services](#), 28 January 2021

¹⁶⁷ RoP [para 232], 3 October 2019

118. Rhys Jones, HIW, indicated that there was a downwards trend in the number of deaths in custody as a result of suicide. However, he said that the themes arising from HIW’s death in custody work included “the adequacy of [mental health] support, the quality of the risk assessments, and the documentation relating to those individuals”.¹⁶⁸

119. During our evidence gathering, Dr Robert Jones, Cardiff University, suggested that self-harm incidents in Welsh prisons were increasing, with figures as of September 2018 being higher than they had been for the whole of 2017. He also raised concerns about the number of deaths during post-release supervision in the community, and said there was a need for clarity of responsibility for oversight of such deaths.¹⁶⁹ Cardiff University and the Offender Health Research Network Cymru noted that the increase in rates of suicide, self-harm and violence had taken place coterminously with a period of “very substantial cuts to prison staff numbers in Wales and England”.¹⁷⁰

120. We heard from Cardiff and Vale UHB that there was currently insufficient crisis resolution support, including a lack of out of hours provision for mental health crisis support. It told us that its mental health team “struggle to find capacity to support urgent responses”.¹⁷¹ Emily Dibdin, Swansea Bay UHB, explained that the majority of prisoners at risk of self-harm or feeling suicidal “don’t have severe and enduring mental health illness; they are in distress”. She indicated that the health board intended to allocate some additional Welsh Government funding to improve mental health in-reach services providing crisis care to men in acute distress.¹⁷²

Our view

121. The level of mental health need among the prison population is, in general, higher than among the wider community. In addition to longstanding mental health conditions, the mental health of prisoners may also be affected by the prison environment or regime. People in prison may also be more likely to have learning disabilities or other conditions that may affect their ability to engage with health and support services. There are also well-known risks relating to suicide

¹⁶⁸ RoP [para 230], 3 October 2019

¹⁶⁹ RoP [paras 66-68 and 90], 27 March 2019

¹⁷⁰ HSP24 Cardiff University and Offender Health Research Network Cymru

¹⁷¹ HSP32 Cardiff and Vale University Health Board

¹⁷² RoP [para 309], 21 November 2019

and self-harm for people in prison—something we identified in our 2018 report: *Everybody's business*.¹⁷³

122. Prison mental health services must include a sufficient focus, and sufficient resourcing, for early intervention and the provision of low level mental health support to prevent individuals' mental states from deteriorating. We were concerned to hear that some prisons had no provision for primary mental health services—in addition to failing to meet the needs of their populations for primary services, we agree with the prison governors who told us that a lack of primary provision is likely to be masking unmet secondary care needs.

123. We welcome the confirmation from the Welsh Government that draft mental health standards are in the process of being finalised, and that the Welsh Government will work with partners to implement them over the coming months. It will be important for the implementation and the impact of the standards to be monitored and evaluated to assess the extent to which they are delivering on the priority in the Partnership agreement, and to determine whether any further action is required.

Recommendation 10. The Welsh Government should set out how progress against the priority in the Partnership agreement in respect of mental health will be monitored, including how the contribution of the new national standards will be assessed and whether the 'national standard' approach offers any learning for the approach to the provision of other health or social care within the secure estate in Wales.

124. We also welcome the confirmation from the Welsh Government that following an audit of secure in-patient provision, a secure in-patient strategy is being developed.

Recommendation 11. The Welsh Government should write to the Sixth Senedd committee with responsibility for prison health care to provide details of the secure in-patient strategy developed under the revised *Together for Mental Health Delivery Plan*, outline any additional secure bed capacity that will be delivered as a result, and explain how the subsequent impact on waiting times will be monitored.

¹⁷³ Health, Social Care and Sport Committee, *Everybody's business: a report on suicide prevention in Wales*, December 2018

8. Substance misuse

Variation in policies and practices

125. There was general agreement that more work was needed to reduce the impact of substance misuse, including from the use of psychoactive substances. We heard that that needed to include a commitment to reduce substance misuse in prison, as well as the supply of, and demand for, illicit drugs in prisons.

126. Issues relating to substance misuse were prominent during our visits to prisons in Wales. In particular, concerns were raised by prisoners at HMP Cardiff around prescribing medication, particularly early days prescribing (i.e. support for men who require opiate substitute medication on reception to prison to avoid withdrawal symptoms). During our visit to HMP Cardiff, it was clear to us that there is an expectation among some prisoners that they will be prescribed a substitute. Some men at the prison also suggested that improvements were needed to support the recovery of people in prison with a substance misuse problem (such as through the provision of support groups).

127. There is currently variation in the approach to substance misuse services in prisons in Wales. For example:

- **HMP Swansea:** there is an opiate pathway for prisoners with opiate addictions to enable them to be assessed and receive a prescription within two days of admission. However, the governor of HMP Swansea told us in January 2020 that while the prison was set up to provide medication rapidly, there was a gap in terms of the corresponding psychosocial support. She said that this prevented the prison from “treating the entire person”, and indicated that she planned to allocate some primary mental health funding to the provision of psychosocial support.¹⁷⁴
- **HMP Berwyn:** two teams work in partnership to provide substance misuse services, including a clinical substance misuse team to manage active treatment and undertake discharge planning and medication reviews, and a psychosocial team that focuses on harm reduction and

¹⁷⁴ RoP [paras 11 and 128], 9 January 2020

education and liaises with community teams in preparation for discharge.¹⁷⁵

- **HMPs Usk and Prescoed:** as a security requirement, the prisons are unable to accept prisoners who are being maintained on opiate substitution therapy.¹⁷⁶

128. Cardiff University and the Offender Health Research Network Cymru highlighted good practice in HMP Berwyn in respect of misuse of prescription drugs, including a “systematic approach by general practitioners who provide primary care services”. It noted that people in prison may be at particular risk of prescription drug misuse “because of their tendency towards higher risk of ill health and more chaotic lifestyles than in the general population”, and suggested that, subject to evaluation, the HMP Berwyn model could be considered for use elsewhere.¹⁷⁷

Partnership agreement

129. The Partnership agreement includes as a priority the production of a standardised clinical pathway for the management of substance misuse in prisons in Wales.¹⁷⁸ The Minister for HSS told us in January 2020 that a draft substance misuse framework for prisons in Wales was under development, and that he anticipated publishing it in autumn 2020.¹⁷⁹ This was welcomed by clinicians as an opportunity to standardise procedures and to consider whether the Integrated Drug Treatment System in use in England would be appropriate for Wales.¹⁸⁰

130. In January 2021, the Welsh Government told us that the latest draft of the *Substance Misuse Framework for the Clinical Pathway for the Management of Substance Misuse in Prisons in Wales* took account of the views of HMPPS, Dyfodol, PHW and the Welsh Government in respect of a range of issues, but that the COVID-19 pandemic had delayed the planned series of stakeholder events. It noted that it expected this work to continue during 2021.¹⁸¹

¹⁷⁵ RoP [para 186], 21 November 2019

¹⁷⁶ RoP [para 316], 21 November 2019

¹⁷⁷ **HSP24 Cardiff University and Offender Health Research Network Cymru**

¹⁷⁸ Welsh Government, *Partnership agreement for prison health in Wales*, September 2019

¹⁷⁹ RoP [para 70], 29 January 2020

¹⁸⁰ RoP [paras 320-322], 21 November 2019

¹⁸¹ **Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services**, 28 January 2021

‘Deep Dive Group’

131. The Minister for HSS also told us in January 2020 about the establishment of a ‘Deep Dive Group’ comprising clinicians, providers and commissioners, including the housing sector, to address barriers to progress in relation to issues faced by prisoners and ex-offenders in accessing support in prison and post-release, including those with co-occurring substance misuse and mental health problems.¹⁸²

132. In January 2021, the Welsh Government told us that the work of this group had been suspended during the COVID-19 pandemic. It added that the group had been reconvened in December 2020 to review working practices during the pandemic, capture lessons learned, identify new areas of work, and consider its own work plan. The group will next meet in April 2021.¹⁸³

Our view

133. We recognise the challenges the pandemic has presented to undertaking engagement with stakeholders on the substance misuse treatment framework. However, given that the production of a standardised clinical pathway for the management of substance misuse in prisons in Wales is one of the four headline priorities in the Partnership agreement, it is disappointing that greater progress has not been made in identifying alternative approaches to engaging with stakeholders to inform its development.

Recommendation 12. The Welsh Government should set out the anticipated timescales for the development of the standardised clinical pathway for the management of substance misuse in prisons, including how the planned approach to engaging with key stakeholders will be revised to ensure that it is not unduly delayed by the public health restrictions arising from the COVID-19 pandemic.

134. Similarly, the delay in the work of the Deep Dive Group is regrettable, not least because its work is intended to improve the support available to some of the most vulnerable people in Welsh prisons and our communities.

¹⁸² Welsh Government, Health and social care in the prison estate: evidence paper for the Health, Social Care and Sport Committee, January 2020

¹⁸³ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

Recommendation 13. The Welsh Government should provide an update on the Deep Dive Group's revised priorities and work plan, including how its progress in removing barriers faced by prisoners and ex-offenders with co-occurring substance misuse and mental health issues who are seeking to access support in prison or post-release will be monitored.

9. Medicine management

Variation in policies and practices

135. The Royal Pharmaceutical Society (RPS) stated that “where medicines are used and required in a secure environment, there will always be inherent risks to patient safety and to the safety of health care staff. It is critical therefore that the right services are effectively planned for and invested in”.¹⁸⁴ Tania Osborne, HMIP outlined the challenges associated with medicines management within the secure estate, including balancing access to the right medicines for patients at the right times against the risks of prescription medications becoming tradeable commodities.¹⁸⁵ The PPO similarly highlighted the need for robust systems to ensure that medicines were appropriately dispensed, administered and monitored.¹⁸⁶

136. The BMA said that it would welcome a formal mechanism for the streamlining of prescribing policies across the Welsh prison estate, explaining that “what happens in one establishment can have a massive impact at another”.¹⁸⁷ Similarly, Chris Jennings, HMPPS, told us that there was anecdotal evidence that some prisoners might be concerned about being moved between prisons as a result of variation in approaches to medicines management:

“So, you could arrive in Swansea and you might be given a particular opiate substitute that you might not get if you go to another prison, because they might have a different approach to doing it, and so there is an issue for us, with men moving around the system who don’t necessary get the same treatment. But, again, that’s not unique to prisons, is it? Because that would be the same in the community, where there are different prescribing approaches in different parts of Wales. So, it’s not a unique problem, but it does cause us an issue, and you do hear anecdotes that men might prefer to be sent to a particular prison because they know they can get hold of a particular type of

¹⁸⁴ [HSP22 Royal Pharmaceutical Society](#)

¹⁸⁵ RoP [paras 248-249], 3 October 2019

¹⁸⁶ RoP [para 60], 13 November 2019

¹⁸⁷ [HSP02 British Medical Association](#)

medicine that suits them. So, there is a bit of that going on in the system".¹⁸⁸

137. HMPPS referred to the Expert Advisory Group for Medicines in Scotland which provides advice to NHS Boards Drug Treatment Centres on the appropriate use of medicines and other therapeutic interventions in prisons. They suggest a similar panel should be introduced in Wales by the Welsh Government.¹⁸⁹ The Welsh Government confirmed in evidence to us in January 2021 that officials would discuss this suggestion with HMPPS and provide further information in due course.¹⁹⁰

Partnership agreement

138. Developing standards for medicines management in prisons in Wales is one of the four priorities identified in the Partnership agreement.¹⁹¹

139. The Welsh Government told us in January 2020 that the RPS had been commissioned to:

- Appraise the current performance of relevant health boards in Wales against the existing professional standards that apply in England.
- Develop improvement plans for each prison or health board.
- Identify whether there is a need for any additional national policy guidance, taking into account the different populations and physical environments of each prison in Wales.¹⁹²

140. In January 2021, the Welsh Government said that:

“Due to the high levels of pressure that have been placed on the prison healthcare teams during the COVID-19 pandemic, elements of this workstream are currently paused. Additionally, as dispensation of medication has been significantly affected by regime changes in response to COVID-19, we have been advised to pause some elements

¹⁸⁸ RoP [para 115], 9 January 2020

¹⁸⁹ HSP27 Her Majesty's Prison and Probation Service in Wales

¹⁹⁰ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

¹⁹¹ Welsh Government, *Partnership agreement for prison health in Wales*, September 2019

¹⁹² ROP [paras 75-78], 29 January 2020

of the workstream until these systems return to normal, this was to avoid artificial skewing of the findings”.¹⁹³

141. It added that, in the meantime, some desk-based, survey and virtual engagement work had taken place in autumn 2020, and that consideration was being given to assessing the data capture capability of NHS Wales ICT systems.¹⁹⁴

Our view

142. We recognise that the COVID-19 pandemic has delayed progress on the RPS-led work on appraising LHB performance against medicines management standards, preparing improvement plans and identifying whether any additional national guidance or policies are required. We welcome the confirmation from the Welsh Government that some interim work has taken place to engage health boards and prisons, and that monthly meetings are taking place to provide oversight of the workstream.¹⁹⁵

143. We also welcome the confirmation from the Welsh Government that it will discuss with HMPPS its suggestion that the establishment of an Expert Advisory Group for Medicines could be beneficial.

Recommendation 14. The Welsh Government should write to the Sixth Senedd committee with responsibility for prison health care to provide an update on discussions with HMPPS about the potential benefits of establishing an Expert Advisory Group for Medicines.

¹⁹³ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

¹⁹⁴ Ibid

¹⁹⁵ Ibid

10. Social care

The Social Services and Wellbeing (Wales) Act 2014

144. The WLGA and ADSS Cymru told us that historically it had not always been clear where responsibility lay for meeting prisoners' care and support needs, with the result that needs were often unrecognised or not met.¹⁹⁶

145. The *Social Services and Wellbeing (Wales) Act 2014* placed duties on local authorities in Wales in relation to assessing and meeting the care and support needs of people within the secure estate. The duties came into effect in 2016, and include:

- Taking a holistic approach that considers individuals' needs in prison and when planning for release.
- Engaging with relevant partners to ensure best use of resources.
- Providing services directly or commissioning them from other providers.
- Supporting people within the secure estate as they would someone living in the community (although the Act does recognise that the delivery of care and support may need to be adjusted to reflect the circumstances of someone who is in prison).

146. As a result of the Act, there is now a memorandum of understanding between each prison in Wales, the relevant local authority and any relevant providers. Each relevant local authority also has a designated prison social care lead. The Chief Inspector, CIW, described this as "encouraging". She told us that "some good work has begun" since the implementation of the Act, but that the next steps would need to include ensuring that good practice was being shared across Wales.¹⁹⁷

An ageing prison population

147. We consistently heard during our inquiry that the number and proportion of the prison population who are older prisoners (defined as 50 or over) has increased and is projected to keep growing, and that this cohort of prisoners is

¹⁹⁶ HSP31 WLGA and ADSS

¹⁹⁷ RoP [para 251], 3 October 2019

likely to have greater and more complex health and social care needs.¹⁹⁸ For example, an ageing prison population is likely to see an increase in prisoners living with dementia, chronic conditions, pain management issues, or physical disabilities, or in need of end-of-life or palliative care.¹⁹⁹

148. The changing demographic and associated implications for the demands for health and social care reflect changes in the wider community. However, we were told that people in prison are considered to be older people at a younger age than people living in the community. Factors contributing to the faster ageing process experienced by prisoners include the prison environment, and the generally poorer levels of mental and physical health among the prison population.²⁰⁰

149. In addition to any care and support needs that emerge during prisoners' sentences, we also heard that consideration needs to be given to the continuation of any care and support individuals may have been receiving in the community prior to their sentencing. This can be challenging; Jackie Davies, ADSS Cymru, told us about an individual who was in his 80s on admission to prison. Replicating the care and support package he had in the community had required modifications to his cell, prisoner buddying arrangements and an "extensive plan" developed in partnership with custodial, health and social care staff in order to manage risks to his mental and physical health and wellbeing.²⁰¹

Dementia

150. The prevalence of dementia in the general population is around 5 per cent of people over 65 and 20 per cent of people over 80. The prevalence in the prison population is unknown.²⁰² The governor of HMP Parc told us that the absence of screening, diagnosis and clear dementia pathways could make it difficult to recognise whether a prisoner's challenging behaviour stemmed from general distress, substance misuse or dementia.²⁰³

151. Health boards said that the lack of screening and early diagnosis for dementia among the prison population was out of step with the ambitions in the

¹⁹⁸ [HSP06 Resettlement and Care for Older Ex-offenders and Prisoners](#)

¹⁹⁹ [HSP07 Aneurin Bevan University Health Board](#); [HSP23 Welsh NHS Confederation](#)

²⁰⁰ [HSP31 WLGA and ADSS](#)

²⁰¹ RoP [paras 17 and 18], 21 November 2019

²⁰² [HSP31 WLGA and ADSS](#)

²⁰³ RoP [paras 137-138], 9 January 2020

Welsh Government's *Dementia Action Plan for Wales 2018-2022*, and suggested that prison regimes may themselves “mask the onset or early signs of dementia”.²⁰⁴

152. Jackie Davies, ADSS Cymru, noted the routine of the prison regime could actually support an individual in the early stages of dementia, but told us that meeting the needs of people with dementia and keeping them safe could be particularly challenging within the restrictions of the secure estate. Approaches currently include occupational therapy, moving older prisoners to vulnerable prisoner wings, and operating ‘buddy systems’ to support prisoners to help one another.²⁰⁵

153. The demographic profile of the prison population varies across the prisons in Wales, with corresponding variation in levels of need for dementia assessment and support services. The governor of HMP Parc told us that relatively few men in her prison currently had dementia, but that she anticipated that this would increase:

“They will increase, but we shouldn’t be scrabbling around for, ‘What are we going to be doing with person X?’ There should be something that means we all know what that pathway is and that there’s a facility available that we can use. The problem is going to get worse, and we do need to address it, both as prisons and as a community, and as a society. It’s a very real issue”.²⁰⁶

154. HMP Usk has the largest proportion of older prisoners in Wales, with 10 per cent being over 70. Chris Jennings, HMPPS, said that the prison was working in partnership with its social care team and the Samaritans to improve the support available to prisoners experiencing dementia or similar conditions. This included work to create a specialist unit within HMP Usk, to which men from other prisons could be transferred if required. However, he acknowledged that further work was required to develop an appropriate pathway for prisoners with dementia to ensure that they were properly supported within the prison environment.²⁰⁷

End-of-life and palliative care

155. An ageing prison population may increase the demand for end-of-life and palliative care services. The Welsh NHS Confederation called for greater

²⁰⁴ RoP, [para 150], 21 November 2019; [HSP25 Swansea Bay University Health Board](#)

²⁰⁵ RoP [paras 22-24 and 26-27], 21 November 2019

²⁰⁶ RoP [para 144], 9 January 2020

²⁰⁷ RoP [paras 140 and 146-147], 9 January 2020

engagement of prisoners with complex needs in advanced care planning “alongside palliative care pathways and in-reach palliative care services”.²⁰⁸

156. While prisoners’ choices in respect of such care may be restricted in some circumstances by the prison regime, Councillor Huw David, WLGA, told us that the focus was nevertheless always on how best to meet individuals’ needs and preferences.²⁰⁹ There are arrangements that can enable prisoners approaching the end of their lives to leave the prison setting to receive end-of-life or palliative care. However, the PPO suggested that “more creative use” could be made of compassionate early release and end-of-life care outside of the prison setting.²¹⁰

157. Nevertheless, witnesses told us that some people may prefer to remain in prison as they approach the end of their lives.²¹¹ This can present challenges to prison health and social care services. Jackie Davies, ADSS Cymru, said that consideration should be given to fast-tracking governance arrangements where circumstances made it appropriate to do so,²¹² and Alison Ryland, Aneurin Bevan UHB, highlighted particular issues in relation to out of hours provision and medication.²¹³

Staff training

158. The ageing prison population was also thought by some to have implications for the demand and pressures on prison staff, including those providing health and social care.²¹⁴

159. Councillor Huw David, WLGA, noted that HMP Usk had provided dementia awareness training to prison staff, and said that local authorities were keen to work with health services to develop and deliver more such training.²¹⁵ The governor of HMP Parc said that her staff were also offered dementia awareness training.²¹⁶

²⁰⁸ [HSP23 Welsh NHS Confederation](#)

²⁰⁹ RoP [para 63], 21 November 2019

²¹⁰ RoP [paras 53-54], 13 November 2019

²¹¹ RoP [para 143], 9 January 2020

²¹² RoP [para 61], 21 November 2019

²¹³ RoP [para 367], 21 November 2019

²¹⁴ [HSP04 The Hepatitis C Trust](#)

²¹⁵ RoP [para 31], 21 November 2019

²¹⁶ RoP [para 144], 9 January 2020

160. The Older People’s Commissioner for Wales suggested that the planning of health and care services for older prisoners should include investment in staff training to support older prisoners with complex needs.²¹⁷ The PPO agreed that prison staff would need support and training to ensure they could respond to the needs of the ageing prison population. She said that currently neither initial prison officer training nor ongoing CPD programmes included a focus on supporting older people. In her view, this meant that there was too much reliance on individual officers or prisons to operate without the right tools, as “the structures aren’t in place to deliver good geriatric and social care”.²¹⁸

A national strategy for older prisoners

161. Notwithstanding the issues set out above, PHW stated that there was a lack of evidence of the needs of older people in prison in Wales, and the impact of the prison environment on the ageing process.²¹⁹ During our inquiry, a number of witnesses called for the development of a national strategy for older prisoners to ensure that there was a “more strategic overarching view of older prisoners and how they’re managed across the estate”.²²⁰ The Welsh NHS Confederation called for all prisons in Wales to “ensure that their infrastructure, policies and services are age-friendly and dementia-friendly”. It explained that this should include falls prevention strategies, as well as other measures.²²¹

162. Chris Jennings, HMPPS, told us that the HMPPS did have a strategy for older prisoners.²²² However, the PPO, while supportive of a national strategy as a means of joining up the current “piecemeal” good practice, emphasised that such a strategy should be jointly-owned by HMPPS and health and social care providers.²²³

163. Giving evidence to us in January 2020, the Minister for HSS acknowledged that the prison population was ageing. However he was sceptical about whether specific provision for older prisoners should be included within the Partnership

²¹⁷ [HSP15 Older People’s Commissioner](#)

²¹⁸ RoP [para 48], 13 November 2019

²¹⁹ [HSP09 Public Health Wales](#)

²²⁰ RoP [para 253], 3 October 2019

²²¹ [HSP23 Welsh NHS Confederation](#)

²²² RoP [paras 140 and 146-147], 9 January 2020

²²³ RoP [para 45], 13 November 2019

agreement, noting that the needs of older prisoners were “an integral part of the work that we’re considering in each of the areas”.²²⁴

164. In January 2021, the Welsh Government told us that the PHSCOG had identified national priorities for older prisoners in Wales, and that “those priorities reflect the strategic national priorities of the Welsh Government such as those set out in A Healthier Wales”. It added that the Welsh Government was consulting on its vision for an age-friendly Wales, and that the consultation included the needs of older prisoners.²²⁵

Our view

165. The ageing of the prison population will bring with it both increasing demand and increasing complexity in prisoners’ health and social care needs. People may increasingly have care and support needs on their entry into the criminal justice system, which must continue to be met within the prison setting. New needs may increasingly emerge during the time people spend in prison. Continuity of care and support will need to be a key element in planning for and supporting prisoners’ returns to the community. Rising to these challenges will require adequate resourcing and close collaborative working between health, social care and justice partners.

166. It is vital that people who have dementia receive the care and support they may need to manage their condition with compassion and dignity. Within prisons, this is important not only for individuals who may have dementia, but also for the management of the wider prison population, who may otherwise experience distress as a result of the challenging behaviours that can arise as a result of undiagnosed or poorly-managed dementia.

167. We were concerned to hear that there is no pathway for prisoners with dementia, and that there are no structures in place for screening or early diagnosis of dementia, particularly as the prison regime may mask the onset of the condition. A key outcome identified in the Welsh Government’s *Dementia Action Plan for Wales 2018-2022* is that “more people are diagnosed earlier, enabling them to plan for the future and access early support and care if

²²⁴ RoP [paras 88-89], 29 January 2020

²²⁵ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

needed”,²²⁶ and we believe that this should apply as much to people in Welsh prisons as to those in Welsh communities.

Recommendation 15. The Welsh Government should work with partners to develop and implement a dementia pathway for prisoners held in Wales. This should include the introduction, as a matter of urgency, of screening and early diagnosis for dementia in public sector prisons in Wales, as well as arrangements to ensure that people who are diagnosed with dementia receive the care and support they need.

Recommendation 16. The Welsh Government should work with partners within the health workstream of the Parc Contract Expiry Board to ensure that the service specification for health and social care services at HMP Parc includes screening and early diagnosis for dementia, and arrangements to ensure that people who are diagnosed with dementia receive the care and support they need.

168. Supporting an ageing prison population who may have multiple and complex health and social care needs, including dementia or frailty, requires a suitably-skilled and trained workforce. We agree with witnesses who have emphasised the need for prison staff, as well as those providing health and social care in prison settings, to receive training in supporting older prisoners, including dementia training.

Recommendation 17. The Welsh Government should work with partners through the PHSCOG to develop and implement training for prison staff—including those providing health and social care services—on supporting older prisoners and prisoners with dementia.

169. We welcome the indication from the Welsh Government that the PHSCOG has identified and agreed national priorities for older prisoners across the prison estate in Wales, and that those priorities are aligned with the priorities in place for the older population living in the community across Wales. However, we would welcome further clarity on how the PHSCOG’s national priorities for older prisoners will be integrated into the priorities set out in the Partnership agreement, what actions will be taken to implement them, and how any improvements in the approach to meeting the needs of older prisoners will be monitored and assessed.

²²⁶ Welsh Government, *Dementia Action Plan for Wales 2018-2022*, February 2018

Recommendation 18. The Welsh Government should set out how the PHSCOG's agreed national priorities for older prisoners will be integrated into the priorities set out in the Partnership agreement, what actions will be taken to implement them, and how any improvements in the approach to meeting the needs of older prisoners will be monitored and assessed.

11. Prison regimes and environments

Impact on health and wellbeing

170. Although our inquiry is focused on the provision of health and social care services in the Welsh prison estate—areas for which the Welsh Government has devolved responsibility in public sector prisons—many witnesses also emphasised the role of the prison environment in health and wellbeing. SWAWC said that:

“Prison life is inherently unhealthy, confinement of such an extreme nature inevitably denies fresh air and exercise in a way that impacts on both physical and mental health. Personal safety is compromised both by overcrowding, poor diet and often unhygienic environments as well as potential violence or bullying from other inmates”.²²⁷

171. Particular issues raised by witnesses included:

- **Physical infrastructure:** the secure estate was primarily designed for people who are “fit and able”, not for people with complex needs or disabilities. In addition to presenting challenges to individual prisoners, it can be a barrier to the provision of effective care and support.²²⁸ Some prisons in Wales occupy Victorian buildings, some of which are Cadw-listed. This both restricts the scope for effective adaptations and increases the costs associated with any adjustments to the estate.²²⁹
- **Suitability and availability of medical facilities.** The medical facilities in prisons across Wales vary in their age, design and functions. HMIP told us that it assesses the role of the prison environment in the “enablement of health” during inspections. For example, the difficulties in keeping artex walls clean, or the impact of delays in replacing or servicing equipment such as dental chairs. Tania Osborne, HMIP, said that collaborative working was needed to resolve such matters, but that there was variation across prisons in how issues were addressed.²³⁰
- **Access to aids and adaptations.** We heard that in public sector prisons in Wales health, occupational therapy, social care and prison services

²²⁷ HSP10 South Wales Against Wrongful Conviction

²²⁸ RoP [para 5], 21 November 2019; HSP31 WLGA and ADSS

²²⁹ RoP [paras 282 and 284], 21 November 2019; HSP25 Swansea Bay University Health Board

²³⁰ RoP [para 262], 3 October 2019

generally work well together to meet prisoners' care and support needs for aids and adaptations.²³¹ However, Carmel Donovan, Cwm Taf Morgannwg UHB, told us that there could be a lack of clarity in HMP Parc as to whether responsibility for adaptations lies with G4S Custodial and Detention Services, G4S Health Services or the local authority.²³²

- **Prison regime.** Health and social care in prisons is delivered within the context of the security regime, and is reliant on the support of custodial services. The provision of health and social care can therefore be affected by issues beyond the control of health and social care teams, such as prison staff shortages, overcrowding or prison lockdowns.²³³ Other factors affecting health and wellbeing include access to open space, nutrition and the amount of time prisoners may spend outside cells. Tania Osborne, HMIP, told us that when time outside cells is restricted prisoners may have to decide between prioritising accessing health care, showering or making a telephone call to their family.²³⁴
- **Prison staff resource.** Chris Jennings, HMPPS acknowledged that staff shortages had been an issue in Wales, but said that following large scale recruitment in recent years “we’re more or less at the number that we need to be at now, so that’s not such an issue for us”.²³⁵
- **Crowding and overcrowding.** We heard evidence that HMP Cardiff, HMP Swansea and HMPs Usk and Prescoed were within the top twenty prisons in England and Wales in terms of prison population relative to certified normal accommodation. PHW said that this was unsafe for prisoners and created increased demand on prison health and social care services.²³⁶ The BMA agreed that overcrowding or living in shared cells could have a detrimental effect on prisoner wellbeing.²³⁷ Conversely, Chris Jennings, HMPPS, said that “We don’t describe ourselves as

²³¹ RoP [paras 59, 212 and 282], 21 November 2019

²³² RoP [para 209], 21 November 2019

²³³ [HSP09 Public Health Wales](#)

²³⁴ RoP [para 281], 3 October 2019

²³⁵ RoP [para 172], 9 January 2020

²³⁶ [HSP09 Public Health Wales](#)

²³⁷ [HSP02 British Medical Association](#)

‘overcrowded’ at all. We are crowded, but we are within the limits that are reasonable for men to be held at”.²³⁸

Partnership agreement

172. The role of the prison environment in prisoner health and wellbeing is reflected in the Partnership agreement, in which one of the four priorities is to ensure that prison environments in Wales promote health and wellbeing for all.²³⁹

173. The Minister for HSS told us in January 2020 that HMPPS was leading the prison environment workstream within the Partnership agreement. However, he was not then in a position to provide information about key outcome indicators or performance measures.²⁴⁰ In January 2021, the Welsh Government confirmed that the prison environment workstream was expected to identify areas of focus for each prison, establish a baseline against which improvement could be assessed, and feed into the development of national prison health indicators.²⁴¹

174. Initial visits and focus groups took place at each prison in Wales between January and March 2020, and initial reports were prepared to highlight issues raised by prisoners, what was working well and where improvements were required. However, the Welsh Government told us that the COVID-19 pandemic had affected both the resource available for this work and its remit, which has been expanded to include environmental and regime changes made in response to the pandemic and the wellbeing interventions put in place for prisoners and staff. The Welsh Government confirmed that work on the development of environmental health indicators would resume “when the regime and community restrictions have lifted, so the next round of visits can take place”.²⁴²

Our view

175. We agree with the Minister for HSS that while the prison environment and regime are the responsibility of HMPPS, such matters cannot and should not be

²³⁸ RoP [para 172], 9 January 2020

²³⁹ Welsh Government, *Partnership agreement for prison health in Wales*, September 2019

²⁴⁰ RoP [paras 65-66], 29 January 2020

²⁴¹ *Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services*, 28 January 2021

²⁴² Ibid

disassociated from issues relating to the mental and physical health and wellbeing of prisoners or the health and social care services they need.²⁴³

176. We therefore welcome the Welsh Government’s commitment to improving health and wellbeing in public sector prisons in Wales,²⁴⁴ and the inclusion within the Partnership agreement of a priority of ensuring that prison environments in Wales promote health and wellbeing for all. The nature of the prison estate in Wales, including as it does a number of Victorian and Cadw-listed buildings, presents particular challenges, especially in the context of an ageing prison population whose needs for care, support and adaptations may increase and become increasingly complex.

177. We acknowledge the impact of the COVID-19 pandemic on prison regimes and environments, and on the ability for the prison environment workstream in the Partnership agreement to be progressed. We welcome the expansion of the workstream’s remit to encompass the regime and environmental changes that have taken place over the past year. However, it will be important to ensure that the various elements within the workstream are prioritised according to their respective importance and urgency, including identifying whether there is learning from the pandemic that could be more broadly applied, or activities within the workstream that could be progressed within the current restrictions to avoid unnecessary delay in the identification of improvements that could have positive effects on prisoner health and wellbeing.

Recommendation 19. The Welsh Government should work with partners through the PHSCOG to prioritise activities within the prison environment workstream according to their respective urgency and importance. This should include identifying any quick wins or learning arising from changes to prison environments or regimes during the pandemic, and ensuring that there are no unnecessary delays in implementing improvements that could positively affect prisoner health and wellbeing.

²⁴³ RoP [paras 65-68], 29 January 2020

²⁴⁴ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

12. Prison health and social care workforce

Recruitment and retention

178. A number of witnesses told us that there were particular recruitment and retention challenges in respect of the prison health and social care workforces.²⁴⁵ Underlying factors were thought to include the extent to which a career in the secure estate was attractive, the level of security checks required, and the challenges of working in a secure environment.²⁴⁶

179. Both the BMA and RCN called for a focus on recruitment, stating that promotion, training and CPD events are needed to increase awareness and generate interest, as well as consideration of new ways of working such as developing hybrid posts.²⁴⁷ Alison Ryland, Aneurin Bevan UHB, suggested that the stigma associated with working in prison health and social care services could be overcome by bringing greater visibility to the profession, including by working with students.²⁴⁸

180. We heard that there are particular issues in respect of some elements of the workforce:

- **Nursing.** Health boards highlighted levels of turnover within the nursing workforce and the ageing prison nursing workforce, with implications for workforce stability, service development and the provision of specialist services. Contributory factors included: the level of job satisfaction; limited progression opportunities; disproportionate time spent on routine nursing activities such as dispensing medication; and decisions by prison nursing staff who develop specialisms to take up posts elsewhere. Health boards described local workforce planning steps they were taking to address the issues, but called for specific recruitment campaigns for prison nurses, and the introduction of a Welsh competency framework for prison nurses and health care support workers.²⁴⁹

²⁴⁵ HSP02 British Medical Association

²⁴⁶ RoP [paras 5 and 277], 21 November 2019

²⁴⁷ HSP02 British Medical Association; HSP14 Royal College of Nursing

²⁴⁸ RoP [para 278], 21 November 2019

²⁴⁹ HSP07 Aneurin Bevan University Health Board; HSP25 Swansea Bay University Health Board; HSP32 Cardiff and Vale University Health Board

- **Clinical leadership.** Dr Anjula Mehta, Swansea Bay UHB, told us that an overreliance on locum GPs had implications for accountability, continuity of care and clinical leadership. She said that the introduction of salaried GP roles could strengthen clinical leadership in key areas such as chronic disease management, medicine management and substance misuse, as well as supporting career progression and enhancing the multi-disciplinary team approach.²⁵⁰ However, health boards noted challenges in recruiting to salaried prison GP posts.²⁵¹
- **Social care.** Witnesses including the Older People's Commissioner for Wales called for a specific focus on the recruitment and retention of prison social care staff.²⁵² We were told that it was challenging to recruit social workers to work in prisons, and that this was not yet a well-established career path.²⁵³ Social Care Wales explained that a programme of training and resources had been delivered in 2016 to support the implementation of Part 11 of the *Social Services and Wellbeing (Wales) Act 2014* and the new responsibilities it placed on local authorities in respect of adult prisoners with social care needs.²⁵⁴ Councillor Huw David, WLGA, added that Social Care Wales was developing a campaign for specific targeted recruitment in the social care sector, including a focus on the delivery of social care within specialist settings such as the secure estate.²⁵⁵

Staff safety

181. We also heard concerns about the level of pressure that prison health and social care teams were working under, both because of the level of demand on their services and the constraints of the prison security regime.²⁵⁶

182. The RCN highlighted concerns about the safety of nursing staff in Welsh prisons, including violence against them. It noted that according to its research, assaults on prison staff across England and Wales had increased by 143 per cent in the last four years. It called for the *Assaults against Emergency Workers*

²⁵⁰ RoP [paras 273-274], 21 November 2019

²⁵¹ [HSP32 Cardiff and Vale University Health Board](#)

²⁵² [HSP15 Older People's Commissioner](#)

²⁵³ [HSP11 Bridgend County Borough Council](#); [HSP31 WLGA and ADSS](#)

²⁵⁴ [HSP01 Social Care Wales](#)

²⁵⁵ RoP [para 11], 21 November 2019

²⁵⁶ [HSP25 Swansea Bay University Health Board](#)

(*Offences*) Act 2018 to be fully enforced in all Welsh prisons, and for the adoption of a 'zero tolerance' approach.²⁵⁷

183. The RCN raised specific concerns about the widespread use of psychoactive substances in Welsh prisons and the potential impact on the health and safety of health care staff. Nurses and health care assistants may be the first to arrive when prisoners require emergency care, and the RCN stated that HMPPS guidance suggests they are expected to enter cells before the smoke has cleared. Some of its members had reported suffering the effects of inhaling the drug for hours after exposure, including being unable to drive home after their shifts. The RCN called for HMPPS guidance to be revised to take greater account of the safety of prison staff, and for training to be provided to health care staff on dealing with psychoactive substance-related incidents.²⁵⁸

184. The Welsh Government told us in January 2021 that the draft substance misuse treatment framework included advice on psychosocial interventions and how to manage individuals who have been using psychoactive substances. It added that its harm reduction website (www.harmreductionwales.org) provided e-learning materials, including a module on new psychoactive substances.²⁵⁹

Our view

185. We recognise that prisons are challenging environments for the provision of health and social care services. We pay tribute to all of the health and social care staff who are providing services in prisons across Wales, in particular under the additional challenges and risks arising from the COVID-19 pandemic.

186. The safety and wellbeing of the workforce is extremely important, and we are concerned to hear about rising levels of violence and the impact of substance misuse in prisons on nursing staff and health care assistants. While these are matters primarily for HMPPS, we urge the Welsh Government to raise these issues, and to take what steps it can to ensure the safety and wellbeing of the prison health and social care workforce.

187. We note that despite the issues raised during our inquiry about the particular recruitment and retention issues facing prison health and social care services, there is no reference to the prison health and social care workforce in the joint

²⁵⁷ HSP14 Royal College of Nursing

²⁵⁸ Ibid

²⁵⁹ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

Social Care Wales and Health Education and Improvement Wales workforce strategy published in October 2020.²⁶⁰

Recommendation 20. The Welsh Government should set out how the joint health and social care workforce strategy published in October 2020 will address recruitment and retention issues in respect of the prison health and social care workforce.

²⁶⁰ Social Care Wales and Health Education and Improvement Wales, *A healthier Wales: our workforce strategy for health and social care*, October 2020

13. Funding

Health care funding

188. There are three funding models for prison health care in Wales:

- **HMP Cardiff, HMP Swansea and HMPs Usk and Prescoed:** The four public sector prisons in south Wales have a combined population of around 1,600. Since 2004-05, the Welsh Block has included a recurrent annual transfer of £2.544m to support health care in public sector prisons in Wales. The transfer has not been updated since 2004-05, and takes no account of inflation or increases in the prison population.²⁶¹ There is no single methodology or dataset in respect of the cost of prison health care. Commissioning arrangements vary, and different health boards provide different levels of detail. Dr Robert Jones, Cardiff University, estimated the actual spend on prison health care in the four prisons in 2017-18 as £3.879m.²⁶² Funding for prison health care is included within the relevant health boards' annual budget allocations. This may include specific additional allocations to reflect Welsh Government priorities. For example, the 2021-22 draft budget includes £1.277m of additional prison health care funding within the mental health ringfence.²⁶³
- **HMP Berwyn:** As a newly-established prison, health care funding for HMP Berwyn is provided directly to Betsi Cadwaladr UHB by HMPPS. The level of funding is based on an initial needs assessment, which will be revised as the prison comes up to capacity.²⁶⁴ In 2018-19 HMP Berwyn received £10.5m for health provision for a prison population of around 1,200.²⁶⁵ Responsibility for funding the health services is expected to transfer to the Welsh Government "once the prison is up to capacity and is fully operational".²⁶⁶ However, despite a "constructive relationship"

²⁶¹ RoP [paras 30-34], 27 March 2019

²⁶² RoP [paras 30-32, 36-38 and 40], 27 March 2019

²⁶³ Welsh Government, Scrutiny of Mental Health, Wellbeing and Welsh Language Draft Budget 2021-22, January 2021

²⁶⁴ RoP [paras 114 and 156], 21 November 2019

²⁶⁵ RoP [para 39], 27 March 2019

²⁶⁶ Welsh Government, Health and social care in the prison estate: evidence paper for the Health, Social Care and Sport Committee, January 2020

between the Welsh Government and Ministry of Justice in respect of HMP Berwyn, it is not yet clear when the funding and responsibility will be transferred.²⁶⁷

- **HMP Parc:** Primary health care services are privately-provided by G4S and funded directly by HMPPS. Secondary mental health services are commissioned from Swansea Bay UHB, and are funded from the prison's budget. Other secondary care services are commissioned by Cwm Taf Morgannwg UHB from within its general budget allocation. As HMP Parc is privately-run, Cwm Taf Morgannwg UHB is ineligible for any additional Welsh Government development funding for improving prison health care.²⁶⁸

189. There was general consensus among witnesses that the current funding system for prison health care in Wales is outdated, and the baseline funding level is insufficient to meet the demands of an increasing and ageing prison population.²⁶⁹ Clinks said that:

“...a consistent funding arrangement for healthcare in all Welsh prisons should be established with transparency for how services will be commissioned from those funds”.²⁷⁰

190. Cardiff and Vale UHB told us that its budget for health care at HMP Cardiff (£2.087m) had been set in 2012 when remand-related receptions at the prison were lower. It added that while improvements in health care provision and access had been made, the financial position meant that some services were “extremely fragile”.²⁷¹ The PPO acknowledged the efforts that staff and services in prisons across Wales had made to improve health care provision, but warned that inadequate resourcing could affect the delivery of the priorities in the Partnership agreement as well as present risks to the safety and quality of prison health care.²⁷²

191. The Minister for HSS told us that spend on prison health care for the four public sector prisons in south Wales exceeded the provision in the Welsh Block. He said in January 2020 that discussions were needed with the Ministry of Justice

²⁶⁷ RoP [para 17], 29 January 2020

²⁶⁸ RoP [paras 124, 129 and 131], 21 November 2019

²⁶⁹ HSP09 Public Health Wales; HSP12 Royal College of General Practitioners; HSP14 Royal College of Nursing; HSP22 Royal Pharmaceutical Society

²⁷⁰ HSP19 Clinks

²⁷¹ HSP32 Cardiff and Vale University Health Board

²⁷² RoP [para 42], 13 November 2019

in respect of the level of resource and the lack of an uprating mechanism.²⁷³ In January 2021 the Welsh Government noted that it had asked relevant health boards in March 2020 to provide information about the costs of primary and secondary health care provision in prisons, including capital, revenue and staffing costs. It explained that the purpose of this was to inform its discussions with the UK Government on future funding arrangements for prison health care in Wales. However, it added that the funding review had been paused during 2020 as a result of the COVID-19 pandemic, and that it would return to discussions with the UK Government in 2021 “in the context of recovery planning for the prisons”.²⁷⁴

Our view

192. We recognise the challenges the pandemic has presented to capacity and resource within prisons, health boards and the Welsh Government. However, we believe that completing robust prison health care needs assessments and progressing discussions with the UK Government about the level of funding required by the four public sector prisons in Wales should be a priority. Failing to ensure that there is sufficient resource available for prison health services will not only hinder progress against the priorities set out in the Partnership agreement, it will also slow the pace of improvement in the services that people held in Welsh prisons receive.

193. In reaching agreement with the UK Government on funding arrangements, the Welsh Government must ensure the establishment of a fair, sufficient and evidence-based funding baseline, underpinned by robust assessments of the health care needs across the public sector prisons where the Welsh Government has responsibility for health care provision. The agreement must also include an appropriate and sustainable uprating mechanism that takes account of inflation and the anticipated increase in the prison population, and that is sufficiently flexible to accommodate the increasing complexity and level of need of the ageing prison population.

Recommendation 21. The Welsh Government should reach agreement with the UK Government on the establishment of a fair, sufficient and sustainable baseline for funding via the Welsh Block of the health care provision in the public sector prisons in which the Welsh Government has responsibility for health care provision. This should be underpinned by robust and evidence-

²⁷³ RoP [paras 11-13 and 26], 29 January 2020

²⁷⁴ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

based assessments of the health care needs in these prisons, and should include an uprating mechanism that is sufficiently flexible to take account of inflation, the forecasted prison population, and any changes in health care needs.

194. The variation in the funding models across the six prisons in Wales, combined with the absence of consistent, transparent data about the funding or costs of provision in each, creates barriers to scrutiny, to the assessment of whether services represent value for money, and to the potential for benchmarking or the sharing of best practice. The PHSCOG could be an appropriate mechanism for the collation, review and publication of such data, as well as for discussion and sharing of best practice.

Recommendation 22. Regardless of how health care in each prison in Wales is funded, the Welsh Government should work with relevant partners through the PHSCOG to collate, review and publish information about the costs of health care provision across all six prisons in Wales, and to facilitate benchmarking and the sharing of best practice.

Social care funding

195. In written evidence, the WLGA and ADSS Cymru said that some local authorities found that prison social care funding provision fell short of the costs of delivering the required services, and that the design and capacity of services had not kept pace with rises in the prison population.²⁷⁵ Councillor Huw David, WLGA, told us that demand for the provision of social care in the prison setting was increasing, but emphasised that the responsibility of meeting prison social care needs falls to a small number of local authorities.²⁷⁶

196. Since the implementation of local authorities' responsibilities under Part 11 of the *Social Services and Wellbeing (Wales) Act 2014*, the funding model for social care provision in prisons has changed:

- Initially, in 2016-17 and 2017-18, local authorities with prisons in their areas received grant funding totalling £448k and £412k respectively.

²⁷⁵ HSP31 WLGA and ADSS

²⁷⁶ RoP [paras 67 and 69], 21 November 2019

- However, from 2018-19 onwards, funding for prison social care has been included in the general revenue support grant. This included £391k in 2018-19, and £371k in 2019-20 and subsequent years.²⁷⁷

197. Witnesses raised concerns over both the change in the funding model and the decreasing levels of funding. HMPPS said that the change in the arrangements had led to “confusion”, and noted that the funding for social care in HMP Parc had been reduced from £236,774 in 2017-18 to £18,000 in 2018-19. It called for a review of the prison social care funding allocation.²⁷⁸ Chris Jennings, HMPPS said that the revised funding model had resulted in “a detrimental impact on prisons”, and noted that his preference would be for funding to be held centrally and made available to local authorities with prisons in their areas.²⁷⁹

198. The Minister for HSS acknowledged in January 2020 that overall funding for prison social care had decreased, despite increases in demand and the ageing prison population. He told us that this “reflects the reductions in different parts of our budget settlements. So, it’s simply about the reduction in resourcing”.²⁸⁰ In respect of the funding model, he told us that the change in approach reflected local government preferences for moving away from specific grants in favour of general funding provision.²⁸¹ The Welsh Government reiterated this in January 2021:

“The way social care funding in prisons has been distributed was considered, reviewed and agreed with local government as part of the formal arrangements established under our Local Government Partnership Scheme. The purpose of the Scheme is to ensure consistent, fair and equitable arrangements to transfer specific grants to the settlement. The Scheme reflects local government’s request for greater flexibility to manage their resources.

Those decisions were re-considered at the Welsh Government’s request, following representations received from one local authority. Local government representatives re-confirmed the original decision to

²⁷⁷ Welsh Government, Health and social care in the prison estate: evidence paper for the Health, Social Care and Sport Committee, January 2020

²⁷⁸ HSP27 Her Majesty’s Prison and Probation Service in Wales

²⁷⁹ RoP [para 154], 9 January 2020

²⁸⁰ RoP [para 44], 29 January 2020

²⁸¹ RoP [paras 43-45], 29 January 2020

distribute the available funding across all 22 local authorities from 2018/19”.²⁸²

Our view

199. People held in Welsh prisons must be able to access the care and support they need. We therefore share the concerns of witnesses about the decreasing funding available for social care, particularly within the context of an increasing and ageing prison population.

200. We acknowledge that the Welsh Government has consulted local government in Wales about the way in which funding is provided to local authorities for the provision of social care in prisons. As only a small number of local authorities are responsible for providing such services, it is perhaps not surprising that there are different views across different local authorities.

Recommendation 23. The Welsh Government should monitor the level of demand, provision and spend in respect of social care provision in prisons in Wales, and should provide assurances to our successor committee in the Sixth Senedd that neither the funding model nor the overall level of funding are preventing people held in Welsh prisons from accessing the care and support they need.

²⁸² Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

14. Data and performance indicators

Wales-specific datasets

201. The Ministry of Justice and HMPPS rarely publish Wales-level data. PHW noted, for example, that data on the current and projected prison population is rarely disaggregated to a Welsh level and that the process for requesting “basic Welsh population data” from HMPPS could be lengthy. It called for the inclusion of better Wales-level data in all Ministry of Justice and HMPPS reports in order to improve understanding of the health and social care needs of the Welsh prison population.²⁸³

202. Similarly, Dr Robert Jones, Cardiff University, explained that the majority of data specifically-focused on prisons or prisoners in Wales had to be gathered via Freedom of Information requests to individual prisons, health boards or the Welsh Government. He told us that this could lead to inconsistencies and hinder the extent to which it was possible to compare performance or identify good practice.²⁸⁴

203. Other witnesses suggested that a lack of Wales-level data could create barriers to the assessment of health and social care needs or the development of services; limit assessment of the equivalence or otherwise of prison and community health and social care services; and hinder understanding of how prisoners’ linguistic needs (including Welsh) were taken into account in service and workforce planning.²⁸⁵

Performance indicators

204. We heard calls for a set of agreed national performance indicators that could be used to assess and benchmark performance across prisons in Wales. Dr Mair Strinati, Cardiff and Vale UHB, suggested that such indicators should be jointly-owned by prison services, health services and social care services.²⁸⁶

²⁸³ [HSP09 Public Health Wales](#)

²⁸⁴ RoP [para 112], 27 March 2019

²⁸⁵ RoP [paras 49-50], 27 March 2019; RoP [paras 17-18 and 20], 9 January 2020; [HSP33 Welsh Language Commissioner](#)

²⁸⁶ RoP [paras 360-361], 21 November 2019

205. HMPPS said that the absence of measures, combined with limitations in the available data, “makes it difficult to formally assess the current quality of health and social care provision for offenders in Wales”.²⁸⁷

206. In January 2020 the Minister for HSS told us that the Partnership agreement would include the development of a set of national indicators.²⁸⁸ However, in January 2021 the Welsh Government told us that, as a result of resourcing constraints arising from the pandemic, this work had been paused.²⁸⁹

Our view

207. We recognise the challenges arising from the COVID-19 pandemic. However, as we explore in chapter 15, the absence of Wales-specific data makes it very difficult to properly understand the impact of the pandemic on prisons in Wales, and whether our prison health and social care services have been able to adequately protect and support the people in their care.

208. Beyond the pandemic, without sufficient Wales-level data and performance indicators, it will not be possible to properly assess whether the priorities in the Partnership agreement are being achieved, or whether the health and social care services available to prisoners in Wales are of the required standard.

Recommendation 24. The Welsh Government should set out the timescales within which it anticipates restarting work on the development of a set of national performance indicators, by when it expects the indicators to be in place, and how and when performance against the indicators will be reported and published.

Recommendation 25. The Welsh Government, working with partners through the PHSCOG, should identify, develop and regularly publish Wales-specific datasets in respect of the current and forecast prison population.

²⁸⁷ HSP27 Her Majesty’s Prison and Probation Service in Wales

²⁸⁸ Rop [para 63], 29 January 2020

²⁸⁹ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

15. The impact of COVID-19

Response to the COVID-19 pandemic in prisons in Wales

209. We wrote to the Welsh Government in December 2020 seeking information about the challenges of the COVID-19 pandemic for the delivery of health and social care in prisons in Wales, and how it had worked with key partners including HMPPS and PHW to protect prisoners and prison staff.²⁹⁰

210. In January 2021, the Welsh Government outlined steps taken in partnership with HMPPS, PHW and local prison health care teams, including:

- Following the All-Wales Prison Outbreak Plan, and advice from Public Health England (PHE) in respect of preventing and controlling COVID-19 outbreaks and the provision of PPE. As prisons are reserved, PHE guidance is followed. PHW is consulted on the PHE guidance, and may also issue Wales-specific guidance. This has been the case in respect of contact tracing guidance, where PHW and HMPPS have developed Wales-specific national contact tracing guidance for Welsh prisons, underpinned by local contact tracing plans for each prison and protocols to facilitate information sharing with partners in England.
- Establishing an Outbreak Control Team, with members including PHW, prison health teams and senior management, health boards, the Welsh Government and HMPPS.
- PHW assigning each prison in Wales with a consultant in communicable disease control to advise on local issues and chair a local incident management team.
- Collaborative working between PHW and HMPPS to implement general infection controls, including advice on handwashing and the installation of hand sanitiser dispensers throughout the prison estate.
- Developing Exceptional Regime Management Plans for each prison, including steps to monitor, manage and mitigate the threat of large numbers of staff and/or prisoners being infected, or infection spreading throughout the prison system.

²⁹⁰ Letter to the Minister for Health and Social Services regarding the Committee's inquiry into health and social care in the adult prison estate in Wales, 7 December 2020

- Initially suspending inter-prison transfers except in exceptional circumstances, followed by an updated ‘protect and mitigate’ strategy to permit limited transfers. At local prison level, compartmentalisation and cohorting have been deployed to reduce contact between prisoners with COVID-19 symptoms, those newly-arrived in the prison, and the prisoners identified as being the most vulnerable.
- Implementing measures to create additional space within the prison estate, including installing temporary single-occupancy cells, a scheme to release low-risk offenders, and transferring prisoners between prisons where this could release additional capacity.²⁹¹

COVID-19 cases and deaths in prisons in England and Wales

211. The Ministry of Justice does not publish Wales-level figures relating to COVID-19. However, official statistics on COVID-19 in prisons in England and Wales show that, by the end of January 2021, 10,354 prisoners or children in custody had tested positive for COVID-19, and 86 prisoners had died either having tested positive for COVID-19 or where there was a clinical assessment that COVID-19 was a contributory factor in their deaths.²⁹² The prison population across England and Wales is estimated at around 78,000, meaning that around 1 in 8 prisoners have tested positive for COVID-19, compared to around 1 in 20 in the wider community.²⁹³

212. As shown in Figure 1, there has been a sharp rise in both cases and deaths in England and Wales in recent months. However, the overall level of cases recorded to date remains well below the more than 77,000 cases estimated by HMPPS and Public Health England as a ‘reasonable worst case scenario’ in April 2020.²⁹⁴

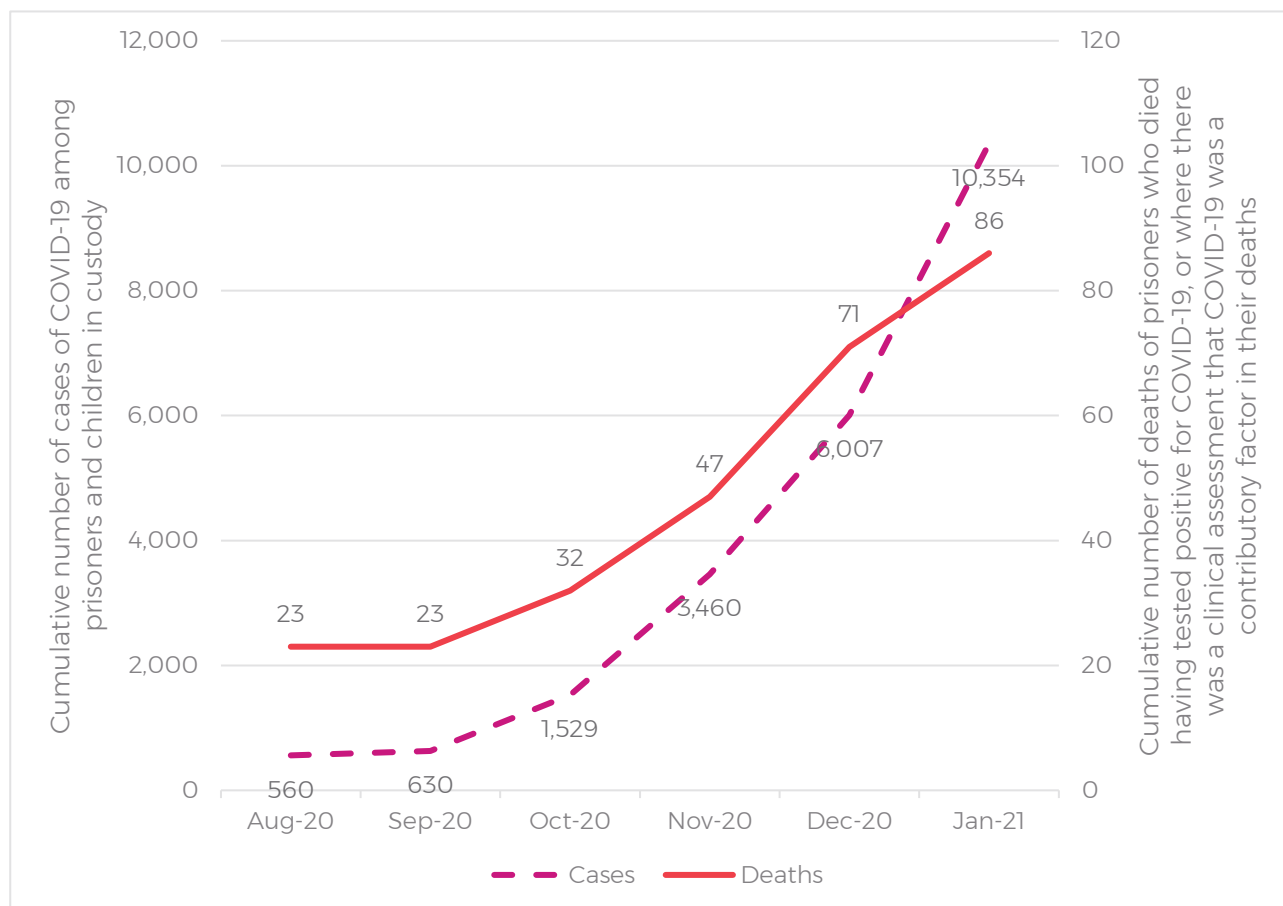
²⁹¹ Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services, 28 January 2021

²⁹² Ministry of Justice, *HM Prison and Probation Service COVID-19 Official Statistics*, 12 February 2021

²⁹³ The Guardian, *One in eight prisoners in England and Wales have had COVID*, 12 February 2021

²⁹⁴ O'Moore, E, *Briefing paper: interim assessment of impact of various population management strategies in prisons in response to COVID-19 pandemic in England*, 24 April 2020

Figure 1 Cumulative COVID-19 cases in prisons in England and Wales and cumulative deaths of prisoners who tested positive for COVID-19 or for whom there was a clinical assessment that COVID-19 was a contributory factor in their deaths



Source: Ministry of Justice COVID-19 statistics for England and Wales²⁹⁵

213. While there is no official dataset for the level of COVID-19 cases or deaths in prisons in Wales, the media has reported that figures obtained via Freedom of Information requests by Dr Robert Jones, Cardiff University, show a 210 per cent increase in COVID-19 cases in prisons in Wales between June and November 2020, compared with a 436 per cent rise across Wales. There was also an 81 per cent rise in the number of COVID-19 cases among prison staff.²⁹⁶ However, as shown in Table 1, the reported figures show significant variation across prisons.

²⁹⁵ Ministry of Justice, [HM Prison and Probation Service COVID-19 statistics monthly](#) [accessed February 2021]

²⁹⁶ BBC Wales, [COVID: 'shut courts' call to halt prison virus spread](#), 11 January 2021

Table 1 Number and percentage increase in COVID-19 cases among prisoners and prison staff in prisons in Wales in June and November 2020

Prison	COVID-19 cases among prisoners (June 2020)	COVID-19 cases among prisoners (Nov 2020) (% increase)	COVID-19 cases among prison staff (June 2020)	COVID-19 cases among prison staff (Nov 2020) (% increase)
HMP Berwyn	41	61 (48%)	33	66 (100%)
HMP Cardiff	22	110 (400%)	24	30 (25%)
HMP Parc	7	44 (528%)	6	31 (417%)
HMP Swansea	12	14 (17%)	10	14 (40%)
HMPs Usk and Prescoed	19	84 (342%)	17	22 (29%)
Total	101	313 (210%)	90	163 (81%)

Source: Freedom of Information requests conducted by Dr Robert Jones, Cardiff University, reported by BBC Wales²⁹⁷

214. The Prison Officers' Association (POA) was reported in January 2021 as calling for courts to close to help control COVID-19 in Welsh prisons. The POA said that HMP Cardiff was struggling to provide space for new arrivals to the prison to self-isolate for ten days on admission, and that this, combined with decisions to allow large numbers of prisoners to be out of their cells, was contributing to increased levels of COVID-19 within the prison.²⁹⁸

Impact of COVID-19 on prisons in England and Wales

215. In its July 2020 report on the impact of COVID-19 on prisons in England and Wales, the House of Commons Justice Committee raised a number of issues, including the length of time that lockdown restrictions had been in place across the secure estate, the potential implications for prisoners' mental health, and longer term implications for prisons as court activity recommenced and the prison population began to rise. The report concluded that:

“Covid-19 presents the prison service with substantial challenges. The service is responding to the pandemic against a backdrop of overcrowding and long-term underinvestment in the prison estate.

²⁹⁷ BBC Wales, [COVID: 'shut courts' call to halt prison virus spread](#), 11 January 2021

²⁹⁸ Ibid

Self-harm and violence in prisons had reached record highs before the pandemic began, and the prison population tends to have poorer health than the general population, and thus a greater need for health care. This is a complex environment at the best of times, and Covid-19 exacerbates many existing problems”.²⁹⁹

216. The UK Government responded to the report in December 2020. It said that it was working with PHE and PHW to try to balance the risks to prisoners’ health and wellbeing posed by COVID-19 and by the associated prison regime restrictions. It noted that restrictions might vary between prisons, reflecting the prison population, infrastructure and whether the prison was experiencing a COVID-19 outbreak. It confirmed that, as a minimum, prisoners should be out of their cells for 1 to 3 hours per day and should have daily access to exercise.³⁰⁰

217. In respect of men’s prisons, the UK Government’s response noted that there had been a decrease of 0.4 per cent in self-harm incidents for the 12 months to June 2020 compared to the previous 12 months, and 15 per cent for the three months from March to June 2020 compared with the previous quarter. However, levels of self-harm in women’s prisons had increased during both of these periods. The UK Government acknowledged the role of contact with family and friends in maintaining prisoners’ mental health and wellbeing, as well as their longer term rehabilitation and resettlement. It explained that it had introduced video calling for prisoners during the pandemic. Following an initial pilot in HMP Berwyn, video calling facilities were rolled out more widely, and the UK Government indicated that it expected facilities to be available in every prison in England and Wales by the end of 2020. Prisoners were also provided with additional telephone credit, and access to secured mobile phone handsets for prisoners without in-cell phones was increased.³⁰¹

View from the inspectors

218. The Chief Inspector of Prisons for England and Wales described the response to the pandemic as “swift and well communicated to prisoners”. He acknowledged the significant restrictions imposed, which had seen the majority

²⁹⁹ House of Commons Justice Committee, *Coronavirus (Covid-19): the impact on prisons*, 15 July 2020

³⁰⁰ House of Commons Justice Committee, *Government response to the Committee’s fourth report of session 2019-21*, 18 December 2021

³⁰¹ House of Commons Justice Committee, *Government response to the Committee’s fourth report of session 2019-21*, 18 December 2021

of prisoners confined to their cells for around 23 hours per day, but said that the need for this had been “accepted and understood by prisoners”.³⁰²

219. HMIP undertook a series of short scrutiny visits to prisons and other secure institutions in England and Wales³⁰³ between March and June 2020. Themes arising from these visits included:

- Frustration among prisoners over the length of time for which social visits were suspended, perceived delays in the pace of rollout of secure video calls for prisoners with their families, and the severely restricted time out of cells, combined with a lack of work, training and education.
- Emerging discrepancies over time between the level of public health restrictions in prisons and in the wider community.³⁰⁴

220. A joint report on the impact of COVID-19 published in January 2021 by chief inspectors from across the criminal justice system (including HMIP) similarly concluded that the prison service had:

“...responded swiftly and decisively to keep prisoners safe, constraining the spread of the virus and reducing fatalities by restricting the prison regime, quarantining new arrivals, isolating those with symptoms and shielding the most vulnerable”.³⁰⁵

221. The report raised a number of issues, including:

- Welcoming the introduction of secure video calling, which it noted had been recommended since 2017. However, it described the rollout in some prisons as “frustratingly slow”, and noted that prisoners reported mixed experiences. Take-up was low, and inspectors found the service was “underused”.
- Raising concerns about the impact of the withdrawal of education, workshop and training activities. It noted that the replacement in-cell education and activity packs had been found useful by only 48 per cent of prisoners who responded to an HMIP survey. In some instances, the

³⁰² HM Chief Inspector of Prisons for England and Wales, *Annual report 2019-20*, October 2020

³⁰³ The only Welsh prison to receive a short scrutiny visit during this period was YOI Parc.

³⁰⁴ HM Chief Inspector of Prisons for England and Wales, *Annual report 2019-20*, October 2020

³⁰⁵ Criminal Justice Joint Inspection, *Impact of the pandemic on the criminal justice system: a joint view of the criminal justice chief inspectors on the criminal justice system’s response to COVID-19*, January 2021

cancellation of offender behaviour programmes was preventing prisoners from progressing their sentences, and waiting lists for programmes have increased.

- Noting that the level of restrictions meant that some prisoners were being held in conditions that “effectively amounted to solitary confinement, which was sometimes prolonged and/or indefinite”. The report raised concerns about the potential effects of isolation and “the lack of meaningful human interaction” in the medium and longer term, and noted that prisoners had said that “the absence of access to open space, exercise and human contact was having an adverse effect on their wellbeing and leading to anxiety, deterioration of their physical health and increased mental health problems”. The report added that these findings were also reflected in HMIP’s thematic work in October and November 2020, which has “revealed how prolonged exposure to restricted regimes has negatively impacted prisoners’ wellbeing”.³⁰⁶

Vaccination programme

222. The Howard League for Penal Reform is reported as saying that the sharp increase in the level of COVID-19 cases in prisons in recent months:

“...should remind everyone that viruses can spread rapidly in confined settings such as prisons. They underline the need for vaccinations of staff and prisoners to be carried out as quickly as possible”.³⁰⁷

223. The Welsh Government told us in January 2021 that the heads of prison health care teams were included in the membership of health boards’ vaccine planning boards, and that prisons’ preparations for the vaccine rollout included “ensuring PPE supplies, fridge space and staffing levels are readily available”.³⁰⁸

224. In response to a question in Plenary on 26 January 2021, the Minister for HSS confirmed that some prisoners would be included in Joint Committee on Vaccination and Immunisation (JCVI) priority groups by reason of their age or underlying health conditions. He added that the Welsh Government was working

³⁰⁶ Criminal Justice Joint Inspection, *Impact of the pandemic on the criminal justice system: a joint view of the criminal justice chief inspectors on the criminal justice system’s response to COVID-19*, January 2021

³⁰⁷ The Guardian, *One in eight prisoners in England and Wales have had COVID*, 12 February 2021

³⁰⁸ *Letter from the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services*, 28 January 2021

with prison health care partners to identify how vaccination would be delivered to prisoners within the JCVI priority groups in line with the timescales in the Welsh Government's vaccination strategy, and committed to providing a written statement in due course.³⁰⁹

225. In March 2021, the Minister for HSS told us that as prisoners generally have poorer health than the wider population, his expectation was that there would be a higher proportion of prisoners within JCVI groups 4 (people who are clinically extremely vulnerable) and 6 (people who have underlying health conditions) than in the community. He explained that a “pragmatic approach” was being taken to achieve both efficiency and protection for prisoners and prison staff. To this end, prisoners are being offered vaccination in “tranches of priority groups”:

“So when we’ve gone in to a prison, in the first four [priority groups], we’ve tried to deal with everyone in the first four. Now, we’re going in to try to deal with everyone who is in a priority group as we go through the next phase as well, because otherwise it’d be really inefficient for the whole programme, not just for prisoners, but for the whole population who are being covered, if you’ve got to go back on multiple visits”.³¹⁰

Next steps and recovery

226. In their joint report, the chief inspectors highlighted the potential impact on prisons arising from court backlogs caused by the pandemic. They noted that the remand population has increased by 22 per cent, bringing it to 15.5 per cent of the prison population in England and Wales (the highest annual figure in six years). They added that spending additional time on remand would “inevitably add to the anxieties and frustrations of individual prisoners”, and that “a growing and increasingly-frustrated remand population has the potential to have a serious adverse effect on the stability of reception prisons”.³¹¹

227. In the medium term, Professor Nick Hardwick, Professor in Criminal Justice at Royal Holloway University of London and a former Chief Inspector of Prisons, warned in November 2020 that there was a risk that reducing court backlogs could lead to a surge in prison admissions, potentially overwhelming any ongoing

³⁰⁹ Plenary RoP [para 152], 26 January 2021

³¹⁰ RoP [paras 69-71], 3 March 2021

³¹¹ Criminal Justice Joint Inspection, *Impact of the pandemic on the criminal justice system: a joint view of the criminal justice chief inspectors on the criminal justice system's response to COVID-19*, January 2021

social distancing measures. He also cautioned that public health restrictions in prisons would need to be lifted gradually, with careful controls on a prison-by-prison basis to avoid any “return to the squalor and violence that existed before”.³¹²

228. During the pandemic, health services in the community have made increasing use of digital technology to maintain service provision and support people’s health and wellbeing. In its 2019 written evidence, Swansea Bay UHB reflected on the potential for digital health care to be used within prisons in Wales. It highlighted potential practical limitations such as a lack of telephones and cameras to facilitate digital consultations, but suggested that with support from prisons and secondary care providers there could be opportunities to meet care needs and reduce the requirement for practitioners to visit prisons.³¹³

Our view

229. The COVID-19 pandemic has presented unprecedented challenges to patients, staff and services across the health and social care sectors. These challenges have been acutely felt within the prison setting, where both the virus and the restrictions imposed to control it may have implications for prisoners’ mental and physical health and wellbeing.

230. As we noted in chapter 14, the lack of Wales-specific data makes it challenging to assess the scale of the impact in prisons in Wales. We are grateful to Dr Robert Jones for his work in gathering data through Freedom of Information requests, but his diligence should not have to be a substitute for the transparency that would result from regular, proactive data publication.

Recommendation 26. The Welsh Government should include within its COVID-19 dashboard information about the number of COVID-19 cases and deaths among prisoners held in Wales, and the number of COVID-19 vaccinations offered and taken up among the prison population.

231. While issues such as the prison regime and prison environment are reserved, we urge the Welsh Government, HMPPS and prison health and social care services to think creatively, and to work in partnership with stakeholders, including prisoners themselves, to identify what may be possible within the current restrictions to alleviate the effect of the pandemic and associated restrictions on prisoners’ mental and physical health and wellbeing. Careful planning and preparation will also be required to ensure that prison health and social care

³¹² Hardwick, N, Prisons and COVID-19: what went right?, 18 November 2020

³¹³ HSP25 Swansea Bay University Health Board

services are able to meet the future demands of an increasing prison population, including potential further increases in the remand population while delays in the court system are resolved.

232. In the longer term, just as health and social care services within the community are seeking to learn lessons from the new ways of working adopted during the pandemic, and to identify opportunities to improve future service delivery, consideration should be given to potential improvements in the delivery of health and social care within the secure estate. For example, consideration should be given to whether increased video calling facilities within prisons could create greater opportunities for digital access to health services, potentially overcoming some of the barriers that currently lead to missed appointments or a lack of access to specialist services.

Recommendation 27. The Welsh Government, working with partners through the PHSCOG, should consider what could be learned from ways of working adopted during the pandemic, including the potential contribution of digital and remote technologies to improving prisoners' access to health and social care services.