

THE PROVISION OF HEALTH AND SOCIAL CARE IN THE ADULT PRISON ESTATE

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WALES GOVERNANCE CENTRE RESEARCH

- HMP Berwyn.
- The Hybrid System: Imprisonment and Devolution in Wales.
- Imprisonment in Wales: A Factfile.
- Imprisonment in Wales: A Local Authority Breakdown.
- Sentencing and Immediate Custody in Wales.

- Justice and Jurisdiction project.

OVERVIEW

- 'Problem raising' and 'problem solving' (Christie, 1971).
- Prison population in Wales.
- Complexity.
- Funding.
- Substance misuse.
- Deaths and self-harm incidents.
- Mental health and restricted patients.
- Older prisoners.
- Policy divergence.

PRISON POPULATION IN WALES

PRISON	COUNT
HMP BERWYN	1,293
HMP CARDIFF	704
HMP PARC	1,627
HMP SWANSEA	380
HMP USK/PRESCOED	526
TOTAL	4,530
RATE	145 per 100,000

COMPLEXITY

- ‘Complexity and confusion’.
- The (current) absence of a ‘national’ structure or framework.
- Mapping exercise required.
- Commissioning arrangements.
- The role of many sectors and different organisations.
- HMP Parc and the role of G4S.
- Differences between criminal justice settings (e.g. police custody, court custody and prison).
- English prisons (comparator groups).

FUNDING

- Prison healthcare in Wales is underfunded by the UK Government.
- Welsh Government 'top up'.
- Welsh Government in 2014:
- "The devolved settlement in relation to healthcare in the public sector prison estate was agreed with the UK Government in 2003. Inflation and some additional increases in staff costs has resulted in the need for us to provide additional healthcare resources for the prison estate to assure quality services are provided to prisoners.

FUNDING

PRISON	HEALTH BOARD	COST (£)
HMP CARDIFF	CARDIFF AND VALE	2,140,108
HMP SWANSEA	ABERTAWE BRO MORGANNWVG	1,152,270
HMP USK/ PRESCOED	ANEURIN BEVAN	587,416
TOTAL		3,879,794

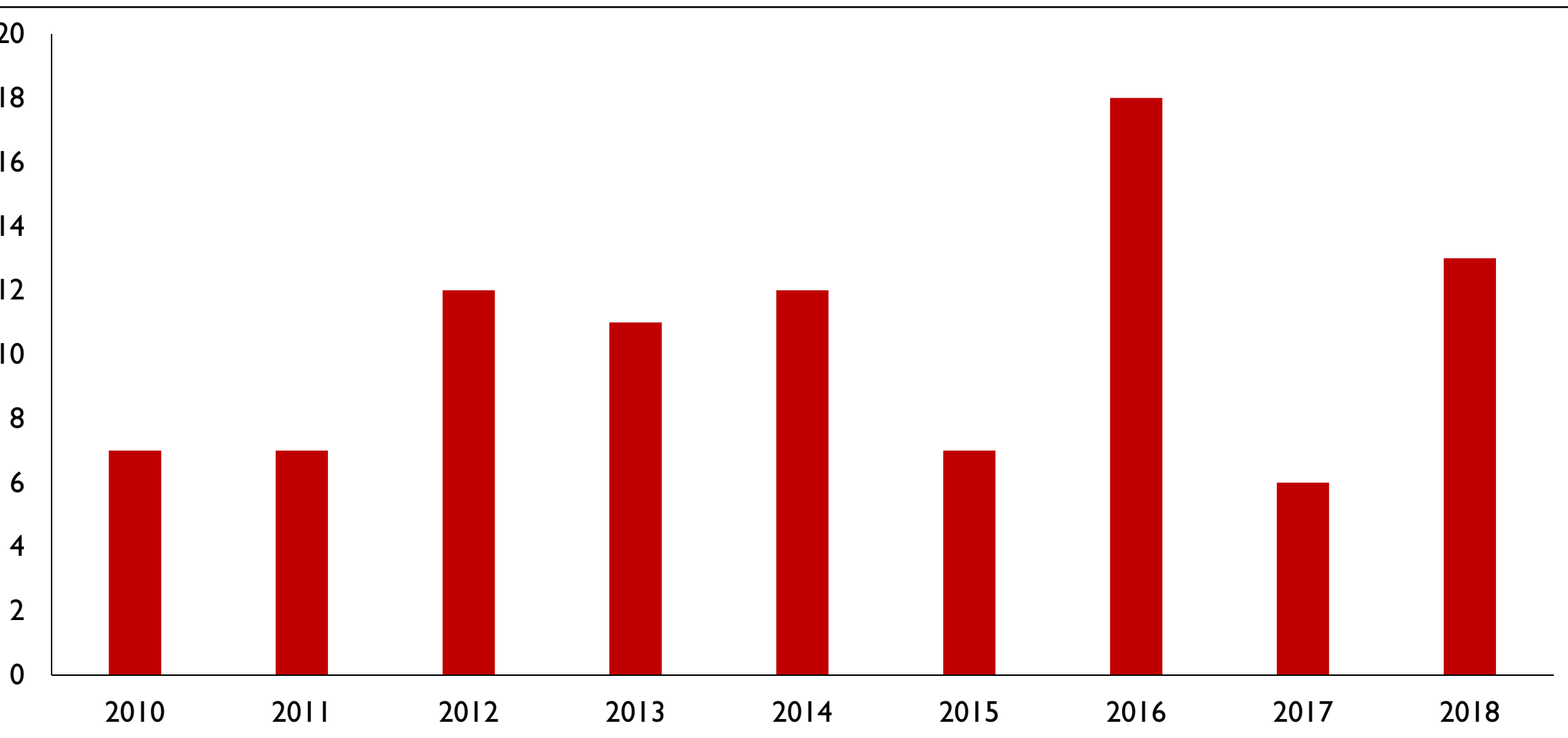
SUBSTANCE MISUSE

- 475% increase in the number of drug finds in Welsh prisons between 2013 and 2017.
- HMP Swansea (26) had the highest number of drug finds in Wales per 100 prisoners, followed by HMP Parc (22 per 100), HMP Cardiff (21 per 100) and HMP Berwyn (6 per 100).
- 227 alcohol finds in 2017.
- Despite holding just 48% of the total prison population in Wales, 84% of all alcohol finds in Wales were at HMP Parc in 2017. There were more alcohol finds at HMP Parc in 2017 (191) than at HMP Altcourse (22), HMP Birmingham (45), HMP Oakwood (110) and HMP Rye Hill (10) combined.

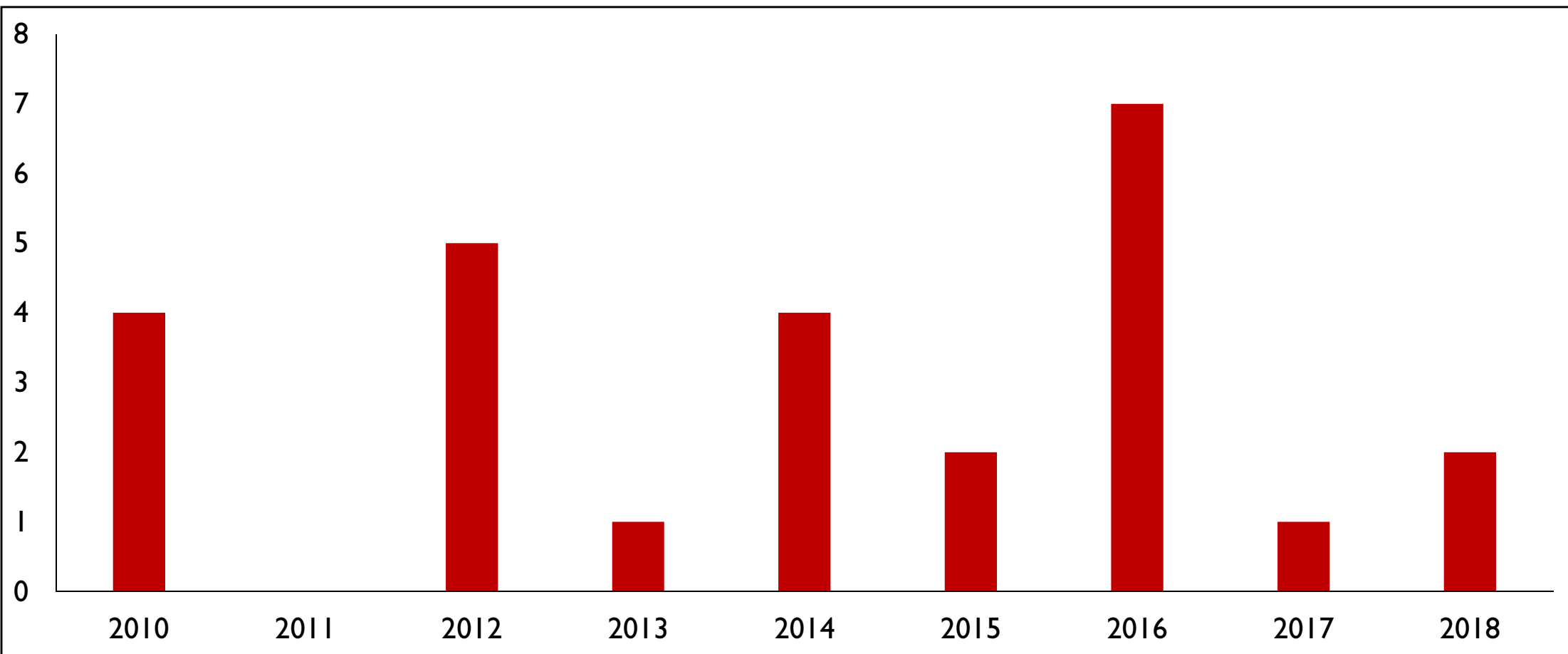
SUBSTANCE MISUSE

- Alcohol and drug dependency at prison reception.
- An example of inconsistency.
- A different approach from each health board.
- Cardiff and Vale UHB – HMP Cardiff.
- Abertawe Bro Morgannwg UHB– HMP Swansea.
- Betsi Cadwaladr UHB – HMP Berwyn.
- Anuerin Bevan UHB – HMP Usk/Prescoed.

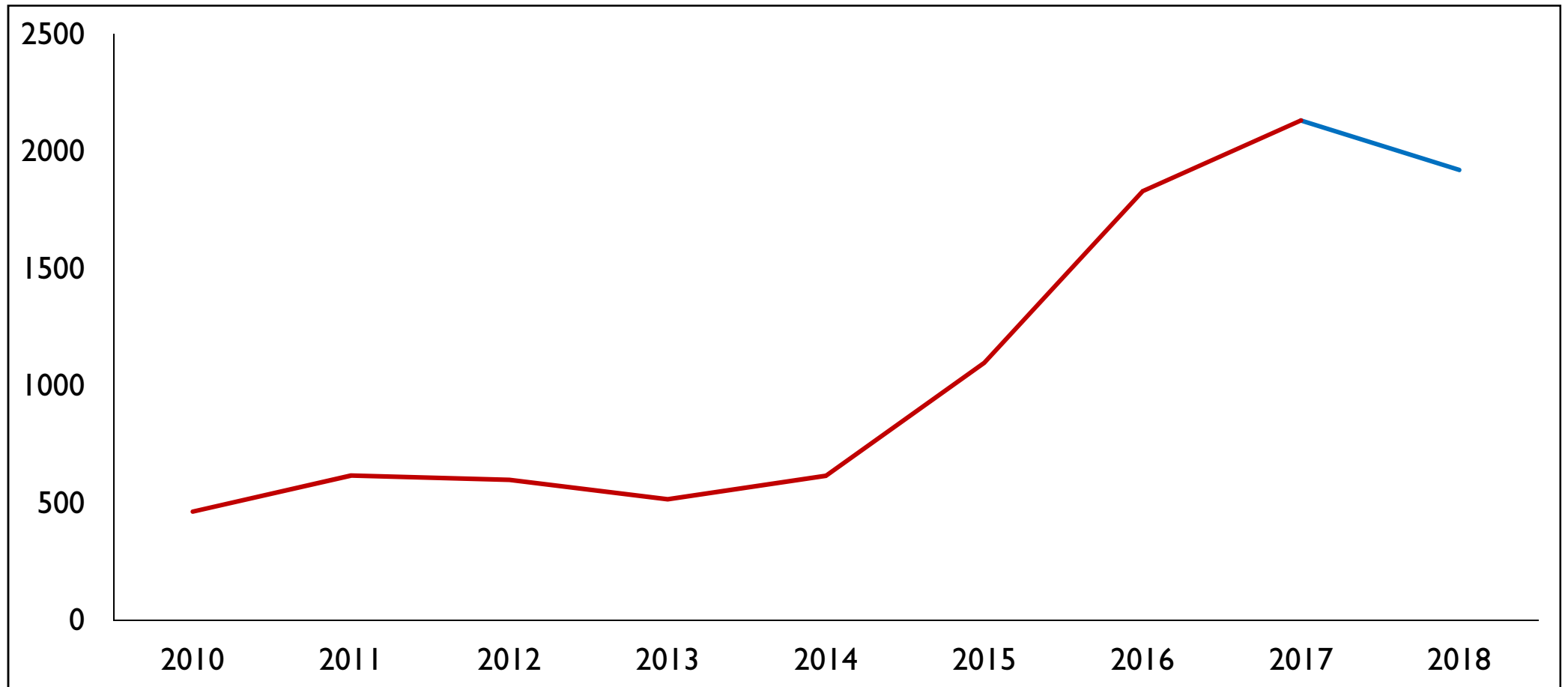
DEATHS IN CUSTODY



SELF-INFLICTED DEATHS



SELF-HARM INCIDENTS*



MENTAL HEALTH

- Prisons as the the “default setting for those with a wide range of mental and emotional disorders” (HMIP, 2007: 7).
- 25 people transferred from prisons in Wales to hospital under section 48 of the Mental Health act 1983 in 2017.
- 11 people were transferred while unsentenced or untired
- 14 were transferred from a Prison Service establishment in Wales after sentence.
- In total, there were 213 restricted patients detained in Wales in 2017

OLDER PRISONERS

- Distinct health care needs.
- Average life expectancy of a prisoner is 56 years.
- 17.2% of all Welsh prisoners were aged 50 or above at the end of September 2018.
- 1 in 5 Welsh prisoners held at HMP Usk was aged 60 or above and 44% were over the age of 50.
- 60 and over: Berwyn (<5), Cardiff (9), Parc (88), Prescoed (10), Swansea (9) and Usk (39).

POLICY DIVERGENCE

- Welsh approach to opioid treatment.
- According to HM Inspectorate of Prisons (2015: 14) the Welsh Government's policy is responsible for “poorer outcomes for some prisoners”.
- Welsh approach to opioid treatment described as being “much harsher” and putting lives at risk (The Economist, 2018).
- There is an “inconsistency” between prisons in England and Wales. (HMIP, 2015: 14).
- Other examples?

Ian: Some prisons in England are actually doing this re-toxing [IDTS] which really complicates matters for us and makes something that is fairly complex in the first place, [even more] difficult.

Scott: They have got different rules in England to Wales. They will put people on medication [in England] and will maintain a prisoner on medication, but if they come [back] to Wales they will take them off medication. So a client could be happy to go to England because they can go back onto medication, but he comes back to Wales then [and they] start to take them off medication... That is the issue, different ethos and different rules and regulations between England [and Wales].

Scott: There is no consistency is there? You are fighting structures and what people are forgetting in all of this is that the prison population are losing out because they don't know what structure they are coming out to.

CONCLUSION

- 'Problem raising' and 'problem solving' role played by criminologists and researchers (Christie, 1971).
- Separate research projects since 2013 have uncovered a range of different problems and issues.
- Importance of data and mapping.
- A way through the uncertainty?
- Importance of service provider and practitioner views.

REFERENCES

- Christie, N. (1971) – *Scandinavian Studies in Criminology*. The Scandinavian Research Council for Criminology, Volume 3. Scandinavian University Books.
- HM Inspectorate of Prisons (2015) – *Changing patterns of substance misuse in adult prisons and service responses: A thematic review*. December 2015.
<https://www.justiceinspectorates.gov.uk/hmiprisons/wpcontent/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf>
- The Economist (2018) – ‘*Welsh prisons are much harsher than England’s on opioid treatment*’. July 12 2018.
<https://www.economist.com/britain/2018/07/12/welsh-prisons-are-much-harsher-than-englands-on-opioid-treatment>