

WRITTEN EVIDENCE

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

DR ROBERT JONES

WALES GOVERNANCE CENTRE AT CARDIFF UNIVERSITY

MARCH 2019

ABOUT THE WALES GOVERNANCE CENTRE

The Wales Governance Centre is a research centre that forms part of Cardiff University's School of Law and Politics undertaking innovative research into all aspects of the law, politics, government and political economy of Wales, as well the wider UK and European contexts of territorial governance. A key objective of the Centre is to facilitate and encourage informed public debate of key developments in Welsh governance not only through its research, but also through events and postgraduate teaching.

The Wales Governance Centre launched the Justice and Jurisdiction project in July 2018. It brings together an interdisciplinary group of academic researchers consisting of political scientists, criminologists, constitutional law experts and political economists to investigate the operation of the legal and justice system in Wales. The project is funded by a combination of the Economic and Social Research Council, the Welsh Government and Cardiff University.

ABOUT THE AUTHOR

Robert Jones is a Research Associate at the Wales Governance Centre at Cardiff University.

CONTACT DETAILS

Wales Governance Centre at Cardiff University, 21 Park Place, Cardiff, CF10 3DQ.

Web: <http://sites.cardiff.ac.uk/wgc/>

INTRODUCTION

1.1 The author welcomes the opportunity to submit evidence to the National Assembly's Health, Social Care and Sport Committee's inquiry into the provision of health and social care in the adult prison estate in Wales. This evidence paper will present some of the latest available data on healthcare funding, deaths in prison, self-harm incidents and substance misuse. This paper will also be used to draw the Committee's attention to a number of issues that have emerged from a recent study into criminal justice in Wales. Crucially, the topics explored here will be discussed further when I appear before the Committee on 27 March.

FUNDING FOR PRISON HEALTH CARE

1.2 Research carried out by the Wales Governance Centre in 2014 found that prison healthcare in Wales was underfunded by the UK Government (e.g. BBC News, 2015). A follow up study in 2018 revealed that this underfund has continued. In 2017/18, the UK Government transferred £2.544 million to the Welsh Government for prison healthcare in Wales. The total cost of providing healthcare at HMP Cardiff, HMP Swansea and HMP Usk/Prescoed totalled £3,879,794.

1.3 Between 2003-04 and 2013-14 the UK Government transferred £28.35 million to the Welsh Government for prisoner healthcare in Wales. An annual breakdown of this information is presented in Annex I.

Figure 1 – The cost of prison healthcare at public sector prisons in Wales (excluding HMP Berwyn) in 2017/18

HMP	Health Board	Cost (£)
Cardiff	Cardiff and Vale	2,140,108
Swansea	Abertawe Bro Morgannwg	1,152,270
Usk/ Prescoed	Aneurin Bevan	587,416
Total		3,879,794

Source: Cardiff and Vale University Health Board, Abertawe Bro Morgannwg University Health Board and Aneurin Bevan University Health Board

I.4 Prison healthcare at HMP Berwyn is fully funded by HM Prison and Probation Service (HMPPS). In 2017/18, Betsi Cadwaladr University Health Board received £10,066,230 from HMPPS for the provision of healthcare at HMP Berwyn.

I.5 During recent fieldwork it was claimed by service providers that the funding arrangements for prison healthcare in Wales are different to those in England. It was suggested that these differences are largely explained by the fact that there are no “service specifications” for prison healthcare in Wales (excluding HMP Berwyn).¹

SUBSTANCE MISUSE

I.6 The number of drug finds in prison in England and Wales increased by 210% between 2010 and 2018.² There were a record 656 drug finds in Welsh prisons (excluding HMP Berwyn) in the year ending March 2018.³ There were 46 drug finds at HMP Berwyn in the year ending March 2018.

I.7 While the number of prisoners held in Wales (excluding HMP Berwyn) increased by 9% since 2013⁴, there was a 475% increase in the number of drug finds in Welsh prisons during this period.⁵

I.8 During 2018, HMP Swansea (26) had the highest number of drug finds in Wales per 100 prisoners. HMP Parc (22 per 100) recorded the second highest rate followed by HMP Cardiff (21 per 100) and HMP Berwyn (6 per 100).⁶

I.9 The number of drug finds in English prisons increased by 200% between 2013 and 2018.⁷

¹ It was suggested to the researcher that they should explore this issue further by considering the costs of prison health care in England.

² From 4,227 in 2010 to 13,119 in 2018.

³ Annual HM Prison and Probation Service digest: 2017 to 2018 (Chapter 9) –

<https://www.gov.uk/government/statistics/annual-hm-prison-and-probation-service-digest-2017-to-2018>

⁴ The average prison population in Wales was 3,114 in the year ending March 2013 and 3,408 in the year ending March 2018 (excluding HMP Berwyn). See - <https://www.gov.uk/government/statistics/prison-population-figures>

⁵ This figure excludes HMP Berwyn.

⁶ The average populations were worked out using population levels from March, June, September and December 2017 – HMP Berwyn (521), HMP Cardiff (745), HMP Parc (1,726) and HMP Swansea (442). The Ministry of Justice do not provide a separate population breakdown for HMP Prescoed and HMP Usk. The combined rate, however, is 2 per 100 prisoners at HMP Usk/Prescoed.

⁷ From 4,137 in 2013 to 12,408 in 2018. Annual HM Prison and Probation Service digest: 2017 to 2018 –

Figure 2 – The number of incidents where drugs were found in prison, years ending March 2013 to 2018

HMP	2013	2014	2015	2016	2017	2018
Berwyn	-	-	-	-	1	46
Cardiff	21	37	67	137	111	151
Parc	92	79	169	275	333	383
Prescoed	0	0	1	11	10	11
Swansea	1	21	7	23	55	110
Usk	0	0	0	2	1	1
Total	114	137	244	448	511	702

Source: The Ministry of Justice

1.10 There were 227 alcohol finds in Welsh prisons in 2016 and 2017.⁸ 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.⁹

1.11 HMP Parc (11 per 100 prisoners) recorded the highest rate of alcohol finds in Wales in 2017. The second highest rate was at HMP Swansea (3 per 100 prisoners) followed by HMP Cardiff (1 per 100 prisoners).¹⁰

<https://www.gov.uk/government/statistics/annual-hm-prison-and-probation-service-digest-2017-to-2018>

⁸ HMP Berwyn was not operational in 2016.

⁹ This was the same in 2016: HMP Parc (187), HMP Altcourse (28), HMP Birmingham (23), HMP Oakwood (49) and HMP Rye Hill (11). All of these establishments were operated by G4S in 2016 and 2017.

¹⁰ The average populations were worked out using population levels from March, June, September and December 2017 – HMP Cardiff (745), HMP Parc (1,726) and HMP Swansea (442). The Ministry of Justice does not provide a separate population breakdown for HMP Prescoed and HMP Usk. HMP Berwyn was excluded because the prison was only fully operational from February 2017.

Figure 3 – The number of incidents where alcohol was found in prisons in Wales, 2016 to 2017¹¹

HMP	2016	2017
Berwyn	-	10
Cardiff	20	10
Parc	187	191
Prescoed	7	1
Swansea	13	15
Total	227	227

Source: The Ministry of Justice

1.12 In 2017, 156 prisoners arriving at HMP Berwyn were offered intervention or advice following a high score on the alcohol use disorders identification test (AUDIT). According to Abertawe Bro Morgannwg University Health Board, 2,600 prisoners were identified as alcohol dependent at reception to HMP Swansea in 2017.¹²

1.13 The Aneurin Bevan University Health Board confirmed that there were no prisoners identified as alcohol dependent during the reception process with healthcare at HMP Usk or HMP Prescoed. According to the Health Board, all prisoners who arrive at HMP Usk and Prescoed “are transferred from other prisons, usually from a higher category prison, and will have been assessed for alcohol dependency, and treated as required, prior to their transfer”.

1.14 Cardiff and Vale University Health Board does not hold information on the number of prisoners identified as alcohol dependent upon reception to HMP Cardiff.

1.15 90 prisoners disclosed that they had used drugs in the last month on reception at HMP Berwyn in 2017. Abertawe Bro Morgannwg University Health Board reported that 1,053 prisoners were drug dependent on reception at HMP Swansea in 2017.¹³

¹¹ There were no figures provided by the Ministry of Justice for HMP Usk.

¹² The figure was 2,011 in 2015 and 2,039 in 2016. Data were obtained via the Freedom of the Information Act 2000.

¹³ This figure was 886 in 2015 and 840 in 2016. Data were obtained via the Freedom of the Information Act 2000.

DEATHS AND SELF-HARM INCIDENTS

I.16 The total number of deaths recorded at prisons in England and Wales increased by 64.1% between 2010 and 2018.¹⁴ In Wales, the number increased by 71.4% during the same period (excluding HMP Berwyn).

I.17 The death rate at prisons in England and Wales increased from 2.34 per 1,000 prisoners in 2010 to 3.95 per 1,000 prisoners in 2018.

Figure 4 – The number of deaths recorded at Welsh prisons 2010 to 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Berwyn	-	-	-	-	-	-	-	0	1
Cardiff	3	4	5	2	3	1	4	3	1
Parc	1	2	6	7	5	4	9	2	8
Swansea	2	0	1	0	1	1	3	0	1
Usk\Prescoed	1	1	0	2	3	1	2	1	2
Total	7	7	12	11	12	7	18	6	13

Source: Ministry of Justice

I.18 The number of self-inflicted deaths recorded at prisons in Wales was 58.6% higher in 2018 than in 2010.¹⁵

I.19 There were 26 self-inflicted deaths at prisons in Wales between 2010 and 2018. On average, a self-inflicted death is recorded at a prison in Wales every four months.

¹⁴ From 198 in 2010 to 325 in 2018.

¹⁵ From 58 in 2010 to 92 in 2018.

Figure 5 – The number of self-inflicted deaths recorded at Welsh prisons 2010 to 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Berwyn	-	-	-	-	-	-	-	0	0
Cardiff	1	0	4	1	1	1	1	1	0
Parc	1	0	0	0	2	0	3	0	1
Swansea	2	0	1	0	1	1	3	0	1
Usk\Prescoed	0	0	0	0	0	0	0	0	0
Total	4	0	5	1	4	2	7	1	2

Source: Ministry of Justice

I.20 The number of self-harm incidents recorded at prisons in England and Wales increased by 65.5% between 2010 and 2017.¹⁶

I.21 The rate of self-harm also increased from 318 incidents per 1,000 prisoners in 2010 to 521 per 1,000 prisoners in 2017.

Figure 6 – The number of self-harm incidents recorded at Welsh prisoners 2010 to September 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018 (to Sept)
Berwyn	-	-	-	-	-	-	-	231	419
Cardiff	24	30	34	43	41	116	201	243	375
Parc	387	546	550	440	534	890	1,452	1,576	1,181
Swansea	53	42	15	34	42	92	149	300	333
Usk\Prescoed	-	0	0	0	0	-	29	13	32
Total	464	618	599	517	617	1,098	1,831	2,363	2,340

Source: Ministry of Justice

¹⁶ From 26,979 in 2010 to 44,651 in 2017.

I.22 The number of self-harm incidents recorded at prisons in Wales (excluding HMP Berwyn) increased by 358% between 2010 and 2017. There were five incidents of self-harm taking place in Welsh prisons every day in 2017.

I.23 There were more self-harm incidents recorded at HMP Cardiff, HMP Swansea and HMP Usk/Prescoed in the first nine months of 2018 than in the whole of 2017.

MENTAL HEALTH AND RESTRICTED PATIENTS

I.24 HM Chief Inspector of Prisons concluded in 2007 that prison settings have, to a large extent, become “the default setting for those with a wide range of mental and emotional disorders” (HMIP, 2007: 7).

I.25 Figures recently obtained by the Wales Governance Centre show that there were 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 and 14 were transferred from a Prison Service establishment in Wales after sentence. In total, there were 213 restricted patients detained in Wales in 2017.¹⁷

OLDER PRISONERS

I.26 Older prisoners are the fastest growing demographic group in prison in England and Wales. The proportion of older people in prison has risen dramatically over the last two decades. Research recently published by Public Health England found that the number of prisoners aged 50 or older has increased by 150% in England and Wales since 2002 (Public Health England, 2017). In September 2011, 10.4% of the prison population in England and Wales were aged 50 or above. By September 2018, this number had increased to 22.5% of the population.

I.27 The ageing prison population in England and Wales has led to growing concerns over the distinct health and social care needs of older people in custody. A report recently published

¹⁷ Data were obtained via the Freedom of the Information Act 2000.

following an inquiry into prison healthcare in England found that older prisoners are often held in establishments unable to meet their needs and many will be released into the community without any social care support in place (House of Commons Health and Social Care Committee, 2018).

1.28 A report by the Prison and Probation Ombudsman in 2012 found that the average life expectancy of a prisoner in England and Wales is 56. (Prison and Probation Ombudsman, 2012).

1.29 17.2% of all Welsh prisoners were aged 50 or above at the end of September 2018.¹⁸ At the end of June 2018, 1 in 5 prisoners held at HMP Usk was aged 60 or above and 40% were over the age of 50.

POLICY DIVERGENCE IN WALES

1.30 In 2015, HM Inspectorate of Prisons (HMIP) published a review of substance misuse in adult prisons in England and Wales. Within its recommendations HMIP highlighted that a different approach in Wales was leading to “poorer outcomes for some prisoners” and that it was responsible for “inconsistency in substance misuse treatment between prisons in England and Wales” (HMIP, 2015: 14). An updated report published in July 2018 concluded that services in Wales continued to provide a “considerably less safe service” which persisted in creating “poorer outcomes” for prisoners held in Wales (HMIP, 2018: 22). The Welsh approach to opioid treatment was described as being “much harsher” than England’s within an article published by *The Economist* in July 2018.¹⁹

1.31 A recent study carried out by the Wales Governance Centre found that differences also exist *between* health boards in Wales. Those interviewed claimed that the absence of a national framework for prison healthcare has contributed to this trend.²⁰ These accounts fed into a

¹⁸ 511 were aged 50-59 and 309 were 60 and over.

¹⁹ See – <https://www.economist.com/britain/2018/07/12/welsh-prisons-are-much-harsher-than-englands-on-opioid-treatment>

²⁰ A national framework was developed in England in 2015. See - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/440516/National_Framework_-_England.pdf

It is the author’s understanding that the Welsh Government are currently preparing a national strategy or framework for Wales.

much broader theme around the unclear nature of the criminal justice system in Wales including the commissioning arrangements for healthcare in a range of criminal justice settings.

CONCLUSION

I.32 The data presented here have been gathered through research carried out by the Wales Governance Centre since 2013.²¹ It is hoped that this information included in this paper can assist Members and will help to inform the scope of the Committee's inquiry. I look forward to expanding upon many of the issues raised in this evidence paper when providing oral evidence on 27 March.

²¹ Some of this information has already been made publicly available. See Jones (2018a), Jones (2018b) and Jones (2019).

BIBLIOGRAPHY

BBC News (2014) – *Wrexham prison could 'strain' health service claim*. 26 June 2014.

<https://www.bbc.co.uk/news/uk-wales-north-east-wales-28023468>

Jones, R. (2018a) – *Imprisonment in Wales: A Factfile*. June 2018. Wales Governance Centre at Cardiff University. Cardiff: Cardiff University.

https://www.cardiff.ac.uk/__data/assets/pdf_file/0008/1195577/Imprisonment-in-Wales-A-Factfile.pdf

Jones, R. (2018b) – *House of Commons Welsh Affairs Committee: Supplementary Evidence*. Evidence submitted to the House of Commons Welsh Affairs Committee's inquiry into Prison Provision in Wales. September 2018.

<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/welsh-affairs-committee/prison-provision-in-wales/written/89375.pdf>

Jones, R. (2019) – Jones, R. (2019) – *Sentencing and Immediate Custody in Wales: A Factfile*. January 2019. Wales Governance Centre at Cardiff University. Cardiff: Cardiff

University.https://www.cardiff.ac.uk/__data/assets/pdf_file/0010/1417339/Sentencing-and-Immediate-Custody-in-Wales-A-Factfile-140119.pdf

HM Inspectorate of Prisons (2015) – *Changing patterns of substance misuse in adult prisons and service responses: A thematic review*. December 2015.

<https://www.justiceinspectores.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf>

HM Inspectorate of Prisons (2007) – *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*. October 2007.

<https://www.justiceinspectores.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/07/Mental-Health.pdf>

HM Inspectorate of Prisons (2018) – *Annual Report – 2017-18*. July 2018.

https://www.justiceinspectors.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/07/6.5053_HMI-Prisons_AR-2017-18_revised_web.pdf

Prison and Probation Ombudsman (2012) – *Learning from PPO investigations: Natural cause deaths in prison custody 2007-2010*. March 2012.

http://www.ppo.gov.uk/app/uploads/2014/07/learning_from_ppo_investigations-natural_cause_deaths_in_prison_custody.pdf

APPENDIX I

Funding received by the Welsh Government from the Ministry of Justice for prison healthcare in Wales (£m)

2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Total
2.195	2.544	2.602	2.544	2.785	2.544	2.752	2.752	2.544	2.544	2.544	28.35

Source: Welsh Government

The following explanatory note was also provided:

It is important to note that once a recurrent transfer has been received from the UK government it is subsumed into the overall Welsh block grant and is no longer separately identifiable as Prison Healthcare funding on an annual basis. Therefore, the figures provided are based on the assumption that the original value of the transfer has continued for each following year. The table also highlights that there have been some minor subsequent adjustments made by the Ministry of Justice, which we have been able to separately identify.