

Prison Health

Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

I would like to present a report on "Prison health" by the Select Committee on Health and Social Care. I start by thanking my fellow Committee members and the Committee staff, particularly Huw Yardley and Lewis Pickett. I also particularly thank all those who gave evidence to our inquiry, both in person and in writing. We visited HMP Isis, HMP Belmarsh and HMP Thameside, and I thank the staff, healthcare staff and all the people in prison who spoke to us about their experiences.

A prison sentence is a deprivation of liberty, not a sentence to poorer health or healthcare, yet sadly that was the picture that we found in our inquiry. Too many prisoners are still in overcrowded, unsanitary prisons with overstretched workforces. Those poor conditions contribute to even worse outcomes and health for those who arrive in prison, who are often from very deprived backgrounds and suffering from serious health inequalities. Violence and self-harm are at record highs, and most prisons exceed their certified normal accommodation level, with a quarter of prisoners living in overcrowded cells over the last two years. Staffing shortages have led to restricted regimes that severely limit prisoner activity, as well as their access to health and care services, both in and outside our prisons.

Too many prisoners still die in custody or shortly after their release. Although deaths in custody have fallen slightly since peaking in 2016 as a result of increased suicides, so-called natural-cause deaths are the highest cause of mortality in prisons and, I am afraid, reflect serious lapses in care. Every suicide should be regarded as preventable. It is simply unacceptable that those known to be at risk face unacceptable delays while awaiting transfer to more appropriate settings. We see that happen time and again, without appropriate action being taken.

Our report refers to the impact of the increasingly widespread use of novel psychoactive substances, not just on prisoners but on prison staff; dealing with violent incidents takes time away from the work that we would otherwise expect prison staff to do. We heard time and again from people in prison who we met of not being able to attend appointments, either within or outside the prison, because there simply were not the staff there, because they had been diverted to other cases.

We have made recommendations for the National Prison Healthcare Board. We would like it to agree a definition of equivalent care, and to tackle the health inequalities that we know prisoners face. It also needs to take a more comprehensive and robust approach to identifying and dealing with the healthcare needs of people in prison. However, many of our recommendations will not be met until sufficient prison officers are in post. That is an overriding issue, because the cut in prison officer numbersâ€”I know the Government are starting to address thatâ€”lies at the root of so many problems in our jails.

Health, wellbeing, care and recovery need to be a core part of the Government's plans for

prison reform. It is in all our interests to care about the health and wellbeing of prisoners, because they will later be back in our communities. If more of them become dependent on drugs during their time in prison, and these problems worsen, they will come back into our communities with even worse health issues, health inequalities and mental health problems. I know it is difficult, because it sometimes seems that the public do not care about our prisoners, but it is absolutely in everybody's interest to care about the health and wellbeing of our prison population.

I am afraid that our report highlights a system in which, time and again, reports from Her Majesty's inspectorate of prisons are not acted on. We need those reports to have real teeth, and for people to be able to take action, or to be held accountable for not taking action. We heard time and again of governors not having the leversâ€”even if they had the financial powersâ€”to take the necessary action.

We call on the Government to regard the health of our prison population as a serious public health crisis requiring a whole-systems approach that takes root in sentencing and release, making sure that people are only in prison if absolutely necessary, that those with serious mental health problems are transferred in a timely manner and that sees time in prison as an opportunity to act and to address serious health inequalities. That is not only in their interest but in all our interests.