Dear Mr Davies,

Re: Prison provision in Wales inquiry

I understand that the Welsh Affairs Committee is welcoming written submissions to the prison provision in Wales inquiry. The following points are to be addressed:

- Provision for women prisoners and young offenders in Wales.
- Welsh language provision in prisons.
- Cross-border issues, including the placement of prisoners from Wales in English prisons.
- The potential for new prisons in Wales.

My role

I carry out independent investigations into deaths and complaints in custody. My role and responsibilities are set out in detail in my office’s terms of reference.¹

I have two main duties:

- To investigate complaints made by prisoners, young people in detention (young offender institutions and secure training centres), offenders under probation supervision and immigration detainees.
- To investigate deaths of prisoners, young people in detention (including residents in secure children’s homes), approved premises’ residents and immigration detainees due to any cause, including any apparent suicides and natural causes.

The purpose of these investigations is to understand what happened, to correct injustices and to identify learning for the organisations whose actions we oversee so that we can make a significant contribution to safer, fairer custody and offender supervision.

In relation to prisons, my role extends across England and Wales.

**My submission to the inquiry on prison provision in Wales**

Every year we put together a programme for our Learning Lessons publications. These identify lessons to be learned from collective analysis of our investigations. Our aim is to encourage a greater focus on learning in order to contribute to improvements in the services we investigate, potentially helping to prevent avoidable deaths and encouraging the resolution of issues that might otherwise lead to future complaints. These publications are available from our website.

There are a number of significant challenges for the Prison Service and these are as much an issue in Wales as they are in England: older prisoners, prisoner mental health, self-inflicted deaths and women prisoners. The Government’s November 2016 White Paper (“Prison Safety and Reform”) sets out how these challenges will be met and the impact on Wales and Welsh prisoners will need to be considered.

**Older prisoners**

In June, we published “Learning from PPO investigations: Older Prisoners”. This report noted that the challenge to HMPPS is clear: prisons designed for fit, young men must adjust to the largely unexpected and unplanned roles of care home and even hospice.

**Demographics**

The proportion of older prisoners has been growing over the past decade and a half. In absolute terms, the number of prisoners over the age of 50 has nearly trebled, from more than 4,800 in 2002, to nearly 12,600 in 2016.

The population of prisoners aged 50 and older is expected to rise over the next 15 years, both in terms of absolute numbers and in terms of the proportion of the overall population. The over-50 population is projected to grow to 13,900 by the end of June 2020 – an increase of nearly 10%.

This change is even more marked for the prison population over 70, where projections anticipate a 35% increase.

The overall demographic shift and increase in life expectancy in the general population will lead to an ageing prison population. Further factors are:

- changes in sentencing practices toward longer custodial sentences mean that more people are growing older in prison; and
- the upsurge in prosecution and incarceration of sex offenders, often for historic crimes, as these offenders tend to be relatively older.

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Deaths from natural causes
The bars in the graph below show the total number of deaths from natural causes of prisoners aged 50 or over in England and Wales. The line is the percentage of prisoners aged 50 or over within the prison population.

You will see that, as the overall age of the prison population has increased, the number of deaths by natural causes has increased.

The challenges of an aging population
We have been very disappointed for quite some time at the lack of a strategic grip on the challenges an ageing prison population brings. Prisons designed for fit young men have become care homes and hospices in a largely piecemeal fashion, with individual prisons and their healthcare partners – coping with limited resources and no training – almost always reacting to challenges “on the ground”.

This “adhoc-racy” from HMPPS and the MoJ has been difficult to defend. Sick people have died before they should because crucial appointments were missed, records were lost, warning signs were ignored.

Although I have welcomed the launch of work in the MoJ’s Offender Reform and Commissioning Group to develop an older prisoners’ strategy for England and Wales, I am disappointed that this has so far made very little progress.

Some of the issues that will need to be considered in Wales, as elsewhere, include:

- The provision of cells, showers, etc designed to accommodate disabled prisoners and wheelchairs on normal location (not just in healthcare centres).
• Consideration of the resettlement needs of older prisoners (which are likely to be less about employment and more about coping strategies and location close to families).

• The provision of suitable environments within prisons to provide intensive palliative care and end of life care for terminally ill prisoners, and the development of close relationships with local palliative care services, including local hospices.

• The tensions that arise in the current regional approach to specialist or acute care which can mean that a prisoner remains in an unsuitable environment because there are no spare beds regionally that would meet his needs, even though beds may be available in other regions. (Our view is that some elements, such as 24-hour healthcare and specialist pathways, could benefit from some form of national oversight.)

• Analysis of the rates of certain illnesses and disabilities within the prison population so that provision can be provision can be planned for the future, including whether there is a case for “clustering” certain conditions/illnesses at certain prisons.

• The social care needs of older prisoners and whether there is a need for co-commissioning with Social Services.

It is clear that the Government has an ambition, which is reflected in the November 2016 White Paper, to reconfigure strategy, policy and operational delivery, and to create accommodation fit for the purpose of holding those sent to custody by the courts. It is important that this welcome initiative addresses directly the needs of an ageing population, in Wales and beyond. This means explicitly acknowledging that the approach to risk, the physical environment and the delivery of services will need to be alive to the challenges an ageing prison population brings.

Prisoner mental health

In January 2016, we published “Learning from PPO investigations: Prisoner mental health”3. Mental ill health is closely associated with the depressingly high rates of suicide and self-harm that we have seen in prisons in recent years.

The prevalence of mental ill health is not unrelated to the ageing of the prison population and, as the population ages and increases, the challenges will only become more significant. Determining the prevalence of mental health issues is not straightforward. Page 8 of our 2016 publication included this comparison of the prisoner and the general populations:

In June 2017, the National Audit Office published a report on mental health in prisons. They summarised their report by saying: “Government does not know how many people in prison have a mental illness, how much it is spending on mental health in prisons or whether it is achieving its objectives.”

There is no doubt that managing mental ill health is a significant challenge for HMPPS. Some of the most difficult and challenging behaviour in our prisons is displayed by distressed people with mental health problems trying to communicate that they need help.

Our 2016 report included 25 lessons for HMPPS and the MoJ. The commissioning of adequate mental health provision for prisons and the ability to transfer prisoners to secure hospital accommodation when necessary, are clearly crucial.

**Self-inflicted deaths**

We investigated 104 self-inflicted deaths in 2015/16 (a 34% rise on the previous year) and 115 in 2016/17 (an 11% rise).

My annual report for the year 2016-17 included information on fatal incidents in prisons in Wales:

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<th></th>
<th>Natural causes</th>
<th>Self-inflicted</th>
<th>Total</th>
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<tbody>
<tr>
<td>Parc</td>
<td>5</td>
<td>2</td>
<td>7</td>
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<tr>
<td>Cardiff</td>
<td>4</td>
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<td>5</td>
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<td>Swansea</td>
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<td>Usk and Prescoed</td>
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*Berwyn opened in 2017*

For comparison, the English prisons with the most fatal-incidents in the same period were Exeter (13 in total, 9 natural causes), Woodhill (11 in total, 6 natural causes) and Altcourse (8 in total, 6 natural causes).

For the previous four years, the data shows:
From the tables above, it is clear that HMP Swansea has experienced very troubling levels of suicide in recent years.

There has been no simple explanation for the increases seen, whether at Swansea or nationally. Each self-inflicted death is the tragic culmination of an individual crisis for which there can be many triggers. But in these complex circumstances, effective suicide prevention is essential and our investigation across England and Wales have identified repeated failings in the management of the Prison Service’s suicide and self-harm prevention processes (known as ACCT).

We have seen a very welcome reduction in self-inflicted deaths across England and Wales in 2017/18. It is important that we work together to understand the reasons behind this. We should all recognise that levels remain unacceptably high and that it is far too early to conclude that “our work here is done”. Combating self-harm and self-inflicted deaths will remain a key programme for the future.

**Prison healthcare**

As healthcare is a devolved matter, we will sometimes encounter a different approach in Welsh prisons to English prisons.

**Drug detoxification**

Some of my Fatal Incident investigations have raised concerns with the drug detoxification programme in Welsh prisons. Unlike English prisons, Welsh prisons do not offer an integrated drug treatment system (IDTS) for prisoners who arrive dependent on substances, and they do not routinely offer opiate medication for maintenance or detoxification. I believe that prisoners in Welsh prisons should have access to effective drug detoxification treatment from their first night in custody.

HM Inspectorate of Prisons made similar observations in their 2015 thematic on drugs in prison. They found that:

“IDTS is not available in Welsh prisons. Our inspection findings have demonstrated that large numbers of prisoners in Wales have drug and alcohol problems on arrival in prison. Unlike their counterparts in English prisons, prisoners in Wales who are dependent on illicit opiates do not receive first night opiate substitution treatment. Instead, they are generally offered symptom relief only, which increases the risk of physical and mental distress in prison and of accidental overdose on release if they return to illicit drug use. In our inspections of Welsh prisons, we have found that those who arrive in prison on confirmed prescribing of opiate substitution treatment in the community will have this prescribing...
continued in prison, although the length of time for which the prescribing will be continued and the level of psychosocial support available vary between the prisons. This lack of consistent, coordinated, evidence-based treatment, including access to opiate substitution prescribing on arrival, has led to poorer outcomes for some prisoners. Many Welsh residents are held in English prisons and receive IDTS treatment which would not be available if they moved to Welsh prisons. The new North Wales prison which is being built in Wrexham, will hold large numbers of English prisoners. The drug treatment system in prisons needs to be the same across the estate and equivalent to that in the community.”

Healthcare complaints
Prisoners at HMP Parc (which is operated by G4S) complained to us that they were unable to complain to an independent body if they were unhappy with the healthcare they received.

The clinical judgment of medical professionals is outside the PPO’s remit in relation to complaints and we were, therefore, unable to consider complaints about healthcare at Parc. The Parliamentary and Health Services Ombudsman (which could consider such complaints from English prisons) has no remit in Wales, while the Public Services Ombudsman for Wales has been unable to investigate because healthcare at Parc is privately run.

We recommended in late 2016 that HMPPS, G4S (the prison provider), the Local Health Board and the Health Inspectorate Wales explore the establishment of independent routes of complaint for prisoners at HMP Parc for all types of healthcare complaint.

Contract management
Complaints from HMP Parc have highlighted further challenges with contract management. We received complaints about the cost of phone calls and during investigation we found some confusion between the telephone provider, the prison provider and HMPPS Wales on who was to lead on reaching a resolution. We were concerned about the lack of oversight from HMPPS Wales.

Women prisoners
There are no women’s prisons in Wales. The nearest to the south is HMP Eastwood Park (north of Bristol); the nearest to the north is HMP Styal (south-west of Stockport).

2017 marks a decade since the publication of Baroness Corston’s review of women with particular vulnerabilities in the Criminal Justice System. There were 43 recommendations calling for a gender-distinct, women-centred approach and the PPO was very supportive of this agenda.

Baroness Corston called for women’s prisons to be replaced by custodial centres and, while this recommendation was not accepted by the Government, the Prison Safety and Reform White Paper of November 2016 stated that five new community prisons for women would be built as part of a strategy on female offending. I imagine your inquiry will be keen to understand the latest on this and whether there will be provision in Wales.
I hope that this is helpful. Please get in touch if you require any additional information.

Yours sincerely

Elizabeth Moody
Acting Prisons and Probation Ombudsman

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