Eighth Report of Session 2017-19

Ministry of Justice / Department of Health and Social Care

Mental health in prisons

Introduction from the Committee

There were 84,674 adults in prison in England and Wales in 2016–17, between 10% and 90% of whom are thought to have mental health issues. Rates of self-inflicted deaths and self-harm in prisons have risen significantly in the last five years, suggesting that mental health and overall well-being in prison has declined. There were 120 self-inflicted deaths in prison in 2016 and 40,161 incidents of self-harm, the highest on record. Prisoners with mental health issues face huge challenges in our prison system which witnesses told us that the current prison environment is often ill equipped to deal with.

HM Prison and Probation Service (HMPPS) is responsible for the management and operation of prisons in England and Wales and ensuring that the prison environment is safe, secure and decent. The Ministry of Justice is responsible for prison policy and commissioning services in prisons. NHS England is responsible for healthcare in prisons, both for physical and mental health. In 2016–17, NHS England spent an estimated £400 million providing healthcare in adult prisons in England, of which it estimates £150 million was spent on mental health services and substance misuse services, although it could not provide an exact figure.

Relevant reports

- NAO report: Mental health in prisons – Session 2017-19 (HC 42)
- PAC report: Mental health in prisons – Session 2017-19 (HC 400)
- Treasury Minutes: March 2018 (Cm 9575)
- Treasury Minutes Progress Report: July 2018 (Cm 9668)
- Treasury Minutes Progress Report: March 2019 (CP70)
- Treasury Minutes Progress Report: February 2020 (CP 221)
- Treasury Minutes Progress Report: November 2020 (CP 313)
- Treasury Minutes Progress Report: May 2021 (CP 424)

Update to the government response to the Committee

Following the government's last response to the Committee on this report: (CP 424 above), the one recommendation below remained work in progress.

5: PAC conclusion: It is a disgrace that too many prisoners wait far too long to be transferred to hospital or secure units.

5: PAC recommendation: HM Prison and Probation Service and NHS England should, by the end of January 2018, publish quarterly data on the number of prisoners transferred to hospital or secure units, how many prisoners are waiting at the time of publication, and how long both groups have waited.

5.1 The government disagrees with the Committee's recommendation.

5.2 Through to Q4 2018-2019, the transfer and remission data was captured by NHS England and NHS Improvement (NHSE/I) via the Health and Justice indicators of performance (HJIPs). These indicators were in the process of being revised, and their collection was paused during the response to the COVID-19 pandemic. The enforced pause to data collections facilitated a joined-up approach to revise the process, ensuring data being collected met the

new time frames referenced in the independent review of the Mental Health Act (MHA), chaired by Professor Sir Simon Wessely - Regius Professor of Psychiatry at King's College London and president of the Royal Society of Medicine, and within the MHA reform White Paper Reforming the MHA.

5.3 To further support and engage stakeholders in this, the Transfer and Remission Good Practice Guidance for prisons and Immigration removal centres has been reviewed through public and stakeholder engagement and consultation. The guidance mirrors the new time frames. The Good Practice Guidance was published in June 2021.

5.4 In line with the government's white paper (reforming the MHA) which makes reference to developing a stronger monitoring system to enable better understanding and provide greater transparency on how the transfer process is working, NHSE/I developed a data input portal that has been running from April 2021. This enables providers to submit transfer and remission data which will be analysed against the time frames proposed in both the independent review and white paper and is reflected in the Transfer and Remission Guidance 2021. This information is available to commissioners and key stakeholders but is not published. NHSE/I continue to work with the Ministry of Justice and DHSC on this and how it aligns with other recommendations within the white paper, such as the independent role to provide oversight of transfers.

5.5 Given the considerable progress (set out above) which has been made since the NAO report and Committee hearing, the lack of uncertainty around the approval to publish the data, and the commitment to continue to review this work, it is considered that this recommendation is now closed.

5.7 The department and NHSE/I will write to the Committee alongside this report to explain why they now disagree with the recommendation.