



House of Commons
Justice Committee

Mental health in prison: Government Response to the Committee's Fifth Report

**Fifth Special Report of Session
2021–22**

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Justice Committee

The Justice Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Ministry of Justice and its associated public bodies (including the work of staff provided for the administrative work of courts and tribunals, but excluding consideration of individual cases and appointments, and excluding the work of the Scotland and Wales Offices and of the Advocate General for Scotland); and administration and expenditure of the Attorney General's Office, the Treasury Solicitor's Department, the Crown Prosecution Service and the Serious Fraud Office (but excluding individual cases and appointments and advice given within government by Law Officers).

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Publication

Committee reports are published on the Committee's website at www.parliament.uk/justicecttee and in print by Order of the House.

Committee staff

The current staff of the Committee are Robert Cope (Clerk), Gina Degtyareva (Committee Media Officer), Anna Kennedy O'Brien (Committee Specialist), Su Panchanathan (Committee Operations Officer), George Perry (Committee Media Officer), Jack Simson Caird (Assistant Counsel), Ben Street (Second Clerk) and Holly Tremain (Committee Specialist).

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Fifth Special Report

The Justice Committee published its Fifth Report of Session 2021–22, [Mental health in prison](#) (HC 72) on 29 September 2021. The Government's Response was received on 26 January 2022 and is appended below.

Appendix: Government Response

Letter from Victoria Atkins MP, Minister of State for Justice and Minister for Afghan resettlement and Gillian Keegan MP, Minister of State for Health and Social Care

The Government welcomes the Justice Select Committee's report on Mental Health in Prisons. We are grateful to everyone who contributed to the inquiry by sharing their evidence and expertise with you, as well as to the Committee for your continued engagement with us.

The issues raised are of great importance and we recognise the themes identified in the report. We take the mental health of offenders very seriously and we are committed to ensuring that prisoners can access the appropriate treatment and support at the right time to meet their mental health needs.

As such, we have carefully considered the recommendations made by the Committee and our response is set out below. The MoJ, HMPPS, DHSC and NHS England have been and will continue to work closely together to identify and meet the mental health needs of prisoners, as well as putting measures in place to ensure they can access treatment in the right place. As we monitor closely the restrictions in prisons to control the spread of Covid-19 and save lives, we will continue to build the right conditions in custody to aid resilience and promote positive wellbeing among both prisoners and our staff.

Government Response

Understanding the need for mental healthcare in prisons

1. Recommendation

Responsible Organisation(s): NHS England and NHS Improvement

The NHS should use its prison mental health treatment 'needs analysis' to quantify shortfalls in mental health services, make plans and allocate resources so mental healthcare in prisons is at least equivalent to services outside prisons, having taken account of the specific needs of the prison population. (Paragraph 21)

Response

NHS England and NHS Improvement has commissioned the Centre for Mental Health to conduct a National Mental Health Needs Analysis. This piece of work will give a good understanding of how current provision meets the mental health needs of people in prison. This in turn will provide a clear quantitative picture of current mental health

need, both met and unmet, and the provision of mental health services, including the range of interventions, waiting times and skill mix. This analysis is due to be ready by the end of 2021/22.

The Centre for Mental Health's analysis follows on from the first part of its review, *The Future of Prison Mental Health Care in England*,¹ which sets out examples of good practice and areas for improvement within the mental health pathway before custody, in prison and upon release. Findings from both parts of the Centre for Mental Health's work will inform the review of NHS England and NHS Improvement's prison mental health specification which is due to commence by April 2022. This will ensure any gaps in service can be identified and meaningfully tackled.

Commissioning prison mental healthcare services and models of care

2. Recommendation

Responsible Organisation(s): NHS England and NHS Improvement

Healthcare services can be fragmented, meaning people receive no or inadequate care. NHS England and NHS Improvement should set out how they intend to bridge existing gaps in care and resolve the problems that result from fragmented service provision to ensure that all patients receive access to appropriate and adequate care. (Paragraph 26)

Response

It is crucial that people receive the right care throughout their journey through the criminal justice system. The Centre for Mental Health's Mental Health Needs Analysis will help to identify any gaps in service and unmet needs. This will inform the upcoming review of the national prison mental health service specification and any necessary revisions to mental health indicators. In turn, this will ensure people get the right care, at the right time.

3. Recommendation

Responsible Organisation(s): NHS England and NHS Improvement

NHS England should set out how they balance cost and quality criteria when procuring services. (Paragraph 27)

Response

Balancing cost and quality is key to ensuring services are delivered effectively for those in need whilst providing value for money for the taxpayer. To ensure this balance is taken into account, healthcare provision is commissioned through a robust procurement process in accordance with Public Contracts Regulations (2015)² and NHS England and NHS Improvement Standing Financial Instructions.³ This includes how criteria are weighted in terms of cost and quality.

1 [The future of prison mental health care in England | Centre for Mental Health](#)

2 [Public procurement policy - GOV.UK \(www.gov.uk\)](#)

3 [NHS England » Our Standing Financial Instructions](#)

4. Recommendation

Responsible Organisation(s): NHS England and NHS Improvement

The NHS should expand on its work to commission integrated healthcare across all three estates so that prisoners can access proper physical and mental healthcare services at primary and secondary level as appropriate and without undue delay. (Paragraph 39)

Response

Integrated healthcare is key to supporting recovery which is why NHS England and NHS Improvement commissions integrated health services using clinically informed service specifications. Each of the specifications, mental health⁴ and substance misuse,⁵ both published in 2018, and the primary care specification,⁶ published in 2020, are currently undergoing a review to ensure they remain current. They are planned to be ready for service procurement from April 2023.

Also, building on proposals set out in the NHS Long Term Plan,⁷ the move to establish Integrated Care Systems in law will enable different parts of the health and care system to work together more effectively, in a way that will improve outcomes and address inequalities. As part of this, NHS England and NHS Improvement is developing guidance to support Integrated Care Systems in meeting their responsibilities for the ongoing healthcare of the prison population pre and post custody.

5. Recommendation

Responsible Organisation(s): Her Majesty's Prison and Probation Service (HMPPS)

As the Covid-19 restrictions in prisons are eased, HMPPS (including the Youth Custody Service), should have plans ready for how it will reinvigorate its measures to control unwelcome and unintended issues such as substance abuse and violence in prisons. (Paragraph 40)

Response

The Ministry of Justice (MoJ) and HMPPS agree with the Committee that tackling substance misuse and violence is critical to prisons' recovery from the pandemic. In the recently published Prisons Strategy White Paper,⁸ the MoJ set out its vision for a zero-tolerance approach to drugs, as well as plans to address the drivers of violence in prisons. The pandemic has disrupted prison regimes in an unprecedented manner, but it is vital that we learn lessons from the experiences of staff and prisoners during this time, to enable governors to adapt the regime to make our prisons safer, for example by thinking differently about how time out of cell and gatherings of prisoners are structured.

Violence in Prisons

HMPPS will continue to provide targeted support to prisons to embed key safety processes including the Challenge, Support and Intervention Plan, a framework which

4 [service-specification-mental-health-for-prisons-in-england-2.pdf](#)

5 [service-specification-integrated-substance-misuse-treatment-service-in-prisons.pdf](#) (england.nhs.uk)

6 [primary-care-service-spec-medical-nursing-for-prisons-2020.pdf](#) (england.nhs.uk)

7 [NHS Long Term Plan » Online version of the NHS Long Term Plan](#)

8 [Prisons Strategy White Paper](#) (publishing.service.gov.uk)

helps prisoners manage and move away from violent behaviours. HMPPS will also start the roll out of a new safety training module on Violence Reduction in 2022, to refresh staff skills on identifying, managing and reducing violence, which will help staff de-escalate difficult situations. HMPPS will also introduce a peer support model so that ex-offenders can support prisoners at the start of their time in custody, and train existing prisoners to support their fellow prisoners' wellbeing throughout their sentence, to provide a greater sense of hope and help reduce the risk of violence.

HMPPS will continue to roll out the Offender Management in Custody Key Worker role, which provides staff with allotted time to provide one to one support to individual prisoners. The support is predicated on building constructive staff-prisoner relationships, to foster positive behaviours and build prisoner trust, confidence, hope and commitment to change. This extra support will help ensure the right culture is in place and improve safety.

We recognise that specialist support is required to prevent prisoners harming themselves or others. In the Prisons Strategy White Paper, the MoJ has committed to providing an 'Enhanced Support Service' in local prisons to target the most complex behaviour. This involves mental health specialists and prison staff working together with the prisoner to address their individual risk factors.

Youth Custody Service

Levels of violence within the youth secure estate are too high and the MoJ and HMPPS are determined to improve youth custody, so that children are safer and better able to lead positive lives upon their release. This includes the roll-out of the Custody Support Plan which provides each child with a named officer to work with on a weekly basis to improve trust and consistency. We have also introduced two smaller Enhanced Support Units to support children with the most complex needs through delivery of more intensive rehabilitation work in a therapeutic environment. To de-escalate behaviour and prevent violence, we continue to train and upskill our staff, so they are better able to meet the needs of children in custody. Our approach is underpinned by 'SECURE STAIRS', the framework of integrated care jointly led by NHS England, NHS Improvement and the Youth Custody Service (YCS), encompassing education, health, and behavioural support to ensure each young person receives a full needs assessment and a tailored consistent level of care.

Substance Abuse

The MoJ and HMPPS have already invested £100 million to tackle all crime in prisons, including to stop drugs, weapons and phones from getting into prisons and fuelling violence. This includes the roll out of airport-style security measures to prevent contraband from getting into prisons, such as X-ray body scanners, which have been rolled out across the entire closed male estate. Enhanced Gate Security will also be deployed across 42 high-risk sites by the end of March 2022.

A key part of the MoJ's work to reduce drug use in prison is the recently published 10-year Cross-Government Drugs Strategy,⁹ which focuses on three pillars – restricting supply, reducing demand and building prisoners' recovery. As part of the strategy, the MoJ will

9 [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

be investing £120 million to make sure that offenders fully engage with recovery-focused services, so they can lead lives that are both drug and crime free. Through the Strategy, we want to ensure all prisoners receive a comprehensive health screening within their first week to identify drug misuse and related health needs and agree a plan for recovery-focused treatment, including abstinence-based treatment options, tailored to the length of their sentence. Regular drug testing also enables us to respond quickly, punish and disrupt supply and identify drug misuse so that prisoners can be referred to treatment. In the Prisons Strategy White Paper, we have committed to improving drug testing in prisons and in the community, aiming to test for a broader range of substances, and we will invest in training prison officers to develop their understanding of how to support offenders with mental health and substance misuse needs. We are also expanding incentivised substance free living units where prisoners live drug free, with peer support and voluntary testing to support recovery.

Mental illness in prison

6. Recommendation

Responsible Organisation(s): MoJ, NHS England and NHS Improvement

The MoJ and the NHS should accelerate plans to increase the availability of Community Sentence Treatment Requirement orders, so these orders are available options for sentencers in all parts of England and Wales by 31 March 2023. (Paragraph 44)

Response

Drug and Alcohol Treatment Requirements and secondary care MHTRs are already available to sentencers in every court and we are in the process of raising awareness among the judiciary about their availability.

Through the Community Sentence Treatment Requirements Programme, the Department of Health and Social Care (DHSC), MoJ, HMPPS, NHS England, NHS Improvement and the Office for Health Improvement and Disparities (OHID) are working together to ensure greater use and improved access to timely and appropriate mental health and substance misuse services for offenders who need them.

The programme, which uses NHS Long Term Plan funding, is on track to introduce primary care Mental Health Treatment Requirements (MHTRs) to half of England by 2023.

7. Recommendation

Responsible Organisation(s): NHS England and NHS Improvement

The NHS should identify why some establishments have difficulties screening prisoners within 24 hours of arrival and should put in place action plans with the healthcare providers at those establishments to remedy this. (Paragraph 52)

Response

As commissioners, NHS England and NHS Improvement provide support to parts of the system that may be experiencing difficulties. As part of contract performance monitoring,

NHS England and NHS Improvement commissioners review a number of indicators including the completion of prison reception and secondary screening tools within the specified timeframes. This ensures that providers who are not consistently meeting their contractual targets can be identified and properly supported. Where that is the case, commissioners work with prison establishments to ensure action plans are developed to improve performance.

8. Recommendation

Responsible Organisation(s): NHS England and NHS Improvement

The NHS should review its mental health services specification so that mental health screening is always carried out by a competent mental health professional with experience of the criminal justice system. (Paragraph 53)

Response

NICE guidance on the Physical Health of People in Prison (NG57)¹⁰ and the Service Specification for Integrated Mental Health Service for Prisons (2018) in England specify that screening, assessment and treatment for mental health issues should be in place as appropriate and delivered by professionals and allied staff who are suitably competent, well led, properly supervised and operating within a clear quality and clinical governance framework supporting safe and effective delivery.

Where a referral is made to the mental health team during any point of the prisoner health pathway, services are required to ensure that competent practitioners who have experience of working with people in contact with the criminal justice system and mental health problems perform the mental health assessment.

9. Recommendation

Responsible Organisation(s): NHS England and NHS Improvement

The NHS should accelerate its work to understand why there is a racial disparity in identifying mental health issues in prison and implement a solution. (Paragraph 54)

Response

Tackling racial disparity is crucial to delivering a fair and equitable service. The National Mental Health Needs Analysis, commissioned by NHS England and NHS Improvement and conducted by the Centre for Mental Health, includes ethnicity, and will provide a clearer indication of representation and any racial disparity in access to mental health services. Further work will be commissioned to build upon data from the needs analysis, including working with organisations representing ethnic minority groups, to inform the service specification review and to reduce health inequalities.

10. Recommendation

Responsible Organisation(s): HMPPS

HMPPS should (with the Royal Colleges and other experts in the field of prison mental healthcare) develop training for prison officers and other operational staff on how to identify mental illness and how to support and signpost prisoners to treatment. It should establish regular refresher training. (Paragraph 62)

Response

HMPPS recognises that its staff, who interact with prisoners every day, are a vital part of creating an environment that supports good mental health for all prisoners. HMPPS is committed to ensuring that all staff receive an appropriate level of mental health training to equip them with the skills needed to not only better support the rehabilitation of prisoners with mental health issues, but also be able to identify and signpost them to appropriate healthcare services when necessary.

HMPPS is delivering introductory mental health training to new staff as part of prison officer entry level training, as well as to existing staff, to embed mental health awareness and develop a better understanding of the mental health needs a prisoner may have.

For staff supporting complex individuals including those identified as at risk of suicide and self-harm, HMPPS is currently refreshing its safety training package and as part of this plan, will explore the development of enhanced mental health training. In the Prisons Strategy White Paper, the MoJ has committed to go further and explore developing training for staff across prison and probation to better equip them to understand how the mental health and substance misuse needs of offenders, which often co-exist, may impact on their behaviour, and how to work with healthcare to mitigate these impacts. HMPPS has commissioned Skills for Justice/Health to lead the creation of a Core Capabilities Framework for Adult Health, Wellbeing & Care. The framework outlines the core capabilities required to work with adults who need health and social care interventions and support within the custodial setting and for those on probation. From January onwards, HMPPS will work with Skills for Justice to develop a range of bespoke learning products, tailored to the justice sector, that will complement the core capabilities framework outlined above. They will utilise learning materials already in development as well as create content designed for HMPPS.

With self-harm rates in women's prisons disproportionality high, and a higher level of mental health needs, the MoJ has further committed to a specialised recruitment and training proposal to equip staff to effectively support women who self-harm and those who have experienced domestic violence and sexual abuse.

11. Recommendation

Responsible Organisation(s): MoJ, HMPPS, NHS England and NHS Improvement

The Ministry of Justice, HMPPS and NHS England should take urgent steps to increase provision of mental healthcare services over the coming 12 months so that prisoners whose mental health has deteriorated because of the pandemic can be treated. (Paragraph 62)

Response

The mental health of prisoners remains a priority for this Government as it has done throughout the pandemic. The MoJ, HMPPS, DHSC, NHS England and NHS Improvement are working closely together to ensure that offenders can access the right treatment and care at the right time.

HMPPS recognises that the continued provision of healthcare and medication is critical to support prisoners whose mental health might have deteriorated because of the pandemic. Governors have continued to work hard to ensure that prisoners can access healthcare in a timely manner, and where necessary adjust staffing requirements to improve timely access to the full range of commissioned health services.

HMPPS is looking at how to further promote positive wellbeing in prisons to strengthen support for prisoners and reduce the risk of individuals reaching crisis point and harming themselves or others. To this end we have increased staffing levels by 4,088 FTE officers between October 2016 and June 2021 to enable the roll out of the Offender Management in Custody Key Worker scheme, which provides one-to-one support to every prisoner across the closed adult male estate. HMPPS is supporting establishments to deliver this service in a safe and flexible way, once regimes can safely be eased.

In addition, HMPPS continues to fund the Samaritans' excellent Listeners scheme by awarding a grant of £500k each year, through which selected prisoners are trained to provide emotional support to their fellow prisoners. To provide support to prisoners and staff when it is most needed, we have committed to expanding on this service and funding it over the next two years. This includes offering extra training for listeners, guidance for Governors and safety teams, information materials for staff and prisoners, and the deployment of a Samaritans adviser in the event of a self-inflicted death.

Family contact is known to be an important factor in supporting wellbeing, and the accelerated introduction of secure family video calling (Purple Visits) and in-cell telephony in the wake of Covid-19 restrictions has demonstrated the value these services can have in maintaining family engagement. Through the Prisons Strategy White Paper, the MoJ and HMPPS have committed to continue offering these services over the next 12 months, as well as considering lessons learnt from the pandemic and Lord Farmer's review for maintaining family ties.¹¹

The prison regime – how prisoners spend their time in prison, and how prisons organise the daily routine – is fundamental in supporting prisoners to manage their mental health. Time during the daily routine should be well-spent and shaped to enable prisoners to improve their mental health. We will continue to closely monitor the restrictions in prisons to control the spread of Covid-19, carefully balancing the need to save lives and promote positive wellbeing. As part of this, HMPPS will recommence a programme of future regime design that will support, guide and steer prisons to build back better regimes on the basis of learning and evidence.

11 [Farmer Review Report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

12. Recommendation

Responsible Organisation(s): HMPPS

HMPPS should build on its existing management guidance and occupational health services to increase its support for the mental well-being of those who work in prison. (Paragraph 63)

Response

HMPPS is committed to listening to its staff to better understand how to improve their wellbeing and provide a fulfilling and safe workplace where they feel valued and supported. To promote positive wellbeing, HMPPS has robust mechanisms in place to ensure that it is delivering responsive and high-quality support to staff following traumatic incidents. This includes guidance for line managers detailing how to signpost staff to support and make occupational health referrals where staff can access cognitive behavioural therapy and eye movement desensitisation and reprocessing therapy. These are specialist therapies to support individuals who have experienced occupational trauma. HMPPS recognises its duty of care and makes these therapies available to staff accordingly, ensuring rapid access once an assessment has taken place to aid their recovery so they can remain in work.

All HMPPS staff, including prison officers, have access to 'Reflective Sessions' which aim to mitigate any potential negative impacts on their mental health due to the challenges of their roles. These sessions are routinely offered to senior prison managers and feedback shows that they have been positively received, as over 82% of all Governors and Deputy Governors have taken up the opportunity for a session. Managers within HMPPS can also access the Employee Assistance provider which is available 24 hours a day. This service can be accessed year-round via a helpline staffed by counsellors to provide confidential advice and support on any personal or work-related matters.

Due to the ever-changing situation and emerging trends in poor mental health following Covid-19, the MoJ and HMPPS have now implemented a specialist 'Post Covid Syndrome' service. This provides employees who are suffering mental ill health symptoms from Long Covid with the opportunity to be referred into an eight-week functional restoration programme where they receive one-to-one rehabilitative support under the care of a mental health specialist.

13. Recommendation

Responsible Organisation(s): MoJ, DHSC, NHS England and NHS Improvement

The Ministry of Justice should work with the Department for Health and Social Care and the NHS to increase immediately the availability of mental health inpatient beds for prisoners from those prisons that have the most difficulty transferring prisoners within the time limit, including for those who are considered by some of those involved to have 'untreatable' conditions. (Paragraph 79)

Response

The MoJ, HMPPS, DHSC, NHS England and NHS Improvement have a responsibility to ensure those in prison receive appropriate care in the right setting, at the right time. If a prisoner has a severe mental health need to an extent that suggests that detention under

the Mental Health Act may be appropriate, they should be referred and assessed clinically to determine whether transfer to a mental health hospital is warranted. We recognise that in some cases this process takes too long and stakeholders are working together to implement revised NHS England and NHS Improvement Guidance for transfers and remissions, published in June 2021.¹²

We are determined to improve the referral, assessment and transfer process, and ensure unnecessary delays are reduced to ensure the best outcome for each individual. We know that this is dependent on strong collaborative efforts between MoJ, HMPPS, DHSC, NHS England and NHS Improvement. In the White Paper on Reforming the Mental Health Act,¹³ the Government has committed to introducing a new statutory time limit of 28 days for transfers to mental health hospitals, to be commenced once the revised NHS England and NHS Improvement guidance has been fully embedded in practice. This will be kept under review based on monthly monitoring data, and we will take stock of progress during 2022/23.

The NHS Long Term Plan describes policy for mental health services which includes investment into community mental health services and alternatives to admission, to try and reduce the need for mental health inpatient care. The aim is to improve throughput across the whole pathway and consequently ensure appropriate access to mental health inpatient services when required. Additional investment in mental health services, £1bn per year by 2023/24, supports the ambition within the Long Term Plan.

14. Recommendation

Responsible Organisation(s): HMPPS, NHS England and NHS Improvement

HMPPS and the NHS should gather and publish monthly information for every establishment (without naming establishments to protect patient confidentiality) on the number of prisoners awaiting transfers to inpatient care for mental illness and for how long they have been waiting. (Paragraph 80)

Response

In June 2021 NHS England and NHS Improvement published Transfer and Remission Guidance setting out a 28-day timeframe for transfers from prison to hospital and in April 2021 developed a data input portal. This enables providers of mental health services in prisons to submit transfer and remission data which is analysed against the relevant timeframes. This analysis enables NHS England and NHS Improvement to identify, understand and address any delays in transfers and remissions, and any areas where improvement is needed. Monitoring of the monthly data is ongoing and if timeframes are breached, targeted work will be carried out with local and regional teams and NHS funded providers. This data is not published as it is not possible to do so without potentially identifying individual patients/prisoners due to the small numbers in each establishment. Access to relevant data is available to commissioners and providers.

The Mental Health Casework Section (MHCS) in HMPPS has a small but significant part to play in the transfer and remission process of restricted patients. MHCS works

12 [NHS England » Guidance for the transfer and remission of adult prisoners and immigration removal centre detainees under the Mental Health Act 1983](#)

13 [Reforming the Mental Health Act - GOV.UK \(www.gov.uk\)](#)

to published timeliness targets for all its key decisions including prison transfers, as set out in their performance framework¹⁴ and similarly reports to stakeholders quarterly on performance against these timeliness targets.

15. Recommendation

Responsible Organisation(s): MoJ, DHSC, HMPPS, NHS England and NHS Improvement

As a matter of urgency, the Ministry of Justice, the Department for Health and Social Care, HMPPS and NHS England should introduce arrangements so that all prisoners' medical records are swiftly available between prisons and between the community and prison and vice versa. They should set a joint target date for this work to be completed and a timeline towards it. (Paragraph 88)

Response

Health and justice partners (MoJ, DHSC, HMPPS, NHS England and NHS Improvement) are committed to improving information sharing between agencies and promoting better joint working to improve outcomes for individuals with mental health problems. To meet this commitment, health records will be automatically transferred between health services in the community and in prisons. We expect to complete implementation for the whole of the male estate by April 2023 and the whole of the female estate by the end of 2023.

16. Recommendation

Responsible Organisation(s): HMPPS

Prison healthcare providers should systematically assess the mental health of prisoners coming up for parole and make sure that any needed support and treatment have it in good time before they make an application. (Paragraph 90)

Response

The mental health of a prisoner is monitored throughout their sentence, not just around the time of their parole. However, HMPPS has work in train to improve how prisoners with mental health issues are supported when they are coming up for parole. For those prisoners who have mental capacity issues the agency is introducing a formal process to identify and access support, including legal representation, during their parole or recall review process. This work outlines the requirement for prisons and the Probation Service to identify where there are concerns about a prisoner's mental capacity, contribute to a case discussion which supports HMPPS practitioners to navigate the mental capacity process, and identify where mental capacity assessments should be commissioned.

For the small number of parole eligible restricted patients who have been detained in hospital for mental health treatment, their discharge is dependent on both a positive tribunal decision and a positive parole decision. Historically many patients have faced delays and the wait between the two processes could be lengthy. Professor Sir Simon Wessely raised this issue in his review of the Mental Health Act and it was addressed in the Government's response.

14 [Performance_framework_2021.pdf \(publishing.service.gov.uk\)](#)

On 1st November 2021 the Mental Health Streamlining Pilot was launched with the aim of ensuring these patients receive an expedited review of their suitability for release into the community. The pilot will run for a 12-month period and will be reviewed at the 6-month and 9-month milestone points, allowing for any adaptations to be made if necessary. We believe approximately 35/40 cases per year will fall under the criteria for the new pilot process.

17. Recommendation

Responsible Organisation(s): NHS England and NHS Improvement

NHS England should liaise with the Parole Board to identify local areas where there are problems arranging mental health treatment packages for prisoners under consideration for parole. NHS England should then work with the new NHS Integrated Care Systems and providers to help them understand and fulfil their responsibilities so that these prisoners may be released safely and promptly. (Paragraph 91)

Response

In the recent White Paper, Working Together to Improve Health and Social Care for All,¹⁵ the Government set out its ambition for every part of England to be covered by an Integrated Care System.

NHS England and NHS Improvement is developing guidance to support Integrated Care Systems to fulfil their responsibilities for the continuity of care pathways of the prison population. This will encompass the needs of the prison population both pre and post custody. It is also intended that the interface between prison healthcare, the parole board and preparation to ensure continuity of care upon release will be incorporated into the review of the mental health service specification.

18. Recommendation

Responsible Organisation(s): HMPPS, NHS England and NHS Improvement

The NHS should learn early lessons swiftly from its RECONNECT pathfinder projects and accelerate roll-out of the most important features across all prisons in the interim between now and 2024 when it intends to have completed the full roll-out. Similarly, HMPPS's five Health and Justice Partnership Co-ordinator pilots should be evaluated as soon as possible and if this evaluation is positive, they should be implemented across all prisons. The findings from the pathfinders and the pilots should be published. (Paragraph 93)

Response

The MoJ and HMPPS welcomes the continued roll-out of NHS England and NHS Improvement's RECONNECT, a care after custody service, which is supporting prison leavers to remain engaged with the right treatment upon resettlement through referrals into health services. NHS England and NHS Improvement undertook a "Lessons Learned" exercise during the first year of the RECONNECT pathfinders and is commissioning an evaluation through the National Institute for Health Research, which is due to commence 2022/23.

15 [Integration and Innovation: working together to improve health and social care for all \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

HMPPS has introduced Health and Justice Partnership Coordinators in four probation regions to increase local awareness of offenders' needs and ensure that clear pathways to treatment are in place by building connections between prisons, probation, commissioners and providers across mental health and substance misuse services. HMPPS is currently conducting a process evaluation of the roll-out and implementation of the Health and Justice Partnership Coordinator role, as well as wider initiatives to reduce reoffending. A published report is expected in Autumn 2022, capturing lessons learnt and identifying best practice to support future delivery. A full evaluation to explore the longer-term impacts is also planned, subject to a feasibility study. To support improvements across the country, we intend to expand Health and Justice Partnership Coordinators to every probation region in England and within Wales by 2024/25.

Use of prison to accommodate mentally ill people because community care is not available

19. Recommendation

Responsible Organisation(s): DHSC, MoJ

The Government must, as a matter of urgency, see through its proposal to establish viable alternatives so that prisons are no longer used as a place of safety under the Mental Health Act 1983. We recommend that the Department of Health and Social Care and the Ministry of Justice set a target to eliminate use of prison in this way by 31 March 2022 and monitor progress monthly towards this target in each NHS region in the meantime. (Paragraph 98)

Response

The Government agreed that we should end the use of prison as a place of safety for individuals with severe mental health issues in the Mental Health Act White Paper and committed to legislating at the earliest possible opportunity through the proposed Mental Health Act Reform Bill. Since the factors which could lead to prison being used in this way are complex, including awareness of sentencers, a lack of robust and timely information sharing and a lack of available or accessible health resources, it is critical that we fully understand how, when and why this is happening before we can be sure of safely ending its use entirely.

There are multiple scenarios in which prison could be used as a place of safety under the Mental Health Act, and the appropriate alternatives to prison will vary according to whether the individual is being remanded for assessment, remanded for treatment, or pending admission to hospital for treatment under the Mental Health Act 1983. Because of a lack of centralised recorded data, it is difficult to establish how frequently any of these scenarios are occurring. The MoJ, DHSC, HMPPS, HMCTS, NHS England and NHS Improvement are therefore working together to understand the scale of the issue.

We (MoJ, DHSC, HMPPS, HMCTS, NHS England and NHS Improvement) are establishing a cross-departmental Working Group in order to identify and analyse relevant data sources and case examples to examine how often and in what circumstances this may be occurring. As part of this work, the MoJ will be undertaking judicial engagement to explore the issues behind their decision-making, what information was shared to support

them with their decision-making, and at what stages in the criminal justice process they are seeing these issues arise. The aim is to review the available information and make initial recommendations by the end of March 2022. This work will enable an understanding of the scale of the issue, so that each department and agency is able to identify where changes are required and to work together to develop a cross-departmental response and agreement of priorities by September 2022.

20. Recommendation

Responsible Organisation(s): MoJ

The Government should bring forward legislation by 31 March 2022 to amend the Bail Act 1976 so that it is unlawful to remand anyone to custody simply for their own protection or welfare. (Paragraph 104)

Response

The Government needs to fully consider all of the impacts of repealing this power in order to ensure its removal would not result in any vulnerable defendants coming to harm. We are therefore currently reviewing the use of the power in order to better understand the full range of areas in which the power is used and merits of alternative measures for those who may be remanded in custody for reasons other than their mental health.