

Memorandum of evidence from the British Medical Association to the Justice Select Committee inquiry on 'Prison Population 2022: planning for the future'

The British Medical Association (BMA) is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

The BMA welcomes this timely inquiry into *Prison Population 2022: planning for the future* and seeks to draw the Committee's attention to the impact and use that effective prison population data can have on the delivery of healthcare to offenders. Our response focuses on those areas of the inquiry's scope which fall within the BMA's remit.

Key points:

- The current prison population is at an unacceptably high level, which increases the likelihood of prison overcrowding and of workforce shortages, both of which impact on health and wellbeing of prisoners and staff.
- Prison population projections published by the Ministry of Justice (MoJ) and the Office for National Statistics Authority (ONS), while a useful tool for determining some of the support and resource needs within the secure estate, fail to capture trends which link to specific health needs of prison populations. We believe that the scope of the MoJ/ONS prison population data sets should be expanded to include health indicators such as mental health, self-harm and substance misuse.
- Any increase in the prison population, particularly one which is driven by a rise in older offenders will necessitate an increase in resource to support the delivery of healthcare both within the secure estate itself, but also to ensure sufficient prisoner escorts to facilitate, when necessary, movement of prisoners between secure and hospital settings.
- There is a need to develop a national strategy to support older prisoners, as the fastest growing section of the prison population.

What is the current and projected make-up of the (sentenced and unsentenced) prison population in England and Wales up to 2022?

1.1 The latest prison population statistics for England and Wales, in September 2017 show a prison population of 85,997, an increase of over 5,000 in last ten years from 80,216 in 2007¹. The BMA is concerned that while the current prison population has remained relatively stable over recent years, it still represents an unacceptably high population level. Such a high population increases the likelihood of prison overcrowding and of workforce shortages, both of which impact on health and wellbeing of prisoners and staff.

1.2 We would draw the Committee's attention to the increase in the proportion of prisoners aged over 40, from 22% in 2005 to 33% in 2016 and note that this figure is predicted to increase further over the coming years². An ageing population generally has greater instances of ill health than a younger cohort. This is particularly relevant as the average life expectancy of a prisoner, reported by the Prisons and Probation Ombudsman, is only 56³. The BMA considers that while not attributable to being in prison, this is still a worrying reflection of the overall wellbeing of those in the secure estate and reflects the necessity of having healthcare arrangements suitable to meet

¹ Offender Management statistics quarterly, England and Wales Quarter: April to June 2017, Prison population: 30 September 2017 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/655150/Offender_Management_Statistics_Bulletin_Q2_2017.pdf

² MoJ, Statistical Notice Further breakdown of the prison population by age and offence group as at 31 December 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/594871/prison-population-by-age-offence-group-31-december-2016.pdf

³ Prison and Probation Ombudsman report, natural cause deaths in prison, 2012, p.5 http://www.ppo.gov.uk/wpcontent/uploads/2014/07/learning_from_ppo_investigations-natural_cause_deaths_in_prison_custody.pdf#view=FitH

the needs of an ageing population. This demonstrates there is a need to develop a national strategy to support older prisoners, as the fastest growing section of the prison population.

- 1.3 Currently the prison population projections model looks at the amount of time that offenders spend in prison to calculate the resulting prison population and simulates the ageing of the prison population over time. While this a useful tool for determining some support and resource needs within the secure estate, it fails to capture trends which link to specific health needs of prison populations, and whose inclusion could be of benefit. There should be a statutory requirement for prisons to support the health and wellbeing of offenders and this should be reinforced by expanding the scope of the prison population data set to monitor and record health indicators of the prison population including chronic conditions, mental health and instances of self harm.

What are the implications of the likely rise in the population for the resources required to manage prisons safely and effectively?

- 2.1 Doctors working in the secure estate are often witness to the impact on prisoner health of the continuing lack of parity of esteem compared to community settings. People in prisons are particularly susceptible to health inequalities, with a lack of hospital escorts often meaning that they are less likely than their contemporaries in the community to receive necessary hospital treatment in a timely manner. Any increase in the prison population, particularly one which is driven by a rise in older offenders, will necessitate an increase in resource to support the delivery of healthcare, this is particularly concerning given that our members report healthcare in the secure estate is already overstretched and there are difficulties recruiting GPs and psychiatrists to work in prison settings.
- 2.2 There are a growing number of prisoners suffering from mental ill health and substance misuse. Mental ill health is hugely prevalent amongst the prison population with the Prison Reform Trust reporting that 90 percent of inmates have one or more of the five main psychiatric disorders (psychosis, anxiety disorder, personality disorder, alcohol dependence and substance misuse)⁴. Suicide and self harm rates are also rising, with instances of self harm at its highest ever recorded level⁵. It is crucial that prison population data reflects the health needs of offenders to allow for appropriate planning and resource to be diverted to meet the increased need of these growing cohorts. The BMA would welcome measures to increase transparency and reporting of issues such as self harm, which we consider will improve accountability of prisons, and could sit alongside existing prison population data.

What impact does reducing reoffending by existing prisoners and those under the supervision of probation services have on the size and make-up of the prison population?

- 3.1 The MoJ's latest available data shows that that 29.6% of offenders in the final quarter of 2015 cohort reoffended within a year⁶. Offenders with a larger number of previous offences have a higher rate of proven reoffending than those with fewer previous offences⁷. The BMA therefore recognises that it is important to appropriately support offenders, particularly during early contact with the criminal justice system, to reduce the likelihood of them reoffending.
- 3.2 Liaison and diversion services are being used successfully in some areas to divert those in need of medical support away from the prison system. We believe that this approach should be further explored and we welcome the intention to roll out services across the country by 2021. Local liaison and diversion services will also provide details of areas of unmet health need by recording where they are unable to divert vulnerable individuals from the justice system to appropriate health support. They could, therefore, be instrumental in understanding need and how services

⁴ Prison Reform Trust <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Summer%202016%20briefing.pdf>

⁵ Ibid

⁶ Proven Reoffending Statistics Quarterly Bulletin, October 2015 to December 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/658379/proven-reoffending-bulletin-oct15-dec15.pdf

⁷ Ibid

can be reconfigured to best support vulnerable individuals who come into contact with the justice system.

3.3 The BMA's report *Young Lives Behind Bars* showed that over a third of young people in custody had been diagnosed with a mental health disorder⁸. It is, therefore crucial that appropriate and effective support is offered as soon as possible after a young person first comes into contact with the criminal justice system. Substance misuse and addiction can also be a cause or contributing factor to an individual being sent to prison, with one survey estimating that 70% of offenders have reported misusing drugs before entering prison⁹ and just under one third of prisoners claimed it is 'easy' to get drugs in prison¹⁰. To address this, we advocate focusing sufficient resource on addressing substance misuse within the secure estate, coupled with ongoing and consistent support upon release. To evaluate the success of these type of approaches we again recommend that substance misuse data is incorporated into the MoJ population data sets.

⁸ BMA, *Young Lives Behind Bars*, <https://www.bma.org.uk/media/files/pdfs/working%20for%20change/improving%20health/vulnerable%20people/po-younglivesbehindbars-31-10-2014.pdf?la=en> 10

⁹ Ministry of Justice, *Review of the youth justice system* <https://www.gov.uk/government/publications/review-of-the-youth-justice-system>

¹⁰ Home Affairs Committee report: *Drugs: Breaking the Cycle* <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhaff/184/18409.htm#n224>