

## **The English Prison Health System After a Decade of Austerity 2010-2020. The Failed Political Experiment**

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The author is a lecturer in Criminology at the University of Bristol. He previously worked as commissioner for NHS England. The book emerged from his PhD research, which focused on a qualitative study of a wide range of professionals, academics and policy makers exploring how austerity and the subsequent spending cuts to prisons has impacted healthcare services provided in prisons. He interviewed 87 research participants including representatives from the United Nations, World Health Organisation, the Council of Europe, His Majesty's Prison and Probation Service, Public Health England, NHS England, prison establishments and representatives from the voluntary sector.

He acknowledges that there are some limitations to his research findings as he did not obtain the views of any prisoners or base his findings on any quantitative data focussing on outcomes for prisoners. There are also some notable omissions in view of the nature of subject matter, in particular the views and/or the reports of the Care Quality Commission and His Majesty's Inspectorate of Prisons, who have responsibility for the scrutiny of prison healthcare. In addition, there is no reference to Coroner's findings and reports following deaths in prisons.

However, the book covers a wide range of perspectives covering the political, policy and practical implications of the austerity programme implemented by the Conservative lead government from 2010.

The introductory chapter establishes the background to the idea and rationale for the programme of austerity and summarises the findings of the study. Possible solutions to the issues highlighted are also outlined.

The second chapter explores the background social sciences literature concerning the concept and context of austerity. The author argues that 'politicians have created this crisis' (p.5) and that reductions in public spending are as a result of political decision making rather than any economic need. He argues that 'neoliberal minimal state mentality' (p.13) has led governments to 'increase privatisation and labour market flexibility and reduce taxes and regulation' (p.13). He also comments on the resultant cuts in spending on prisons citing the Institute for Government (2019) figures of a 19 per cent cut in spending on prisons between 2009 and 2015 (p.23). However, no specific reference is made to prison health spending and whether this was impacted to the same extent.<sup>1</sup>

Chapter 3 introduces the background to prison health governance and delivery and comments on the 'system continually subjected to a myriad of political interference and increasing privatisation' (p.6). It also comments on the role of prison governors and prison officers, and how their role has changed over time. The author directly links successful prisoner rehabilitation with prison healthcare funding, 'the stability of prison rehabilitation is

challenged when the increasing number of prisoners is not met by adequate funding of the prison healthcare services' (p.41), however there are a number of aspects to a successful rehabilitative prison climate which do not directly relate to healthcare provision or funding (constructive and supportive staff/prisoner relationships, appropriate offending behaviour programmes, preparation for release initiatives and educative programmes for example).

Chapter 4 describes 'the current state of health in English Prisons' (p.62) 'how prisons fail to account for the needs of prisoners' (p.6) and that 'inattention to their health needs perpetuates their marginalisation' (p.6). The author also quotes historic scholars such as Buxton (1818), Bentham (1864) (p.63) about the impact of imprisonment on the health of a prisoner, and more recent studies on the number of prisoners with mental and physical ailments and the high number of people in prison with learning disabilities and difficulties (p.63).

Comment is also made about the impact of overcrowding in prisons on the health of prisoners and how 'degrading living conditions' (p.68) 'is inhumane and degrading' (p.68) and the author concludes that 'ongoing instability in English prisons, hampers the rehabilitation agenda, and increases the likelihood of breaching the principle of the European Court of Human Rights' (p.73). The author also acknowledges that there were differing views about whether austerity had impacted healthcare delivery in prisons because prisons had 'varying resources, assets and resilience' (p.102).

The subsequent chapters present the findings of the study. Chapter five considers research

1. The Ministry of Justice is responsible for broader prison spending and NHS England has been responsible for prison health spending since 2013 and has ring fenced health spending in prisons. There is an expectation of equivalence of service in prisons to that provided in the community.

participants' responses to the impact of the reductions in prison spending and the impact of the prison Benchmarking programme. The author notes 'the government's unplanned approach in reducing the prison workforce without reducing the prison population comprises the system' (p.89).

Chapter 6 explores participants' accounts of deterioration in the governance and delivery of prison healthcare. Some of the examples mentioned include, longer waits for healthcare appointments, insufficient consultation time, and frequent cancellation or postponement of appointments. The author also makes reference to the 'progressively harmful living conditions where prisoners spent more than 14 hours per day in unhygienic and overcrowded cells' (p.6). He goes on to conclude that 'imprisonment goes beyond the deprivation of individual liberty and became a form of double punishment and double deprivation' (p.6). This observation seems to be somewhat of a deviation from the specific focus of the study, since overcrowding has been a challenge in prison settings for many decades prior to the austerity era and not directly related to a policy of reduced funding for prisons during the period from 2010.

The seventh chapter comments on the impact of the

frequent turnover of Justice ministers, their reactive policies, and how the study participants express concern over the turnover impacts on the prison governor's ability to deliver consistent and stable policies and processes.

The governance of and delivery of health care in prisons over the period is examined in Chapter 8. It suggests that research participants had expressed their views that prisons had become 'first responders' to deficits in community services for disadvantaged communities. The chapter also examines the participants' reactions to government policy responses to the instability of prisons over the period of the study (impact of Brexit and the Covid pandemic).

Chapter 9 expresses concern about the effectiveness of both internal and external monitoring to mediate austerity's impact on prison healthcare and the prison system. Although the author comments on the role of HMIP and the IMB in this process, he fails to consider the role of the CQC and Coroners' reports from deaths in custody. An analysis of these reports would have been an interesting addition to the analysis of the issue.

Chapter 10 considers measures to end austerity's impact on prison health suggesting changes in sentencing, increasing corporation tax and tax on 'wealthy individuals' (p.7). The author also suggests that

prisoners should be encouraged to take legal action against the government because this would 'accelerate the reversal of austerity's impacts on prisoners and the prison health system' (p.8). This conclusion appears somewhat naïve in view of the impact of austerity measures across a range of public services in the wider community, as services in prisons are unlikely to be prioritised for investment in public spending over, for example, Health and Education services outside.

Chapter 11 reiterates the central argument of the book that 'the implementation of austerity on prison health is a failed political experiment' (p.8) and chapter 12 outlines the methodological approach utilised in the study, detailing how the author recruited participants and how interviews took place over a 13 month period ending in 2019.

This is a wide-ranging exploration of the political and practical impact of reduced funding for prisons and increased demand on prison healthcare services over a ten-year period. Although there are some interesting observations from the study, there is also some scope for further research in this area, in particular, a qualitative review of health outcomes for prisons over the period and a study exploring the views and experiences of prisoners in receipt of healthcare services, and of front line healthcare staff working in prisons.