



DEBATE PACK

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Mental health in prisons

Westminster Hall, Wednesday 10 January 2018, 9.30am

A Westminster Hall debate on Mental health in prisons is scheduled for Wednesday 10 January 2018 at 9.30am. The Member leading the debate is Marie Rimmer MP.

Compiler: Sarah Pepin
Subject specialists: Jacqui Beard (Prisons), Alex Bate (Mental health)

Contents

1. Background	2
1.1 Mental health of prisoners	2
1.2 Mental health services for prisoners	2
1.3 Recent concerns	4
2. News and blogs	7
2.1 Press	8
3. Parliamentary Business	10
3.1 Debates	10
3.2 Parliamentary Questions	10
4. Further reading	17

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Background

1.1 Mental health of prisoners

The available evidence suggests that people in prison are more likely to suffer from mental health problems than the general population, though there is no up-to-date data on the number of people with mental illnesses in prison.

A [report from the National Audit Office \(NAO\)](#) states:

Suicide and self-harm are also more common in prison than in the community, and complex social and personal issues such as substance misuse or histories of trauma are more common among the prisoner population. Prison can exacerbate mental health problems through separation from family and friends, boredom and loss of autonomy.

1.2 Mental health services for prisoners

Health services in prisons in England are commissioned by NHS England, with one or multiple providers commissioned for individual prison sites. The Health and Justice budget (covering prisons, secure facilities for children and young people, police and court Liaison and Diversion services and immigration removal centres) is around £503 million.¹

A 2015/16 [partnership agreement](#) between NHS England, Public Health England and the National Offender Management Service (now HM Prison and Probation Service), set out six objectives for health services in prison, of which four relate to mental health:

1. Prisoners should receive an equivalent health and wellbeing service to that available to the general population with access to services based on need.
2. Health and wellbeing services in prison should seek to improve health and wellbeing (including parity of esteem between services which address mental and physical health), tackle health inequalities and wider determinants of health and contribute to protecting the public and reducing re-offending.
3. Prisoners should expect to experience improvement in their health and wellbeing, particularly in respect of recovery from substance misuse addiction, mental health problems, management of long-term conditions and access to public health interventions to prevent disease and illness.
4. Prisoners should expect continuity of care between custodial settings and between custody and community (including across the border with Wales).²

¹ NHS England, [Health and Justice](#)

² [National Partnership Agreement between: The National Offender Management Service, NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons in England, 2015-2016](#)

The objectives were rolled over for 2016/17, but expired in April 2017 with no replacement partnership agreement introduced in its place. The Public Accounts Committee has criticised this lack of a new agreement, and of the objectives in the previous agreement, which were described as “not good enough,” with a disconnect between the objectives set and a plan in place to deliver them.³

Prisoners should be assessed for mental health problems upon arrival in prison, as set out in the following PQ response from November 2017:

New prisoners are also assessed by healthcare staff on their reception into prison in order to ascertain what urgent needs they may have to keep them safe in their first hours in custody. Every prisoner who is screened as requiring further mental health support will then be referred to the mental health team within the establishment.

Prisoners already receive a further comprehensive assessment within 72 hours which would prompt further assessments or urgent treatment for any physical health, mental health and/or substance misuse needs. Prisoners will then have a second-stage assessment within seven days of their reception, which will assess their needs in more detail.⁴

Current providers, as commissioned by NHS England, are a mix of private providers and NHS trusts and foundation trusts. A full list of current providers was given by Health Minister Jackie Doyle-Price in response to a [November 2017 PQ](#).⁵

Most prisons have a single provider for all healthcare, rather than a particular provider for mental health services. The intention of this commissioning approach is to provide integrated, joined-up services within a prison. Greater integration is one of the seven commissioning priorities set out in NHS England’s [Strategic direction for health services in the justice system 2016-2020](#):

1. A drive to improve the health of the most vulnerable and reduce health inequalities
2. A radical upgrade in early intervention
3. A decisive shift towards person-centred care that provides the right treatment and support
4. Strengthening the voice and involvement of those with lived experience
5. Supporting rehabilitation and the move to a pathway of recovery
6. Ensuring continuity of care, on reception and post release, by bridging the divide between healthcare services provided in justice, detained and community settings
7. Greater integration of services driven by better partnerships, collaboration and delivery⁶

³ Public Accounts Committee, [Mental health in prisons](#), HC 400 2017-19, 13 December 2017, p8

⁴ PQ 109994 [[Prisons: Mental Health Services](#)], 2 November 2017

⁵ PQ 113023 [[Health Services: Prisons](#)], 1 December 2017

⁶ NHS England, [Strategic direction for health services in the justice system 2016-2020](#), October 2016

Some recent policy developments have also taken place in relation to continuity of care, another of the commissioning priorities. In an October 2017 [oral evidence session](#) to the Public Accounts Committee, in response to the NAO report, the Chief Executive of NHS England, Simon Stevens, set out recent contractual changes to improve communication of medical records between prison and community GPs:

In fact, we signed a contract on the Friday just gone for the equivalent of a GP medical records set that will be available for prisoners. We will be able to import their medical records for their prior treatment in the community and subsequently export their in-prison healthcare experience. We signed that contract on Friday, and it will take between 12 and 24 months to get a complete roll-out across the whole of the adult prison estate, youth prisons and other parts of the criminal justice system, but that is going to make a hell of a difference.⁷

In the same evidence session, the Permanent Secretary to the Ministry of Justice, Richard Heaton, stated that as of July 2017, prisoners were now able to register with a GP before they are released from prison.

For prisoners whose mental health needs require treatment in hospital, they can be transferred to a secure hospital under powers in the *Mental Health Act 1983* (as amended). There is a Government target that prisoners should wait no longer than 14 days for transfer to a secure hospital. As of November 2017, 24% of secure hospital transfers that had taken place since 2016 had taken longer than 14 days.⁸

In Wales, prison healthcare is commissioned by local health boards. Partnership Boards, chaired jointly by chief executives of the boards and governors of the prisons, have responsibility for the governance of prison health services.⁹

1.3 Recent concerns

Reports last year from the Public Accounts Committee, National Audit Office and the Joint Committee on Human Rights all raised concerns about the mental health of those in prison. The reports highlight a lack of data about those in prison with mental health problems and note the impact of poor prison environments, lack of prison staff and the prevalence of drugs within prisons on prisoners' mental health.

In December 2017 the Public Accounts Committee published a report [Mental Health in Prisons](#). The Committee said:

Record high numbers of self-inflicted deaths and incidents of self-harm in prisons are a damning indictment of the current state of the mental health of those in prison and the prison environment overall. More excuses are not good enough. The Ministry of Justice, HM Prison and Probation Service and NHS England have a duty of care to those in prison, yet do not know where they are starting from, how well they are doing or whether their current plans will be enough to succeed.

⁷ Public Accounts Committee, [Oral Evidence: Mental Health in Prisons](#), HC 400, 23 October 2017, Q75

⁸ PQ 110003 [[Prisoners: Mental Illness](#)], 2 November 2017

⁹ NHS Wales, [Partnership Working with the Prison Service](#)

The current level of self-inflicted deaths and self-harm incidents in prisons is appalling and the system for improving the mental health of prisoners isn't working as it should. Government does not have reliable or up-to-date measure of the number of prisoners who have mental health problems and existing screening procedures are insufficient to adequately identify those who need support and treatment.

People in prison are more likely to suffer from mental health problems than those in the community. Yet prisoners are less able to manage their mental health conditions because most aspects of their day-to-day life are controlled by the prison. These difficulties are being exacerbated by a deteriorating prison estate, long-standing lack of prison staff and the increased prevalence of drugs in prison.

Improving the mental health of prisoners is a difficult and complex task, but it is an essential step to reducing reoffending and ensuring that those who are released from prison can rebuild their lives in the community. Despite this, Government's efforts to improve the mental health of those in prison so far have been poorly co-ordinated, and information is still not shared across the organisations involved, and not even between community and prison GP services.

The Government has not yet responded to the Public Accounts Committee's report.

The Public Accounts Committee report followed a report [Mental Health in Prisons](#) published by the National Audit Office in June 2017 which said that Government does not know how many people in prisons have a mental illness, or how much it is spending on treating them. The NAO report said that the rates of self-inflicted deaths and self-harm in prison have risen significantly in the last five years, suggesting that mental health and well-being in prison has declined.

In May 2017 the Joint Committee on Human Rights published [Mental Health and Deaths in Prison: Interim Report](#). The inquiry, which was cut short by the calling of the 2017 general election, made suggestions for changes to legislation including:

- A statutory duty on the Secretary of State to specify and maintain a minimum ratio of prison officers to prisoners at each establishment

- A prescribed legal maximum to the time a prisoner can be kept in their cell each day

- A legal obligation for the Prison Service to ensure that each young prisoner or adult prisoner with mental health problems has a key worker

- A legal obligation that the relatives of a suicidal prisoner should be informed of and invited to contribute to the Assessment, Care in Custody and Teamwork (ACCT) reviews (unless there is a reason that it should not be the case)

To deal with the problem that young people, and prisoners with mental health conditions which place them at risk of suicide, have a particular need to be able to contact their families but, from the evidence we received, were often unable to do so, provision should be made in the Prison Rules to enable them to make free phone calls to a designated family member or friend

Where a prisoner needs to be transferred to a secure hospital, a legal maximum time between the diagnosis and the transfer

A mechanism to ensure the Secretary of State's accountability to Parliament for overcrowding

A mechanism to ensure the Secretary of State's accountability to Parliament for maintaining the specified staffing levels

In January 2016, the Prison and Probation Ombudsman published [Learning from PPO investigations: Prisoner mental health](#). The report outlined the context of mental health care in prisons and provided a brief overview of developments over the last two decades (see pages 9 to 11 of the document).

It also considered the relationship between mental health issues and both self-inflicted and natural cause deaths, concluding that the identification and treatment of mental health issues remained variable and that many areas for improvement were apparent. The report set out lessons to be learned regarding the identification of mental health issues and the provision of care.

2. News and blogs

Centre for Mental Health

[Public Accounts Committee report shows need for concerted action on prison mental health](#)

Sarah Hughes 13 December 2017

Clinks

[How can we improve mental health in prisons?](#)

Hazel Alcraft 6 July 2017

Russell Webster

[Mental health in prisons: no strategy; insufficient funds](#)

5 July 2017

Nacro

[Nacro response to NAO 'Mental health in prisons' report](#)

Jacob Tas 30 June 2017

Politics Home

[Watchdog savages mental health services in prisons as suicides behind bars hit record high](#)

Emilio Casalicchio 29 June 2017

Prison Reform Trust

[Self-harm and suicide rising as prisons struggle to meet mental health need](#)

Peter Dawson 8 May 2017

Centre for Crime and Justice Studies

[Mental health in prison a growing problem](#)

Paul Bebbington 16 December 2016

Mental Health Foundation

[Mental health in prisons: let's stop and think](#)

Josefien Breedvelt 20 January 2016

2.1 Press

Independent

[Swansea prison accused of 'inexcusable failures' after four inmates kill themselves within week of arrival](#)

4 January 2018

Guardian

[There's a mental health crisis in our prisons, yet the justice secretary is silent](#)

20 December 2017

Huffington Post UK

[Record level of prison suicides points to 'deep rooted failures' in system, say MPs](#)

13 December 2017

iNews

[As a prison psychiatrist, I know suicide rates on the inside don't need to be this high](#)

13 December 2017

Independent

[Young offenders deprived of psychology services amid 'epidemic' of mental health problems in prisons](#)

9 December 2017

Guardian

[Locked up, locked out – inadequate stats on mental health are failing prisoners](#)

11 October 2017

BBC News

[Andrew Rawlins: Prison mental health care criticised after inmate suicide](#)

2 October 2017

Independent

[Government fails to track mental health in UK prisons amid soaring suicide and self-harm rates, report finds](#)

28 June 2017

Huffington Post UK

[Mental health care in prisons must improve](#)

Danny Bowman 16 December 2016

3. Parliamentary Business

3.1 Debates

[Prison Reform and Safety](#)

HC Deb 7 December 2017 c1248-84

[Mental Health Services: Black and Minority Ethnic Communities](#)

HL Deb 28 November 2017 c622-43

[Women Released from Prison](#)

HC Deb 18 October 2017 c353-70WH

[Prisons Policy/HMP Long Lartin](#)

HC Deb 12 October 2017 c447-55 [Urgent question]

[Farmer Review](#)

HL Deb 11 October 2017 c262-84

[Prisons: Overcrowding](#)

HL Deb 7 September 2017 c2072-110

[Prison and Youth Custody Centre Safety](#)

HC Deb 19 July 2017 c843-53 [Urgent question]

3.2 Parliamentary Questions

[HMP Liverpool](#)

HL Deb 21 December 2017 c2217-20

[Offenders: Mental Illness](#)

Asked by: Barbara Keeley

To ask the Secretary of State for Health, what plans his Department has to collect and publish information centrally on the number of people diagnosed with a mental health condition who receive a custodial sentence.

Answered by: Jackie Doyle-Price

There are currently no plans to collect and publish information centrally on the number of people diagnosed with a mental health condition who receive a custodial sentence.

NHS England collects information about people in prison with a mental health condition as part of the Health and Justice Indicators of Performance (HJIP). The quarterly HJIP data is currently distributed and shared with health commissioners who share with providers and prison governors, but it is not published on the NHS England website.

14 December 2017 | Written question | 117808

[Mental Health Act 1983 Independent Review](#)

Asked by: Lord Ramsbotham

To ask Her Majesty's Government whether the independent review of mental health legislation will review those sections of the Mental Health Act 1983 that apply to (1) prisoners, and (2) those charged with offences.

Answered by: Lord O'Shaughnessy | Department of Health

The terms of reference of the Independent Review of the Mental Health Act ask the review to identify issues across the breadth of the Act and associated practice, including those elements relating to prisoners and those charged with offences. In particular, the terms of reference highlight stakeholder concerns about 'the time required to take decisions and arrange transfers for patients subject to criminal proceedings'.

13 December 2017 | Written question | HL 3904

[Prisons: Staff](#)

Asked by: Imran Hussain

To ask the Secretary of State for Justice, how many and what proportion of prison staff have completed suicide awareness training in each of the last three years.

Answered by: Sam Gyimah | Ministry of Justice

All staff in contact with prisoners are required to receive training on suicide and self-harm prevention.

We have recently revised the content of the training, and we are now rolling out a new 'Introduction to Suicide and Self-Harm Prevention' course, comprising six modules, including mental health awareness training. The course is provided as part of the entry level training for new prison officers, and as refresher training for existing staff.

Since May 2017 over 1,000 new prison officers have received the training, and over 9,000 existing staff (around 25%) have been trained in at least one of the six modules, with just under 3,000 (8%) completing all six modules.

We have set Governors the challenging but achievable target of ensuring that all staff who have contact with prisoners complete all the modules by April 2019.

Figures for the completion of the previous version of the training were not collected centrally.

20 November 2017 | Written question | 112208

[Prisoners: Mental Illness](#)

Asked by: Sharon Hodgson

To ask the Secretary of State for Health, what assessment he has made of the adequacy of (a) research and (b) data on incidents of mental health issues in prisons.

Answered by: Jackie Doyle-Price | Department of Health

The Secretary of State for Health meets with many people and organisations to discuss a wide variety of topics. Specific details of these conversations are not available.

It is recognised there is a need to improve both research activity and the quality of data on mental health needs of people in prison. Recent reports from both the Prisons and Probation Ombudsman and the National Audit Office have highlighted these issues. The last comprehensive survey of mental health needs in prisons was commissioned by the Department in 1997.

The Department, NHS England and Public Health England are working with the National Institute for Health Research to address this deficit, identifying key research priorities. Recently, NHS England has commissioned research on self-inflicted deaths in prisons as this is a priority issue due to high levels of self-harm and suicide recorded in prisons currently.

Further work is currently underway by the Department, Public Health England, NHS England, Her Majesty's Prison and Probation Service and the Ministry of Justice to improve the quality of health data from prisons with a specific focus on mental health data.

NHS England's new clinical IT system will facilitate improvements in data quality and reporting on all aspects of healthcare in prisons, including mental health. To support this, NHS England is implementing clinical templates across the secure estate including mental health templates, as well as reviewing the current data set. A new and revised quality indicator set will be reported on from April 2018.

16 November 2017 | Written question | 112090

[Prisoners: Mental Illness](#)**Asked by: Sharon Hodgson**

To ask the Secretary of State for Justice, what plans he has for training prison officers to receive improved training on mental health conditions.

Answered by: Sam Gyimah | Ministry of Justice

The Government is committed to ensuring that prison officers receive the appropriate training to support prisoners with mental health needs. The Prison Officer Entry Level Training (POELT) course, delivered to new Prison Officers, includes modules on mental health and personality disorders which emphasise the importance of mental health awareness.

The revised "Introduction to Suicide and Self-Harm (SASH) Prevention" training includes a refreshed mental health awareness module. This training is being delivered to all new and existing Prison Officers and non-HMPPS staff who come into contact with prisoners.

A Suicide Prevention Learning Tool has also been developed in partnership with Samaritans to support our suicide prevention and self-harm work. This tool communicates important messages to identify and support prisoners at risk.

10 November 2017 | Written question | 111021

[Prisoners: Mental Health Services](#)**Asked by: Sharon Hodgson**

To ask the Secretary of State for Health, what recent steps he has taken to better identify prisoners who require mental health services.

Answered by: Jackie Doyle-Price

The Basic Custody Screening Tool is an initial questionnaire that is used by the offender management unit within 72 hours of entry into prison and can identify prisoners suitable for referral to mental health services. The information recorded here is not designed to make a clinical assessment of mental health need.

New prisoners are also assessed by healthcare staff on their reception into prison in order to ascertain what urgent needs they may have to keep them safe in their first hours in custody. Every prisoner who is screened as requiring further mental health support will then be referred to the mental health team within the establishment.

Prisoners also receive a further comprehensive assessment within 72 hours which would prompt further assessments or urgent treatment for any physical health, mental health and/or substance misuse needs. Prisoners will then have a second-stage assessment within seven days of their reception, which will assess their needs in more detail.

NHS England is currently working across the entire criminal justice pathway to improve services for offenders with mental health difficulties. In line with the Five Year Forward View for Mental Health, and the Strategic Direction for Health and Justice, NHS England is

working with partners to intervene at the earliest opportunity to ensure that offenders receive the right care, in the right place, at the right time. These specific mental health services will be available to prisoners across the estate where assessment identifies treatment needs.

8 November 2017 | Written question | 111023

[Prisoners: Mental Illness](#)

Asked by: Imran Hussain

To ask the Secretary of State for Justice, what proportion of prisoners wait longer than the 14 day target for transfer to a secure hospital.

Answered by: Dr Phillip Lee | Ministry of Justice

About 24% of prisoners transferred from prison to hospital since 2016, under sections 47 and 48 of the Mental Health Act 1983, waited longer than 14 days from the date the Ministry of Justice received two medical assessments indicating transfer was appropriate to the actual date of admission to hospital. The Ministry of Justice has a target of 24 hours within which to provide a transfer warrant, once both medical reports and all other relevant information is received. This target is met in 95% of cases.

These figures have been derived from an administrative IT system which, as with any large scale recording system, is subject to possible errors with data entry and processing. This figure may not agree with similar figures provided through NHS England since NHS England calculates waiting times from different transfer pathway stages. MoJ are working closely with NHS England to improve our joint understanding of measurement of waiting times.

We take the mental health of prisoners extremely seriously, which is why we have increased the support available to vulnerable offenders – especially during the first 24 hours in custody – and invested more in mental health awareness training for prison officers.

But we recognise that more can be done and continue to work in partnership with HMPPS, NHS England and Public Health England to improve mental health services for offenders at all points of the criminal justice system.

2 November 2017 | Written question | 110003

[Mental Health Services: Medical Records](#)

Asked by: Imran Hussain

To ask the Secretary of State for Justice, whether he plans to enable the mutual sharing of prison and NHS mental health records between those two organisations.

Answered by: Dr Phillip Lee | Ministry of Justice

Her Majesty's Prison and Probation Service does not hold clinical mental health records for prisoners. All clinical records, including on mental health are held by NHS providers. Information on individuals is shared between health providers and prison staff to promote safety and to protect life. I am pleased that NHS England is taking steps to improve the sharing of clinical records between custodial and community settings.

2 November 2017 | Written question | 110002

[Prisons: Mental Health Services](#)

Asked by: Imran Hussain

To ask the Secretary of State for Justice, what steps he is taking to ensure that all new prisons will have adequate accommodation for the provision of mental health services.

Answered by: Dr Phillip Lee | Ministry of Justice

Our prison estate reforms will benefit prisoners with mental health concerns through replacing up to 10,000 old and unsuitable places with modern and fit for purpose ones and through reconfiguration. This includes pushing ahead with plans to close or redevelop older prisons and open new accommodation in this parliament.

This will help deliver prisons that are safer and more secure, so our staff can work more closely with offenders to change their lives and turn their back on crime for good.

My Department has taken expert advice from clinicians, commissioners and social care experts on the design of the new prisons to ensure that we create the right environment for treatment and care. We continue to work closely with our health partners to support the commissioning of high quality services in all prisons.

2 November 2017 | Written question | 109995

[Engagements](#)

Asked by: Norman Lamb

Four years after teenager Christina Edkins was tragically killed by Philip Simelane, a man who was acutely ill with psychosis and had only recently been released from prison, the chair of the independent panel has expressed extreme concern about the fact that vulnerable prisoners are still being released without adequate support. Will the Prime Minister make it an urgent priority to ensure that we guarantee that there is proper support, proper continuity of care, and the sharing of information between prisons and mental health services to reduce the risk of another tragedy taking place?

Answered by: The Prime Minister

The right hon. Gentleman has raised a very important matter. He has campaigned long and hard on mental health issues, and has made a huge contribution in doing so.

The issue of the relationship between health services and prisons is long-standing. Efforts have been made, and there has been some progress in improving that relationship—in the context of the responsibilities of the Department of Health and the national health service in prisons—to ensure that cross-cutting action of exactly that sort can be taken; but we will, of course, continue to look at the issue.

HC Deb 13 September 2017 c843

4. Further reading

Library briefing

[Safety in prisons in England and Wales](#), Commons Library Briefing Paper 7467, 5 December 2017

Official reports

Public Accounts Committee, [Mental health in prisons](#), HC 400, 13 December 2017

National Audit Office, [Mental health in prisons](#), HC 42, 29 June 2017

Joint Committee on Human Rights, [Mental health and deaths in prison: interim report](#), HC 893, 2 May 2017

NHS England, [Strategic direction for health services in the justice system 2016-2020](#), October 2016

Prison and Probation Ombudsman, [Learning from PPO investigations: prisoner mental health](#), January 2016

[National Partnership Agreement between: The National Offender Management Service, NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons in England](#), 2015-2016

World Health Organization; Regional Office for Europe, [Prisons and health: mental health](#)

Other organisations

Royal College of Psychiatrists, [Standards for prison mental health services](#). Publications page.

British Association of Social Workers, [Mental health in prisons](#), 27 September 2017

Prison Reform Trust, [Prison factfile](#), Bromley Briefing, Autumn 2017

Centre for Mental Health, [Preventing prison suicide](#), 2017

Howard League for Penal Reform and Centre for Mental Health, [Preventing prison suicide: staff perspectives](#), 2017

Graham Durcan, [Mental health and criminal justice: views from consultations across England and Wales](#), Centre for Mental Health, March 2016

Howard League for Penal Reform and Centre for Mental Health, [Preventing prison suicide: perspectives from the inside](#), 2016

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