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Sentencing Act 2026: Impacts on Provision of Healthcare in Wales

Applying a Wider Determinants of Health Lens to Proposed Changes

Part 1: Overview of Potential Impacts





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Summary

49,300 short term custodial sentences imposed each year[3]

13,000+ CSTRs imposed each year[4]

8,858 more individuals eligible for Suspended Sentences[1]

22,000 more individuals to be tagged each year[2]

Now more likely to receive a community sentence

Changes

- Greater use of community sentencing including use of **electronic tagging** and **community sentence treatment requirements (CSTRs)**
- Short term custodial sentences (under 12 months) are discouraged and only used where necessary
- Increased use of suspended sentence orders and deferment orders
- Earlier release from custodial sentences for those with good behaviour
- Changes to scope of community supervision with repeal of post sentence supervision and targeting of supervision to those that pose the greatest risk

Population Groups Impacted

- People in criminal justice system
- Children and young people
- Victims
- Women
- People on low incomes
- People who use substances
- Foreign nationals
- People with long term health conditions
- People with physical, sensory or learning disabilities/difficulties
- Families of people in criminal justice system
- Criminal justice & third sector organisations

Impacts

+ Potential Positive Impacts:

- Reduced exposure to harms in prisons such as violence, harmful substances and isolation
- Improved opportunity to maintain and build social capital, such as accommodation, employment, family and community ties
- Improved rehabilitative outcomes breaking the cycle of reoffending and prison sentences
- Reduced harm to children from parental separation via incarceration

— Unintended Negative Impacts:

- Potential loss of access to services currently accessed in custody, due to barriers to accessing community services experienced by individuals in the criminal justice system, such as: -
  - GP, dentist and opticians
  - Screening for blood borne viruses, sexually transmitted infections
  - Vaccination clinics
- Increased demand on community primary care, secondary care, substance support and mental health services
- Potential loss of access to rehabilitative support in relation to employment, skills and education currently provided in custody
- Loss of opportunities to intervene in relation to suicide, drug and alcohol relapse

Recommendations

1

Review prison healthcare model

The prison population will continue to rise and age placing increased demand on healthcare and social care within prisons. The current model will need to evolve to ensure it is fit for purpose.

2

Ensure continuity of care for early releases

Changes to Standard Determinate Sentences (SDS) will lead to early releases from custody in tranches beginning in September 2026. The Prison and Probation Service should ensure appropriate co-ordination with partners in community. Special attention should be given to those with high level social care needs and those in palliative care.

3

Support individuals to maintain access to health services in community

Prisons deliver a range of health services to those in custody. The increased use of community sentences risks widening health inequalities if these individuals fail to engage with community services.

There are a number of barriers leading to poor engagement. Services should consider how to address these and how to promote health services. Services should also consider expanding outreach-based models, such as drop-in centres in probation settings and strengthen partnerships between primary care, probation and other criminal justice agencies.

4

Prepare for increased demand on community services

Increased use of community sentencing will raise demand across primary, secondary, mental health and substance misuse services and drive demand for CSTRs. It will also place pressure on wider support services such as housing, employment and financial advice. Commissioners and providers should plan, consider resourcing and expanding services to meet rising demand.

5

Consider the impacts of reduced community supervision

Probation services plan to reduce the intensity of supervision for individuals assessed as lowest risk, alongside shortening the duration of supervision periods. This approach may reduce opportunities to intervene if there is a relapse into drug or alcohol use, or if risks such as suicide or self-harm escalate.

There should therefore be a strong focus within supervision on linking individuals to appropriate services, ensuring a smooth transition into sustained and ongoing support.

6

Consider the cost implications on devolved services and other justice system services

It is recommended that further economic analysis is undertaken to fully understand the financial implications for devolved services and third sector organisations

Introduction

In anticipation of changes made by the Sentencing Act (2026) the Communicable Disease Inclusion Health Programme (CDIHP) and the Wales Health Impact Assessment Support Unit (WHIASU) in Public Health Wales (PHW) hosted a participatory workshop with professionals from across the criminal justice system to inform a Health Impact Assessment (HIA).

The workshop explored the implications of the UK reforms on healthcare in prison and community settings (both devolved matters in Wales), identifying affected population groups and the key determinants of health and wellbeing likely to be influenced. The findings from the HIA are presented in this summary (Part 1) and in a more detailed technical report (Part 2) which is available on the WHIASU website.

Findings from the HIA will inform policy development and service delivery for individuals within the criminal justice system and other impacted groups, supporting consideration of potential health impacts to mitigate any negative effects on health and wellbeing.

Background

The Sentencing Act (2026) introduces major reforms designed to relieve pressure on the prison and probation system across England and Wales. It follows a period of acute prison overcrowding that prompted emergency measures, including early releases and adjustments to the scope of community supervision to manage demand. The legislation is expected to reduce the prison population by around 9,800[5] and increase the use of community sentencing as an alternative to custody.

Sentencing Changes

Implementation of the legislation will be phased over 2026/2027 into 2027/2028. Some changes expected to have the greatest impact include[6]: -

Greater Use of Community Sentencing

- Introduces a presumption to suspend short term sentences (of 12 months or less) and use community orders and suspended sentences as an alternative to custody
    - Expands the use of electronic tagging with approximately 22,000 more individuals tagged each year across England and Wales[7]
    - Makes greater use of community sentence treatment requirements to support those with substance use or mental health issues[8]
- Extends powers to suspend custodial sentences up to a maximum of 3 years
- Extends maximum period of deferment orders (this is when courts delay sentencing for a set period of time to see how an individual behaves or complies with specific conditions)
- Changes to bail so remand in custody is disfavoured where there is no real prospect of immediate custody

Earlier Release from Custody

- Earlier release from custody at 33% stage instead of at 40% stage for those serving Standard Determinate Sentences (SDS)
- Earlier release from custody at 50% stage instead of at 67% stage for those serving Standard Determinate Sentences for more serious offences involving serious violence and sexual offences (SDS+)
- Introduces a 56-day fixed term recall and limits eligibility for standard recalls

Changes to Scope of Community Supervision

- Repeals Post Sentence Supervision (PSS) that provides support for prison leavers for one-year following short term custodial sentences
- Early cessation of community supervision for some offenders and less intensive supervision for those that pose a lower risk

Impacts on Prisons and Probation

Prison Capacity

The Ministry of Justice plans to deliver 14,000 additional prison places across England and Wales by 2031[9], including 425 new spaces in Wales through expansions at HMP Parc and HMP Prescoed, increasing Wales' maximum operational capacity by 7.6% to 6,036 places[10].

Prison Population Changes

The proposed reforms are expected to moderately reduce the prison population in the short term throughout 2026 and 2027. This will allow time for the new prisons and expansions to be constructed which will relieve the current overcrowding pressures[11].

However, the prison population will subsequently rise steadily and is predicted to increase to approximately 95,900 by November 2032—and could increase to above 100,000. The central demand projection is an increase of 9.6% (approximately 8,400 people) above the prison population in September 2025[12].

Prison Demographic Changes

The prison population in England and Wales is ageing rapidly with those aged over 60 increasing four-fold between 2002 and 2025[13]. As of 2025 more than 17% of the prison population is aged over 50[14] a group more likely to experience complex chronic health conditions, including neurodegenerative disease and mobility challenges[15]. As a result,

demand for prison healthcare is expected to remain high and increase further, driven by both overall population growth and the disproportionate health needs of older people in prison compared with people of the same age in the community[16].

Probation Capacity

The Probation Service has been under sustained strain due to repeated reorganisations and staffing shortages[17]. While some reforms may reduce workloads, expanded use of community and suspended sentences is expected to increase the number of people supervised in the community. Despite planned efficiency gains through digital reform, overall demand on probation is projected to rise further, with workforce gaps likely to persist and intensify pressure on services, which may require additional reforms in the future[18].

Impact on Devolved Services

In Wales, certain policy areas are devolved to the Welsh Government. A number of these services are likely to be impacted by the changes introduced by the Sentencing Act 2026, including:

- Health and healthcare
- Social services and social care
- Housing and homelessness

In addition, some services that support individuals involved in the criminal justice system (such as substance misuse services) are co-commissioned with Police and Crime Commissioners (PCCs) which are currently scheduled to be abolished in 2028[19].

The changes introduced by the Sentencing Act are expected to have implications for these devolved services and, in many cases, may lead to increased demand, as outlined below. As a result, there is likely to be a shift in demand from UK Government-funded services to those that are devolved.

Whilst the report identifies a range of potential impacts on devolved services, it does not quantify the economic costs that are likely to be borne by these services.

Methodology

HIA Workshop

A workshop was held on 12th May 2025 at Public Health Wales offices at 2 Capital Quarter, Cardiff. Key stakeholders from academia, the third sector, health services, public health, probation and prison services and peer representatives were invited to participate. The following organisations were represented: -

- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- HM Prison and Probation Service
- NHS England South West
- Public Health Wales
- South Wales Police and Crime Commissioners Office
- Swansea Bay University Health Board
- University of South Wales
- Welsh Government

The workshop was facilitated by WHIASU, PHW and adopted a qualitative approach.

The Head of Service Integration at Wales Probation Service delivered a presentation outlining the backdrop to the reforms including overview of the extraordinary measures implemented by the prison and probation services.

The primary aim of the workshop was to explore the potential implications of the (then) proposed sentencing reforms for healthcare provision in both prison and community settings. At the time, these reforms formed part of the recommendations of the Independent Sentencing Review, aimed at addressing prison overcrowding. These proposals have since been enacted through the Sentencing Act 2026.

Population Groups

Participants identified key population groups likely to be disproportionately affected by the reforms using the **WHIASU Population Groups Checklist**, which provides a non-exhaustive list of groups potentially more vulnerable to change. The groups identified are outlined below (see page 7).

Health and Wellbeing Determinants

The group also utilised the **WHIASU Health and Wellbeing Determinants Checklist** to support structured discussion, ensuring a wider perspective including a broad range of social, economic, environmental, and behavioural factors that influence health and wellbeing. Participants explored how the proposed reforms may give rise to both positive and negative impacts across each of these determinants.





Summary of Findings

Population Groups Impacted

The HIA workshop identified the following population groups as being potentially impacted by the Sentencing Act (2026) changes: -

- **Children & young people**
- **Criminal justice & third sector organisations**
- **Families of people in the criminal justice system**
- **Foreign nationals**
- **Individuals excluded from the Act**[i]
- **People at risk of discrimination**
- **People in the criminal justice system**
- **People living in rural or isolated areas**
- **People on low incomes**
- **People who use substances**
- **People with long term health conditions**
- **People with physical, sensory or learning disabilities/difficulties**
- **Victims**
- **Women**

Key Findings

The impacts on some of these population groups are highlighted below. This includes the potential positive impacts and potential negative impacts. It is noted some of these impacts may be unintended consequences.

These findings are not intended to be a full representation of the feedback from the workshop and further detailed findings can be found in Part 2 of the report.

People in the Criminal Justice System

This group includes people in prison and those under community supervision of the probation service

Potential Positive Impacts:

- Reduced exposure to potential harms in prisons, for example: -
    - Violence: less overcrowding in prisons may lead to a reduction in prison violence and a more stable environment[20]
    - Drugs: reduced exposure to high-risk substances that circulate in prisons
    - Isolation & loss of community connections: decreased risk of mental health harms due to loneliness, isolation and loss of community support networks

[i] This includes individuals serving custodial sentences such as Indeterminate for Public Protection (IPP) and Extended Determinate Sentences (EDS) have not benefitted from the changes in the Sentencing Act 2026 as have been excluded.

- Maintaining and building social capital: -
  - Accommodation: increased likelihood to retain community accommodation
  - Employment: less disruption to employment and/or reduced risk of unemployment
  - Community and family ties: community supervision can support the maintenance of family and community relationships
- Improved rehabilitative outcomes: -
  - Community sentences are statistically more likely to reduce recidivism and break the cycle of crime compared to short term custodial sentences[21]
  - Prisons will have more ability to focus on rehabilitative activities rather than responding to the overcrowding crisis
- Supports continuity of care with community health services
- Increased predictability of release dates for those serving prison sentences may improve the opportunity for pre-release planning and continuity of care

Potential Unintended Negative Impacts:

- Reduced access to rehabilitative services that are available in custody such as: -
  - Education, training and skills that improve employment prospects including support from Employment Advisory Boards that provide links with potential employers
- Reduced access to healthcare services (community primary care can be more challenging to access than prison healthcare): -
  - Dental care, opticians and general practitioners may experience longer waiting times in the community compared to custody[ii]
  - Screening services that are routinely offered in a prison environment, such as blood borne viruses (e.g. hepatitis B, hepatitis C, HIV), sexually transmitted infection (e.g. chlamydia, syphilis, gonorrhoea) and cancer (e.g. bowel cancer) may have poorer uptake in community settings
  - Vaccination and immunisation clinics: vaccines are readily available in prisons for diseases such as COVID-19, seasonal flu, measles, mumps and rubella (MMR), hepatitis B and pneumococcal vaccines. These may not be as easily accessible in the community and the eligibility criteria may differ in custodial settings compared to the community
- Loss of impetus to change behaviours that are harmful to health such as: -
  - Smoking: cessation is enforced in custody and therapeutic support is readily available and promoted
  - Drugs and alcohol: The custodial environment can be an opportunity to address substance use through support services which offer psychological support and therapeutic prescribing (e.g. opioid substitution treatment). In particular, prisons can offer supervised detoxification from substances
- Reduced opportunities to intervene or to engage individuals with health services: -
  - Criminal Justice populations face challenges in accessing healthcare services in

[ii] Healthcare is intended to be equivalent in prison settings and the community; however, some community services may have longer waiting times compared to custody. Individuals within the criminal justice system may also experience barriers to engaging with community services such as registering with GP, dentist, etc.

the community, increasing the risk of delayed diagnosis and treatment. Some individuals may not be registered with community health services
    - Reduced intensity of probation support may reduce opportunities to motivate individuals and signpost people on probation to community services such as drug, alcohol, mental health, finance, employment, etc.
- Creating new barriers to engagement with services: -
    - Increased use of electronic monitoring using ankle tags may cause stigma and discourage engagement with services in communities
    - Some individuals may live in areas with poor transport connections and may struggle to engage with community services due to cost, distance or lack of reliable transport links
- The prison environment can be a community[22], and some individuals may suffer from greater feelings of isolation and lack of connection in the community. Individuals may lose access to faith based pastoral services that are easily accessible in custody

Children & Young People

This group includes children of People on Probation (PoPs) and People in Prison (PiPs) as well as those they may come into contact with

Potential Positive Impacts:

- Reduced exposure to Adverse Childhood Experiences (ACEs) such as parental separation from incarceration and reduced need for foster care or temporary caring arrangements. Around 17,000 children each year are impacted by maternal incarceration[23].
- Improved parent and infant attachment through maintaining early bonds (e.g., continuation of breastfeeding)

Potential Unintended Negative Impacts:

- Some offenders may remain in the family home which could increase a child's exposure to ACEs including neglect, sexual abuse, domestic abuse or substance use

Women

This group includes individuals that identify as female that are in involved in the criminal justice system. Women are more likely to receive short custodial sentences[24] and serve these sentences in England (commonly at HMP Styal or HMP Eastwood Park) at a considerable distance from home. on average around 100 miles[25]

Potential Positive Impacts:

- Separation from family via incarceration can place significant strain on relationships and limit opportunities to maintain contact with children and wider support networks, therefore, the presumption against short term sentences will likely benefit women by

supporting the maintenance of family ties and strengthening connections within their communities.
- Expanded use of deferred sentencing as an alternative to custody, can be particularly beneficial to women[26]. This can particularly beneficial to women experiencing pregnancy and supports maintaining early bonds including breastfeeding.

Victims

This group includes people who have been victims of crime as well as the wider community that are impacted by crime in their locality

Potential Positive Impacts:

- Increased certainty and predictability about release dates from prison may reduce anxiety
- Improved community rehabilitative outcomes may reduce the crime rates and likelihood of being a victim of crime

Potential Unintended Negative Impacts:

- Less sense of safety from individuals who commit crime who remain in community which may lead to increased levels of anxiety, fear of revictimisation and distress

People on low incomes

This group includes individuals experiencing financial insecurity, often characterised by limited disposable income to meet essential needs

Potential Unintended Negative Impacts:

- Loss of access to gym and physical activity provided in prison which may be unaffordable in the community
- Increased food insecurity and loss of access to a balanced diet and regular meals that are provided in prison

Criminal Justice & Third Sector Organisations

This group includes statutory, voluntary and community-based organisations providing support services such as accommodation, drug and alcohol services, etc.

Potential Positive Impacts:

- There may be a reduction in crisis driven demand such as those facing homelessness upon release from custody

Potential Unintended Negative Impacts:

- There may be greater demand for community services such as health and social care

services, housing and substance use support. Without a corresponding increase in resources these services may not be adequately able to meet demand.

People who use substances

This group includes individuals with substance use needs including drugs and alcohol

Potential Positive Impacts:

- Reduced exposure to harmful illicit substances that are available in prisons

Potential Unintended Negative Impacts:

- Reduced immediate access to emergency response to overdoses (i.e. healthcare staff are available in most prisons 24/7 to respond to emergency situations)
- Reduced access to detoxification programmes offered in custody
- Early release from custody can potentially lead to interruption of treatment and therefore continuity of care will need to be considered



Recommendations

1 Review the prison healthcare model to ensure it is fit for purpose in response to rising population and demographic changes

The prison population will continue to steadily grow over the next decade including a projected increase in the number of older prisoners. Individuals within the criminal justice system experience poorer health than comparable peer groups therefore, there is likely to be a rising demand on healthcare and social care provision in prison settings. Where prison stays are reduced (i.e 33% instead of 40%, or 50% instead of 67%), prison health services may have less time to identify and address health needs and less opportunity for health promotion.

Conclusion: Prison health services may require new approaches including strengthening triage to identify those with the greatest health needs. Improved communication of health concerns will be required between agencies on admission to prison and upon release. Health providers and prison leaders should plan for future population changes and increases in health needs to ensure resources can meet need and demand.

2 Ensure appropriate continuity of care for those released under early release schemes

The changes within the Sentencing Act to release points for those serving SDS, SDS+ and standard term recalls will lead to early release for some cases[27]. These individuals will be released in tranches beginning in September 2026[28] meaning many hundreds of prisoners across England and Wales being released at the same time. This will place pressure upon local authorities and other community services such as social care in Wales which is already under significant strain[29].

As with all prison releases, continuity of care in relation to health and social care needs is important to ensure seamless resettlement into the community. People in prison often have complex healthcare needs, as such special attention needs to be paid to those with high level social care needs and those receiving palliative care to ensure there is sufficient time for co-ordination and arrangements to be put in place prior to release.

Conclusion: The Prison and Probation Service should work closely with community services including local authorities, NHS, substance use services, and other relevant providers; with particular attention to individuals with complex needs.

3 Support People in the Criminal Justice System to maintain access to health services currently available in prison settings

Prisons provide onsite access to primary healthcare, substance use and mental health support. Greater use of community sentencing may reduce access to these services for individuals with a history of frequent engagement with prison healthcare but poor engagement with community services. Failure to improve community engagement could lead to unmet physical and mental health needs and poorer health outcomes. Services include: -

- Blood-borne virus screening
- Sexually transmitted infections screening
- Other screening where access is promoted and facilitated by prison settings, such as diabetic eye screening, bowel screening and abdominal aortic aneurysm screening
- General practitioner
- Opticians
- Dental care
- Smoking cessation support
- Vaccination and immunisation clinics

Although these services are available within the community, engagement is often hindered by barriers such as stigma, chaotic life circumstances (including unstable housing and substance use), lack of identification, poverty, language barriers, limited access to transport and low levels of health literacy. Consequently, greater emphasis should be placed on promotion of services and the adoption of proactive, outreach-based models of engagement.

Conclusion: Services should consider how to better support access to community health provision, through promotion of health services by justice agencies, for example, drop-in clinics within probation settings[30]. Some Probation sites across Wales offer drop-in clinics that offer screening for blood borne virus and sexually transmitted infections. These clinics are readily accessible and break down barriers for individuals that may not otherwise engage. Such services could be rolled out wider where they are not currently available. Probation contact centres would benefit from strengthening ties with other community services such as GP's, opticians and dentists through outreach sessions and strengthened referral pathways. Primary care design should be reviewed to improve access to criminal justice populations, learning from bespoke inclusion health services and taking account of factors such as stigma, digital exclusion and transport links in service design.

4 Prepare for increased demand on community health and social care services and other support services

Health Services:

Primary Care: An increased use of community sentencing is likely to result in individuals who were previously in custody remaining in the community. This may place additional pressure on primary care services, including GP practices, opticians and dental services, which are already operating under significant strain.

Secondary Care: Some individuals may fail to engage with primary care services and as a result have unmet health needs that could lead to them presenting at A&E departments increasing demands on this service.

Substance Support & Mental Health Services: A rise in community sentences is expected to increase demand for alcohol and drug support and mental health services. In particular, there will be greater need for Community Sentence Treatment Requirements (CSTRs). As these services are commissioned by HMPPS, PCCs, and Area Planning Boards, commissioners will need to consider expanding provision and/or improving targeting to ensure services meet increased demand effectively. The commissioning model for substance misuse contracts is likely to change from 2028 onwards with the abolition of PCCs.

Other Services:

An increase in the use of community-based sentencing as an alternative to custody is likely to increase demand on a range of non-health related services that support people within the justice system. These services include employment and skills services, education and training providers, housing support, financial and debt advice, as well as services such as food banks.

While these services are not directly health-focused, they play a critical role in improving health and wellbeing by addressing the wider determinants of health, such as income, housing stability and social inclusion.

Conclusion: Service providers and those that commission these services should anticipate an increase in demand and ensure they are appropriately funded, commissioned and resourced to meet the anticipated increase in demand.

5 Consider the impact of reduced community supervision on ability of People on Probation to access services and support

The probation service will focus its resources on supervising individuals that pose the greatest risk and offer fewer appointments to those that pose a lower risk[31]. Some individuals will be supervised for very short periods of time due to the removal of Post Sentence Supervision[32]. This may have unintended consequences such as:-

- Reducing opportunities to signpost, refer and motivate individuals to engage with community services such as mental health, substance support services, housing and finance and debt advice, etc.
- Reduced opportunities to intervene in acute situations such as when an individual relapses into drug or alcohol use, or where there is heightened risk of suicide or self-harm

Individuals subject to community supervision (including those subject to community sentences and post custodial release on licence) have an elevated risk of death from suicide and drug poisoning compared to the general population[33]. The changes to the scope of supervision will reduce opportunities to intervene by probation practitioners.

Conclusion: In light of some People on Probation (POPs) receiving reduced intensity of contact under community supervision, health and social care needs should be prioritised and greater emphasis should be placed on helping them access services independently during and after their supervision period.

Probation practitioners should therefore prioritise planning for the transition out of supervision, ensuring that appropriate referrals and support arrangements are in place to enable continuity of care.

Health and social care services should consider how to engage individuals outside of probation settings such as other services that people in the criminal justice system may use (e.g. homeless hostels, drug support services and food banks, etc.).

6 Consider the cost implications on devolved services and other services that support individuals in the criminal justice system

Whilst this report considers the potential impacts of the changes, particularly in terms of potential increased demand on services such as healthcare, housing, social care, substance misuse provision, and wider third sector support, it does not assess the associated economic impact.

Conclusion: It is recommended that further economic analysis is undertaken to fully understand the financial implications for devolved services and third sector organisations.

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