



Independent Advisory Panel on Deaths in Custody

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22 December 2020

Dear Professor Wei Shen Lim,

I am writing on behalf of the Independent Advisory Panel on Deaths in Custody (IAP) to ask you and your Committee to consider urgently, and define specifically, the position of people in prison as part of your ongoing advice to the Government on the essential issue of COVID-19 vaccine prioritisation.

The IAP's remit concerns the preservation of life in all places of state detention, and throughout the pandemic our expert panel has sought to support Ministers and officials to confront the challenges of COVID-19. Despite thorough and robust responses by NHS England, HMPPS and others to keep people safe, mostly through the implementation of severely restricted regimes, fundamental challenges remain in restricting the spread and deadly impact of the virus. Central among these is the vulnerability of the prison population, making it critical that their high-risk is recognised and prioritised in forthcoming vaccination rollouts.

Firstly, the underlying risk of chronic physical and mental health problems among men and women in prison is considerably higher than in the general population of similar ages. The impact on NHS services is graphically illustrated when a prison with its chronically sick population opens in a new locality. Ministry of Justice figures indicate a 36% incidence of physical and mental disability compared with 19% in the general population in England and Wales. A range of systematic reviews, including those conducted by the Health and Social Care Select Committee and the National Audit Office, have found that the rates of severe mental illness in prisoners are four times higher than in comparison groups in the community. Rates of obesity in women prisoners are also around 20% higher than in the female population. The IAP's recent collaborative report with the Royal College of Nursing on the prevention of natural deaths in custody, as well as multiple other studies, demonstrate the prevalence of chronic underlying health conditions among prisoners, making them disproportionately more vulnerable to the effects of COVID-19. The prison population is getting older, partly due to sentencing, but also aging prematurely. Men, who make up around 95% of the prison population, are thought to be

more vulnerable to the virus. Ethnic minorities and lower socio-economic backgrounds are over-represented within the prison population and more at risk to the virus. We understand that these groups also have a lower uptake of vaccination in the community.

Secondly, transmission is enhanced by the high movement of people between establishments and staff within the community. A recent study, led by IAP member Professor Seena Fazel and international colleagues and published last month in *BMJ Global Health*, reviewed 28 studies looking at outbreaks of infectious diseases, including tuberculosis, influenza, measles and COVID-19, in prisons in high-income countries. It concluded that prisons “*present high risk of rapid transmission from high population density and turnover, overcrowding and regular movement within and between establishments*”. Such issues create significant challenges in managing the spread of the virus and mitigating the risk of dangerous subsequent transmission to the community.

Finally, the prison estate as a closed setting poses similar risks to those faced in care homes and is itself a significantly high-risk environment. The system is overcrowded, while buildings are often poorly ventilated and have poor standards of hygiene and sanitation. Physical layouts often do not lend themselves to social distancing. Staffing levels are often minimal. Professor Fazel’s study identified the challenge of contact tracing in prisons, which is enhanced by the reluctance of prisoners to disclose symptoms because of concerns about stigma, further restrictions, and delays to release.

For these reasons, we ask your committee to prioritise prisoners and prison staff for COVID-19 vaccines to protect against infection and prevent further spread of the disease. Thankfully, COVID-19 related deaths in prisons did not reach the worst case scenario set out by Public Health England in the early months of the pandemic, largely due to the prompt and disciplined response by HM Prison Service and heightened lock-up of prisoners. But such extreme imprisonment and isolation has come at a significant cost to people’s physical and mental health. Vaccinations would permit establishments to lessen some restrictions, increase in-person visits, when it is safe to do so, and restart vital rehabilitative work.

The risk factors present in prison, as well as the health and age profile of their population, suggest prisoners should be included in the sixth tier of your Committee’s published priority list, “all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality”, regardless of any specific diagnosis. For similar reasons, prison officers should be recognised as health workers and receive the vaccination in line with those working in frontline community settings.

The IAP recognises the challenges faced by your Committee in prioritising vaccinations for the vulnerable in this extraordinary moment. We are immensely grateful for the work you are doing to protect lives. We urge you prioritise the protection of people in some of society’s least visible and most neglected establishments as part of this work.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Juliet Lyon', with a stylized flourish at the end.

Juliet Lyon CBE
Chair, Independent Advisory Panel on Deaths in Custody