Ministry of Justice | Home Office | Department of Health & Social Care

*Independent Advisory Panel on Deaths in Custody*

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**The Rt. Hon Matt Hancock MP**
**Secretary of State for Health and Social Care**

Dear Secretary of State,

I write on behalf of the Independent Advisory Panel on Deaths in Custody (IAP), a non-departmental public body co-sponsored by your department, the Ministry of Justice and the Home Office, to advise you to consider as a matter of urgency the prioritisation of closed custodial institutions, the people detained within them and the staff charged with their care, for early next phase vaccination. Our ambit includes all places of detention, prisons, secure healthcare settings and those where patients are detained under the Mental Health Act, immigration removal centres, police custody and probation approved premises. Our single objective is to prevent deaths, both natural and self-inflicted, in custody. In setting out our advice, I have focussed on prisons due to the numbers of people involved, the poor conditions in which they are held and high levels of need. The case presented applies in large measure to all custodial establishments.

In summary our independent expert advice to prioritise as early as possible in the second phase of vaccine deployment people in custody and the staff who care for them is offered on these grounds:

- **Parity - supporting and recognising frontline staff.** Now that most NHS and care home staff have been vaccinated, it is important to consider for vaccine prioritisation staff who do frontline residential work with people in custody. The public service of staff in closed settings and their duties around the clock to keep people safe are comparable with much of the work done, many of the responsibilities shouldered and a number of the risks run by dedicated care home staff. We note from the Joint Committee on Vaccination and Immunisation (JCVI) advice issued on 30th December 2020 that "vaccination of those at increased risk of exposure to SARS-CoV-2 due to their occupation could also be a priority in the next phase. This could include first responders, the military, those involved in the justice system, teachers, transport workers

and public servants essential to the pandemic response. Priority occupations for vaccinations are considered an issue of policy, rather than for the JCVI to advise on. JCVI asks that the Department for Health and Social Care consider occupational vaccinations in collaboration with other government departments." It is of undoubted public benefit that custodial staff remain healthy and able to work. Currently approximately 10% of prison staff are either off sick or isolating and unable to work.

- **Risk – reducing the high risk of community transmission and added pressure on the NHS.** Transmission is enhanced by the movement of people between and in and out of establishments and staff within the community. The success of local recruitment campaigns in recent years has led to greater numbers of staff living in communities in which closed establishments are sited. Outbreaks within prisons appear to have coincided with a spike in outbreaks in their localities – while it is probably too early to ascertain whether by ingress or egress, it is clear that the spread and impact of a virus can be amplified in a closed establishment. Currently formal outbreaks have been declared in 79 prisons, three quarters of the estate.

- **Vulnerability – acknowledging and mitigating health inequalities and the continuing impact of extreme isolation.** 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% prevalence of physical and mental disability compared with 19% in the general population in England and Wales. Recent reviews, including those cited by the Health and Social Care Select Committee and the National Audit Office, have found that the rates of serious 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, outlined research on the higher prevalence of chronic underlying health conditions, respiratory and cardio-vascular, among prisoners, making them more vulnerable to the effects of COVID-19. The prison population is getting older, partly due to sentencing, but also aging prematurely. Estimates vary but it is thought reasonable to expect the development of certain health conditions, including dementia, ten years in advance of chronological age. Black and ethnic minority groups and people from lower socio-economic backgrounds are over-represented within custody and more at risk to the virus. We understand that these groups also have a lower uptake of vaccination in the community.

  To protect the lives of its high risk, vulnerable population, the prison service has introduced severely restricted regimes. During the pandemic, reports by independent monitors and scrutiny bodies and prisoner and staff consultations show that some establishments have been unable to provide even half an hour of time out of cell each day or opportunities for exercise in the fresh air. This form of extreme imprisonment and isolation appears to be has taking its toll on mental and physical health and cannot, and should not, be sustained over time.

- **Health and safety – dealing with inadequately ventilated, dirty, crowded, closed environments which amplify the spread of the virus.** The prison estate in particular, and closed settings in general, are high-risk environments. While court closures and backlogs have led to a reduction in numbers of sentenced prisoners, they have prompted a steep increase in remand numbers. Prisons remain overcrowded. Buildings are often inadequately ventilated and with poor standards of hygiene and sanitation. Physical layouts do not lend themselves to social distancing. Minimal staffing levels impede infection control.

- **Efficiency and deliverability – taking a whole institution approach.** We note JCVI advice on care homes (30 December) that "vaccination of residents and staff at the same time is considered to be a highly efficient strategy within a mass vaccination programme with the greatest potential impact." The same approach – rather than a piecemeal process based on age – should be prioritised for secure settings where practicable. Places of detention are structured and disciplined environments in which vaccines can be administered swiftly and efficiently.

- **Consistency – aligning policy on vaccinations with government policy on reform and reducing re-offending.** The Prime Minister has indicated his intention to drive a widescale programme of reform to reduce the high levels of re-offending by former prisoners. Currently the prison service is operating severely restricted regimes (phase 4 minimal level in a tiered recovery programme) in order to protect lives. While it is reduced to a holding operation, the service cannot introduce the skills training, active preparation for release and rehabilitation that will assist in reducing re-offending.

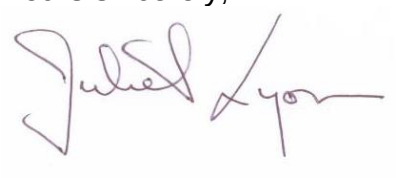
- **Evidence – applying international research to practice.** We note that DHSC is taking an evidence-based approach to vaccine deployment. A recent evidence synthesis, led by IAP member Professor Seena Fazel and international colleagues, supported by the Wellcome Trust and published in November 2020 in *BMJ Global Health*, identified 28 studies examining outbreaks of highly infectious diseases in prisons, including of tuberculosis, influenza, measles and COVID-19. It concluded that prisons "present high risk of rapid transmission from high population density and turnover, overcrowding and regular movement within and between establishments" and underlined the importance of prison health to public health. The review offered some promising approaches to mitigate the risk of dangerous subsequent transmission to the community, including vaccinating staff and prisoners, interagency support on prison release, and prison-specific health communication strategies.

- **Duty – meeting Ministerial obligations to take active steps to protect the lives of people held in state custody.** Government has a particular duty to protect the lives of people deprived of their liberty and detained in state custody. The IAP works with the Ministers who co-chair the Ministerial Board

on Deaths in Custody to support them in meeting their human rights obligations in this regard.

We trust that this advice is of use as you consider how best to proceed with your ambitious programme of mass vaccination. We are immensely grateful for the work that you and colleagues are doing to keep people safe.

Yours sincerely,



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

cc.
The Rt. Hon Robert Buckland QC MP, Lord Chancellor, Ministry of Justice
Minister of State Lucy Frazer QC MP, Ministry of Justice
Minister of State Kit Malthouse MP, Home Office and Ministry of Justice
Minister of State Nadine Dorries MP, Department of Health and Social Care
Nadhim Zahawi MP, Parliamentary Under Secretary of State (Minister for COVID Vaccine Deployment)
Sir Bob Neill MP, Chair, Justice Select Committee
Jeremy Hunt MP, Chair, Health Select Committee