

Independent Advisory Panel on Deaths in Custody

Chair: Juliet Lyon CBE
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Dear Professor Wei Shen Lim,

I am writing on behalf of the Independent Advisory Panel on Deaths in Custody (IAPDC) further to our letter of 22 December.¹ Now that COVID-19 vaccinations have been offered to everyone in care homes, staff and residents, the NHS, the most clinically vulnerable and all over 70, we ask you and Joint Committee on Vaccination and Immunisation (JCVI) colleagues to consider the case for recommending the inclusion of everyone in closed institutions, staff and people detained, as early as possible in the second phase of the crucial and most welcome mass vaccination programme.

The reasons for our original request still stand. IAPDC advice is offered on the following grounds:

1. **Parity** – supporting and recognising frontline staff in residential settings.
2. **Risk** – reducing the high risk of community transmission and added pressure on the NHS.
3. **Vulnerability** – acknowledging and mitigating health inequalities and the continuing impact of extreme isolation.
4. **Health and safety** – dealing with inadequately ventilated, crowded, closed environments which amplify the spread of the virus.
5. **Efficiency and deliverability** – taking a whole institution approach.
6. **Consistency** – aligning policy on vaccinations with government policy on reform and reducing re-offending.
7. **Evidence** – applying international research to policy and practice.
8. **Duty** – meeting ministerial obligations to take active steps to protect the lives of people held in state custody.

However, new information adds impetus and urgency to our outstanding request to you and your Committee.

¹ Juliet Lyon CBE to Professor Wei Shen Lim, 22 December 2020, <https://static1.squarespace.com/static/5c5ae65ed86cc93b6c1e19a3/t/5fe335a63baf0a43cb89caa9/1608725926970/201222+Juliet+Lyon+CBE+to+Professor+Wei+Shen+Lim+-+vaccinations+for+prisoners.pdf> [Accessed 24 February 2021].

There are currently COVID-19 outbreaks in 90 prisons, involving around 1,000 live infections. This week marks the milestone of 100 prisoner deaths.² According to reports one in eight prisoners in England and Wales, and one in four staff, have tested positive for the virus since the start of the pandemic. The spread of the virus does not stop at prison doors, and these outbreaks have to an extent coincided with spikes in local communities and subsequent pressure on the NHS, most recently at HMP Manchester in Greater Manchester and HMP Stocken in the county of Rutland, previously Norwich, Wrexham and the Kent cluster were affected. We note evidence of the risk of transmission of the virus, and understand that there is developing evidence that vaccination reduces this risk.³ The IAPDC notes that emerging evidence on vulnerability and risk of infection maps closely against data on the poor health, co-morbidity, ethnicity and social circumstances of the prison population, underscoring the public health benefit of prison vaccinations.

As you will be aware, the prison service devised and continues to operate a system of separation, isolation and severely restricted regimes which has undoubtedly saved lives. Public Health England predictions of a prison coronavirus death toll of up to 3,000 people have been confounded by this extreme form of lockdown – a prison within a prison. Masked to some extent by an outwardly coping service dealing as well as it can with an enduring crisis, what is not yet clear is the impact on the mental and physical health of prisoners and those charged with their care and consequent risk of future deaths. A recent thematic review by HM Chief Inspector of Prisons raised significant new concerns about people in prison during the pandemic, while we understand that calls to The Samaritans helpline from prisoners have increased steadily over the last four months. In December 2020 alone, they received over 35,000 calls from prisons, which represents 14.7% of all answered phone calls to The Samaritans UK helpline.

At present there is an exhausted workforce with over 3,200 operational prison staff off sick or self-isolating.⁴ The public service of staff in secure settings and their duties around the clock to keep people safe are comparable with much of the work done, responsibilities shouldered, and risks run by dedicated social care staff. As a matter of parity, it is important now to consider staff, chaplains and volunteers who do frontline residential work with people in prison, as well as immigration removal centres and police custody. We note your advice on care homes (JCVI 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 efficient, whole establishment approach – beyond a piecemeal process based on age alone – could, and should in our view, be applied effectively to all closed institutions.

The IAPDC is, of course, in correspondence on these matters with the Secretaries of State for Health and Justice and their colleagues. We appreciate that there are political decisions to be made. We trust that JCVI advice, evidence and scientific rigour will inform such decisions. The IAPDC remains immensely grateful for the work you are doing to protect lives across the UK.

As ever,



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

² The prison population is currently around 79,000.

³ See 'Covid-19 in prisons: why prioritising staff and prison populations for vaccination matters', Prison Reform International, 18 February 2021, <https://www.penalreform.org/blog/covid-19-in-prisons-why-prioritising-staff-and/> [accessed 24 February 2021].

⁴ There are currently almost 22,000 band 3-5 officers in post.

Copied:

Rt. Hon Robert Buckland QC MP, Lord Chancellor, Ministry of Justice

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

Jeremy Hunt MP, Chair, Health Select Committee

Sir Bob Neill MP, Chair, Justice Select Committee

Professor Anthony Harnden, Deputy Chair of JCVI