



Ministry
of Justice



Home Office



Department
of Health &
Social Care

Independent Advisory Panel on Deaths in Custody

*Chair: Juliet Lyon CBE
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Victoria Atkins MP, Minister of State, Ministry of Justice
**Gillian Keegan MP, Minister of State for Care and Mental Health,
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**Kit Malthouse MP, Minister of State for Crime and Policing,
Home Office and Ministry of Justice**

1 December 2021

Dear Ministers,

Covid-19 new variant of concern

I am writing on behalf of the Independent Advisory Panel on Deaths in Custody (IAPDC) to offer you our initial advice as prisons and other closed places of detention face the new, not fully determined, threat of Omicron. As of September 2021, there have been 159 suspected or confirmed deaths related to Covid-19 in prisons, as well as a 13% increase in the annual number of self-inflicted deaths to 81. Considerable learning can be derived from the experience of the pandemic to date – both from opportunities missed and action taken. In the face of this new variant of concern the IAPDC advises that active steps to protect lives can be taken now and contingency plans established. These are:

Vaccination

Prisons and other places of detention are poorly ventilated environments where social distancing is mostly impossible. They contain people with multiple underlying and chronic health conditions. In its report, [‘Covid-19 Transmission in Prison Settings’](#) published on 23 April, the Scientific Advisory Group on Emergencies (SAGE) records evidence of higher levels of infection in prison than in the general population, higher rates of hospitalisations and higher associated mortality in prisoners and prison officers. Adverse rates for prisons will continue to worsen as community rates improve. Robust research indicates that people in prison are three times more likely to contract the virus than people in the community. SAGE makes it clear that there is a public health risk of

prisons acting as amplifiers of infection and becoming 'reservoirs for new variants of concern'.

Evidence-based advice to take a universal approach to vaccinations, all staff and all prisoners at once, following the success of care home vaccinations, was given by Public Health England (then PHE), the World Health Organisation (WHO), SAGE, the IAPDC and other bodies. It was consistently rejected by Government and instead a piecemeal approach was taken. We understand there is good data on first and second vaccinations indicating that just over 80% of over 50-year olds in prison are doubly vaccinated, but worryingly fewer than one third of young prisoners and young staff members have received similar protection. Less comprehensive information is available on booster jabs. Now a rapid mass vaccination programme needs to be rolled out across prisons with facilities for workplace vaccination with appropriate public health education, encouragement and incentives for prisoners and staff. Unequivocal recognition of staff in closed institutions as essential frontline workers is an important element in this drive to vaccinate and protect.

Testing

To try and avoid prisons, in particular, and closed institutions in general becoming vectors for infection, it is vital to ensure that a rigorous testing system is in place in all establishments both to keep people safe and to reduce risk to public health. As you will be aware, the number of Covid outbreaks has increased recently across the prison estate. Routine daily testing of staff and anyone moving location, between wings and workshops as well as on reception, prior to release and before and after court appearances and work on temporary licence will enable prompt identification of this new variant of concern.

Individual health checks

Mental and physical health checks need to be conducted to understand what state people are in and to respond to immediate health needs. We strongly recommend that additional mental health and bereavement support is offered, particularly to those people who have spent up to 23 hours a day behind bars for almost two years now. By early November, since the onset of the pandemic 20,000 prisoners and over 17,000 members of staff were recorded as having contracted Covid-19. Of these, it is not known how many are suffering from long Covid. Greater effort needs to be put into diagnosis and treatment/amelioration of this debilitating condition.

Communication

Good, accurate information proved pivotal in enabling people to manage the early rigours of the pandemic. A central finding of an international [systematic review](#) of 28 relevant studies conducted by panel member Professor Seena Fazel and colleagues was the importance and effectiveness of clear, regular information for people in custody. Both IAPDC consultations with prisoners (['Keep Talking, Stay Safe'](#) and ['Just One Thing'](#)), conducted with Prison Radio and Inside Time during lockdown, endorsed this. Maintaining good communication about steps to keep people safe requires strong leadership and sustained efforts to reach everyone, including those with neuro-diverse conditions and people for whom English is not a first language. It means working collaboratively with prison charities and organisations which support and inform prisoners' families. Engaging peer support, prisoner councils and Samaritan Listeners will also help to allay fears and enable people to support one another. Key work, known to reduce the risk of suicide and self-harm, is just being re-established. This should be maintained with appropriate safeguards taken.

Re-introduction of mitigations

Several mitigations were introduced in prisons, and appreciated, early in the pandemic in a planned effort to ameliorate some of the damaging impact of severely restrictive regimes, loss of activity and time out of cell and extreme isolation. These include facilities for increased phone, video and IT contact with families, waiving TV rental charges, and additional nutritional food. A number of these were withdrawn in September despite many risks remaining. These mitigations should be re-instated without delay.

Re-consideration of use of early release on license

Contingency planning should include a rapid re-consideration of the use of early release on license as a necessary safety valve for prisons. A revised and streamlined version of the scheme should be devised maintaining essential safeguards and inter-agency work and stripping away unnecessary bureaucracy which made the earlier scheme impossible to deliver and caused it to fail.

We are confident that members of the Ministerial Board, singly and collectively, will do all we can to support you to meet your obligations to protect lives. We urge you to take expert clinical, scientific and experienced operational advice to keep people safe.

As ever,

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

Juliet Lyon CBE

Chair of the Independent Advisory Panel on Deaths in Custody

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cc. Members of the Ministerial Board on Deaths in Custody