



## Independent Advisory Panel on Deaths in Custody

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Nadhim Zahawi MP  
Parliamentary Under Secretary of State (Minister for COVID Vaccine Deployment)

Dear Minister,

I am writing on behalf of the Independent Advisory Panel on Deaths in Custody (IAP) to ask you and your colleagues urgently to consider people in custody as part of your vital work on COVID-19 vaccine deployment.

As a non-departmental public body co-sponsored by the Ministry of Justice, Home Office and Dept. for Health and Social Care, the IAP's remit concerns the preservation of life in all places of state detention. Throughout the pandemic our expert panel has sought to support Ministers and officials to confront the challenges of COVID-19 in prisons, immigration removal centres, secure healthcare, including patients detained under the Mental Health Act, and police custody. We appreciate that these closed settings, the people detained within them and the frontline staff charged with their care all fall within your ambit.

Despite thorough and robust responses by NHS England, HM Prison Service and others to keep people safe, mostly through the implementation of severely restricted regimes which themselves have taken a heavy toll on physical and mental health, fundamental challenges remain in containing the spread and deadly impact of the virus in prisons across England and Wales. Central among these is the vulnerability of the prison population, making it critical that their high-risk is recognised and prioritised in forthcoming rollouts of the vaccine. Aligned with this is the importance of recognising the frontline role of prison staff and governors, chaplains, healthcare teams and allied professionals responsible for the care and safety of this vulnerable population.

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% prevalence of physical and mental disability compared with 19% in the general population in England and Wales. Evidence given to, among others, the Health and Social Care Select Committee and the National Audit Office demonstrates 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. Estimates vary but it is thought reasonable to expect the development of certain health conditions, including dementia and respiratory illnesses, ten years in advance of chronological age. 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 movement of people between and in and out of establishments and staff within the community. A recent study, led by IAP member Professor Seena Fazel and international colleagues published in November 2020 in *BMJ Global Health*, reviewed 28 studies looking at prison outbreaks in high-income countries, 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". 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 in care homes and is itself a significantly high-risk environment. The system is overcrowded, while buildings are often poorly ventilated and with poor standards of hygiene and sanitation. Physical layouts often do not lend themselves to social distancing. 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. Staffing levels are minimal at best and the prison service is currently struggling to maintain capacity.

For these reasons, we ask you and your colleagues to urgently consider prison staff and prisoners among priority groups for COVID-19 vaccines to protect against infection and prevent further spread of the disease – within establishments and out into the community. The IAP recognises the challenges you face in deploying

vaccines for the vulnerable in this extraordinary moment. We are immensely grateful for the work you are doing to save lives. We urge you to take active steps to protect the lives of people in some of society's least visible, most neglected, establishments as part of this work.

Yours sincerely,

A handwritten signature in purple ink, reading "Juliet Lyon". The signature is fluid and cursive, with the first name "Juliet" written in a larger, more prominent script than the surname "Lyon".

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

cc.

Minister of State Lucy Frazer QC MP, Ministry of Justice  
Sir Bob Neill MP, Chair, Justice Select Committee