



Independent Advisory Panel on Deaths in Custody

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Sir Bob Neill
Chair, Justice Select Committee

Dear Sir Bob,

COVID-19 vaccination of all prisoners and prison staff

Further to our meeting, I am writing on behalf of the Independent Advisory Panel on Deaths in Custody (IAPDC) to draw your urgent attention, and that of your Committee members, to an important report which provides the scientific basis for adopting, on public and prison health grounds, a universal, or whole institution, approach to vaccinating all prisoners and prison staff. Accepting this advice is now crucial in the strenuous effort to prevent the Indian variant of COVID-19 from spreading rapidly.

From detailed scientific evidence gathered and results of modelling commissioned, the Scientific Advisory Group for Emergencies (SAGE) concludes that action should be taken now to protect lives. In its comprehensive report, '[COVID-19 Transmission in Prison Settings](#)' produced on 25 March and published on 23 April, SAGE records evidence of higher levels of infection in prison than in the general population, higher rates of hospitalisation and higher associated mortality in prisoners and prison officers. Cross reference is made to the latest data on occupational risk (ONS infection survey 2021) which reveals that protective service occupations, including prison staff, are now at highest risk of contracting the virus.

On prison health and rehabilitation – SAGE issues a clear warning on the impact of restrictive regimes and enduring harm: 'The current severe restrictions employed have a highly negative effect on mental health of prisoners and their families and rehabilitation (High confidence). In the absence of universal vaccination of staff and prisoners it is likely that these measures will need to be continued for many more months (High confidence)'.

On public health – In its report SAGE issues a clear warning that ‘Prisons will remain at high risk of outbreaks even when disease levels in the community are low because importation of a single case can lead to a large outbreak (High confidence). Without high levels of immunity or continued intensive control measures prisons could in future become amplifiers or reservoirs of infection, including variants of concern (High confidence)’.

The IAPDC has written to the Joint Committee on Vaccination and Immunisation (JCVI attached) asking that it takes full and proper account of SAGE’s conclusions and revises its advice to Government. The Department of Health and Social Care must then issue new advice to the Ministry of Justice and the prison service (HMPPS) on vaccine eligibility and roll-out. This should mean an urgent move away from a piecemeal vaccination programme governed by age and other determinants of vulnerability – impractical in the prison environment – to a clear whole institution approach in order to protect frontline workers, people in prison, and the public.

Current scheduling suggests a full vaccination rollout under the existing model would not be complete until later in the autumn. A rapid pivot to a model of increased early vaccination would, in the words of the Government’s own scientific advisers, ‘allow faster lifting of severe restrictions, reduce outbreaks and decrease mortality, and benefit the wider control of Covid-19’.

For people in custody since March 2020, COVID has meant being held in a prison within a prison. While severe restrictions and extreme isolation imposed at the outset of the pandemic undoubtedly saved lives, the toll on mental and physical health is high and rising. People are still locked down in confined, poorly ventilated cells for 23 hours a day at worst and 19 hours at best. What amounts to a massive, unregulated, and now needlessly protracted, experiment in extreme social isolation in our prisons must be brought swiftly and carefully to a close.

Universal vaccination will enable HMPPS and the NHS in prisons to focus on recovery and introduce measures to mitigate risk and prevent self-inflicted and other deaths in custody. Of the almost 17,000 men, women and young people who have contracted COVID in custody since the pandemic began, many are still incarcerated and up to 3,000 will be suffering from long COVID. Additional support for prisoners and staff will need to be introduced.

The role of the IAPDC, an advisory non-departmental public body, is to advise Ministers and officials on how best to prevent deaths in custody. The findings and conclusions of SAGE reflect many of the recommendations made since December 2020 for a whole institution approach to keeping people safe from COVID-19. As you know, similar recommendations and representation have been made consistently by Public Health England, HMPPS and NHS England, amongst others as well as by respected academics, voluntary organisations, including the representative organisation Clinks, [people with lived experience](#), staff representative bodies, the Prison Governors and Prison Officers Associations and individual members of the Ministerial Board on Deaths in Custody. We understand that such a case was put forward by the then Prisons Minister.

New MoJ [figures](#) reveal a record prison death toll in the first three months of the year. While outbreaks in prison appear thankfully to be past their peak, risks remain high and the current outbreak at HMP Preston is a major cause of concern. The clear

warning given by SAGE must be taken seriously otherwise prisons will become those 'reservoirs of infection' for new variants of concern.

Questions remain as to why this body of expert, cross-sector advice has yet to be acted on. Examination by your Committee, potentially in collaboration with colleagues at the Health and Social Care Select Committee, would shed light on this clear evidence, and focus attention on the firm and immediate steps needed to save lives. The IAPDC would be pleased to provide any further information at your request.

As ever,

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

Juliet Lyon CBE
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