





## Independent Advisory Panel on Deaths in Custody

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Dear Lord Chancellor,

## **Omicron Covid-19 variant of concern**

I am writing on behalf of the Independent Advisory Panel on Deaths in Custody (IAPDC) to offer you our advice as prisons and other closed places of detention face the rapidly rising threat of Omicron. The IAPDC supports you and ministerial colleagues in your weighty responsibility to protect the lives of people held by the state and the staff charged with their care.

As you know, prisons and other places of detention are poorly ventilated, crowed, closed environments. 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. 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'. For these reasons, the IAPDC advises you as Deputy Prime Minister to **prioritise prisons and prison staff** within the considerable efforts your government is making to save lives and protect essential public services.

With Covid outbreaks across over half the prison estate in England and Wales, the tragic cluster of Covid-related deaths at HMP Wymott and significant staff absences, you will be fully aware of the challenges faced. The prison service is an essential public service characterised by good disciplined leadership and consequent high coping capacity. It is not known for seeking help, asking for additional resources or garnering support for contingency plans. The IAPDC advises that, to protect the lives of prisoners and frontline staff and to avoid fuelling a public health crisis, the service should be given additional targeted help and granted the necessary resources to introduce a **set of emergency measures**. These are:

 Placing military personnel on standby. The IAPDC appreciates that considerable efforts are being made to maintain staffing levels. Professional relationships between staff and prisoners are crucial to reducing the risk of deaths in custody. To enable prison officers to maintain direct keywork with prisoners, other establishment duties in an emergency could be undertaken by army officers and other personnel. Constructive links with the local hospitality industry may also need to be forged to ensure food supplies.

- Introducing mobile vaccination units. Following the success of mobile
  vaccination units in care homes and some schools, a rapid mass vaccination and
  booster 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. Booster jabs are lagging behind community
  provision.
- Increasing testing of staff and prisoners. To try and avoid prisons 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. Routine daily testing of staff, as at HMP Wetherby, and prisoners 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 Omicron and other new variants of concern.
- Re-enforcing healthcare teams. Strenuous efforts need to be made to fill high numbers of vacancies in existing healthcare teams, source sickness cover and expedite vetting procedures. Individual 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, 20,000 prisoners and over 17,000 members of staff were recorded as having contracted Covid-19 since the onset of the pandemic. 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.
- Re-enforcing prison leadership enabling prison group directors and experienced governors to prioritise mentoring and supervision of less experienced managers – a step you intend to develop from your Prisons White paper. Recent correspondence from prisoners to the IAPDC endorses the importance of governors and directors who inspire confidence and who you can trust to keep everyone safe in a crisis
- Good, accurate information proved pivotal in enabling people to manage the early rigours of the pandemic. A central finding of an international <a href="systematic review">systematic review</a> of relevant 28 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 (<a href="Keep Talking, Stay Safe">Keep Talking, Stay Safe</a> and <a href="systematic-used-sub-u
- Gathering chaplaincy support from established church and faith groups and engaging community volunteers from respected local groups and prison charities –

careful selection would still apply but vetting procedures would need to be expedited.

- Providing additional backing for peer supporters. For example, increased local Samaritan branch back-up for Samaritan listeners or more clinical support for prisoners who work as trained and experienced health and social care aides. Calls to the Samaritans have increased exponentially since the onset of the pandemic
- Supporting and informing prisoners' families through family charities and family liaison officers to maintain good communication and provide clear up to date information - to allay fears, encourage vaccine uptake and to explain infection control measures.
- Securing a steady supply of all necessary PPE and sanitation equipment.
   This was a cause of real concern amongst prisoners and staff earlier in the pandemic.
- Embarking on an emergency programme of works to improve ventilation and make prison environments more Covid-safe. Alternative secure accommodation should also be sought as part of contingency planning
- Creating a safety valve for HMPPS. Contingency planning should include a rapid
  re-consideration of use of early release on license as a necessary safety valve for
  prisons. It would create valuable space as well as developing an important way to
  protect exceptionally vulnerable people. 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.
- Re-introducing mitigations. We were pleased to learn, following correspondence
  with the Prisons Minister, that mitigations to alleviate the impact of Covid-19 have
  been re-introduced. This will go some way to improving contact and reducing the
  boredom and hopelessness that can lead to suicide and self-harm

The IAPDC and colleagues serving on the Ministerial Board on Deaths in Custody will do all we can to support you to meet your obligations to protect lives. We understand that the prison service is working under exceptional pressure to do all it can within its capacity to keep people safe. The overarching point we are making in this letter of advice is that that capacity needs boosting. The service needs your help.

With kind regards and good wishes for a more peaceful New Year,

As ever,

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