





Independent Advisory Panel on Deaths in Custody

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Jeremy Hunt MP
Chair of Health and Social Care Select Committee

Dear Jeremy Hunt,

COVID-19 vaccination of all prisoners and staff

I write on behalf of the Independent Advisory Panel on Deaths in Custody (IAPDC) to draw your and your Committee's urgent attention to the report by the Scientific Group on Emergencies (Sage) on the transmission of COVID-19 in prison settings produced on 25 March and <u>published</u> on 23 April.

The IAPDC advises that there are three main grounds for this report to prompt immediate action by the Secretary of State for Health and Social Care in order to meet his obligation to protect lives:

- 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)'.
- Prison health SAGE issues a clear warning that '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)'.
- The principle of equivalence 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. The report highlights health inequalities and significantly higher levels of risk and vulnerability. Prison staff are now considered the most vulnerable public sector workforce by the ONS in its most recent survey of occupational risk. The DHSC has already applied the principle of equivalence, with reasoning, to other vulnerable populations, such as the residents and staff in care homes and, more recently, people who are homeless and carers. Following your inquiry into prison healthcare, in November 2018, Government accepted your recommendation to define 'the principle of equivalence in healthcare'. Our reading of this is that greater need calls for a commensurate response in order to achieve equitable health outcomes and, in this case, keep people safe.

For people in custody, 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. 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 will be suffering from long COVID. Additional support for prisoners and staff will need to be introduced.

The IAPDC believes that Government must act now on the evidence and modelling from, and conclusions drawn by, its own scientific advisors to protect the lives of prisoners, staff and the wider community. SAGE provides clear and pressing reasons to vaccinate people held in prison settings and the staff who care for them, not piecemeal by age, but all at once and immediately.

The IAPDC would be pleased to provide any further information at your request. We have also written to the Joint Committee on Vaccinations and Immunisation (JCVI, letter attached).

As ever,

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