Notes from the Reducing Reoffending Third Sector Advisory Group (RR3) Special Interest Group on Covid-19
Wednesday 21st July 2021 via Zoom

Attendees

Jess Mullen, Clinks (chair)
Noori Piperdy, Clinks (notes)
Alasdair Jackson, Recycling Lives
Alice Dawanay, Switchback
Andy Keen-Downs, Pact
Francesca Cooney, Prisoners' Education Trust
Khatuna Tsintsadze, Zahid Mubarek Trust
Martin Blakebrough, Kaleidoscope
Matina Marougka, Together for Mental Wellbeing
Neil Grutchfield, Synergy
Paul Grainge, Recoop
Ryan Harman, Prison Reform Trust
Pippa Goodfellow, Alliance for Youth Justice
Rachel Tynan, Unlock
Tracey Wild, Langley House Trust
Vicki Markiewicz, Change Grow Love
Dr Éamonn O'Moore, Public Health England
Siân Blake, HMPPS
Tarryn Ledgard, HMPPS

Apologies

Emma Wells, Community Chaplaincy Association
Kate Paradine, Women in Prison
Laura Seebohm, Changing Lives
Linda Patterson, User Voice
Lisa Dando, Brighton Women's Centre
Peter Atherton, Community led Initiatives
David Liddemore, HMPPS
Milosz Bruski, HMPPS

Opening remarks

- Jess Mullen (Chair) opened the meeting and thanked attendees for joining.

- Jess invited an update from Dr Éamonn O'Moore for a strategic overview from Public Health England (PHE) and an update from Siân Blake on the Covid-19 Gold Command response from Her Majesty's Prison and Probation Service (HMPPS).

- Jess explained that Tarryn Ledgard from the HMPPS vaccination team was also available to answer any questions regarding the vaccination roll out during the discussion.

PHE update on the response to Covid-19

- Éamonn started by explaining that partnership underpins the work that he will detail from Public Health England (PHE), through the National Partnership Agreement for Prison Healthcare in England, 2018-2021.

- When the Covid-19 pandemic hit, there were concerns that 'explosive outbreaks' in prisons could occur. In March 2020, PHE modelling suggested a reasonable worst case scenario of more than 77,000 Covid-19 cases and 2,000 deaths in prisons across England and Wales, if explosive prison outbreaks were not prevented. There were concerns for the NHS service, and if prisons would be a source of infection for the wider community.

- There were various hazards associated with prisons and mitigations that were carried out. The hazards from the connection to the community and other prisons were mitigated through limiting movements, testing and vaccinations. Close regular contact between prisoners and prison staff were mitigated by social distancing, personal protective equipment (PPE), and vaccinations. An outbreak was mitigated by compartmentalisation and vaccinations, and concerns for vulnerable prison residents were mitigated by vaccinations and increased healthcare provisions. Compartmentalisation was deployed through Reverse Cohorting Units, Shielding Units, Inter-prison transfers and Protective Isolation Units.

- Research showed in Easter 2020, that in the absence of vaccinations, this strategy had been effective in reducing the transmission of Covid-19 in prisons. Data up until July 19th 2021 records that there have been 131 deaths in prisons and 14,653 confirmed cases. This data, in comparison to projected modelling in March 2020, indicates a good public health outcome in terms of mortality compared to peers in the community.

- At the beginning of the pandemic, there was very little testing which was directed only at symptomatic people with a limited number of tests (usually around five) used to detect outbreaks with people in a confirmed outbreak setting being 'probable cases' if they met the clinical case definition. But as time as gone on, testing capacity and capabilities have evolved, through increased PCR testing and the introduction of LFD testing. Testing occurs at the point of main intersection between prison and the community through prison staff, with PCR tests weekly and LFD tests twice weekly. In addition to this, testing is given to prisons visitors, at the point of inter-prison transfers, in Reverse Cohorting Units, and at release to approve premises.

- In terms of vaccinations, around 58% have received their first dose, and 29% have received both doses. For those aged 50+, 84% have received their first dose and 77% have received their second dose. 26% have not been given their first dose, with reason provided. This is below the target of 90% of prison residents receiving their first dose. There are also indications of vaccine hesitancies, mostly seen in Young Offender Institutions. The programme of education and encouragement will continue and welcomes assistance in this region from third sector stakeholders. Éamonn stressed the importance of vaccines in vulnerable settings such as prisons and stressed the effectiveness in preventing large outbreaks in prisons and consequences for infected individuals.

- Éamonn highlighted a number of ongoing concerns, one being the need for efficient deployment of mass testing in response to outbreaks. PHE has recommended that at the point of an outbreak, whole prison testing should be deployed. This should be followed by a second round of testing around day five to day seven, and then a recovery round of testing around day 28, since the last symptomatic or test positive case. This approach has been variable due to local negotiation and a national solution is currently being worked on. Another concern is around staff testing, as this varies between prisons. Although some prisons deliver above the PHE target of 75%, there are some that have been as low as 30-40% on occasion.

- There are also concerns surrounding social visits testing, as ideally, visitors should test before they leave their homes. PHE is working with HMPPS to enable that to happen, and the uptake has increased at sites delivering the Test-to-Contact pilot, removing the need for visitors to

socially distance. Testing technology has highlighted a key issue in balancing the risks and harms, due to the significant cost to the physical and mental health of people in prison and the people that they love, who are part of their familial and social contract network. There is currently capability that has been seen around wastewater analysis detecting emergent infections, which has been a great advance.

- Another concern is around vaccinations and vaccine hesitancies, and there is an urgent need to increase coverage and meet targets, as mentioned above. As the winter season approaches, the impact of the current and future variants must also be considered, especially in the context of addressing the health backlog, and moving from response to recovery.

- There has been a number of learning points from the current pandemic to support future pandemic planning. Prisons should be part of integrated planning, exercising, training and response. This includes developing public health surveillance systems to include prison populations more effectively and prison population management, including the issue of over-crowding and providing alternatives to custody. There needs to be an improvement to prison healthcare services, including getting prisons identified as high-risk settings for future vaccine programmes.

Discussion

- One attendee asked about the reasoning behind why some have not taken their first dose of the vaccine. Another attendee added that the group is unaware of the forms of encouragement that HMPPS has undertaken. Tarryn (HMPPS) explained that reasons for vaccine hesitancy has varied throughout the rollout. In earlier cohorts, HMPPS saw hesitancy centre around vaccine ingredients, the speed at which the vaccine had been created, and the AstraZeneca blood clot fears. Younger cohorts feel they do not require the vaccine, and there are concerns around fertility and long term side effects of the vaccine, linked to conspiracy theories and misinformation. HMPPS conducted a thematic review into vaccine hesitancy, which was published in May, and is currently undertaking a second thematic review, to establish the impact of the work addressing this issue.

  Tarryn further explained that HMPPS has done a significant amount of work to encourage vaccination uptake. HMPPS regularly provides updated communication materials in the form of posters, leaflets, newsletters and others to mitigate concerns as they arise, which have been translated into the most prevalent languages. Chaplaincy has provided a lot of information from various faiths and included information on the vaccine in their services. Both prison radio and TV have run specific vaccination campaigns to myth-bust, explain the impact of Long Covid and share NHS material, such as the Lenny Henry video. Prisons have run mass vaccination clinics and vaccine open days, to allow prisoners the opportunity to speak with healthcare staff one-on-one, and various other departments to discuss their concerns. Earlier this month, HMPPS ran webinars for NHS and HMPPS colleagues to share a good practice framework, as collated by the Evidence-Based Practice Team, which had worked across a number of prisons to improve vaccination uptake. HMPPS can clearly demonstrate that the average decline rate has increased significantly due to under-30s declining to take the vaccine, rather than because prisoners of all ages are hesitant. The number of establishments that have vaccinated over 90% of over-50s is encouraging and reduces the risk profile in these

prisons in terms of hospitalizations and deaths. Éamonn reiterated the role vaccines have in reducing outbreaks and added that the third sector has a role in partnership working to support the increased uptake of vaccines amongst people in prisons as so far, peer advocates have had an impactful role in encouraging vaccine uptake.

One attendee explained the work their organization has been doing in reducing vaccine hesitancy and stressed the need for sharing resources to aid in this work. Éamonn reiterated the point of vaccines mitigating all hazards for Covid-19 and agrees that vaccines are the best response to reducing outbreaks. Éamonn thanked the work that third sector organizations have been undertaking to support vaccine uptake and ensure people are able to make informed choices. Jess (Chair) referred back to the action from the previous meeting where HMPPS has shared guidance to peer mentors on vaccination, this will be shared with the RR3 group and Clinks is pursuing whether it can be shared with the sector more widely.

- One attendee asked if the number of vaccinated staff were recorded. Tarryn explained that there is a system in place to record directly employed staff vaccinations, however this is a voluntary process since vaccination status is confidential. This therefore implies that the figures reflect vast under-reporting. HMPPS is trying to improve staff reporting rates, but there must be a recognition that staff feel a great deal of resentment about the Joint Committee on Vaccination and Immunisation decision not to prioritize them for vaccination and are finding this is impacting their willingness to disclose their vaccinations status. Éamonn further explained that due to confidentiality reasons, this data was not reported, but indications show that as with the wider community, the coverage of vaccination in prison staff is increasing. This has been accelerated in recent months, because the prison staff and demographics are often younger.

- One attendee asked if there are any learnings from comparing Welsh and English prisons. Tarryn explained that Wales reports vaccination progress differently and HMPPS does not have specific figures. But, HMPPS confirmed that all five prisons in Wales had completed vaccination of adults over the age of 18 by the revised government target date of 19th July 2021 and that their hesitancy rates are approximately 20%, comparatively lower than England. Linked to this, one attendee asked if there was any explanation as to why the percentage of Covid-19 positive prisoners and deaths in London are significantly lower than in other regions. Tarryn explained that HMPPS is unsure as to why hospitalizations and deaths are lower in London but knows that the hesitancy in this region is almost double that of other regions, and this is hindered further by a very high churn rate. Between February and June 2021, over 50% of prisoners who had been vaccinated in a London prison had been released, indicating the uphill battle they face. Éamonn explained that in order to do any meaningful comparisons across regions, there needs to be a consideration for small numbers. There are many variables, including the makeup of the prison population in different places, and that this then means that there are different experiences of mortality. He further ended with the caveat that regional variations do need analysing, and this will be done in due course.

- One attendee thanked Éamonn and PHE for their work in reducing Covid-19 deaths in prisons, as the impact is clear given the projected numbers and outcome given at the start of this meeting. Éamonn thanked this attendee and further reiterated the importance of the role the

voluntary sector and thanked the attendees for their respective roles in mitigating these circumstances too.

- One attendee addressed the point on balancing the risks and harms. The attendee was mindful of the serious mental health conditions of some prison residents and the amount of escalating mental health issues that may be going undiagnosed. Éamonn explained that he understands that these mitigations has often come at a high price for prisoners, and the best protection for renormalising regime is for prisoners to take up the offer of the vaccine.

HMPPS Update on regime recovery

Note: all facts and figures are accurate as of Tuesday 20th July, but may have subsequently changed

- Siân explained that the current prison population is 78,470 and there are 24 active outbreaks in prisons across the estate. Although the number of outbreaks has increased, this is on a smaller scale in comparison to previous stages of the pandemic. This is due to both vaccinations and the Reverse Cohorting Unit's efforts.

- There is currently a high level of staff absences due to the record number of track and trace app notifications asking those to isolate. HMPPS is currently exploring options of how to combat this, and mitigate the impact on regime delivery.

- As of 19th July, most restrictions in the community in England have been relaxed. However, prisons are bound by the National Framework and will not be lifting restrictions in the same fashion, and this has been communicated to staff, prisons and their families. HMPPS will continue to progress through the framework as agreed, and continue to assess how to safely reduce restrictions to allow for greater regime delivery during this period. But this is all within context of risk, and controls such as face masks and social distancing will remain for the foreseeable future.

- In terms of regime progression, there are now 27 prisons that have progressed to Stage 2, and there are many that will progress in the near future, as soon as it's safe to do so. HMPPS understands the restrictions that prisoners have been facing but also must consider the risks in progression, such as those caused by the Delta variant, and will balance where appropriate.

  The Test to Contact scheme has been rolled out to the wider estate after a successful pilot. There are varying levels of contact in England and Wales, where Wales is restricted to handholding, but in England hugging and embracing is allowed. Face masks must still be worn across both nations. In the last week, HMPPS has received ministerial approval to restart serving refreshments in social visit setting. HMPPS is currently undergoing final consultation with stakeholders to agree the processes.

- HMPPS is currently undergoing the final stage of engagement for Stage 1 of regime recovery, and will then seek ministerial approval to open the Stage 1 gateway, but want to publish guidance so the estate can start early planning. This will include reviewing group sizes for activities, movements and residential activities, and sites will begin to embed a new functional or cohort based approach to regime. This is to ensure the right activities are purposeful and can be delivered in the right place at the right time to the right person. And there'll be a much

greater focus on prisoners getting the right regime that they need, and that it's much more tailored for them.

- Stage 1 will also be a point for prisons to balance backlogs, such as staff training courses for prisoners, healthcare requirements etc, alongside prisons reintroducing the core business requirements. Prisons will also be dealing with the backlog from the courts as they start to reopen, and an increased number of arrests due to the recruitment of police officers.

- Governors will have more control of their regimes in Stage 1, compared to the previous stages. There are certain design principles, alongside a national design process that they must follow. Prison group directors will be involved during sign-off, but governors will localise their own regime based on these principles for their site, as a set of principles for the different functions of prison. HMPPS currently works closely with different governors and stakeholders to design those principles.

- Stage 1 will require prisons to set a foundation for future regime reform, known as 'Time Well Spent', working towards it for the next three years as it's being developed. This has been discussed at this group before and Chris Gunderson, who leads on this work and has previously attended RR3 meetings, hopes to come back and engage further with the third sector on this work. For now, HMPPS will focus its priorities on prisons progressing to the Stage 1 gateway where safe to do so, once ministerial approval is granted.

- Siân reiterated that vaccines are vital for regime recovery. HMPPS is awaiting a report from the NHS to find out if it met the government target of offering every adult prisoner a vaccine by the revised date of 19th July.

- HMPPS has undertaken work to ensure that the level of vaccinated staff is accurate and are in conversation with trade unions to encourage staff to report their vaccine status. In addition, the HR service team is creating a report that will allow hub managers to access a list of staff who have not reported their vaccinations, and allow their line managers to have those conversations. They will also be doing some in-depth testing at certain sites to ascertain the level of underreporting and provide assurances that vaccination levels in staff are in line with the community.

Discussion

- One attendee asked what the impact is of the fact that cases are rising, alongside the number of sites progressing to the Stage 2 gateway and questioned what impact this will have for frontline organisations to deliver services. Siân explained that HMPPS is aware of the confusion this might bring. HMPPS is confident that it is able to still deliver a regime where outbreaks are occurring. As most of the outbreaks are contained to the Reverse Cohort Units, which is where cases are able to be isolated, there is a minimal risk of infection spreading. Unless the multidisciplinary team who manages outbreaks in prisons expresses reason to restrict, regime recovery will continue as planned. HMPPS is not planning to stop frontline organisations delivering services, and will consider any outbreak on a case-by-case basis.

- One attendee asked about the principles of design for Stage 1, and in the context of reviewing movements and activity, whether there's anything in those principles of design that talks

specifically about the work of external partners as this could have an impact on the ability of voluntary organisations to deliver services. Siân expressed she was not familiar with the design principles and will follow up in due course.

- One attendee expressed the implications that Functional Cohorting (previously referred to as bubbling), was causing for visits, frontline service providers and communal worship. They outlined the resource complications surrounding this and asked for the sector to be involved in consultation. Siân explained that HMPPS is aware of the issues surrounding this and taking it into consideration for Stage 1 design. She expressed that this has been reflected in consultation but will take this back to the relevant team.

- One attendee asked for clarification regarding the difference between purposeful and not purposeful activity in Stage 1 design. They also asked what changes will be anticipated in Stage 1 design regarding the core day. Siân explained that the purposeful element will be a tailored approach to each person and ensuring that there is an approach to an individualized need. In regard to the core day, she expressed that it will be different in each localized area. But, any changes to the core day will go to consultation with trade unions and other stakeholders. She committed to information sharing regarding these aspects of regime design.

- Another attendee also expressed concern about how smaller group sizes may affect time out of cell, and perhaps more lockup, and questioned whether any mandatory minimums will be built into the design. Siân explained that there is a system in development regarding 'red flags' around delivery for regime. This covers time out of cell, and if an establishment goes below the red flag threshold, that will trigger involvement from Gold Command and the Prison Group Directors to bring the establishment back above the threshold. Linked to this, one of the strands of reform is looking at how time in cell can be more purposeful rather than seen as a negative, for example through the use of technology. The attendee expressed that time in cell is not appropriate and the materials that have been provided over the pandemic have been unsatisfactory, and highlighted the annual report released by Her Majesty's Inspectorate for Prisons and their criticisms of the in-cell material provided. Siân reiterated that HMPPS understands the different needs of individuals and that Stage 1 design will focus on the tailored approach needed for regime delivery, and that in-cell material will not justify prolonging time in cell for those that don't need it.

- One attendee questioned the figures about how many prisons are currently at Stage 3. They also questioned what mandates were in place for those being Released On Temporary License (ROTL) as in their experience, in three prisons, this has led to a circuit break. Siân explained that 27 sites are at Stage 2, meaning the remaining 97 sites are at Stage 3, with many looking to progress to Stage 2 in the near future. Siân expressed that the weekly heatmap can be shared on request by Clinks (to request, please email covid19@clinks.org) with up-to-date facts and figures. Siân expressed that those that go on ROTL are encouraged and offered regular LFD tests but due to government guidance, cannot mandate this, or being vaccinated as mandatory. HMPPS will continue to reinforce those that manage ROTL to encourage testing and vaccinations.

Closing remarks

- Jess explained that there is a need to keep up-to-date with the current situation, and understand how it is impacting at a local level. Clinks will re-advertise their Covid-19 inbox in order to encourage intelligence from the sector about this.

- Although there was thinking to have a break in August, Jess explained that due to the current climate, we will not break and the next meeting will be held on Wednesday 18th August 2021. We will invite Chris Gunderson to this meeting and see if it's possible to share any written information about the Stage 1 design in advance to inform that discussion.

- Jess thanked those for attending and brought the meeting to a close.