



**Notes from the Reducing Reoffending Third Sector Advisory Group (RR3) Special Interest Group on  
Covid-19  
Wednesday 3<sup>rd</sup> February 2021, via video call**

Attendees:

Jess Mullen, Clinks (chair)	Helen Kelly, Changing Lives (co-opted)
Will Downs, Clinks (notes)	Tracy Eadie, Recoop
Martin Blakebrough, Kaleidoscope	Pippa Goodfellow, Alliance for Youth Justice (co-opted)
Tracy Wild, Langley House Trust	Vicki Cardwell, Spark Inside (co-opted)
Khatuna Tsintsadze, Zahid Mubarak Trust	Linda Patterson, User Voice (co-opted)
Helen Dyson, Nacro	Dez Brown, Spark2Life
Francesca Cooney, Prisoners Education Trust	Dee Anand, Together
Andy Keen-Downs, Pact (co-opted)	Peter Dawson, Prison Reform Trust
Phil Maguire, Prison Radio Association (co-opted)	Alice Dawnay, Switchback (co-opted)
Simon Ruding, TiPP (co-opted)	Esther Baker, Synergy Theatre (co-opted)
Nathan Dick, Revolving Doors Agency (co-opted)	Kate Davies CBE, NHS England and Improvement

Apologies:

Anne Fox, Clinks  
Lisa Dando, Brighton Women's Centre  
Laura Seebohm, Changing Lives  
Nina Champion, Criminal Justice Alliance  
Paul Grainge, Recoop  
Neil Grutchfield, Synergy Theatre  
Peter Atherton, Community Led Initiatives  
Kate Paradine, Women in Prison  
Emma Wells, Community Chaplaincy Association

Update from NHS England and Innovation on vaccinations in custody

- Kate Davies CBE is Director of Health and Justice, Armed Forces and Sexual Assault Referral Centres for NHS England and Improvement (NHSE/I).
- The vaccination programme in England is set by the Joint Council on Vaccinations and Immunisations (JCVI). The JCVI make recommendations to government on the roll-out of the vaccination programme and prioritisation. Neither NHSE/I, nor HM Prison and Probation Service (HMPPS) can make decisions as to who gets prioritised for vaccination.
- The Pfizer vaccine was unfeasible to use in the prison estate, due to requirements of storage and transportation. Only the Oxford- AstraZeneca vaccine is therefore being used in prisons. The

Oxford- AstraZeneca vaccine was cleared for use on 4<sup>th</sup> January 2021. NHSE/I then entered conversations with the JCVI to ensure that the prison population would be vaccinated on equivalence with the community.

- Wales' vaccination programme started first. The number of people in the first cohort was much less than in England. NHS E/I are in discussion with JCVI and colleagues in Wales to ensure that cohorts five to nine will continue to go live along the timetable announced for phase 2.
- The vaccination programme in England went live in the week of 25<sup>th</sup> January 2021. 67 establishments received deliveries of vaccinations that week, and by the end of this week it is hoped there will be vaccinations available across the full prison estate. The target in prisons now reflects that in the community - i.e. to have all [priority cohorts](#) one to four receiving their first vaccination by 15<sup>th</sup> February.
- There a number of logistical challenges that continue to be managed. Vaccines are distributed in packs of 100 or 80 vials. Each of these vials have eight to 12 doses in them. NHSE/I worked with partners to identify the numbers of individuals that fell within the priority groups, to create rotas and patient flows.
- A great positive of the Oxford- AstraZeneca vaccine is that it can be stored at fridge temperature. An open vial lasts six hours in a fridge but an unopened vial can last 6 months in a fridge. There are provisions for health and social care staff to receive vaccines at the end of day, if vials have been opened. This is comparable to the practice in the community.
- The roll-out of vaccinations also needs to be aligned with primary care networks, NHS Trusts, commissioners and partners on the custodial side. The roll-out is cross-team and multifaceted endeavour.
- There are also a number practical challenges related to the current situation in the prison estate<sup>1</sup>:
  - Infection rates remain high in prison - HMPPS is managing 79 outbreak controls across the prison estate. There are around 1,000 active infections in prisons; 2,000 symptomatic people that are isolating; and 3,300 asymptomatic people that are isolating.
  - There are a large number of prison staff absences. During week commencing 25<sup>th</sup> January 2021, there were 4,600 Covid-19 related prison staff absences and 350 Covid-19 related prison healthcare staff absences.
  - There is temporary accommodation in prison because of single cell occupancy or reverse cohorting units across the estate, so NHS need to take into account the throughput of patients and what that means for prison regimes.
  - Highly restrictive stage 4 regimes continue, as set out in the national framework for prisons.
- Rigorous recording requirements have been implemented, to ensure that patient records are stored in such a way that enables the NHS to know who has received a vaccine in prison, and

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<sup>1</sup> To our best knowledge all figures were accurate at the date of this meeting, but figures will since have changed. [For weekly figures of deaths and confirmed cases of Covid-19 in custody see here.](#)

that people are notified of their date of their second vaccine, whether they remain in prison, move across the estate or are released from prison,

- Alongside the vaccination programme, people must be reminded that social distancing, cohorting restrictions, and other measures remain vitally important.

### Questions and discussion

#### **When do you expect both statutory and voluntary sector staff and volunteers in prisons to be given priority?**

NHSE/I and other partners submitted a strong case to JCVI to look at a whole prison solution to vaccinations as the most sensible approach to addressing the heightened level of risk within a closed environment. They suggested that as well as health and social care staff, all prison staff and volunteers should be included in vaccination plans. NHSE/I are still waiting for an outcome.

#### **What work is being done to address levels of mistrust and concern towards the vaccine amongst people in contact with the criminal justice system? How can the voluntary sector help address some of these concerns and support with the communications?**

Kate Davies acknowledged and understood the level of concern over receiving the vaccine in wider society, not just amongst people in the criminal justice system. Many people had understandable concerns, and there is work to be done to tackle misinformation, including amongst particular groups of people. NHS can provide the messages and the literature, but often one-to-one conversations conducted by the voluntary sector are likely to be much more effective than glossy NHS leaflets. The voluntary sector can play an essential role in helping to quash rumours and myths. Kate Davies welcomed the work of the Prison Radio Association to address some of these challenges.

Attendees shared insights from their experiences of how concerns over vaccines materialises in different ways across different cohorts of people they work with. Some attendees were already putting in place measures to address such concerns, and expressed their willingness to support the NHS and HMPPS to encourage the take up of the vaccine. An attendee suggested it would be useful in the first instance to see data in relation to attitudes amongst different groups.

Kate Davies welcomed further conversations on this. Jess Mullen said HMPPS have been in touch to discuss the messaging around vaccinations, and Clinks would ensure Kate's team is involved in those discussions.

#### **It appears as though the overall infection rate in prisons is at a higher rate than in the community. Is this correct, and will the numbers of infections in prison be made public?**

People are most likely to contract Covid-19 from people within their own households, and prisons are an environment where many people are living together and interacting together. The infection rates have been high because of the environments that people are working and living in, but the infection transmission rate isn't any different amongst this cohort.

#### **Could clinical considerations for prioritisation of vaccinations take into account the exceptional impact on mental health of prison lockdown?**

No. The priority on vaccines is very clearly defined by clinical conditions and not mental health conditions. Someone who is not in the priority cohorts would not be prioritised due to an acute

mental health need and diagnosis, or due to risk of self-harm. As it stands, people in prison will be vaccinated in accordance to community delivery.

Kate Davies thanked the group and encouraged members to send the RR3 secretariat across any further questions or enquires related to this work.

ENDS.