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Chair, Independent Monitoring Board
HMP Rye Hill
Willoughby, Nr. Rugby
Warwickshire
CV23 8SZ

MoJ Ref: ADR 081929

8 October 2020

Dear ██████,

**HMP RYE HILL: INDEPENDENT MONITORING BOARD ANNUAL REPORT
FOR 1 APRIL 2019 – 31 MARCH 2020**

Thank you for your Board's report for the year ending 31 March 2020. I am grateful to you and your colleagues for your hard work in capturing these helpful observations, especially as you were considerably short of Board members during the reporting year. Despite this, I am pleased the Board still managed to attend external meetings.

I acknowledge the Board's ongoing concern about the needs of older prisoners and those with health issues, particularly men convicted of sexual offences (MCOSO). HM Prison and Probation Service (HMPPS) will make every effort to allocate prisoners to the most appropriate establishment setting based on the risk they present to the community, themselves and others. The Health and Social Care Partnerships Team at HMPPS works with health and local authority partners to continually try and meet the complex range of needs for those in our care. Those with dementia are referred to local authorities and support packages put in place where appropriate. It should be noted, however, the majority of cases do not meet the threshold of the local authority delivered care packages, and as such, support is delivered by HMPPS staff and peers. This team is currently in the process of developing and procuring a Level 3 Social Care Apprenticeship for prison officers, which will include working with men and women diagnosed with dementia. In some regions, Help the Aged and other charities work with prisons, and some Dementia cafés have been set up.

I would like to address the Board's concern about the process for applying for compassionate release, as the issue of Early Release on Compassionate Grounds (ERCG) is complex. It is essential for officials to balance public protection concerns with the needs of offenders reaching the end of life or who have serious and complex health needs while serving a custodial sentence. For terminal diagnosis, while the policy provides a guide that an estimate of three months is an appropriate point at which to release under the provisions of ERCG, each case must be considered on its merits whether that be release to a hospice environment, a hospital or at a private address and officials will be conscious of the public protection requirements of such arrangements. ERCG may also be considered for offenders who have complex health needs which cannot be adequately addressed while they remain in a custodial setting. In terms of the current policy, the Ministry of Justice Bail, Sentencing and Release Policy Team is undertaking a review. As part of this, the policy will be assessed to ensure that the process for ERCG applications is clearer and incorporate examples of cases previously approved for ERCG. My officials have also advised that the ERCG application team has a generic e-mail address which is monitored for receipt of applications. A reminder notice will be sent to prison staff with the address and the contact details of the relevant team, which I hope improves the communication problems experienced.

The Director remains committed to continuous improvement and the pursuit of excellence within this sensitive, emotive and important area. Likewise, the Dying Well in Custody Charter April 2018 mirrors the Ambitions for Palliative and End of Life Care and provides a framework for establishments to act upon.

Regarding prisoners with mental health and transferring them to an appropriate setting. I would like to reassure you that we are determined to improve the secure hospital transfer process, ensure delays are reduced and avoid prisons being used inappropriately. The Secretary of State for Justice is committed to working with the Secretary of State for Health (with health partners) to articulate a coherent picture of how healthcare is delivered throughout the criminal justice pathway. Government resources and priorities are currently being directed to the response to Covid-19, but we remain committed to continuing bilateral discussions on this topic when it is appropriate to do so.

We are also continuing to work in close collaboration with health partners to make sure that, where appropriate, vulnerable offenders are diverted away from custody and, where possible, from the criminal justice system altogether. This includes Health and Justice partners working together through the Community Sentence Treatment Requirement Programme, to ensure greater use is made of mental health, alcohol and drug treatment requirements as part of community sentences. In addition, revised guidance on the transfer and remission to hospital from prison, to improve the support offered to vulnerable prisoners, is due to be published later this year. This will promote timely access to appropriate treatment under the Mental Health Act (MHA) and should reduce unnecessary delays to treatment. The Government is also committed to legislate to reform the MHA and is working on publishing a White Paper in the coming months.

NHS England and Improvement will continue to work closely with the HMPPS Controller to support the healthcare team at HMP Rye Hill. Nationally, it should be noted that during the design phase of the new Resettlement prisons the needs of older prisoners were considered. This goes far beyond the majority of the existing estate with a large proportion of adapted rooms to meet the needs prevalent among the cohort, further details are set out in the annex to this response.

Despite your concerns, it was reassuring to receive your comments that the Board considers HMP Rye Hill to be a safe environment for the current population. I was encouraged to read about the peer led interventions, which I understand are proving to be very successful and I welcome the Pets as Therapy scheme. It was also pleasing to note over the reporting period the low levels of self-harm and that violence reduction initiatives continued, along with celebratory rewards given to prisoners to help promote a non-violent culture.

I note you have raised some local issues of concern in your report which the Director will continue to keep you aware of as work continues. HMPPS comments in response to other issues raised in your report are set out in the attached annex.

The Justice Secretary and I appreciate the valuable role played by members of Independent Monitoring Boards throughout the estate and we are very grateful for your continued hard work on behalf of HMP Rye Hill.

Yours sincerely

A handwritten signature in black ink that reads "Lucy Frazer". The signature is written in a cursive, flowing style.

LUCY FRAZER QC MP

Annex

HMP RYE HILL: INDEPENDENT MONITORING BOARD ANNUAL REPORT FOR 1 APRIL 2019 – 31 MARCH 2020

HMPPS comments on matters raised in the report

Resettlement Support

For MCOSOs

In 2019, HMP Woodhill began transition from a Core Local Prison (CLP) to a Category B training prison with a Category A trial function and specialist units. At the beginning of February 2020, HMP Manchester commenced transition from a CLP to a Category B training prison with a Category A remand function. When both prisons have fully transitioned, this will add approximately 1300 Category B training places to the estate. Additionally, HMP Haverigg in Cumbria changed from a Category C prison in January 2020, capable of holding up to 268 Category C prisoners, to a Category D open prison initially holding up to 458 Category D men with the potential to increase to 570. This change has provided additional capacity in the adult male open estate, including for MCOSOs. As well as this, HMPPS is currently making plans for HMP/YOI Hollesley Bay in Suffolk to accept MCOSOs as part of their population. However, only when HMPPS is fully satisfied that this can be delivered safely without putting the public at risk, will it proceed to introducing the new offender group.

There are a growing number of MCOSOs being sent to prison, invariably for longer sentences, which consequently has resulted in an increasing number of men classified as low risk and suitable to be held in open conditions. It is therefore necessary to respond to these shifts to ensure that prisoners are held in the most suitable conditions, which both protect the public and offer the correct rehabilitative environment. Not to mention the enhanced Through the Gate service for prisoners covered in last year's response, an additional £22 million has been invested per annum for the remainder of the Community Rehabilitation Companies (CRCs) contracts to ensure they deliver this service and provide complete specific, tailored, tasks to help prisoners resettle successfully back in the community. The National Probation Service continues to work towards increasing the commissioning of these services, including setting minimum levels of purchasing, to encourage full use of the appropriate rate cards.

CRCs will work to an Exceptional Delivery Model (EDM) which reflects the Covid-19 social distancing measures so this limits the ability to have physical contact with prisoners. The EDM will also focus on ensuring discharged prisoners are released as safely as possible under the prevailing circumstances. Locally, staff at the prison continue to ensure prisoners released directly from HMP Rye Hill have appropriate assessments and support in place ready for discharge. A senior probation officer and 6.5 probation officers have been recruited to assist in this area.

New Resettlement Prisons for Older Prisoners

The needs of older prisoners were considered during the design of the new Resettlement Prisons and as mentioned go far beyond the majority of our existing estate with a large proportion of rooms adapted to meet needs prevalent among the cohort, namely:

- A low-mobility cell on each spur (84 in total);
- Four wheelchair accessible cells on the ground floor of each unit (28 in total);
- Two medical cells on the ground floor of each unit (14 in total);
- A gated cell on the ground floor of each unit (7 in total);
- A cardio-gym, medication dispensary, kitchen and activity space on each landing, including access to two group rooms on each unit that could be set up as an older prisoner activity centre;
- Elevators throughout to enable access to areas providing regime;

- areas for planting of raised flower beds to provide age-appropriate activity (for accessibility and interest) for older prisoners; and
- A painting plan to maximise orientation for those with dementia or other age-related illnesses.

Indeterminate Sentence of Imprisonment for Public Protection (IPP)

HMPPS remains committed to doing all it can to support the progression of IPP sentenced prisoners and to help them reduce their risk to the point where the independent Parole Board determines that they may be safely released. The work to improve the management and progression of those serving IPP sentences has been underway for some time and is regularly reviewed; it continues to be delivered via the joint IPP Action Plan, developed in partnership with the Parole Board. HMPPS is prioritising post-tariff prisoners in accessing rehabilitative interventions which includes Psychology Service led reviews and enhanced case management for those prisoners who have a complex set of risks and needs. These reviews have identified pathways for individuals who have not progressed at all, following two or more parole hearings, which includes large numbers of prisoners convicted of sexual offences. The pathways include access to services available through the Offender Personality Disorder provision. To date over 1,500 reviews have taken place with 310 IPP prisoners from this cohort having achieved release, and a further 394 a progressive move to open conditions. HMPPS has also invested in four specialist Progression Regimes across the country dedicated to supporting indeterminate prisoners who are struggling to achieve release via the usual routes. These provide 385 places in the prison estate.

Across the custodial estate, the population of prisoners serving IPP sentences was over 6,000 at its peak in 2012. The latest published figures show the unreleased IPP population stood at 1,969 at the end of June 2020, which is itself a reduction from 2,134 at the end of December 2019 – demonstrating the improvement in opportunities available to IPP prisoners to progress in their sentence. However, it is important to note that, as the unreleased IPP population continues to decrease, those remaining in the prison population present the most complex and challenging cases. Many of these prisoners are still assessed as posing a high risk of committing further violent or sexual offences. HMPPS will continue to work with these individuals to offer opportunities to reduce their identified risks but ultimately these risks must be addressed before the Parole Board can consider the prisoner for release.