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IMPRISONMENT FOR PUBLIC PROTECTION (IPP) SENTENCES

Thank you for your letter of 7 February regarding the Imprisonment for Public Protection (IPP) sentence and your concerns over the mental health of IPP prisoners in light of the increase in self-inflicted deaths of this cohort. I was grateful for the opportunity to discuss the important work of the Independent Advisory Panel on Deaths in Custody in our introductory meeting, and I look forward to discussing these issues with the Panel at the next meeting of the Ministerial Board on Deaths in Custody on 13 May.

Thank you for setting out your reasons in support of Lord Moylan's amendment to the Victims and Prisoners Bill on changing the release test applied by the Parole Board and your concerns about the challenges IPP prisoners face when trying to demonstrate that they are safe to be released. We have carefully considered this amendment and my colleague Lord Bellamy set out why we do not agree with changing the release test in the Lords Committee stage debate on 12 March.

The Government's view is that the current release test does not require the prisoner to show that they are safe to be released. There is no burden of proof on any party, whether the Parole Board or the IPP prisoner in question, and we do not believe it is necessary to introduce a burden to prove the offender should not be released. Our new statutory release test introduced by the Bill codifies what is meant by public protection, to make clear that minimising risk and protecting the public are the sole considerations for the Parole Board in deciding release. It applies to all release decisions, including for IPP prisoners.

However, the issue of IPP sentences remains a top priority for the Lord Chancellor and His Majesty's Prison and Probation Service (HMPPS). The Government believes that the Justice Select Committee (JSC) report into the IPP sentence provided a valuable opportunity to take stock and identify areas for improvement which will make a genuine difference to the way that those serving IPP sentences are rehabilitated and supported through safe release, or termination of the licence, where appropriate. In view of this, we are reducing the qualifying period for licence termination as part of the changes we are making in the Bill. This seeks to restore greater proportionality to the IPP sentence and provide a clearer pathway to a definitive end to the licence and, therefore, the sentence.

Your letter raises the very important issue of the risk of suicide for this cohort. Every death in prison custody is a tragedy that deeply affects families, staff, and other prisoners. Reducing the number of self-inflicted deaths in custody is a key priority for HMPPS, and staff work very hard to identify and support IPP prisoners at risk of suicide and self-harm. All deaths in custody are fully investigated by the independent Prisons and Probation Ombudsman (PPO) and are subject to an inquest by His Majesty's Coroner. HMPPS take the

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findings of the investigation and inquest very seriously, and action is taken to address any recommendations or matters of concern that are raised.

As you know, the Department of Health and Social Care published a five-year Suicide Prevention Strategy for England, which sets out the Government's ambitions to reduce suicide rates, improve support for people who have self-harmed and improve support for people bereaved by suicide. As part of the Strategy, the Ministry of Justice has committed £625,000 funding per year until March 2025 to Samaritans to maintain delivery of the Listener Scheme and postvention service. HMPPS will continue to roll out suicide and self-harm prevention training among staff, encouraging a joined-up approach to prison safety, and is also planning to install new ligature-resistant cells, focusing on the highest-priority prisons.

The Government recognises that many IPP prisoners suffer from mental health issues and that uncertainty over the release date could further impact these issues. We are committed to improving outcomes for people with mental health needs, including those serving IPP sentences, and recognise the importance of providing the right interventions at the right time. Health and justice partners have committed to providing an equivalent standard, range and quality of healthcare in prisons to that available in the community.

If a prisoner has a severe mental health need to an extent that detention under the Mental Health Act may be appropriate, they will be referred and assessed clinically to determine whether transfer to a mental health hospital is warranted. In order to receive treatment under the Act, two separate assessments are required to determine whether the patient meets the detention criteria. We are determined to ensure these transfers take place in a timely manner. Working closely with our health and justice partners, we will continue to drive forward work to introduce a non-statutory independent role designed to improve oversight and monitor delivery of the 28-day time limit set out in NHS England's good practice guidance.

In addition, the HMPPS Safety Group produced a learning bulletin sharing early learning from the self-inflicted death of IPP prisoners in May 2023. The bulletin provided guidance for suggested actions staff can take, including the importance of considering IPP prisoners' heightened level of risk. As part of the safety actions in the refreshed IPP national action plan published in April 2023, HMPPS has also developed a dedicated safety toolkit with a range of materials to support and inform staff engagement with people serving IPP sentences, and to recognise where there is a heightened level of risk of self-harm and suicide among IPP prisoners. The toolkit has provisionally been issued to 10 prisons and, based on the feedback received, will be rolled out across all prisons in the Summer. The HMPPS Safety Group also included a focused session on IPPs in their Safety week, which took place at the end of November 2023, and is considering further ways to raise awareness on the risks of IPP prisoners with staff.

Your letter also raises the important issue of ensuring IPP prisoners have the opportunity to progress towards safe release. As you note in your letter, the JSC recommended undertaking a full re-sentencing exercise of all remaining IPP offenders. The Government's view is that retrospectively changing the sentence which was lawfully passed would expose the public to an unacceptable risk. It would inevitably result in the release of many offenders who have committed serious sexual or violence offences, in many cases not even with a period of licensed supervision. I recognise that many IPP prisoners are substantially post tariff. However, it is vital for public protection that those serving the IPP sentence in prison, whether unreleased or recalled following release, are released only when the Parole Board determines that they may be safely managed in the community.

As a valued member of the IPP External Stakeholder Challenge Group, you will be aware that the Government continues to focus on the rehabilitation of IPP prisoners via the refreshed and updated Action Plan. The IPP Action Plan provides a renewed focus on supporting those serving IPPs in both custody and the community. It sets out actions to help prisoners progress towards safe release, with a sentence plan tailored to their individual needs, and to support those in the community on licence to comply with their

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conditions and progress towards licence termination. A particularly important achievement of the action plan is that we have extended provision of Psychology Services to the cohort of all IPP prisoners. This means that Psychologists will work with these people in prison who have the most complex and challenging needs and to work with the Community Offender Manager through the prison gate into the community. This new provision will provide a level of consistent support and engagement not only in prison, but also during those difficult early stages following a release via the Parole Board.

In February, the Director General of Operations for HMPPS commissioned all Area Executive Directors across England and Wales to produce a front-line focused IPP Delivery Plan. The commission requires each plan to identify how it will ensure IPP prisoners have an up to date and accurate sentence plan, and are in a prison where they are able to achieve the objectives contained within it. Within this commission there is also a requirement to identify and support those who are at risk of self-harm and suicide, and that there is a clear two-way communications approach in each prison Area where information can be share with those serving IPP sentences and feedback received from them. I see this vital renewed focus on driving practice improvement in our prisons and probation delivery units as key to building further on the progress we have already made.

Thank you again for your letter. I look forward to discussing these and other issues at the upcoming meeting

of the Ministerial Board. - it was very good to nect with you, and thank you to the v. helpful follow-up lether.

RT HON EDWARD ARGAR MP