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Rt Hon. Yvette Cooper MP
Chair, Home Affairs Committee
House of Commons
London
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Dear Chair,

Thank you for your letters of 4 May 2020 about the management of Covid-19 in immigration removal centres (IRCs) and visa extensions for NHS staff.

First, I will address your questions regarding immigration detention and removals, I take the welfare of those we detain very seriously. As you will be aware the High Court ruled that the Home Office is taking sensible, precautionary measures in relation to coronavirus and immigration detention. This is in line with the Public Health England guidance, and these measures are in place to protect staff and detainees during these unprecedented times. We consider the outcome to be a strong endorsement of the steps we have taken so far and which we will continue to take.

We are always mindful of our legal obligations, particularly when assessing each individual and their circumstances, to ensure there is a realistic prospect of removal, within a reasonable timescale. Decisions to detain are made on a case-by-case basis and kept under constant review.

Regarding detention and the Home Office's response during Covid-19, our priority in current circumstances is to continue to maintain the lawful detention of the most high-harm individuals, including foreign national offenders and currently, the vast majority of those in detention are foreign national offenders. The Home Office remains committed to removing foreign national offenders, and we will continue to do so where routes are available and as further routes return in the future.

In response to your question around cases in detention, we are following guidance published by Public Health England, Health Protection Scotland and the NHS in our immigration removal centres, and as such detainees are not routinely tested. Detainees arriving at an IRC are medically assessed by a nurse within two hours of their arrival and offered an appointment with a doctor within 24 hours, with access to medical assistance for the duration of their detention. Healthcare professionals continue to bring to

our attention those individuals whom they consider to be at risk of suicide or self-harm and are offering support to detainees who are otherwise in need of mental health coping strategies during this time which continue to be of careful consideration in our reviews of their ongoing detention.

There are currently no confirmed cases of Covid-19 in detention. As of 14 May, there had been two confirmed cases of COVID-19 amongst those in detention: one individual in Yarl's Wood IRC and one in Brook House IRC. Following guidance from Public Health England, after displaying symptoms these individuals were placed in isolation. Both have subsequently been released from isolation and are asymptomatic – one individual has since been released. The remaining individual has been assessed as being most vulnerable under the Home Office Adults at Risk policy and we continue to keep their health, welfare and detention under regular review. A third individual tested positive for coronavirus having recently been released from detention in Harmondsworth IRC. Whilst in the IRC, the individual was in isolation and was then released as there was no realistic prospect of their removal within a reasonable timescale. No other detainees have tested positive for COVID-19.

For numbers of people in detention and removals, we do not routinely provide a running commentary on those in the detention estate and the number of removals and deportations, especially given the fast-changing nature of the current circumstances. Data is published quarterly and the next publication covering the period to the end of March, where the first effects of our response to Covid-19 will be available, will be published on 21 May. All individuals in detention have had their cases reviewed to consider the risk and impact of coronavirus, with new interim guidance issued in March this year setting out the action that case workers should take in response to coronavirus. Each individual in detention has been assessed against the guidance on vulnerability to COVID19 issued by Public Health England (PHE). In addition, all detainees with underlying health vulnerabilities are automatically treated as being most vulnerable under the Home Office Adults at Risk policy.

Second, you asked for further details on the automatic visa extension offer for certain health workers.

My early announcement on 31 March focused on migrant doctors, nurses and paramedics working in the NHS, and I can confirm we have already contacted 270 NHS trusts, across the UK, to identify who is eligible for this offer. Building on this, on 29 April, I announced an expansion of this offer to a wider range of health professionals, and their families, working in the NHS and for Independent Health and Care Providers. In addition to doctors, nurses and paramedics, extending our offer will benefit: midwives, pharmacists, physiotherapists, medical radiographers, therapy professionals not elsewhere classified, occupational therapists, health professionals not elsewhere classified, podiatrists, speech and language therapists, psychologists, ophthalmologists, biological scientists and biochemists, dental practitioners and social workers.

We recognise that every individual working in and to support the health and care sector is playing a crucial role in the UK's efforts to tackle coronavirus and save lives. This offer is for key frontline health workers and follows guidance from the Department of Health and Social Care as to which workers should be included. This offer is also just one part of the Government's overall response to support the UK during this pandemic.

We are determined to give the social care sector the support it needs to respond to Coronavirus and continue to work closely with Public Health England to monitor the impact on care homes. But the disparate nature of the social care sector makes it a unique

challenge. The Government is showing its support and gratitude to this sector in a number of different ways, including providing additional funding for adult and children's social care and through a recently launched national recruitment campaign. Care home staff working in one of the defined occupations eligible for an automatic visa extension are included in the scope of the offer.

You mention the life assurance scheme announced by the Department of Health and Social Care and we estimate in the region of 3,000 to 4,000 health workers will be eligible for this. However, these numbers compared to the care sector are incomparable, where there could be tens of thousands of non-EEA care workers. Existing immigration legislation enables the Home Secretary to act in exceptional circumstances, such as those we currently face, and I am taking steps to ensure no one will be penalised for circumstances outside of their control.

Outside of the extension, migrants who come to the UK for more than six months are required to pay the Immigration Health Surcharge, regardless of where they are working. This money goes back into the NHS and it would not be fair to make exceptions, particularly as other essential public workers are also required to pay the surcharge, such as teachers. In return, they can access the full services the NHS offers. We have a well-established principle that everyone should pay in for the care they receive from the NHS. Finally, in response to this pandemic, any visa will be extended to 31 May 2020 if an individual cannot leave the UK, because of travel restrictions or self-isolation related to coronavirus. An individual can also apply from the UK to switch to a longer-term UK visa until 31 May 2020. This includes applications where they would usually need to apply for a visa from their home country.

All of our policies remain under review and we are continuing to give further thought as to what more we can do to support frontline workers.

With all your wishes


Rt Hon Priti Patel MP