Rt Hon Robert Jenrick MP
Minister of State for Immigration

Home Office

Dame Diana Johnson MP Chair, Home Affairs
Steve Brine MP Chair, Health and Social Care
Clive Betts MP Levelling-Up, Housing and Communities
House of Commons
SW1A 0AA

23 January 2023

Dear Chairs of Committees,

Thank you for your letter of 5 December 2022 regarding public health considerations in asylum accommodation.

The unprecedented numbers of people who have made the illegal, dangerous and unnecessary Channel crossing– facilitated by people smuggling gangs – have imposed significant pressures on local services and the NHS. Under these difficult circumstances, the Home Office continues to work in partnership with the NHS, UK Health Security Agency (UKHSA), Department of Health and Social Care (DHSC) and local authorities to support the health and wellbeing of illegal migrants as far as practicable and above all, to protect the wider UK population.

The Home Secretary and I have taken immediate steps to respond to the public health risk presented by diphtheria and other infectious diseases, to safeguard the welfare of those in our care and also those who provide services and care:

- On arrival, all individuals are medically screened by paramedics at the Western Jet Foil site in Dover. Measures are in place to identify symptoms of diphtheria and anyone requiring additional attention will be seen by the onsite doctors.

- If diphtheria is suspected, the individual will be clinically assessed, swab tested and until the result is known (two to three days later) isolated either within Manston or in dedicated isolation accommodation where they will be treated until deemed medically fit. Antibiotics are offered immediately to suspected cases and there is ongoing dialogue between the medical practitioners at Manston and within the isolation accommodation on appropriate treatment.

- If the individual with suspected diphtheria is an Unaccompanied Asylum Seeking Child (UASC), they will be isolated in a temporary hotel placement until they are diphtheria-free. Each child will be registered on the National Transfer Scheme but will only move to that placement on the completion of the antibiotic course and when follow-up tests are negative.

- To mitigate risk of ongoing transmission and severity of disease, arrivals at Manston are offered a diphtheria vaccine, and we are working to roll out prophylactic antibiotics to all new arrivals. Guidance is also available in multiple languages on spotting the symptoms of diphtheria and what to do next. UKHSA have advised that universal asymptomatic testing is not required at the present time.

- In the broader asylum accommodation estate, we continue to work with providers to share the very latest public health advice from the UKHSA. We have recently distributed clear, at-a-glance guidance, in partnership with UKHSA, on managing the risk of infectious disease in their accommodation.

Every effort is made to follow these agreed pathways, although we cannot detain people for the purposes of isolation or compel them to receive vaccination or treatment.

We note your comments that you understood Dame Jenny Harries *'advised that no lateral flow-style test could be universally applied at Manston'* but in fact we, and she, are not aware of this point being made. In the official briefing note on control of Diphtheria the position on mass testing was as follows:

"Mass screening for diphtheria is NOT recommended. Preliminary results from a mass screening pilot suggest wider screening of all new arrivals is unlikely to yield many additional cases beyond a targeted screening approach based on clinical symptoms. In addition, given the resource constraints in these settings, impact on laboratory capacity and resulting time lags to initiate interventions, screening is not recommended."

Ministers and officials at all levels in the Home Office are in regular communication with the UKHSA and NHS services, and UKHSA continues to provide advice and guidance on our testing and screening processes, and broader infection prevention and control measures. Home Office officials receive regular updates from DHSC and UKHSA counterparts on public health risks in asylum accommodation, and we work in collaboration with DHSC and UKHSA to respond to any emerging risks as they arise. The overall public health risk assessment in asylum accommodation has remained static for several weeks, but we continue to be vigilant and are keeping the situation under active review. Should the public health risk assessment change, we will consider all steps necessary to contain the spread of infectious disease and protect the general public and asylum seeker population.

Diphtheria case numbers remain low: 73 cases have been confirmed between 1st January 2022 and 15th January this year in the asylum seeking population. The UK's extremely effective childhood immunisation programme for diphtheria means the risk to the general population in the UK remains very low, including allowing for lower rates of vaccine uptake among some local communities. We are advising anyone who may be concerned that their immunisation schedule is not up-to-date to contact their GP to arrange an appointment. This includes Home Office staff and providers working on asylum accommodation sites, whom we are asking to ensure are up-to-date with their routine immunisations. There have been no diphtheria cases reported among staff.

We are aware that concerns have been raised about effective data-sharing between the Home Office, local authorities and health partners. The Home Office is fully committed to working in partnership with local authorities, the UKHSA and the NHS to improve services for supported asylum seekers and we recognise that data plays an essential part in

delivering on this responsibility. The Home Office has committed to notifying local authorities at least 24 hours before asylum seekers are placed in their areas and provide information on the proposed cohort to be accommodated, to help local authorities plan for the provision of health, education and other local services, recognising that this may be subject to change at late notice. This includes timely sharing of relevant available medical information between health partners, within the remit of our statutory obligations on data protection.

With regards to funding, local authorities are key partners in enabling us to procure sufficient accommodation to end the use of hotel contingency. The Full Dispersal model, announced on 13 April 2022, is supported by £21m of un-ringfenced grant funding to make sure eligible local authorities can provide wraparound support locally. Local authorities will also receive £3,500 for each new dispersal accommodation bed space in the 2022/23 financial year.

On the matter of age assessments and safeguarding, age assessments are challenging but vital to identifying genuine asylum seeking children and stop abuse of the system. We are taking a holistic approach to prevent adults claiming to be children, or children being wrongly treated as adults – as both present serious safeguarding risks to children. Many of those arriving in the UK who claim to be children lack clear evidence, such as a passport, to back this up. Decision-making is very challenging, and the current process is very subjective and can be disputed in long and expensive legal challenges.

In the absence of documentary evidence, Home Office staff will treat a claimant as an adult, without further consideration of their age, only if their physical appearance and demeanour very strongly suggests that they are significantly over 18 years of age. This is an important step to prevent individuals who are clearly an adult or child from being subjected unnecessarily to a more substantive age assessment.

If there is doubt whether a claimant is an adult or child, they will be referred for a local authority assessment and will be treated as a child until a decision on their age. We are setting up a new National Age Assessment Board which will consist of expert social workers, whose task will be to conduct age assessments upon referral from a local authority.

Yours sincerely,

Rt Hon Robert Jenrick MP
Minister of State for Immigration