Department of Health & Social Care

From Jo Churchill MP
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Mr Andy Gregg
Race on The Agenda
The Resource Centre
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29 October 2020

Dear Mr Gregg,

Thank you for your correspondence of 17 April to the Prime Minister about the impact of COVID-19 on black, Asian and minority ethnic (BAME) communities. I apologise for the delay in replying, which has been caused by an unprecedented volume of correspondence in recent months.

Throughout the pandemic, the Government has taken action to protect the population from COVID-19 and will continue to do what is needed to support those who are more vulnerable.

On 16 July, the Government announced the membership of its Commission on Race and Ethnic Disparities, chaired by Dr Tony Sewell, which will examine continuing racial and ethnic inequalities in Britain and present recommendations for action across Government and other public bodies. A full briefing on the Commission can be found on www.gov.uk by searching for 'Commission on Race and Ethnic disparities'.

The Government recognises that the pandemic has had a disproportionate effect on people from BAME communities and that this has been particularly visible amongst key workers. The NHS has taken what it has termed a 'precautionary approach' in order to protect its BAME staff during the pandemic. It has established a programme of work across five key workstreams:

- protection of staff (including returning staff), which will ensure improved risk assessments that specifically consider the physical and mental health of BAME staff. The NHS has provided updated guidance for employers on prioritisation and management of risk, including ethnicity;
- engagement with staff and staff networks, which is being strengthened and prioritised to enable NHS leaders to hear and learn from lived experience, share guidance and hear from staff what actions need to be taken and what support can be provided nationally. NHS colleagues have started a series of webinars with staff networks across organisations and disciplines using existing BAME, faith and other networks. The first was attended by more than 240 heads of BAME staff networks, equality and diversity leads, Chairs and non-executive directors. The accounts and reflections were incredibly honest, powerful and emotional, and it is our intention

that this will be the start of a meaningful dialogue that will result in real change across the NHS;

- representation in decision-making, which will ensure that BAME staff have influence over decisions that affect them. Data collection, including that which contributes to the Workforce Race Equality Standard, was originally paused as part of the response to COVID-19, but has now resumed. With scientific and anecdotal evidence highlighting that BAME colleagues are being disproportionately impacted by COVID-19, organisations are also being asked to review COVID-19 Gold Command and national governance structures for levels of diversity representation in leadership. Chairs and non-executive directors will be expected to lead internal scrutiny and assurance at all levels;
- rehabilitation and recovery, which will ensure tailored and ongoing health and wellbeing support during and after the crisis. The disproportionate impact of COVID-19 on BAME communities is taking a significant emotional toll, personally and professionally. The NHS is working hard to ensure that the unique emotional needs of its BAME colleagues are met, now and beyond the emergency response. It is creating a bespoke health and wellbeing offer (including rehabilitation and recovery) in addition to the range of resources already available; and
- communications and media, with a workstream that will look to create positive communications from, with and about BAME staff and patients. The NHS knows that the contribution of its BAME colleagues is not fully represented in the mainstream media and this workstream will also seek to ensure that all public health communications are tailored to reach different communities.

Public Health England's (PHE's) report 'COVID-19: review of disparities in risks and outcomes' published on 2 June indicated that people from ethnic minority backgrounds were most disproportionately impacted by Covid-19. Following this review, Professor Kevin Fenton, PHE's National Director for Health and Wellbeing, undertook a rapid evidence review and external stakeholder engagement with a significant number of individuals and organisations with a BAME background, to hear their views, concerns and ideas about the impact of COVID-19 on their communities. The results of that work have now been published and will inform the Government's next steps.

The COVID-19 pandemic has accentuated inequalities in health outcomes in general, and PHE's reviews will serve as an important resource in ensuring that decisions around how these inequalities can be addressed are based on the best possible evidence.

We are continuously learning, reviewing and adapting our response as we discover more about how the virus works in light of the latest scientific research and available data. The Government has set out its strategic response to COVID-19 in its recovery strategy, which can be found at www.gov.uk by searching for 'our plan to rebuild'.

We understand that key workers are at greater risk of contracting the virus, and have ensured that PPE is provided to those who need it. This prioritises health and social care workers, but also other professions where they have a clinical need.

We have published PPE guidance for those cleaning non-healthcare settings, those involved in the care and management of the deceased, those working in prisons and other places of detention and first responders. In addition, we have published guidance on the

benefits of wearing face coverings, not PPE, in public in confined indoor settings. All the guidance published by the Government can be found at the COVID-19 'hub', at www.gov.uk/coronavirus.

The Government recognise the enormous contribution migrants have made to this country over many generations, and that so many continue to make. The Government has recently announced a series of measures for key health workers, including extending visas free of charge, and those benefitting will not have to pay the immigration health surcharge. The automatic visa extension offer will apply for those whose visas expire between 31 March and 1 October. These measures already apply to all NHS doctors, nurses and paramedics, midwives, radiographers and social workers. Family members will also benefit, as will those in eligible occupations working for independent health and care providers. Additionally, we will be introducing a new fast-track NHS visa. This will make it easier, cheaper and quicker for the best global medical professionals to work in the NHS.

The Home Office is, of course, always mindful of our legal obligations in respect of immigration detention. Decisions to detain are made on a case-by-case basis and kept under constant review.

The Home Office's priority in current circumstances is to maintain the lawful detention of the most high-harm individuals, including foreign national offenders. Currently, the vast majority of those in detention are foreign national offenders. The UK Borders Act 2007 requires the Home Secretary to remove foreign national offenders from the UK and the Home Office remains committed to doing so.

The High Court ruled that the Home Office are taking sensible, precautionary measures in relation to coronavirus and immigration detention, in line with the Public Health England (PHE) guidance. Measures including single occupancy rooms and the cessation of social visits have been introduced in line with social distancing.

Detainees arriving at an IRC are medically assessed within two hours of their arrival and are offered an appointment with a doctor within 24 hours. As well as ensuring we have correctly identified those with COVID-19 vulnerabilities, healthcare professionals offer support to detainees who are in need of mental health coping strategies during this time.

Regarding Mr Gregg's query about IT support for BAME children, the Department for Education is determined to support schools and parents. The Government has already committed over £100 million to boost remote education. Devices have been ordered for the most disadvantaged Year 10 pupils who are preparing for examinations, for children receiving support from a social worker, and for care leavers. Furthermore, care leavers, children with a social worker at secondary school and children in Year 10 who do not have an internet connection will separately be provided with 4G internet hotspots.

The Department for Health and Social Care recognise that measures such as social distancing, self-isolation and shielding are likely to increase the risk of loneliness and mental health issues, particularly for vulnerable people affected by COVID-19. Throughout the pandemic, mental health services have remained open delivering support digitally and over the phone where possible. NHS England and NHS Improvement has instructed all NHS mental health trusts to establish 24-hour mental health crisis lines.

The Government has provided £5million to mental health charities to support their work during the pandemic and on 22 May, we announced that a further £4.2million will be awarded to mental health charities, such as the Samaritans, Young Minds and Bipolar UK.

I hope this reply is helpful.

Kind regards,

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JO CHURCHILL