



Bristol Health and Wellbeing Board

Title of Report:	Migrant and refugee health and wellbeing
Author (including organisation):	Public Health and Adult Social Care
Date of Board meeting:	24th February 2022
Purpose:	Update the Board on work around migrant and refugee health and wellbeing

1. Executive Summary

This paper provides a short headline summary of progress toward targets set by the Board in 2020 for migrant health, and additional work undertaken in 2021. An additional appendix is attached regarding current relevant research.

2. Purpose of the Paper

To update Board members on activity in the Migrant Health Sector during 2021 and review progress and support the production of a workplan for Migrant Health for 2022.

3. Background and evidence base

The Health and Wellbeing Board (HWB) set targets for Migrant Health in Nov 20. The targets had initially been treated as incremental and the primary ambition was to provide a Migrant Health resource within our Joint Strategic Needs Assessment (JSNA). A task and finish group met monthly between January and July and began to address the tasks.

1.1 Information for professionals and supporters including information on needs to be included in the Joint Strategic Needs Assessment (JSNA):

The JSNA work proved unable to be undertaken until 2022 due to lack of capacity and the need to agree a Chapter structure. Several examples of other LA approaches were circulated for information to try and initiate a conversation. Refreshed census data was unavailable in 2021. Updated information on the demographics of families resettling into Bristol during the last three years has now been collected by Anne James. The referrals to the Haven are below:

April 2020	21	April 21	22
May 2020	20	May 21	74
June 2020	13	June 21	31
July 2020	18	July 21	41
August 2020	128	Aug 21	111
Sept 2020	39	Sept 21	77
October 20	74	Oct 21	83
Nov 20	40	Nov 21	92
Dec 20	38	Dec 21	58
Jan 21	15	Jan 22	41
Feb 21	37		

Recommendation: Public Health builds on this work by agreeing a draft JSNA chapter structure and prioritises its completion in 2022.

1.2 Provide good, translated information explaining how primary care services work:

Attendance at the Southwest Migrant Health Forum identified this as an ongoing regional workstream. This has resulted in a library of resources in development on the NHS Future Collaboration website. The task and finish group contributed to the “Safe Surgeries” Doctors of the World initiative funded by the CCG (Clinical Commissioning Group) and led by Dr. Racheal Marsh at the Department of Health and Social Care (DHSC). This was piloted in ten surgeries across East and Central Bristol. The group also promoted GP Access Cards to reinforce the NHS “Everyone is welcome in General Practice” campaign. This year the video guide “Entitlement to services for migrants in England” has been released and we also promoted this. An increased amount of translated material has been generated through the pandemic and use of contingency hotels.

Recommendation: Consider incentivising the “Safe Surgeries” campaign to all or extending to a wider group of GP practices in Bristol. Circulate links to the NHS Future Collaboration website resource to all practices for comment and feedback in 2022

1.3 Provide English to Speakers of Other Languages (ESOL) for Health courses: Existing activity can be scaled up but not all costs are recoverable. A “scheme of work” has been developed for ESOL for health. Classes have been offered in ARAP Hotels during 2021 and 2022. There remains a funding gap to provide this into Home Office Initial Accommodation.

Recommendation: There are significant opportunities to expand ESOL for health in Bristol if resource can be identified.

1.4 To support the use of community champions and ambassadors to assist with sharing public health messages to specific refugee communities

Bristol City Council Communities Team have continued to develop this role becoming Covid Health Champions in the pandemic and now Community Vaccine Champions. These are respected and influential members of their communities who can promote public health messages. They made links into the new Afghanistan Refugee Contingency Hotels connecting people to existing local Afghan communities. They helped facilitate understanding and increased uptake of COVID vaccination as well as supporting residents to initiate Covid testing regimes.

Recommendation: The “Community Champion” role is supported and grown to facilitate refugee communities to engage in professionally led Community Health Workshops.

1.5 Organise Community Health Workshops for migrants to learn about specific health issues, e.g., Vitamin D deficiency, managing diabetes, Hepatitis B, HIV (Human Immunodeficiency Virus).

This target has not been addressed. Preliminary discussions with The Haven showed that Vitamin D deficiency is frequently diagnosed during Migrant Health Screening on arrival to Bristol and is a common occurrence within the refugee and asylum seeker community. There is little confidence that after initially prescribing Vitamin D it will be maintained on a repeat prescription basis after people leave to register with new practices. When people have a low income, it is not possible to prioritise purchasing this over the counter. Diabetes remains a priority education area to deliver and there are other topic areas including communicable diseases such as Tuberculosis (TB), HIV, and Hepatitis C (HCV) which are all relevant and in line with wider public health aims. In 2021 the National Aids Trust released their report “HIV and Migration: Understanding the Barriers faced by people born abroad living with HIV in the UK”. This indicates that migrants are more likely to contract HIV after arrival to the UK than before, more likely to have a later diagnosis and consequently more likely to have poorer health outcomes. Bristol has an aim to end all new HIV transmission by 2030.

Recommendation: A community health workshop programme with key subject areas in Migrant Health is agreed with Community Champions and Clinician input is made available to enable delivery during 2022.

2. To develop a shared policy between Bristol’s NHS Trusts in regard to migrant healthcare charging which would include a data sharing agreement to prevent the production of charging letters to people who are not required to pay for health services

The complexity of understanding the NHS charging landscape took several meetings for us to scope. We also made a commitment to fully understanding the problem before identifying the solution. In general, our findings discouraged any new data sharing agreement (DSA) as it will not solve the delays associated with updating people's status from the Home Office database onto the NHS Spine. It is also the reverse direction of travel to prevailing advocacy campaigns within the Refugee and Asylum Sector. A short life DSA was agreed in relation to ARAP Hotels as we knew all residents faced extensive delays in obtaining Biometric Residency Permits. Trusts have engaged well in these discussions and a lead on regional work has been taken by University Hospitals Bristol and Weston. Most of the group feel that a fundamental rewrite in tone and content of all the charging letters is required. We also felt it was important to address improvements that would benefit those most vulnerable.

Recommendation: This target is reframed with three objectives: 1) Achieve a complete rewrite of the suite of charging letters and a shared policy between Trusts including first approaches to be made by telephone wherever possible; 2) Agree peer “exchange training” between each Trust’s Overseas Visitors teams and local Refugee

and Asylum Seeker agencies regards the application of charging regulations, and 3) Trusts continue their commit to this work under a Duty of Care to vulnerable migrants and addressing this work as part of their safeguarding responsibilities.

3. For the Board to engage with national-level campaigns which are advocating for a change in the rules on migrant healthcare charging.

Early discussions highlighted several national advocacy campaigns particularly around the ending of the No Recourse to Public Funds Condition. Another aim cited by the national Aids Trust and Doctors of The World is the ending of all data sharing between the Home Office and the NHS to encourage people to regain their trust in the health system. There are numerous other examples. At the time of writing, the Nationalities and Borders Bill is progressing through the House of Lords. This has received much criticism from the Refugee Sector and also Border Force staff themselves to proposed changes in practice including “channel pushbacks,” i.e., forcibly returning migrants who attempt to cross the channel back to the country they were last in. This has attracted criticism not only for violating the International Convention on Human Rights but also the first rule of Maritime Law and the first duty of Public Health; to preserve life and to do no harm.

Should the legislation go through the Avon and Somerset Anti-Slavery Partnership believe it will have a negative impact on survivors of modern slavery and reduce Police ability to identify and disrupt the activities of Human Traffickers. The group is seeking local MP’s support to submit written opposition to this legislation.

However, in investigating support for this aim both the CCG and the Hospital Foundation Trusts disclosed their organisations had constitutional values to remain non-political. This was a barrier to progress. Further thought has been given to this in context of the ambition shown by the Race Quality COVID 19 Steering group. If this group could act as the Advocacy Arm of the HWB it has potential to be a strong voice locally and nationally and to deliver the ambition of the Board to engage in advocacy.

Recommendation: The target is reframed to properly constitute the Race Equality COVID 19 steering group as an Advocacy committee of the HWB. This would have independence from the HWB but act in partnership with their aims to improve health and wellbeing. Participants may wish to register their membership in a personal capacity while stating their professional commitments.

4. For the CCG to purchase sufficient trauma informed psychological support to AS&R children living with their families

The Commissioning Manager – Refugees has commissioned a needs assessment as to how to meet the mental health needs of children on resettlement programmes and living in the ARAP hotels. On the whole, parents and young people on resettlement programmes haven’t engaged with counselling services and the needs assessment will speak with parents about what interventions they would support for children who exhibit trauma symptoms and will scope best practice from other areas of the UK. Resettled families receive significant support

from resettlement programmes and research in Appendix 1 highlights their experiences are different from refugee children living with their families who are not part of resettlement programmes.

Poor access faced by refugee children living with their families has become even poorer. Thresholds for access to Child and Adolescent Mental Health Services (CAMHS) have risen due to increasing levels of acuity in the general population. There is some doubt as to whether assessments recognise the diverse cultural presentations of Post-Traumatic Stress Disorder (PTSD). It became clear in investigating whether a different model of service could improve access that the service received by children in local authority care has also been reduced and appears to lack long term stability. An initial discussion was held with Peter Spavin and Dr. Caroline Crentsil over a revised BNSSG commissioning approach for stabilisation services and Tier 2 services.

Recommendation: BCC and the CCG collaborate to review the needs of ASR children living with their families and those with foster carers and evaluate potential to deliver properly funded trauma services across BNSSG using the Asylum and Refugee Centre as a hub of expertise and engagement.

5. For the CCG to purchase sufficient halal flu vaccinations as an alternative to the nasal spray flu vaccination

Initial discussions revealed the complexity of the commissioning route for this. In addition, accurate quantitative data on need at each practice level may not be easily obtainable and choices available to practices may be dependent on what has arrived in bulk in Bristol. BCC has not pursued this target.

Recommendation: An up-to-date picture from the 2021 flu vaccine roll out should inform commissioning plans for 2022. The commissioning strategy for flu vaccine should demonstrate how it can respond to local demographics to enable the full population to be offered flu vaccine which is culturally acceptable to all faith and beliefs.

Additional work undertaken in 2021:

ARAP Hotels

In September 2021, the Home Office relocated 15,000 Afghan families to the UK with the long term offer of resettlement. In the short term the families are living in hotels and currently there are 223 children and adults living in the hotels and three babies have been born post arrival. The Bristol City Council Refugee Resettlement Team provides wrap around support for the families in the hotels and supports the 20 Afghan families who have been resettled into houses in Bristol since August 2021. All people living in the hotels are registered with one of 4 local GP surgeries but we have been unable to register any residents with a dentist, leaving emergency dental care as the only option.

The Haven and the Resettlement Team have organised:

- School nurse assessments for 97 school aged children

- Psychology support and acute services for women and children with trauma symptoms
- Active TB chest Xrays for all over ten year olds living in hotels and the community
- Latent TB testing, Vitamin D deficiency screening, hepatitis B screening and de worming for all children aged under 16 living in hotels and the community. Any additional conditions picked up as part of this testing regime are being followed up with parents and children
- Three COVID vaccination clinics for each hotels and take up has been high
- MMR and tetanus clinics for one hotel.
- Dental screenings for everyone living in the hotels and follow up appointments for 14 adults and children
- The Haven has a full time Afghan interpreter working as part of the team to encourage attendance at health appointments
- Health workshops to explain TB and these are planned for other health issues.

The wrap around support recognised the wider determinants of health. All families in the hotel are in receipt of UC, and some are in receipt of child benefit (there is a 6 month wait for child benefit ATM), they all have bank accounts and national insurance numbers. There are also eleven English classes running each week and a programme of activities to enable families to access experiences and feel more in control. Progress is overseen by the Hotel Contingency Group run by Public Health

EUSS (European Union Settlement Scheme) scheme

The working group also tried to promote uptake of this scheme to reduce the likelihood of increasing our population who are subject to the condition of no recourse to public funds. This was a response to the uncertainty of uptake to EUSS prior to the deadline of June 30TH 2021. Initial feedback on the Trusts management of cases since then suggest a supportive approach is being taken but this situation should be kept under review during 2022.

Use of Home Office Contingency Hotels: A City Centre Hotel was commissioned in July 2020 for exclusive use as contingency Home Office Initial Accommodation for Refugees and Asylum Seekers. It closed abruptly in June 2021 only to be repurposed again three weeks later. Two further Hotels have been in part use since Sept 2021 under the Afghan Relocation and Assistance Programme (ARAP). Due to increased concerns around the reopened Initial Accommodation, these issues were escalated to a multi-agency partnership meeting chaired by BCC Consultants in Health Protection. This process has also been adopted to support ARAP Hotels and overseen by BCC Director of Children and Families Services. The longer-term intention is to scale this back down to more focused operational groups.

Appendix 1: Research Progress Summary from Sarah Hunt, “Exploring Service Response to the Mental Health and Service Needs of Refugee and Asylum-Seeking Children and Youth - A UK Study.

This is included as an information update that is of relevance to the HWB targets for trauma informed care. Additional targets yet to be addressed included “Implement a project to improve refugee and migrant integration into communities and neighbourhoods, (HWB, 2021) and “Develop evidence-based inter-sectoral policies and strategies designed to improve the overall health and social conditions of migrants and respect the rights of migrants to basic human security in host countries” drawing from the work of Hayward, Deal et al., (Race Equality Covid 19 Steering Group, 2021).

4. Community/stakeholder engagement

The task and finish group continued through the summer with the support of Dr. Liz Murphy, (GP appraiser and retired GP); Anne James, Angela Marshall, Steph Champion and Carol Slater from BCC and Anne Gachango from The Haven. A sub-group was formed to work with the Trusts attended by Tim Keen and Charles Gray from North Bristol NHS Trust and Roger Spours-Bayliff from UHBT. Roger has led the development of the charging regulations flowchart in the Southwest and shared this with the group.

5. Recommendations

It is recommended that the planned workstream of Migrant Health is taken forward for 2022 subject to the Boards agreement or revision of proposals included in this report. A “plan on a page” would help improve focus on achievement.

6. City Benefits

These proposals contribute to the wider HWB Inclusion Health agenda and Bristol's commitment to people who are seeking Sanctuary. It seeks to improve outcomes for refugee and asylum seekers, their families and for Unaccompanied Asylum Seeker Children by formalising commitments into an annualised workplan that is monitored and reviewed each year by the HWB. This is designed to help the Board display leadership that promotes trust and hope for the public sector contribution within Bristol as a City of Sanctuary.

7. Financial and Legal Implications

There are no proposals for accurately costed financial implications or any legal implications directly arising from the workplan other than the Boards urgent attention is drawn to the ongoing concerns:

7.1 Insufficient access exists to trauma care for ASR children, amid a wealth of local professional expertise in this area.

7.2 Cost apportionment for ESOL classes and professionally led Community Health Workshops is required if any additional capacity is to be mobilised.

7.3 Governance arrangements between the HWB and the Race Equality Covid 19 Steering Group would need to be formalised for the group to act as an Advocacy Arm for the HWB.

8. Appendices

Appendix 1: A Research Progress Summary from Sarah Hunt, “Exploring Service Response to the Mental Health and Service Needs of Refugee and Asylum Seeking Children and Youth - A UK Study,” (Sarah Hunt)