ASY0011

Written evidence submitted by the Health and well-being themes for Initial Accommodation residents in Birmingham

Whilst many asylum seekers do arrive in the UK in relatively good physical health, health problems can rapidly develop whilst they are in the UK. Asylum seekers may face difficulty in accessing healthcare services for several reasons:

- Lack of awareness of entitlement and/or problems in registering and accessing primary and community healthcare services, particularly if their claim has been refused.
- language barriers
- a number may have faced imprisonment, torture or rape prior to migration, and will bear the physical and psychological consequences of this;
- many may have come from areas where healthcare provision is already poor or has collapsed.
- some may have come from refugee camps where nutrition and sanitation has been poor so placing them at risk of malnourishment and communicable diseases.
- the journey to the UK can have effects on individuals through the extremes of temperatures, length of the journey, overcrowded transport and stress of leaving their country of origin.
- health needs of asylum seekers can be significantly worsened (and even start to develop in the UK) because of the loss of family and friends' support, social isolation, loss of status, culture shock, uncertainty, racism, hostility (e.g. from the local population), housing difficulties, poverty and loss of choice and control.

Birmingham is a City of Sanctuary and immensely proud of the role it plays in supporting asylum seeker and refugees.

We have services in place to manage the assessment of asylum seekers' immediate health and care needs during their residence in the Initial Accomodation Centre (IAC), including those with possible COVID-19 symptoms, and we have a facility for residents to appropriate care and delivering this by remote means wherever possible.

The health unit supports efficient and safe functioning of health services and access for people resident at the IAC by providing access to health checks and subsequent referral for health care interventions for new arrivals.

This includes:

- immunisations and vaccinations history
- maternity history. Contraception and sexual health advice is offered to both men and women;
- Any sexual health problems discussed on assessment and appropriate action taken.
- Identification of special needs and liaison with the UKBA, or whichever agency is sub- contracted to oversee dispersal, to ensure the provision of appropriate accommodation and support where needed on dispersal.
- Substance misusing patients referred to drug treatment services.
- Symptom screening or Mantoux testing
- Full clerical and clinical administration of service.
- Direct referral to chest clinic/ chest x-ray.
- Access to a minor illness service
- Access to emergency/urgent GP services.
- Prescribing as appropriate and to follow and prescribe in accordance with CCG guidelines and formulary
- Minor ailments services
- Immunisation and vaccination - TB vaccinations are offered as appropriate.
- Access to a Clinical Psychiatric Nurse
- Primary care outreach
- A midwifery and birth partner service

Challenges

Residents of IAC are presenting with more complex needs and long-term care needs. Longer length of stays in IAC are causing significant detrimental Impact on resident's mental health and well-being. There is insufficient resource from the Home Office to remedy this

We recognise that since the start of the COVID-19 pandemic, there has been an increase in the use of contingency accommodation (hotels) for asylum seekers.

We recognise that prior to COVID-19 there were already system pressures with an unprecedented spike in asylum seeker numbers over the winter. The lockdown of IAC capacity to prevent infection spread has meant that no new arrivals may be accommodated and there is limited onward dispersal of existing residents**.**

The CCG has gathered intelligence them from services Sandwell & West Birmingham commissions;

- Primary care services (including health screening assessment) at Attwood Green Health Unit
- Psychotherapy and well-being sessions
- A needs assessment based on the experiences of asylum applicants, accommodation providers, local health actors and the voluntary sector (this needs assessment was undertaken by Doctors of the World).

Themes included from these sources illustrate the range of health and well-being challenges faced:

- Asylum-seeking clients are housed in the IAC, some for a number months following their Home Office screening interview. Clients report finding IAC highly distressing, with basic amenities, lack of privacy and very little in the way of activities. Many clients remain in their rooms all day which increases their distress. Clients express great sadness about the multiple losses of home, loved ones, career and status. Most present with overwhelming anxiety due to the impact of persecution, often torture, in their homeland and the uncertainty of the asylum process – which could ultimately return them to danger. Many present with symptoms associated with complex trauma or Post Traumatic Stress Disorder. There is evidence to suggest the well-being of residents is generally very poor
- Patients could be housed in IAC for weeks and months. Some stakeholders reported that stays could be over 12 months, and that pregnant women were more likely to be subject to dispersal delays.
- The accommodation provider describes 'sending' people to the health centre and A&E, rather than facilitating/supporting health service attendance. When discussing care for residents with complex health needs or mobility issues, staff suggest that the best route for them was quick dispersal, so they could register with a GP
- The increased length of stay, the poor conditions in Initial Accommodation. This has become more apparent in the COVID outbreak which warranted the mobilisation of a working group to set up a wellbeing checks pathway
- Dispersal could be not only be once but 3,4,5 sometimes 6 times. This makes support for chronic disease management incredibly challenging, fragmented and poorly co-ordinated, leading to poor compliance overall and potentially longer-term negative health impacts for the individual and inequalities in outcomes overall.
- For residents without permanent GP registration, if a secondary care referral was necessary there is an option to advocate for expedited dispersal or to delay the referral until the patient is dispersed and under the care of a GP. If the Home Office asylum seeking processing system is faced with delays in dispersal of residents overall, then capacity to disperse people based on medical need, is greatly reduced
- There are on-going issues with patients reporting with dental problems referred to GP for clinical assessment. Pathway needs to be reviewed and this was escalated to NHS England. Access to dental care was particularly impeded during the COVID outbreak and service users are currently referred to NHS 111 for triage.

- Residents are increasingly presenting with complex long-term care needs, including diabetes and respiratory conditions and pain. The current service in primary care was designed to manage a cohort of residents who only planned to stay in IA for 3 weeks and be dispersed. There is no additional funding streams or capacity to address this issue.
- If health commissioners went about a process of redesigning services to accommodate changing circumstances, commissioners need the assurance that funding would be in place to meet the requirements. Agreement between the Department of Health and Home Office is needed to make such funding
- When health commissioners in Birmingham were first tasked with commissioning a service, this was in the context of providing health support for 400 residents of the IAC. This number has now increased to over 1000 residents and is forecast to continue to increase. The increase in activity has not seen equivalent increases in funding across the health economy.
- Residents are transferred to other IAC settings across the country. We have had residents contact the primary care service in Birmingham to access care and order repeat prescriptions. The provider has done all they can to ensure continuity but if residents needed to access care face to face, this would need to be in care setting in the relevant local authority and close to their IA. Contact from residents suggests they are unsure where or how to access care after being transferred. In many cases the health unit is not notified of a transfer until after the event. This has been escalated to NHS England.
- The unpredictable nature of dispersal presents an issue for follow-up, so a limited service is provided. There is a risk of residents having delayed access to and continuity of care
- Understanding and application of overseas charging processes in secondary care is still varied, which warranted the CCG commissioning training to improve awareness. There is still work to do enhance learning in this area

- During the COVID pandemic residents have bene leaving the hotel and going into the city centre, not following government guidelines. This is placing clinically vulnerable residents at risk. (residents with Diabetes, 1 resident who recently had cardiac surgery)
- Recent well-being checks for 53 residents at Strathallan Hotel identified 2 dental referrals, one person was referred to Mental Health Services, nine were referred to GP for minor ailments the majority of which were headaches and one person had a skin disorder and was also referred to a GP. 12 residents were noted to have potential signs and symptoms related to COVID During these wellbeing checks the Clinical Staff identified that two people required
- A case on 8th September of a resident refusing to eat which warranted contact with ambulance services, primary care, and the police
- Plans by the Home Office to commission additional contingency hotel sites, to accommodate asylum seekers, are not shared in a reasonable timeframe, nor do the plans undergo any form of consultation. This makes joint planning of health and well-being services incredibly challenging for agencies concerned.

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