



Public Health
England



West Midlands Strategic
Migration Partnership



Learning for
Public Health
West Midlands

West Midlands Migrant Health Summit

**25th January 2018
Birmingham**

EVENT REPORT

1. Purpose of the Event

This West Midlands (WMs) summit on migrant health provided multidisciplinary stakeholders with the opportunity to discuss further actions required to meet public health needs related to vulnerable migrant groups and to equip the public health; NHS and voluntary sector community to continue to improve their response. The event aimed to identify collective key issues to enable strengthening of interagency collaboration within the West Midlands and to develop a framework of action. Speakers included local and national system leaders; national and local experts; voluntary sector; analysts and academia. A range of presentations provided updates on the latest policy drivers; discussions on the impact of migration across our local authorities; descriptions of existing and emerging good practice; evidence and challenges. Workshops explored key issues in more detail including system challenges; health needs and mental health.

The event was collaboration between the West Midlands Association of Directors of Public Health (WM ADPHs); Public Health England in the WMs (PHE WM); the West Midlands Strategic Migration Partnership (WMSMP) and Learning for Public Health (LfPH).

Over 80 people attended the event and it was oversubscribed.

2. The Programme



Final timetable
migrant health summit

3. The Speakers and Presentations

Presentations are available at: <http://www.lfphwm.org.uk/past-events/724-25-01-2018>

The event was chaired by Professor Jane Moore from the West Midlands Combined Authority (WMCA) and the WM ADPHs; Jane is the senior PH champion for migrant health issues across the WMs working alongside PHE in the WMs and the WMSMP.

Dr Lola Abudu, Deputy Director, Health and Wellbeing, PHE WMs opened the day describing this as the next step in our collaborative efforts across PHE; WMSMP and ADPH WMs, providing the opportunity to explore the needs of vulnerable migrants from a PH; health inequalities and health equity perspective. The programme brings together policy and public health practice perspectives to share and transfer learning and to examine contemporary public health challenges through presentations; discussion; a “thought wall” and workshops. Speakers and workshops are to showcase our good work and provide opportunities to share experience and challenges with the aim of building networks and alliances that will last beyond the event itself. An event report with recommendations will be produced to inform future multi agency planning and action.

Alison Crawshaw, PHE national lead for migrant health in PHE, updated delegates on national PHE activity on migrant health focusing on trends; leadership and coordination; guidance; research and policy developments.

There is a national migrant health leads network comprising membership from PHE Centres and others, including WMs. The national team continues to provide public health expertise to support decision and policy making by the Department of Health and Social Care (DHSC) e.g. healthcare charging. Current national projects include describing the current health assessment provision in Initial accommodation (IA) across the country including data collection, management and flows; and piloting and evaluating the Global Mental Health Assessment Tool (GMHAT) a computerised clinical interview tool developed to assess and identify mental health problems in primary health care settings. The WMs team are actively involved in these projects and Alison thanked the team for their support in this. Alison reminded delegates about the updated national Migrant Health Guide which provides a range of advice and guidance on the health needs of migrants: <https://www.gov.uk/topic/health-protection/migrant-health-guide>

Alison described the Summit as “fantastic “ and great to meet so many of the people who are making things happen in the WMs describing the work that is taking place as “seriously impressive”. The national team appreciate all the work that we do and know that other areas look up to us for advice and as a model of doing things. It was very helpful to hear about the challenges and concerns from the WMs perspective and Alison will feed these back at the national level so that they can inform their future way of doing things. Alison was also most appreciative of all our support in disseminating national work through our wider networks, especially around the ongoing consultations and reviews and this has been invaluable.

Professor Jenny Phillmore, University of Birmingham and Professor Simon Pemberton, University of Keele, provided an academic perspective on migrant health.

They outlined their three year research project in four countries and eight neighbourhoods exploring: different approaches people use to meet their health needs; challenges residents living in diverse neighbourhoods face when trying to access healthcare and how providers of health services have responded including what approaches have been effective and why? In the WMs research was conducted in the Birmingham neighbourhoods of Handsworth and Edgbaston. The research is exploring accessing health care in diverse communities and key findings were presented from resident and provider interviews and a resident survey provided a detailed look at how residents in diverse areas solve health concerns and responses by front-line service providers. This study contributes a deeper understanding of how residents in super diverse neighbourhoods deal with health and healthcare in everyday practices. Areas identified include:

Trust: a lack of trust in GPs and other NHS services including experiences of misdiagnosis or mistreatment. Access issues relating to the use of transnational medication: language and cultural barriers: including health beliefs, issues of stigma and perceived discrimination.

Agency: a lack of knowledge and entitlement to healthcare resources also linked to issues of ‘newness’ and population turnover. Rights based approaches should be

reinforced. The importance of advocacy and advocates was reinforced as was the need for more asset based approaches.

Implications included a focus on the 'after encounter' – what happens after the health consultation?; the importance of interpreters and multi-lingual staff; one stop shops to access wider health and social needs; increased use of pharmacies; the enhanced role and support provided by community and voluntary organisations and the importance of peer and family support. The findings should be used by commissioners and providers to further refine health services and to achieve more equitable access in diverse population groups. Further work will be undertaken with the Universities by PHE WM to ensure this research reaches decision makers to enable services to inform how we produce more appropriate responses and to enhance collaboration with other providers and communities to look at resources and approaches.

See more about the research at:

<https://www.birmingham.ac.uk/generic/upweb/index.aspx>

Karen Saunders, Health and Wellbeing Programme Lead in PHE WM and Matthew Francis, Principal Analyst in the Local Knowledge and Intelligence Team in PHE WMs described the way the PHE Centre is supporting migrant health work in the WMs.

Karen outlined PHE's role in:

- Providing system leadership and advocacy to ensure high levels of engagement: working with Jane Moore alongside the ADPH WMs and WMSMP local authorities; the NHS and voluntary sector.
- Coordinating with ADPH WMs and the WMSMP the WMs Migrant health leads network to enable partnership approaches; to update on and influence policy; promote effective practice; co produce solutions; mitigate against system risks and to develop and share knowledge, resources, tools and products to add value to local work. Jane Moore chairs the Network.
- Migrant health leads network to: enable partnership approaches; update on and influence policy; promote effective practice; co produce solutions; mitigate against system risks and to develop and share knowledge, resources, tools and products to add value to local work.
- Building capacity and awareness; developing and delivering interprofessional CPD opportunities work with the WMSMP; DPHs; Learning for PH and the VCS.
- Supporting development of, access to, and translation of the evidence base/research working at the interface between academia, policy and practice.
- Sharing and data and intelligence: Matthew then provided selected highlights from the WMs migrant health data resource which pulls together a range of routinely available data and information around migration and health.

- The resource was evaluated very positively and stakeholders said: “The data pack provided by Public Health England provides information in a creative and accessible manner, giving a clear picture of migration and migrant health in the West Midlands by utilising a wide range of available sources. The collation of information in this way will provide a good overview of key information to both individuals new to the field and long-standing practitioners who may not have all relevant data to hand. The benefit of providing information in this way is that it saves valuable time in bringing individuals up to speed and provides a shared awareness of the regional situation and relevant issues. This provides a higher benchmark for understanding and ultimately strategic decision making. By providing a regional profile of migration which also examines the local authority level, it serves to help identify key migrant groups and help support local authorities and the voluntary sector in their service provision. We have shared this pack with our partners and it will be available on our website to ensure that it is widely available and utilised.”

Karen’s presentation also included proposed priority areas for joint action in 2018/19; comments and feedback is still welcomed on these:

- Supporting the WMs Migrant Health Leads Network.
- Continuing to provide joined up system and strategic leadership and advocacy for migrant health priorities working across the ADPH WMs; PHE; WMSMP and increasingly NHS England in the WMs.
- Supporting the local system with health aspects of widening dispersal and supporting health colleagues to strengthen existing, and forging new, relationships to create capacity in order to build the infrastructure and response to address local needs.
- Designing a commissioning model for Syrian refugee mental health needs to inform local commissioning and provision and in light of the national work on the GMHAT. Exploring scaling up of this approach for other vulnerable migrants.
- Working with WMSMP on their work to understand the local impact of migration on public services and discussing/sharing this with health colleagues. Providing PHE input to support local delivery of the health aspects of the WMs Controlling Migration Fund (CMF) collaborative project on unaccompanied asylum seeking children (UASC).
- Capacity building and learning events to be arranged in consultation with stakeholders and Learning for PH.
- Working with national colleagues and the local NHS to support work around health assessments in IAs using learning from national and local practice and research.
- Working with national PHE to respond to consultations and policy developments including healthcare charging; the new accommodation contract and refugee support arrangements.

See <https://wmsmp.org.uk/health/> for more information on WMs strategic joint work on migrant health.

Bethany Finch, Policy Officer at the WMSMP described the various work programmes led by the WMSMP. The WMSMP is local authority-led partnerships which provide structures and forums of engagement for effectively dealing with migration at a local, WMs and national level. The WMSMP works to meet the needs of national and local Governments, and local communities. The WMSMP bring together senior representatives from local government, Home Office, national government, statutory, voluntary and community and private sectors. These unique cross-sector partnerships with political oversight, support, discuss and represent national and local needs to ensure that migration is managed to benefit all in the WMs.

WMSMP is one of twelve Strategic Migration Partnerships across the UK that was established following the introduction of a regional dispersal policy in 1999 for people seeking asylum. Since then the WMSMP has developed in response to changes in dispersal and migrant patterns, numbers and policy requirements. In 2007, the core activities of the partnerships were broadened to cover the wider migration agenda and their impacts on local areas. This included economic migration and consideration of how the region could benefit.

The WMSMP reports to the Home Office and works with local authorities on migration to enable a WMs wide response to a range of issues providing strategic and policy support and advice; managing key networks and representing the interests of the WMs local authorities at national fora. Work programmes include dispersal; widening dispersal; Syrian Vulnerable Persons Resettlement Scheme (SVPRS); the Vulnerable Children's Resettlement Scheme and the national transfer scheme for UASC.

Bethany highlighted a "proud history of working with PHE in the WMs over a number of years" to facilitate joint working and sharing of resources to tackle key issues in migrant health; bring together leads in migrant health and to build capacity and learning in key topics such as sexual health; maternal health; mental health and community engagement. For more information see: www.wmsmp.org.uk

Local authority perspectives on migrant health were shared by Public Health colleagues Natalie Wright, Coventry City Council and Chris Baggott, Birmingham City Council. Natalie described excellent local work exploring ways of supporting the mental health needs of those resettled through SVPRS. Natalie was leading work to develop an agreed framework for approaching mental health needs of refugees working with local areas to map current provision and exploring opportunities for adding value by working with the WMs wide work PHE are developing. The presentation reinforced a number of system challenges with resonated with the earlier academic research we heard about including service variation in places; professional confidence in managing the health needs of this group; mainstream NHS health services under significant pressure; a mismatch between health and wider professionals' conceptions of health and illness and limited specialist health provision in primary or secondary care. This is work in progress.

Chris gave an overview of some of the areas where migrant health poses a challenge for local authorities, such as around health protection and initial

accommodation, as well as around community engagement. He gave some specific examples of where there has been local action, for example around LTBI screening and response to health protection incidents.

A NHS perspective on migrant health was provided by Dr Giles de Wildt, a GP in Birmingham. This insightful and thought provoking presentation, from a medical perspective, challenged some stereotypes around migrant health. Giles explored some specific examples of topical issues, including cultural differences in attitudes towards antibiotic prescribing and FGM. He discussed some of the challenges of providing services for migrants within primary care. He also linked the discussion to wider issues in providing healthcare for underserved populations, in the context of proportionate universalism.

Emma Birks, Asylum Matters Campaigns Project Manager for the WMs gave a voluntary sector perspective on migrant health. Asylum Matters is an advocacy and campaigns project that works in partnership locally and nationally to improve the lives of refugees and people seeking asylum through social and political change through:

- Improved decision making, so protection is granted to all those who need it
- Improved access to good quality legal advice and representation
- An end to the indefinite detention of asylum seekers and migrants
- An end to destitution, by providing sufficient support to all asylum seekers to ensure that they can meet their essential living needs while in the UK
- Permission to work for asylum seekers whose case has taken more than six months, or they have been refused and are temporarily unable to return home
- Free access to healthcare for all asylum seekers while they are in the UK
- Asylum seekers to be welcomed & befriended on arrival, and offered free language tuition so they can fully participate and contribute to the local community
- All asylum seekers, refugees and migrants to be treated with dignity and respect
Asylum Matters facilitates a number of advocacy initiatives at a local and national level. The type of work undertaken depends on the influencing opportunity at hand, but below are a few examples of work regularly undertaken by staff which local groups could get involved with:
- Collecting case studies and evidence to inform policy and practise at a local, regional and national level;
- Developing relationships with MPs and local councillors, identifying lobby opportunities and leading lobby groups to meet with local targets;
- Sharing policy updates and advocacy resources (briefings, reports, how-to guides, etc.) to raise awareness of issues and equip groups with info on the changing political context;
- Providing training (in relation to media, campaigns, parliamentary engagement, etc.) for local groups and refugee and asylum-seeker-led groups;
- Facilitating and supporting refugee and asylum-seekers and their supporters to share their stories on political, media, or other platforms in order to influence policies or public opinion.

Emma outlined current challenges around health charging and more generally how we better understand and meet health needs for vulnerable migrants. She

urged delegates to get further involved in advocating for needs of refugees and asylum seekers with healthcare providers, particularly where exemptions apply; signpost to advice services such as Doctors of the World and Maternity Action; promoting the 'Safe Surgeries Toolkit' (a campaign around data sharing); gathering evidence about impact of healthcare charging and continuing to extend partnership working across agencies including the voluntary sector.

Find out more at <https://cityofsanctuary.org/2017/04/20/city-of-sanctuary-hosts-new-advocacy-and-campaigns-project-asylum-matters/>

4. Workshops

4.1 Mental Health: Emily Smith (PHE West Midlands Centre) and Bethany Finch (WMSMP)

The workshop discussed proposed work to strengthen capacity in the West Midlands to support the mental health needs of persons resettled through the Syrian Vulnerable Persons Resettlement Programme (SVPRS). It has been identified that mental health needs of Syrian refugees resettled in the West Midlands are not always being met. PHE and the WMSMP were asked by the Priority Working Group to explore options for meeting these needs. The need to ensure appropriate mental health service provision is a requirement of the Home Office, and has been highlighted as a challenge by a number of evaluations of the SVPRS nationally. Other parts of England have trialled models of provision that are provided at sub-regional level, such as Yorkshire and Humber.

The key areas of discussion included:

- Issues and needs:
 - 'Bounce backs' where a clinical diagnosis is not given for a patient but non-clinical professionals are sure there is a need.
 - That even if a diagnosis is given sometimes level of English can inhibit treatment or can be used as a reason for not following a specific course of treatment.
 - Consideration of commensurate / safe / secure employment and the impact of this on MH needs.
- Areas for possible regional work:
 - Training for voluntary sector workers.
 - Resource development.
 - Support with the 'bounce backs' – what to do next?
 - Specialised services could be facilitated regionally.
- Thoughts on working regionally and / or working locally:
 - Working regionally can also be about facilitating accessibility rather than necessarily local availability – allowing local areas to design services with the person in mind.

- Bigger picture / future / scaling up:
 - Concerns about creating / compounding division in provision and support between resettled refugees and asylum seekers / asylum-route refugees.
 - Need to make sure we utilise this opportunity and capitalise on the funding that is available.
 - Any work therefore needs to be closely evaluated in order to, as well as possible, support a case for commissioning scaled up services to a wider population in the future in terms of cost savings. This would require evidence of long term savings.

Feedback from attendees was positive and the session went down well: *“I enjoyed your session at the Health Summit last week by the way. In fact, I thought the whole summit was interesting.”*

4.2 Ongoing System Challenges: Chair: Giles de Wildt: healthcare charging (Dave Newall); health protection (David Kirrage, PHE West Midlands Centre); Controlling Migration Fund (Richard Ross, WMSMP).

Dave Newall reminded workshop attendees about the complexity of the NHS overseas visitors charging regulations. He outlined some key considerations:

- How do NHS England, CCGs, LAs/PH; NHS Trusts and VCS organisations respond to the charging regulations?
- What is the current impact on health seeking behaviour of migrant communities?
- What is the current impact on approaches that target reduction in health inequalities and increasing health equity? What is the likely impact on the reduction of health inequalities in your local population of these changes?
- What is the current impact on access and use of mental health services?
- What is the current impact on the provision of PH services?
- What is the current impact on impact on maternity care and infant/maternal mortality rates?
- What is the current impact on the use of A & E and urgent care?
- What is the current impact on the ability of some migrants to follow the ‘choose well model’?
- What systems do you have in place to pick up changes in migrants’ access and use of health services in your organisation and the population you provide services for?
- Clarity required on screening for non-exempt conditions (8.21): this screening would be non-urgent and therefore in the current regulations would require payment up front?
- What is the impact of this change going to be on routine cancer screening in your area?
- Clarity required on drugs and alcohol services: preventative treatment commissioned by public health is likely to fall within the non-urgent category?

- What about NHS Health checks and other PH lifestyle services – non-urgent?
- What might be the impact on the provision of Universal services in your community?
- What guidance is being provided to VCS providers of commissioned services by Public Health Departments?
- What do the DH pilots on health charging show us?

Dr David Kirrage, Consultant in Communicable Disease, PHE WMs summarised some of the significant health protection issues associated with migration including TB; gastro-intestinal illnesses; malaria; Hepatitis; measles; AIDs and STIs and exotic illnesses, and reminded us of risks of acquiring infectious diseases in country of origin (prior to migration or during return visits), during migration, as well as in the place of destination. Migrants can therefore have different risk profiles to the indigenous population. David described some recent incidents involving migrant groups and how these were being managed locally through multi agency responses including working with the voluntary sector. David described multiple health risks and vulnerability e.g. migration, trafficking and modern day slavery, and the implications of this for the design of improved health protection and preventative strategies across partners including outside of the health sector e.g. employers and housing.

Richard Ross from the WMSMP gave a very useful update on the “Controlling Migration Fund (CMF).” Launched in November 2016, the fund allows LAs in England to bid for funding totaling £100 million over 4 years from 2016 to 2017, to 2019 to 2020. This funding will supplement LA budgets of £200 billion across the 4 year period up to 2020. It is recognised that migration brings great benefits to this country but, in some places, significant population changes in a short space of time have put pressures on public services. The funding is intended to help councils rise to the challenge of reducing the impact of migration on local communities in a variety of ways e.g. tackling rogue landlords; English language classes or boosting the number of teaching assistants in schools to ensure all children get excellent teaching.

A number of LAs have been awarded funding

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630560/CMF-July.pdf

While only Local Authorities can submit bids, most bids approved have a significant local partnership element. This can include the professional network, e.g. in health and education, but should also include the voluntary sector especially with organisations with strong links in a local community. A key component of the WMs collaborative UASC bid is developing ‘bespoke packages to meet local need’ where voluntary sector play a leading part. PHE and NHS England are partners in this work as are the WMs Anti-Slavery Network.

There is currently a pause in approval of further bids until summer 2018; however Richard urged local areas to continue to put together multi agency proposals in readiness. PHE are keen to support and advise on any health related bids. Further information on the Fund can be found at:

<https://www.gov.uk/government/publications/controlling-migration-fund-prospectus>

4.3 Doctors of the World (DOTW): Chair: Lucy Jones and Santosh Rai

In this workshop DOTW discussed their ambition to provide services outside of London to help vulnerable migrant access healthcare. The workshop provided the opportunity for participants to give feedback on some of the key themes of the needs assessment including how to engage with new commissioning frameworks in Birmingham, how to promote the findings of the needs assessment, links to government policy around data sharing and the #Stopsharing campaign and the need to focus on education around the health system.

Lucy described the role and purpose of DOTW, an independent humanitarian movement working in the UK and abroad, to empower excluded people to access healthcare. Through 400 programmes in 80 countries run by more than 3,000 volunteers they provide medical care, strengthen health systems and address underlying barriers to healthcare. They share skills and training locally and aim to give a voice to the most marginalised, reporting on violence, injustice and unmet health needs. The vision is a world without barriers to health, where healthcare is recognised as a fundamental right. They work to empower refugees and migrants to access health services in the UK and abroad; advocate for national health systems to be more flexible and inclusive and educate health professionals about how to engage effectively with migrant communities.

See: <https://www.doctorsoftheworld.org.uk/>

Santosh presented the needs assessment she undertook in 2017 commissioned by us describing the particular needs that had been identified in Birmingham. Santosh summarised her research in Birmingham to understand the challenges, needs and gaps in service provision. PHE was interviewed in this as a key stakeholder. The research reinforced many of the themes heard throughout the morning and the need to improve access and quality of healthcare provided to vulnerable migrants and in this considering:

- Austerity and cuts to public services
- Changing landscapes in the NHS
- Improving access to primary and secondary care
- Implications of eligibility and revised charging policies
- Meeting the health needs of highly vulnerable groups
- Improving access to and delivery of mental health services
- Exploring delivery models and best practice

Workshop delegates discussed the need to keep reinforcing these messages using current research; practice and lived experience. DOTW were urged to systematically share the research with Council leaders in Birmingham to prompt

further discussion and awareness. DOTW will feed the outcomes of the session into their plans going forward and will be sharing a summary of the needs assessment with key stakeholders soon.

5. What did Delegates Say and What Next?

Plenary discussion and the “thought wall” highlighted the following main areas and recommendations; PHE working with WMSMP; ADPH WMs and the WM Migrant Health Leads Network should now:

- Disseminate this event report to wider system leaders locally and nationally including Health and Wellbeing Boards; other PHE Centres and NHS England, seeking views and comments and to enable sharing of good practice.
- Develop an updated annual work plan for the WMs Migrant Health Leads Network including a focus on policy; peer support; capacity building and professional development opportunities to provide opportunities for stakeholders to meet to share experience and learning.
- Continue to maximise upon the vibrant networks across the WMs to enable partnership approaches to collective migrant health issues and to enable sharing and transfer of learning across the WMs.
- Make best use of existing data across the system, as demonstrated by the PHE data resource, to help consider health outcomes and population migration.
- Maximise upon the excellent research undertaken in local academic settings and support wider dissemination to enable translation of research into practice and policy
- Continue to use the PHE Centre to broker conversations between national and local stakeholders including around projects such as IA and GMHAT; enabling sharing of intelligence and resources; responding to consultations and informing/challenging policy developments.
- Consider system wide risks and collective mitigation e.g. healthcare charging; no recourse to public funds; welfare changes; social exclusion; language and interpretation provision.
- Maintain a focus on the wider social determinants of health including housing; education and employment.
- Take forward the SVPRS work on mental health with local system leaders and consider transferability to other vulnerable migrants.
- PHE and NHSE to continue to support the UASC CMF work and to keep stakeholders updated WMSMP and PHE to continue to reinforce the CMF opportunities and to encourage and support health related proposals.
- Engage NHS England more effectively in key areas such as mental and maternal health; healthcare charging and IA work
- Horizon scan to anticipate and examine contemporary problems and health implications to suggest solutions and raise challenges e.g. the health aspects of new national contracts for accommodation and refugee support.
- Make best use of the existing WMSMP (<https://wmsmp.org.uk/>) and LfPH websites (<http://www.lfphwm.org.uk/>) to share information and develop learning.
- In three months’ time see what difference the event has made to our work.

Produced by Karen Saunders, February 2018

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