

MIGRANT HEALTH IN LEEDS: ANNUAL REPORT

2022 - 2023



Leeds
CITY COUNCIL

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**“IT IS THE OBLIGATION OF EVERY PERSON BORN IN A
SAFER ROOM
TO OPEN THE DOOR WHEN SOMEONE
IN DANGER KNOCKS”**

(Dina Nigeri)

FOREWORD



I want to take this opportunity to thank all our partners in the city who go over and above to advocate for migrants despite these extremely challenging times.

The Leeds Migrant Health Board will continue to be that voice, to champion change and shine a spotlight on the positive work that is delivered in Leeds by a compassionate and valued workforce.

Yet, we have much more work to do in the city.

Most migrants experience great challenges in seeking safety in the UK. They depend on access to health, housing, education and language support to rebuild their lives. Their health is affected by wider circumstances, poverty, poor housing or homelessness, lack of access to primary care and trauma informed services, racism, unemployment and isolation and we need to do more.

We will continue to focus our efforts in addressing the wider determinants of health and a vision where all migrants are treated fairly, with respect and compassion, and be able to access easily services - and welcome them warmly to a city that cares.

Caron Walker

CONSULTANT IN PUBLIC HEALTH
CHAIR OF THE MIGRANT HEALTH BOARD

INTRODUCTION



This first annual report provides an overview of the work overseen by the Board and describes the work undertaken by partners across Leeds to address the health issues of migrants, both new and settled in the city.

The main purpose of this report is to update the Health and Well-Being Board on the achievements and challenges in 2022-2023, as well as progress on the three Migrant Health Board's priorities - access, communication and work/austerity - as part of our wider work around addressing the health inequalities faced by migrants across Leeds.

This report highlights the key achievements and contributions partners across Leeds have made to improve the health of migrants, whilst recognising the complex health inequalities migrants face every day. It is an opportunity to shine a spotlight on areas of the system that are working to reduce these inequalities and the measures implemented.

Acknowledgment

People fleeing persecution and terror to seek sanctuary in the UK face numerous obstacles. The Board wishes to acknowledge the compassionate, committed and dedicated work by partners in Leeds in supporting migrants to receive the services that are a basic right and a place where they feel proud to live.

PRINCIPLES



The Board recognises that migrants and refugees were particularly vulnerable to the impact of Covid-19 in the wider community so actions to reduce this impact, and the wider impact of health inequalities, have been prioritised.

It is well documented that many refugees play an active role economically. Many asylum seekers, whilst not allowed to work, are active in their communities and are involved in volunteering – highlighting the valuable contribution they make to communities across this city.

The health status of migrants is very complex and local data and published research suggests that their health needs are substantial. Many migrants are relatively healthy on arrival compared with our resident population but evidence suggests that good health can deteriorate over time in the receiving society (Rechel et al. 2013).

The Board recognises the importance of migrant voices and we have an open dialogue with migrants via third sector organisations, including PAFRAS and LASSN, and the Leeds Migration Partnership. Board meeting minutes are widely shared across a range of organisations.

The Board is committed to promoting the following principles:

- Excellent experience for migrants
- Equitable access
- Trauma informed approaches
- Working collaboratively across health and Voluntary and Community & Faith Sector (VCFS) systems

BOARD PRIORITIES



The purpose of the Leeds Migrant Health Board (LMHB) is to significantly improve health outcomes for Leeds migrant communities by providing a strategic, citywide approach to understanding and addressing migrant health needs in Leeds.

We aim to work collaboratively across the health system to:

- identify and address the key issues that create inequalities in health between our migrant population and the rest of the population of Leeds
- prioritise challenges and issues that are not being addressed
- work collectively to add value or be more effective
- provide strategic leadership
- act as forum for information sharing, encouraging learning and disseminating good practice

Following the pandemic, in March 2022 the Board identified their priorities and principles of working during a focused workshop. These are:

- **Access for all** - learn from lived experience work to shape services and strategies that are accessible to all
- **Communication** - in its most broadest to include interpretation, translation, accessible information and involvement in English for Speakers of Other Languages (ESOL) and learning English agenda in Leeds
- **Work and Austerity** - including voluntary work and employment to ensure a workforce equipped to respond to new and emerging communities and linking to austerity agendas

A full list of Board members can be found in the Appendix.

CONTEXT



International & national policy

Global events and ongoing changes to national policy on immigration have impacted on settled migrants, refugees and asylum seekers, their families, communities and support services at a local level. These national policy changes have put significant pressures on both statutory and third sector organisations to respond to the changing nature of the migrant agenda and to provide the support required to meet their health and wider needs.

Evidence shows the complexities faced by refugees, asylum seekers and undocumented migrants when trying to access vital health care and health promotion programmes has overwhelming negative impacts on their health.

Migrants in Leeds

The Census from 2021 recorded the Leeds resident population to be 811,956 people of which 26.6% were ethnic minority groups. 15.8% of the population were born outside the U.K and 1.5% of the Leeds population arrived in the U.K in 2020-2022. The same Census records 287 unique ethnicities for Leeds residents, declaring sixty-nine unique nationalities. The people of Leeds also state their country of birth as originating from fifty-six countries across the world.



Arrivals of asylum seekers & refugees into Leeds

The recent Home Office recruitment of case workers to speed up processing of asylum seeker claims (ten times as many claims are being processed each month) is welcome. Nevertheless, communication from the centre remains a challenge. Previously, local authorities received 28 days notice of refugees and asylum seekers into the city but this has been reduced to 7 days notice. The Board has significant concerns about the health of new migrants arriving as they are at risk of homelessness with no recourse to public funds and puts further strain on local providers.

Migrants & Refugees in hotel accommodation

In the recent period, we have seen the doubling of migrants and refugees being housed in hotel accommodation. This is putting significant pressure on specialist services. Many migrant patients have complex needs, have experienced trauma and or have addiction and/or mental health issues. This increasing pressure on the service means that they are not able to prioritise preventative approaches.

For example, all hotel residents are offered vaccines – such as Measles, Mumps, Rubella (MMR) and Diphtheria, Pertussis and Tetanus (DTP) - by Bevan Healthcare in Leeds but they estimate that only 10% of people in hotels are vaccinated. Their capacity to address broader mental and physical needs has been significantly impacted by this increase in hotel accommodation.

PRIORITY 1: ACCESS FOR ALL



While there remains considerable inequity around access for migrant communities, some progress has been made in this priority area.

Bevan Healthcare

A main provider of health support to refugees and asylum seekers is this social enterprise based in Leeds; it is widely regarded as being at the forefront of health and wellbeing services for people who face social barriers to accessing care. Many of their patients have complex needs, have experienced trauma and or have addiction and/or mental health issues. Their holistic approach to their work is informed by the social determinants of health to find compassionate solutions for people, that benefit both the individual and the system as a whole.

They have nurse-led teams who include a Nurse, Occupational Therapist, Health Care Assistant and a peer-led Wellbeing Service. These teams are often the first point of contact with a medical professional for vulnerable migrants and their model of care includes:

- Initial health screening
- Testing for tuberculosis and blood born viruses
- Mental health screening
- Facilitate access to primary care services
- Help with educating how to access NHS services and its appropriate use
- Collaborate with third sector partners in the area

Since 2019 Bevan have pioneered responsive health and wellbeing services for vulnerable migrants housed in temporary accommodation.



Safe Surgeries Programme – Doctors of the World

Three target sessions were delivered to primary care staff this summer. A total number of 629 staff attended across all events.

Outcomes included raising awareness, encouraging practices to join the safer surgeries and challenges to barriers in accessing care being unpicked and understood. Leeds now has over forty safe surgeries.

Ukrainian /Afghan health assessments within primary care

Local partners and teams teams completed many health assessments and continue to give individual support to access registered practices and have ensured strengthening of continuity of care as people move around the city.

Oral health provision

The Board and members have continued to raise concern and advocate for access to oral health for Asylum Seekers and Refugees. The Migrant Access Project facilitated a focus group from different communities to respond to the oral health survey.

Outcomes included the Leeds pilot service in two dental surgeries has now been funded longer term with the Board and partners advocating for this service. Partners have worked closely with regional colleagues to produce information at a local authority level around oral health in our region whilst share accessible resources.

Leeds Health Awareness Service (LHAS)

LHAS has successfully collaborated with partners in the city to increase access of Cardiovascular Disease prevention / management programmes with migrant communities. The Service have a network of volunteers whose role involves getting key screening messages out to communities.



Primary Care Screening Champions

Forty-five practices in the most deprived areas of Leeds have a champion who has protected time to contact people that have been invited to undertake bowel/cervical screening but have not done so. The champion works with these people and to encourage uptake / remove barriers. The champions have increased the number of migrant communities engaged in cancer related volunteering opportunities.


Cancer Wise Leeds (CWL)

A network of CWL cancer screening and awareness co-ordinators has been developed linked to each Primary Care Network (PCN) across the city. The main purpose for this network is to achieve accelerated screening uptake in migrant communities.

Migrant Access Project (MAP)

This project, funded by public health, raises awareness of early cancer prevention through screening and signposts people to local GP services. Migrant Community Networkers (MCNs) are trained and funded to deliver events around cancer awareness, prevention and screening out in their own communities. Leeds Cancer and Culturally Diverse Communities Task Group successful bid for NHS Health Inequalities Funding for a bespoke project to improve cancer outcomes for migrant communities with a collaboration between The Migrant Access Project (MAP) and Leeds Health Awareness Service (LHAS).

Outcomes include 18+ MCNs received cancer screening benefits training from Unique, supported by Macmillan, Public Health and Yorkshire Cancer Research in three sessions during September–October 2022. The MCNs (13 women and five men), represented 11 communities.



The events reached 243 people face to face with cancer screening awareness messages, representing at least eighteen communities (including Zimbabwe, Angola, Pakistan, Rwanda, Guinea- Bissau, Morocco, Jordan, Iraq, Kurdistan, Palestine, Syria, India, Kashmir, Caribbean, Nigerian, Somalian, Ethiopian, Sudanese).

One of the sessions was held online via a radio show which was later posted online and reached over 3,000 people who either tuned in to listen or watched on You Tube, from Leeds, different areas of the UK and overseas. Sessions were delivered in English, Arabic, Pashto, and Amharic.

Comments and feedback included:

"I've had 2 letters about my breast cancer screening...I'm going to book the appointment."

"There are some people who have misconceptions about cancer, so it is better that they hear this session."

(Talking about cervical screening)

"I have decided to attend. I will ask my mother to be with me."

"African people don't talk about this...we need to do more sessions."

One woman who attended a session in LS9 said the session had given her the confidence to book a GP appointment regarding an abnormal lump she had spotted a few months ago. Four women from the Swahili community booked in for their cervical screening appointment following another session in LS9.

"I always bin the letter for my cervical screening, but now I will go!"

"There were some signs and symptoms I was not aware of before".

"These sessions have been really useful because they are in our own language, and we can ask questions and get answers we can easily understand".

Leeds Refugee Forum (LRF)

LRF have been funded by Public Health to support delivery around the three priorities of the Board through direct work with Asylum Seekers and Refugee (ASR) communities by developing activities around a “Five Ways to Wellbeing” approach.

Outcomes so far demonstrate that ASRs in the city have been better supported to navigate and move around the city, encouraged to use leisure, green and public spaces, to walk and exercise more, be physically active and make and maintain greater social contacts. Participants overwhelmingly reported improvement in their well-being and connection to other people.

- 22 Asylum seekers and refugees fed back through surveys that they have received regular support to connect into other services; this also helped with digital exclusion and isolation as many refugees cannot access or struggle to access wider support
- 50% of participants said that without help with access to local transport, they would not be able to attend the classes
- 100% of participants said that their well-being has improved since attending their respective activity
- 100% said they felt more connected with people since attending the activity
- 100% said they had learnt new skills, including conversation skills, writing poems, enriched vocabulary, communication skills, and creative skills like painting and drawing
- 100% have improved self-esteem
- 90% reported improved independence

However, people still faced barriers and wanted more classes to improve English language skills.



Svetlana, (48, Ukrainian) wrote:

"I feel connected to the group members. We communicate positively, exchange information and support each other."

Gulzar (39, Iraq) attended our Women's Wellbeing sessions and said,

"[Everyone] is very friendly and kind."

Abraham (39, Eritrean) said he had had a

"good experience meeting different people."

It is clear that one of the key benefits service users received from LRF is a sense of community, belonging and friendship. Additionally, participants reported that they had gained new skills from the activities.

Oscar (42, Cameroonian) is a disabled asylum seeker who lives at the Britannia Hotel in East Leeds. He comes to ESOL classes and Men's Wellbeing and uses the bus ticket to travel to LRF twice a week for these activities. Without the bus ticket, this would take up almost all his monthly allowance. Since attending the Men's Wellbeing Group he has learnt to,

"connect, help [and] discuss."

Hanna (34, Ukrainian) said that because of ESOL classes, she

"began to feel free when communicating with people"

Similarly, Natalia (46, Ukrainian) wrote:

"I have learnt new skills. I have enriched my vocabulary. [I] apply new knowledge to life."

This project has enabled asylum seekers to access accommodation, legal advice, case worker support, health appointments and other crucial activities. This has removed a significant barrier to integration and participation in public life and have a positive impact on mental wellbeing.



Leeds City Council Safer Stronger Communities

This project delivered a 3-month wellbeing project in 2022 for people seeking asylum residing in Home Office contingency accommodation in Leeds.

A rapid scoping wellbeing needs assessment using the “Five Ways to Wellbeing” approach. From this a report was produced that summarised the work and a toolkit of resources for residents and services developed, alongside an interactive google map that has provided a legacy for this project.

A number of outcomes were achieved during and post project, these include:

- improved awareness and access to a range of services and support available including Community Hubs, Active Leeds, Libraries, Museums and Galleries, Parks and Countryside, the Faith sector and voluntary sector
- improved engagement and pathways between services and the Home Office contingency accommodation /accommodation provider
- improved access to ESOL and English language learning activity
- improved connection with volunteering opportunities
- free access to a range of museums and galleries for refugees and people seeking asylum

Safer Stronger Communities have also funded LASSN to update the New to Leeds (<https://newtoleeds.org/>) website. This is a valuable resource for the city to help new migrants to Leeds to find their way around, and to help them to understand how to access support. This website can be translated into a number of languages.



Womens' Health Matters (WHM)

Rainbow Hearts group for women refugees and asylum seekers is funded by Public Health with an overall aim to improve their wellbeing through health promotion activities.

WHM now have a member of staff who is a qualified teacher and delivers 30 minutes of ESOL/ conversation lessons each week for any woman who does not feel confident in speaking or reading English using games, including word searches and 'hangman' to support women in feeling confident to speak out more and feel part of the group.

Outcomes: WHM have supported 85 women over the course of the year, with forty group sessions taking place, thirteen walking groups and 8 ESOL conversation groups with a focus on health-related activities.

Session examples included:

- Health sessions delivered on cervical screening, breast health and contraception.
- Healthy eating and the Eatwell plate.
- Relationships and consent, including assertiveness and saying 'no.'
- Health support from Leeds Sexual Health nurses, the Health Facilitation nurses and Mentally Healthy Leeds looking at topics including health screening, accessing GP services, sexual health, menopause and managing mental wellbeing.

Priority 1 - Case Study

Miriam is Nigerian and has attended Rainbow Hearts for the last two years. She first joined when she moved to a church-funded accommodation for destitute women in Leeds, and has been a committed member of the group. Miriam is in her late seventies and has significant health needs including trouble walking but when joining Rainbow Hearts was very independent and managed her health needs well. Miriam involved herself in opportunities through Rainbow Hearts, including the Wow! Project and physical activities through Leeds Girls Can.

Miriam is well thought of by the other women and was often referred to as 'Mama,' a sign of the respect she was shown in the group. She was moved by the Home Office to Sheffield for a short time before returning to Leeds to be housed in a different accommodation in Wortley, away from her community and not as easily accessible by buses.

WHM noticed Miriam had not been attending Rainbow Hearts and reached out to her. Miriam reassured them she was doing well, but that she struggled in the winter with the cold as it made walking more painful. WHM offered Miriam more flexibility with coming to Rainbow Hearts and agreed she could attend when she felt able to, without having to go through the usual booking system; she was grateful and reassured WHM she would be at group again soon.

Miriam continued to be sporadic with her attendance over the winter, but WHM checked in on her often and she always said she was doing well. However, in January of this year, Miriam attended group for the first time in a while and was struggling more with walking and looked to have lost a lot of weight. They arranged to meet Miriam for a 1-1 away from the group as well as offered a taxi for Miriam to attend the group.

WHM had several 1-1 appointments with Miriam and discovered she was not managing in the new house very well as there were many stairs and no adaptations to make bathing and cooking easier. After raising their concerns, the GP referred Miriam to adult social care for additional support; they also discussed concerns about Miriam's cognitive health as she was struggling with sleep and becoming forgetful, missing appointments, and getting confused with what tasks she had done. There were also concerns about how often Miriam was eating as she did not appear to be collecting her money regularly.

WHM continue to work with Miriam's GP, solicitor, PAFRAS and Mears to support her and have been able to offer Miriam the regular support of Rainbow Hearts and seeing her friends, reducing the isolation she was experiencing.

PRIORITY 2: COMMUNICATION



HealthWatch, LASSN and PAFRAS have been key partners in bringing voices of the unheard to the fore in a range of actions this year. The work they undertake is excellent and vital for both refugees and service providers and cannot be underestimated as an invaluable resource in the city. The Board draws heavily on these voices to inform our work.

Leeds Community Healthcare NHS Trust held workshops with engagement champions to following the Health watch report – barriers to action, to understand what is already working and barriers faced.

Outcomes included wider communication actions have been actioned as a result of the engagement including improved recording of language requirements and simplifying appointments and communications in local languages to assure that interpreters have been booked. This work was in partnership with PAFRAS who encouraged changing the way the trust communicates culminating in a positive celebration event in March.

Leeds City Council Safer Stronger Communities are working with Employment and Skills to finalise the Leeds ESOL Strategy. This approach outlines the strategic direction on ESOL and Learning English provision for adults, outlining the current position, key challenges, our shared vision, key priorities, and outcomes and will help to support better health outcomes.

West Yorkshire Integrated Care Board (WYICB) have proactively, through HealthWatch, developed excellent new resources and engagement for those who do not speak English as a first language.

PRIORITY 3: WORK / AUSTERITY



‘Cost-of-living’ work

There is much support and activity around the impact of austerity in Leeds and members of the Board have been influential in ensuring that specific support for migrants are not further excluded and marginalised. Practical support for food, fuel and access to ‘warm spaces’ taking into consideration cultural needs and barriers have been important aspects of this.

Migration Access Project (MAP)

The Leeds MAP provides training around employment, starting your own business, welfare rights, the cost of living and link communities with services in Leeds who can support their needs.

Leeds Inclusive Anchors Network

The Board has linked with this network to promote the wealth of skills of migrants. All anchor organisation partners are addressing and encouraging the recruitment of local communities, including migrants, to reflect our diverse communities building on the pilot undertaken in Lincoln Green some years ago.

The Network has engaged local communities in employability programmes, training and apprenticeships. They have recently committed to producing a diversity dashboard, in partnership with the Open Data Institute (ODI) Leeds, to collectively report and take action on diversity pay gaps to ensure the workforce of the largest publicly-funded organisations in the city is representative of the communities it serves; to also work more closely with the city’s disadvantaged neighbourhoods, getting local people into work.



Funding opportunities

The Board ensures partners are aware of new funding streams and share up and coming potential grant launches and members have shared any opportunities to bid for funding and provided support with data and other support. Raising awareness for new grants, particularly those that focus on inclusion health have been highlighted.

Sharing good practice

The Board has shared good practice from Leeds programmes at regional level. Across partners, welfare advice support and training toolkits have been shared and an important element is ensuring any relevant resource considers the needs for migrants, including understanding their rights and eligibility.

In relation to communications and campaigns the Board has provided advice to ensuring they are fit for purpose, in terms of being inclusive and can be used by those who do not have English as a first language.

CHALLENGES



Accommodation

A place to live is one of the largest challenges faced. The doubling in number of asylum seekers in hotel accommodation in Leeds is already placing significant strain on both statutory and third sector partners. The decision at national level to introduce sharing of rooms and closing some hotels gives the Board significant concern about the way in which these policies are implemented locally.

There is insufficient affordable housing to meet the needs of refugees made homeless by the discontinuation of Home Office support and the closing of hotels. The LGA said that greater demand combined with an “acute” housing shortage means it will be “extremely challenging” for those leaving Home Office-funded accommodation to find an affordable, long-term place to stay.

The impact on the physical and mental health of people in hotels is not being monitored in any systematic way, e.g. in terms of number of mental health crises, presentation to A&E or crisis services and incidence of self-harm.

Local intelligence also suggests that sexual orientation is being used as a way of deciding who is appropriate to share rooms - resulting in LGBTQ+ asylum seekers being outed against their will, and increasing the chances of homo/trans-phobic hate crimes.

The notice period for evictions has been shortened yet there is insufficient advice or advocacy capacity to help people effectively request extensions to their accommodation. There is also concern that there is little oversight of how many evictions are happening, so emergency housing responses cannot be planned by anyone in any sector.

Impact on mental health

The Board have concerns in regard to the mental wellbeing of migrant communities and their access to services - this reflects a national trend. Future arrangements around where refugees and asylum seekers are placed has an impact on migrants' health and wellbeing and threats of deportation also impact on their mental health.

There is an added dimension that our valued workforce is becoming increasingly “burnt out” working in this field of work.

Economic climate

Continuing to deliver quality services with reduced budgets and resources is becoming increasingly challenging. This is both a concern for the Board and all partners, at a time when migrant communities continue to face health inequalities from the pandemic and ‘cost-of-living’ issues. This is likely to impact on the level of support available for migrants and is already beginning to be seen, e.g.

- reduced access to translation and interpretation services
- lack of access to emergency dental treatment
- 3rd sector organisations having to scale back their work
- the worsening, and more complexity around, health issues

Board relevance, impact & effectiveness

In recent months there has been a decrease in attendance at Board meetings. We are exploring the reasons for this and - given how pressured everyone is - consider whether the role and focus of the Board needs to develop in a different direction to ensure it can play a key leadership role across Leeds.

**There is much good work around
migrant health about which we can be proud.**

SUMMARY



Focus on our overarching priorities

A refresh of the Board's priorities provides the impetus and ability to amplify the health inequalities migrants face on a daily basis, identifying unmet need and the ability to advocate at a strategic level.

The Health and Wellbeing Board's (H&WB) workshop last year on migrant health in the city was led by Board members. They fully supported all three priorities and agreed that migrant communities and organisations were consulted during the Health and Wellbeing strategy refresh.

One year on we must ensure that the Migrant Health Board continues to work closely with the H&WB to ensure every migrant coming to our city has the care and support they need.

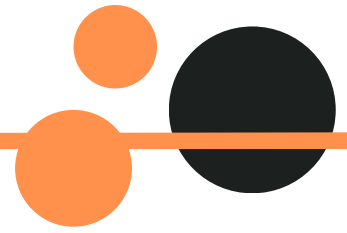
Role of third sector organisations

The valued work and expertise of the voluntary, community and faith sector supporting all migrants in the city cannot be underestimated. They, including PAFRAS, LASSN and SOLACE, underpin the work of the Board and are key to reducing health inequalities. Without them, statutory services would not be as effective in delivering on wider migrant related outcomes. These organisations are trusted by migrants and we must continue to support them in these increasingly challenging times.

Key health partners

The Integrated Care Board (ICB), primary care and Bevan Healthcare continue to have a strong focus on inclusive health and advocating for migrants unmet needs. Their work is ever-increasing in caring for those migrants, especially for people residing in hotels by working alongside other partners, both locally and nationally.

APPENDIX



Members of the Migrant Health Board

Chair – Chief Officer/Public Health Consultant, Leeds City Council
Asylum Matters

Bevan Health Care

Forum Central

HealthWatch Leeds

Leeds Asylum Seekers Support Network (LASSN)

Leeds City Council:

Children's & Families

Communities, Housing & Environment (Migration Programme
Manager & Housing Support Manager)

Employment & Skills

Leeds City Council Public Health:

Health Improvement Principal, Localities & Primary Care

Head of Public Health, Localities & Primary Care

Head of Health Protection

Leeds Community HealthCare Trust

Leeds Office of the West Yorkshire Integrated Care Board (ICB)

Leeds Teaching Hospitals Trust

Leeds York Partnership Foundation Trust

Positive Action for Refugees & Asylum Seekers (PAFRAS)

Representatives from Primary Care Networks & Local Care
Partnerships

West Yorkshire Police