

**Report of:** Leeds Migrant Health Board

**Report to:** Leeds Health and Wellbeing Board

**Date:** 09 November 2023

**Subject:** Migrant Health in Leeds Annual Report 2022 - 2023

|   |   |  |
|---|---|--|
| Are specific geographical areas affected?                                     | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| If relevant, name(s) of area(s):  |   |  |
| Are there implications for equality, diversity, cohesion, and integration?    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Is the decision eligible for call-In?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information?                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| If relevant, access to information procedure rule number:<br>Appendix number: |   |  |

## Summary of main issues

The Leeds Migrant Health Board's (LMHB) purpose 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. Following a request by the Health and Wellbeing Board in October 2022, we would like to present our first Leeds Migrant Health Board Annual Board Report 2022-2023 and feedback on the progress against identified priorities.

The current priorities of the Board are:

- Priority 1 - Access for All
- Priority 2 - Communication
- Priority 3 - Work and Austerity

The LMHB works collaboratively across the health and care 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. Considerable progress has been made but challenges remain due to ongoing national policy changes that have put significant pressures on both statutory and third sector organisations to respond to the changing nature of the refugee and asylum agenda.

## Recommendations

- Note the content of the Migrant Health in Leeds Annual Report 2022 – 2023.
- The Board to seek further feedback and assurance from Mears, the Home Office and local providers on the specific challenges highlighted in this report.
- Support collaborative work with housing leads across the city to address housing need.
- Re-stating the Board’s commitment to support migrants, refugees and asylum seekers despite current financial challenges, and ensure that decisions don’t widen the health inequalities they face.
- Work with partners across the city to raise awareness around the health needs and challenges that migrants, refugees and asylum seekers face.
- Recognise and support the invaluable work of third sector organisations, including PAFRAS and LASSN, in ensuring the voice of migrants, refugees and asylum seekers informs our work.
- Acknowledge the compassionate, committed and dedicated work undertaken by partners and volunteers in Leeds to support migrants access the services that are a basic right.

## 1 Purpose of this report

### 1.1 To share an overview of the Migrant Health in Leeds Annual Report 2022 - 2023

1.2 The Migrant Health in Leeds Annual Report provides an update 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.

## 2 Background information

2.1 The LMHB works collaboratively across the health and care 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. The board includes local partners, including the NHS, local authority, voluntary and community partners, and organisations who work directly with asylum seekers and refugees.

2.2 On 25<sup>th</sup> October 2022, members from the LMHB facilitated a Leeds Health and Wellbeing Board (LH&WB) workshop on refugee and asylum seeker health led by Caron Walker, Leeds City Council, Karen Pearse, Positive Action for Refugees and Asylum Seekers (PAFRAS) and Jon Beech, Leeds Asylum Seekers’ Support

Network (LASSN). Clear actions were identified by board members and there was a request to return the following year and present an LMHB Annual Report, focusing on progress made on the priorities whilst ensuring an inclusive and equitable health approach of the LMHB and the LH&WB.

- 2.3 Over the last year the LMHB has been progressing the priorities with partners in Leeds. There has been a strong focus on including the voice of lived experience, championing change and shining a spotlight on excellent work being delivered by a compassionate and valued workforce. The LMHB has captured key progress against the priorities in an Annual Report (See appendix 1).

### 3 Main issues

- 3.1 Too often migrants face barriers in accessing the most basic services and the health care they have a right to access. Further challenges experienced by migrant communities include the impact of wider circumstances on their health such as poverty, poor housing or homelessness; lack of access to primary care and trauma informed services; racism; unemployment; isolation and vulnerability; hostility and prejudice from some communities in areas across the city; learning a new language and managing without familiar support networks.

- 3.2 Evidence shows the various complexities faced by refugees, asylum seekers and undocumented migrants when trying to access vital health care (Asif & Kienzler, December 2022) and health promotion programmes. This has overwhelming negative impacts on their health and wellbeing.

- 3.3 Over the last 12 months, board members have focused on a number of actions that support the three identified priorities and assessed the impact of these actions. Considerable progress has been made and further detail on the three priorities can be found in the annual report.

#### 3.4 International, National and Local Context

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.

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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.

### 3.5 **Current Challenges**

- 3.5.1 **Processing of claims** - The recent Home Office recruitment of case workers to speed up processing of asylum seeker claims (ten times as many claims are being processed) is welcome. Nevertheless, communication 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 this puts further strain on local providers.
- 3.5.2 **Hotel 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 partners. The decision at a national level to introduce sharing of rooms and closing some hotels gives the LMHB significant concern about the way in which these policies are implemented locally. Local intelligence also suggests that sexual orientation is being used to decide who can share rooms - resulting in LGBTQ+ asylum seekers being outed against their will and increasing the chances of homo/trans-phobic hate crimes.
- 3.5.3 **Affordable Housing** - 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 notice period for evictions has also 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.
- 3.5.4 **Pressure on specialist services** – The doubling of migrants and refugees being housed in hotel accommodation 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 services means that they are not able to prioritise preventative approaches. For example, all hotel residents are offered vaccines 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.
- 3.5.5 **Impact on mental health** - The LMHB has concerns about the mental wellbeing of migrant communities and their access to services - this reflects a national trend. The impact on mental health (and physical 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. There is an added dimension that our valued workforce is becoming increasingly "burnt out" working in this field of work.
- 3.5.6 **Economic climate** - Continuing to deliver quality services with reduced budgets and resources is becoming increasingly challenging. This is a concern for the

LMHB 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 and is already beginning to be seen in reduced access to translation and interpretation services and lack of access to emergency dental treatment.

3.5.7 **Board relevance, impact & effectiveness** - In recent months there has been a decrease in attendance at LMHB meetings. We are exploring the reasons for this and, given current pressures, we are considering 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.

3.5.8 Some of these areas are overseen by the LMHB but have a significant impact on Migrant Health and Wellbeing and we will need to coordinate action across the two boards.

## 4 Health and Wellbeing Board governance

### 4.1 Consultation, engagement and hearing citizen voice

The Board recognises the importance of Migrant Voices, and the Board has an ongoing and open dialogue with migrants via PAFRAS, LASSN, the Leeds Migration Partnership and third sector organisations, including discussion of meeting minutes.

### 4.2 Equality and diversity / cohesion and integration

This report has highlighted the health inequalities faced by migrants in the city demonstrating the need for collective action and investment and plan for future demands due to national policies that may impact migrant communities.

### 4.3 Resources and value for money

This report demonstrates key partners in the city and their commitment to the LMHB key priorities. Reducing health inequalities supports wider strategies in the city including the Health and Wellbeing Strategy

### 4.4 Legal Implications, access to information and call In

There are no access to information and call-in implications arising from this report.

### 4.5 Risk management

Risks will continue to be managed by the LMHB and partners but specific risks to share with the Health and Wellbeing Board include:

- Specialist services – such as Bevan healthcare – are increasingly stretched and are not able to provide the full range of health and wellbeing services they usually offer.

- With further pressures on specialist services, the wider health and wellbeing system is likely to experience more demand on services.
- There is an increased risk of homelessness with no recourse to public funds.

## 5 Conclusions

- 5.1 The work of the Leeds Migrant Health Board has contributed to effective action on all three of our priorities which, in turn, has resulted in improved outcomes for the migrant population in Leeds and demonstrates the commitment by all partners in Leeds to improve migrant health.
- 5.2 Despite the delivery of effective action locally, challenges remain due to ongoing national policy changes that have put significant pressures on both statutory and third sector organisations and are impacting on the health and wellbeing of the migrant population in Leeds.

## 6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Note the content of the Migrant Health in Leeds Annual Report 2022 – 2023.
  - The Board to seek further feedback and assurance from Mears, the Home Office and local providers on the specific challenges highlighted in this report.
  - Support collaborative work with housing leads across the city to address housing need.
  - Re-stating the Board’s commitment to support migrants, refugees and asylum seekers despite current financial challenges, and ensure that decisions don’t widen the health inequalities they face.
  - Work with partners across the city to raise awareness around the health needs and challenges that migrants, refugees and asylum seekers face.
  - Recognise and support the invaluable work of third sector organisations, including PAFRAS and LASSN, in ensuring the voice of migrants, refugees and asylum seekers informs our work.
  - Acknowledge the compassionate, committed and dedicated work undertaken by partners and volunteers in Leeds to support migrants access the services that are a basic right.

## 7 Background documents

Appendix 1 - Migrant Health in Leeds Annual Report 2022 - 2023

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# Implementing the Leeds Health and Wellbeing Strategy 2016-21

## How does this help reduce health inequalities in Leeds?

The MHB works collaboratively across the health and care 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.

## How does this help create a high-quality health and care system?

Focus on inclusive, accessible approaches in health and care which will benefit the most vulnerable citizens.

## How does this help to have a financially sustainable health and care system?

Strong focus on prevention and early intervention which in turn is more cost-effective than the treatment of physical and mental ill health.

## Future challenges or opportunities

Challenges are detailed in the report. There are huge opportunities to embrace the skills and culture of migrants, refugees and asylum seekers, their families and communities.

| <b>Priorities of the Leeds Health and Wellbeing Strategy 2016-21</b> |   |
|--|---|
| (please tick all that apply to this report)                          |   |
| A Child Friendly City and the best start in life                     |   |
| An Age Friendly City where people age well                           |   |
| Strong, engaged and well-connected communities                       | X |
| Housing and the environment enable all people of Leeds to be healthy |   |
| A strong economy with quality, local jobs                            |   |
| Get more people, more physically active, more often                  |   |
| Maximise the benefits of information and technology                  |   |
| A stronger focus on prevention                                       | X |
| Support self-care, with more people managing their own conditions    |   |
| Promote mental and physical health equally                           |   |
| A valued, well trained and supported workforce                       | X |
| The best care, in the right place, at the right time                 | X |