

# MIGRANT HEALTH IN LEEDS 2024

MIGRANT HEALTH BOARD  
ANNUAL REPORT



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# Foreword

I am delighted to share this year's Annual Report on behalf of the Leeds Migrant Health Board. It is an opportunity to shine a light on the work of the Board, share the experiences of migrant communities, and reflect on our progress, the challenges we face and our priorities for the health and care system.

The report highlights the complexity of the migrant health agenda in challenging times, including the national policy context that directly impacts the health and wellbeing of migrant communities. This summer we witnessed unrest and discrimination, which deeply affected many of our communities and our partners. We know that discrimination has an impact on health outcomes and on access to the building blocks of good health.

The Leeds Migrant Health Board and our partner organisations continue their committed work to strengthen collaborations, build trusting relationships, influence the wider system and deliver innovative approaches to make a real difference for migrant communities in Leeds.

As the incoming chair to the Board I would like to express my thanks for the vast amount of work that has happened throughout this year. I would like to especially thank our voluntary sector, our critical friends and expert partners who help us to be pragmatic yet solution-focused as a system. Thank you to our previous Chair, Caron Walker, Chief Officer and Consultant in Public Health, for her leadership and committed advocacy on migrant health in the city.

I look forward to collaborating with partners and communities in the coming years, building on the brilliant work taking place, seeking further opportunities to connect, and amplifying the importance of migrant wellbeing.

**Pippa Bird**

Acting Chief Officer and Consultant in Public Health, Leeds City Council.

# Introduction

This is the second annual report of the Leeds Migrant Health Board (LMHB). The report describes work by the Board and its members to address the health needs of migrants in 2023-24 and presents recommendations for future work by partners and the wider health and care system.

## **We aim to:**

- Shine a light on the work of the Board and our partners to improve the health of migrants.
- Amplify the voice of those with lived experience to understand the complexities and challenges faced by migrants.
- Inspire partners to champion and advocate for migrant communities in Leeds.
- Identify specific priorities and recommendations for the Health and Wellbeing Board and wider system to address the health inequalities faced by migrants in Leeds.



# Leeds Migrant Health Board

The Leeds Migrant Health Board aims to improve health outcomes for Leeds migrant communities by providing a strategic, citywide approach to understanding and addressing migrant health needs in Leeds.

The Board includes members from the health and care system, wider statutory services and the voluntary and community sector in Leeds, and champions inclusion of the voices of migrant communities. A full list of members is provided in Appendix 1.

Recent migrant groups have diverse health needs, face many barriers to accessing services and disadvantages in access to education, jobs, housing and other building blocks of health. We have therefore defined our principles: to achieve an excellent experience for migrants, to ensure equitable access, to adopt trauma informed approaches and to work collaboratively across the health, care and Voluntary and Community system.

## **The Board works in partnership 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 a forum for information sharing, challenge, encouraging learning and disseminating good practice.

## **The Board has three overarching priorities:**

1. **Access for all** - to shape services and strategies that are accessible to all.
2. **Communication** - including interpretation, translation, accessible information, and involvement in English language learning opportunities.
3. **Work and Austerity** - to ensure a workforce equipped to respond to new and emerging communities and linking to austerity agendas.

This report highlights work across these priorities in the past year, with a focus on Access and Communication. We work with a wide range of migrant communities, and this year we have focused in particular on support for asylum seekers and refugees and Roma communities and priorities we can realistically act on together as a system demonstrating progress and local impact.



# Context

Global and national events and policies significantly impact on people migrating to the UK and settled migrants, including their experiences and journeys and the services and support available to them.

People migrate for a number of reasons, including:

- To work or follow a career path (economic migration)
- To join family or friends or for a better quality of life
- To study e.g. further and higher education
- To seek sanctuary to escape war, political persecution and natural disasters.

Family was the most common reason for coming to the UK in 2022, followed by work ([Migration Observatory](#)). The number of refugees and displaced individuals seeking sanctuary in the UK continues to rise for reasons including global conflict, abuse and discrimination, climate change and a lack of opportunities.

## National policy context

The [Illegal Migration Act](#) 2023 was passed in July 2024. This led to a high volume of people needing help and advocacy with understanding their rights. This placed pressures on already stretched services nationally and locally, specifically health, housing, the voluntary and faith sector, and legal aid services. This was mainly due to the speed of fast tracking the backlog of asylum cases, settlement and citizenship status decisions, asylum accommodation issues, lack of suitable and affordable housing. All of these elements have an impact on health and wellbeing.

*“The uncertainty created by the... Bill will hugely contribute to poor health. Increasing the uncertainty under which people who have fled violence and trauma live will only increase their psychological distress, with the potential to create or compound underlying physical conditions linked to chronic stress, anxiety and depression”*  
**BMA 2023**

In July 2024 the UK elected a new government. The new government swiftly made changes to migration policy, including cancellation of the Rwanda Scheme. The national position seems to be moving away from placing asylum seekers and refugees in large scale holding solutions (e.g. Bibby Stockholm) to a focus on placing people in communities.

The 2014 Immigration Act and subsequent regulations implemented charging for NHS care (exceptions include urgent care) for people who do not have indefinite leave to remain. There is evidence that this policy deters people from accessing health care, with public health implications for individuals and wider communities, including concerns around infectious diseases, long term conditions and maternity care.

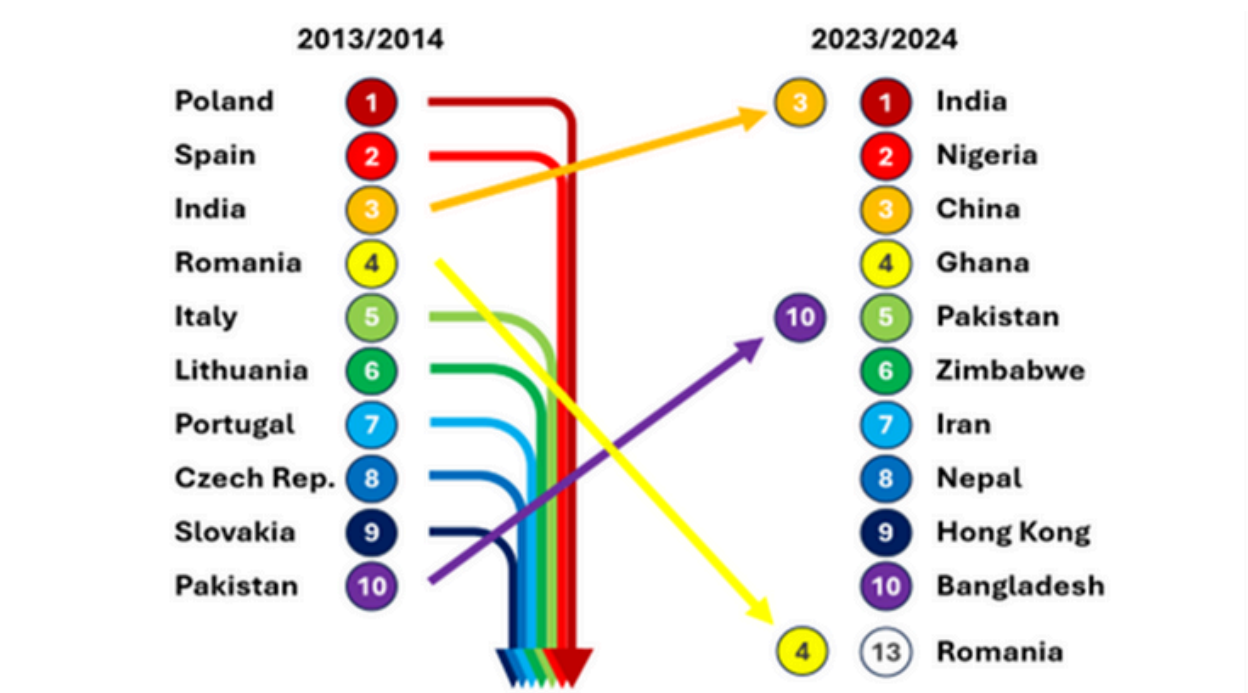
## Leeds Context

The population of Leeds is growing and increasingly diverse. In 2021 the Leeds resident population was 811,956 people, of which 26.6% reported that they were from ethnic minority groups (ONS Census 2021). A total of 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. Leeds residents reported 287 unique ethnicities, and 69 unique nationalities.

In recent years we have seen the ongoing impact of global events at national, regional, and local levels. Leeds City Council and partner agencies continue to work together to support people seeking sanctuary in our city despite the complex and ongoing pressures faced across the wider system including health and care. Leeds Migrant Health Board shares best practice, builds capacity, and uses evidence and insight to support the wider system.

**Figure 1: Nationalities of new migrants to Leeds, 2023/24**

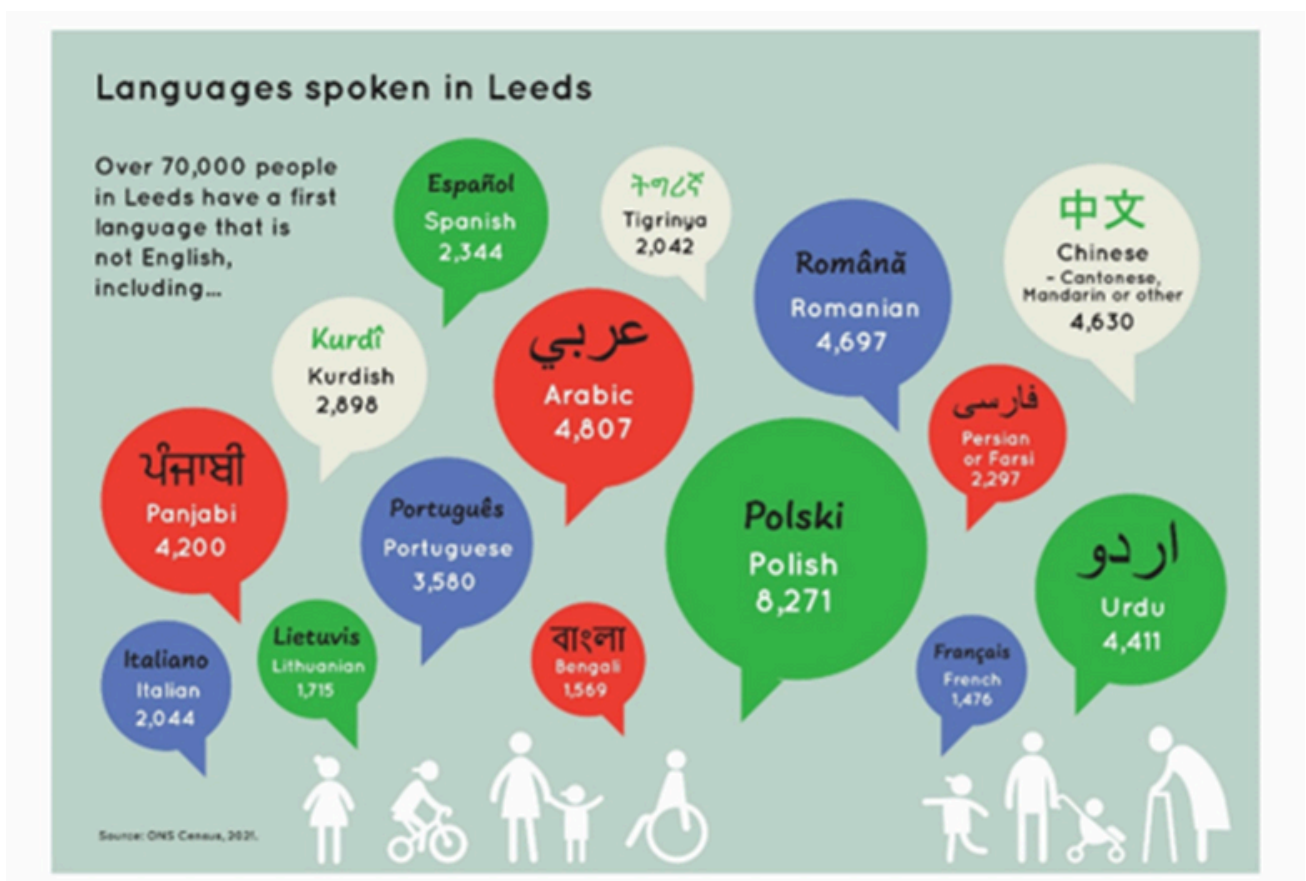
Source: New National Insurance registrations (for people with a right to work in the UK)



## City of Sanctuary

Leeds City of Sanctuary is part of a national movement to build a culture of welcome for people seeking sanctuary in the UK. Leeds has a proud and long-held commitment to supporting asylum seekers and refugees and is dedicated to being a city of sanctuary. Refugees play an active and invaluable role socially and economically and, many are active in their communities participate in volunteering. People seeking sanctuary in Leeds make a huge contribution to the civic and cultural life of the city. Leeds aspires to ensure they are welcomed and supported, and the Migrant Health Board can contribute to this by ensuring there is access to services and building blocks of health and wellbeing.

Figure 2: Languages spoken in Leeds





## Voluntary and community sector

Leeds has a valued and diverse Voluntary and Community Sector (VCS) supporting all migrant communities across the city. They are an irreplaceable asset, trusted by migrant communities and supporting statutory services to improve migrant health outcomes. VCS members on the Board play an important role in sharing the voices of people with lived experience and continue to shape our advocacy and allyship role. Ongoing support and funding are important to protect this work and help to develop services and infrastructure for new migrant communities in the city.

## Unrest and community cohesion

Our communities and partners have been personally, as well as professionally, affected by national and local unrest over the summer. Prejudice and discrimination have consequences for health and wellbeing and long-term impacts on trust and cohesion.

Whilst the unrest has been deeply concerning for partners and the vulnerable people we work with, opposition to it and support for migrant communities has inspired hope.

*“Bevan staff were directly impacted by the attacks on Asylum hotels and have needed extra counselling and support. Staff wellbeing is really difficult at the moment.”*

The Board will play its part in efforts to support communities, and promote values of inclusiveness, fairness and equity which are fundamental to a society which allows everyone to live healthier lives for longer. Approaches to address racism need to represent and reflect the voices of people facing discrimination, and we will continue to champion the role of lived experience.

There is an opportunity to link our work to [Fairer, Healthier Leeds](#), and focused work on the Marmot principle on tackling racism, discrimination and their outcomes.

# Focus on Access - Housing and health

## Why is this needed ?

Housing is a key building block for health and wellbeing. Poor quality, unaffordable and insecure housing is linked to increased anxiety, depression, stress, and cardiovascular illness. Following last year's report, we have focused on access to housing as a key health issue and strengthened links with housing services in 2023/24.

Leeds Housing Options operates in a challenging context, providing crucial support for increasing numbers of people seeking asylum to find accommodation in very short timeframes (28 days after a positive decision) and with limited available housing. In this context, homelessness remains a significant risk.

There is often a lack of understanding of the UK housing system, difficulty in accessing interpreters and translated information. Quality of housing also remains a challenge, both in accommodation provided for asylum seekers and in private rented accommodation for refugees and other recent migrants.



*In January 2024 a member of Rainbow Hearts (group for women seeking asylum by Women's Health Matters) was evicted from her Home Office accommodation and homeless. She presented at Leeds Housing Options (LHO) on numerous occasions but experienced communication difficulties and was unsure what was happening. She said that she was told that she is "young, healthy and has no children" so is not a priority, advised to look for private housing and given information in English, which she was unable to understand.*

*We called LHO to explain that she was confused and ask them if someone could call her with an interpreter. We were told that she needed to call and ask for an interpreter, but she had difficulties due to an automated system requiring the caller to press different numbers to speak with someone. Eventually she found a room in a shared house with support from another voluntary sector organisation.*

**(Case Study, Woman seeking asylum)**

## How are we making a difference?

Housing for asylum seekers and refugees is impacted by national policy, but Board members have played an important role in improving access in Leeds. VCS organisations, including Women's Health Matters, continue to provide information and support for individuals to access housing. We have worked with the Fairer, Healthier Leeds team to include a recommendation on improving housing for refugees and asylum seekers.

Leeds Housing Options, working with PAFRAS and other providers, have developed bespoke resources to improve pathways for those seeking asylum to navigate housing and related services, provide increased face-to-face support, and build capacity within other services.

*"It has been hard getting folk into accommodation, and aspirations for housing have to be dialled down and realistic, yet Housing Options have worked hard to keep people off the streets despite underfunding and less resources" (VCS member)*



Goldring, H, Trueman, E, Brown, P, Gill, S, Halsall, J, Agbokou, A, Garcia, J, James, K, Mahmood, S & Yemane, T, (2022) Transitions: A story of refugee lives, [Transitions.pdf](#) \*used with kind permission.

## Future priorities for housing related work

Following a focused Board meeting on access to housing in July 2024, a subgroup is working to review and implement the [Improving Housing Outcomes for Refugees](#) Toolkit to identify and take forward local action to improve access to housing and health. The Board intends to make further links with health and housing group and Fairer, Healthier Leeds work on housing.

# Focus on Communication - Primary Care Interpretation Service

## Why is this needed?

The NHS is committed to providing equitable high quality and effective healthcare services that are responsive to the needs of all patients. There is strong evidence that highlights the importance of high-quality interpretation and translation services for all patients for whom English is not their first either verbal or written language.

## How are we making a difference?

A new interpreting and translation service for primary care is being developed by NHS West Yorkshire Integrated Care Board. Nationally, there is [guidance](#) to support local commissioners of primary care services when commissioning translation or interpreting services. The Migrant Health Board identified that engagement with people with English as a second language was limited and there was a need to involve people with lived experience in the design of the new specification.

In response, a well-attended workshop focused on user experience of the current service was held at Woodhouse Medical Service in July 2024. This improved our understanding of the issues facing people use the service and how it could be improved. These have been used by the ICB to inform the new specification.

### **Key comments from people included:**

- *Access to interpreters is inconsistent across different areas of the city. Some people resort to using friends or family members, including children, which raises confidentiality concerns.*
- *The availability of interpreters who speak the correct dialect and language is crucial, especially for communities with diverse linguistic needs.*
- *The timeliness of securing an interpreter is a significant issue, with some patients unable to get appointments due to language barriers or misunderstandings during the booking process.*
- *Ethnicity of people using the service should be routinely recorded and cultural preferences should be sensitively agreed.*
- *The need for gender-specific interpreters was also highlighted for discussing sensitive medical issues.*
- *Many participants felt they lacked a clear avenue to provide feedback or file complaints about interpreting services.*

There is an opportunity to address these issues in the new specification, which will be overseen by the Migrant Health Board.

## Future priorities

The workshop highlighted the need for better access, booking procedures, personalisation, and feedback mechanisms in interpreting services to ensure patient safety and comfort. We will share learning and advocate for other services to involve people with lived experience in the development and design of services that they use.

# Focus on Roma health inequalities

## Why is this needed?

In the UK, Roma people live ten years less on average than non-Roma, and experience more of the risk factors for poor physical and mental health. There are estimated to be over 5,000 Roma people in Leeds, and 90% live in the most deprived 10% of neighbourhoods nationally. The Roma community still face racism and harassment globally, affecting access to quality education, health care and the labour market. This leads to further poverty and social exclusion and poorer health outcomes.

## How are we making a difference?

Public health collaborated with members of the Roma community to conduct a [Roma Health Needs Assessment 2023](#) (HNA) with a focus on wellbeing and mental health. People told us about barriers to accessing support, including difficulties understanding services in the UK and accessing translators.

Small community grants (£200-£4,000) were awarded to five organisations to help improve the health and wellbeing of the Roma community in Leeds. The funding aims to build strong and trusted relationships, empower people and build capacity for Roma-led community organisations, with support by Public Health, Voluntary Action Leeds and Forum Central. A task and finish group is being set up to focus on the recommendations, and report on progress to the Migrant Health Board, including partners from statutory and voluntary sectors and the Roma community in Leeds.

## Future priorities

The Migrant Health Board will continue to oversee this work and support the findings and recommendations of the HNA. Board members are working within their wider networks to seek opportunities to engage sensitively with Roma communities and ensure that services are taking steps to address recommendations made.

### Health Workshop with Roma Community Summary

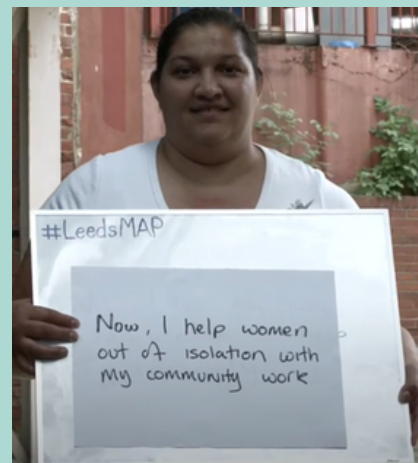
Concerns included stigma, negative experiences and expectations of services in the UK.

*“I find it hard to explain what I need. How I feel – I don’t have the knowledge to explain what it is like and what I need”*

*“I have my diagnosis and investigation results from Romania. They would not look at this here...”*

#### We need to:

- Address high levels of deprivation
- Build better trusting relationships with communities.
- Create culturally sensitive services.
- Reduce language barriers.
- Create and empower community champions.





# Our partners - an overview of achievements

## Priority 1 - Access for all

A cancer screening, awareness & prevention programme has been developed collaboratively by the **Migrant Access Project, Public Health and Primary Care**. Sessions with different communities enabled people to share fears and experiences, learn and receive resources to support other members of the community.

*“People commented that it was the first time they’d attended a session on this sensitive topic, it wouldn’t usually be discussed in our culture.”  
(Session for Nuba community from Sudan)*

The council’s **Gypsy Roma Travellers (GRT) team** continue to support Roma families through twice weekly drop-ins. The drop-ins support around 30 individual requests per week, providing support and access to wider services. Since January 2023, 180 school applications have been completed.

**PAFRAS's multi-agency drop-in** is attended by partners including Bevan Healthcare (offering GP registration and general health advice), MESMAC (offering chats, testing and support around sexual health), and Leeds Health Awareness and the LCH Diabetes team have offered information and advice on long term conditions and diabetes. The mobile liver screening unit and a smoking cessation outreach worker will attend in the future.

**Dentaid** has been working with PAFRAS to identify people who need a dentist and help them attend sessions. Access barriers included NHS dentists not taking on new patients, difficulties reading and speaking English and lack of internet access.

*“So many of the people we work with have serious dental problems. Most haven’t seen a dentist for some time, meaning that once small issues have developed into more serious problems. Having the Dentaid bus at our drop-in meant that clients could attend at a place they were familiar with and felt safe.” (PAFRAS)*

Since January 2022, **Leeds Housing Options** have assessed 263 Homeless Reduction Act cases where people have been granted refugee status and been given 28 days’ notice to leave Home Office accommodation. The council’s focus continues to be assessing service users, sourcing accommodation, and providing tenancy support for the network of landlords who provide housing for refugee service users.

The **New to Leeds** website helps new migrants to Leeds find their way around the city and understand how to access support. This has been updated by Leeds Asylum Support Seekers Network (LASSN) and can now be translated into 26 languages.

*“Some migrant communities can’t read information. We need to promote more information through videos with community members.” (Jon Beech, LASSN)*



## Priority 2 - Communication

Healthwatch and Leeds Teaching Healthcare Trust are improving communication with a focus on migrant communities across the trust using the 3 C's:

- Better **Communication** with people
- Effective **Coordination** of health and care services
- **Compassion** in the delivery of health and care services

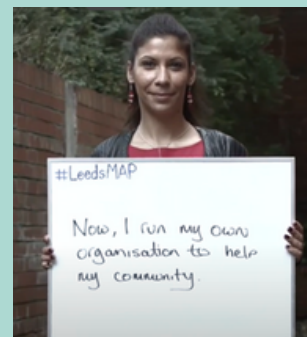
The **LTHT Maternity Health Equity Team** won an HSJ Patient Safety Award for Improving Health Outcomes for Minority Ethnic Communities. Work included focus groups with ethnically diverse communities and health inclusion groups, maternal journal art therapy workshops, group antenatal care, and developing an in-house maternity stop smoking service.

The draft **ESOL (English for Speakers of Other Languages) Strategy** for the city will be published at the end of Autumn.

The **Migrant Access Project (MAP)**, the Leeds city council flagship project working has worked with community leaders to bridge the gap between services and communities. The project trained Migrant Community Networkers from the Roma community to act as key people between services and their communities.



*"This project helped me to help my community and gave me an opportunity to contribute to the society. I'm really proud to be involved to making decisions with the city council for better inclusion policies"*  
**Migrant Community Networker**



**LCC's Health Protection team** deliver a proactive approach to mitigate the effects of communicable diseases for migrant communities. This includes work to improve awareness and access to vaccination with translated written and audio information, screening for Tuberculosis for people coming to live in the UK from areas with high rates of TB and a dedicated outreach worker.

As a **Fast Track City**, Leeds has a commitment to zero new cases of HIV, TB and Hepatitis by 2030. Work includes increasing screening for Blood Borne Viruses, increasing awareness and reducing stigma associated with testing and diagnosis amongst migrant communities.

The **Leeds Outbreak plan** highlights the need to work closely with members of the Migrant Health Board to support the response to outbreaks of infectious diseases both in communities and settings.

### Priority 3 - Work and Austerity

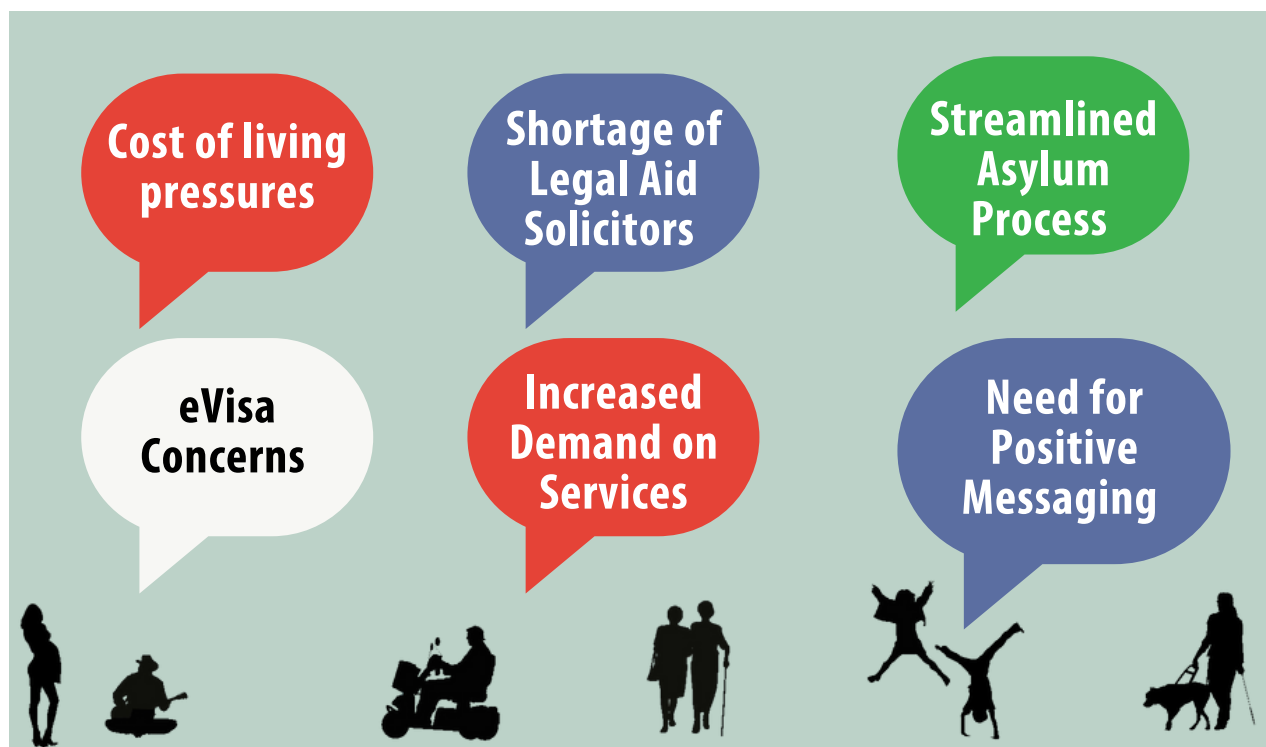
The **PAFRAS World Café**, a welcoming, safe and inclusive café session for young adults from all over the world who are seeking asylum, is held weekly at Archive Cafe in Kirkstall.

Younger adult clients had fed back that they didn't have anywhere to meet socially, did not have money to participate in leisure activities, were not confident about accessing some public spaces and felt a lack of belonging, loneliness, and isolation.

At the heart of World Café is the social element of coming together with others in a lively and supportive public venue. The café has allowed for engagement with many who would not access other forms of support, and focused on the strengths of those attending, including their personal skills, knowledge, resilience and experiences, and strengthened relationships.



# Challenges experienced by partners



*“Cost of living pressures are being felt by many communities in Leeds, but particularly by migrant communities. There is a lot of support out there, but it is not as joined up as it could be. Access to this support could be better coordinated.”*

*“The shortage of Legal Aid solicitors willing to take on immigration cases is a huge problem. As a consequence, unaccompanied asylum-seeking children who turn 18 can’t get legal help and migrant women escaping domestic violence can’t access refuge support. “Failed” asylum seekers with serious illnesses can’t apply for exemption from health charges.”*

*“It has been positive that the streamlined asylum process has led to faster decisions. I am concerned, however, about the increased risk of homelessness and lack of consideration from the housing sector for trauma and additional needs when people’s status is resolved.”*

*“Physical Biometric Residency Permits will be replaced with eVisas by December 31st 2024. eVisas will be the only way for people born outside the UK (without a British passport) to prove their right to be in the UK, work, rent a property or access banking. Any delays or complications in getting an eVisa will have a significant impact on health and wellbeing.”*

*“Bevan Healthcare are seeing significantly higher numbers of people from migrant communities – nearly 50% - than this time a year ago. This impacts on the level of care they receive and impacts on the wider health and wellbeing system.”*

*“We need to look at positive messaging and storytelling (health related) around migration and community cohesion, as a response to recent events (linking in with others around messaging i.e. Community Cohesion work at CATCH).”*

# Recommendations and next steps

## **The Migrant Health Board will:**

1. Challenge issues around racism, discrimination or stigma faced by migrant communities that are brought to the Board, and address and escalate concerns to the Health and Wellbeing Board and wider system.
2. Link with Fairer, Healthier Leeds to collaborate on the principle to address racism and discrimination and the recommendation to improve housing and health for refugees and asylum seekers.
3. Continue the strong link with the Leeds Strategic Migration Partnership and other key partnerships to work as a system to improve migrant health.
4. Review priority areas of work, following changes in national policy, migration patterns and local context.

## **The Health and Wellbeing Board is asked to:**

1. Note the content of the Migrant Health Board Annual Report 2023-24
2. Recognise the rapidly changing migration patterns in Leeds, ensuring services and approaches are culturally appropriate and forward planning for expected new communities.
3. Ensure the voices of migrant communities are central to the development and design of services that they use.
4. Champion work that supports increasing early identification and intervention for migrant communities.
5. Support the Leeds work to be a city of sanctuary and adopt the principals that improve health and wellbeing for migrant communities.
6. Recognise and collaborate with VCS partners who demonstrate system leadership in advocating for and supporting migrant communities.

Many thanks to all the partners, and communities who shape the work we do and contributed to this report.

The images for the report have been provided by partners with consent to use including Leeds ICB, PAFRAS World Cafe, Rainbow Hearts Women's Health Matters Group, Welcome to Leeds website, and the Migrant Access Project, LCC.



# Appendices

## Appendix 1. Members of the Leeds Migrant Health Board.

Chair – Chief Officer/Public Health Consultant, Leeds City Council  
Asylum Matters  
Bevan Health Care  
Forum Central  
Health Watch 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  
West Yorkshire Police

## Appendix 2. Key definitions

**Asylum seeker** - Under international law, anyone has the right to apply for asylum in any country that has signed the 1951 Refugee Convention and to remain there until the authorities have assessed their claim. There is no such thing as an "illegal" or "bogus" person seeking asylum. People seeking asylum are looking for safety to live a better life and contribute to their new society.

**Refugee** - A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country (1951 United Nations Convention Relating to the Status of Refugees)

In the UK, a person becomes a refugee when government agrees that an individual who has applied for asylum meets the definition in the Refugee Convention they will "recognise" that person as a refugee and issue them with refugee status documentation.

### **Appendix 3. Update on Annual Report Recommendations 2022-2023.**

#### **The Health and Wellbeing Board was asked to:**

- Note the content of the Migrant Health in Leeds Annual Report 2022 – 2023
- Seek further feedback and assurance from Mears, the Home Office and local providers on the specific challenges highlighted in this report.

**Progress:** The chair of the Health and Wellbeing board wrote to both Mears and the Home Office outlining key concerns and received a response from the Home Office which members of the board have since challenged / worked through directly with both organisations and agreed to share any updates on progress and work closer in collaboration.

- Support collaborative work with housing leads across the city to address housing need.

**Progress:** Since the last report the Migrant Health board has focused on health and housing linked to the two key priorities linked to access and communication. These discussions have been timely mainly due to the work that partners have undertaken due to national policy.

- Re-state their commitment to support migrants, refugees and asylum seekers despite current financial challenges, and ensure that decisions don't widen the health inequalities for them.

### **Appendix 4. Strategic Overview of Migration in Leeds.**

#### Migration in Leeds Strategy

#### **Further data and information focusing on Leeds can be found:**

- Leeds Observatory: <https://observatory.leeds.gov.uk/>
- Leeds Migration Map: <https://observatory.leeds.gov.uk/population/migration-map/>
- Migration Yorkshire: <https://www.migrationyorkshire.org.uk/?page=statistics>