

REPORT TO: Health Policy and Performance Board

DATE: 18 June 2019

REPORTING OFFICER: Chief Executive

PORTFOLIO: Community Safety/Health and Wellbeing

SUBJECT: Update on Asylum Seekers and Refugees – Health Impacts

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on Halton’s involvement with asylum seeker and refugee dispersal and resettlement programmes, and to highlight any health and wellbeing issues.

2.0 RECOMMENDATION: That

- 1) the report be noted; and**
- 2) support be shown for investigating whether the Safe Surgeries initiative is suitable for promotion in Halton.**

3.0 BACKGROUND INFORMATION

3.1 Following a request in late 2015 from Central Government, the Council’s Executive Board agreed, in February 2016, to support the national dispersal programmes for asylum seekers, Syrian refugees, vulnerable children resettlement scheme (VCRS) and unaccompanied asylum seeker children (National Transfer Scheme).

3.2 42 out of 44 local authorities in the Northwest are participating in the dispersal programmes, including all 6 in the Liverpool City Region (LCR) and all 4 Cheshire Authorities.

3.3 For asylum seekers - LCR Leaders agreed an initial tranche of 30 properties per local authority in 2016, with another 30 properties following a second request in 2018 from Central Government – except for Liverpool who currently house over 1,800 people.

3.4 Halton’s initial commitment to the Syrian Resettlement Programme (SRP) and VCRS was 100 individuals, with a further 60 agreed in 2018. This is in-line with the other LCR local authorities.

3.5 Currently, through the SRP and VCRS, 112 individuals have resettled in Halton.

It is less clear how many asylum seekers are placed in Halton as this information isn’t currently shared directly with the local authority,

however local intelligence would suggest at present there are 10 – 20 asylum seekers placed in Halton. However, this is likely to increase over the next 12 months.

4.0 LOCAL ISSUES

4.1 Serco manage the asylum seeking dispersal process in the NW for the Home Office. Unlike the refugee programme where the Authority is involved from the outset, the Local Authority is not directly involved in the asylum seeking dispersal process until a Post Code Check is requested, a House of Multiple Occupancy (HMO) License is required, there is a planning issue or wider support needs arise.

4.2 As local authorities do not have access to the same information for asylum seekers as they do with the Syrian Resettlement Programme, there is a reliance on other ways to identify where they might be living in Halton. These include:-

- Local information from Councillors, Partners and community networks;
- Engagement with local GPs and Schools to share information, appropriately, when people register, ensuring no legislation is broken;
- Use of database which keeps track of PCCs requested/rejected; and
- Improved information sharing with Serco. This is to be enhanced as part of the new contract between the HO and Serco, which commences in the autumn.

4.3 Through these methods it is known that there are somewhere between 6-8 properties currently occupied in the Borough, across both sides of the river, with a mix of single individuals and a couple of families.

4.4 The voluntary, community and faith sector has started a drop-in to support asylum seekers and refugees in the Borough – every Monday at Trinity Church, Widnes. This includes support from organisations in the wider LCR, with a track record of supporting these client groups (i.e. British Red Cross).

5.0 HEALTH CONSIDERATIONS

5.1 GP and nurse consultations in primary care, treatment provided by a GP and other primary care services are free of charge to all, whether registering as an NHS patient, or as a temporary patient, which is when the patient is in the area for more than 24 hours and less than 3 months.

5.2 For secondary care services, the UK's healthcare system is a residence-based one, which means entitlement to free healthcare is based on living lawfully in the UK on a properly settled basis for the time being.

5.3 All asylum seekers and refugees are entitled to free primary and secondary health care. Failed/refused asylum seekers are entitled to

primary care, and to any treatment that is immediately necessary, but will fall within the scope of NHS charging regulations.

- 5.4 There are exceptions to this such as maternity and emergency care services, or if the person seeking asylum comes under the Care Act or if a family with children. A full list of what is and isn't chargeable can be found here:-

<https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide>

- 5.5 The NHS have a huge range of resources available to support medical professionals, and these were shared with local GP surgery staff as part of Halton's preparation for resettled refugees. Below is a link to the information:-

<https://www.gov.uk/health-and-social-care/health-protection-migrant-health-guide>

- 5.6 It's important to stress there are different levels of support available to someone depending on where in the immigration process they are. In particular there is no additional resource available to support the integration and health care needs for asylum seekers, as there is for those refugees resettled through the SRP and VCRS.

- 5.7 Whilst asylum seeker dispersal is still quite new for Halton, there are some health related issues which have arisen from supporting the resettled Syrian population which are worth noting:-

- Use of interpreters; increased pressure on budgets (various dialects; poor access, not booked in advance or not available on phone; gender wrong for patient; and confusion about role of bi-lingual resettlement workers);
- Lack of knowledge with staff (primary and secondary) about different categories of clients and who is entitled to what;
- Difficulties in patients understanding written information (letters, medicine instructions);
- Dental hygiene;
- PTSD and other psychological problems;
- Maternity Care;
- Sexual and reproductive health; and
- Social care and lack of bi-lingual support.

- 5.8 Asylum Link Merseyside is a 3rd sector organisation based in Liverpool, who have received funding to support other LCR local authorities deal with more complex cases. They have also provided training for social workers in Halton.

- 5.9 Meetings have been diarised between HBC Officers and colleagues from Public Health, CCG and the Hospital Trust to highlight the above issues, to share case studies and discuss possible solutions. These are due to take place on 13-05-19 and 12-06-19. The outcome of these discussions will be shared at the meeting.

6.0 IMPACTS ON SOCIAL CARE

6.1 Currently out of the 112 resettled refugees in Halton, four are 60+, with two of them being assessed for care packages. Colleagues are working together to overcome identified additional barriers to accessing services, with the three main issues being:-

- Language barrier between client and care workers;
- Cultural needs and awareness; and
- Safeguarding concerns raised re: inability of client to act as employer for care assistant due to knowledge gap and lack of language skills.

6.2 Council colleagues have been working with the commissioned support provider and Halton Disability Partnership to work through the above issues and put solutions in place. These have included:-

- Support to individuals from A Better Tomorrow (a local community group) who speak Arabic, to help qualify as Personal Assistants, ensuring both male and female carers;
- By-passing of the normal matching process through Contact Centres – and ensuring those qualified personal assistants are matched directly with clients who only speak Arabic;
- Halton Disability Partnership to act as employer, as it was felt the client, due to the lack of language skills, wouldn't be in a position to deal with bureaucratic issues; and
- Commissioned provider are offering to provide the first independent assessment of the care package within the first four weeks, as they have bi-lingual resettlement workers who have established trusted relationships with the clients.

6.3 It is also suggested that at the next contract review – slight amendments be made to contracts to ensure that Equality and Diversity training be more robust and take into consideration issues related to cultural needs/awareness. This will have positive impacts for older people as well as any future service users who might have more complex learning or physical disabilities.

6.4 Another issue which has been identified is that of burial/funeral processes for those of non-Christian beliefs. There are other areas more versed in dealing with these issues and Council colleagues who are responsible for registering births, deaths and marriages, along with those responsible for burials – are making contact with other local authority areas and sharing best practice and resources.

6.5 It should be noted that as the process and information shared about asylum seekers moving into dispersed accommodation is very different (see 3.5 and 4.1 above) it isn't possible to identify specific issues that might arise from this client group until they start to present, but assumptions can be made that many of their issues will be similar to those experienced by the resettled refugees.

The main difference will be the No Recourse to Public Funds immigration status for asylum seekers which, in most cases, doesn't apply to refugees.

These are very complex legal issues and colleagues have been supported in this learning curve by organisations with a proven track record in supporting this client group, who have provided advice, guidance and training for social workers.

7.0 SAFE SURGERIES

7.1 Doctors of the World is an independent humanitarian movement working at home and abroad to empower excluded people to access healthcare.

7.2 One of the initiatives supported by Doctors of the World is "Safe Surgeries". This is for any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring the practice a "Safe Surgery" for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration.

7.3 Safe Surgeries recognise the barriers to healthcare access that exist, particularly for migrants in vulnerable circumstances, and believe that small changes in practice can make a difference. They are willing to lead by example and work to ensure that nobody in their community is excluded.

7.4 With the support of the PPB, colleagues would like to start a piece of work, looking at whether this initiative would be appropriate to promote to GP Practices, ensuring it fits with the current Equality and Diversity work that is going on across Halton.

<https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/safe-surgeries-network/#>

8.0 POLICY IMPLICATIONS

There are no policy implications associated with the information in this report. Although the potential solutions for some of the issues highlighted may lead to changes in the future.

9.0 FINANCIAL IMPLICATIONS

9.1 The arrival of anyone into the Borough will impact on resources, be they from Glasgow or Syrian, however it should be noted that these client groups do bring with them additional costs around interpretation which is, in most cases, the biggest barrier to them accessing existing services.

10.1 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

10.1 Children and Young People in Halton

None specifically highlighted.

10.2 Employment, Learning and Skills in Halton

None specifically highlighted.

10.3 A Healthy Halton

None not already highlighted above.

10.4 A Safer Halton

Whilst there has been a small amount of concern shown by neighbours close to the new dispersal properties, which are being monitored, so far the overall feeling is one of welcoming, with positive partnership working to support these vulnerable client groups.

10.5 Halton's Urban Renewal

None specifically highlighted.

11.0 RISK ANALYSIS

None specifically highlighted.

12.0 EQUALITY AND DIVERSITY ISSUES

12.1 The arrival of people seeking asylum and those resettled in Halton through the refugee programmes is slowly increasing the Borough's ethnic profile, and whilst there might be some challenges, service providers already deal with other types of migrants in Halton – it's simply recognising where the knowledge gaps are, and understanding how colleagues can be supported.

13.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

13.1 There are no background papers under the meaning of the Act.