# Migrant Health Needs Assessment

## Birmingham

### September 2017

Doctors of the World UK (DotW) commissioned Wellside Business Limited to carry out a comprehensive migrant health needs assessment in Birmingham. DotW is an international charity providing humanitarian specialist health services to excluded populations including migrants, asylum seekers and refuges in over 70 countries. Since 2007, the charity has been working to provide essential health services and advocate for vulnerable migrant groups in the UK. This summary highlights overarching messages from the research in September 2017.

## Aims and Objectives

The primary aim of the research was to increase understanding of the health needs of vulnerable migrants in the city of Birmingham. The four agreed objectives were:

- To provide a demographic overview of Birmingham, specifically providing insights into migrant communities;
- To review the current support landscape for vulnerable migrants within Birmingham;
- To examine and report on the health needs, barriers and challenges in accessing healthcare experienced by migrants living in Birmingham; and
- To deliver a detailed insight from a commissioning/provider perspective into the current gaps, challenges and opportunities around effectively meeting the health needs of vulnerable migrants in Birmingham.

Whilst the research was wide-ranging DOTW's focus is on the most vulnerable migrants and their access to the mainstream health service and this summary reflects this focus. Please see the full document for more detail on other areas.

## Methods

- Desktop research to map migrant support organisations operating in Birmingham, to collate data to understand the profile of migrant communities and policy and practice in this area nationally, regionally and locally.
- Consulted with a total of 37 stakeholders which included 21 representatives from 18 organisations working with vulnerable migrants in Birmingham, 16 representatives from 14 health (both commissioner and providers) organisations.
- Three focus groups were held with a total of 25 people and interviews with 8 people with a migrant background, although it should be noted that all of these were documented migrants.

# Migrant health profile

Birmingham is a super-diverse city with an estimated population of over 1.1 million. 42% of residents are from BME groups with 40% of the population living in one of the 10% most deprived in England. The city is the 6th most deprived authority in England. At the 2011 Census, 22.2% of the population had been born overseas. Over half (56.5%) had been resident for over 10 years, 43.5% for less than 10 years and 2.3% for less than 2 years. Although established and new migrant communities are found citywide the largest concentrations are in inner-city areas and wards to the west.

Historically, migration to the city was from India and the Caribbean. Recent trends show increasing migration from across the world, reflected in the 'other ethnic' group recorded as the third largest category in the 2011 Census. Notable increases are from the EU, especially from EU8 and EU2 countries. After English, the most common languages are Urdu, Punjabi, Bengali, Pakistani Pahari, Polish and Somali. In some wards, almost 40% of residents have a main language other than English.

2015 migration indictors provide an overview of current migration trends in the city:

o 18,861 NINo registrations (Romania - 30%)

o 153,000 non-British nationality (EU-51.6%)

o 239,000 born overseas (South Asian - 35.1%)

o 14,783 long-term migrant arrivals

o 18,607 new GP registrations

o 1,575 asylum seekers on Section 95 support (1st QTR 2017)

o 6,796 births to non-UK mothers

o 108 Syrian refugees settled (2015/17)

Health and wellbeing and mental health is generally worse in comparison to England. Wards with higher BME/migrant populations have poorer health outcomes against many health indicators e.g. lower life expectancy particularly among males, higher A&E attendances for children 0-4 and low birth weights. In Birmingham, the prevalence of TB is estimated to be 29 per 100,000 people compared with 12 per 100,000 nationally (3-year average 2013/15). In 2015, new HIV diagnosis rate was 13.8 per 100,000 among Birmingham residents aged 15 or over.

## The National Context

Following the recent consultation on the extension of charging overseas visitors and migrants using the NHS in England, the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 are due to come into effect in August and October 2017. The 2017 Regulations reflect a trend towards a more stringent interpretation and application of government migrant policies, which is intended to reduce the burden on tax-payers paying for non-eligible overseas visitors. Two changes with potentially significant impacts on vulnerable migrants are: Non-exempt overseas visitors to become chargeable, upfront and in full, for any care not deemed by a clinician to be 'immediately necessary or urgent' and NHS bodies (including primary care) to identify and document overseas visitors' chargeable status. With the fundamental 'change in climate' and added complexities of the 2017 Regulations, it is likely that difficulties are set to rise in the interpretation and application of the legislation with potentially increased delays or denial of both primary and secondary care.

Together the Five Year Forward View and the 2012 Health and Social Care Act promoted the need to tackle health inequalities as a key policy objective, marking a step change within health policy and practice. The 2012 Act mandated the Secretary of State and CCGs to have regard to the need to

reduce health inequalities and the FYFV strategy highlighted the need to address the health and wellbeing gap, preventing any further widening of, and working towards a reduction, in health inequalities and advocated for, 'a move towards a proportionately greater investment in health and health care where the level of deprivation is higher'.

## Local policy context

The overarching policy approach and vision for health and wellbeing as stated in the Birmingham JSNA (2012) is: *'To be a City that sets the health and wellbeing of its most vulnerable citizens as its most important priority and that has an integrated health and social care system that is both resilient and sustainable'.* However explicit reference to new migrants or migrant health is scant within strategic plans in Birmingham. Vulnerable migrants are generally absorbed within safeguarding policies for vulnerable adults/children or reducing health inequalities among BME groups generally or positioned within broader inclusion, equality and diversity strategies.

CCGs have commissioned activity to raise awareness of health services among migrant communities, including identifying barriers that might restrict access to primary care.
The research identified limited specialist CCG-led services for vulnerable migrants. The main provision is a specialist health service specifically for new asylum seekers dispersed to Birmingham by the Home Office. CCGs have also commissioned discrete projects within the voluntary sector to complement existing provision where additional specialist support is required to improve access to health services of particularly vulnerable groups. For example, the Bethel Doula Service is commissioned by BSC CCG.

## Birmingham's experience

## Health needs

Both community and health professionals identified mental health as the overriding health need among vulnerable migrants; perinatal and child mental health was most concerning. Professionals attributed poor mental health to factors such as (among others) the psychological impacts of the reason for migration, past trauma, current living and working conditions and the process of claiming asylum. Other health needs included poor general health associated with socio-economic factors, diabetes and other chronic conditions, ante/postnatal care and communicable disease.

## Barriers

Vulnerable migrants are susceptible to multiple barriers to access to healthcare with impacts on short and long-term health outcomes. All community professionals either had direct knowledge of cases where service users had faced difficulties in accessing healthcare or had been informed of such instances by colleagues. Overall, they did not report high volumes but a steady stream of cases. However, those organisations working with migrants considered to be particularly vulnerable such as failed asylum seekers reported higher numbers.

### GP registration challenges

Community professionals advised that registration issues were the most common concerns raised by service users experiencing difficulties. In most cases, individuals had been requested to produce pieces of ID or address verification that they were unable to provide, and that were not legally required for registration.

It was hard to say how widespread GP registration challenges were. In this sample, about 1 in 3 participants experienced difficulties, although the inference by participants was that had support organisations not been involved this could easily have been higher. This correlates with the consultation with community professionals.

### Application of charging and eligibility policies

Charging guidelines were felt to be an area of confusion and inconsistent application by health practitioners and administration staff alike. In some instances, asylum seekers were thought to fall within the 'chargeable' category due to their immigration status or new migrants generally due to their recent arrival in the UK. Other issues concerned the onward referral and charging criteria for secondary care, and where responsibility lay for determining accessibility.

Both health and community professionals had concerns about pregnant women failing to access health services due to fears about charging. Although the extent of the problem was not clear they felt that more needed to be done to raise awareness and understanding of charging and eligibility policies.

### Attitudes and behaviours of some health staff

Staff resistance was perceived to be both due to a lack of understanding of eligibility criteria and general negative attitudes and prejudices towards migrant groups.

## Current provision and gaps

Birmingham has a well-established migrant support sector that is active, connected, and in many cases, working collaboratively to support vulnerable migrants within the city.

A significant proportion of organisations provide health and wellbeing services, although most focus on advice and guidance and access to mainstream health services rather than direct clinical interventions.

There are currently limited CCG-commissioned health services that cater specifically to the needs of migrant communities. For example, a recurring theme throughout the research was the need for specialist mental health services to support refugees, asylum seekers and migrants.

# Gaps challenges and opportunities

## Implications of Birmingham's Changing Health Sector

The health sector in Birmingham is undergoing transformation. There is opportunity to include this work within the STP priority: Tackling Primary Care Variation, Employment and health, Vulnerable Groups, Increasing Physical Activity across the Population and Radical Upgrade in Prevention.

## Facilitating Access to Primary and Secondary Care

Fundamentally, the consultation identified that facilitating access to primary healthcare was paramount to meeting the health needs of vulnerable migrants. It is recommended to increase support to enable migrants to understand and navigate healthcare, raise awareness of health services and utilising their ability to engage vulnerable migrants, improving understanding among GP staff about eligibility and registration, increase language support and promote a listening/welcoming/approachable culture.

## Implications of Eligibility and Charging Policies

Charging and eligibility criteria is an area of misinformation and confusion and are rapidly changing. It is vital that those entitled to healthcare continue to receive it. It will therefore continue to be essential that commissioners and health providers are well-informed of the changes and that steps are taken to minimise confusion among patients, clinicians and frontline administrative staff alike. There is a need to continue to improve understanding among GPs and frontline staff about registration criteria, develop consistent understanding about eligibility and access to secondary care, ensure accessibility to healthcare for those entitled including those falling within exemptions e.g. asylum seekers.

## Meeting the Health Needs of Highly Vulnerable Groups

There is a need for more targeted interventions for asylum seeking children and pregnant women raising awareness of accessibility to ante-natal care and support for pregnant women to access care. There is a need to improve understanding of entitlement to healthcare for failed asylum seekers/people with no recourse to public fund and development of support for people not entitled to health care with clear decision-making protocols and guidelines.

## Improving Access to and Delivery of Mental Health Services

Overall, the research identified a need for healthcare providers to be better equipped at identifying, engaging and referring migrants with mental health needs. To facilitate better understanding of/co-ordination of mental health provision and referral pathways among GPs and healthcare providers and explore additional specialist provision.

## Exploring Delivery Models and Best Practice

As commissioning and organisation of the health sector in Birmingham changes, continued investment in collaborative working will be needed to join up service provision and develop new models and approaches that facilitate access to health services among vulnerable groups.

## Training and Research Needs

The consultation identified a priority need for improved understanding of 'migrant healthcare legislation and NHS eligibility guidelines' among both health and community professionals. There is a need for further research to improve understanding around health needs and impacts for different migrant groups.

## Conclusion

The findings show that the size and diversity of the migrant population is increasing, creating a demand for health provision that is inclusive, relevant and flexible. Birmingham faces similar issues as other areas where the health needs of migrant communities have been examined, regionally and nationally.

The superdiverse nature of the city need integrated approaches by commissioners, health practitioners and the voluntary sector to be able to effectively reach, engage and support new and established migrant communities. What those approaches might look like is influenced by national policy and legislation, local restructuring of commissioning, budgetary challenges and the aspirations of a health sector to reduce health inequalities to achieve equal health outcomes for all parts of the community, including its most vulnerable members.

In the context of a health sector that is undergoing considerable transition, it is therefore ever more important that the health needs of vulnerable migrants continue to from part of the policy agenda for the city.

### For more information contact

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