

Nottingham City Health and Wellbeing Board
29th May 2024

Report Title:	Nottingham Joint Strategic Needs Assessment Profile: People Seeking Asylum, Refugees and People Refused Asylum
Lead Board Member(s):	Lucy Hubber, Director of Public Health
Report author and contact details:	Oliver Wilkinson-Dale, Public Health Manager Oliver.wilkinson-dale@nottinghamcity.gov.uk
Other colleagues who have provided input:	Helen Johnston, Consultant in Public Health Tammy Coles, Public Health Principal Amy Goulden, Head of Community Safety Dr Margaret Abbot, GP
Executive Summary:	
<p>The Joint Strategic Needs Assessment (JSNA) Profile systematically describes local data and trends, along with key insight and national guidance relating to people seeking asylum, refugees and people refused asylum in Nottingham.</p> <p>The following unmet needs locally have been identified:</p> <ul style="list-style-type: none"> • People seeking asylum, refugees and people refused asylum are a diverse population in Nottingham. There are support services and operational structures in place, but Nottingham currently has no group with strategic oversight around health needs of these populations. It is likely this extends to other migrant populations in the city. • New legislation is likely to bring significant changes to the support available to people seeking asylum. Recent changes to the asylum application process has led to increases in homelessness. • Local partners and people with lived experience have highlighted various positives and challenges that exist in Nottingham. Challenges have been identified relating to oral health care, mental health need and the current high risks of homelessness and challenges for families placed in temporary accommodation. • There are isolated local examples of excellent resources and training in Nottingham, but these are limited to certain service areas and are generally dependent on individual staff members. Stakeholder feedback has demonstrated that overall service user and professional knowledge of eligibility and service availability is low. • Feedback from people from lived experience and stakeholders has shown that there are a wide range of health services available in Nottingham, but 	

that this population can face additional barriers to accessing services. There are specific barriers that are relevant for people seeking asylum and for unaccompanied asylum-seeking children.

- There is a growing body of national examples and research relating to best practice for delivering interventions for this population. Many of Nottingham's services currently involve elements considered to be best practice, but there is no current process to ensure that these elements of best practice are consistently embedded within commissioned services or through smaller grant funded programmes.
- Language has been consistently identified as a leading barrier to accessing support, both through national literature and through local feedback.
- This population face unique and specific factors that lead to homelessness, additional services and capacity have been created in Nottingham, however homelessness prevention remains a significant challenge.

The following knowledge gaps were also identified:

- National research and data suggest this population is likely to have significant needs, however there is low levels of local data collected routinely. There are also gaps in the views obtained from local people with lived experience, in particular women with experience of the asylum process and unaccompanied asylum-seeking children.

Recommendations have been developed across 3 key themes in relation to the needs of people seeking asylum, refugees and people refused asylum in Nottingham:

1. Strategic Leadership and Planning

1.1 A Strategic partnership should be established to bring together the NHS, Nottingham City Council, the Police, and the voluntary and community sector to address specific challenges facing these populations and to allow planning for the future in a joined-up way.

1.2 When local strategies and policies are developed in relation to delivering statutory duties to looked after children, care leavers and people experiencing homelessness, they should clearly reference how the specific needs and barriers faced by people seeking asylum and refugees will be met.

2. Information and understanding

2.1 Work should be undertaken to understand with greater clarity, the local health needs of this population and to learn from the voices of lived experience. Consideration should be given to completing audits of the health checks completed with people seeking asylum and unaccompanied asylum-seeking children (UASC). Focused engagement work should be targeted with women with experiences of the asylum process and UASC.

2.2 Key local challenges raised by people with lived experience and stakeholders should be explored in greater depth. Work should be undertaken to map mental health, oral health and homelessness provision and support for this population to clarify existing pathways and to identify gaps.

2.3 The expertise of local professionals and people with lived experience in Nottingham should be used to develop local resources and training for citizens and professionals to improve awareness of health needs, eligibility for support, available services, and cultural competency across Nottingham.

3. Service design and development

3.1 Nottingham's service to improve access to healthcare for adult people seeking asylum, refugee and people refused asylum should be redesigned to reflect the increased demand. Services supporting unaccompanied asylum-seeking children should encourage these children to follow up with health services following their Initial Health Assessments.

3.2 Nottingham should continue to learn from other areas and existing research. Best practice examples and elements believed to contribute to successful interventions should inform future commissioning and grant programmes. Key elements such as peer support, translation services, accessibility of intervention, health education and a multidisciplinary approach should be considered.

3.3 Opportunities to invest in and develop local interpreter training, access and capacity should be explored.

3.4 As part of the planning of homelessness prevention services, specific interventions should be developed based around the prevention of homelessness for people seeking asylum.

Recommendation(s): The Board is asked to:

- 1) To endorse the JSNA Profile on People Seeking Asylum, Refugees and People Refused Asylum
- 2) To support the implementation of the identified recommendations

The Joint Health and Wellbeing Strategy

Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	Despite generally being a younger population, people seeking asylum, refugees and people refused asylum are known to face many increased risks relating to physical and mental health

	when compared to the United Kingdom's general population. This population is also more likely to experience destitution and homelessness than the UK population and face additional barriers to accessing support.
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	The recommendations aim to increase understanding of local health inequalities and contribute to the development of joined up and informed approach to improving health outcomes and addressing barriers for this population.
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:

The JSNA Profile systematically describes local data and trends, insight and guidance relating people seeking asylum, refugees and people refused asylum. The JSNA Profile has reviewed evidence relating to mental health and wellbeing in this population. This has been done through reviewing relevant literature and through analysis of local engagement work done with people with lived experiences and local stakeholders. Specific recommendations have been produced which relate to improving understanding of local needs including around mental health.

List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)	
Published documents referred to in this report	A wide range of documents were used to inform this JSNA Profile including legislation, data from the Home Office and Department of Education, clinical guidelines, and published research. A full reading list is included at the end of the profile.