



Manchester Health & Care
Commissioning

A partnership between
Manchester City Council
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Understanding and meeting the needs of vulnerable migrants

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MHCC Commissioning Masterclass

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What do we mean by “vulnerable migrants”?

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 to or, owing to such fear, is unwilling to avail himself of the protection of that country...’ (1951 Refugee Convention)

Asylum Seeker: someone who has lodged an application for protection on the basis of the Refugee Convention or Article 3 of the European Convention of Human Rights

Unaccompanied Asylum Seeking Children: children under the age of 18 who are applying for asylum in their own right, are fleeing persecution from their own country and have no adult relative or guardian in the UK.



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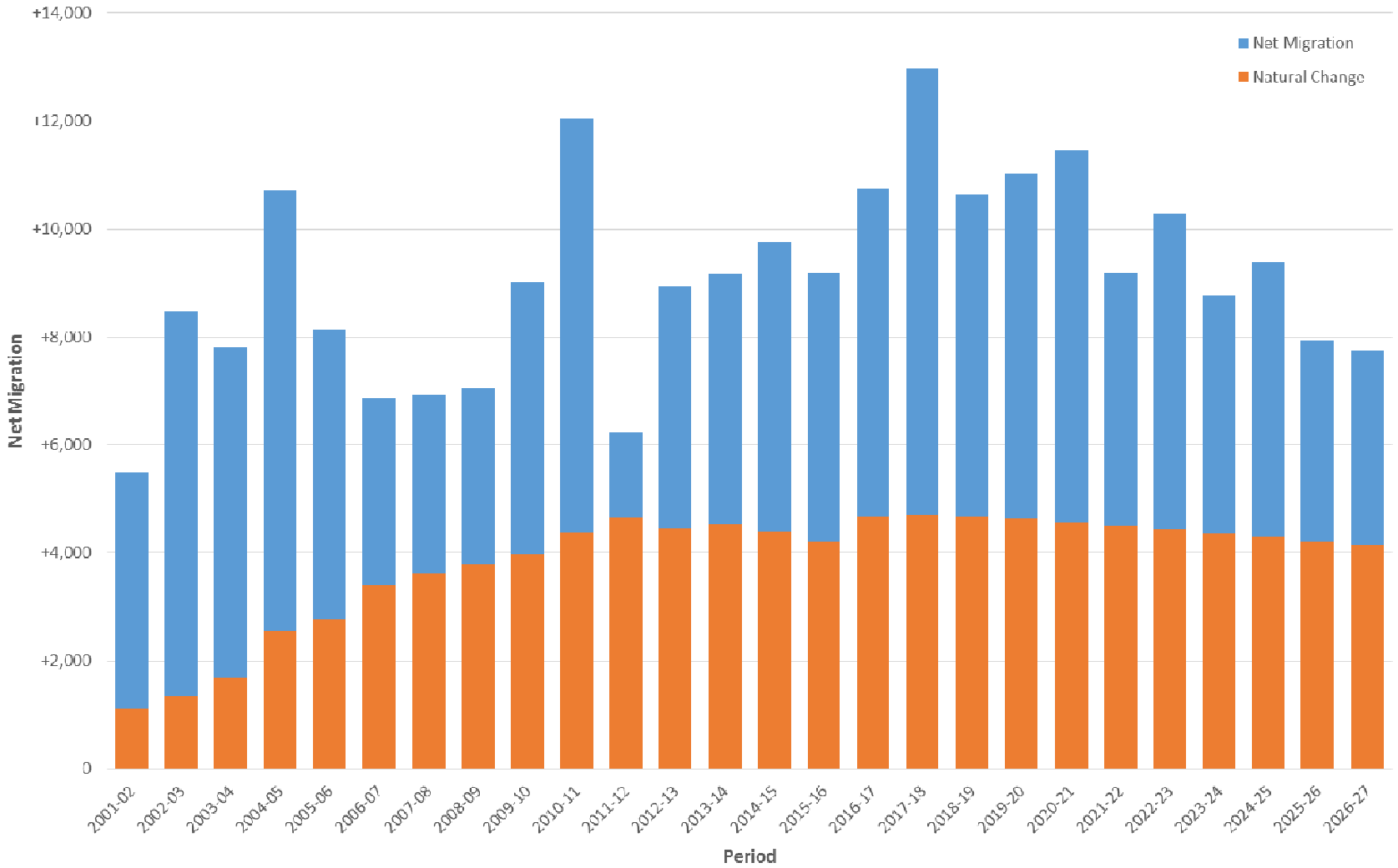
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POPULATION CHANGE

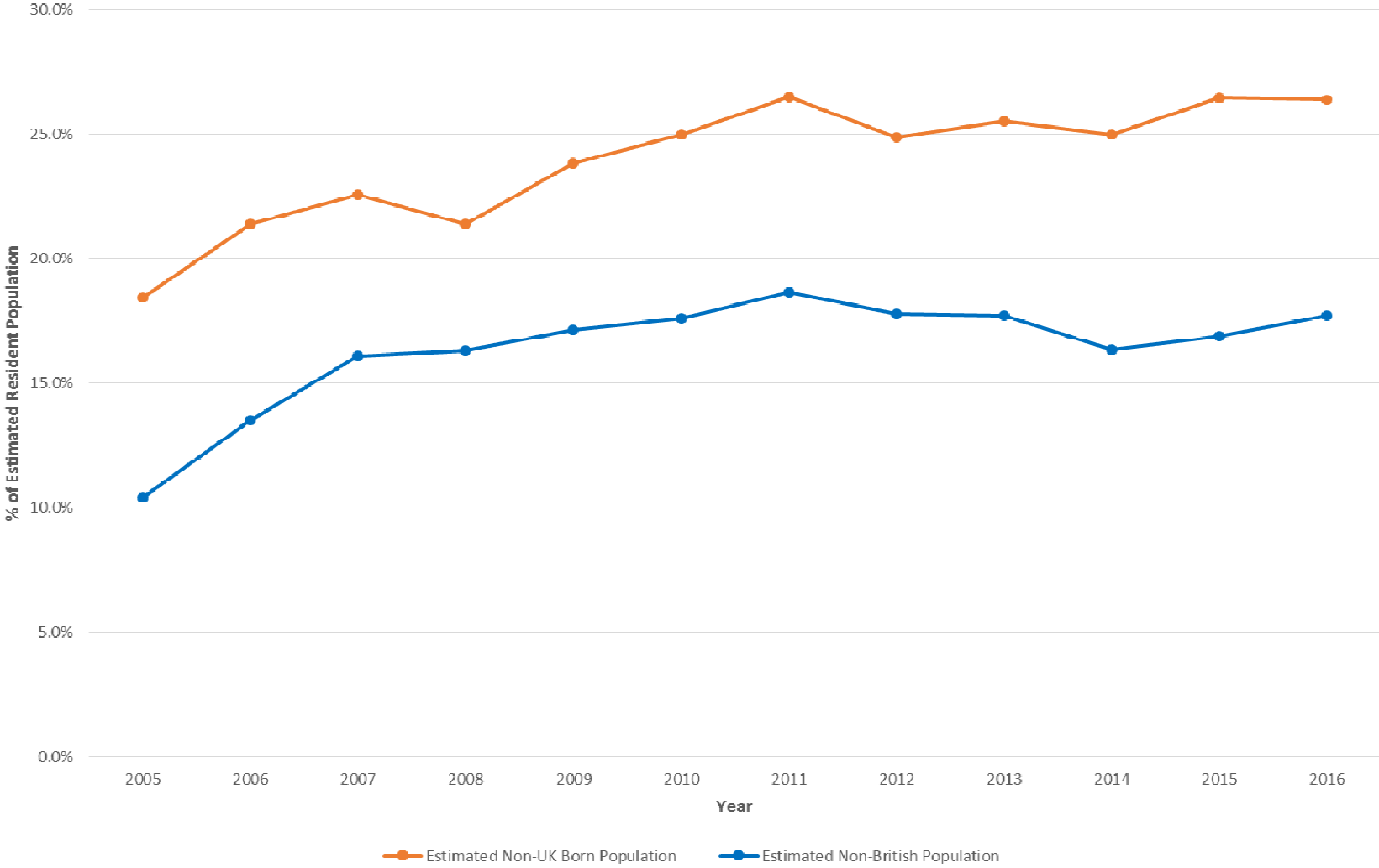
Migration and migrant populations in Manchester



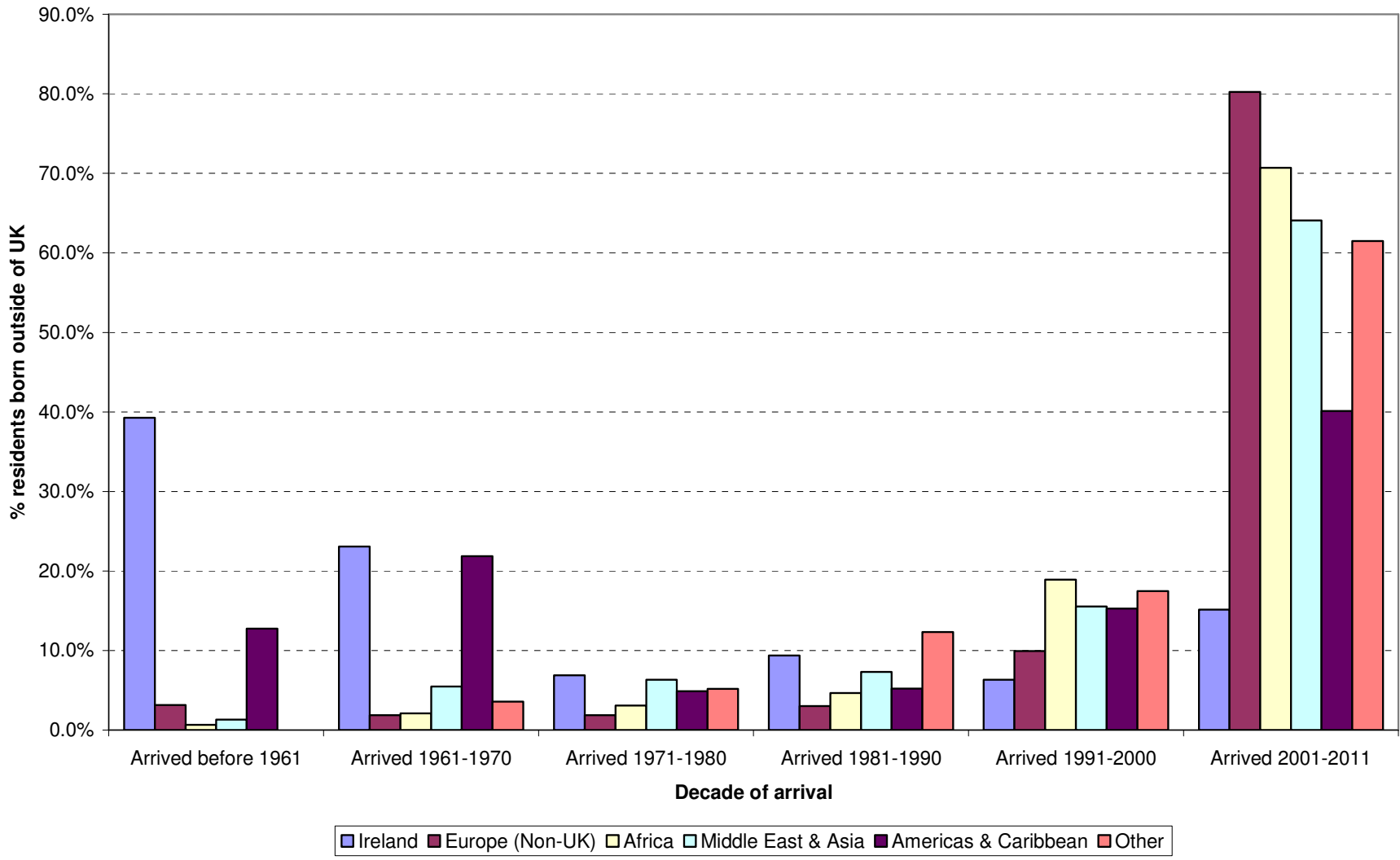
Components of change: Natural change (births and deaths) and migration



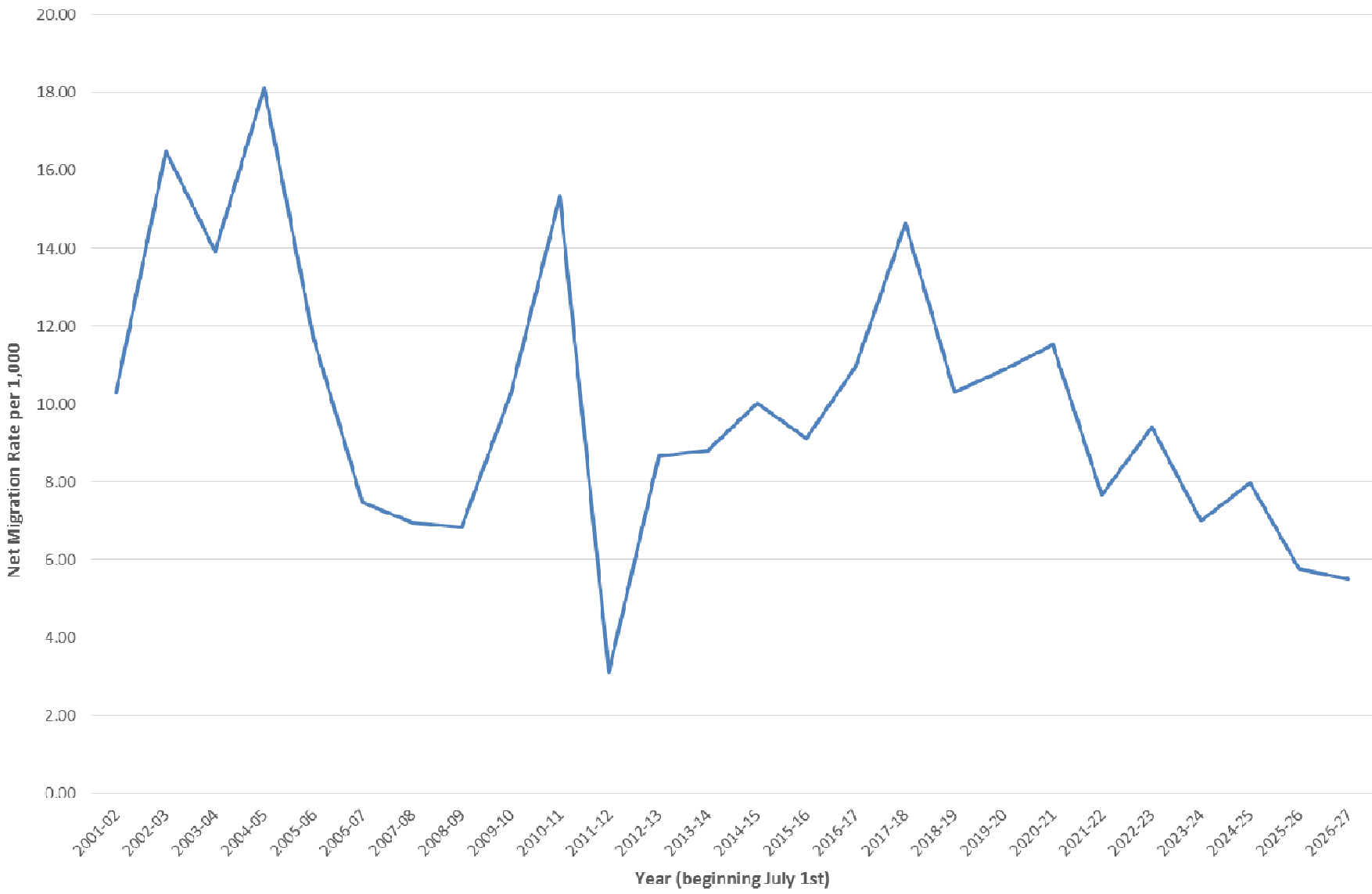
Trends in Estimated Non-UK Born and Non-British resident population of Manchester, 2005 to 2016



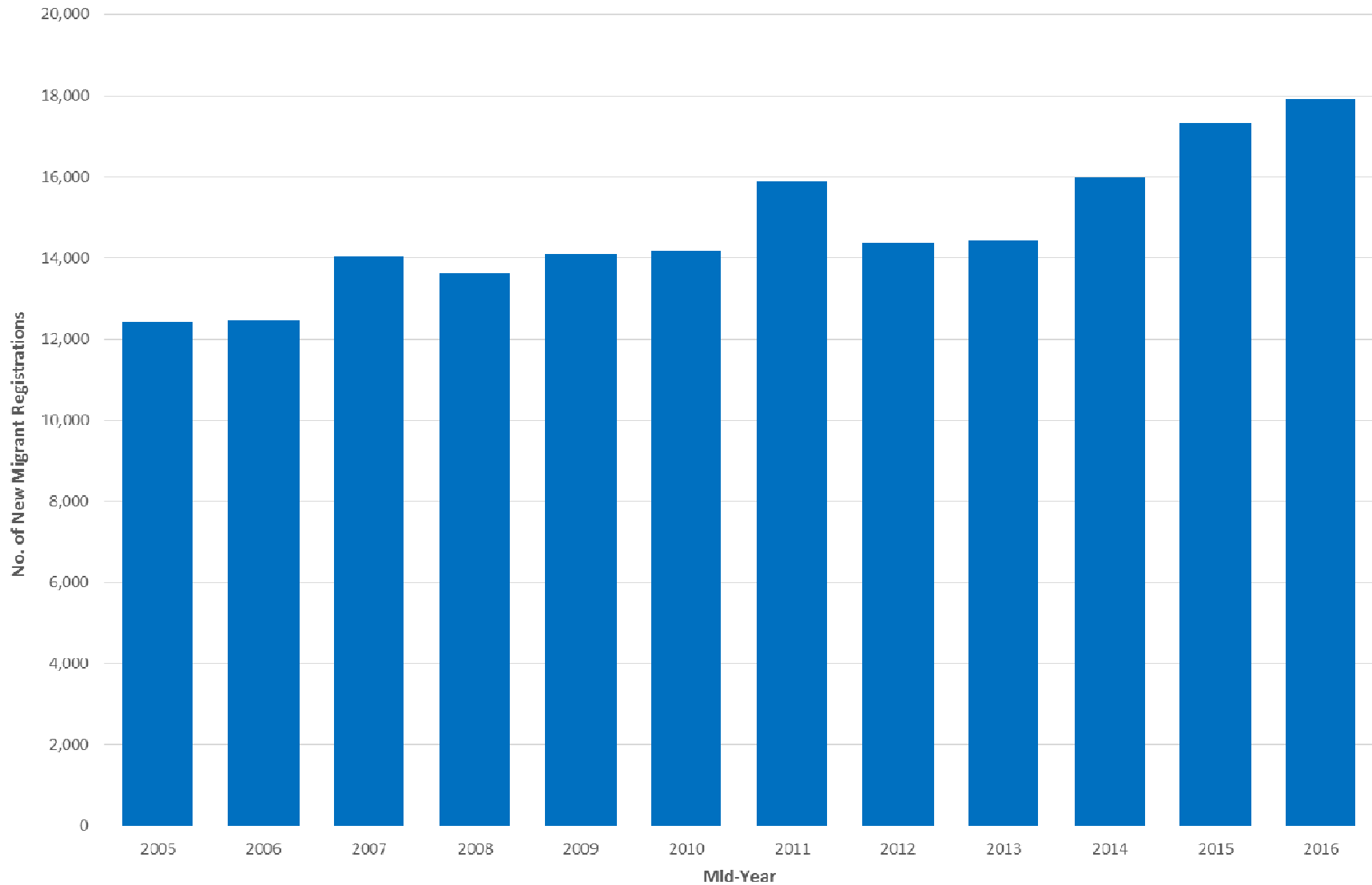
Non-UK born residents of Manchester by decade of arrival in UK (2011 Census)



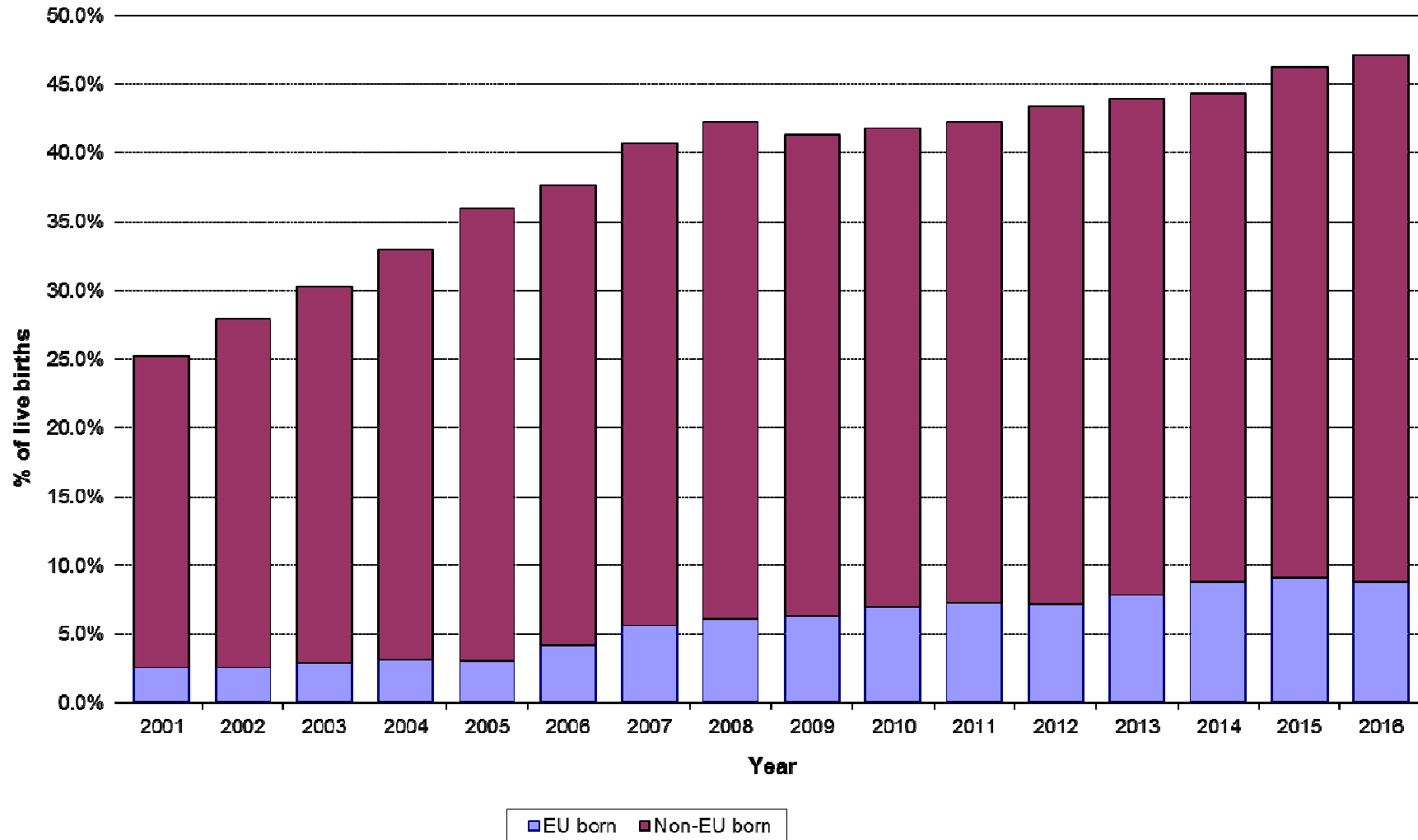
Crude Net Migration Rate per 1,000



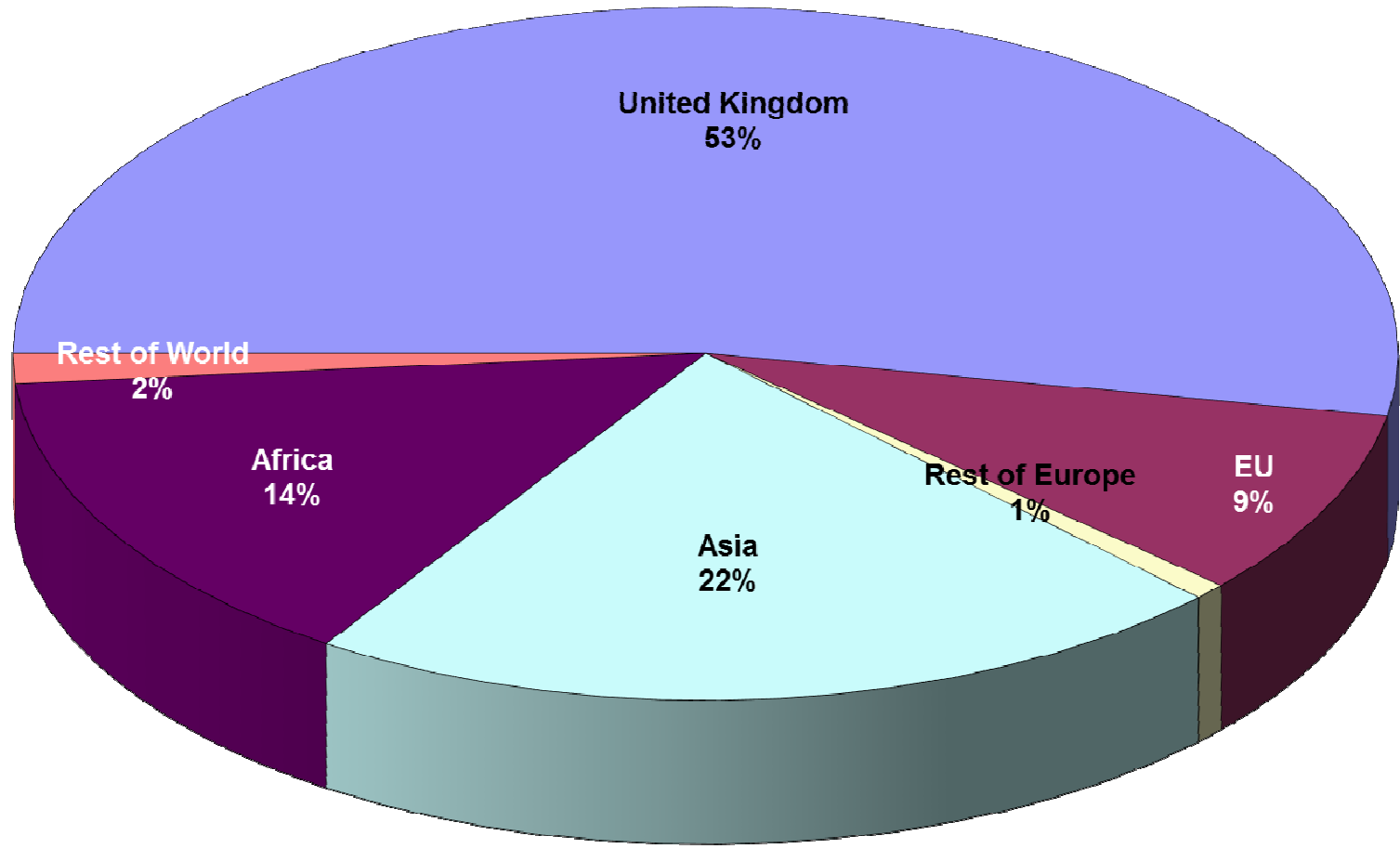
New Migrant GP Registrations, Mid-2005 – Mid-2016



Live births in Manchester to mothers born outside of the UK, 2001-2016



Live births to women resident in Manchester by country of birth of mother, 2016





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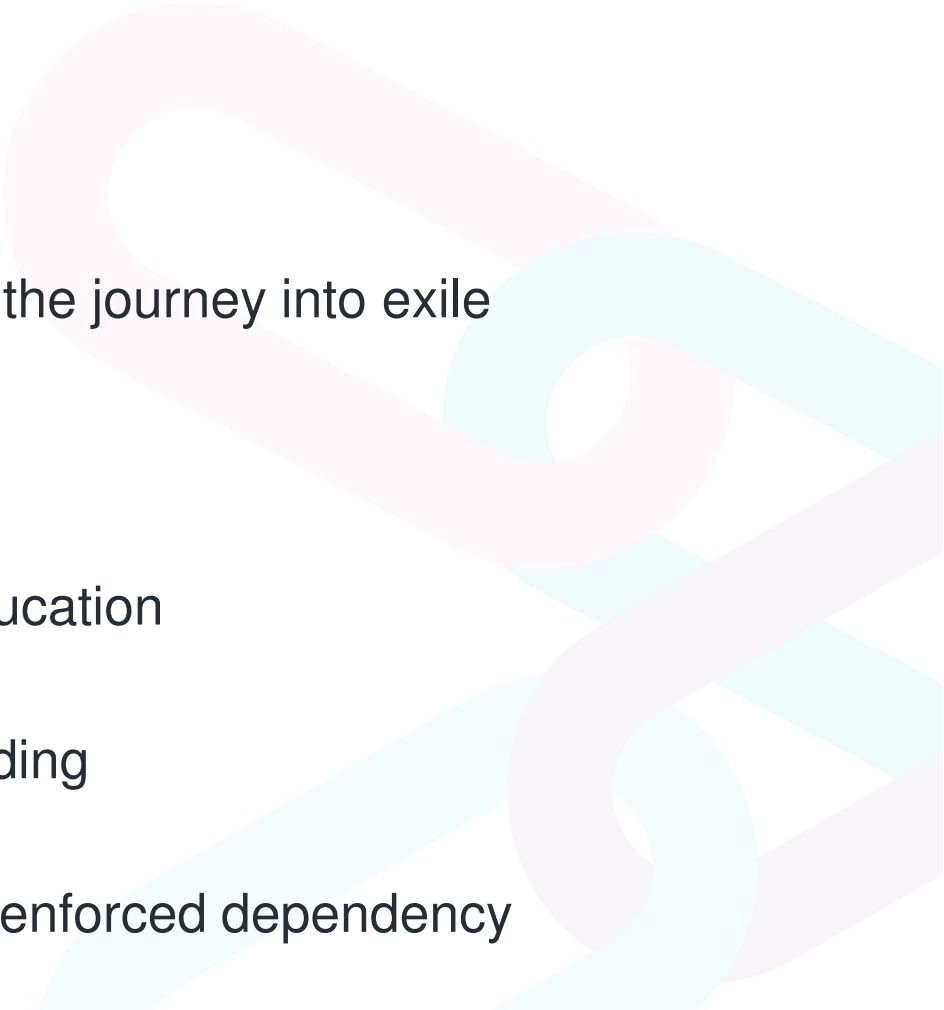
HEALTH OF MIGRANT GROUPS

Key messages from Joint Strategic Needs Assessment
(JSNA) on New Refugees and Migrant Communities
(in preparation)





Key determinants of health in migrant communities

- Country of origin
 - Languages spoken
 - Socio-economic status/poverty
 - Trauma in their home country and the journey into exile
 - Asylum process
 - Housing
 - Cultural bereavement
 - Education levels and disrupted education
 - Hostility and racism
 - Lack of knowledge and understanding
 - Behaviour and lifestyle
 - Employment / unemployment and enforced dependency
- 



Physical health issues

- Injuries, impairment or disabilities
- Acute conditions e.g. respiratory infections
- Chronic conditions (undiagnosed / untreated conditions)
- Infectious Diseases.
- Skin conditions and infestations
- Malnutrition, poor diet and nutritional deficiencies
- Weight
- Dental and ophthalmic problems



Mental wellbeing

- Grief
- Psychiatric conditions including Post Traumatic Stress Disorder (PTSD), Complex Post Traumatic Stress Disorder, phobias, dissociative disorders, psychosis, personality problems and other co-morbidities
- Psychological distress
- Somatisation (medically unexplained physical symptoms attributed to psychological distress)
- Other stressors, including poverty, isolation, loneliness, loss of self-esteem, racial harassment, discrimination and a sense of powerlessness



Children and young people

- Exposure to violence and war
- Experience of rape or torture. Some have been forced to become child soldiers or sexual slaves.
- More than 50% of refugee children experience some psychiatric symptoms
- Often their schooling will have been disrupted or they may never have been able to attend.
- Unaccompanied and age disputed children are particularly at risk of exploitation and need rapid identification and safeguarding



Other issues

- Torture
- Sexual health
- Immunisation and screening
- Maternity
- Domestic abuse and rape
- Female Genital Mutilation (FGM)
- Men's health issues
- Children and young people, especially Unaccompanied Asylum Seeking Children (UASC)
- Access to services, particularly primary care
- Language and culture



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RESPONDING TO THE NEEDS OF MIGRANT GROUPS

Developing a New Entrants Service Pilot in Manchester





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Vulnerable migrants – experience

Explicit confidentiality
Facilitation of disclosure
Relationship building

Isolation
Shame
Guilt
Loss of dignity

Low self-esteem

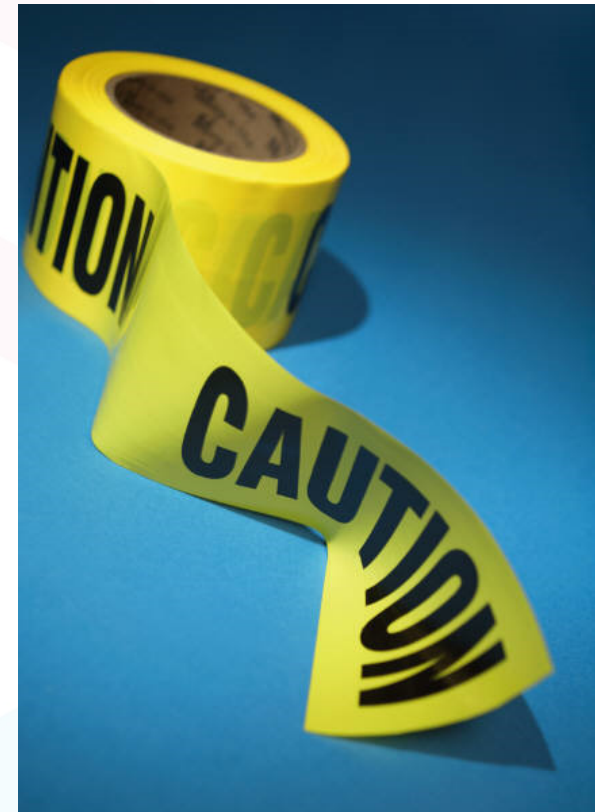


MISTRUST
Lack of confidence in NHS



Vulnerable migrants – challenges

- **NHS complex and difficult to negotiate**
 - Requirement to register
 - Language and culture
 - “suitable” ID
 - Transport costs / Phone credit
- **Mental health**
 - Fear ‘craziness’
 - Difficulty engaging
 - Self-referral only in crisis
- **New migrants may not**
 - understand entitlements
 - recognise or prioritise ill health
 - be aware of preventative strategies.





Vulnerable migrants – needs

Meaningful GP registration



Recognise unaccompanied or age-disputed children

Longer appointment times
Interpreting
Continuity of care



What do we need to do?

- Ensure vulnerable migrants receive appropriate and timely access to health and social care services
- Empower primary care services to meet the health needs of vulnerable migrants holistically, by working in an integrated way with relevant services
- Support capacity building in primary care to reduce inappropriate variation and increase quality
- Promote inclusion health, neighbourhood partnership working and pathways to specialist services
- Reduce inappropriate impact on urgent and emergency services
- Generate the evidence base for an ongoing, sustainable service model



How did we do this?

- Service Investment 2018-19
- Locally Commissioned Service (LCS)
 - Nurse led, enhanced primary care registration
 - Health needs assessment, screening, disease management (EMIS coded template)
 - Integrated working with local statutory, community and specialist service partners
 - Provision of interpretation services
 - Provision of supporting guidance/training



How will we know it works?

- New Entrants Project Group (Vulnerable migrants)
 - Bring together representation from all stakeholders
 - Monitor and analyse key performance indicators
 - Consider 'softer' information from both provider and user perspective
- Evaluation of the pilot scheme
- Provide the evidence base for an ongoing sustainable service model



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Discussion/questions?

