JOINT STRATEGIC NEEDS ASSESSMENT: THE POPULTION SEEKING ASYLUM IN LEICESTER CITY

A Joint Strategic Needs Assessment (JSNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making. The JSNA:

- *Is concerned with wider social factors that have an impact on people's health and wellbeing such as poverty and employment.*
- *Looks at the health of the population with a focus on behaviours which affect health, such as smoking, diet and exercise.*
- *Provides a view of health and care needs in the local community.*
- *Identifies health inequalities.*
- *Indicates current service provision.*
- *Identifies gaps in health and care services, documenting unmet needs.*

Whilst every effort has been made to ensure the data and information contained in this document was up to date at the time of writing (data was used that was available up to March 2023), this a rapidly changing and developing area. While needs and evidence may be expected to remain similar to the content presented in this document, data and figures are likely to change significantly.

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MADELEINE WINDER - PUBLIC HEALTH REGISTRAR
GURJEET RAJANIA - PUBLIC HEALTH ANALYST
LAURA GAMBLE-HUGHES - GP REGISTRAR
RACHEL SMITH - GP REGISTRAR
KHYATI PATEL – PUBLIC HEALTH REGISTRAR
MARY HALL - PUBLIC HEALTH CONSULTANT

LEICESTER CITY COUNCIL - PUBLIC HEALTH DIVISION

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ABBREVIATIONS

A&E	Accident and Emergency
CBT	Cognitive Behavioural Therapy
COPD	Chronic Obstructive Pulmonary Disease
EMAS	East Midlands Ambulance Service
ESOL	English for Speakers of Other Languages
EU27	27 countries of the European Union
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LCC	Leicester City Council
LLR	Leicester, Leicestershire, and Rutland
LPT	Leicester Partnership NHS Trust
MP	Member of Parliament
NTS	National Transfer Scheme
PPI	Patient and Public Involvement
QOF	Quality Outcomes Framework
SAP	Streamlined Asylum Process
UASC	Unaccompanied Asylum Seeking Children
VCS	Voluntary and Community Sector

EXECUTIVE SUMMARY

This Joint Strategic Needs Assessment (JSNA) focuses on adults seeking asylum living in Leicester City. Throughout the document, where feasible and data was readily available, information is also provided on the following additional populations; people who have recently gained refugee status, people who have had all appeal rights exhausted but currently remain in the UK, people who have entered the UK by specific schemes (e.g., Ukraine, Hong Kong, and Afghanistan country specific schemes) and children who are seeking asylum unaccompanied by an adult (unaccompanied asylum seeking children (UASC)).

The definition of a person seeking asylum relates to the definition of a refugee. Refugees are specifically defined and protected in international law. The 1951 UN Refugee Convention defines a refugee as a person who is unable or unwilling to return to their country of origin 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion'. An 'asylum seeker' is a person who is seeking international protection and has applied for refugee status under the 1951 UN Refugee convention, but whose claim has not yet been determined.

UK policy and legislation surrounding seeking asylum in the UK is complex. The UK has implemented multiple legislative and policy changes over recent years that impact people seeking asylum. This continues to be a rapidly changing area. People seeking asylum who are classified as destitute are entitled to accommodation and a small amount of financial support for which the Home Office is responsible for.

The number of people seeking asylum in the UK has generally been rising over recent years but has not quite reached the levels of the previous peak of asylum applications in 2002. In 2022 people seeking asylum and refugees made up approximately one fifth of immigrants to the UK. There were approximately 13 asylum applications per 10,000 population in the UK, however, this compares to an average of 22 asylum applications per 10,000 population across the EU. The mix of nationalities of people applying for asylum in the UK changes frequently depending upon world events and policy. People seeking asylum in the UK are often young adult males.

The picture in Leicester is similar to the national picture. The number of people seeking asylum in Leicester has risen sharply in recent years. National data has shown that in December 2021 there were 906 people seeking asylum in Leicester, this compares to 1596 in December 2023. However, this does not provide a comprehensive picture and is likely an underestimate as not all people seeking asylum in Leicester are included in this government statistic. Additionally, this is only a snapshot, information on turnover which impacts service demand is not available. The population of people seeking asylum living in Leicester, similarly to nationally, is predominantly young adult males.

People seeking asylum can have complex health needs which can be related to experiences in their home country, during travel or whilst in the UK. They may also have experienced significant periods of deprivation and no access to healthcare. People can be exposed to hazards during their journey, including injury, violence, and exploitation. Mental health need appears to be higher than physical health need. As the population who are seeking asylum are diverse and change over time this population have very varied health needs.

People seeking asylum are fully entitled to free NHS care. However, the population faces multiple barriers to access and there are challenges in delivery of services that must be overcome. People seeking asylum can face language barriers resulting in the need for services to provide longer appointments and translation. People seeking asylum experience a new healthcare system in the UK, they may not understand the system, therefore organisations need to help educate and support people seeking asylum to be able to access services. Healthcare professionals and other stakeholders can have a lack of understanding of the entitlements that

people seeking asylum have to healthcare and their health needs; development and training of staff is required.

Forecasting general immigration levels and in particular numbers of people expected to seek asylum in the UK is notoriously difficult. World events such as war and conflict effect the number of people seeking asylum. UK government policy may also impact numbers of asylum applications to the UK and does impact how people seeking asylum are distributed across the UK and therefore the number of people who live in Leicester. Services therefore experience changes in demand which puts pressure on delivery. Approaches to enable flexibility in scaling up and down service capacity are required.

Leicester has a general practice that specifically supports people seeking asylum and there are many community and voluntary organisations within Leicester that provide support to people seeking asylum. The specialist practice has adapted to reduce barriers, provide quality healthcare, and meet the needs of people seeking asylum. It is also likely that the practice reduces demand on secondary and tertiary services. However, between 14 September 2023 and 4 March 2024 it was recognised that the practice was at capacity and new patients were unable to register at the practice. This represented a significant gap in the primary care service provision in Leicester. In addition, there is limited data outside of the specialist practice on the health needs of this population. Clinical coding is required in general primary, secondary, and tertiary care services that would enable identification of people seeking asylum and thus a more comprehensive picture of their health needs.

The processes surrounding claiming asylum in the UK likely impacts the health of the population seeking asylum. People seeking asylum continue to live in uncertain circumstances. The length of wait for a decision can be extensive and people can be moved accommodation with little warning. This can disrupt people's lives and the support they access from services. Issues around the lack of meaningful activity (i.e., people not being able to work or access education) were highlighted in engagement work. This coupled with issues of social isolation and problems with accommodation and food is likely having a negative effect on the health of people seeking asylum.

When a person seeking asylum gains refugee status, they become eligible to work and for mainstream benefits. However, financial support stops after 28 days and people must leave Home Office provided accommodation within the same period. Documents providing entitlement and right to work can be delayed. In addition, there are significant housing pressures on Leicester; Leicester City Council has declared a housing crisis. A large threat to health likely comes after refugee status is obtained in the form of the risk of homelessness.

This JSNA includes 33 recommendations which aim to address the unmet needs and service gaps identified in the following areas.

1. Strengthen system working to meet the needs of people seeking asylum.
2. Improve quality of data on health needs, access to healthcare and outcomes.
3. Ensure there is adequate capacity of primary care services for people seeking asylum and new refugees.
4. Improve access to healthcare services for people seeking asylum.
5. Improve oral health and access to oral healthcare.
6. Improve mental health and access to mental healthcare.
7. Reduce smoking prevalence.
8. Tackle social isolation and improve access to meaningful activities for people seeking asylum.
9. Ensure people seeking asylum have educational opportunities.
10. Advocacy to central government

1. INTRODUCTION

1.1 SCOPE AND SCOPE RATIONALE

1.1.1 SCOPE

This Joint Strategic Needs Assessment (JSNA) focuses on adults seeking asylum living in Leicester City. Throughout the document, where feasible and data was readily available, information is also provided on the following additional populations:

- People who have recently gained refugee status.
- People who have had all appeal rights exhausted but currently remain in the UK.
- People who have entered the UK by specific schemes (e.g., Ukraine, Hong Kong, and Afghanistan country specific schemes).
- Children who are seeking asylum unaccompanied by an adult (unaccompanied asylum seeking children (UASC)).

1.1.2 SCOPE RATIONAL

The population seeking asylum have complex health needs and face barriers to accessing and engaging with healthcare. It was recognised by the steering group for this JSNA that using the strict definition of a person seeking asylum would exclude the additional populations outlined in the scope who may face similar challenges. Furthermore, it is not always possible to separate out data by the individual populations. However, the steering group also considered that it would be challenging to cover in depth the health needs, wider determinants of health and current services specifically for each population outlined above. The steering group agreed that the JSNA would focus on the adult population seeking asylum but where feasible and information was readily available on the additional populations outlined in the scope this would be included.

1.2 BACKGROUND

1.2.1 DEFINITIONS

The definition of an 'asylum seeker' relates to the definition of a refugee. Refugees are specifically defined and protected in international law. The 1951 UN Refugee Convention defines a refugee as a person who is unable or unwilling to return to their country of origin 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion' (1).

An 'asylum seeker' is a person who is seeking international protection and has applied for refugee status under the 1951 UN Refugee convention, but whose claim has not yet been determined (1).

'Unaccompanied asylum seeking children' (UASC) are individuals under 18 years old at the time of an asylum application who are not cared for by a legally responsible adult, have been separated from their parents, and are applying for asylum in their own right (2).

A 'migrant' has no specific definition, it is an umbrella term encompassing people who move from one area to another.

1.2.2 KEY UK POLICY AND LEGISLATION

UK policy and legislation surrounding seeking asylum in the UK is complex. The UK has implemented multiple legislative and policy changes over recent years that impact people migrating to the UK, including people seeking asylum. Additionally, the language used can be political and challenging to understand. The following brief summary is provided to give context to this JSNA.

Previous UK government policy and legislation

Under the Sunak Conservative UK government policy has been to reduce net migration into the UK (3). The previous Prime Minister (PM), Rishi Sunak had five key priorities, one of which was to 'stop small boats', which refers to arrivals of migrants in small boats to the UK (4). In 2012, the then Home Secretary Teresa May described in an interview that her intention was to 'create here in Britain a really hostile environment for illegal migration' (5). The term 'hostile environment' has since been frequently used to describe UK government policy and legislation. The information on recent legislation below has been taken from the UK government website.

- The Immigration Act 2014 was introduced with the aim of 'making it easier and quicker to remove those with no right to be here', 'end the abuse of Article 8 of the European Convention on Human Rights' and 'prevent illegal immigrants accessing and abusing public services or the labour market' (6).
- This was followed by the Immigration Act 2016 which aimed to 'introduce new sanctions on illegal working, prevent illegal migrants accessing services and introduce new measures to enforce immigration laws' (7).
- The Nationality and Borders Act was introduced in 2022. There were three key objectives stated; to make the asylum system fairer and more effective, deter illegal entry into the UK, and remove individuals from the UK with no right to be in the UK (8).
- The Illegal Migration Act 2023 changed the law so individuals who arrive 'illegally' could be detained and removed to their home country or a third country (9). Published information from the frequently sites Rwanda as the example third country.

This political landscape has profound implications for people seeking asylum. Although there are some resettlement schemes for refugees in the UK (see section 1.2.4) these are limited. People seeking asylum arrive in the UK via other means including small boat. Home Office statistics[1] identified that most people who arrived in the UK by small boat in the year ending June 2023 claimed asylum and that over one-third of people claiming asylum in the UK in the year ending June 2023 arrived by small boat (10,11). This would be deemed as an 'illegal' route by the Illegal Migration Act. The United Nations Refugee Council has warned that the Illegal Migration Act will have a profound impact on human rights and the international refugee protection system, it would effectively be an 'asylum ban' (12,13). This potentially leaves vulnerable people seeking protection in the UK without a meaningful method to achieve this. The supreme court has ruled the removal of people seeking asylum to Rwanda as unlawful (14). The 'Safety of Rwanda (Asylum and Immigration) Bill' received Royal Assent on 25 April 2024, with the aim to enable the removal of people to Rwanda (15). Significant concerns have been raised on the negative impact the bill would have on the health, wellbeing and dignity of people seeking asylum in the UK (16).

New UK government policy and legislation

At the start of July 2024 General Election, the Labour party gained a majority of Members of Parliament (MPs) and Sir Keir Starmer became PM. The new PM has said that the plan to deport people seeking asylum will no longer continue. The PM has set out six first steps for change, one of which is to launch a new Border Security

[1] At the time of writing the statistical publication data for June 2023 onwards was not available and therefore data for the 'year ending June 2023' covers July 2022 to May 2023 and is the most recent.

Command with new special investigators and the use of counter-terror powers to 'smash' criminal boat gangs. As this change is new, the effect that this will have on people seeking asylum and any further changes not yet announced remains to be seen.

1.2.3 APPLYING FOR REFUGEE STATUS IN THE UK (SEEKING ASYLUM)

In the UK individuals apply to the Home Office for refugee status (17). Partners and children under 18 years old (termed dependents) can be included on asylum applications (1). People who claim asylum receive an Application Registration Card (ARC) (18). If an asylum claim is successful, the individual receives a Biometric Residence Permit (BRP) (18).

Possible outcomes of an asylum claim include (18):

- Grant of asylum. The person seeking asylum is recognised as a refugee.
- Grant of humanitarian protection or grant of other leave. Humanitarian protection is granted to people who do not qualify as a refugee under the 1951 Refugee Convention but need international protection. Limited leave to remain is granted to people who do not need international protection but may need to stay in the UK on a temporary basis.
- Refusal of asylum claim.

Individuals may appeal the decision (18). When all appeal processes are exhausted or if an individual does not make an appeal they are required to leave the UK (18).

Asylum claims from children (under 18 years) who are not applying as a dependent are considered differently (18). These are unaccompanied asylum seeker applications (UASC).

1.2.4 OTHER AVAILABLE ROUTES

Family members of refugees can enter the UK via family reunion rights; adult refugees can be joined by their partner and children under 18 years if they were a family unit before the refugee left their country of origin (1). To note the Nationality and Borders Act 2022 changed family reunion rights for some refugees (1).

Some refugees are resettled through specific UK government schemes linked to the UN refugee agency (17). Individuals who arrive via a resettlement scheme have already been recognised as a refugee (1). Schemes include the UK Resettlement Scheme, the Community Sponsorship Scheme and the Mandate Resettlement Scheme (1). This is only available to a limited number of people (17).

There are also other schemes which are nationality specific. Not all these schemes grant refugee status (1). Schemes include the Afghan Relocations and Assistance Policy (ARAP) and ex gratia scheme, Afghan Citizens Resettlement Scheme (ACRS), Ukraine Family Scheme, Ukraine Sponsorship Scheme and Hong Kong British National (Overseas) Visa (1).

1.2.5 SUPPORT PROVIDED FOR PEOPLE SEEKING ASYLUM IN ENGLAND

Accommodation and financial support

The Home Office is responsible for managing the dispersal, accommodation and financial support needs of people seeking asylum (19,20). In 2022 the UK government introduced a 'full asylum dispersal' policy. Each region was given an allocation of people seeking asylum proportionate to their population, with the aim of providing a fairer distribution across the UK and preventing disproportional pressures on certain local

authorities (21). In previous years local authorities have received asylum dispersal grants to address costs of local services providing support to people seeking asylum (22).

There are three main types of support available for people seeking asylum (23):

1. **Section 95 Support**: support for people with a pending asylum claim who are classified as destitute (do not have adequate accommodation or enough money for living expenses for themselves and dependents currently or within 14 days).
2. **Section 98 Support:** temporary support for people seeking asylum who appear destitute and have applied for Section 95 Support but are awaiting a decision.
3. **Section 4 Support:** support for people refused asylum who are classified as destitute and meet set criteria.

On claiming asylum people with no accommodation or insufficient funds to acquire their own accommodation are provided with 'initial' accommodation under Section 98 Support (18). People seeking asylum can apply for Section 95 Support via the Asylum Support Application Form (ASF1) (18). Successful applicants for Section 95 Support are moved to 'dispersal accommodation' which is longer-term accommodation (18). Wait times to be moved to dispersed accommodation have been significant (18). People seeking asylum do not have a choice on the location of accommodation unless there are considered to be exceptional circumstances (18).

Section 95 Support includes accommodation and/or financial support (18). Financial support is usually £49.18 for each person in the household per week (24). If meals are provided within the accommodation the financial support will usually be £8.86 for each person in the household instead (24). Section 95 support is provided until a decision on the asylum claim is made and whilst an 'in-county' appeal is pending (18).

Extra payments are available for pregnant women or mothers of children under 3 years old (between £5.25 and £9.50 per week) (24). People seeking asylum can apply for a one off maternity payment (£300), which requires a MAT B1 form from the individuals doctor (24). People seeking asylum can apply for additional support if the usual allowance does not meet their needs (ASF2 from) (24).

Education

Dependents of people seeking asylum who are of compulsory school age are required to be in school. Compulsory age is from the start of the autumn school term after the child's fifth birthday and continues until 18 years old (18). Children may be eligible for free school meals (24).

Healthcare

People seeking asylum (with active applications or in the appeals process) are fully entitled to free NHS care (17). People seeking asylum may be entitled to free NHS prescriptions, dental and optical care (18,24). People who receive support from UK Visas and Immigration are entitled to an HC2 certificate as part of the NHS Low Income Scheme (25,26). This entitles the individual to free NHS prescriptions, NHS dental treatment, NHS sight tests, NHS wigs and fabric, help towards the cost of glasses or contact lens and help towards travel costs associated with NHS treatment (25).

Employment

People seeking asylum are generally not allowed to work (18). If a decision on an asylum claim has not been made after one year the person seeking asylum can request permission to work (18). People seeking asylum can volunteer for a registered charity or voluntary organisation although there are exceptions to this (18). Furthermore, the voluntary work can not amount to unpaid employment or payment in kind (18).

1.2.6 SUPPORT PROVIDED FOR REFUGEES IN ENGLAND

Refugees are entitled to the same social and economic rights as UK citizens. When refugee status is granted, the person is eligible to work and for mainstream benefits (17). Refugees are eligible for free NHS care (27). However, financial support stops after 28 days and people must leave Home Office provided accommodation within the same time period (17). Documents providing entitlement and right to work can be delayed and new refugees are at risk of homelessness (17). Refugees who are unable to find accommodation can seek help from their local authority (LA). The local authority has a responsibility which can range from an obligation to provide advice through to an obligation to provide temporary (and later, settled) accommodation. The level of obligation is dependent on the outcome of a vulnerability assessment under the Housing Act 1996 and local policies.

Refugees who arrive via a specific UK government scheme have a relatively higher level of support including a case worker for one year to help navigate healthcare, home education and benefit systems (17).

1.2.7 SUPPORT PROVIDED FOR PEOPLE REFUSED ASYLUM IN ENGLAND

People refused asylum can apply for support under Section 4 but must meet eligibility criteria (28). This may include accommodation and financial support, usually £49.18 for each person in the household, and medical care. Applications are made via the ASF1 form (24).

Immigration and residency status does not impact on entitlement to register with a GP, therefore, people refused asylum can receive free primary care from their GP (17,27). In addition, services provided by school nurses and health visitors are not chargeable (29).

Access to free secondary care is not an entitlement. It depends upon necessity/urgency of care and if specific exemptions apply (e.g. the individual is being supported by the Home Office and people being held in immigration detention) (17). The Department of Health and Social Care has produced guidance on when secondary care can be provided that is chargeable regardless of if a patient can pay in advance (29). Treatment is classed as immediately necessary, urgent or non-urgent (29). Immediately necessary and urgent treatment cannot be withheld based on payment (29). Immediately necessary treatment is classified as treatment that is lifesaving or preventing a condition becoming immediately life threatening or to prevent serious damage occurring (all maternity services are included) (29).

Additionally, some secondary care services are exempt from charging, these include (17,29):

- Accident and emergency services.
- Diagnosing and treating specified communicable diseases – examples include HIV, pandemic influenza, tuberculosis. The exemption includes routine screening and vaccinations, but not the treatment of secondary illnesses associated with an infection.
- Screening, diagnosing and treating sexually transmitted infections.
- Family planning services.
- Some palliative care services.
- Treatment required whilst detained under mental health legislation.
- Conditions caused by certain types of violence.

1.1.3 METHODS

This JSNA combines data and information from national and local data sources, the scientific and grey literature, and primary qualitative engagement.

NATIONAL AND LOCAL DATA SOURCES

National data sources include the Office for National Statistics, Home Office Asylum and Resettlement datasets, NHS Digital Patients Registered at a GP Practice dataset and Office for Health and Improvement & Disparities National General Practice Profiles. Local data has been provided by the Leicester, Leicestershire and Rutland ICB, The Assist Practice, Leicester City Council schools and education department, and Leicester City Council Housing Department.

SCIENTIFIC AND GREY LITERATURE

Searches were conducted to establish the main health needs of the population seeking asylum and to identify best practice in healthcare delivery for the population. Medline via OVID was searched using the terms 'asylum seeker' and 'health needs'. This search was limited to UK sources. Initially reviews only were examined to identify key topics, this was then widened to recent primary literature where necessary with additional specific searches to provide more in-depth information. Other relevant sources were identified by looking through reference lists of these papers. The grey literature was searched with an internet search engine using the terms 'best practice for health provision in asylum seekers' and 'best practice in delivering healthcare for asylum seekers'.

QUALITATIVE ENGAGEMENT

People seeking asylum

Three engagement sessions were held with people seeking asylum. Convenience sampling was utilised; interviews were conducted with people who were available at the time of the sessions and willing to participate. Interviews were conducted by a public health registrar or a GP registrar. Semi-structured interview guides were used flexibly to explore areas further, focus on areas of expertise, or to ask additional questions. Notes were taken during interviews; interviews were not recorded or transcribed.

The main topic in the interview guide was experiences of healthcare services. Questions were also asked on accommodation, social factors, activities, and work. Questions did not focus on health needs as interviews were not conducted in a private space.

The Assist Practice Staff

The Assist Practice is a general practice that provides primary care services to people seeking asylum in Leicester. An engagement session was held with The Assist Practice staff. Convenience sampling was utilised; interviews were conducted with staff who were available at the time of the sessions and willing to participate. Interviews were conducted by a public health registrar or a GP registrar. Semi-structured interview guides were used flexibly to explore areas further, focus on areas of expertise, or to ask additional questions. Notes were taken during interviews; interviews were not recorded or transcribed.

Interview guides focused on perceived health needs of people seeking asylum and experiences of working with the population.

Other stakeholders

To gain the perspectives of other healthcare professionals a flexible approach was taken, either an interview was conducted over Microsoft Teams or questions were posed over email. Interviews were conducted with a clinician from the accident and emergency (A&E) department at University Hospitals of Leicester and a manager from the Integrated Care Board (ICB). The same approach as above was taken to the interviews. Responses to questions over email were received from the Primary Care Network social prescriber and the University Hospitals of Leicester specialist midwives.

Purposive sampling was used to engage with the Voluntary and Community (VCS) organisations. VCS organisations providing support to people seeking asylum were identified from conversations with people seeking asylum, Leicestershire Healthwatch, healthcare staff and internally within the public health team. Questions was sent to the identified VCS organisations via email and responses were received also via email.

Interview guides and emailed questions focused on perceived health needs of people seeking asylum and experiences of working with the population.

Although multiple stakeholders were included in the engagement not every stakeholder is represented. Specific inclusion of the Leicester City Council Housing Department in the engagement would have likely provided additional insights and is a limitation of this document. It would be useful to include in future work.

2. WHO'S AT RISK AND WHY?

2.1 IDENTIFYING THE POPULATION AT RISK

The Home Office publish immigration statistics which include information on people seeking asylum. Data is provided at national, regional, and local authority level. Although there is a set definition of an 'asylum seeker', the data available is complex. National data is available on new asylum applications, applications awaiting decision and application outcomes. At local authority level data is available on people seeking asylum in receipt of support. As not all people seeking asylum receive support this data likely does not capture the whole population. Additionally, this data only provides a snapshot of the situation on a certain date and therefore does not provide a comprehensive picture as the degree of turnover is not captured.

A further source of information to understand the population seeking asylum in Leicester is primary care data. The Assist Practice is the main GP practice serving Leicester's population that are seeking asylum. The Assist Practice patient population is used as a proxy for the population seeking asylum in Leicester in this JSNA. However, it is likely not all people seeking asylum are registered with the practice, particularly as during the period 14 September 2023 until the 4 March 2024, The Assist Practice was unable to register new patients due to demand outweighing capacity. Not all those registered may currently be seeking asylum or resident in Leicester. For example, some people may remain registered with The Assist Practice after moving away from Leicester. Furthermore, The Assist Practice supports a small number of the Leicestershire population who are seeking asylum and reside in Loughborough. The Assist Practice data should therefore be seen as a useful proxy for the population seeking asylum in Leicester but understood with the above caveats.

2.2 WHY PEOPLE SEEKING ASYLUM ARE AT RISK

People seeking asylum can have complex health needs which can be related to experiences in their home country, during travel or whilst in the UK (17). People seeking asylum may also have experienced significant periods of deprivation and no access to healthcare (17). People can be exposed to hazards during their

journey, including injury, violence and exploitation (17). As the population who are seeking asylum are diverse and change over time this population have very varied health needs.

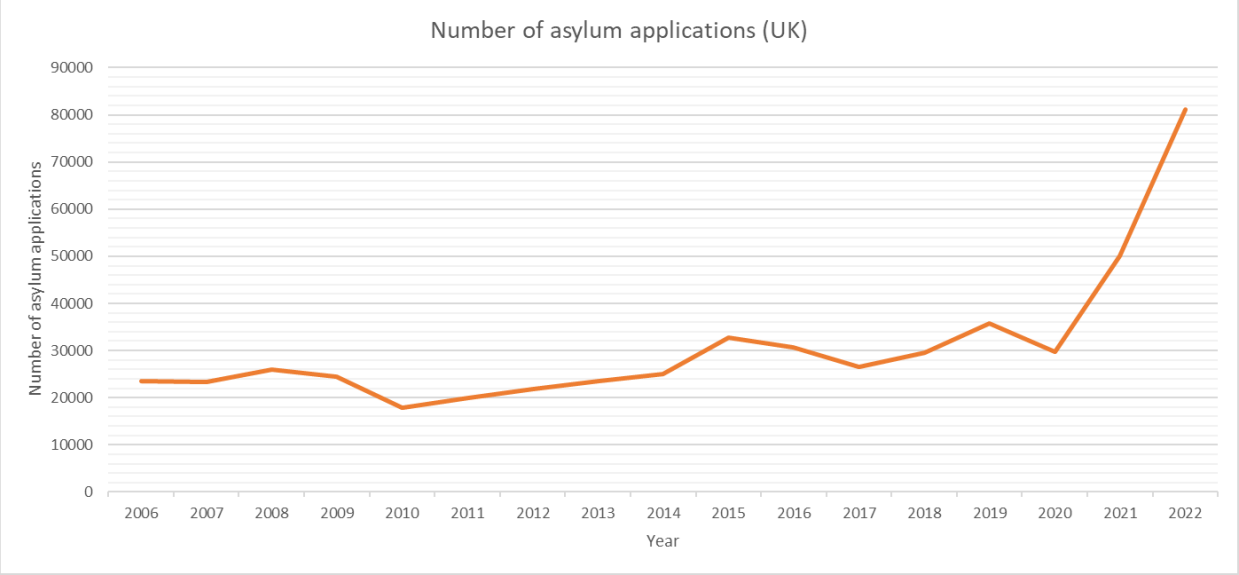
2.3 PEOPLE SEEKING ASYLUM IN THE UK

2.3.1 UK ASYLUM APPLICATIONS NUMBERS

There were 78,768 asylum applications in the UK in the year ending June 2023, this was 19% higher compared to year ending June 2022 (66,384 applications) (30,31). 7% of applications in year ending June 2023 were UASC applications (30).

Data on application numbers for the end of 2023 was not available at the time of analysis, therefore, the last annual data was 2022 (January to January). In 2022 there were 81,130 asylum applications, 7% of these were UASC applications (30,32). The number of UK asylum applications had been generally trending upward from 2006 to 2019, a sharp increase in applications was observed in 2021 and 2022 (32). Between 2010 and 2022 the percentage of total asylum applications that have been UASC applications has been between 5% and 11% (30).

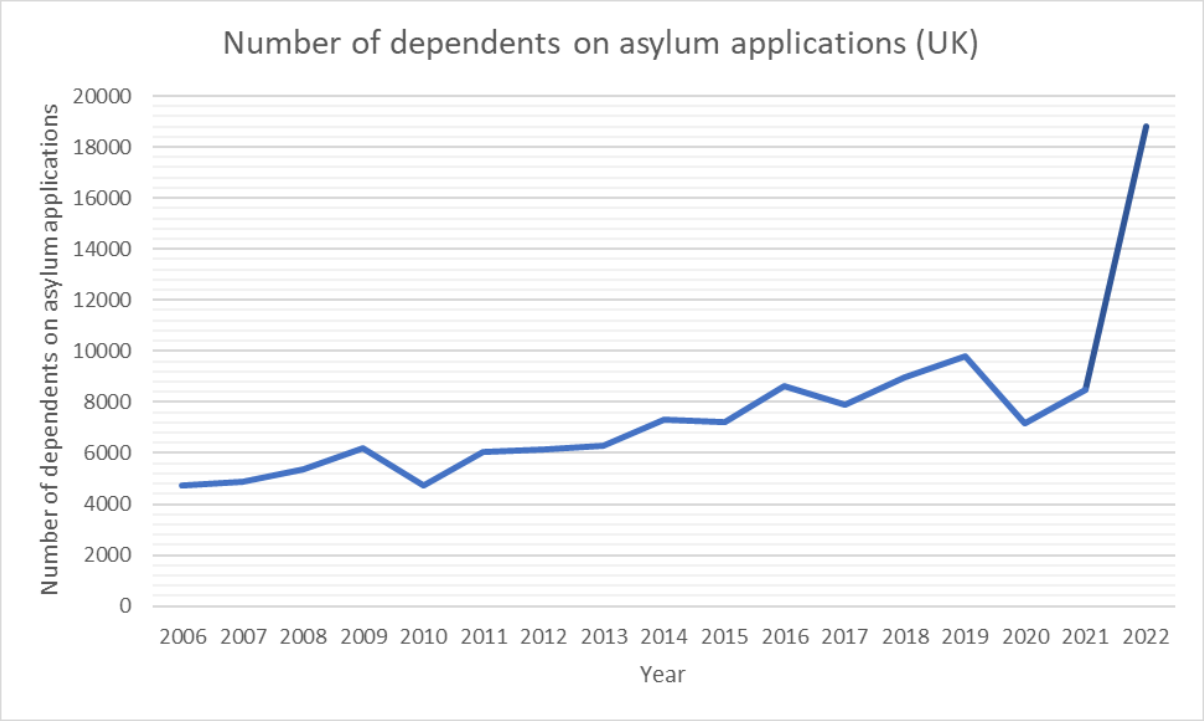
Figure 1: Number of asylum applications (UK)



Data source: Asy_D01: Asylum applications raised, by nationality, age, sex, UASC, applicant type, and location of application (32)*. This data only includes the main applicant (dependents not included). It includes UASC and non-UASC applications.*

The number of UK dependents on asylum applications has also been generally trending upward from 2006 to 2022. There was a sharp increase in 2022 (32). In 2022 there were 18,809 dependents on applications (32). The number of main applicants is much larger than the number of dependents on applications.

Figure 2: Number of dependents on asylum applications (UK)

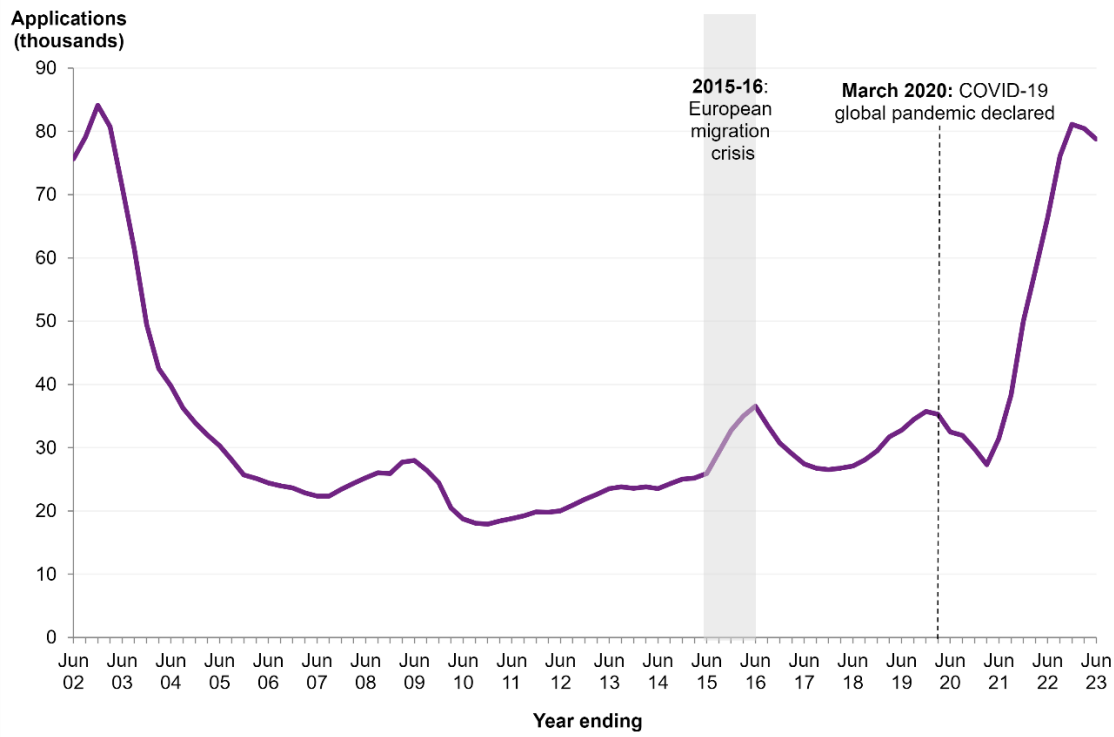


Data source: Asy_D01: Asylum applications raised, by nationality, age, sex, UASC, applicant type, and location of application (32). *This data only includes dependents (dependents can only be on non-UASC applications).*

2.3.2 UK ASYLUM APPLICATIONS IN CONTEXT

Whilst recent annual trends have been described above, when more historical data is considered (the early 2000s), it is noticeable that the recent number of asylum applications in the UK is lower than the peak in 2002.

Figure 3: Asylum applications lodged in the UK, years ending June 2022 to June 2023



Graph source: Home Office (31). *Data source: Asylum applications, initial decisions and resettlement –Asy_D01*

In 2022 people seeking asylum and refugees made up approximately 21% of immigrants to the UK (including people under the Ukraine schemes, the Afghan relocation and resettlement schemes, arrivals in small boats, other resettled persons and arrivals on family reunion visas) (33).

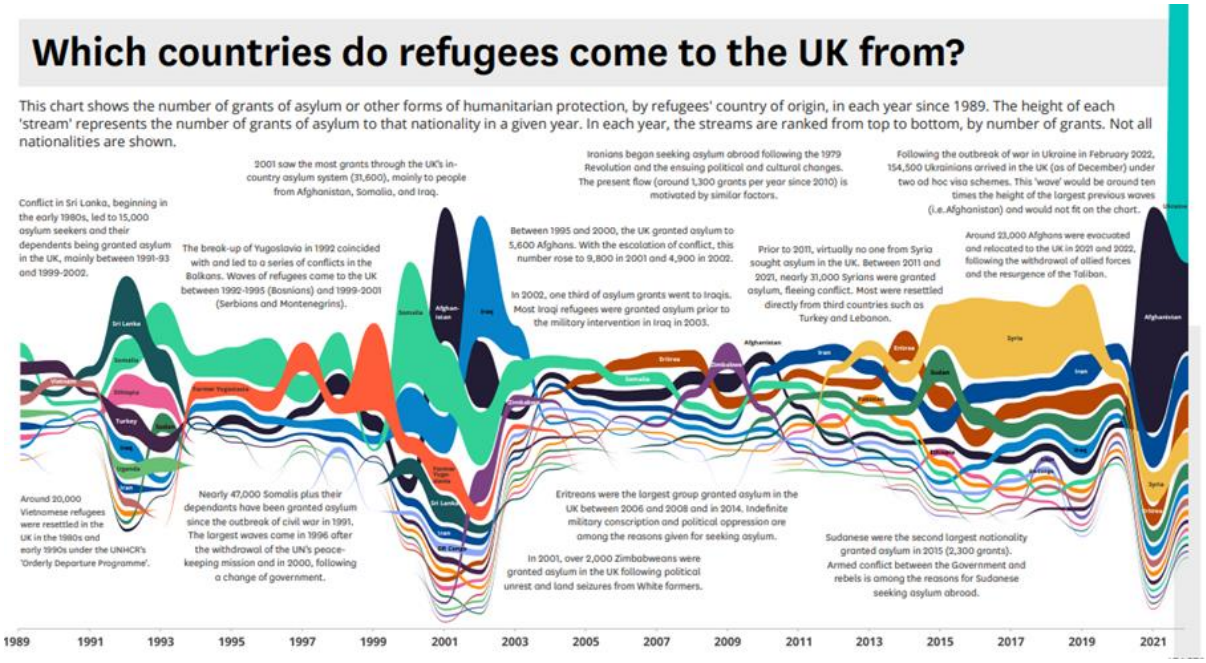
In 2022 across the EU27 (the 27 countries in the EU) there were 22 asylum applications per 10,000 population, whereas in the UK there were approximately 13 asylum applications per 10,000 population (33).

2.3.3 DEMOGRAPHICS OF PEOPLE SEEKING ASYLUM IN THE UK

2.3.3.1 COUNTRY OF ORIGIN

In 2022 the top 5 nationalities of people claiming asylum in the UK were Albania, Afghanistan, Iran, Iraq and Syria (30). However, the mix of nationalities of people applying for asylum in the UK changes frequently depending upon world events and policy. The below infographic of the changes in the number of grants of asylum or other forms of humanitarian protection by country of origin illustrates this.

Figure 4: Which countries for refugees come to the UK from?

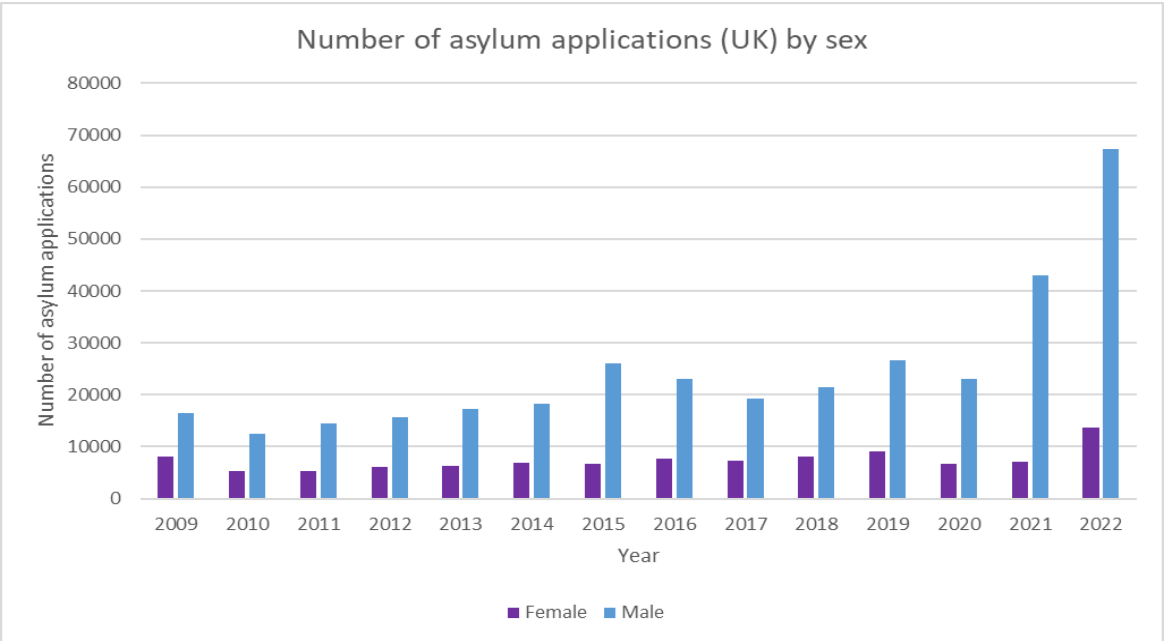


Source: Asylum statistics. House of Commons Library. 2023. (33)

2.3.3.2 SEX

More males have applied for asylum in the UK when considering main applicants than females. The number of main applicants who are male has been higher than the number of main applicants who are female seeking asylum each year for the period that UK government data is readily available (since 2009) (32).

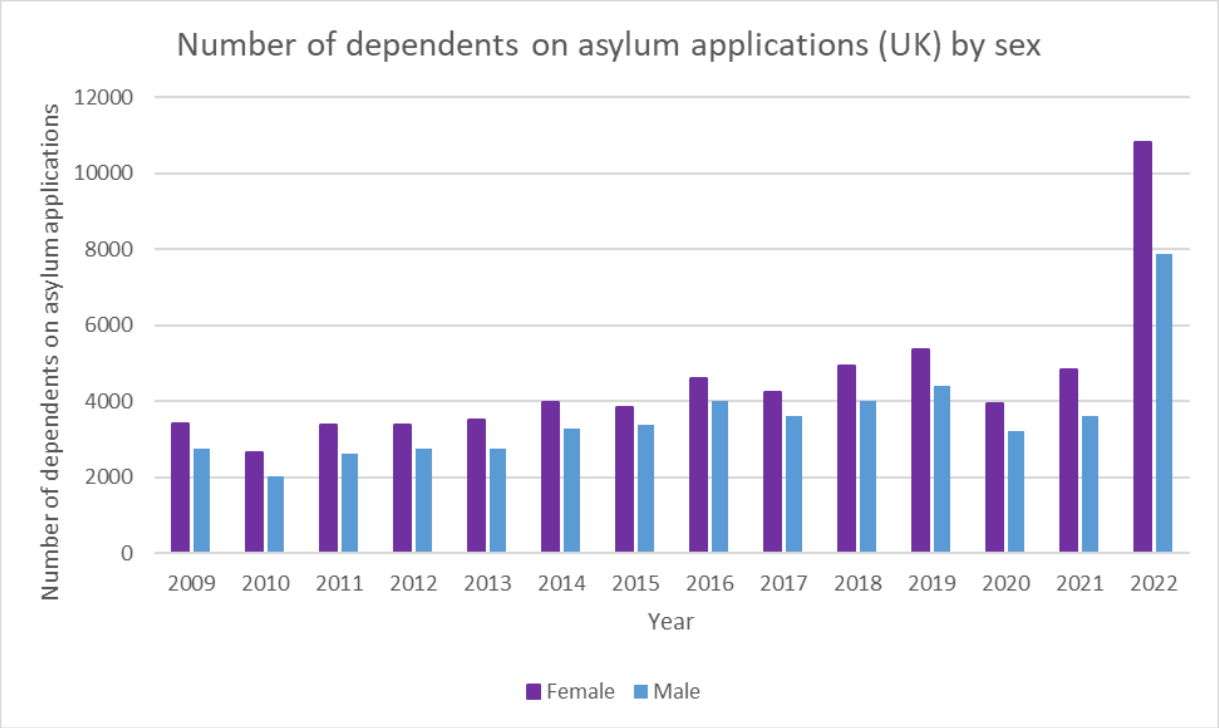
Figure 5: Number of asylum applications (UK) by sex



Data source: Asy_D01: Asylum applications raised, by nationality, age, sex, UASC, applicant type, and location of application(32). *This data only includes the main applicant (dependents not included). It includes UASC and non-UASC applications.*

When considering dependents only, the number of female dependents has been higher than the number of male dependents each year for the period that UK government data is readily available (since 2009) (32). However, as the number of dependents on applications is lower than main applicants, overall, there are more males.

Figure 6: Number of dependents on asylum applications (UK) by sex



Data source: Asy_D01: Asylum applications raised, by nationality, age, sex, UASC, applicant type, and location of application (32). *This data only includes dependents (dependents can only be on non-UASC applications).*

2.3.3.3 AGE

People seeking asylum are most often young adults (31). At the year end June 2023 when considering main applicants and dependents, 46% of people seeking asylum in the UK were aged 18-29 (31). The table below shows the age and sex breakdown as a proportion of total people seeking asylum in the UK.

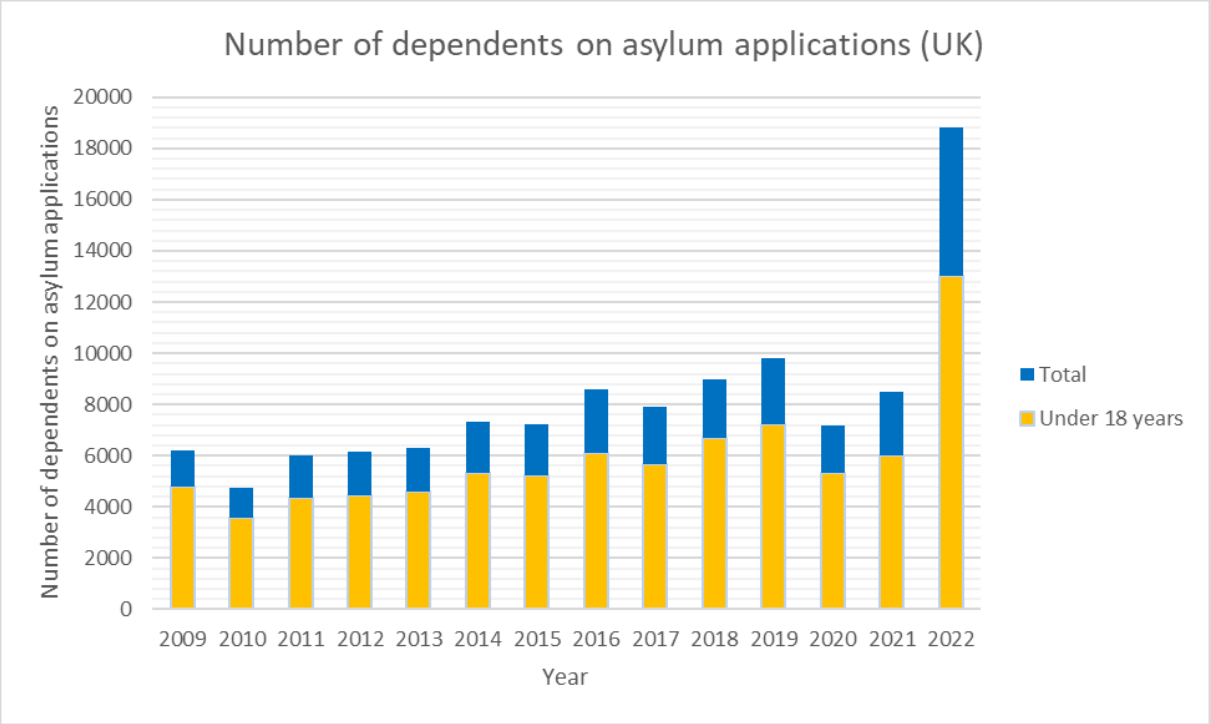
Table 1: Proportion of people seeking asylum in the UK by age and sex

Age	Male (%)	Female (%)
17 and under	13	7
18-29	38	8
30-49	22	9
50-69	2	1
70 and over	<1	<1

Source: How many people do we grant protection to? Home Office. 2023. (31)

Between 2009 and 2022, most dependents have been classified as under 18 years (32).

Figure 7: Number of dependent asylum applications with proportion under 18



Data source: Asy_D01: Asylum applications raised, by nationality, age, sex, UASC, applicant type, and location of application (32)*. This data only includes dependents (dependents can only be on non-UASC applications). NB: Age is reported as unknown for a small number in the dataset.*

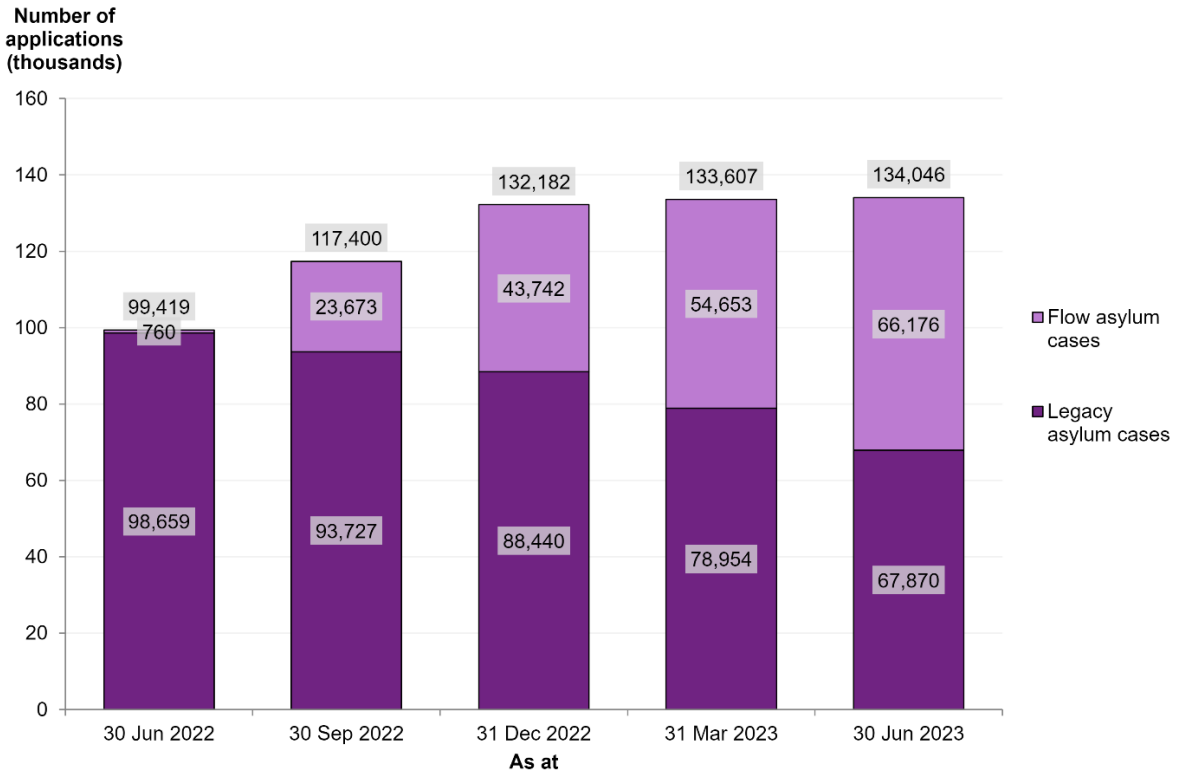
2.3.4 ASYLUM APPLICATIONS AWAITING DECISION

In June 2023 there were 134,046 cases awaiting an initial decision, this had increased over the 10 years preceding this (31). The increase has been more rapid in recent years, in June 2018 there were only 22,676 cases awaiting an initial decision (31). Length of wait for a decision can be extensive, of the 134,046 cases awaiting initial decision in June 2023, 79% had been waiting for more than 6 months (30).

The Nationality and Boarders Act 2022 divided asylum cases into 'legacy' and 'flow' cases (31). Legacy cases were defined as asylum applications raised before 28 June 2022 (the date the Act came into force), and flow cases were defined as asylum applications raised on or after 28 June 2022 (31). Of the 134,046 cases awaiting an initial decision at the end of June 2023, approximately half were defined as legacy, and half were defined as flow cases (31).

The number of legacy cases has decreased since June 2022 whilst the number of flow cases has increased (31). The trend over the first year can be seen in the graph below. The Sunak Conservative government reported in January 2024 that all cases in the backlog had been reviewed but 4,500 complex cases required additional checks or investigations before final decisions could be made (34). As of the 28 December 2023 there were 4,537 applications in the legacy backlog and 94,062 applications in the flow backlog (35).

Figure 8: Number of applications awaiting initial decision, as at 30 June 2022 to as at 30 June 2023



Graph source: Home Office (31). *Data source: Asylum and resettlement summary tables – Asy_10a*

2.3.5 UK OUTCOMES OF ASYLUM APPLICATIONS

At the year ending June 2023 71% of initial decisions were grants of refugee status, humanitarian protection or alternative forms of leave (31). The grant rate varies over time for different reasons including the mix of nationalities applying for asylum, the protection needs of people applying for asylum and policy decisions (31).

The grant rate for some nationalities is almost 100%. Almost all application for people from Afghanistan, Eritrea and Syria are granted at initial decision, a high proportion of people from Sudan and Iran are also granted asylum (31). However, the grant rate is lower for people from some countries, it is only 6% for people from India and 19% for people from Albania (31).

The grant rate can vary within nationalities by other characteristics. For example, although the overall grant rate for Albanians was 19%, the grant rate for Albanian adult males was 2% whilst the grant rate for adult women and children was 55% and 35% respectively (31). The grant rate can also be skewed by reporting. For example, 79% of Albanians withdrew their applications in year end June 2023, if these were included, the grant rate would be 4%. For context the average withdrawal rate for all other nationalities was 21% (31).

In the UK 20,888 people were granted refugee status or other protection following an asylum application in the year ending June 2023 (main applicants and dependents) (30,31). This encompasses the following:

- 19,346 people granted refugee permission.
- 130 people granted temporary refugee permission.
- 948 people granted humanitarian protection.
- 464 people granted alternative forms of protection or leave (such as discretionary leave, UASC leave).

The above information only includes the outcomes of initial decisions; therefore, outcomes can change following an appeal or reconsideration. There will be additional people who receive a grant of protection following an appeal against the initial decision on their application (31).

2.4 PEOPLE SEEKING ASYLUM IN LEICESTER CITY

2.4.1 SIZE OF POPULATION SEEKING ASYLUM IN LEICESTER CITY

2.4.1.1 NATIONAL DATA

People seeking asylum

The Home Office releases quarterly statistics by local area on number of people seeking asylum who are being supported. This is not a comprehensive picture of all people seeking asylum. Additionally, this data only provides a snapshot of the situation on a certain date and therefore does not capture the degree of turnover which effects demand on services.

As of 31st December 2023, Home Office data showed Leicester was host to 1,596 people seeking asylum (36). There were 6,016 people seeking asylum in the East Midlands overall (36).

Leicester had a rate of 44 people seeking asylum per 10,000 population (36). This compares to 12 per 10,000 population for the East Midlands overall and was slightly lower than the other large East Midlands cities, Nottingham and Derby, which had rates of 47 and 48 respectively (36).

The table below shows the latest snapshot but to appreciate the scale of the increase in numbers of people seeking asylum in Leicester the trend data presented below should be considered.

Table 2: Supported population seeking asylum

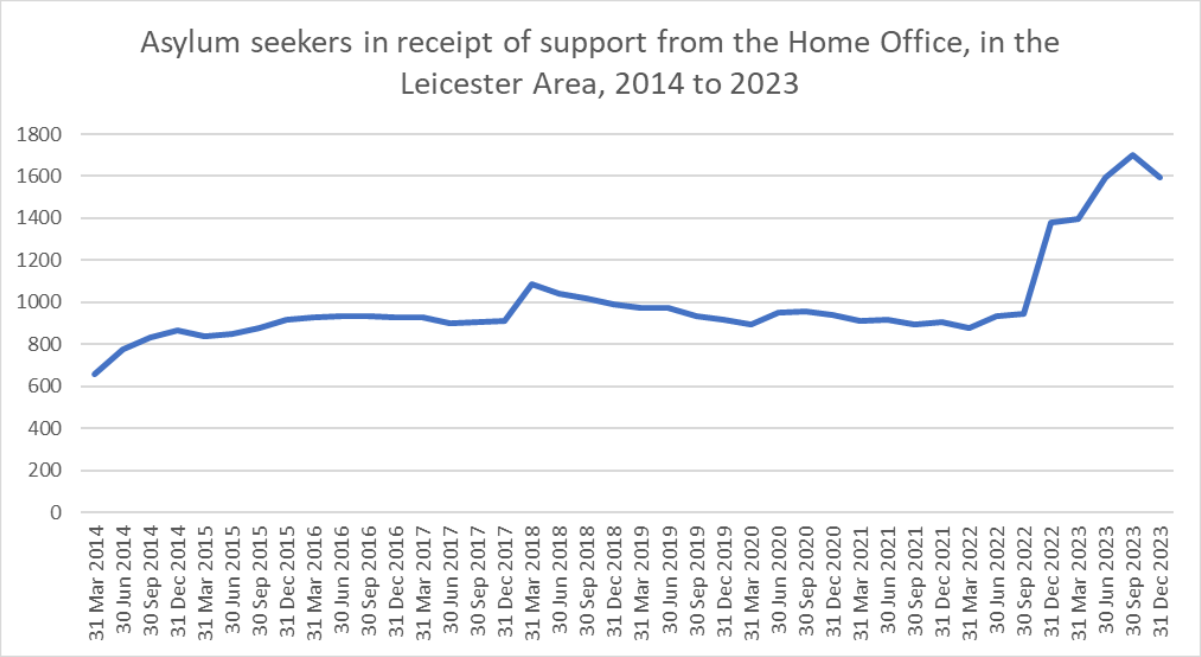
Geography	Supported Population Seeking Asylum	Supported People Seeking Asylum per 10,000 population
UK	111132	17
England	95205	17
East Midlands	6016	12
Coventry	1868	54
Derby	1265	48
Nottingham	1490	47
Luton	1015	45
Leicester	**1596**	**44**

Bradford	1584	29
Birmingham	3105	27

Data source: Reg_01: Immigration groups, by Region and Devolved Administration and Reg_02: Immigration groups, by Local Authority (36). *Data as of 31st December 2023.*
NB: The supported Population Seeking Asylum refers to individuals (including dependants) in receipt of Home Office support, provided under the 1999 Immigration and Asylum Act (under statutory support provisions Section 98, Section 95 and Section 4).

The number of people seeking asylum in Leicester has risen sharply in recent years. In December 2021 there were 906 people seeking asylum in Leicester this compares to 1596 in December 2023 (36). This represents a 75% increase in 2 years (36).

Figure 9: Asylum seekers in receipt of support



Data source: Reg_01: Immigration groups, by Region and Devolved Administration and Reg_02: Immigration groups, by Local Authority (36).
NB: The supported Population Seeking Asylum refers to individuals (including dependants) in receipt of Home Office support, provided under the 1999 Immigration and Asylum Act (under statutory support provisions Section 98, Section 95 and Section 4).

There is not a comprehensive dataset that includes numbers of people entering the UK via all resettlement schemes at local authority level. Data could not be readily found on schemes such as the UK Resettlement Scheme, the Community Sponsorship Scheme and the Mandate Resettlement Scheme. As of 31 December 2023, in Leicester there were 200 arrivals under the 'Homes for Ukraine' scheme and 44 people settled and in bridging accommodation under the 'Afghanistan Resettlement Programme' (Afghan citizens resettlement scheme (ACRS) and Afghan Relocations and Assistance Policy (ARAP))(36).

When a person is granted asylum and becomes a refugee, they are free to live anywhere in the UK. There is no data readily available on the number of refugees living in different areas of the UK. There is also no readily available data on numbers of people living in different areas who have been refused asylum.

2.4.1.2 LOCAL COUNCIL DATA

A Leicester City Council (LCC) Housing department local report February 2024 identified approximately 1800 people seeking asylum in Leicester. This is a larger number compared to the national data presented above which identified that 1,596 people seeking asylum were being supported in Leicester as of December 2023 (36). The disparity may be due to the difference in time of the counts (December 2023 compared to February 2024), numbers are in constant flux, and both represent snapshot data.

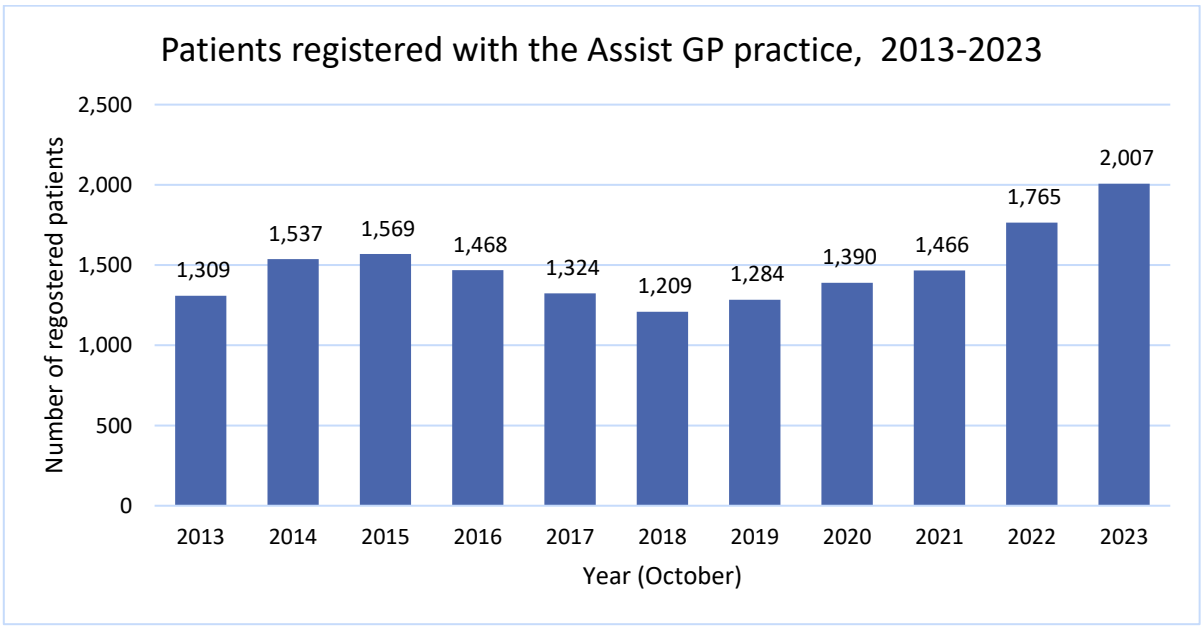
The LCC local report identified that there are approximately 200 people in Leicester as part of the 'Homes for Ukraine' scheme and approximately 20 people as part of the 'Ukraine Family Scheme'. Approximately 50 people were identified as part of the Afghan schemes. This is similar to the national data presented above and the small disparities may again be due to the difference in time of the counts (December 2023 compared to February 2024).

The LCC local report identified 28 unaccompanied children seeking asylum (UASC) living in Leicester and 58 UASC children who have since turned 18 and are now classified as care leavers.

2.4.1.3 LOCAL HEALTHCARE DATA

The Assist Practice is the main GP practice serving people seeking asylum in Leicester. The number of patients registered at The Assist Practice has increased each year since 2018. As of October 2023, the number of patients registered at The Assist Practice was 2,007. This is noticeably larger than the national data which identified 1,596 people seeking asylum supported as of 31st December 2023 (36). The discrepancy could be due to multiple factors including the data being from different months, the data is snapshot data, but numbers are in constant flux. Also, the national data only includes supported people, therefore, likely does not include all people seeking asylum in Leicester. It may in part also be due to the patient list at The Assist Practice encompassing people seeking asylum outside of Leicester City, people who are not receiving support, people who are no longer seeking asylum.

Figure 10: The Assist Practice List Size



Source: NHSD, Numbers of Patients Registered at a GP Practice, October 2013-2023 (37)

2.4.2 NON-MODIFIABLE RISK FACTORS

The information provided in this section is based on data from The Assist Practice. Therefore, it is a useful proxy for Leicester's population of people seeking asylum but has the caveats described previously.

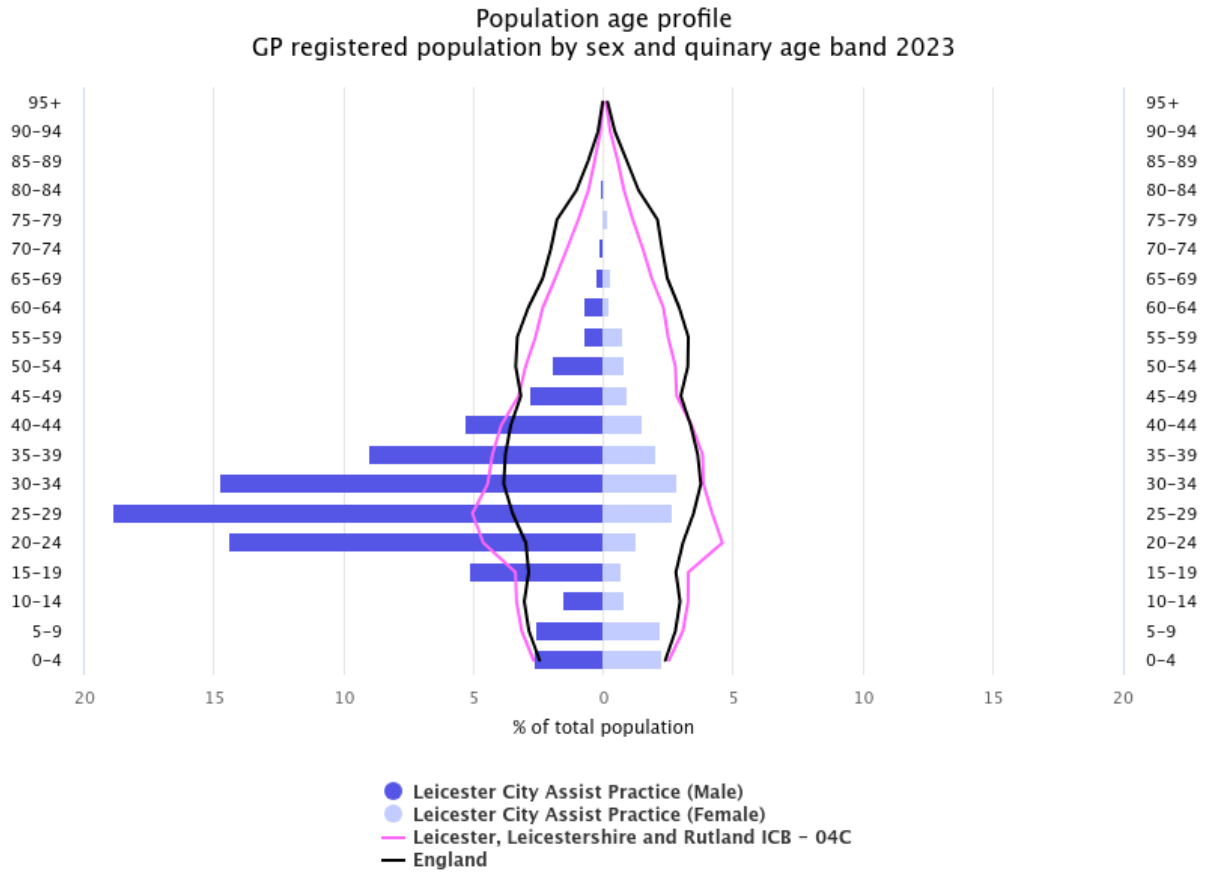
2.4.2.1 AGE

The Assist Practice's population is generally younger than the Leicester GP-registered population overall, illustrated in the population pyramid below. The average age of patients at The Assist Practice is 25.5 years compared to 35.7 years for patients in Leicester City as a whole.

76.2% of patients registered with The Assist Practice are 20-49 years old compared to 48.3% for Leicester (38). This reflects the national picture of people who seek asylum in the UK; most asylum applications to the UK are from people 18-49 years old.

15.9% (311) of patients registered with The Assist Practice are children (< 18 years old), compared to 23.1% in Leicester overall (38). When considering only very young children (ages 0-4), 95 (4.9%) patients registered with The Assist Practice are aged 0-4 years, this is a similar to Leicester overall (5.2%) (38).

Figure 11: The Assist Practice Population Pyramid



Source: Office for Health Improvement and Disparities (OHID). Fingertips. Public Health Data. National General Practice Profiles (38). *NB: Leicester, Leicestershire and Rutland ICB – 04C refers to a sublocation in the ICB area (Leicester city).*

2.4.2.2 SEX

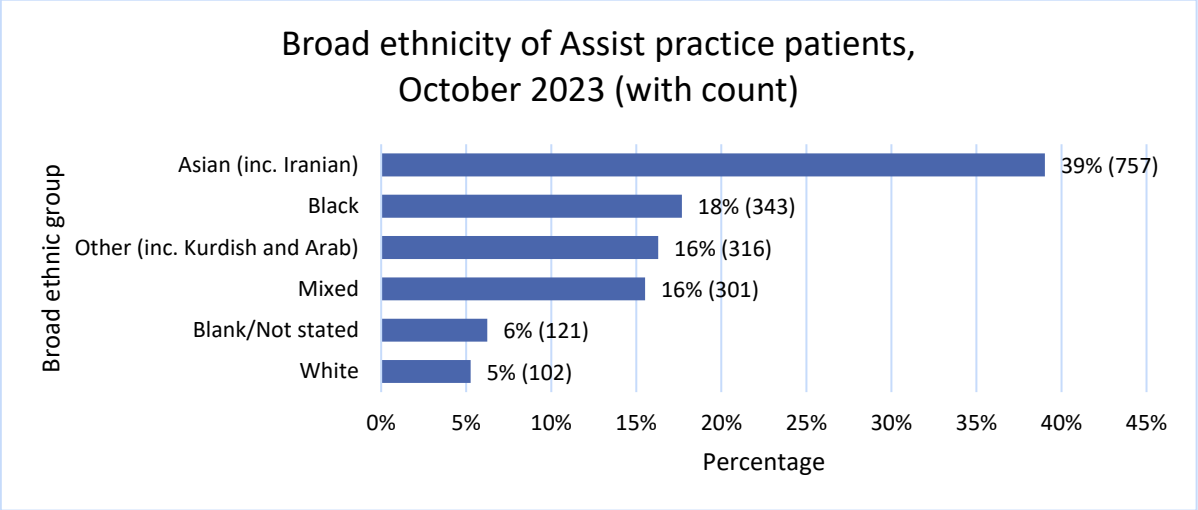
The majority (80.0%) of The Assist Practice's population is male, and a fifth female (38). This reflects the national picture; there are more asylum applications by males than female.

2.4.2.3 ETHNICITY

The charts below provide an overview of the reported ethnicity, country of birth, and main language of The Assist Practice's population. It should be recognised that the reporting of these topics can be difficult due to language barriers.

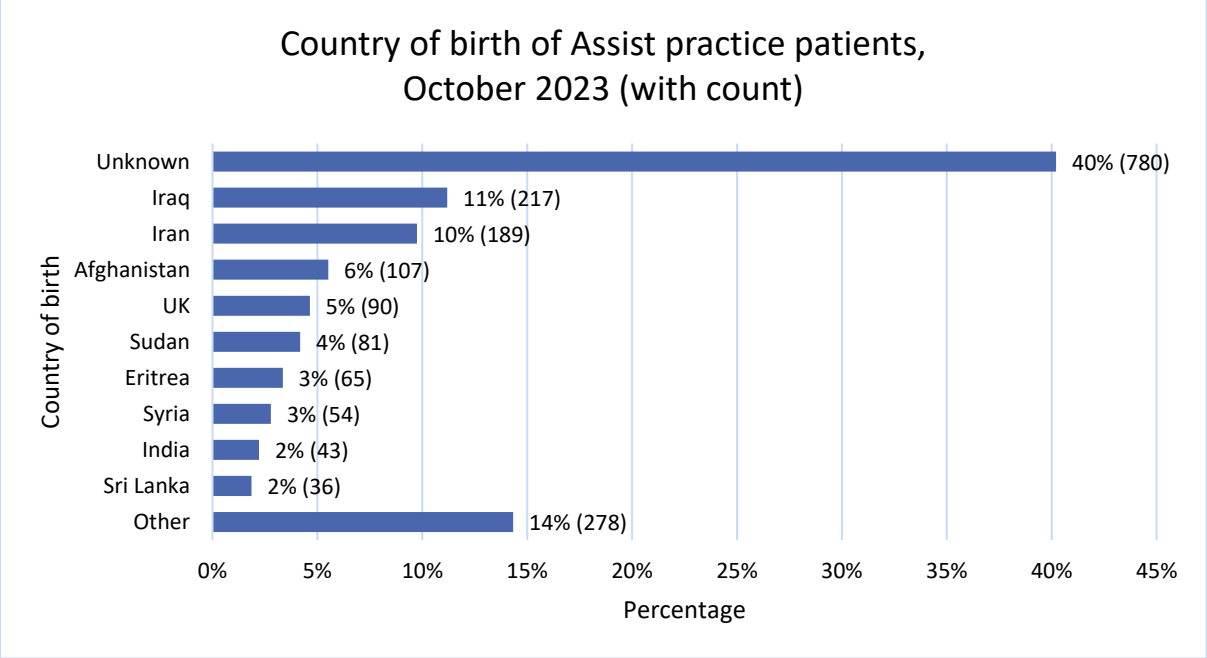
Asian is the largest broad ethnic group, with the largest specific sub-categories being Iranian (150 patients) and Kurdish (107 patients). Country of birth is unknown for 40% of patients. The largest percentage of patients with a specific country of birth recorded is people born in Iraq (11%) and then Iran (10%). Patients at The Assist Practice are recorded as having at least 50 different main spoken languages. This does not necessarily mean the patients cannot understand English. The most frequently spoken language is Kurdish, which represents over a fifth of all patients. The figures below provide a more detailed picture of ethnicity, country of birth and main language spoken.

Figure 12: The Assist Practice registered population broad ethnic group breakdown



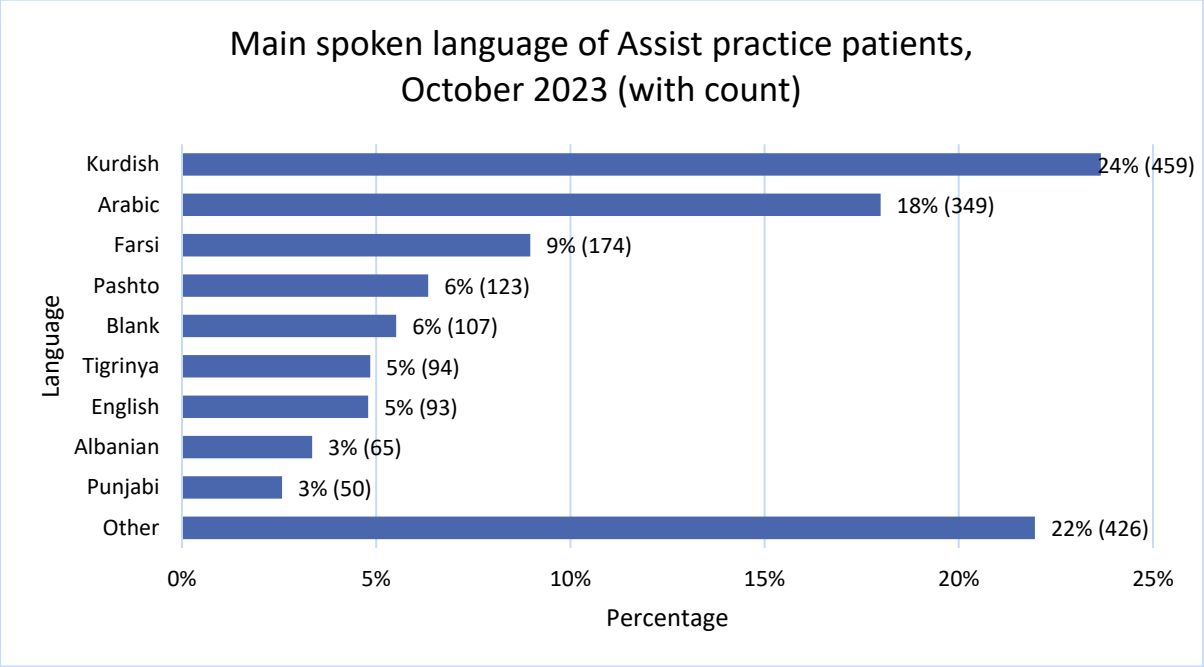
Source: Assist Practice administration report

Figure 13: Country of birth of The Assist Practice Patients



Source: Assist Practice administration report

Figure 14: Main spoken language of The Assist Practice patients



Source: Assist Practice administration report

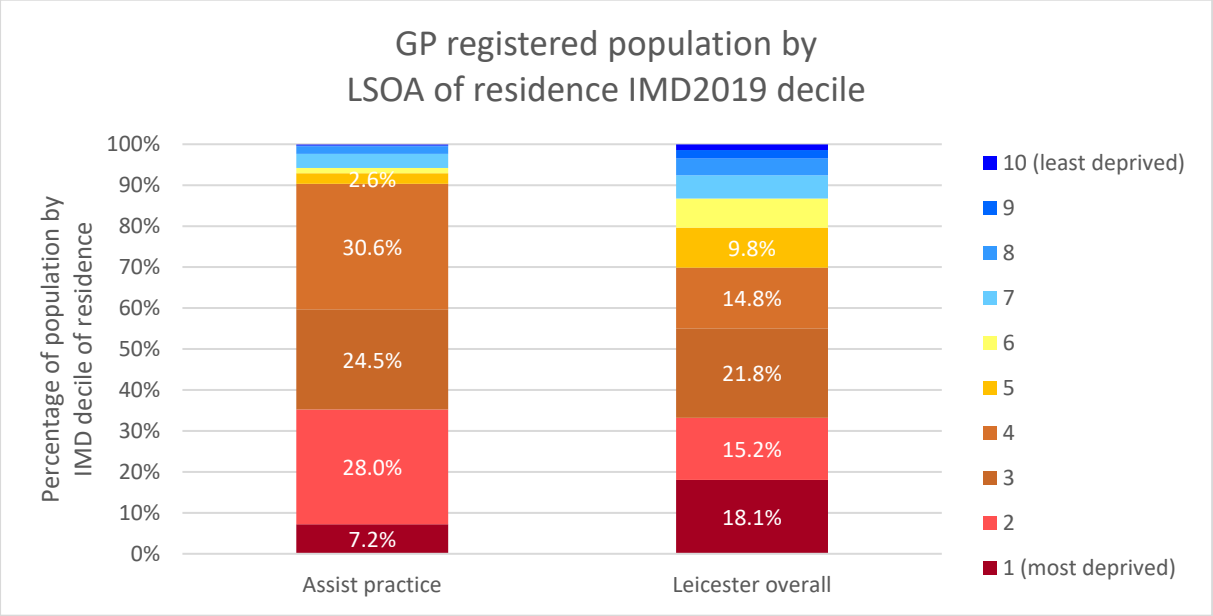
2.4.2.4 SOCIO-ECONOMIC DEPRIVATION

96% of patients registered with The Assist Practice live within the Leicester local authority boundary (37). 73 patients live in Loughborough, in the Charnwood lower-tier local authority, and six patients live in other Leicestershire authorities (37).

The concentration of The Assist Practice patients in city centre hotels means a smaller proportion live in the most deprived 10% of areas than the Leicester population overall. The untypical nature of The Assist Practice population and their living arrangements means the English Indices of Deprivation (IMD), which is dependent upon address, is not a useful way to understand the levels of socioeconomic deprivation faced by The Assist Practice patients, as it would be for more mainstream practices.

There were 1,596 people seeking asylum supported in Leicester identified from national data sources as of 31st December 2023 (36). As people must appear or be classified as destitute to receive support and weekly payments are below £50 per person, it is highly likely that the population experiences socio-economic deprivation.

Figure 15: GP registered population by LSOA of residence IMD2019 decile



Source: NHSD, Patients Registered at a GP Practice, October 2023.(37)

2.4.2 Modifiable risk factors – Tobacco, weight, and alcohol

Tobacco, weight, and alcohol consumption are significant risk factors for many health conditions including cardiovascular disease, dementia, and liver disease. Unlike age, sex, and ethnicity these risk factors are modifiable by behavioural changes and therefore represent opportunities where health can be improved.

GP Practice level data for The Assist Practice shows that 5.3% of The Assist Practice patients (age 18+) are obese, which is significantly lower than the England average (11.4%) (38). In Leicester overall the prevalence of obesity in adults is (8.9%) (38). However, the population seeking asylum may be at greater risk of malnutrition relating to potential challenges in accessing nutritional food during time in their home country, during travel or whilst in the UK.

Conversely the prevalence of smoking in The Assist Practice patient population is significantly higher than the England average (38). 27.0% of The Assist Practice patients (age 15+) smoke compared to 15.5% in Leicester and 14.7% in England (38).

The prevalence of alcohol use in The Assist Practice population is not known, as unlike smoking and obesity prevalence it is not included in the Quality and Outcomes Framework reporting.

Table 3: The Assist Practice patient population, non-modifiable risk factors

Indicator	Information	Time period	Assist Practice (%)	Leicester City 04C ICB sub location (%)	England (%)
Obesity: QOF prevalence (18+ yrs)	BMI greater than or equal to 30 (in the previous year) recorded on practice disease registers.	2022/23	5.3	8.9	11.4
Smoking: QOF prevalence (15+ yrs)	Patients (aged 15+ yrs) who are recorded as current smokers	2022/23	27.0	15.5	14.7

Data source: Office for health Improvement and Disparities. Fingertips. National General Practice Profiles (38). *NB: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Statistically significantly worse or better or no different to England overall is illustrated in red, green, or yellow, respectively. Where there is a large difference, but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.*

3. THE LEVEL OF NEED IN THE POPULATION

This section provides information on the health needs of people seeking asylum. Firstly, in section 3.1, areas of health need are described using information from the literature search and then a local picture is provided where possible. The local picture is mainly described using data on The Assist Practice patient population as a proxy for the population seeking asylum in Leicester, the caveats to this have been discussed previously. The sections included cover areas of health that were identified from the literature as particularly important when considering the health needs of the population seeking asylum. Secondly, analysis of the information gathered from the qualitative engagement is presented in section 3.2.

3.1 GENERAL HEALTH

Information from the literature

People seeking asylum and refugees are a very diverse population and have a variety of health needs which can be different from those of the host populations.

When asked about their physical health, people seeking asylum report a much worse perception of their health than comparative refugee samples, immigrants, and even more so against a general non-immigrant population (39). In fact, 49-77% of people seeking asylum reported having chronic physical symptoms or complaints (39). Dental, headache or migraine, musculoskeletal, dermatological, respiratory, and gastrointestinal problems were conditions most commonly self-reported (39). This is mirrored in data gathered in the UK; 27% of people seeking asylum reported bad or very bad health compared to 7% in the general population (40).

3.2 COMMUNICABLE DISEASES

Information from the literature

People seeking asylum can be exposed to infectious diseases during their journey to the UK, depending on the method of travel utilised and the type of living accommodation accessed. Overcrowding and the struggle to maintain good hygiene may leave some people seeking asylum at greater risk of contracting infectious diseases. There has been a number of infectious disease notifications associated with accommodation for people seeking asylum across England within the past few years, including; diphtheria, shigella, group A streptococcus, MRSA, varicella zoster virus, covid-19, flu, scabies and tuberculosis (41).

Depending on the nation of origin, the population seeking asylum and refugee population can have an increased prevalence of certain infectious diseases. A cross-sectional study screened UK-bound refugees for infectious diseases (42). They found levels of certain communicable diseases (e.g. TB) were at levels consistent with the WHO estimated prevalence of the home nation (42). Whilst for other communicable diseases (e.g. hepatitis B) they found higher than expected yields compared to prevalence estimates of their home nation (42). This suggests estimates of level of need regarding communicable diseases cannot be based purely on the prevalence of diseases in the home nations of people seeking asylum.

It is also worth noting that people seeking asylum and refugees have been found to have a higher prevalence of antimicrobial resistance carriage and infection compared to other migrant populations (43). In a systematic review and meta-analysis investigating antimicrobial resistance amongst migrants, the evidence suggests that transmission of resistant bacteria is likely to occur either during or following migration. There was no evidence found of onward transmission to host populations, probably due to limited contact between populations (43).

A literature review regarding screening of neglected tropical diseases in people seeking asylum, refugees and newly-arrived migrants into the UK found a range in the screening strategies employed in different areas, some undertaking panel-testing, and others testing for specific diseases (44). As there were such large gaps in the data, including uptake rates, the effectiveness and outcomes of screening strategies, it was not possible to provide generalisable recommendations for panel neglected tropical disease screening (44). In addition, their data could have been skewed by the effect of “healthy migrants” included in the study, i.e., people who have migrated from a high-income country with high education status and lower rates of communicable disease to that of the general population of the host nation.

Vaccination coverage of children seeking asylum has been found to be lower than that of the general population and there can be difficulties in identifying vaccination history (45). Often there will be no paper documentation of vaccination and assumptions are made according to the vaccination schedule of their origin country (45). The UK Health Security Agency have a protocol for vaccination of children with uncertain or incomplete immunisation status (46).

Information specific to Leicester

There have been cases of scabies, COVID-19, giardia, latent tuberculosis, chronic hepatitis B, amoebic dysentery, and group A streptococcus (non-invasive) within hotels in Leicester during the period they have been used to accommodate people seeking asylum in the city. There have also been two outbreaks both of which were scabies. This in not particularly dissimilar to the general UK population, who may experience these diseases, contracted in the UK or whilst travelling abroad.

The percentage of The Assist Practice patients having had 3 doses of the DTaP/IPV/Hib vaccine at any time by their second birthday was not significantly different to the England average. This was also the case for one dose of MMR between the first and second birthday. It is important to recognise that although the MMR finding is

not significantly different than the national average it does not meet the herd immunity threshold and is therefore still a concern. There is high patient turnover at The Assist Practice including children who may be registered just before their second birthday which may affect the Assist Practice data more so than other general practices. At new patient checks The Assist Practice staff check vaccination status and provide catch up vaccinations for individuals who are not fully vaccinated.

Table 4: The Assist Practice patient population, vaccination

Indicator	Information	Time period	Assist Practice (%)	Leicester City 04C ICB sub location (%)	England (%)
Dtap / IPV / Hib vaccination (2 years)	3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday. Cover of Vaccination Evaluated Rapidly (COVER) data	2021/22	90.9	93.3	93.0
MMR vaccination for one dose (2 years)	One dose of MMR vaccine on or after their first birthday and at any time up to their second birthday. Cover of Vaccination Evaluated Rapidly (COVER) data	2021/22	81.8	88.6	89.2

Data source: Office for health Improvement and Disparities. Fingertips. National General Practice Profiles (38).
NB: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Statistically significantly worse or better or no different to England overall is illustrated in red, green or yellow, respectively. Where there is a large difference, but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.

3.3 NON-COMMUNICABLE DISEASES

Information from the literature

Most research surrounding the health needs of people seeking asylum is focused on communicable rather than non-communicable disease. However, with increasing urbanisation across the world non-communicable diseases are becoming a greater burden, particularly in middle-income countries that are affected by conflicts. There is also potential that the change in lifestyle on arrival to the host country, i.e., living in poverty, becoming more sedentary, and consuming less healthy food; increases the risk of weight gain and subsequent risk of developing non-communicable diseases, as evidenced by a review of the literature in migrant populations who have moved from areas of low prevalence of obesity to areas with higher prevalence (47). A systematic review found that refugee history was associated with an increased risk of cardiovascular disease, the authors felt more research was needed to explain the increased risk, they noted a possible explanation could be uncontrolled risk factors (48).

Epidemiological theories can provide possible explanations for the health disparities experienced by people seeking asylum and refugees. Three theories are considered here. Firstly, the programming approach considers the impact of environmental exposures during specific periods of development that result in long term health effects (49). An example is the Barker hypothesis which states that in utero malnutrition results in an increased risk of coronary heart disease in adulthood (49). Secondly, the adult risk factor approach considers the impact of different risks on the onset and progression of diseases e.g., smoking (49). Finally, is the life course approach, this is a more holistic theory. It argues that physical and mental health are influenced throughout life by the wider determinants of health, risk factors accumulate resulting in poorer health outcomes (49,50).

This could also relate to periods of time where people seeking asylum may not have access to regular healthcare or medications, either in their home country, or on their journey to the UK.

Information specific to Leicester

The Quality Outcome Framework (QOF) prevalence statistics presented below are not age adjusted or age standardised. The Assist Practice population is compared to the general population in England. However, as The Assist practice has a younger age profile than the general population, the population would tend to have a lower prevalence for many long term conditions but is very likely to be falsely reassuring.

Most chronic conditions for which there is QOF prevalence data available, there is a lower prevalence of the condition in The Assist Practice population compared to the England average (38). This is the case for asthma, Chronic Obstructive Pulmonary Disease (COPD), coronary heart disease, hypertension, heart failure, peripheral arterial disease, stroke, epilepsy, learning disability, diabetes, chronic kidney disease and rheumatoid arthritis (38). However, this is likely to be related to the younger age profile of The Assist Practice patients.

Interestingly the percentage of patients at The Assist Practice reporting a learning disability via the GP patient survey is not statistically different compared to England, this is not contiguous with the QOF prevalence (38). This could be the result of small sample sizes leading to uncertainty in the estimate, or as these measures would have likely been collected at slightly different time periods and the practice has a high patient turn over this could be the effect of slightly different patient cohorts. Alternatively, this could identify a discrepancy between perceived health need and health needs identified by healthcare professionals and therefore could represent an unmet health need. This could in part be due to the time lags of diagnosis of learning disability and information being updated on the disease register.

There is no significant difference between The Assist Practice patient population and England in terms of reporting of blindness or partial sight, deafness, or hearing loss or of the QOF prevalence of atrial fibrillation. Prevalence of osteoporosis was similar to the England average (there are no cases of osteoporosis recorded on The Assist Practice disease register) (38).

In terms of multimorbidity, 1.6% of The Assist Practice patients have five or more chronic conditions compared to 7.9% of all patients registered in Leicester City.

Table 5: The Assist Practice patient population, non-communicable diseases

Indicator	Information	Time period	Assist Practice (%)	Leicester City 04C ICB sub location (%)	England (%)
Respiratory					
Asthma: QOF prevalence (6+ yrs)	Asthma (excluding those who have been prescribed no asthma-related drugs in the previous year) as recorded on practice disease registers	2022/23	1.1	5.1	6.5
COPD: QOF prevalence (all ages)	COPD as recorded on practice disease registers.	2022/23	0.1	1.3	1.8
Cardiovascular					

Atrial fibrillation: QOF prevalence (all ages)	Atrial fibrillation as recorded on practice disease registers.	2022/23	0.1	1.0	2.1
CHD: QOF prevalence (all ages)	Coronary heart disease (CHD) as recorded on practice disease register	2022/23	0.4	2.2	3.0
Hypertension: QOF prevalence (all ages)	Established hypertension as recorded on practice disease registers	2022/23	2.2	12.3	14.4
Heart Failure: QOF prevalence (all ages)	Heart failure as recorded on practice disease registers.	2022/23	0.1	0.8	1.0
Heart failure with LVSD: QOF prevalence (all ages)	Heart failure due to left ventricular systolic dysfunction (LVSD) as recorded on practice disease records	2022/23	0.1	0.3	0.5
PAD: QOF prevalence (all ages)	Peripheral arterial disease (PAD) as recorded on practice disease registers	2022/23	0.1	0.3	0.6
Stroke: QOF prevalence (all ages)	Stroke or transient ischaemic attack (TIA) as recorded on practice disease registers	2022/23	0.1	1.2	1.8
Neurological					
Epilepsy: QOF prevalence (18+ yrs)	Epilepsy as recorded on practice disease registers.	2022/23	0.2	0.7	0.8
Learning disability: QOF prevalence (all ages)	Learning disabilities as recorded on the practice disease register.	2022/23	0.1	0.6	0.6
% reporting blindness or partial sight	GP patient survey	2023	4.7	1.5	1.4
% reporting deafness or hearing loss	GP patient survey	2023	2.1	3.5	6.0
% reporting learning disability	GP patient survey	2023	1.7	2.6	1.9
Other					
Diabetes: QOF prevalence (17+ yrs)	Diabetes mellitus, as recorded on practice disease registers	2022/23	3.2	10.0	7.5
CKD: QOF prevalence (18+ yrs)	Chronic kidney disease (CKD) (with classification of categories G3a to G5) as recorded on practice disease registers	2022/23	0.3	2.7	4.2
Osteoporosis: QOF prevalence (50+ yrs)	Osteoporosis as recorded on practice disease register	2022/23	0.0	0.4	1.0
Rheumatoid Arthritis: QOF prevalence (16+ yrs)	Rheumatoid arthritis as recorded on practice disease register	2022/23	0.1	0.7	0.8

Data source: Office for health Improvement and Disparities. Fingertips. National General Practice Profiles (38).
NB: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Statistically significantly worse or better or no different to England overall is illustrated in red,

green or yellow, respectively. Where there is a large difference, but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.

The Assist Practice population has a significantly lower incidence of cancer compared to the average for England. However, this is likely again to be related to the younger age profile of The Assist Practice patients.

NHS England Screening Programme data shows that screening coverage of bowel, breast and cervical cancer is not significantly different at The Assist Practice compared to the England average (see table below).

Cervical screening can also be considered in more detail by exploring the QOF data. QOF data show the percentage of women eligible for screening aged 25-49 years whose clinical record showed an adequate screening test had been performed in the previous 3.5 years is 70.2%. For eligible women aged 50-64 years (record of adequate screening in last 5.5 years) this is 77.4% (51). As this is a different data source these are slightly higher than the NHSE screening Programme data. Interestingly when personalised care adjustments are considered, which allows for patients not to be included due to a variety of reasons, this increased to 92.7% (25-49 years) and 96.0% (50-64 years) (51). Personal care adjustments should be considered at individual patient level and underpinned by shared decision-making principles they include reasons such as the intervention being clinically unsuitable or patients choosing not to have the intervention (52).

Table 6: The Assist Practice patient population, cancer and screening

Indicator	Source Information	Time period	Assist Practice (%)	Leicester City 04C ICB sub location (%)	England (%)
Cancer: QOF prevalence (all ages)	Cancer as recorded on practice disease registers	2022/23	0.3	1.7	3.5
Bowel cancer screening coverage: aged 60 to 74 years old	Eligible men and women aged 60 to 74 who had an adequate faecal immunochemical test (FIT) screening result in the previous 2.5 years	2022/23	66.7	59.3	72.0
Breast screening coverage: aged 53 to 70 years old	Eligible women who have had a breast screening test result in the previous 3 years	2022/23	50.0	53.1	66.6
Cervical screening coverage, aged 50 to 64 years old	Eligible women aged 50 to 64 who had an adequate cervical screening test recorded in the previous 5.5. years	2022/23	76.5	70.2	74.9
Cervical screening coverage: aged 25 to 49 years old	Eligible women aged 25 to 49 who had an adequate cervical screening test recorded in the previous 3.5 years	2022/23	63.2	57.4	67.0

Data source: Office for health Improvement and Disparities. Fingertips. National General Practice Profiles (38).
NB: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Statistically significantly worse or better or no different to England overall is illustrated in red, green or yellow, respectively. Where there is a large difference, but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.

3.4 MENTAL HEALTH

Information from the literature

People seeking asylum and refugees are often subject to traumatic journeys from their home countries and have high rates of mental illness, in particular PTSD and depression, the prevalence of which is hard to establish due to differing methodological techniques. Fazel et al (2005) estimated the prevalence of PTSD to be 9% and major depression 5% (53). More recently a systematic review estimated prevalence of PTSD to be 31% and depression 32% (54).

However, it is important to note that despite the high prevalence of self-reported mental health issues, there are still many who have symptoms but do not disclose them, therefore true prevalence could be higher. Sen et al (2018) conducted questionnaires to screen for mental health conditions amongst people seeking asylum (55). They found that overall, 75% of the sample screened positive for at least one mental health disorder, and depression was found in 53% (55).

As a result of trauma some have experienced in their home country and on their journey to the host nation, alongside poor social conditions on arrival to the host country, people seeking asylum are at greater risk of suicide (56). Cogo et al (2022) conducted a systematic review of the literature looking at suicide behaviour in displaced people, including people seeking asylum and those who have been granted permanent asylum status (56). They found the rates of suicide, suicide attempt, and suicidal behaviour were high (56). Looking specifically at studies on people seeking asylum, they reported a suicide rate ranging from 4 to 51 per 100,000 person years and a suicide attempt rate of 1 – 3%. Suicidal ideation ranged hugely across the studies, 0 - 71%, likely a result of differing methodologies and definitions of suicidal ideation (56).

Information specific to Leicester

Based on QOF prevalence data there is no statistical difference between the prevalence of mental health conditions (schizophrenia, bipolar affective disorder, and other psychoses) or depression between The Assist Practice patient population and the England average (38). There is also no significant difference between the percentage of The Assist Practice patients reporting a long-term mental health condition and the England Average (38). However, not all mental health conditions are included in the QOF Mental Health Prevalence for example post-traumatic stress disorder (PTSD), which is likely to be of high importance when considering the mental health needs of the population seeking asylum.

Despite the prevalence of depression not appearing significantly different to the England average on QOF data, the prevalence is still high at 13.8% (38). When analysing the disease register in more depth, this time comparing The Assist Practice data to the Leicester, Leicestershire, and Rutland (LLR) ICB data, depression prevalence is higher in The Assist Practice patients aged 35-59 years and is statistically significantly higher in those aged 45-49 years compared to the LLR ICB.

Additionally, The Assist Practice report through their work with people seeking asylum a high case load of mental health need that would not be entered as a coded diagnosis but has a high impact on the daily functioning of individuals. This includes individuals who are traumatised and stressed about previous and current experiences. The practice provides specific mental health support additional to usual care to meet the need of the population.

There are no cases of dementia recorded on The Assist Practice disease register, making the prevalence of dementia significantly lower than the England average. This is again likely due to the younger age profile of The Assist Practice patient population. However, the percentage of patients reporting Alzheimer's disease or

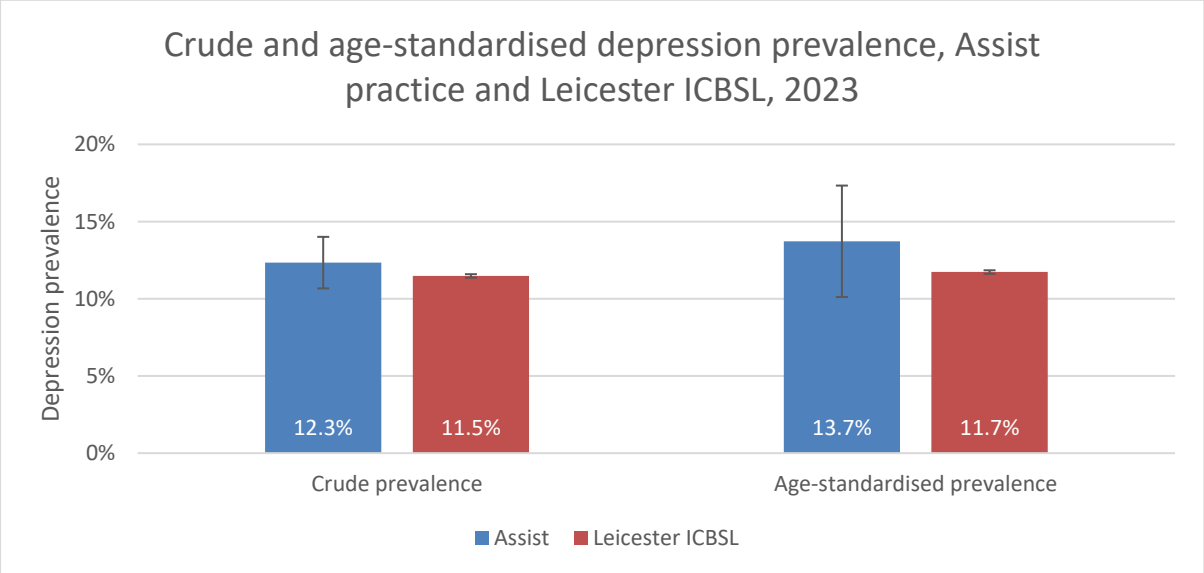
dementia via the GP patient survey was 3.3% this result was not significantly different to the England average (0.6%). This is a discrepancy and could be due to a variety of factors (similar to the discrepancies found in learning disability prevalence described above). The discrepancy could be the result of small sample sizes leading to uncertainty in the estimate. These measures may have been collected at slightly different time periods and as the practice has a high patient turn over this could be the effect of slightly different patient cohorts. Alternatively, this could be highlighting a discrepancy between perceived health need and health needs identified by healthcare professionals and therefore could represent an unmet health need. This could in part be due to the time lags of diagnosis of dementia and update onto the disease register.

Table 7: The Assist Practice patient population, mental health

Indicator	Information	Time period	Assist Practice (%)	Leicester City 04C ICB sub location (%)	England (%)
Mental Health: QOF prevalence (all ages)	Schizophrenia, bipolar affective disorder, and other psychoses as recorded on practice disease register	2021/22	0.6	1.0	1.0
Depression: QOF prevalence (18+ yrs)	Depression as recorded on practice disease registers	2021/22	13.8	10.8	12.7
Dementia: QOF prevalence (all ages)	Dementia as recorded on practice disease registers	2021/22	0.0	0.5	0.7
% reporting a long-term mental health problem (16+ yrs)	GP patient survey	2022	8.9	-	12.3
% reporting Alzheimer's disease or dementia (16+ yrs)	GP patient survey	2022	3.3	0.7	0.6

Data source: Office for health Improvement and Disparities. Fingertips. National General Practice Profiles (38). *NB: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Statistically significantly worse or better or no different to England overall is illustrated in red, green or yellow, respectively. Where there is a large difference, but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.*

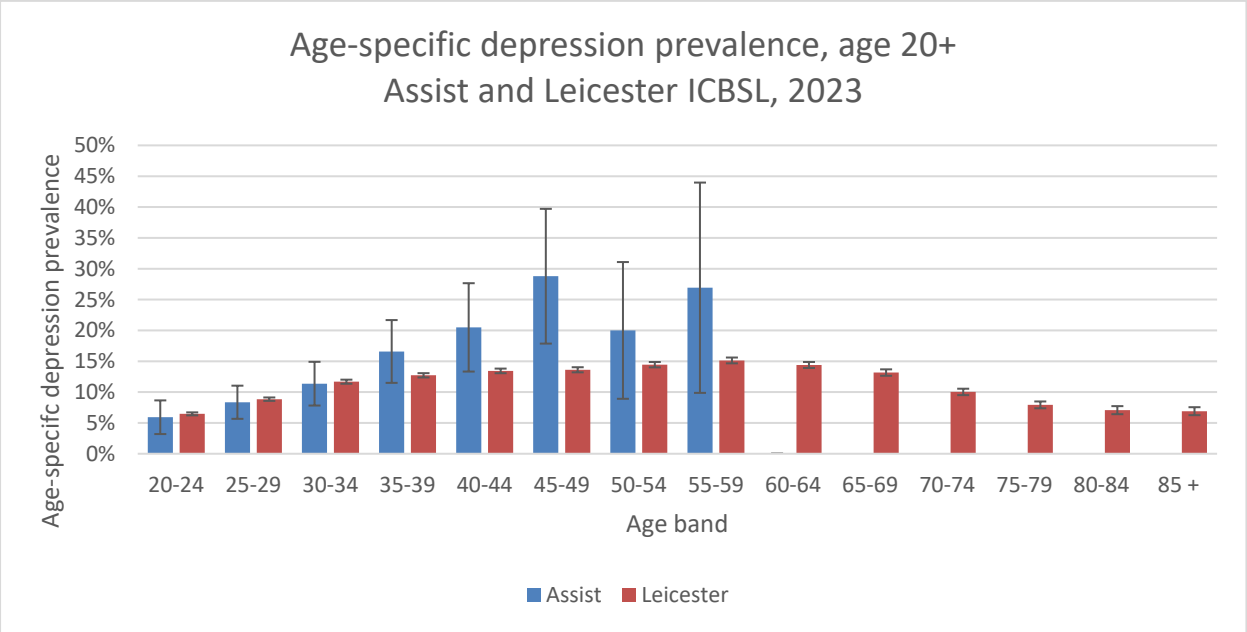
Figure 16: Crude and age-standardised depression prevalence, The Assist Practice and Leicester ICB



Source: SystmOne, Practice-level depression register with age breakdown, November 2023

Note: The age-standardised rates presented here should be understood as estimates. The numerator and population denominator are from slightly different times periods (October 2023, May 2023). A small number of dummy depression cases (3) have been added to the The Assist Practice counts to make up for suppression.

Figure 17: Age-specific depression prevalence, The Assist Practice and Leicester ICB



Source: SystmOne, Practice-level depression register with age breakdown, November 2023

3.5 ORAL HEALTH

Information from the literature

There appears to be higher rates of poor oral health amongst people seeking asylum and refugees. A systematic review looking at the oral health of refugees across Europe identified relatively higher rates of dental caries and periodontal disease, but also enamel fluorosis, oral lesions and dental injuries (57). The prevalence of each varied between the different studies included, but all reported higher rates amongst the refugee population compared to that of the host population (57). Despite this oral health was self-reported as satisfactory (57).

A scoping review looking at the oral health of people seeking asylum and refugees also showed a high burden of oral disease, with dental caries and periodontal disease being recorded most frequently (58). One study identified that, within the population of people seeking asylum in Plymouth, dental issues were reported in up to 40% of initial health examinations (59).

The reasons for poor oral health in refugees and people seeking asylum are multiple, but include prioritising survival and safety, variation in cultural norms and practice, and lack of knowledge about dental care (60). Poor oral health can have significant consequences to refugees' quality of life; pain can lead to frustration and anger, and missing teeth can cause problems with learning and speaking new languages (57).

3.6 WOMEN'S HEALTH

Information from the literature

An umbrella review (systematic review of systematic reviews) investigated a range of perinatal health outcomes of women with asylum seeker or refugee status (61). A review included within this reported that in European studies it was generally found that people seeking asylum and refugees had significantly higher risks of stillbirth, perinatal mortality and early neonatal mortality compared to the host populations (61).

The umbrella review included studies reporting that people seeking asylum had a higher incidence of sexual assault, unwanted pregnancies and induced abortion-to-live birth ratio compared to women in the host countries (61). Some women who have sought asylum in the UK have countries of origin where female genital mutilation (FGM) is practiced (62). FGM is the intentional altering or injury to female genital organs for non-medical reasons, it is recognised internationally as a violation of human rights (62). It is difficult to estimate prevalence of FGM in the population seeking asylum. A study by the UN Refugee Agency estimated in 2011 that the proportion of women and girls aged 14-64 years potentially affected by FGM to be approximately 8% of the total number of female asylum applications in the UK (62).

The umbrella review highlighted higher rates of postnatal depression in women seeking asylum and refugees compared to women in the host country (61). Additionally, women seeking asylum and refugees had significantly lower social support than women in the host country (61). Poor perinatal mental health has been found to be a theme in literature focused on women seeking asylum and refugees, with feelings of isolation, loneliness, alienation, fear and/or uncertainties amongst people seeking asylum and refugees identified (63). Women may not have had psychosocial assessment, may have been reluctant to engage due to lack of appropriate translation services or spousal disapproval, or their symptoms may not have been identified due to lack of culturally-appropriate screening tools (63).

When considering breastfeeding, Hufton & Raven (2016) completed a case study with women who were seeking asylum or had gained refugee status in the UK, they identified that most women included in the study preferred to breastfeed initially, if medically safe to do so (64). Those mothers who were HIV positive were advised not to breastfeed due to the risk of transmission to the baby (64). Reasons for wanting to breastfeed included cultural norms, knowledge of health benefits of breastfeeding, and also financial concerns relating to buying formula milk (64). Women faced challenges similar to those of the host population regarding breastfeeding, but also had additional challenges including emotional distress relating to their unstable living environment and lack of support system leaving women feeling isolated (64).

Information specific to Leicester

The Assist Practice report a high case load of gynecological conditions included individuals who have experienced FGM, trafficking, rape and sexual assault, STIs and unknown pregnancy. The Assist Practice have incorporated a standarised processes to normalise asking questions. This is covered at new patient checks and at other specific contact points (e.g., cervical screening appointments). Staff are encouraged to ensure questions are asked and concerns are escalated to the safeguarding nurse, practice nurse and GP.

3.7 CHILDREN'S AND YOUNG PEOPLE'S HEALTH

Information from the literature

Although children are not the focus of this JSNA, it is worth briefly noting the challenges that this group encounter. Similarly, to adults, children seeking asylum have a variety of health needs, in addition children may come to the UK either accompanied by family, or unaccompanied and this likely will affect health needs.

In the North East of England a specialist clinic was piloted to reduce the need for children seeking asylum to be brought to emergency services for medical assessment and to alleviate the difficulties of parents navigating the NHS healthcare system (65). Children are referred to the clinic from any health or social care professional/charity (65). They have an initial assessment with a specialist migrant health visitor which is followed up by a full medical assessment by a pediatrician (65). The group conducted a retrospective analysis of data they had collected over two years of the service operating (65). They found that the most frequent physical health diagnoses amongst accompanied refugee and children seeking asylum were: anaemia, respiratory, severe dental decay, and atopic conditions (65). Specifically looking at the nutritional status of the children revealed high levels of overweight and obesity, 20% and 21% respectively (65). Growth stunting was seen in 23% of children, and 9% were underweight (65). Micronutrient deficiencies were very common, most notably in vitamin D, vitamin A, and iron (65).

Children were also at risk of mental health problems due to exposure to traumatic situations and need of close follow up (65). In fact, 62% of the children seen in the clinic reported exposure to physical violence, acts of war, threat to life or severe abuse (either as a victim or a witness) (65).

Infection screening of unaccompanied asylum seeking children in London showed that almost 45% were positive for a condition which needed management (66). These included TB (latent and active infection), hepatitis B (acute and chronic), strongyloides, H. pylori, syphilis, and HIV (66). Importantly, of those that tested positive for a sexually transmitted disease, none disclosed prior consensual or non-consensual sexual intercourse (66). Current guidance advises testing only if disclosed sexual activity, however this may mean as evidenced from this study, a number of infections may be missed (66).

3.8 PREDICTING NEED

Analytical tools can be used to predict the level of need of the patient population by general practice. However, these tools may be less accurate for the population seeking asylum meaning that need may be under or overestimated. Further information is provided in the appendix to illustrate that these tools may be less applicable to the population seeking asylum and therefore methods which may be used for strategic planning or resource allocation in other circumstances should be used with caution.

3.9 ENGAGEMENT

This section on engagement focuses on health needs, other findings from the engagement work can be found in sections 4.6 and 5.4.

Perspectives of people seeking asylum

People seeking asylum reported both physical and mental health needs either relating to themselves or family members who they were with. Where detail was given on physical health needs this included musculoskeletal, chronic conditions (diabetes), oral health and gynaecological/obstetric problems. Mental

health concerns included feeling depressed and having suicidal thoughts. One individual described their situation as 'mental torture' and another explained they were having difficulty sleeping.

Other people reported that they had no health needs. Some reported no issues themselves but were focused on other family members, only expressing concern for their partner and/or child, not themselves.

Contributing factors to mental health difficulties were described by some people. One individual explained that his wife suffered during the journey and had a recent miscarriage. She was down and not leaving their room. Others explained that factors associated with their current lives were getting them down, either the hotel food, feeling lonely, or the difficulty of seeing others going to activities that they wanted to participate in (work or education). One individual described pragmatically that life had ups and downs, this was currently a down, previously he has a job, car, family, and friends which was no longer the case.

Perspectives of stakeholders

The health needs perceived by healthcare professional were generally weighted towards mental health. Mental health was considered a large need, 'the most common thread' and therefore mostly mental health support was needed. This perception was also echoed by some VCS organisations. The ICB manager felt the mental healthcare need was greater than the general population.

Mental health issues identified by primary care included low mood, depression, anxiety, and PTSD. One VCS organisation felt most people seeking asylum, needed support with mental health and another VCS organisation described seeing many clients with undiagnosed mental health issues (especially PTSD, anxiety, and depression) that need addressing.

Similarly, to the descriptions given by people seeking asylum this was linked to issues along the journey, worries about family members back home and current situation (social isolation, having nothing to do, boredom and accommodation issues). In addition, previous trauma was noted as a contributing factor to mental health issues, as well as a loss of hope and the ongoing uncertainty and trauma whilst waiting for their asylum application decision and having to frequently move location. One VCS organisation felt mental health conditions were exacerbated by a lack of support from the host community.

In terms of physical health, there was concern that minor illness became a focus for patients as they had no distractions (e.g., work), therefore, lack of meaningful activity was linked to both mental and physical health. VCS organisations provided insight into the physical health conditions that they had noted from their clients, this included infectious diseases (TB, scabies, and HIV), oral health concerns, chronic conditions (chronic pain), malnutrition and poor eyesight. Some VCS organisations were concerned that people seeking asylum tended to neglect chronic health conditions for a long time due to their circumstances and that there was a lack of signposting to appropriate care for existing conditions. The specialist midwives felt the women were one of the highest risk groups for stillbirth, high risk socially because of their situation and lack of recourse to public funds, mental health and at times, culture.

The A&E clinician perceived very variable health needs, resulting in a range of presentations and that similarly to other patient groups there were a mix of health and social problems which could be problematic. The ICB manager identified that national policy effected the health needs of people seeking asylum including specific schemes that result in different cohorts of individuals arriving in the UK. They also felt that individuals arriving by small boat or other similar routes had greater health needs and required greater health service provision (health check, mental health provision and support, TB screening and immunisation and vaccinations). Additionally, health visitor provision is required for children, including individuals initially identifying as adults but subsequently found to be children.

4. CURRENT SERVICES IN RELATION TO NEED

This section firstly provides information on services available to people seeking asylum in Leicester, including healthcare services, and voluntary and community services. Secondly, information on best practice is presented from the literature. Thirdly, analysis of the information gathered from the qualitative engagement is presented.

4.1 HEALTHCARE: PRIMARY CARE

4.1.1 THE ASSIST PRACTICE

The Assist Practice is an Alternative Provider Medical Services (APMS) practice. APMS practices have contracts that specify that the practice cares for a certain population. The Assist Practice is specifically for people seeking asylum. The practice is located at Charles Berry House, Bond Steet, Leicester.

The previous Health Needs Assessment focused on the population seeking asylum in Leicester provided the background to the creation of The Assist Practice in Leicester (67). In brief, The Assist Practice was initially set up in the early 2000s, when asylum dispersal was high, there were too few GPs in Leicester and primary care was under pressure (67). The Assist Practice was the response to complex health needs, confused patient histories, communication, housing, destitution, and the asylum application process. The providers of the practice have changed over time (67). The practice is currently part of Inclusion Healthcare and belongs to the Leicester City South Primary Care Network (PCN).

As explored in previous sections the population seeking asylum have diverse and changing health needs that can be different from the general population. The Assist Practice has developed and found ways of working to meet this populations needs. Practice operational information is provided below to highlight how delivery differs from more standard general practice settings.

Patient registration

The Assist Practice supports people seeking asylum in both initial and dispersed accommodation in Leicester. New arrivals are signposted to the practice by SERCO, who manage the accommodation. Patients are required to attend the practice to pick up a registration form. The practice uses the standard general practice registration form (GMS1) (68). On occasion when there is a large cohort of arrivals to a hotel, The Assist Practice staff will attend the hotel and complete registrations at the hotel. Registration forms are only available online in English, Russian and Ukrainian (68). The practice uses English language registration forms.

At the time of the engagement work conducted for this JSNA, the practice did not have the capacity to accept new patient registrations. New patient registrations were halted from the 14 September 2023 and resumed on the 4 March 2024.

New patient checks

Newly registered patients are invited to a new patient check conducted by a healthcare assistant (HCA). The new patient check template is followed. This includes history taking, observations, and blood tests. Advice is given and referrals can be made where appropriate (e.g., smoking cessation).

This is an overall health check but importantly includes factors where there is concern that the population have a higher prevalence or risk of (e.g., communication needs, and blood borne viruses). Mental health, abuse, domestic violence, female genital mutilation, and safeguarding risk are explored as part of the check. Standardised processes developed by the practice have ensured that staff are able to ask questions about

experiences that are often difficult to talk about and concerns are raised to the safeguarding nurse. Advice is provided on self-examination and screening for cancer. Vaccination history is likely to be incomplete and the practice provide catch up vaccination for adults and children.

Previously people seeking asylum who were allocated to the midland's region were firstly accommodated in Birmingham before awaiting further dispersal (67). New arrivals were offered non-mandatory health screening (67). It appears that this is no longer standard practice. The JSNA steering group identified that people newly arriving in the UK are now placed in accommodation in Leicester more quickly and are unlikely to have had health screening prior to registering at The Assist Practice. This therefore has created additional workload for The Assist Practice over time to ensure that patients are provided with a quality assessment of their health after registration.

Appointments

The practice operates Monday-Friday. Appointments can be booked by phone, at reception or online. Most appointments are available for booking on the day and only a small number are pre-bookable or can be booked online. It is rare that home visits are required, sometimes the practice has completed outreach work for ad hoc reasons (e.g., COVID-19 vaccinations or scabies situations). Double appointments are booked for patients who require interpretation services. In terms of communication issues, 58% of The Assist Practice patient population were coded as needing extra support compared to 2.8% of patients in Leicester, Leicestershire, and Rutland generally.

Table 8: Prevalence of communication issues, the Assist Practice, LLR

Population	Prevalence of communication issues = needs extra support
The Assist Practice	58%
LLR	3%

Source: ICB data report

Services

Clinical staff at the practice include general practitioners, nurses, advanced clinical practitioners, and healthcare assistants. Primary Care Network Staff who provide support to the practice's patients include pharmacists, nursing associates, social prescribers, and physiotherapists.

The practice provides regular mental health support to patients and short-term therapy. Specifically, there are two/three sessions a week provided by a mental health nurse at the practice and six sessions per week provided by a mental health facilitator for therapeutic psychological first aid. Outside of The Assist Practice, services for low level and high level mental health needs in Leicester do not have specialist provision for people seeking asylum.

The practice also hosts weekly clinics run by specialist midwifes from University Hospitals Leicester to meet the additional needs of the population.

The transition from asylum seeker status to refugee status

All patients registered at the practice should be people who are seeking asylum. The practice has guidance on registration and deductions. All newly registered patients should be informed that the practice is a specialist service for people seeking asylum and if they gain leave to remain status they will need to register with an alternative general practice. If a patient is identified as having gained leave to remain status, they are required

to register with an alternative general practice. Patients are sent a letter informing them they will be deducted after six weeks. However, if patients have just received leave to remain status and are still in Home Office accommodation, they are provided a four-week settling in period before a deduction letter is sent. Furthermore, there is scope for temporary exclusions to the policy decided on a case-by-case basis at a Complex Meeting.

Patient turnover

The Assist Practice has a high turnover of patients and many patients coded as needing extra support due to communication issues. As of August 2023, 40% of The Assist Practice patient population had been registered for less than one year compared to 8.6% of patients in Leicester, Leicestershire, and Rutland generally.

Table 9: Patient turnover, The Assist Practice, LLR

Population	Turnover (% of population registered <1yr)
The Assist Practice	40%
LLR	9%

Source: ICB data report

4.1.2 OTHER GENERAL PRACTICES

People seeking asylum are not required to register at The Assist Practice and are entitled to access primary care from other general practices. There are 10 Primary Care Networks in Leicester encompassing a total of 55 general practices including The Assist Practice. There is no code that identifies a patient as seeking asylum on primary care clinical record systems. Therefore, it is not possible to objectively identify other GP practices that have patients who are seeking asylum registered at their practice in the Leicester City. Information gathered at the Leicester City Monthly Primary Care Network Meeting (November 2023) identified at least one other practice reporting that they had patients registered who were seeking asylum.

4.1.3 OTHER PRIMARY CARE SERVICES

Primary care includes community pharmacy, dental and optometry services as well as general practice (69).

There are not specific services for people seeking asylum in Leicester. This includes dental practices, however during engagement sessions JDRM Dental Care was identified as having provided care for people seeking asylum and it was also noted that people seeking asylum have been required to travel outside of the city to receive urgent dental care.

A model of oral healthcare for people seeking asylum and refugees was originally published in 2021 by Public Health England, now the Office for Health Improvement and Disparities (70). It was developed with input from stakeholders specifically in Leicester, it focuses on supporting access to oral healthcare via general NHS dentists (70).

There is no quantitative data available on oral health of people seeking asylum in Leicester. The ICB use a case-by-case approach to address oral health issues of people seeking asylum in Leicester. No pathway for oral healthcare has been identified for people seeking asylum.

4.2 HEALTHCARE: SECONDARY/TERTIARY CARE (HOSPITAL CARE)

People seeking asylum are fully entitled to free NHS care. Secondary care is specialised care which is often provided in a hospital. Tertiary care is highly specialised care. This is provided in Leicester by University Hospitals of Leicester NHS Trust. The Trust has three hospitals; Leicester General Hospital, Glenfield Hospital and Leicester Royal Infirmary. University Hospitals of Leicester provide the following specialist services:

- Outreach maternity clinics delivered by two specialist midwives at The Assist Practice. This specialised clinic for people seeking asylum is not run at other general practices in Leicester City.
- New migrant clinic run by infectious disease doctors based in the Jarvis Clinic.
- The Leicester TB service has a nurse lead for new migrants.

Similarly, to primary care clinical systems, there is no clinical code that identifies a patient as seeking asylum on the hospital system, therefore secondary and tertiary care need is not easily quantifiable for this population.

An indication however can be gleamed by again using The Assist Practice patient population as a proxy for the population seeking asylum in Leicester. When analysing practice level information, the number of outpatients appointments was lower for The Assist Practice patient population compared to the Leicester average, 11.0 per 100 patients compared to 17.5 per 100 patients. This was also the case for the number of outpatient appointments, 59.1 per 100 patients compared to 87.3 per 100 patients. However, the number of emergency appointments per 100 patients was higher for The Assist Practice patient population, 36.7 compared to 30.8 per 100 patients. Overall, the average cost per patient was lower for The Assist Practice patient population compared to the general population in Leicester.

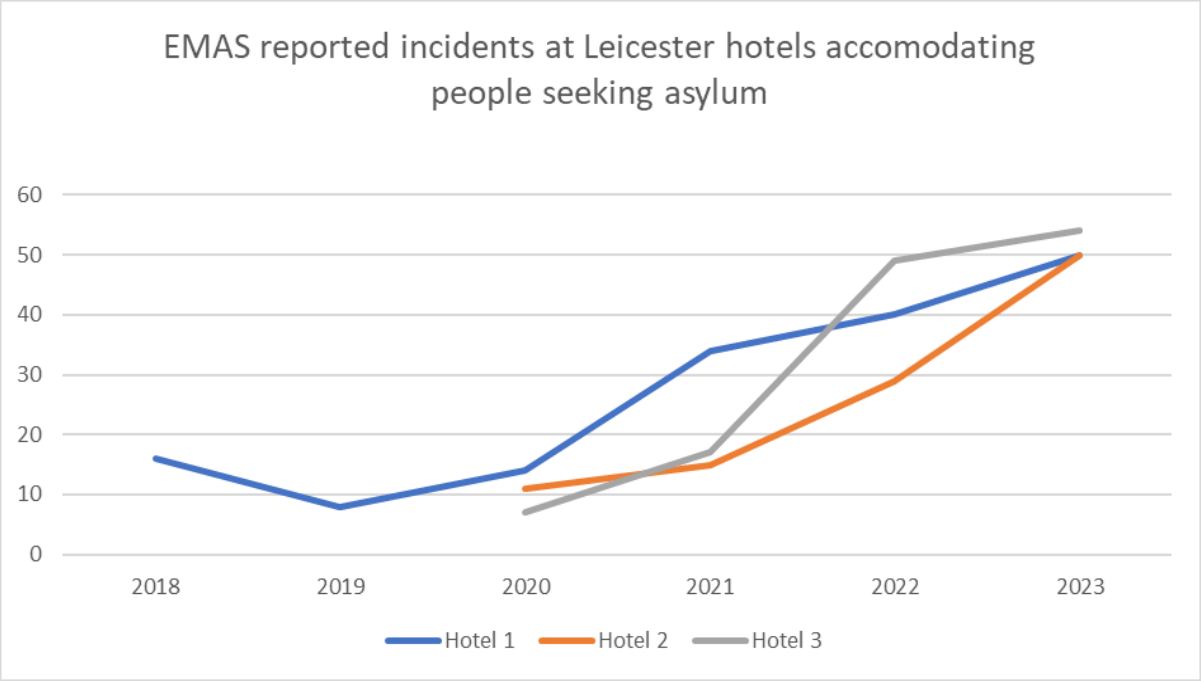
Table 10: Hospital admissions, emergency visits, outpatient appointments, The Assist Practice, Leicester City

Patient population	Number of patients	Number of hospital admissions per 100 patients	Number of emergency visits per 100 patients	Number of outpatient appointments per 100 patients	Average cost per patient
The Assist Practice	1843	11.0	36.7	59.1	£233.06
Leicester City Practices	434670	17.5	30.8	87.3	£363.44

Source: ICB data report

An indication of emergency care use can also be gained from East Midlands Ambulance Service data (EMAS). When comparing incidents recorded by EMAS between periods when hotels have been operating as business as usual versus operating as accommodation for people seeking asylum, there has been broadly an increase in incidents in hotels when accommodating people seeking asylum. In addition, a higher proportion of incidents resulted in hear and treat rather than see and treat or see, treat and convey during the dates the hotels have been used to accommodate people seeking asylum. This potentially suggests a higher proportion of calls when an ambulance was not required, and possibly an alternate source of healthcare may have optimum for the callers. This is illustrated in the figures and tables below.

Figure 18: EMAS reported incidents at Leicester hotels accommodating people seeking asylum



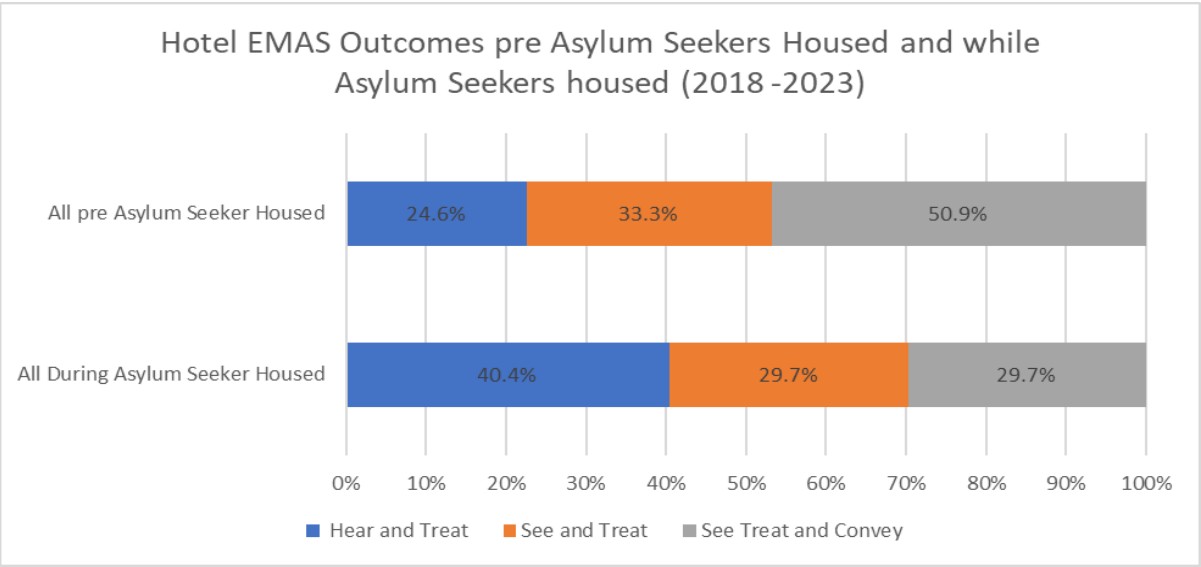
Source: EMAS data report

Table 11: Dates hotels have provided accommodation for people seeking asylum

Hotel	Dates hotels have provided accommodation for people seeking asylum
1	February 2020 - ongoing
2	November 2022 – ongoing
3	July 2021 – ongoing

Source: SERCO local team

Figure 19: Hotel EMAS outcomes pre people seeking asylum housed and while people seeking asylum housed



Source: EMAS data report

4.3 VOLUNTARY AND COMMUNITY ORGANISATIONS

This section includes voluntary and community organisations that provide support for people seeking asylum in Leicester City. The national and local organisations described below are updated from the previous JSNA and additional organisations have been added that were identified through engagement work.

4.3.1 NATIONAL ORGANISATIONS

Migrant help

- The UK Visas and Immigration government department which is part of the Home Office funds Migrant Help. Migrant Help is a national service that provides free independent advice and guidance to people seeking asylum on the asylum process and claims for support (20).
- Migrant Help provide advice on; how to claim asylum, navigating the asylum process, applying for asylum support including accommodation, notifying the Home Office if circumstances change, finding legal representation, accessing healthcare and support during the post-decision period and other related matters (71).
- Advice is given by a free telephone helpline available 24 hours, 7 days a week (71). Face to face advice is also offered in initial accommodation and outreach services to vulnerable people (71).
- Migrant Help support stops 28 days after refugee status is gained (72).

Refugee Council

- The refugee council is a charity that provides support for people seeking asylum and refugees (73). The charity provides crisis advice, mental health counselling and practical support to help people settle and integrate into their new community (73).
- The charity promotes that they work with refugees and partners to fight for improvements to the asylum protection system, as well as inspiring change in attitudes towards refugees and people seeking asylum by speaking out for compassion, fairness and kindness (73).

4.3.2 NATIONAL ORGANISATIONS WITH A LOCAL BRANCH

Baby Basics

- Baby Basics is a charity that provides essentials and equipment for free on a referral basis to support families who are struggling to meet the financial and practical burden of looking after a new baby or young child (74).
- There are 55 Baby Basics centres including one in Leicester (75). A local team member described that Baby Basics Leicester provide people seeking asylum with essentials for babies and young children such as a safe sleeping equipment, clothing, toiletries, toys, and other equipment.

British Red Cross

- The British Red Cross is a charity that promotes supporting anyone, anywhere in the UK and around the world if crisis strikes (76). The charity provides services for refugees and people seeking asylum in the UK (77).
- The charity provides emergency help, on-to-one support and case work special services for children and families, and family reunions (77).
- There are multiple branches with a local refugee service, including one in Leicester. People seeking asylum can receive support and help accessing items such as clothing.

Citizens Advice

- Citizens Advice is a national charity and network of local charities that provide free advice to give people knowledge and confidence on matters such as benefits, work, debt and money, housing (78)
- The charity provides advice for people seeking asylum and refugees including preparing for an asylum interview and what will happen after refugee status is gained (79).
- Citizens Advice has local branches, the Leicestershire service covers Leicester city. A local team member described that they provide support for people seeking asylum to apply for refugee status, claim any welfare benefits they may be eligible for and signpost to specialist immigration advice and other services where necessary.
- Citizens Advice also runs policy and awareness raising campaigns with relevance to people who have sought asylum in the UK, for example, on changes to 'no recourse to public funds' (80).

City of Sanctuary

- City of Sanctuary is a charity that welcomes and supports people seeking asylum and refugees. There are multiple City of Sanctuary branches throughout the UK with a local branch in Leicester.
- The organisation has a central hub, support services, ESOL classes, football and sewing sessions (81). The sessions are run by volunteers which includes volunteers who are seeking asylum themselves (81).

4.3.3 LOCAL ORGANISATIONS

Afro Innovation Group (AIG)

- The Afro Innovation Group is a charity in Leicester city that promotes its works with a wide range of communities, service users and stakeholders. Since forming their 'main focus has been on work with BAME communities, including new migrants to the UK (including EEA families), refugees, people seeking asylum and those from lower income families' (82).
- A local team member explained that the charity provides support to people seeking asylum via mental health referrals, group sessions, counselling support, signposting, advocating for rights for equal access to healthcare, highlighting gaps and shortcomings, and working with medical solicitors and Patient Information and Liaison Service (PILS).

After 18

- After 18 is a charity that provides support to unaccompanied young people (aged 13-25 years) in Leicester city who have arrived in the UK to seek asylum (83). The charity provides group activities to enable young people to socialise, learn new skills and adjust to UK life (84).
- A local team member described that the charity provides education for new arrivals awaiting an educational place and pathways into college or university. They also provide wellbeing activities such as sports, art activities and a young women's support group.

Centre Project

- The Centre Project is a charity in Leicester city that supports vulnerable people in the community to reduce isolate and promote wellbeing (85). The centre is a community hub in the city centre with a variety of activities throughout the week including support, cooking, social groups, and a foodbank (85).
- A local team member explained that the charity helps families seeking asylum with form filling, applications, life skills and low-level support. The charity also runs a youth club which is open access for young people aged 13-19, aimed at people seeking asylum and refugees.

Khidmah Organisation

- The Khidmah Organisation is a charity that aims to bring the communities of Leicester together through community events (86).
- It has a supporting new arrivals project which involves initial outreach to provide advice and support to meet essential needs, a foodbank, and support for welfare, jobs, education, cultural and spiritual needs and volunteering (87). This includes help with registering with GPs and form filling (87).

Leicester Mammas

- Leicester Mammas is a breastfeeding support programme for families in Leicester (88). Mammas provide one-to-one support and group support for pregnant women and new mums (89).
- A local team member described that through Mammas families can access emotional support, breastfeeding/infant feeding support antenatally and postnatally, emergency supplies and other essentials (including formula and food vouchers).

Somali Development Services

- Somali Development Services is a community interest company in Leicester that promotes it supports 'the Somali community, new arrivals, black, minority and ethnic (BAME) people to ensure that they are able to participate and thrive in Leicester city's economic, social and community life' (90).
- A local team member explained that the organisation offers holistic support including Welfare benefits support, Housing support, Education / Training and Employment support, Volunteering Support and Debt support, Food Bank support.

The Race Equality Centre (TREC)

- The Race Equality Centre is a charity that aims to challenge racial discrimination, promote the benefits of a racially just society and empower individuals and communities affected by racial disadvantage to join them in challenging inequalities (91).
- A local team member reported that TREC provides resettlement support for new refugees which includes tenancy support and claiming benefits. TREC provides ESOL classes for both people seeking asylum and refugees. The charity also offers friendship and support in their weekly 'chill n chat' group and opportunities to volunteer in the Karibuni Café and allotments.

TRADE

- TRADE is a charity that provides confidential health advice, information, services & support for the lesbian, gay, bisexual and trans communities of Leicester, Leicestershire & Rutland (92). TRADE provide LGB&T Refugee & Asylum Seeker Groups for social support and advocacy (92).
- A local team member reported that TRADE have previously delivered 'Safe Sex Packs' to hotels, have seen people seeking asylum in clinics and helped signpost to hospital clinics.

Zinthiya Trust

- The Zinthiya Trust is a charity based in Leicester and Leicestershire that provides free advice on skills development and career guidance and improving financial position (93). The Trust provides women and girls experiencing or at risk of abuse including psychological, physical, sexual, financial or emotional abuse (93).
- A local team member described that the charity provides domestic abuse and emergency support such as food and toiletries to people seeking asylum.

4.3.4 ADDITIONAL ORGANISATIONS

The above sections are not a complete list of organisations that provide support to people seeking asylum in Leicester city. Other organisations where a specific description of the support to people seeking asylum could

not be obtained either via website searching or through an engagement questionnaire but were identified during engagement at supporting people seeking asylum include the following:

- Leicester LGBT Centre
- Shama Women's Centre
- Somali Community Parents Association (SOCOPA)
- Open Hands Trust

'Joy' is a web application that lists social health initiatives (94). It is open access for searching and aims to enable health and social care professionals to link clients to local services (94). Filters can be added for location and to narrow down the search for information and advice services that can support people seeking asylum and refugees.

4.4 BARRIERS TO ACCESSING HEALTHCARE

Information from the literature

There are multiple personal and structural factors that create barriers for asylum seekers when accessing healthcare. Commonly reported issues in the literature can be categorised as follows (17,95–100):

Implications of legislation and policy

Asylum seekers may experience:

- Lack of awareness about their healthcare rights and entitlements.
- Lack of understanding about chargeable services.
- Concerns about payments and eligibility checks.
- Disruption in care due to dispersal.

Healthcare providers may:

- Lack training and therefore understanding of issues, rights and entitlements of asylum seekers resulting in difficulty registering with GP practices and accessing other services.

Implications of language and communication barriers

Asylum seekers may experience:

- Lack of appropriate professional translation services.
- Lack of accessible information in a language they understand resulting in a lack of understanding about the UK healthcare system, including knowing how and where to find the correct services.

Healthcare providers may:

- Fail to meet specific healthcare needs of asylum seekers due to insufficient or misinterpreted information.

Implications of fear, trust, and stigmatisation

Asylum seekers may experience:

- Discrimination, abuse, or differential treatment when accessing services.
- Fear and/or lack of trust in the system due to previous trauma or negative experiences.
- Fear of being stigmatised due to underlying health issues.
- Fear of personal data being shared with the Home Office.

- Reluctance to disclose health conditions for fear of this affecting asylum decisions.

Other limitations

Asylum seekers may experience:

- Lack of financial means to access services due to transport and childcare costs.
- Long waits for HC2 certificates.
- Lack of health and wellbeing support.
- Social isolation.
- Differences between expectations and experiences.

The barriers that prevent people seeking asylum and refugees accessing dental care are similar to those described previously for accessing medical care. Additionally, this may be contributed to by limited underlying knowledge to prevent dental disease, combined with difficulties in accessing dental care, and previous poor encounters causing reluctance to seek care (101).

The move towards digitally provided healthcare may also present a barrier to access. Pierce *et al* (2023) investigated the use of a digital maternity care app which has been rolled out in University College Hospital London (102). The app provides information about upcoming appointments, results from investigations conducted, and is also a method of communication with healthcare professionals (102). They identified that vulnerability (of which being a refugee/asylum seeker was included), English not being a first language, and being from an ethnic minority background were factors associated with non-use of the app (102). The result of this was non-engagement with maternity services due to being unaware of appointments, and a risk of exacerbating health inequalities (102).

4.5 ENABLING ACCESS TO HEALTHCARE

Information from the literature

The reviewed literature suggests that there are several examples of best practice that can be drawn from different initiatives supporting asylum seekers (and refugees) throughout England, Scotland, and Wales (95,103,104). Common themes that have arisen are discussed below. To note one of the sources is the Equality and Human Rights Commission case studies of healthcare and service providers facilitating access to healthcare for people seeking asylum, of which The Assist Practice was an example. The inclusion of The Assist Practice as an example highlights the capability of The Assist Practice is supporting this population.

Creating a safe environment

Studies have shown that good experiences of healthcare services can help people seeking asylum to overcome barriers caused by fear, lack of trust and stigmatisation. The following illustrate how this can be achieved:

- Emphasising a welcoming, safe, and calm clinic/practice environment where patients' entitlements to healthcare are understood by staff and they are treated with compassion, dignity, and respect.
- Provision of care is prioritised over checks of immigration status or proof of address; perceived as being a safe place that will not report patients to the Home Office.
- Provision of informal, private, and confidential spaces to facilitate treatment (e.g., gardens and allotments) rather than closed, authoritative settings.

Considering the practicalities

- Tools to help eliminate barriers to registering and receiving treatment at GP practices, e.g., the Healthy London Partnership (HLP), along with Healthwatch London and homeless charity, Groundswell, have produced 'my right to access healthcare' cards which are available to people irrespective of immigration status and state 'I have a right to register & receive treatment from a GP practice'.
- Tools to aid clinicians when creating medical reports, e.g., standard proforma/template for both benefits and immigration purposes that details precise and concise information regarding patient's condition.
- Designing services that can be accessed in a central location with good transport links.

Optimising consultations/contacts

- Longer consultations may enable better understanding of complex healthcare needs.
- Using other members of healthcare team, e.g., nurse-led approach may allow more flexibility with time.
- Greater emphasis on the correct pace of treatment offered rather than aiming for delivery within a specific timeframe or a set number of sessions.
- Immediate access to translation services at every contact with service. Professional interpreters are associated with improved healthcare, patient satisfaction, and health outcomes.
- Ensuring comprehensive screening process at initial contact, including data on demographics, lifestyle, diet, mode of arrival, sexual health concerns and family history.

Educating the service users

Studies have highlighted the need for easily accessible and standardised guidelines on understanding and utilising the healthcare system. This can be achieved by ensuring that new patients are educated about their rights and entitlements to healthcare, and how the NHS/healthcare works in the UK (i.e., use of pharmacies, primary and secondary care services. Some examples of how this can be achieved include:

- Production of a welcome pack for new arrivals with materials on eligibility and charging, which can be distributed by relevant community and advice organisations.
- Delivery of community focused training sessions on how to use the NHS, delivered in the predominantly spoken languages. Pre- and post- intervention questionnaires can be used to determine prior knowledge of the NHS and measure any increase in knowledge.
- Co-production of videos with people seeking asylum explaining their own experiences of and reasons for leaving their home country, and their health needs on arrival.
- Distribution of written information on how to access social activities, education opportunities and food banks to address wider determinants of health.
- Signposting and referring to other support services such as housing advice, immigration advice, debt advice, and community support groups.
- Ensuring patients receive education prior to transitioning to other mainstream GP practices.

Educating the professionals

While advocacy and support provided by voluntary, community, faith and social enterprise organisations can facilitate access to services, the literature points towards an over-reliance on help from charities and voluntary organisations in place of adequate support from statutory healthcare services. The following may help to address this:

- Provision of mandatory training for all healthcare staff, both clinical and non-clinical, in equalities legislation and obligations of healthcare providers to eliminate discrimination.

- Provision of additional training to engage health professionals in adapting services to become more inclusive. This can be achieved through the following:
- Encouraging GP practices to engage with the Doctors of the World Safe Surgeries network which provides free training and practical resources to tackle barriers to preventing access to primary care regardless of nationality or immigration status.
- Addressing concerns and fears regarding the impact of inclusive policies on GP practices.
- Designing e-learning to support implementation of initiatives such as the "my right to access healthcare" cards, i.e., training package for GP receptionists/practice managers to cover barriers faced by patients in accessing healthcare and encourage best practice in supporting and treating them.

Ongoing support

- Facilitating continuity of care in cases where the patient is too unwell to move to mainstream services.
- Provision of aid to meet basic needs and support with subsequent applications for those refused asylum.
- Provision of a bridging service to support and monitor GP engagement for those transitioning from initial accommodation into mainstream dispersed accommodation.
- Provision of an excluded patients' service to facilitate an efficient appeal process for those that may have been incorrectly excluded.

Collaboration

- Enable a holistic approach by sharing insight and resources with other services and organisations, for example through participation in multi-disciplinary team meetings.
- Building relationships with both patients and organisations through attending community or social groups, which can then facilitate opportunistic health clinics or provision of education.
- Establishing good working relationships with advice services and providers of accommodation for asylum seekers.
- Ensuring a dedicated accountability mechanism, for example setting up a health forum involving all relevant stakeholders to ensure ongoing participation of community members and representatives in commissioning decisions.

Monitoring and evaluation

It is important to consider the long-term sustainability when implementing initiatives. This can be achieved by ensuring that interventions are adequately monitored and evaluated by:

- Utilising tools such as NHS Improvement guidance on the Plan, Do, Study, Act cycle.
- Capturing data to identify trends and patterns in health needs to enable efficient and targeted healthcare delivery.

4.6 ENGAGEMENT

This section on engagement focuses on services, other findings from the engagement work can be found in sections 3.9 and 5.4.

Perspectives of people seeking asylum

There were positive experiences of healthcare services in the UK reported, particularly of The Assist Practice. Services were described as 'good' or 'excellent'. Staff were described as helpful, cooperative, and kind. It was perceived that staff did a good job and had solutions for health problems. Individuals also reported positive experiences of opticians, pharmacies, and welfare services.

The Assist Practice was described as easy to access, good and fast. Some described no issues in accessing opticians and pharmacies. Medication was available for free, and one person reported that their diabetic mother was on a 'weight loss journey' with monthly calls providing support and advice. Another person described an excellent experience at Glenfield Hospital where the receptionist helped them to rearrange an x-ray appointment, so they didn't miss college.

Despite this several challenges were described. Some of the challenges are likely similar to challenges experienced by the general population. There were issues reported with wait times at A&E and for ambulances, and medication not ready at the pharmacy for collection. It was also described that health needs were not met by their first healthcare interaction (e.g., attended hospital but then needed to see GP or not transferred to hospital by paramedics only given pain relief and then needing to attend later). Some health appointments were outside of Leicester resulting in the need to travel.

Other challenges appeared likely to be more pronounced for the population seeking asylum compared to the general population. This included not knowing how to access services (GP or sexual health), too much paperwork at A&E, and financial difficulties in accessing services (travel by taxi required or lack of prescription for over-the-counter medications). Despite the general positive experience described by some it emerged there were still issues experienced. For example, one person described the hospital as helpful however it became apparent that the individual did not know the outcome and were not given a follow up appointment.

There were very limited mentions of mental healthcare or support. Comments included a mixed experience of the crisis team, a want for options for their family member to be able to take their mind off things, and a want to have people to speak to as this was perceived as important for mental health.

Regarding oral healthcare a mixture of experiences was described. Some described that they were registered with a dentist and had appointments and reported a good experience. However, one person said their teeth were 'sick' but hadn't seen a dentist and another person described that they had been unable to get an appointment.

Perspectives of stakeholders – what is working well.

The Assist Practice

Assist Practice staff reported several strengths of the practice that ultimately meant the practice meets patient's needs and 'patients leave with a smile on their face'. Partly this was credited to their patient's engagement; being very good at attending appointments and Patient and Public Involvement events (PPI). It was felt that attendance was aided by 'on-the-day appointments' compared to previously when there were a higher proportion of pre-bookable appointments.

Staff described the vision of the practice is to provide quality healthcare and felt the practice goes above and beyond to deliver this. The practice was described as adaptable, flexible, and good at understanding patient's problems. The following were identified by staff as working well:

- Efficient registration process, where the following is provided; good level of detail about services, explanation when immigration status changes that they will move into mainstream care, and safety netting advice including the importance of updating new contact details.
- New patient check which works well and is timely.
- One-stop service to provide help for multiple issues rather than requiring multiple bookings.

- Longer appointments or a double appointment if there is a language barrier, as well as taking additional measures e.g., a patient that had experienced significant trauma and spoke a language unavailable via the phone translation service, so the practice sourced a translator to attend the practice.
- The practice has good follow through with patients, making an additional effort and taking extra steps to contact people than standard GP practices.
- Good safeguarding. Regular safeguarding meetings occur including patients that cannot be contacted.
- Additional contact is made with secondary care. Including specifically requesting copies of appointment letters so the practice can call patients if needed to ensure they attend and advocating on a patient's behalf when a patient who has does not have free access to secondary care is not informed prior to being treated that a cost will be associated with the treatment.
- Specific clinical strengths included provision of infectious disease screening (E.g., TB and BBVs) that was perceived as not always provided at other GP practices. Updating immunisations and uptake of screening. During new patient checks patients who require cervical screening are identified and additional contact is given to try to explain and encourage patients to have cervical screening. The practice contacts patients who have not completed bowel cancer screening.
- Provision of a whole support package for patients, including signposting (e.g., if unsure how to register children at school).
- Coding in clinical records.
- Finally, staff felt it is a nice place to work and felt the practice was open to changes identified by all staff.

Other organisations were also positive about The Assist Practice. The A&E clinician reported that there is good primary care in Leicester due to The Assist Practice. Previously A&E had been the first port of call for health problems as people had been unregistered with primary care, this is now not the case. The ICB manager explained that The Assist Practice provides initial health assessments and a period of 8 weeks of more intensive support for individuals to address health needs, before stepping back. VCS organisations described The Assist Practice as 'excellent' and that individuals are treated with dignity and respect.

Other healthcare services

The specialist midwives described similar approaches to The Assist Practice. There is provision of longer appointment times due to the complexities of patients and language barriers (45 minutes instead of 15 minutes). They tailor antenatal checks for individual needs, requirements, and levels of understanding. Similarly, to the Assist Practice they felt patients engaged well. This was perceived to be due to the one-to-one care and the opportunity provided to ask questions.

The ICB manager perceived there is a good package of care available for people living in hotels Leicester. They described mobilising via health teams and across local authorities to safeguard people, including The Assist Practice, health visitors and VCS organisations. Health visitors are made aware when children arrive. Mental health needs are also aided by VCS organisations. One VCS organisation identified that patients seen at the Jarvis Clinic (Leicester Royal Infirmary) were very well looked after.

Community and voluntary organisations

VCS organisations reported strengths of their organisations. Several organisations described their support as holistic, meeting needs and able to be provided to people who would otherwise not receive support. They described that they offer safe spaces, help people integrate into society and make social connections. Practically, VCS organisations described advocacy, translation, and peer-to-peer support, as well as ensuing people had the resources they require (e.g., for a new baby) and help accessing healthcare services and other services connected to health (e.g., employment, benefits, housing).

VCS organisations described their staff as a strength. Staff were described as knowledgeable, believing in the need to support with kindness and respect, able to think out of the box and draw on each other's strengths.

Finally, some organisations described how they reduced barriers to access, including different types of appointment (e.g., face-to-face, telephone) and that their building was discreet (provision of sexual health support).

Perspectives of stakeholders – the challenges.

Language

Language was identified as a barrier to delivering healthcare by professionals. The Assist Staff explained that nearly all patients required an interpreter. This could be particularly challenging in certain circumstances; triaging over the phone, patients accessing external organisation support (e.g., diabetes support) and secondary care appointments (although referral letters to secondary care include the patient's language an interpreter is not always available resulting in appointment cancellation). A further difficulty noted by the specialist midwives was that due to the many nationalities it is not possible to arrange or facilitate support groups. Written communication was also challenging, as highlighted by The Assist staff, due to the large number of different languages of patients. The NHS do not provide leaflets in all languages and letters are generally sent in English as translation is expensive.

To overcome the language barrier, The Assist Practice staff described checking language requirements when booking appointments and offering double appointments. The Assist Practice use translation telephone services and have a tablet in reception for translation. It was perceived by one staff member that other services may not be as well geared up.

The Assist Practice Staff described challenges associated with the telephone translation service, including; network problems, or difficulty in finding an interpreter for some languages (not possible or need to be pre-booked). Some staff were concerned about interpretation being less than perfect and the ambiguity of what was actually being said to the patient, a different staff member reported that staff could challenge the interpreter if they felt this was the case. In some circumstances the next best option was used including re-booking appointments, using a relative/friend or the practice picture book of general medical terms. It was also noted that solutions (e.g., calling patients back from reception with language line) was time intensive when done well.

The specialist midwives reported offering longer antenatal appointments partly due to language barriers and the need to use an interpreter. The A&E clinician explained that diversity of staff in the department mean staff can interpret or a language line is used, which works well. In addition, internet translation is used for quick questions (e.g., pain) and relatives translating is avoided except in emergencies. The mix of approaches described in the hospital setting by the A&E clinician was echoed by people who were seeking asylum who described experiences of communicating via a staff member, language line and a relative/friend.

Some VCS organisations also recognised language as a barrier, with one organisation noting they only provided written information in English. Some organisations described methods used to communicate; translation services and bilingual staff, including actively recruiting bilingual staff to ensure they were making every effort to remove language barriers.

Knowledge and expectations

Healthcare professionals described the gap in knowledge some people seeking asylum have of the UK healthcare system, including understanding the most appropriate service for a need. This has resulted in primary care appointments or attendance at A&E for problems that would not be best suited to these

services. Gaps in knowledge of screening, dentists and pharmacists were also identified by staff. This linked to patient expectations; Assist Practice staff felt patients often wanted to see a doctor and in A&E it was noted patients wanted to see specialists.

Other specific expectations identified by healthcare professionals that could present a challenge included expecting to receive an appointment for a referral within a few days, all issues are addressed in one appointment, a 'fix' for everything, seeing a healthcare professional of a specific sex and to be prescribed medications which may not have an evidence base or be licensed in the UK. Several of these expectations are likely not to be different from the general population and the A&E clinician felt challenges were not limited to the population seeking asylum.

It was identified that people seeking asylum require education about the NHS system and there is a need to manage expectations. The specialist midwives were concerned that people were not afforded the time or input from services to improve their understanding. The Assist Practice described that the practice educates patients but there is a rolling turnover of patients. One staff member reported the practice was planning to start welcome meetings for new patients to provide more education on the healthcare system, however challenges included capacity and leaflets would be needed in multiple languages. It was highlighted by VCS organisations that people seeking asylum require education on their entitlements as well as the healthcare system and accessing it. Furthermore, some organisations described lack of knowledge as a barrier to people engaging with their services. It was suggested by one VCS that a social hub in the city where organisations could run events and provide information on services was needed.

Access

Other barriers to access included the need to travel to appointments and the provision of services or the requirement to book appointments by phone or via internet access. There was also concern that lack of support for people registering or difficulty registering with GP or dentists and that sometimes people are missed.

Demand and capacity

Assist Practice staff described that the number of people seeking asylum had increased drastically and there was high demand on services. Additionally, there is a rolling turnover, with constant new registrations and there can be large numbers of people moved into the area together which is labour intensive. It was also noted that people are signposted to The Assist Practice by other GPs. The ICB manager highlighted variable demand for healthcare services as the largest challenge faced as this depends upon geopolitical changes. A flexible costing model is required to meet this challenge where services can be scaled up and down. However, this results in financial planning risks. One VCS organisation also described the unpredictability of need as a challenge to planning services, especially that world events could impact movement of people, and this did not align to funding cycles.

High demand for letters from GPs was highlighted by The Assist Staff as a particular challenge. Staff described letters are requested to support the asylum process and for social issues (e.g., accommodation or food), either directly from people seeking asylum or from solicitors. It was reported that the practice does not have a policy for letters, although letters need to be signed by a GP they should be requested from reception. It was felt patients wanted to book appointments with the GP for letters instead. One staff member felt the lack of charge from the practice for letters increases demand. Finally, one member of staff felt that the practice vision was to provide quality healthcare and there is a want to go above and beyond, however this can sometimes result in not giving the honest truth about what they can do. Letters are still done even if it is felt this may have no effect (e.g., mental health conditions not serious enough). It offers relief to the individual and is done from a place of desperation. It was felt that there was a need to be able to say this letter is not going to help, it won't provide a tangible outcome.

The high demand was described alongside challenges with capacity. At the time of engagement, The Assist Practice was currently not taking on new patients as it was deemed unsafe to do so from a capacity perspective. The staff described taking patient details and providing safety netting advise (e.g., how to

contact 111). It was described that there are not enough appointments and more clinical resource is needed. This was also linked with the need for patient education on which service/healthcare professional is most appropriate and that increasing capacity could increase demand further.

The VCS described that there were repercussions for quality of care due to The Assist Practice not being able to take on new patients. The ICB reported they have supported The Assist Practice's decision to not register any new patients due to capacity and are reviewing what resources and finance maybe available to support capacity within the practice.

Capacity issues were not just limited to GPs, an approximate three-week wait was described for the social prescriber and wellbeing coach. The social prescriber described their capacity was limited and that people seeking asylum need more support. The specialist midwives explained that there is currently no full-time specialist midwife for the service resulting in two colleagues covering the service. They also described that they could not cover women seeking asylum registered at other GPs and that a whole specialist team was really required. They felt that 'There is no adequate provision for them in our worn and broken health service. Maternity struggles to cope with its own resident service users'. Two VCS organisations described that a lack of funding was a challenge and that sources of funding were becoming less frequent, and it took valuable staff time to apply for funding sources. It was felt that more funding was required to support people seeking asylum.

Data

Whilst coding was viewed by the Assist Practice as a strength, coding and data is lacking for other parts of the system. The ICB identified that there is no data available on people seeking asylum that are registered at other GP practices, as there is no clinical code attached to the clinical records. Whilst the A&E clinician felt attendance of people seeking asylum was not a significant issue in Leicester compared to other areas of the country, there is no code for seeking asylum and therefore demand could not be quantified. They felt that coding for subgroups of patients (e.g., people seeking asylum or homeless) would be helpful. This could identify specific issues or need (e.g., if people seeking asylum are more likely to leave if required to wait for an extended period compared to the general or there is a need for an external link worker to provide in-reach support). However, as A&E uses national coding this was perceived as likely to be a challenge to change.

Mental health services

The Assist Practice staff felt that people seeking asylum do not fit into standard mental health services and therefore the practice provides extra mental health support including a specialist mental health nurse and a health and wellbeing coach. They also have a limited amount of time from the PCN social prescriber. It was felt there is specialist knowledge and extensive experience in mental health trauma within the practice and that there was good mental health support within the practice.

The Assist Practice staff felt that many patients had experienced trauma; however, as patients continue to be in a traumatic situation (awaiting a decision on their application) trauma therapy is not necessarily appropriate and the practice focuses on supporting people until their lives become more stable. The practice focuses on keeping people safe, but also identifying patient's goals and the steps they will need to take to achieve them, so patients can be ready to act when the decision on their asylum application is made. It was felt by The Assist Practice staff that they would like to prepare patients more for receiving the decision on their application.

Mental healthcare was felt to be in high demand, with not enough appointments and that access needed to be improved. It was felt that there was a need for greater services specific for the population either within The Assist Practice or externally. It was also felt external services for mental health could be improved and external partners may need more education about people seeking asylum. An Assist Practice staff member reported that historically Improving Access to Psychological Therapies (IAPT) have had concerns that they were not able to support patients and that Cognitive Behavioural Therapy (CBT) has long wait times. One VCS organisation described offering a small counselling service, but counsellors have, on occasion, felt that

the patient's needs of the are beyond their competency/area of expertise. The ICB manager felt that The Assist Practice has good knowledge of services and can signpost individuals to other services if the practice can't provide the support themselves. They also described the mental healthcare need of the population seeking asylum is greater than the general population, however, the population seeking asylum have access to the same services that the general population have. Although waiting lists for mental health services could be long the ICB had not identified other specific blockages. A specialist service for people who are seeking asylum would be ideal, that could address wait times but there are constraints due to costs.

Oral healthcare

The ICB manager identified that the population seeking asylum have difficulties in registering for dental healthcare due to identification and certificate requirements. Where need arises, there is work on a case-by-case basis for individuals with high oral health needs to enable access to care. However, it was considered that this is not sustainable. It was identified by Assist Staff that there is a mobile dental service van that attends the practice for homeless patients but not for people seeking asylum. There was a suggestion of a creation of a pathway for dental care or a designated service.

Whilst interviewing people seeking asylum, one member of staff at the hotel reported that are no NHS dentists available in Leicester when people have needed an emergency appointment, they have had to arrange transport for example to Coventry. This has led to some issues from the taxi driver perspective when the driver themselves has not been able to access dental care. Another member of staff mentioned one dental practice in Leicester and another in Nuneaton that have provided emergency appointments.

Perspectives of stakeholders – training and learning

The Assist Practice staff perspective

Staff described several sources of information they use for keeping knowledge updated generally and on the local situation: Doctors of the World, the East Midlands Strategic Partnership, The Safe Surgeries Network and SERCO. One staff member felt that the practice is well known so information finds its way to them however, another staff member felt there is limited structured training available it must be sought out. It was felt that training and resources that are available are focused on trauma. Whilst recent training on trauma informed care had been useful, people migrate for many reasons and people remain in uncertain traumatic situations meaning focusing just on trauma may not be appropriate. It was described that there was an informal GP group for the homelessness service and that it could be helpful to have contact with other similar practices. A conference for homelessness also exists, whilst this did include a section on people seeking asylum a conference focused on people seeking with key speakers, knowledge sharing, and workshops would be helpful. However, there was concern about the general public's reaction to using resource on highlighting health needs of people seeking asylum.

Some staff felt they received a good level of training during induction and the practice was supportive of training, whilst others felt there was no training but learning on the job had been the most useful, one staff reported it had been a *'shock to my system when I started here'*. Other staff members felt the role was pressurised and asking questions about sexual assault and torture could be challenging. One staff member described that if an incident occurred there would be an internal debriefing and staff had access to a 24hr helpline if needed and a health and wellbeing hub. Suggestions for improvement included induction before start date, training on entitlements and that a reading list would have been useful on starting the role.

One staff member described the negative effect of the practice no longer having GP trainees due to capacity. It was deemed that having trainees was beneficial for the trainee and the practice (updated practice and fresh ideas).

A+E perspective

There is no specific training on people who are seeking asylum. The basic understanding, knowledge, and awareness (including signposting) of staff can be a challenge for multiple reasons. There are many staff to educate. The system is constantly changing. It is hard to cover such a large group of patient needs. As people who are seeking asylum are not frequently seen, training may be forgotten. A resource that could be available on the intranet could be more useful than a training session although it was felt maintaining and keeping it up to date could be difficult.

Specialist midwife perspective

Currently receive no specific training but attend updates and workshops if they become available (e.g., FGM, mental health, services who support women who are seeking asylum). They use their general training and felt that the service has been built from gaining experience and learning which services/agencies could support women's needs.

VCS

Two VCS organisation felt that they would benefit from training on the needs of people seeking asylum (scabies and TB were specifically mentioned). Some organisations were unclear on what healthcare services or pathways were available for people seeking asylum

Perspectives of stakeholders – working together.

Regarding multidisciplinary working, challenges regarding sharing of information were identified, for example An Assist Practice Staff Member described receival of letters from the Home Office following medical assessments, stating that a person new to the area was suicidal but no contact details were provided. There was also perceived absence of a multi-disciplinary meeting covering Leicester City, identified by some stakeholders. However, there seemed to be discrepancy here as another stakeholder did identify a multidisciplinary meeting they attended.

There were descriptions by stakeholders of positive relationships between organisations. The A&E clinician reported a good relationship with The Assist Practice. The Assist Practice staff and specialist midwives described working closely with VCS organisations. It was deemed important to have good relationships with other agencies for example to help locate patients that could not be contacted. As part of the induction process for new staff pre-covid, staff would meet other organisations. This increased staff awareness about the role of other agencies meaning staff could sign post more effectively, there was a want to restart this.

From the VCS perspective some organisations were unclear on what healthcare services or pathways were available for people seeking asylum but one volunteered to distribute information and pass it onto clients. Other comments received suggested there could be more referrals into the VCS organisations from healthcare professionals.

5. WIDER DETERMINANTS OF HEALTH

5.1 ACCOMMODATION

5.1.1 PEOPLE SEEKING ASYLUM

The Home Office is responsible for managing the dispersal, accommodation and financial support needs of people seeking asylum (19,20). There are three types of accommodation provided to people who are seeking asylum in England. These are as follows (105):

1. Initial accommodation. This is provided to people seeking asylum who have indicated that they are unable to support themselves or their families and are therefore at risk of destitution. It is provided while a request for asylum support is being assessed. People housed in initial accommodation who receive a positive outcome to their support request are generally moved to dispersed accommodation when a suitable property becomes available.
2. Dispersed accommodation. This is provided to people seeking asylum whose claim for asylum support has been agreed. People are permitted to stay there whilst they remain eligible for asylum support.
3. Contingency accommodation. This is temporary accommodation (including hotels, hostels, former military barracks) used when there is insufficient initial or dispersed accommodation available. People housed in contingency accommodation generally move to dispersed accommodation when suitable property becomes available.

Wait times to be moved to dispersed accommodation have been significant (18). People seeking asylum do not have a choice on the location of accommodation unless there are considered to be exceptional circumstances (18).

SERCO provide the accommodation for people seeking asylum in the Northwest of England and the Midlands & East of England regions including Leicester (106). This is via the 'Asylum Accommodation and Support Services Contract (AASC)' (106). SERCO describes their role as providing housing and support for people seeking asylum, maintaining close links with people living in their accommodation, including a 'well-known human point of contact' and signposting to local authority and voluntary welfare, education, and health services (106).

As of December 2023, Home Office statistics reported that there were 1,596 people being supported following claims of asylum in Leicester city (36). 1000 were being supported in dispersed accommodation and 596 in contingency accommodation in Leicester city (36). No-one was receiving subsistence support only (money only and no accommodation) (36).

There are three hotels (contingency accommodation) through which SERCO provide accommodation for people seeking asylum in Leicester. These provide accommodation for families, men and women depending upon the hotel. As a 'snapshot', in autumn 2023 Leicester and Leicestershire Healthwatch reported 721 people seeking asylum lived at the hotels. The Leicester City Council Housing Department has reported that the current total capacity of the three hotels is 746. Capacity in hotels increased in June 2023 due to a 'doubling up exercise' i.e., sharing of rooms, resulting in a capacity increase of 63%. In February 2024 there were approximately 100 children living across the three hotels.

Table 12: People seeking asylum in hotels in Leicester

Hotel	Residents	Number of Residents (Autumn 2023)	Capacity (Prior to June 2023)	Capacity (After June 2023)
1	Families	290	135	225
2	Men	275	224	312

3	Families, men, and women	156	98	209
Total	-	721	457	746

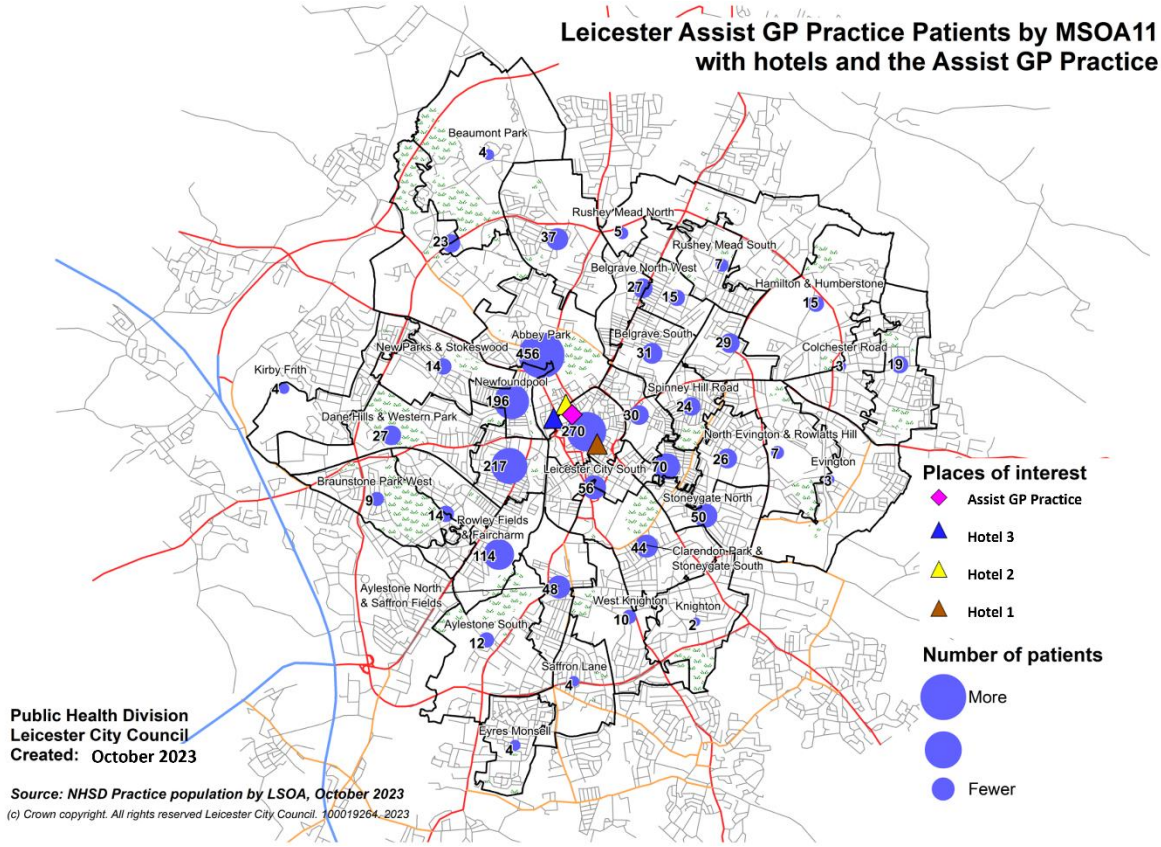
Source: Healthwatch. Insight Report. Accessing Health and Social Care Services: Asylum Seekers (107).

Concerns have been raised nationally about people seeking asylum having to live in hotels particularly for extended periods of time (108–110). Additional concerns have been made about people needing to share rooms with people they do not know including increasing risk and stress (108,110,111). This was reflected locally in discussions at the steering group for this JSNA. The Refugee Council and Helen Bamber Foundation have produced reports on the experience of people seeking asylum living in hotels (108,110). The reports highlighted several issues related to hotel accommodation including (108,110):

- Delays in relocation to dispersal accommodation.
- Unhygienic and dilapidated living conditions, overcrowding and a lack of privacy. Delays in addressing urgent repairs in accommodation.
- Very limited financial support. Incorrect, delayed, or cancelled support payments resulting in the need to use food banks and rely on support from non-governmental organisations. Home Office letters sent to the wrong address resulting in 'failed to travel' marks and incorrectly stopping support payments.
- Inappropriate food, inadequate nutrition, and poor diets. No facilities or funds to make food.
- Issue relating to COVID-19 including unrelated adults being considered as one support bubble and the need to use shared facilities.
- Difficulties in accessing education due to schools not wanting to enrol children who would be 'temporarily' staying, and children having a lack of place to study and lack of facilities to join classes remotely.
- Forced room sharing with strangers. This puts vulnerable people at risk of abuse and antisocial behaviour, lack of privacy and feeling of safety and deterioration in mental health.
- Higher levels of depression, worsening of pre-existing mental health conditions and creation of new mental health difficulties. Effect on mental health and wellbeing due to a lack of information, a feeling of lack of safety and privacy, disempowerment, lack of autonomy and control, feeling imprisoned, social isolation and dehumanising experiences.

To provide an approximate distribution of people seeking asylum across Leicester, The Assist Practice patient population has been mapped. This is mapped by Middle Layer Super Output Area MSOA (geographical areas used in the reporting of small area statistics). The three hotels are also mapped which are located very close together along with The Assist Practice. The largest numbers of people are accommodated in the city centre and just to the west of the city centre, this aligns with the hotel locations and the concentrations of dispersed accommodation in the city. The Assist Practice is positioned within the area more densely populated with people seeking asylum.

Figure 20: The Assist Practice patients by MSOA, hotels accommodating people seeking asylum and The Assist Practice



Source: NHS Digital. Patients registered at a GP Practice, October 2023. (37)

Although not directly applicable to Leicester city, the Sunak Conservative UK government had opened or planned to open other types of accommodation for people seeking asylum such as the Bibby Stockholm barge and RAF bases. There have been concerns raised about the suitability of these locations for people seeking asylum including the safety. As people seeking asylum can be moved accommodation, Leicester could receive people who have previously lived in these accommodations or people currently living in Leicester could be moved to these.

5.1.2 NEW REFUGEES

When a person seeking asylum gains refugee status they become eligible to work and for mainstream benefits (17). However, financial support stops after 28 days and people must leave Home Office provided accommodation within the same time period (17). Documents providing entitlement and right to work can be delayed (17). New refugees are at risk of homelessness. This had the potential to be exacerbated by the previous UK government policy to reduce the backlog of asylum applications awaiting a Home Office decision and the move to close hotels used to accommodate people seeking asylum.

Refugees who are unable to find accommodation can seek help from their local authority (LA). LCC has a responsibility, this can range from an obligation to provide advice through to an obligation to provide temporary (and later, settled) accommodation. The level of obligation is dependent on the outcome of a vulnerability assessment under the Housing Act 1996 and local policies. People may be required to move areas in the city for housing.

An adequate supply of housing options is needed to prevent homelessness. LCC have declared a housing crisis in Leicester (112). The current housing situation in Leicester has been described in the recent Leicester JSNA on homelessness. There are several pressures on the city, and these are summarised below:

- Affordable housing being in adequate supply is a preventative factor for homelessness. Housing shortages result in price increases, reducing accessibility and can result in overcrowding and habitation of unsuitable accommodation. Both nationally and locally in Leicester, the demand for affordable housing far passes supply, with the need for affordable housing growing further still.
- There is an increased reliance on private rented accommodation. Barriers to accessing the private rented housing for households on low incomes include issues relating to benefits, initial deposits, fees required, referencing requirements, high rents and in some cases landlords' reluctance towards letting to benefit claimants, with welfare changes having had and continuing to have an impact.
- Inaccessibility to house ownership and private rented accommodation results in a reliance on social housing. Wait times for social housing in Leicester have more than doubled since 2019.
- The Council is the biggest landlord in the city and will generally be the most affordable rental option for many people. There are increased pressures on tenants due to the cost-of-living crisis.

Adequate housing is a key determinant of health. The average life expectancy of a homeless person is significantly below that of the general population. An increase in refugees becoming homeless also has the potential to impact the current homeless population via resulting changes in demand at The Inclusion Healthcare Practice, the general practice for homeless people in Leicester.

5.2 EDUCATION

Dependents of people seeking asylum who are of compulsory school age are required to be in school. Compulsory age is from the start of the autumn school term after the child's fifth birthday and continues until 18 years old (18). The local authority has a statutory duty to ensure there are sufficient school places. In Leicester there has been an increase in applications for school places from arrivals new to the city in recent years. In 2023 there were 3600 applications. Children seeking asylum and who are refugees are a small percentage of total new arrivals seeking a school place in Leicester (approximately 5%).

The numbers of children seeking asylum and who are refugees are not static as new applications are received as children are moved into Leicester. Additionally, children may no longer require school provision in Leicester due to a variety of reasons including moving away from Leicester, emigrating or returning to Ukraine, moving to a Leicestershire city school or independent school, and having passed school age.

Data from the 31 July 2023 provides a snapshot picture. On the 31 of July 2023, there were 121 school aged children with an asylum or refugee-related status who had a known Leicester post code were known to education services. See the table below for a more comprehensive breakdown. 75% had a place or were awaiting placement in a Leicester school, and 25% did not.

Children lived in all areas of the city, with the greatest numbers in Abbey Park, Aylestone North & Saffron Fields, West End & Westcotes, and Leicester City Centre. With the exception of Aylestone, these areas also have some of the highest concentrations of adults seeking asylum.

Table 13: Number of school aged children with an asylum or refugee related status known to education services in Leicester July 2023

Asylum/refugee status	Population
Ukrainian Refugee	49

Asylum Seeker	21
Afghan refugee	20
Refugee	13
Afghan Relocation Assistance	13
Hong Kong	5

Source: Leicester City Council direct report

5.3 CRIMINAL JUSTICE SYSTEM

People seeking asylum can be detained in Immigration Removal Centres (IRCs)(17). There are no Immigration Removal Centres within Leicester city (113). There is an information gap in terms of contact with the criminal justice system that people who are seeking asylum in Leicester have with the general criminal justice system. Data is recorded at a larger categorical level (Foreign National Offender) and therefore information is not specific to the population seeking asylum.

5.4 ENGAGEMENT

This section on engagement focuses on wider determinants of health, other findings from the engagement work can be found in sections 3.9 and 4.6.

Perspectives of people seeking asylum and stakeholders – wider determinants of health.

Social, support and relationships

Some people seeking asylum described the social challenges they face. This included that they have no family nearby for support or that the no visitor policy at the hotels meant that they were unable to utilise support from friends who were nearby. This was discussed in relation to caring needs. One person had a mother with care needs and did not want them alone for more than two hours. Due to the no visitor policy her friend could not sit with her mother in the hotel, thus she was unable to participate in activities. Another individual had a young baby, the no visitor policy coupled with a lack of baby equipment (e.g., stroller) meant that she could not access social support, as she could not go out without equipment and could not have friends to visit her. The specialist midwives noted that pregnant women who are seeking asylum enjoy the interaction with the midwives as they likely do not have interactions elsewhere and are quite isolated.

Two people seeking asylum specifically compared their situation to members of the general population. One person felt she could not go out on walks as she saw others participating in work in education that she was unable to. A child explained that everyone else has a house, but they had to live in a hotel and wanted a house.

A few people seeking asylum described that they were not lonely, specific comments included that they had met other people in the hotel and another that they liked the people in England and felt there was less racism than in other places.

Several VCS organisations described the ‘discrimination’, ‘stereotypes’, and poor treatment people seeking asylum receive. One VCS organisation reported that it was challenging working where the government narrative was ‘deliberately hostile and divisive towards those working in the voluntary sector with asylum seekers’, and that care needed to be taken for the safety of staff and service users.

Employment and education

Experiences described by people seeking asylum were varied. Several people explained that they already had degrees. Others described that they had undertaken or applied to study in the UK and the challenges that this entailed. Challenges included having to travel back to a college located where they were originally living before being relocated, balancing college courses with caring needs and lack of understand of a college about their life as a person seeking asylum. Whilst doing the engagement one person was leaving the hotel as they had gained a place to study at a university in London.

Most people seeking asylum reported that they were not working, although one person had previously had a part time job after receiving permission from the Home Office. However, due to being told they would be moving at short notice they quit their job, but the move was subsequently cancelled. Another person was completing training as part of a job scheme with the prospect of a job at the end.

Others described frustration in trying to access education or work. One individual reported going to the hotel office every day to ask for language support but had not been given guidance and another that she wanted to work contribute and pay taxes and it was frustrating that she couldn't do anything. One VCS organisation also reported the challenge for people seeking asylum of not being able to work.

Finance

Financial constraints were highlighted by several people seeking asylum. People explained what they were lacking and that what they could not afford, this included socks, underwear, other clothes, baby equipment, snacks and to participate in activities. One person described that when they arrived in the UK their possessions were removed, on reuniting with them at the hotel, their phone was missing, they had been unable to buy a new one due to lack of funds.

The challenge of finance was also recognised by primary care, including that patients have a lack of money to buy over the counter medications and transport. One Assist Practice staff member reported that a 'Pharmacy First' approach could help ease the demand on primary care but the issue of lack of finance to buy over the counter medications would need to be addressed. One person seeking asylum described that due to health problems the hotel helped them to arrange transport, although they were not sure how this was funded.

Accommodation and food

People seeking asylum provided a mixed review of hotel accommodation and staff. Some people were happy with the accommodation and had a positive perception of the staff. Issues that were identified included small rooms, the requirement to share rooms with other family members, issues with cleanliness and broken facilities. One child reported that the staff didn't care.

One community and voluntary organisation reported that babies under the age of one are not counted when calculating the living area required for a family. They also explained that women attend groups and realise that they live in the same hotel as other women, but they don't talk because there is no communal space to socialise in the hotel.

Whilst some people thought the food was okay others described that they didn't like it and explained specific issues, for example, that it is mainly fast food, bad for medical conditions (e.g., diabetes) and there is a lack of options. One person explained the negative impact of the food on their mental health. One person described that they had to move hotel due to their dietary needs.

The Assist Practice staff perceived that low mood and anxiety was affected by the poor living conditions. They also noted that patients did not want the hotel food or that it was not appropriate for a diabetic diet, resulting in the practice receiving requests for letters to address this. They also thought that some of the hotels have cooking facilities in the rooms, but these are turned off so can't be used. Finally, two VCS organisations described the difficulty in the lack of space in hotels to engage with people seeking asylum. One of these organisations explained that they initially struggled to gain access to hotels but had now established a good relationship with SERCO.

Activities

Some people seeking asylum described participating in sport (football, gym, running, cycling, and swimming). Puregym, Braunstone Leisure Centre and Leicester College were mentioned as places used for physical activity. Other activities highlighted were playing video games, a free sewing class, attending church and volunteering.

Participating in activities helped people seeking asylum to feel part of the community and it 'felt good to give back' whilst volunteering. However, several barriers were identified to participation in activities. Cost was a barrier to the gym, swimming, and the cinema. Even where participation was described it was mentioned that the activities were too expensive, and one person described needing to borrowing equipment from a friend. Care needs and lack of information were other identified barriers as well as not being interested in social and sports activities as education was their focus. One VCS mentioned the relocation and mental health problems prevented participation in their organisation's activities.

Children and young people

Whilst this HNA does not focus on children some specific comments received during the engagement work related directly to children and young people. Some comments were received that children attend school and enjoy it whilst there were also reports of waiting for school places or wanting to go to school but not knowing how. One parent described that their child has 15 hours of free childcare from a nursery. However, they also reported that nurseries that they had originally approached were not accepting of them because they were seeking asylum.

Perspectives of people seeking asylum and stakeholders – asylum process

Waiting

Both people seeking asylum and healthcare professionals drew attention to the long waits for application decisions, paperwork, certificates, and dispersed accommodation. One person seeking asylum described feeling tired, sad and stressed whilst they wait for the Home Office decision. This was echoed by The Assist Practice staff who highlighted the mental burden faced by people seeking asylum as they continue to experience uncertainty and trauma whilst awaiting a decision, there was a call for more open communication from the Home Office. One VCS organisation noted that appointments about asylum applications are a source of worry for the applicants. Assist Practice staff highlighted delays in HC2 certificates affects health by delays in access prescriptions and some services.

Relocation

The implications of relocation for people seeking asylum and for services during the asylum process was described by people seeking asylum and stakeholders. Relocation resulted in people having to quit jobs and travel far to access education. One person described the lack of control: they wanted to be moved to another city to be near family. The Assist Practice staff described that relocation has implications on continuity of care, as people seeking asylum may not know their date of birth, and therefore may register at GP practices under different dates of birth resulting in multiple healthcare records. Records then need to be merged and this is resource intensive. The Assist Practice described tracing patients when they are relocated and there are consequences for care e.g., screening. VCS organisations described that people they had developed good relationships with are subsequently relocated.

Change of status

Although an asylum application resulting in a grant of refugee status is a 'successful' application this does not necessarily result in a positive change in circumstances. Assist Practice staff explained that after a successful application there is a real risk of homelessness, people are left on their own and navigation of

systems is difficult. Accommodation is a challenge in Leicester and some people seeking asylum become homeless. One person explained their friend had become homeless, they had to stay in a location where there were drugs, alcohol and stealing and they felt this meant that they were not integrating into 'good' society.

The Assist Practice staff report that they explain to patients when they register at the practice upon immigration status changes, they will move into mainstream primary care. However, some Assist Practice staff mentioned this would mean less support. There was also concern about the implications of people seeking asylum becoming homeless on the specialist homeless primary care practice (The Inclusion Practice). This could affect the capacity of The Inclusion Practice and alter the service operation. It was considered that the current population require significant input to enable engagement with the practice, whilst new refugees are more likely to be pushing to access the service. Balancing the needs of the two populations was considered to likely be a significant challenge. Furthermore, the A&E clinician felt there was currently a high attendance by the homeless population at A&E although at present this was not identified to be linked to the asylum system.

Some Assist Practice staff explained that due to system process some people seeking asylum who receive a 'positive decision' may try to remain a patient of the practice or some people who receive a negative outcome may hide and miss out on much needed healthcare. One VCS described how during the COVID-19 pandemic they lost three people seeking asylum as some people felt if they approached the NHS or had a vaccine this could be connected to the Home Office, and they could be detained or deported this was believed to be independent on if the person was receiving official support via one of the sections.

Negative experiences of organisations

It is important to note when describing their situation some people seeking asylum felt they were not supported by SERCO, Migrant Help, or the Home Office.

6. PROJECTED SERVICES USE AND OUTCOMES

Forecasting general immigration levels and in particular numbers of people expected to seek asylum in the UK is notoriously difficult.

The Office for National Statistics (ONS) national population projections assume that net migration to the UK will fall over the coming years (114). In late 2023 The Migration Observatory and the Centre for Economic Performance at the London School of Economics performed an analysis to examine the previous ONS prediction (115). It was specifically noted that asylum related migration is volatile and particularly difficult to forecast (115). The following assumptions in terms of numbers of people seeking asylum that the organisations used in their analysis were provided (115). These are not predictions but are included in this JSNA to give an insight into what was considered reasonable assumptions.

- Previously upward spikes in asylum applications have been temporary. The analysis assumed that that future asylum immigration would settle at 50,000, based on the 2019-2022 average level.
- Most people seeking asylum currently receive refugee status and in recent years removals of people refused asylum have been low. The analysis assumed that 90% of people seeking asylum will stay in the UK.

These assumptions are very basic and further speculation is inherently difficult as the number of people seeking asylum in the UK is impacted by world events. World events such as war and conflict which effect the

number of people seeking asylum are difficult to predict. The continued change in climate that the world is experiencing is more certain and mass migration is expected. As the UK experiences a more temperate climate it is more likely that the UK will experience immigration rather than emigration overall due to climate change. Currently however, under international law, the definition of a refugee is restricted to those fleeing persecution. As people seeking asylum seek refugee status people migrating due to climate related events would not be deemed as 'asylum seekers' (116).

UK government policy may also impact numbers of asylum applications to the UK. The Sunak Conservative UK government was focused on 'Stop the Boats' and plan to remove 'illegal' migrants to Rwanda. However, the new PM, Sir Keir Starmer has said that the plan to deport people seeking asylum will no longer continue. The PM has set out six first steps for change, one of which is to launch a new Border Security Command with new special investigators and the use of counter-terror powers to 'smash' criminal boat gangs. The effects of this remain to be seen.

UK government policy is more likely to impact how people seeking asylum are distributed across the UK and therefore the number who live in Leicester. Previously a 'full dispersal' policy has been in place meaning that people seeking asylum have been moved throughout the country to reduce the need to provide support for people seeking asylum falling on specific areas, for example, the south coast of England where people arrive by small boat.

Unaccompanied children who are seeking asylum (UASC) are also moved throughout the country via the National Transfer Scheme (NTS). Initially Leicester was allocated as needing to accommodate and support 59 children, although this has since increased to 85 children. As there are currently 28 unaccompanied children seeking asylum in Leicester (UASC), this is in part due to children having turned 18 and therefore have become care leavers, it is likely that more children will be moved to accommodation in Leicester. The number of children who become care leavers may not be constant throughout the year as the Leicester Housing Department reported the Home Office have allocated children without records of date of birth as having a birth date of the 1st of January.

Previous policy has aimed to reduce the asylum backlog and there has been work to decrease processing time of applications, for example the Streamlined Asylum Process (SAP), which was introduced in 2023. This may result in large numbers of people receiving decisions on their applications in Leicester and therefore a potential increase in the refugee population as well as new arrivals of people seeking asylum who may be placed in vacated accommodation.

Other accommodation such as army bases and barges either have been proposed to be used or are in use as accommodation for people seeking asylum. No plans to use accommodation alternative to hotels by the UK government within Leicester have been found.

There is a large uncertainty in the numbers of people seeking asylum Leicester may expect to accommodate in the future. This makes the projected service use very difficult to predict. During engagement the unpredictability of future need was cited by both the ICB and VCS organisations as causing difficulty in service planning.

7. UNMET NEEDS AND SERVICE GAPS

Data and information

The information on the health needs of people seeking asylum presented in this report has predominantly been obtained from the literature and The Assist Practice. Whilst this is useful information the picture is incomplete.

Information obtained from the literature is helpful as it provides a broad overview of potential health needs people seeking asylum who live in Leicester may experience. However, changes in world events and government policies mean the characteristics of people seeking asylum in the UK and more specifically living in Leicester are not stagnant and therefore the picture provided by the literature does not provide an up to date or in-depth source of data.

Unlike many other areas of the UK, Leicester has a dedicated GP practice for people seeking asylum, The Assist Practice. This means there is likely more in-depth health data available for the population seeking asylum in Leicester compared to other areas. However, this still does not provide a comprehensive picture as it is likely that not all people seeking asylum in Leicester are registered at The Assist Practice and some people who are registered at the practice may have had their immigration status changed. Furthermore, analytic tools that are used to segment and describe a patient population are less reliable and therefore less useful for this population.

To generate a more comprehensive understanding of the health needs of the population seeking asylum in Leicester, data would be required from other GP practices who have patients who are seeking asylum as well as from secondary and tertiary care. Although we know the rate of A&E attendances, outpatient visits, and hospital admissions for The Assist Practice patients a more in-depth understanding is required. Local data is also not available on oral health needs of people seeking asylum or access to dental care.

Ultimately, clinical coding is required both in primary, secondary, and tertiary care that would allow identification of people seeking asylum and thus a more comprehensive picture of their health needs.

Additionally, national data sources on the number of people seeking asylum living in Leicester or arriving in and moving from Leicester is incomplete. Data that is available only provides a snapshot of the situation on a certain date and therefore does not provide a comprehensive picture as the degree of turnover is not captured. This presents challenges for planning.

Health and healthcare services

People seeking asylum face multiple barriers to accessing healthcare. These include but are not limited to; people seeking asylum are experiencing a new healthcare system and there can be a lack of understanding of the system, healthcare professionals lack of understanding of the entitlements that people seeking asylum have to healthcare and language barriers people seeking asylum face. The Assist Practice has worked to reduce these factors, but some barriers remain (e.g., there is a lack of availability of written material in languages other than English).

The Assist Practice provides most primary care services for people seeking asylum in Leicester. Generally positive feedback about the practice was received. The practice staff identified multiple ways that the service has been adapted to meet the needs of people seeking asylum. Focusing on providing a quality specialist service. However, there was a clear issue with capacity. New patient registrations at The Assist Practice were halted from the 14 September 2023 until the 4 March 2024. This represented a significant gap in the primary care service provision in Leicester. Reducing demand for specific services (e.g., letter writing), patient education on the UK healthcare system and building alternative approaches adapted to meet the needs of the population (e.g., an adapted Pharmacy First Approach and aiding the patients understanding of the UK healthcare system) may help to reduce demand.

Capacity limitations were also highlighted by the specialist midwives who provide a specialist service for people seeking asylum registered at The Assist Practice. Similarly, to The Assist Practice staff, the specialist midwives reported that they have adapted their practice to meet the needs of people seeking asylum. At the time of data gathering the staff reported that they were only able to provide one clinic a week at The Assist Practice and none at other GP practices where other people seeking asylum maybe registered.

Mental health needs of patients at The Assist Practice were not found to be statistically significantly different using QOF prevalence measures, however, small numbers may influence this and as mentioned previously the use of The Assist Practice data alone does not represent a fully comprehensive picture. Additionally, The Assist Practice population is younger than the general population. When further analysis was conducted on the prevalence of depression using age standardisation, prevalence was identified as higher in The Assist Practice patients aged 30-59 years and is statistically significantly higher in those age 45-49 years. In addition, stakeholders felt the greatest burden of health need for the population seeking asylum was mental health rather than physical health. Outside of The Assist Practice services for low level and high level mental health needs in Leicester do not have specialist provision for people seeking asylum. Whilst The Assist Practice has staff specialising in mental health and support is provided by some VCS organisations, there still were concerns that further specialist support was needed, owing to the differences in needs of the population (e.g., still living in a traumatic situation) and the long wait lists at conventional services for the general population. Further data is required to identify if people seeking asylum experience wait list inequalities for mental health services in Leicester.

Oral health was identified in the literature as a health need for people seeking asylum, however no local quantitative data was available. During engagement work some people seeking asylum explained they had accessed dental care, whilst others had not. Stakeholders had concerns for people's oral health. The need for better access to dental care in the general population is reflected for the population seeking asylum too. Work to get appointments for people in need of dental care is done on a case-by-case basis and there was no pathway identified for people seeking asylum, highlighting a gap in a preventative approach to oral health. Although it was not flagged locally, it was identified in the literature that access to the necessary paperwork (e.g., HC2 certificates) is an additional barrier to accessing oral healthcare.

The Assist Practice population had a lower prevalence of obesity but a higher prevalence of smoking, 27% of The Assist Practice patient population smoke. Stop smoking services are provided in Leicester by Live well Leicester. Additional capacity to focus on this population may reduce smoking prevalence and improve their health.

Wider determinants of health and the asylum process

Issues around the lack of meaningful activity (i.e., people not being able to work or access education) were highlighted in engagement work. This coupled with issues of isolation and problems with hotel accommodation and food is likely having a negative effect on some people seeking asylum's health. Issues are exacerbated by the asylum process and support system as people are moved with little warning and no say and processes can be long. Whilst many of these factors are due to national decision making, strategies to mitigate the impacts of this locally may have the potential to be strengthened.

Social isolation was identified as a difficulty for some people seeking asylum. A lack of communal spaces and the no visitor policy in hotels are likely contributors. Lack of social capital can negatively affect both physical and mental health. VCS organisations provide support to people seeking asylum, strengthening this by ensuring people are aware of organisations and services and a central hub may enable a greater connectivity between people seeking asylum and with the Leicester community.

Work and employment are associated with better health outcomes in the general population but in general people seeking asylum are not allowed to work. Provision of other meaningful activity may reduce the effects of this gap. Educational, voluntary, or social activities may aid this. Increasing opportunities for people where cost is not a barrier and ensuring people seeking asylum are aware of opportunities in Leicester may aid this. Children have a right to education but there were some accounts of challenges in waiting for school places. Education is a key determinant of health, and it needs to be ensured that there are processes are in place to get children into school quickly and efficiently.

Hotel food was a noted as an issue by people seeking asylum and healthcare professionals. Although it is recognised not all food preferences may be able to be catered for, basing food on the NHS healthy plate could have positive effects on health in particular for people with health conditions such as diabetes. In addition, provision of places where people are able to cook may alleviate this need.

Whilst there are issues with the accommodation provided for people seeking asylum, a large threat to health likely comes after refugee status is obtained in the form of the risk of homelessness. There is a housing crisis in Leicester in general and people seeking asylum face a very short window after refugee status is gained to find new accommodation. This also has implications for The Inclusion Practice which provides primary care to the homeless population in Leicester in terms of capacity and the added challenge of balancing the different needs of two populations (the current homeless population in Leicester and new refugees). This highlights a gap in services as people transition from asylum seeker to refugee status.

The system as a whole and working together

Leicester has a dedicated primary care practice for people seeking asylum and a community and voluntary sector where many organisations support people seeking asylum creating a system of support. Good relationships were reported between different parts of the system. There were however gaps in understanding between organisations roles and in understanding the health needs of people seeking asylum. In some cases, there were negative experiences described of some national organisations by people seeking asylum e.g., migrant help. In addition, there were reports by voluntary and community organisations that people seeking asylum experience stereotyping and discrimination.

Ensuring the local system is knowledgeable and can provide good support is important. Ensuring the correct infrastructure of meetings including all relevant stakeholders may strengthen the system. Increased working together with provision of opportunities for sharing knowledge and training may enable a more cohesive offer of support for people seeking asylum. This should also include engagement work partners are conducting. Coordinating engagement activities is key to ensure all relevant partners can input into design of the engagement and access findings. This will reduce duplication for partners and reduce fatigue with engagement for stakeholders being consulted. Taking a whole system, joined up approach, where information can be shared effectively is important to tackle the multitude of difficulties people seeking asylum face in terms of accessing services and improving health.

It was identified that there was concern about the general populations reaction to resource use to support people seeking asylum, this ties into previous government policy which has been adversarial to migration into the UK. Advocating to central government for increased support for people seeking asylum, processing of application efficiently and considering people's preferences e.g., on location of accommodation within the UK may lead to improved health for people seeking asylum.

8. RECOMMENDATIONS FOR CONSIDERATION BY COMMISSIONERS

Strengthen system working to meet the needs of people seeking asylum.

1. Ensure all partners working with people seeking asylum are aware of all other partners, their role, remit and how their organisation is accessed. This could be via existing multidisciplinary meetings or interagency visits as part of induction programmes.
2. People seeking asylum have complex and diverse needs and the asylum system is always evolving. ICB as commissioners of services to ensure all partners have access to up to date information sources (e.g., BMA Refugee and asylum seeker patient health toolkit). ICB to explore how to maintain and review an accessible bank of resources for the whole system.
3. There needs to be a joined up approach to engagement work across the system, where all partners can input into engagement design and avoid duplication. This could be managed via a multidisciplinary meeting (see recommendation 1).
4. Public health to liaise with OHID to develop links with other local authority areas to network, share learning and identify areas of good practice. Explore the appetite for a community of practice.
5. Re-introduce GP trainees into The Assist Practice (or current provider if changes) to develop and future proof the primary care workforce so GPs are equipped with the required specialist skills.

Improve quality of data on health needs, access to healthcare and outcomes.

6. a. ICB to work with NHS England to introduce clinical coding that identifies if a person is seeking asylum or is a refugee so there is quality data to improve service design. Introduce this in all primary care data sets. This recommendation was included in the 2016 JSNA (12.2).
   b. ICB to work with NHS England to introduce clinical coding that identifies if a person is seeking asylum or is a refugee in EMAS, secondary and tertiary care services, dental practices, sexual health, and mental health services.
7. The Assist Practice population is predominantly young and male. Therefore, it is difficult to compare health outcome measures to the general population. This results in false reassurance as long-term condition prevalence appears lower in The Assist Practice population. Additional analysis is required by the Public Health Division to compare The Assist Practice patient population with a demographically similar population.
8. Public health to work with academic partners to influence local research priorities and suggest further work to understand the specific impacts of being a long-term resident in hotel accommodation.

Ensure there is adequate capacity of primary care services for people seeking asylum and new refugees.

9. a. This JSNA has highlighted the importance of a specialist primary care service, therefore, continue to commission a primary care service specifically for people seeking asylum, and ensure that the service has a central location and is easily accessible.
   b. Ensure the specialist primary care service has adequate capacity.
10. Commissioners need to closely monitor new patient registrations at The Inclusion Practice which may increase due to new refugees becoming homeless. Commissioners will need to act accordingly to ensure there is adequate capacity.

Improve access to healthcare services for people seeking asylum.

11. Support people seeking asylum to access the most appropriate source of support or healthcare, understand how the system works and preventive healthcare offers (e.g., screening). Achieve this by working in partnership with community and voluntary organisations.
12. The Assist Practice is currently exploring the possibility of implementing an adapted pharmacy first approach for people seeking asylum in Leicester, the findings of this JSNA support this as a positive change. Pharmacy First enables pharmacists to supply clinically appropriate prescription-only medications without patients needing to visit their general practice.

13. Advocate that NHS England should create NHS template forms and letters in additional languages (e.g., new patient registration form and screening letters). This could include an online form where internet translation could be used.
14. During engagement work The Assist Practice identified demand for letters was a significant drain on capacity (e.g. requests from patients for letters for the Home Office to support a change in accommodation). The Assist practice to introduce a policy for letter requests. This may require support from partner organisations such as Leicester City Council on what is an appropriate letter request. This work has already been started by The Assist Practice.
15. The system must recognise and respond to specific needs of women who are seeking asylum including prompt and accessible provision of sexual and reproductive health services. This includes clear referral pathways between primary care and sexual health providers, including a link into the diverse communities work being carried out by the sexual health service. Public health representatives in the system Women's Health working group will also ensure that the needs of this population are considered in the forthcoming needs assessment, any expansion of the women's health hubs pilot where this may be of benefit and the ongoing work around maternity care including early antenatal booking.

Improve oral health and access to oral healthcare.

16. Develop and implement a dedicated oral health pathway for people seeking asylum to access preventative oral healthcare and emergency care (e.g., nominated dental practice which can provide care to meet the needs of people seeking asylum).
17. Develop and distribute local information on how people seeking asylum can access NHS dentistry. Seek resource from the NHS England and NHS Improvement Oral Health partnership funding in Leicester, Leicestershire, and Rutland.
18. Leicester, Leicestershire, and Rutland (LLR) Oral Health Promotion Board to ensure the specific oral health needs of people seeking asylum is discussed as a regular agenda item for action.

Improve mental health and access to mental healthcare.

19. Mental health was considered the largest unmet health need by stakeholders, especially if PTSD was considered in the comparative data. The ICB and Leicester Partnership NHS Trust (LPT) should explore expanding the provision of mental health services specific for people seeking asylum with specific funding to address this need.

20. For general mental health services (outside The Assist Practice), LPT should identify and address specific barriers to access for people seeking asylum including any waiting list inequalities.

Reduce smoking prevalence.

21. Provide additional capacity within the Leicester Live Well Stop Smoking Service to focus on people seeking asylum. Make sure the additional capacity considers the additional complexities that working with people seeking asylum can present.

Tackle social isolation and improve access to meaningful activities for people seeking asylum.

22. Work with City of Sanctuary and British Red Cross to develop and distribute resources for people seeking asylum that list free/low-cost activities, volunteering activities and support. Work with LCC community connectors programme where relevant.
23. Continue to advocate to Home Office and SERCO or current provider for the importance of communal spaces in hotels which can be used by people seeking asylum, local service providers and community and voluntary organisations.
24. Enable people seeking asylum to utilise their support networks by advocating to Home Office and SERCO (or current provider if changes) for flexibility in no visitor policy in hotels.

Ensure people seeking asylum have educational opportunities.

25. UK Government to provide funding for educational opportunities for adults seeking asylum in Leicester, to support both health literacy and access to employment. Ensure the community is aware of the opportunities and access is enabled wherever possible.

Advocacy to central government

26. Request that comprehensive data is provided routinely at a local level on numbers of people seeking asylum (and on other schemes). Including turnover rather than just absolute numbers to aid better planning of services.
27. Advocate for a reduction in moving people who are seeking asylum at short notice, or if unavoidable ensure health data is shared with new provider.

9. REFERENCES

1. Sarah Tudor. Refugees and asylum-seekers: UK policy [Internet]. House of Lords Library; 2022. Available from: https://lordslibrary.parliament.uk/refugees-and-asylum-seekers-uk-policy/#:~:text=The%20UK%20is%20party%20to,has%20not%20yet%20been%20determined

2. UK Visas and Immigration. UASC funding instructions to local authorities 2023 to 2024 [Internet]. 2023. Available from: https://www.gov.uk/government/publications/unaccompanied-asylum-seeking-children-uasc-grant-instructions/uasc-funding-instructions-to-local-authorities-2023-to-2024-accessible

3. Home Office. Home Secretary unveils plan to cut net migration [Internet]. 2023. Available from: https://www.gov.uk/government/news/home-secretary-unveils-plan-to-cut-net-migration

4. Prime Minister's Office, 10 Downing Street. Prime Minister outlines his five key priorities for 2023 [Internet]. 2023. Available from: https://www.gov.uk/government/news/prime-minister-outlines-his-five-key-priorities-for-2023

5. Rachel Taylor. Ten Years of the "Hostile Environment": Resistance, refuge and the role of cities in the asylum journey [Internet]. 2022. Available from: https://www.kcl.ac.uk/ten-years-of-the-hostile-environment-resistance-refuge-and-the-role-of-cities-in-the-asylum-journey

6. Home Office. Immigration Act 2014 [Internet]. 2014. Available from: https://www.gov.uk/government/collections/immigration-bill

7. UK Visas and Immigration. Immigration Act 2016 [Internet]. 2016. Available from: https://www.gov.uk/government/collections/immigration-bill-2015-16

8. Home Office. Nationality and Borders Bill: factsheet [Internet]. 2023. Available from: https://www.gov.uk/government/publications/the-nationality-and-borders-bill-factsheet/nationality-and-borders-bill-factsheet

9. Home Office. Illegal Migration Act 2023 [Internet]. 2023. Available from: https://www.gov.uk/government/collections/illegal-migration-bill

10. Home Office. Irregular migration to the UK, year ending June 2023 [Internet]. 2023. Available from: https://www.gov.uk/government/statistics/irregular-migration-to-the-uk-year-ending-june-2023/irregular-migration-to-the-uk-year-ending-june-2023

11. Home Office. Irregular migration to the UK, year ending December 2023 [Internet]. 2024. Available from: https://www.gov.uk/government/statistics/irregular-migration-to-the-uk-year-ending-december-2023/irregular-migration-to-the-uk-year-ending-december-2023#asylum-claims-from-small-boat-arrivals

12. The United Nations Refugee Agency. UK Illegal Migration Bill: UN Refugee Agency and UN Human Rights Office warn of profound impact on human rights and international refugee protection system [Internet]. 2023. Available from: https://www.unhcr.org/uk/news/press-releases/uk-illegal-migration-bill-un-refugee-agency-and-un-human-rights-office-warn

13. The United Nations Refugee Agency. Explainer - Why the UK Illegal Migration Bill is an Asylum Ban [Internet]. Available from: https://www.unhcr.org/uk/media/explainer-why-uk-illegal-migration-bill-asylum-ban

14. BBC News. Supreme Court rules Rwanda asylum policy unlawful [Internet]. 2023. Available from: https://www.bbc.co.uk/news/uk-67423745

15. Home Office. The Safety of Rwanda (Asylum and Immigration) Bill: factsheets [Internet]. 2024. Available from: https://www.gov.uk/government/publications/the-safety-of-rwanda-asylum-and-immigration-bill-factsheets

16. Doctors of the World. Doctors of the world statement on the safety of Rwanda (Asylum amd Immigation) bill. [Internet]. 2024. Available from: https://www.doctorsoftheworld.org.uk/news/doctors-of-the-world-statement-on-the-safety-of-rwanda-asylum-and-immigration-bill/

17. British medical Association (BMA). Refugee and asylum seeker patient health toolkit [Internet]. 2023. Available from: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit

18. UK Visas and Immigration. Information booklet about your asylum application [Internet]. 2023. Available from: https://www.gov.uk/government/publications/information-leaflet-for-asylum-applications/information-booklet-about-your-asylum-application#section-5

19. Birmingham City Council. What we do to support asylum seekers, refugees and migrants [Internet]. Available from: https://www.birmingham.gov.uk/info/50227/city_of_sanctuary/2509/what_we_do_to_support_asylum_seekers_refugees_and_migrants

20. Birmingham City Council. Government Support for Asylum Seekers [Internet]. Available from: https://www.birmingham.gov.uk/info/50227/city_of_sanctuary/2512/asylum_support_in_birmingham/2

21. London Councils. Member Briefing: Asylum Dispersal [Internet]. 2023. Available from: https://www.londoncouncils.gov.uk/our-key-themes/asylum-migration-and-refugees/member-briefing-asylum-dispersal

22. North West Regional Strategic Migration Partnership. Asylum Dispersal Grants- information for Local Authorities [Internet]. Available from: https://northwestrsmp.org.uk/resources/asylum/general-

information/asylum-dispersal-grants-information-for-local-authorities/#:~:text=This%20Asylum%20Dispersal%20Grant%20will,associated%20with%20supporting%20asylum%20seekers.

23. The UN Refugee Agency (UNHCR). Rights and entitlements of refugees and asylum seekers in the UK [Internet]. Available from: https://help.unhcr.org/uk/asylum/rights-and-duties-of-refugees/

24. GOV.UK. Asylum support [Internet]. Available from: https://www.gov.uk/asylum-support/print

25. National Health Service (NHS) Business Services Authority. Can I get help with my NHS health costs if I'm a refugee or asylum seeker? [Internet]. Available from: https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-04005/en-us

26. National Health Service (NHS) Business Services Authority. NHS Low Income Scheme (LIS) [Internet]. Available from: https://www.nhs.uk/nhs-services/help-with-health-costs/nhs-low-income-scheme-lis/

27. Office for Health Improvement and Disparities (OHID). NHS entitlements: migrant health guide [Internet]. 2023. Available from: https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide#vulnerable-migrants

28. UK Visas and Immigration. Apply for asylum support: form ASF1 [Internet]. 2023. Available from: https://www.gov.uk/government/publications/application-for-asylum-support-form-asf1

29. British Medical Association (BMA). Access to healthcare for overseas visitors [Internet]. 2023. Available from: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/access-to-healthcare-for-overseas-visitors

30. Asylum and resettlement summary tables, year ending September 2023 [Internet]. Home Office; 2023. Available from: https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables

31. Home Office. How many people do we grant protection to? [Internet]. 2023. Available from: https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-june-2023/how-many-people-do-we-grant-protection-to

32. Home Office. Asylum applications, initial decisions and resettlement detailed datasets, year ending September 2023 [Internet]. 2023. Available from: https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables

33. Georgina Sturge. Asylum statistics [Internet]. House of Commons Library.; 2023. Available from: https://commonslibrary.parliament.uk/research-briefings/sn01403/

34. Home Office. Legacy backlog cleared as plan to stop the boats delivers [Internet]. 2024. Available from: https://www.gov.uk/government/news/legacy-backlog-cleared-as-plan-to-stop-the-boats-delivers

35. Home Office. Statistics relating to the Illegal Migration Act: data tables to December 2023 [Internet]. 2023. Available from: https://www.gov.uk/government/statistics/statistics-relating-to-the-illegal-migration-bill#documents

36. Home Office. Regional and local authority data on immigration groups, year ending December 2023 [Internet]. 2023. Available from: https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-regional-and-local-authority-data

37. NHS Digital. Patients Registered at a GP Practice, October 2023. 2023; Available from: https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/october-2023

38. Office for Health Improvement and Disparities (OHID). Fingertips. Public Health Data. National General Practice Profiles. Y00344 - Leicester City Assist Practice. [Internet]. 2023. Available from: https://fingertips.phe.org.uk/profile/general-practice/data#page/12/gid/2000005/pat/66/par/nE38000097/ati/7/are/Y00344/iid/93468/age/28/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

39. Emily J. Hadgkiss A D and Andre M. N. Renzaho. The physical health status, service utilisation and barriers to accessing care for asylum seekers residing in the community: a systematic review of the literature. Aust Health Rev 38 142-159 [Internet]. 2014; Available from: https://doi.org/10.1071/AH13113

40. Jones, L., Phillimore, J., Fu, L., Hourani, J., Lessard-Phillips, L., & Tatem, B. "They just left me". Asylum seekers, health and access to healthcare in the initial and contingency accomodation. [Internet]. Doctors of the world; 2022. Available from: https://www.doctorsoftheworld.org.uk/wp-content/uploads/2022/04/DOTW-Access-to-healthcare-in-initial-and-contingency-accommodation-report-April-2022.pdf

41. UK Health Security Agency (UKHSA). Guidance Infectious diseases in asylum seekers: actions for health professionals [Internet]. 2023. Available from: https://www.gov.uk/guidance/infectious-diseases-in-asylum-seekers-actions-for-health-professionals

42. Crawshaw, A.F., Pareek, M., Were, J. et al. Infectious disease testing of UK-bound refugees: a population-based, cross-sectional study. BMC Med 16 143 2018 [Internet]. Available from: https://doi.org/10.1186/s12916-018-1125-4

43. Nellums LB, Thompson H, Holmes A, Castro-Sánchez E, Otter JA, Norredam M, Friedland JS, Hargreaves S. Antimicrobial resistance among migrants in Europe: a systematic review and meta-analysis. Lancet Infect 2018 Jul187796-811 Doi 101016S1473-30991830219-6 Epub 2018 May 17 PMID 29779917 PMCID PMC6032478 [Internet]. Available from: https://pubmed.ncbi.nlm.nih.gov/29779917/

44. Cinardo P, Farrant O, Gunn K, Ward A, Eisen S, Longley N. Screening for neglected tropical diseases and other infections in refugee and asylum-seeker populations in the United Kingdom. Ther Adv Infect 2022 Aug 6920499361221116680 Doi 10117720499361221116680 PMID 35958977 PMCID PMC9358592 [Internet]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9358592/

45. Perry M, Townson M, Cottrell S, Fagan L, Edwards J, Saunders J, O'Hare R, Richardson G. Inequalities in vaccination coverage and differences in follow-up procedures for asylum-seeking children arriving in Wales, UK. Eur J Pediatr 2020 Jan1791171-175 Doi 101007s00431-019-03485-7 Epub 2019 Nov 7 PMID 31701239 [Internet]. Available from: https://pubmed.ncbi.nlm.nih.gov/31701239/

46. UK Health Security Agency (UKHSA). Vaccination of individuals with uncertain or incomplete immunisation status [Internet]. 2023. Available from: https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status

47. Murphy M, Robertson W, Oyebode O. Obesity in International Migrant Populations [Internet]. Curr Obes Rep. 2017 Sep;6(3):314-323. doi: 10.1007/s13679-017-0274-7. Erratum in: Curr Obes Rep. 2017 Aug 31;: PMID: 28755178; PMCID: PMC5579065.; Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5579065/

48. Al-Rousan T, AlHeresh R, Saadi A, El-Sabrout H, Young M, Benmarhnia T, Han BH, Alshawabkeh L. Epidemiology of cardiovascular disease and its risk factors among refugees and asylum seekers: Systematic review and meta-analysis. Int J Cardiol Cardiovasc Risk Prev 2022 Feb 1012200126 Doi 101016jijcrp2022200126 PMID 35199106 PMCID PMC8851152 [Internet]. Available from: https://pubmed.ncbi.nlm.nih.gov/35199106/

49. Lewis G., Sheringham J., Lopez Bernal J., Crayford T. Mastering Public Health. A postgraduate guide to examinations and revalidation. Second Edition. CRC Press. Taylor and Francis Group.; 2015.

50. Public Health England. Guidance. Health matters: Prevention - a life course approach. [Internet]. 2019. Available from: https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

51. NHS Digital. Quality Outcomes Framework. Leicester City Assist Practice. Cervical Screening. 2022/2023 [Internet]. Available from: https://qof.digital.nhs.uk/search/index.asp

52. NHS Digital. Quality and Outcomes Framework, 2022-23. Technical Annex. [Internet]. 2023. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2022-23/technical-annex#qof-pca-data

53. Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. Lancet 2005 Apr 9-1536594671309-14 Doi 101016S0140-67360561027-6 PMID 15823380 [Internet]. Available from: https://pubmed.ncbi.nlm.nih.gov/15823380/

54. Blackmore R, Boyle JA, Fazel M, Ranasinha S, Gray KM, Fitzgerald G, Misso M, Gibson-Helm M. The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis. PLoS Med 2020 Sep 21179e1003337 Doi 101371journalpmed1003337 PMID 32956381 PMCID PMC7505461 [Internet]. Available from: https://pubmed.ncbi.nlm.nih.gov/32956381/

55. Sen P, Arugnanaseelan J, Connell E, Katona C, Khan AA, Moran P, Robjant K, Slade K, Tan J, Widyaratna K, Youd J, Forrester A. Mental health morbidity among people subject to immigration detention in the UK: a feasibility study. Epidemiol Psychiatr Sci 2018 Dec276628-637 Doi 101017S2045796017000269 Epub 2017 Jun 22 PMID 28637536 PMCID PMC6999003 [Internet]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6999003/

56. Cogo E, Murray M, Villanueva G, Hamel C, Garner P, Senior SL, Henschke N. Suicide rates and suicidal behaviour in displaced people: A systematic review. PLoS One 2022 Mar 10173e0263797 Doi 101371journalpone0263797 PMID 35271568 PMCID PMC8912254 [Internet]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8912254/

57. Zinah E, Al-Ibrahim HM. Oral health problems facing refugees in Europe: a scoping review. [Internet]. BMC Public Health. 2021 Jun 24;21(1):1207. doi: 10.1186/s12889-021-11272-z. PMID: 34162351; PMCID: PMC8223339.; Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8223339/

58. Keboa, M.T., Hiles, N. & Macdonald, M.E. The oral health of refugees and asylum seekers: a scoping review. Glob Health 12 59 2016 [Internet]. Available from: https://doi.org/10.1186/s12992-016-0200-x

59. Plymouth City Council. Plymouth Oral Health Needs Assessment Summary 2019 [Internet]. 2019. Available from: Oral Health Needs Assessment Summary 2019 (v1.1).pdf (plymouth.gov.uk)

60. Paisi, M., Baines, R., Wheat, H. et al. Factors affecting oral health care for asylum seekers and refugees in England: a qualitative study of key stakeholders' perspectives and experiences. Br Dent J 2022 [Internet]. Available from: https://doi.org/10.1038/s41415-022-4340-5

61. Heslehurst, N., Brown, H., Pemu, A. et al. Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews. BMC Med 16 89 2018 [Internet]. Available from: https://doi.org/10.1186/s12916-018-1064-0

62. The UN Refugee Agency (UNHCR). Too much pain. Female genital mutilation and asylum in the European Union. A statistical overview. [Internet]. 2013. Available from: https://www.unhcr.org/uk/media/too-much-pain-female-genital-mutilation-and-asylum-european-union-statistical-overview

63. Ramadan M, Rukh-E-Qamar H, Yang S, Vang ZM. Fifty years of evidence on perinatal experience among refugee and asylum-seeking women in Organization for Economic Co-operation and Development (OECD) countries: A scoping review [Internet]. PLoS One. 2023 Oct 26;18(10):e0287617. doi:

10.1371/journal.pone.0287617. PMID: 37883411; PMCID: PMC10602334. Copy; Available from: https://pubmed.ncbi.nlm.nih.gov/37883411/

64. Hufton E, Raven J. Exploring the infant feeding practices of immigrant women in the North West of England: a case study of asylum seekers and refugees in Liverpool and Manchester [Internet]. Matern Child Nutr. 2016 Apr;12(2):299-313. doi: 10.1111/mcn.12145. Epub 2014 Sep 19. PMID: 25243979; PMCID: PMC6860086.; Available from: Matern Child Nutr. 2016 Apr;12(2):299-313. doi: 10.1111/mcn.12145. Epub 2014 Sep 19. PMID: 25243979; PMCID: PMC6860086.

65. Harkensee, C. and Andrew, R. Health needs of accompanied refugee and asylum-seeking children in a UK specialist clinic. Acta Paediatr 110 2396-2404 2021 [Internet]. Available from: https://doi.org/10.1111/apa.15861

66. Cardoso Pinto AM, Seery P, Foster C. Infectious disease screening outcomes and reducing barriers to care for unaccompanied asylum-seeking children: a single-centre retrospective clinical analysis [Internet]. BMJ Paediatrics Open 2022;6:e001664. doi: 10.1136/bmjpo-2022-001664; Available from: https://bmjpaedsopen.bmj.com/content/6/1/e001664

67. Public Health Division Leicester City Council. Rapid Health Needs Assessment: The Health Care Needs of Asylum Seekers in Leicester [Internet]. 2016. Available from: https://www.leicester.gov.uk/media/181922/asylum-seekers-jspna.pdf

68. Department of Health and Social Care. Form GMS1. Family doctor services registration form. [Internet]. 2022. Available from: https://www.gov.uk/government/publications/gms1

69. NHS Digital. Primary care [Internet]. Available from: https://digital.nhs.uk/data-and-information/areas-of-interest/primary-care

70. Public Health England. Model of oral healthcare for asylum seekers and refugees: how to support access to NHS dentists [Internet]. 2021. Available from: https://www.gov.uk/government/publications/oral-healthcare-model-for-asylum-seekers-and-refugees

71. Migrant Help. Asylum services. Available from: https://www.migranthelpuk.org/pages/category/asylum

72. Home Office and UK Visas and Immigration. Welcome: a guide for new refugees [Internet]. 2021. Available from: https://www.gov.uk/government/publications/welcome-a-guide-for-new-refugees

73. Refugee Council. About us. [Internet]. Available from: https://www.refugeecouncil.org.uk/about-us/

74. Baby Basics Leicester. Hello. [Internet]. Available from: https://www.babybasicsleicester.co.uk/

75. Baby Basics Leicester. What we do [Internet]. Available from: https://www.babybasicsleicester.co.uk/waht-we-do

76. British Red Cross. What we do. Available from: https://www.redcross.org.uk/about-us/what-we-do

77. British Red Cross. Help for refugees and asylum seekers. Available from: https://www.redcross.org.uk/get-help/get-help-as-a-refugee

78. Citizens Advice. Learn more about Citizens Advice. Available from: https://www.citizensadvice.org.uk/about-us/

79. Citizens Advice. Immigration. Available from: https://www.citizensadvice.org.uk/immigration/

80. Citizens Advice. No Recourse to Public Funds. Available from: https://www.citizensadvice.org.uk/about-us/our-work/our-campaigns/policy-campaigns/no-recourse-to-public-funds/

81. Leicester City of Sanctuary. Home.

82. Afro Innovation Group. Our story [Internet]. Available from: https://afroinno.org/

83. After18. After18 annual Report and Financial Statements [Internet]. 2022. Available from: https://www.after18.org.uk/about/

84. After18. Services [Internet]. Available from: https://www.after18.org.uk/services/

85. The Centre Project. Welcome to The Centre Project [Internet]. Available from: https://www.centreproject.org/

86. Khidmah Organisation. About us. [Internet]. Available from: https://khidmah.org/about-khidmah-organisation/

87. Khidmah Organisation. Supporting New Arrivals [Internet]. Available from: https://khidmah.org/events/supporting-new-arrivals/

88. Mammas. About Mammas [Internet]. Available from: https://www.mammas.org.uk/about-mammas.html

89. Mammas. Welcome to Leicester Mammas [Internet]. Available from: https://www.mammas.org.uk/

90. Somali Development Services. About us. [Internet]. Available from: https://www.somdev-services.com/background

91. The Race Equality Centre (TREC). About us. [Internet]. Available from: https://www.trec.org.uk/about

92. TRADE. Social Groups [Internet]. Available from: https://www.tradesexualhealth.com/social-life/social-groups.html

93. Zinthiya Trust. Welcome to The Zinthiya Trust [Internet]. Available from: https://www.zinthiyatrust.org/

94. Joy. Social Prescribing Software [Internet]. Available from: https://www.thejoyapp.com/

95. Dr Laura B Nellums, Kieran Rustage,, Dr Sally Hargreaves, Prof Jon S Friedland, Anna Miller, Dr Lucinda Hiam. Access to healthcare for people seeking and refused asylum in Great Britain a review of evidence [Internet]. 2018. Available from: https://www.equalityhumanrights.com/sites/default/files/research-report-121-people-seeking-asylum-access-to-healthcare-evidence-review.pdf

96. NHS Midlands and Lancashire Commissioning Support Unit. Guidance for considering the needs of Asylum Seekers and Refugees in commissioning health services [Internet]. 2017. Available from: https://www.midlandsandlancashirecsu.nhs.uk/download/publications/equality_and_inclusion/Asylum-Guidance.pdf

97. The UN Refugee Agency (UNHCR). Integration Handbook for resettled refugees. Healthcare. [Internet]. Available from: https://www.unhcr.org/handbooks/ih/health/health-care

98. Welsh Government. Policy Implementation Guidance. Health and wellbeing provision for refugees and asylum seekers. [Internet]. 2018. Available from: https://www.gov.wales/sites/default/files/publications/2019-03/health-and-wellbeing-provision-for-refugees-and-asylum-seekers_0.pdf

99. Khanom A, Alanazy W, Couzens L, Evans BA, Fagan L, Fogarty R, John A, Khan T, Kingston MR, Moyo S, Porter A, Rhydderch M, Richardson G, Rungua G, Russell I, Snooks H. Asylum seekers' and refugees' experiences of accessing health care: a qualitative study [Internet]. BJGP Open. 2021 Dec 14;5(6):BJGPO.2021.0059. doi: 10.3399/BJGPO.2021.0059. PMID: 34376383; PMCID: PMC9447303.; Available from: https://pubmed.ncbi.nlm.nih.gov/34376383/

100. Cara Kang, Louise Tomkow, Rebecca Farrington. Access to primary health care for asylum seekers and refugees: a qualitative study of service user experiences in the UK [Internet]. British Journal of General Practice 2019; 69 (685): e537-e545. DOI: 10.3399/bjgp19X701309; Available from: https://bjgp.org/content/69/685/e537

101. Paisi, M., Baines, R., Burns, L. et al. Barriers and facilitators to dental care access among asylum seekers and refugees in highly developed countries: a systematic review [Internet]. BMC Oral Health 20, 337 (2020). https://doi.org/10.1186/s12903-020-01321-1; Available from: https://bmcoralhealth.biomedcentral.com/articles/10.1186/s12903-020-01321-1

102. Pierce P, Whitten M, Hillman S. The impact of digital healthcare on vulnerable pregnant women: A review of the use of the MyCare app in the maternity department at a central London tertiary unit [Internet]. Front Digit Health. 2023 Apr 21;5:1155708. doi: 10.3389/fdgth.2023.1155708. PMID: 37153515; PMCID: PMC10161794.; Available from: https://pubmed.ncbi.nlm.nih.gov/37153515/

103. Equality and Human Rights Commission. Case studies: healthcare and service providers facilitating access to healthcare for people seeking asylum [Internet]. 2019. Available from: https://www.equalityhumanrights.com/sites/default/files/case-studies-healthcare-and-service-providers-facilitating-access-to-healthcare-for-people-seeking-asylum.pdf

104. NNRF. Exploring the Health Experiences of Asylum Seekers and Refugees - Examples of best practice and areas for improvement [Internet]. 2020. Available from: https://www.academia.edu/43821128/Exploring_the_Health_Experiences_of_Asylum_Seekers_and_Refugees_Examples_of_best_practice_and_areas_for_improvement

105. Home Office. Statistics relating to the Illegal Migration Act (data to March 2023) [Internet]. 2024. Available from: https://www.gov.uk/government/statistics/statistics-relating-to-the-illegal-migration-bill/statistics-relating-to-the-illegal-migration-bill#fnref:1

106. SERCO. Asylum accomodation and support services [Internet]. Available from: https://www.serco.com/uk/sector-expertise/immigration/asylum-accommodation-support-services

107. Healthwatch. Insight Report. Accessing Health and Social Care Services. Asylum seekers. [Internet]. 2023. Available from: https://healthwatchll.com/wp-content/uploads/2023/12/Healthwatch-Leicester-Insight-report-Asylum-Seekers-2.pdf

108. Refugee Council. Lives on hold. Experiences of people living in hotel asylum accommodation. A follow-up report. 2022.

109. Melanie Gower. Asylum accommodation: hotels, vessels and large-scale sites [Internet]. House of Comms Library; 2023. Available from: https://researchbriefings.files.parliament.uk/documents/CBP-9831/CBP-9831.pdf

110. Helen Bamber Foundation and Asylum Aid. Suffering and squalor: the impact on mental health of living in hotel asylum accommodation [Internet]. 2024. Available from: https://helenbamber.org/sites/default/files/2024-06/Suffering%20and%20squalor_Final_June%202024.pdf

111. BBC. Asylum seekers and refugees may have to share rooms. [Internet]. 2023. Available from: https://www.bbc.co.uk/news/uk-scotland-north-east-orkney-shetland-66582111#:~:text=%22To%20reduce%20hotel%20use%2C%20asylum,we%20stand%20up%20alternative%20sites.%22

112. Leicester City Council. City council declares housing crisis [Internet]. 2022. Available from: https://news.leicester.gov.uk/news-articles/2022/november/city-council-declares-housing-crisis/#:~:text=RADICAL%20steps%20to%20address%20the,demand%20for%20affordable%2C%20decent%20housing.

113. GOV.UK. Find an immigration removal centre [Internet]. Available from: https://www.gov.uk/immigration-removal-centre

114. Office for National Statistics. 2020-based interim national population projections: year ending June 2022 estimated international migration variant [Internet]. 2023. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/2020basedinterimnationalpopulationprojectionsyearendingjune2022estimatedinternationalmigrationvariant

115. Hall T., Manning A., Sumption M. The Migration Observatory. Why are the latest net migration figures not a reliable guide to future trends? [Internet]. 2023. Available from: https://migrationobservatory.ox.ac.uk/resources/reports/why-are-the-latest-net-migration-figures-not-a-reliable-guide-to-future-trends/

116. IOM International Oranization for Migration. Migration and Climate Change [Internet]. 2008. Available from: https://publications.iom.int/system/files/pdf/mrs-31_en.pdf

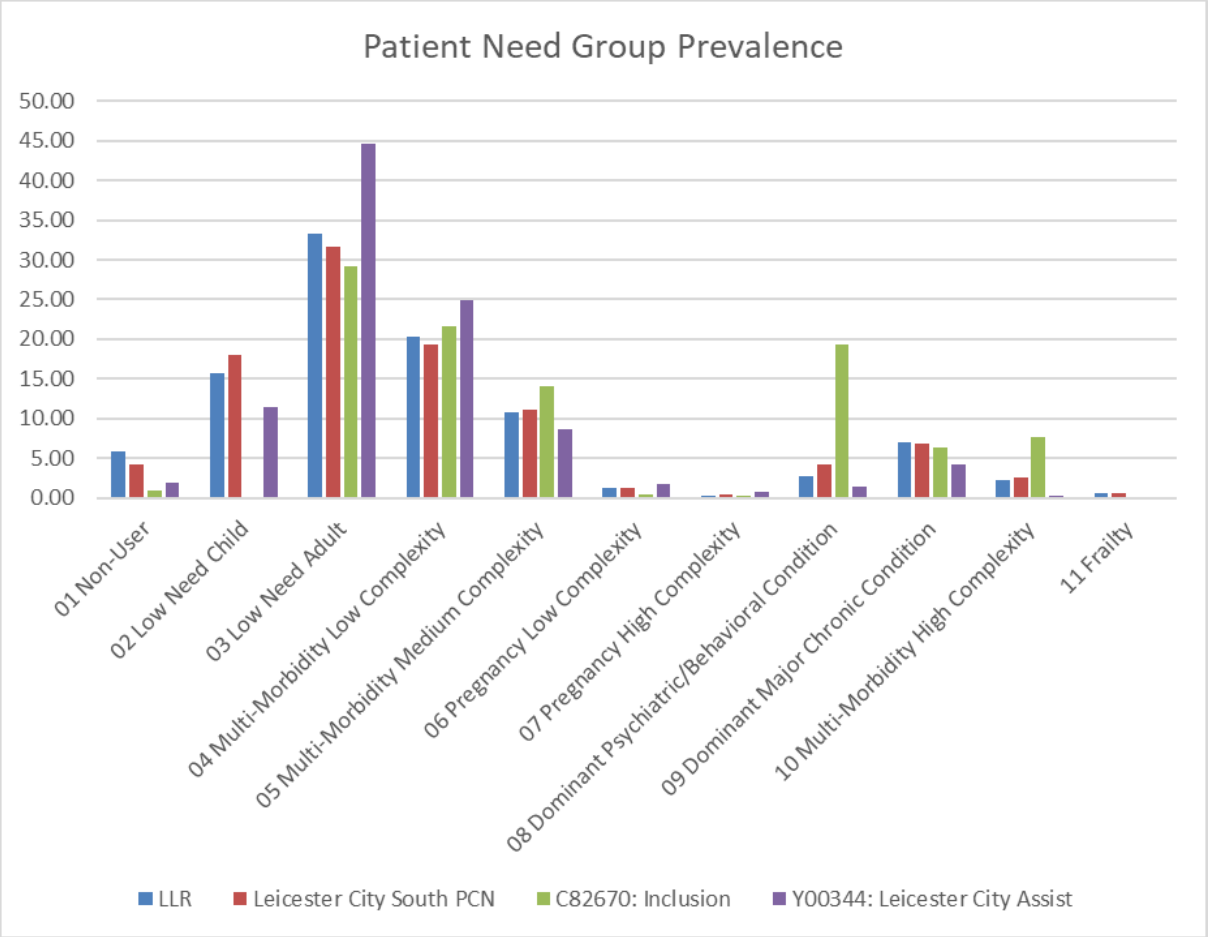
APPENDIX

Predicting need: Information specific to Leicester

'ACORN' is a population segmentation tool which aims to support businesses in understanding their customers. In healthcare it can be used to classify patients into household and wellbeing categories (example categories include 'young hardship' and 'struggling smokers'. As it relies on the addresses of patients this tool is unlikely to provide an accurate description of The Assist Practice patient population, as people seeking asylum are placed in accommodation with no choice and hotel accommodation. Additionally, the tool classified a large percentage of The Assist Practice Patients (over 35%) as 'Null'.

'Patient Need Groups' is a tool that also segments the patient population. The tool is advertised as applicable to all age groups and populations. The following information shows how the tool categorises The Assist Practice patients compared to The Inclusion Practice patients (the general practice for people who are homeless in Leicester City), Leicester City South PCN and Leicester, Leicestershire, and Rutland (LLR) as a whole. The Assist Practice population has a high 'Low Need Adults' and 'Multi-Morbidity Low Complexity' group prevalence. This does not align with other findings of this report.

Figure 21: Patient need group prevalence, The Assist Practice, The Inclusion Practice, Leicester City South PCN and LLR



Source: ICB data report

'Risk scores' are generated from data on demographics, disease burden, disease markers, resource use, special population markers and medication patterns. However, when there is a limited history about patients the risk scores can be less accurate. For The Assist Practice the prevalence of those with a '30% risk of A+E admission in the next year' is 0.6% this is compared to 1.8% for the Leicester City patient population. However, the number of emergency visits per 100 patients was 36.7 for The Assist Practice and 30.8 for the Leicester city patient population. Whilst this could be explained by The Assist Practice having a small number of patients making frequent visits it could also be that the risk score is inaccurate due to limited patient history. No patients at The Assist Practice were identified as having a mortality risk score of 85 or over suggesting that this cohort includes few, if any, whose pattern of coded diagnoses puts them at a significantly increased risk of death in the next twelve months. This may again be inaccurate due to limited patient history.

The LLR Primary Care Fairer Funding Model is not used in funding of The Assist Practice as the practice is funded via the Alternative Provider Medical Services (AMPS) mechanism. However, it illustrates the difficulty in using tools and models in this population. The model uses a measure of patient need in primary care which is the 'expected appointment activity' per patient. This is used to calculate the 'Case mix assessed relative need', which is the ratio of a practices 'expected appointment activity' to the LLR 'expected appointment activity' multiplied by 100. This is based on case mix alone and for The Assist Practice it is 74. This means that it is expected that The Assist Practice Population will need 26% less primary care appointment time compared to the LLR population and reflects that the population is generally younger with less multimorbidity. However, when the 'Assessed relative need to LLR overall' is calculated which includes other factors such as appointment demand due to patient turnover and issues with communication this rises to 131. This means The Assist

Practice population are expected to need 31% more primary care appointment time compared to the LLR population, related to the higher turnover and prevalence of communication issues at the practice compared to LLR generally.

Table 14: The Assist Practice, relative need

Population	Assessed relative need to LLR overall	Case mix assessed relative need
Leicester City Assist Practice	131	74

Source: ICB data report