

What do you know about health care for asylum seekers in 2019?

A discussion on how services need to work collaboratively to safeguard those asylum seekers who are at risk of abuse or neglect

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6th February 2019

Outcomes for session

Participants will have opportunity to:

- Review the London health commissioning arrangements for asylum seekers
- Consider some of the risks when asylum seekers use health services
- Discuss ways of working

Health Services operating within the Immigration System in London

Parts of the immigration system with NHS services specifically supporting them

Initial Accommodation for Asylum Seekers

- Initial Accommodation is hostel provisions commissioned by the Home Office for destitute asylum seekers.
- Provided by Clearsprings
- Aim to accommodate asylum seekers for 19 days before dispersal across the Country.
- In London large numbers of people are moved on within 48 hours to other Initial Accommodation centres
- People with complex health and social care needs stay significantly longer
- Also used by the Home Office to accommodate failed asylum seekers/people released from detention
- Two services in London – Barry House in Southwark (147 Beds – across 55 rooms) and Brigstock House in Croydon (352 beds – across 3 sites; again most in shared rooms).
- Mixed populations of adults, children, single people and family groups
- Accommodation is of an overall poor standard
- Not supported accommodation – on site support is limited; although Migrant Help (VCS information & advice provider) is based in some of the sites.

Harmondsworth & Colnbrook Immigration Removal Centres

- Based at Heathrow Airport
- Comparable to a Category C local prison – although they operate a less restrictive regime than a prison
- Operated by Mitie – Care & Custody
- Approximately 800-1000 detainees at any one time; includes a 27 bed female unit
- Very high turnover – average length of stay 21 days. Complete turnover of residents every month.
- Some detainees stay significantly longer
- Detention can happen at any point during the immigration process - so population includes asylum seekers as well as overstayers/failed applicants
- About ½ of detainees have been transferred from prison after completing their sentence

Healthcare Services Commissioned in these settings

Initial Accommodation for Asylum Seekers

- In-reach healthcare teams providing:
 - Assessment of health needs
 - Public Health screening and immunisation
 - Referral to meet immediate needs
 - Enhanced handover to primary care in area of dispersal
 - Health visiting (separately funded but via LA commissioned services)
- Nurse led service based within local health centres
- In both cases attached to CCG commissioned Homeless Outreach Services.
- Offer includes dedicated GP Services (in Southwark commissioned by the CCG)
- In the Southwark service – additional Occupational Therapy input (both around physical conditions and mental wellbeing)
- Additionally – both services benefit from a dedicated antenatal midwife in their respective CCG commissioned services.

Harmondsworth & Colnbrook Immigration Removal Centres

- 24 hour healthcare service, including:
 - Reception triage and secondary screening
 - Public Health (BBV Screening, Sexual Health, Health Checks, National Screening Programmes)
 - Nurse led primary care offer including triage, long term condition management, urgent care
 - 7 day a week GP service
 - Up to 18 Enhanced Care Unit beds
 - Psychology Service
 - Mental Health In Reach Team
 - Clinical and Non-Clinical Substance Misuse Treatment
- Referral and access to NHS funded secondary and tertiary care in hospital settings

Eligibility for Services for people in the immigration system

Everyone can register with a GP regardless of immigration status – those without an NHS number should be issued one

Prescriptions, Dental and Optometry services are available on the same basis as anyone ordinarily resident (the same exemptions from charges apply) regardless of immigration status

Refugees

- Full entitlement to all NHS Services

Asylum Seekers

- Full entitlement to all NHS Services whilst in the application process (including during appeals)

Others with full exemption from charging

- Prisoners and Immigration Detainees
- Victims, and suspected victims, of modern slavery (and their spouses and dependents)
- Failed Asylum Seekers receiving Section 4(2) Support from the Home Office (usually used when someone is destitute but cannot return to their country of origin i.e. they have a newborn child, a health condition that prevents them travelling OR have applied for Judicial Review OR are entitled to support on human rights grounds)
- An individual receiving support from a Local Authority under Part 1 of the Care Act 2014 (although most people under immigration control are excluded from receiving support under part 1 of the Care Act).
- Looked After Children
- People detained under the mental health act or deprived of their liberty under the mental capacity act.
- People given permission to enter the UK for medical treatment by the Secretary of State for Health

Easement – continuation of treatment where already commenced

- Provision exists for people who began treatment when entitled to NHS services without being charged to continue with this treatment until completion.
- This includes:
 - Asylum seekers whose claims have been denied
 - Prisoners or immigration detainees who began treatment whilst in prison or an immigration removal centre
 - Those previously detained under the MHA or under court ordered treatment
- It's a clinical decision as to what represents a continuation of treatment and what is considered new treatment

Exempt Services – where charging does not apply

The following services sit outside of the charging regulations:

- A&Es, Walk-in-Centres, Minor Injuries Unit or Urgent Care Centres (but not any treatment provided after admission as an inpatient or follow up outpatient treatment)
- 111 services
- Family planning services (contraception only)
- Diagnosis and Treatment of Sexually Transmitted Infections
- Palliative Care Services (provided by a registered palliative care charity)
- Treatment required for a physical or mental condition caused by:
 - torture;
 - female genital mutilation;
 - domestic violence; or
 - sexual violence,except where the overseas visitor has travelled to the UK for the purpose of seeking that treatment.
- The diagnosis and treatment, including routine screening and routine vaccinations of conditions in Schedule 1 of the regulations (essentially a large list of diseases whose treatment is provided on public health grounds – HIV, Hepatitis, food poisoning, meningitis, measles etc.)

What does this mean for your service?

How do you work collaboratively in your area to ensure that the safeguarding needs of asylum seekers are effectively addressed?