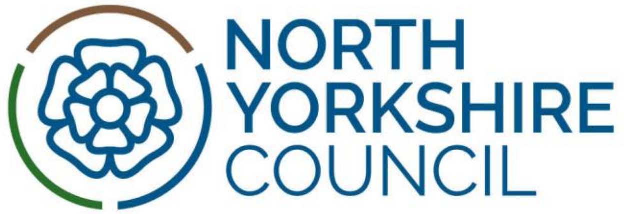

Tackling challenges together:
NY+Y Strategic Migrant Health Group

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Background

- NY did not have significant vulnerable migrant population pre-2021 (compared to other areas)
- NY population: 615,000 people, 97% white ethnicity, 93% born in UK
- August 2021 – Operation Pitting (UK withdrawal from Afghanistan)
  - 2 ARAP accommodation sites (hotels)
- Feb 2022 – Ukraine war
- April 2022 – proposal for large-scale site at Linton on Ouse
- March 2023 – proposal for large-scale asylum site at Catterick Garrison
- Current position:
  - 3 asylum contingency hotel sites in NY, 1 in York
  - Ukraine (>1400 arrivals)
  - Military housing for latest ARAP cohort
  - Cohort of young people undergoing age disputes at separate site

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Strategic Migrant Health Group

- Set up June 2022 – consolidate info from multiple site-based operational groups and share partner updates/issues
- Chaired by NYC PH
- Members include UKHSA, HNY ICB (ICB and Place level), CYC, TEWV, NHSE, SIT
- Met monthly initially, now bi-monthly
- Reports to Health Protection Assurance Group (DPH) as well as regional migrant health meetings
- Key risks and issues:
  - Constantly changing picture in terms of numbers, sites etc.
  - Geography (location of sites, border issues (NHS, Mears))
  - Access to services, e.g. TB, primary care, immunisations
  - Escalation of wider issues e.g. funding, information-sharing, inappropriate movement of individuals

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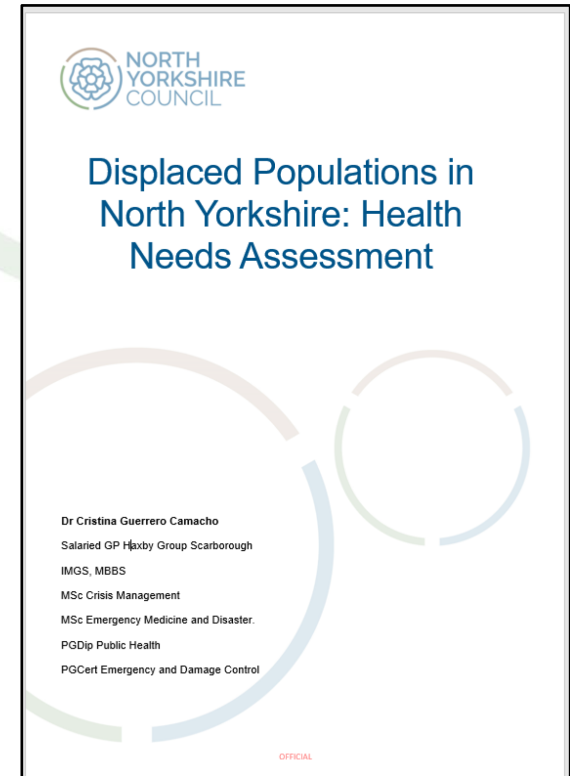
HNA and Action Plan

- HNA focused on displaced populations in line with initial focus of SMHG (ARAP, Ukraine, asylum seekers)
- Undertaken by GP in one of GP practices managing ARAP/asylum seeker sites (overseen by PH)
- Approach included literature review, analysis of regional and national data, and stakeholder interviews from public health, healthcare and delivery of services
- Key findings: challenges around mental health and oral health provision, funding, access to primary care, trust in the health system, cultural awareness among service providers (and wellbeing support for staff as well as service users)
- HNA used to develop Action Plan, written by PH Registrar, with implementation overseen through SMHG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Displaced Populations in North Yorkshire: Health Needs Assessment

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IMGS, MBBS
MSc Crisis Management
MSc Emergency Medicine and Disaster.
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Next steps

- Evolving SMHG to focus on dispersed model rather than primary focus on contingency sites (and wider health issues rather than primarily health protection/primary care focused)
- Implementing recommendations of HNA (under oversight of Group)
- Working with HNY ICB on inclusion health at both ICB and NY Place level
- Strengthening links with military colleagues on refugee and wider health issues
- Continuing engagement with refugee, asylum seeker and other inclusion health/migrant groups as part of ICB Health Inequalities-funded work on immunisations and access to care

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