

**North East and
Yorkshire asylum
process and
health flowchart
for contingency
accommodation**

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Office for Health
Improvement
& Disparities



North East
Migration Partnership



Home Office

Notes

- This flowchart has been developed by the NEY Asylum Seeker and Health Oversight Group which has representation from the Home Office, strategic migration partnerships, Mears, OHID, NHSE, ICBs, LAs and health providers
- The flowchart forms part of the wider SMP resource pack and should be used in conjunction with this pack
- It is recognised that some circumstances are beyond the control of organisations, however agencies have committed to following this flowchart with local adaptation as suggested to ensure the health needs of those seeking asylum in contingency accommodation are met
- The flowchart will be regularly updated, the most up-to-date version will be available both within the SMP resource pack and on the Y&H Public Health Network site [here](#)
- For general questions or feedback about the flowchart contact
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Abbreviations

AASC	Asylum Accommodation and Support Contract (Mears)
DSA	Data sharing agreement
ICB	Integrated care board
ICS	Integrated care system
HO	Home Office
NHSE	NHS England
LA	Local authority
OHID	Office for Health Improvement & Disparities
PH	Public health
SMP	Strategic migration partnership (Migration Yorkshire/North East Migration Partnership)
UKHSA HPT	UK Health Security Agency Health Protection Team
VCSE	Voluntary, community and social enterprise sector

Flowchart for standing up contingency accommodation

HO leads on working with AASC provider senior managers, LA migration lead & SMP to agree contingency accommodation site

Once site is agreed, ICB stand up/commission primary and community health provision¹ (national NHSE primary care service specification [here](#))

AASC provider, SMP and LA migration lead work together to convene an initial operation meeting to agree plans to support the stepping up of health provision

AASC provider to agree local processes to enable health provision (e.g. access to appointments, prescribing, TB screening)
DSA agreed between health & AASC providers

AASC provider sends details of all those in accommodation sites on at least a weekly basis using the standardised spreadsheet
Primary health care provider registers patient fully and arranges initial health assessments using the national health assessment template²

¹ Primary and community health provision includes primary health care (GP care) & may include community services as required to facilitate assessment and ongoing care, e.g. TB screening (a requirement for all service users)

² The nationally agreed health assessment template can be found on SystmOne and EMIS clinical systems under the name of 'National Vulnerable Migrant Health Assessment'

Flowchart for standing down contingency accommodation

AASC provider ensures health stakeholders are informed immediately including all health providers¹ & ICB

Using the standardised spreadsheet, AASC provider informs all health providers are aware of forwarding addresses for those requiring continuity of care arrangements²

Health providers hand over care where appropriate to local health teams under usual arrangements

¹ Primary and community health provision includes primary health care (GP care) & may include community services as required to facilitate assessment and ongoing care, e.g. TB screening (a requirement for all service users)

² Including all children (<18 years old). Where health teams feel that there are sufficient clinical reasons to actively hand over care of an individual, they should request forwarding details from the AASC provider

NEY Regional Contacts

AASC provider and Home Office

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