



# Bevan's Asylum Seeker IA Service

Mathew Sidebottom

Chief Nurse

Bevan Healthcare CIC

# Background



- BHC has been providing specialist inclusion health services for >10 years
- Asylum seeker and refugee health and wellbeing a big part of what we do
- Previously all IA provided from 1 site per region
- Approached by Leeds and Bradford CCGs 18 months ago to provide IA primary care service
- Initially advised was only for “a couple of months”
- Numbers in hotels increased throughout the pandemic

# IA Healthcare



- Previously each IA accommodated service users for <1 month
- Whilst in IA, all service users should receive a health check
- All service users have access to primary care whilst at IA through the IA health team
  - Don't register with a GP
- Immediate healthcare needs dealt with following 'triage'
- Some screening done in IA
- Care picked up on dispersal once registered with a local GP
- Health and care needs identified by the IA health team discussed with Mears to influence dispersal housing/care needs

# Identifying Health Needs

- Not many opportunities to identify health and care needs:
  - Home Office Screening Officer interview
  - IA health team screening\*
  - Mainstream GP on dispersal

\* If not eligible for Section 95 accommodation this step does not apply

## Healthcare Needs and Pregnancy Dispersal Policy

---

**This document provides instruction to staff dispersing asylum seekers/failed asylum seekers and their dependants who have healthcare needs, or who are pregnant or new mothers.**

# Identifying Health Needs



- IA health assessment to include
  - Current health status/immediate needs
  - TB screening ( $\pm$  BBV screening)
  - Vaccination history
  - Obstetric history ( $\pm$  pregnancy test)
  - Sexual health
  - “Identification of special needs and liaison with the Home Office [or Mears] to ensure the provision of appropriate accommodation and support where needed”
  - If a clinical need, children  $<5$  to see a HV for additional needs assessment
  - Mental health assessment
  - Identification of safeguarding concerns

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/496911/new\\_Healthcare\\_Needs\\_and\\_Pregnancy\\_Dispersal\\_Policy\\_EXTERNAL\\_v3\\_0.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496911/new_Healthcare_Needs_and_Pregnancy_Dispersal_Policy_EXTERNAL_v3_0.pdf)

# Bevan's Approach



- We have tried to provide a full IA Health Team approach
  - All service users registered at our GP surgery (Leeds or Bradford)
  - Health screening provided by a member of our nursing team as soon as possible over the phone
  - TB screening and BBV screening offered to all alongside physical and mental health screening
- We have adapted our provision due to the length of time people spend in IA hotels
  - Months not weeks

# Bevan's Approach



- All offered full vaccinations
  - Including COVID vaccination
- Full GP registration
- Access to Bevan's comprehensive services
  - Nursing
  - GPs
  - OTs
  - Wellbeing service

# Wellbeing



- Maintaining good physical and mental health is our aim
- Our Wellbeing and OT teams have provided a number of services
  - ESOL
  - Games
  - Arts & crafts
- Provides another opportunity to identify health and care needs





# COVID Response



- Mears and Bevan work together to swiftly respond to cases, clusters and outbreaks
- Good links with PHE locally
- All in Leeds and Bradford offered vaccination
- It's been an incredibly difficult time for Mears colleagues and service users alike

# Case Study



## Case

- Young gentleman from Syria
- Section 95 accommodation, 'failed' dispersal
- Amputee, complex pain, multiple injuries, PTSD
- Care needs needing assessment
- Requires adapted accommodation
- Current in a disabled hotel room

## Bevan's input

- ANP assessed service user over 3 weeks alongside our OT
  - Nursing/care needs assessment
  - OT environmental assessment
  - Medical needs assessment
- Pain management
- Referred to CMHT
- Social care referral
- Obtained powered wheelchair
- Dispersal recommendations for Mears

# Next steps?



- All local CCGs need to consider whether their services meet the needs of those in IA
  - Screening
  - Full GP registration (NHS England)
  - Develop links with Mears locally to arrange local ‘referral’ pathways to access primary care services and influence dispersals
- Consider COVID vaccination and outbreak management role
  - “Gypsy, Roma and Traveller communities, people experiencing homelessness and Asylum seeker, Refugee and migrant populations may need additional routes to access the vaccine”
    - <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/02/C1158-supporting-ccgs-to-address-vaccine-inequalities.pdf>
  - “JCVI advises that local teams exercise operational judgment and consider a universal offer to people experiencing homelessness and rough sleeping, alongside delivery of the programme to priority group 6, where appropriate”
    - <https://www.gov.uk/government/publications/letter-from-the-health-and-social-care-secretary-on-covid-19-vaccination-phase-1-advice/letter-from-the-jcvi-to-the-health-and-social-care-secretary-on-further-considerations-on-phase-1-advice-1-march-2021>