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Via ICC Cascade

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To: CCG Accountable Offices
CCG Chief Executives
(For urgent action)

Cc: Public Health England
Home Office
Initial Accommodation providers (via Home Office cascade)

12 June 2020

Dear colleagues

Asylum seekers housed in contingency accommodation

Since the start of the COVID-19 pandemic, there has been an increase in the use of contingency accommodation (hotels) for asylum seekers. CCGs are responsible for ensuring the health of this population. This letter provides you with information to support your CCG's approach to this situation.

Ordinarily the commissioning responsibility for asylum seekers in initial accommodation is limited to CCGs with initial accommodation centres (IAC) in their areas. Each receives additional central support for their expenditure on health assessment services which minimises the disproportionate burden that would otherwise fall to local GP services, particularly when patients may be quickly dispersed to other areas.

When IAC capacity is full, asylum seekers need to be housed somewhere, and the Home Office permits IAC providers to secure contingency accommodation (hotels).

The Home Office has reported to us that the number of asylum seekers now housed in hotels is around 150% over existing IAC capacity (around 1,700 IAC bed capacity and 2,500 bed capacity in contingency accommodation) with additional accommodation now, or to be, secured in anticipation of further increases. This is because:

- **Pre COVID-19 pressures:** an unprecedented spike in asylum seeker numbers over the winter had already increased hotel use (1,300 beds at its peak)
- **COVID-19 pressures:** the lockdown of IAC capacity to prevent infection spread means no new arrivals may be accommodated here and there is no onward dispersal of existing residents**.**

We are working with the Home Office to improve the quality of data available nationally, including ensuring planned hotel use is discussed and agreed with NHS England and NHS Improvement regional teams in advance and communicated to CCGs. The Home Office will review the lockdown of IACs at the end of June.

Service expectations and further support

An outline of pre-COVID-19 models of care including the national outline service specification for health assessment services for newly arrived asylum seekers in initial accommodation is attached (Annex A).

CCGs with current or planned hotel use will want to secure equivalent health assessment services as far as is possible, recognising local COVID-19 challenges will impact the degree to which routine equivalent services can be put in place quickly. The lockdown means asylum seekers will be in those hotels for longer, increasing the possibility of ongoing health needs arising. The priority will therefore be to ensure:

- assessment of asylum seekers' immediate health and care needs during their residence, including those with possible COVID-19 symptoms, and facilitating access to appropriate care and delivering this by remote means wherever possible
- protecting the most vulnerable from risks of COVID-19, including all resident adults who meet clinical criteria for influenza vaccination, those aged 70 years and over, and pregnant women.

CCGs will need to work with their local IAC providers to understand the status of hotel use in their area and the needs of newly housed asylum seekers and the extent that population could fluctuate over the coming weeks. IAC providers' contact details are provided in Annex B.

There is unlikely to be any pre-existing health assessment as the asylum seekers are newly arrived, but the Home Office and IAC providers have and are taking action

to ensure both those newly arrived with COVID-19 symptoms and those who are most vulnerable (as defined above) are allocated to alternative appropriate accommodation.

Support

CCGs with a nearby IAC may find it helpful to liaise with the relevant CCG to understand more about the service needs of this population and to understand if the existing IAC health assessment service has additional capacity or could be supplemented to provide a stop-gap service to a wider population. CCGs may also be able to align with health inclusion services for homeless people accommodated in hotels. Further sources of support include:

- Local Public Health England leads (in many areas these colleagues attend the Regional Strategic Migration Partnerships (RSMPs))
- RSMPs
- the Initial Accommodation Centre Network - run by Public Health England
- BMA refugee and asylum seeker health resource
- Public Health England Migrant Health Guide

In addition to the practical issues facing CCGs we recognise there is an additional cost in setting up health assessment services as a consequence of the COVID-19 response. Specific details on the reporting and reimbursement of these costs as part of the additional funding for the coronavirus pandemic will be shared with you as soon as possible.

If you have any queries please do not hesitate to contact us at england.cov-primary-care@nhs.net

Yours sincerely,

Ed Waller
Director for Primary Care Strategy
and NHS Contracts

Dr Nikki Kanani
Medical Director for Primary Care

Annex A

Potential models of care

IAC health assessment models include both nurse-led and GP-led services. Some are co-located in IAC buildings (eg Wakefield, Liverpool) and some are off-site in GP surgeries or health centres (eg Birmingham, Croydon). There are advantages to having on-site services in that it is easier for patients to attend. However, there have been successful initiatives to get patients to attend off-site centres.

CCGs will be limited in their ability to provide on-site or nearby co-located services in the case of asylum seekers housed in hotels. The delivery of services by remote means (telephone and online consultation) will be a priority but may need to be facilitated practically whether through access to dedicated facilities available at the hotel premises (managed appropriately to minimise infection risks) or individual access to a phone/smartphone (eg ensuring free access to WIFI).

Asylum seekers should have access to a health assessment to identify any illnesses that require prompt referral and to identify any communicable diseases, but it will not always be feasible for this to be carried out.

Initial Accommodation Centre (IAC) health screening service specification (September 2019)

1. Effective service and team management	Overall management of the initial accommodation health team and the service. Provide information and performance data about the service as specified by commissioner/s. Patients are temporarily housed in Initial Accommodation Centres (IAC) therefore their health needs are generally considered in the same way that those of primary medical care Temporary Residents plus an uplift in service provision to reflect the public health and acute care needs of this vulnerable patient cohort. Some IAC residents will require referral to and registration with a GP while staying in IAC if they have existing health conditions that require immediate referral in to secondary care (which cannot wait until dispersal).
2. **Health Check**: Every asylum seeker arriving in initial accommodation has a	Assessment of current health status of asylum seekers and their dependants (adult and child) and addressing health issues of any immediate concerns. The health assessment offered should include the following:

health assessment, TB screening and appropriate referrals are made.	1. Testing for TB, Hepatitis A, B and C and HIV should be routinely offered as opt-out testing (or if there is a clinical reason for concern) [adjust as required for your site] 2. Recording the asylum seeker's history of vaccinations. 3. Offering vaccinations (e.g. flu / shingles) in line with existing guidelines to both adults and children 4. Offer required advice and vaccinations in outbreak situations 5. Facilitate vaccinations of newborns and children 6. Recording of women's pregnancy and maternity history 7. Offering / facilitating access to comprehensive ante-natal and post-natal care 8. Offering contraception advice offered to both men and women including referral to Termination of Pregnancy (TOPs) where appropriate 9. Referral to appropriate support services such as those for Female Genital Mutilation (FGM), Rape Crisis, support following torture or for those who are victims of trafficking 10. Identification of health or care needs (e.g. learning difficulties, mobility issues) and liaison with Home Office / UK Visas and Immigration (UKVI), or whoever is sub-contracted to oversee dispersal 11. Support / facilitate local health visiting team to assess newborns and children under the age of 5 years 12. Share information with UKVI / Home Office to ensure asylum seekers are provided with accommodation appropriate to their clinical or social care needs where required (eg if need dispersal to a specific area, liaison with social care) 13. Support / facilitate local health visiting team to assess newborns and children under the age of 5 years 14. Provide trauma-informed care for those who are acutely mentally unwell and need prompt referral in to crisis care 15. Staff are trained to recognise critical symptoms of mental ill-health

	16. Identifying low level signs and symptoms of poor mental health / psychological wellbeing, and facilitating access to appropriate support 17. Referral arrangements for emergency dental or optometry treatment as required
3. **Minor illness**: Appropriate assessment, triage and care are provided to asylum seekers presenting with minor illness and more complex health issues arising from the health assessment.	18. Access to a minor illness service 19. Access to a GP (as required such as where patients require immediate onward referral for secondary care services) 20. Appropriate pathway for triage of patients 21. Arrangements to cover 'in hours' period 22. Appropriate pathways for referral for out-of-hours care 23. Prescribing as appropriate including access to over the counter (OTC) medications (given that the population in IAC is destitute and unable to afford OTC medication).
4. All client contact will be facilitated with appropriate **interpreting support** as required	24. Interpreting support to be provided (including making more use of digital interpreting support where appropriate) for patients unable to speak English or who require British Sign Language interpreting in line with NHS England's Guidance for Commissioners: Interpreting and Translation Services in Primary Care and the Accessible Information Standard (formally known as DCB1605 Accessible Information)
5. **Mental Health**: Asylum seekers with symptoms of anxiety and stress are referred on appropriately	• Staff are trained to recognise critical symptoms
6. Staff working with asylum seekers have access to appropriate clinical supervision	Ensure adequate support for staff working in IACs given the level of trauma experienced by asylum seekers. This support could include: • supervision sessions • access to supervision • at least 1 hr/month for each member of staff • Multi-disciplinary teams for health staff • partnership meeting (accommodation provider, Migrant Help, health staff and Home Office)

7. **Administration and co-ordination** of the service provided to asylum seekers	• an electronic patient record system • systems are in place for the smooth and effective running of any necessary clinics • IT systems and data sharing (e.g. sharing info. across IACs and in to primary care (e.g. BBV results)) • data collection returns consistently to commissioner (future planning and contract monitoring) • SUI recording and escalation as per NHS SUI reporting framework (within 72 hours) and use of DATIX • recording of issues and incidents and investigate all serious incidents in accordance with the NHS Serious Incident Framework. • use of NHS numbers allocated to patients to ensure appropriate flow of information • recording of issues and incidents
8. Provide **training, development and audit**	• audit certain aspects of service as agreed with commissioner and shared with colleagues nationally to improve learning • keeping staff up-to-date with the latest needs of this client group (e.g. attendance at the IAC Network or other appropriate national meting) and attendance at appropriate meetings as agree with commissioner • in-reach education to other local services (e.g. midwifery) so that there is clear understanding of and clear pathways to services • support delivery of training for non-clinical and housing staff (noting external agencies' responsibility to provide training to their own employees) to raise awareness of population specific issues such as: Mental Health First Aid; working with interpreters; TB symptoms; safeguarding protocols; access to interpreting and patient entitlement to interpreting services (especially for 'late bookers' (ie women presenting late in pregnancy)); access to health and social care services • access relevant training to understand the wider context eg understanding the asylum process.
9. Safeguarding	• standard safeguarding protocol

10. Wider systems partnership working as required	A duty to support continuity of care and appropriately share information including with: • voluntary sector • Regional Strategic Migration Partnerships (RSMPs) • Home Office • initial accommodation providers • local authority (especially children's social care and public health in particular) • community services (e.g. libraries) • PHE • maternity services • mental health services • information for patients (e.g. pregnant women not hiding that they're pregnant for fear of being returned to London) • entitlement to care / health literacy for patients.
11. Midwifery	• agreeing a bespoke pathway with local provider trust for pregnant women (for example, as per Derby arrangements).

Annex B

Contact details for Home Office and initial accommodation providers

NHS England and NHS Improvement Regional Footprint	IAC Provider	IAC Contact	Home Office Contact
North West	SERCO	**Katy Wood** **Katy.wood@serco.com** **07718 195315**	**Melissa Kirby** **Melissa.kirby@homeoffice.gov.uk** **07833 441462**
North East and Yorkshire	MEARS	**Amarjit Bains** **Amarjit.bains@mearshousing.co.uk** **07889 643983**	**Jon Kingham** **Jonathan.kingham4@homeoffice.gov.uk** **07785 445229**
Midlands	SERCO	**Katy Wood** **Katy.wood@serco.com** **07718 195315**	**Ruth Hadland** **Ruth.hadland@homeoffice.gov.uk** **07717 423604**
East of England	SERCO	**Katy Wood** **Katy.wood@serco.com** **07718 195315**	**Ruth Hadland** **Ruth.hadland@homeoffice.gov.uk** **07717 423604**
London	CRH	**Tina Rea** **tinarea@ready-homes.com** **07500 838240**	**Idris Gobir** **Idris.gobir@homeoffice.gov.uk** **07717 151199**
South West	CRH	**Tina Rea** **tinarea@ready-homes.com** **07500 838240**	**Lawrence Williams** **Lawrence.williams@homeoffice.gov.uk** **07768 557641**
South East	CRH	**Tina Rea** **tinarea@ready-homes.com** **07500 838240**	**Idris Gobir** **Idris.gobir@homeoffice.gov.uk** **07717 151199**