



Date: Friday, 11 September 2015

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

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## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### 4 Public Question Time (Pages 1 - 8)

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14.

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## Public Questions: HWBB 11<sup>th</sup> September 2015

### Question 1:

David Sandbach's question:

I was very impressed with the presentation made by several young people at the Shropshire Health and Well Being Board on the 31st of August.

Would it be possible for the H&WB Board to ask these young people if a facility, like the one provided by the Birmingham and Solihull Mental Health NHS Foundation Trust and partners, could be of use here in Shropshire?

However I am well past my teenage years (statement of the blindingly obvious) so I think maybe more youthful eyes are needed to evaluate the potential of such a development here in Shropshire.

I am aware that the Shropshire Youth Health Champions have created a series of videos which represents a considerable amount of intellectual capital.

### My question for the next H&WB is:

*"How will the H&WB Board help to ensure these videos are made promoted and available to the Shropshire public plus health, education and social service personnel. "*

### Response from Shropshire Health & Wellbeing Board:

We have sent the relevant facility provided by the Birmingham and Solihull Mental Health NHS Foundation Trust and partners to the young health champions for review and await a response, as per your request.

The HWBB is very impressed by the hard work and dedication of the Shropshire Young Health Champions in tackling health issues. The Board is particularly keen to ensure that their high quality work and findings are shared across Shropshire, both with professionals and the wider public.

The HWBB intends that the Young Health Champion's work, including the videos, will be communicated through local media and our other communication channels, for example via our websites and social media outlets. The HWBB also encourages individual organisations to ensure that the work is promoted through their staff and public communication channels. The HWBB is happy to continue to support the Young Health Champions with their projects.

### Question 2:

From George Rook

"The health and wellbeing board includes all major stakeholders in the health and care economy. Please would you say what steps have been taken, and what action will be taken, in Shropshire to welcome and provide support and homes for refugees during the current crisis? We believe that it is morally our duty in Shropshire, and elsewhere, to provide real humanitarian support for these displaced people who are suffering so much."

**Response from Shropshire Health & Wellbeing Board:**

Please see information below and attached.

**Press Release from Shropshire Council, September 9**

Cabinet members were unanimous that the UK and Shropshire should do what we can to help. It was recognised that individuals and communities are already organising themselves to provide aid, and we thoroughly endorse and support this.

Refugees are not a new phenomenon, and we anticipate that there will be helpful records and evidence on how to deliver maximum benefits to refugees. The council's Public Health Forum has been asked to record how best to support refugees based on previous experience.

As has previously been stated, an officer within the council now has full-time responsibility to co-ordinate our efforts and communicate with voluntary support and aid. This will also provide a crucial Shropshire link into the Government and regional agencies. Partner agencies such as health, Department for Work and Pensions, police and the fire service have now also nominated staff to support this group. The group will gather information, formulate a plan and identify costs ready for implementation.

The Cabinet are also promoting that a cross political party governance group is established to ensure that in Shropshire we focus on how we might best help rather than make a political issue of refugees. So far Opposition Leaders have added their support for this and we hope to achieve assembling this group by the end of this week. Councillor Karen Calder (Cabinet member for health) will lead for the Conservative Administration. Partner agencies and potentially independent people will be invited to be part of this governing group.

In terms of 'what will Shropshire do', the council are keeping all options open. As we have said, we want to be as certain as possible that early good intentions are likely to have good outcomes. We are considering how we can bring refugees to Shropshire – house and support them and, more than this, how the skills refugees will bring can boost our economy. We are also considering if we could be a point of distribution of refugees for other parts of the UK, but it is too early to say if this is feasible. However, it is important that nothing is ruled out at this stage.

Shropshire Council wants to support refugees, and we support the position of the Local Government Association that the Government must fund the aid and support we provide.

Please see attached paper for more information.

**Question 3:**

From George Rook  
Chair, Shropshire Dementia Action Alliance

In December Telford will host an international conference on Dementia. This is a fantastic opportunity to learn about latest developments in dementia prevention, diagnosis and care. In view of the current review of the Memory Service, and the forthcoming review of the county Dementia Action Plan, as well as the general lack of post diagnostic support for people in Shropshire with a diagnosis of dementia prior to crisis, I urge very strongly that every member of the Board attend at

least one day of the conference. My question is, how many members of the Board are intending to attend?

**Response from Shropshire Health & Wellbeing Board:**

**Board Members Planning to Attend:**

**Rachel Wintle**

**Cllr Lee Chapman**

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## **Update: initial research and key considerations around refugees**

Earlier this week, the Prime Minister announced that the UK would accept up to 20,000 refugees from Syria over the next five years.

Shropshire's Public Health team were asked to complete an initial scoping exercise to identify key considerations and 'headline' topics for attention around the acceptance of refugee into the UK. This update provides a broad overview of highlighted topics from a review of evidence-based research literature and provides areas for further investigation. It is not Shropshire-specific nor does it give specific examples for best practice in rural areas. Public Health can be contacted for further information if required.

### **Definitions:**

**Refugee** - One who flees, especially to another country, seeking refuge from war, political oppression, religious persecution, or a natural disaster.

**Integration** - Integration is a series of dynamic two-way processes of interaction and participation which begins the moment someone arrives in a place, whether they are staying for a year or for life. It occurs in different domains, including the economic, social, cultural and civic, and in relation to identity, each of which is related and which need to be considered together, not in isolation.

### **Key points to remember:**

Refugees are a heterogeneous group; men and women of different ages, religions, backgrounds, including highly-skilled professionals. There may be specific requirements for unaccompanied women, single mothers, pregnant women, the elderly, the young and other vulnerable individuals.

Support for refugees should be provided holistically and should take consideration of what the individual wants for the future as well as their more immediate needs. Response should be person-centred, rights-based and solution-focused.

Unaccompanied Asylum-seeking Children have some very specific and complex needs, covering all aspects of integration below.

Effective multi-agency and partnership working across organisational boundaries at both strategic and operational level is key in providing efficient and successful support. Decision making should be timely, transparent and involve the individual, or their advocate, as fully as possible in the process. Securing organisational commitment to promoting the wellbeing of refugees must be embedded and in place to arrival of the refugees.

Refugees can often face a significant burden of ill-health – remembering health in its most holistic form.

### **Determinants of integration**

Barriers to integration vary across the UK, across groups of migrants and dependent on the opportunities open to them. Priorities for an integration strategy may therefore differ.

Wider determinants of integration include:

- English for Speakers of Other Languages/ English
- Housing

- Employment, skills and enterprise
- Health & social care
- Community safety and community cohesion
- Children and young people
- Community development and participation

### **Barriers to integration**

A comprehensive review found that there were six mutually reinforcing factors that limit integration of refugees into host communities. These are:

- Lack of language skills and/or recognised qualifications
- Mobility – moving between places in an area
- Migrants' lack of knowledge of the system and access to services
- Generic services insufficient, in part, to meet migrants' needs
- Hostile public attitudes
- Legal barriers to integration associated with immigration status

### **Interventions to facilitate integration**

Integration is a society-wide responsibility with no focus on any one particular group. This can be seen as 'bridge-building' between communities. Interventions should be targeted at different levels, some will be society-wide, whilst others will focus on either the refugee population or the host population and services.

Interventions that build bridges between individuals, groups and institutions:

- Robust regulation of standards in private rented sector housing and in the areas of employment where migrants are concentrated, based on the use of existing regulatory frameworks and the promotion of best practice through kite-marking
- Focus cohesion and public communication in areas of the labour and housing market where migration impacts are likely to be felt: low skills areas and outer city 'new contact zones'
- Identify pathways back to legality for undocumented migrants, and the promotion of a living wage for all
- A strong communication strategy around migration including sophisticated myth-busting
- Embracing migrants within implementation on public bodies of the statutory duty to promote racial equality and good race relations (and from 2011 the broader equality duty)
- Harnessing the potential of partners in civil society, including businesses, the media and trade unions, to facilitate integration
- Outreach by service providers to introduce themselves to migrants,
- Introducing migrants to their neighbours,
- Mentoring, befriending and hosting schemes in the community
- Volunteering by migrants
- Conflict prevention and resolution initiatives

Interventions aimed at migrants:

- Targeted English as a Second Language (ESOL) provision, based on review of the available evidence and on best practice, at the times and in the locations best suited for those who most need it and English language support
- Clear information and advice on entitlements to housing, health and other social goods and on responsibilities



- Targeted employment support, based on best practice, focusing on skills, employment sustainability and combating under-employment.
- Evidence based planning for health needs of migrant populations, particularly in mental health and maternity care.
- Supporting migrant community organisations and the involvement of migrants in mainstream community and civic structures.
- Provision of information to newcomers before and after arrival - on local services, rights and responsibilities, and where to get advice.
- Structured assessment, induction and ongoing support to assess individual needs and target appropriate support, including health needs and skills training
- Capacity building with migrant community organisations
- Schools are a stabilising feature in the unsettled lives of refugee students providing safe spaces for new encounters, interactions and learning opportunities. Both specific ESOL service and a whole school approach to integration are vital

Interventions focused on employers, agencies or the public:

- Provision of information to, and consultation with, local communities, adults and schoolchildren to prepare them for new arrivals,
- Myth-busting strategies – including media work
- Information to front-line service providers
- Adaptation of mainstream services to meet the particular circumstances of migrants
- Training service providers in mainstream agencies in meeting the specific needs of the migrants
- Appointment of specialist staff
- Appointment of staff from newly arrived communities

### **Health considerations**

There are recommendations to provide new migrant health assessments, but critically these should not be too narrow and simply be screening for infectious disease. The assessment should cover health in its most holistic sense. Aspects of health should include, but not be limited to:

- Mental health (including all aspects from trauma to longer term depression)
- Non-communicable diseases
- Child maltreatment
- Intimate partner violence
- Iron-deficiency anemia
- Dental health
- Contraception use and pregnancy care.

Rehabilitation from trauma should be evidence based – for example using the NICE guideline (CG26).

### **Key sources:**

Gidley, B. and Jayaweera, H. (2010). *An evidence base on migration and integration in London*. ESRC Centre on Migration, Policy and Society: University of Oxford.

Pottie, K. et al. (2011). Evidence-based clinical guidelines for immigrants and refugees. *CMAJ*, 183, (12), E824-E925.

SCIE. (2015). *Good practice in social care for refugees and asylum seekers*. Available online:

<http://www.scie.org.uk/publications/guides/guide37-good-practice-in-social-care-with-refugees-and-asylum-seekers/>

Spencer, S. (2004). *Refugees and other new migrants: a review of the evidence on successful approaches to integration*. Centre on Migration, Policy & Society: University of Oxford.