Alliance for Better Care

About Us

SOLUTIONS

Supporting General Practice to do what it wants to do really well.

INCLUSION

Filling in the gaps to enable community transformation.

Agenda

- ABC’s Approach to Inclusion
- Myth Buster
- Our Asylum Seeker and Refugees Service
- Understanding of the distinct health needs and barriers faced by displaced populations
- The impact of immigration status on access to healthcare and support services.
- Legislation, Rights, Accommodation
- Scenarios
- Equity – Everyone's Business

Filling in the Gaps

Gypsy, Roma and Traveller Community

Bringing our services into the heart of the GRT community - delivering vaccinations and health checks in homes and familiar community settings. Building trust and advocating on behalf of patients who are sometimes made to feel left behind. We have recruited from within the community and worked with partners who also have strong ties.

Homeless

Meeting people where they are - working with the council and housing department we are able to cover all emergency shelters, cabins, homeless hotels and invite rough sleepers to our pop-up clinics.
This include the newly arrived Chagossians who are experiencing healthcare inequalities and late preventable diagnoses.

Refugees and Asylum Seekers

From crisis response – to providing long-term personalised care. Providing acute care for newly arrived refugees and asylum seekers placed in Sussex hotels after their arrival at Manston, we bridge the gap between over pressuring primary care with large number of arrivals and prevent hospital admissions, providing high quality care.

What Do These People Have in Common?

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They have all experienced displacement, homelessness or come from Gypsy, Roma & Traveller heritage – the communities we support through our inclusion work.

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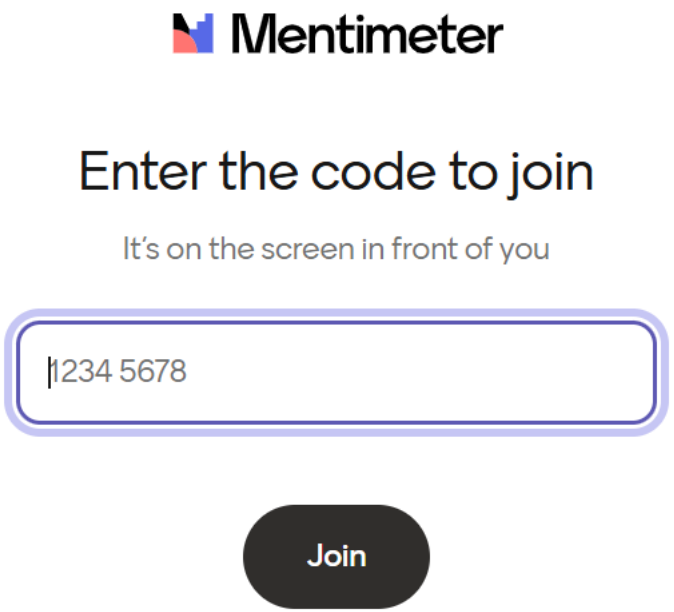
or visit:
www.menti.com
And **enter a code: 2918 0367**



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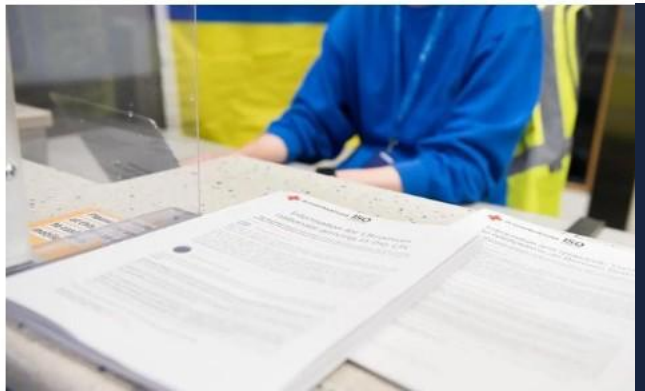

Our Refugee and Asylum Seeker Service

Our RASS team

We are proud to have a dedicated RASS team, whose focus is to provide clinical assistance as well as practical support to people arriving in the UK seeking asylum. However, this service continues to impact almost all our staff members both professionally and personally – with many volunteering in their personal time to help.

Our core RASS team includes:

- Medical director
- Lead nurse
- Clinical lead
- 11 doctors
- 14 nurses and paramedics
- 2 social prescribers
- 1 care co-ordinator
- Head of service
- Service manager and service co-ordinator

Emergency arrivals

- Majority of our RASS patients arrive via small boats into Dover or Manston.
- Urgent responses to flights due to land at Gatwick Airport with short notice and passengers require immediate assistance.
- Urgent health needs are assessed immediately, often in makeshift airport lounges. We use whatever space and resources we have available to us to deliver a safe and discreet setting.
- Within 24 hours of arrival at hotel – they are added to our clinical system and a telephone interpreter is arranged. We then screen for diphtheria before gaining consent and then prescribing antibiotics and administering a diphtheria vaccination.
- We then set about addressing urgent health needs

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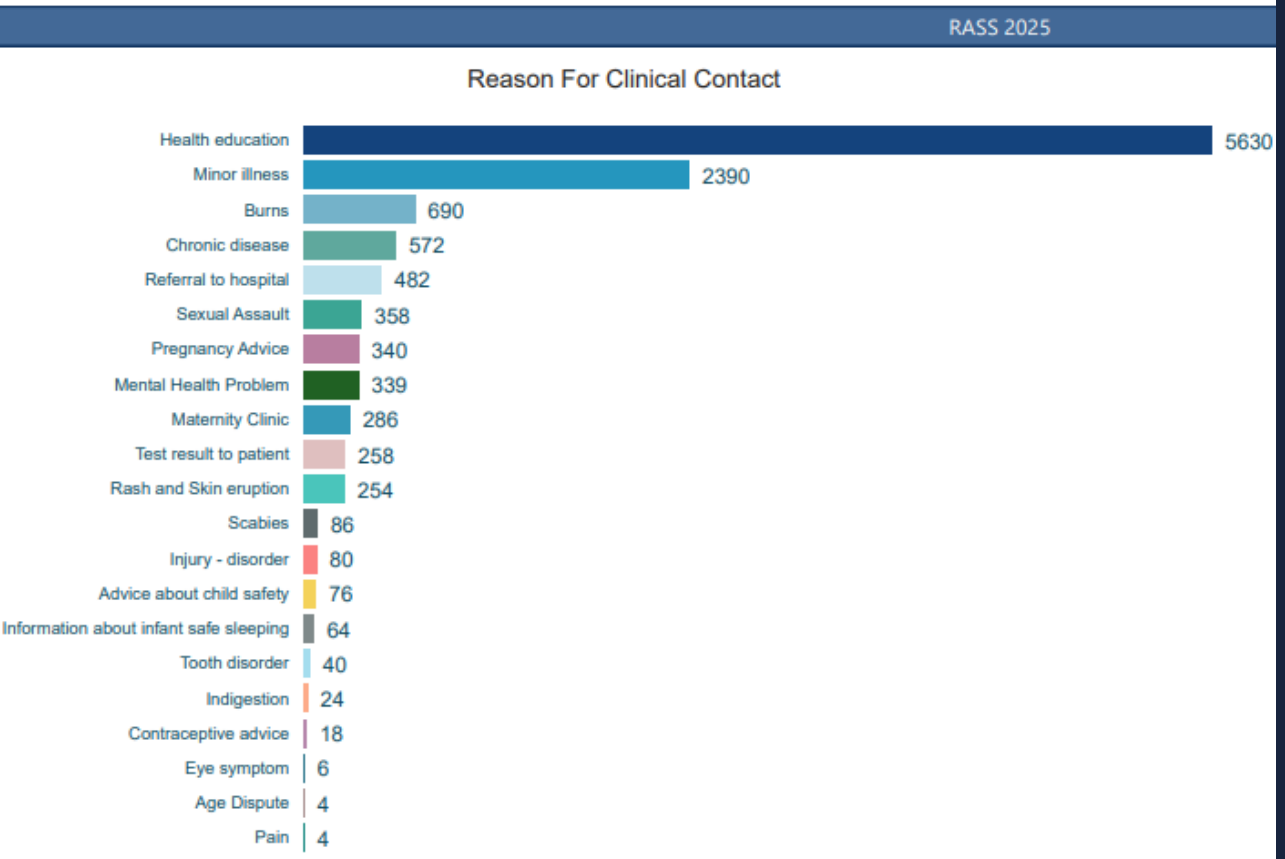
This service now serves a fluctuating population of over 3,000 people including those who are currently living in 20 hotels across Surrey and Sussex.

Clinical Activity



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- Burns and wound care
- Diphtheria Clinics
- Infectious disease outbreak response
- Health Checks
- GP registrations
- Lead emergency responses
- MSK clinics
- TB Clinics
- Translating national guidance into localised information
- Immunisation
- Women's health

From crisis response to long-term personalised care

- Co-ordinating cross-organisational health support for people seeking asylum who are placed locally, both temporarily and long term. This involves working closely with GP practices across the region to ensure arrivals have access to routine care.

- From those placed in overnight temporary accommodation with complex health needs, to arrivals in UK processing centres requiring urgent specialist care for traumatic experiences – we have established an agile and empathetic service that adapts to the changing circumstances.

Personalised Care

- Giving people choice and control over the way their care is planned and delivered. It is based on ‘what matters’ to them

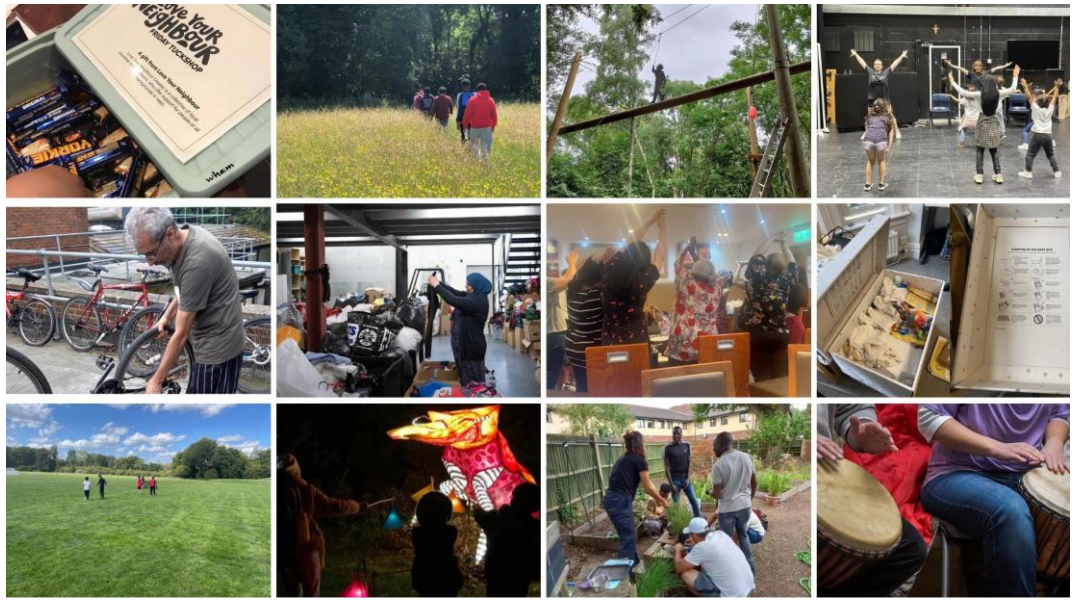
- Our pilot feeds into both the Population Health Board and Personalised Care and Sussex Primary Care Board. The pilot aligns with the Long Term Plan NHS Priorities 2023/24 and delivers on the Core20PLUS5 approach.

- **Two Social Prescribers and a Care Coordinator**
  The team act as single points of contact to help navigate the health care system and connect them to community groups and statutory services for ongoing support.

Community engagement

The needs of temporarily housed refugees and asylum seekers often involves far more than clinical assistance. Many arrive with no belongings, no knowledge of their surroundings and are reacting to unimaginable trauma.

We work with over 25 voluntary sector organisations to deliver activities that will support integration, social inclusion and cultural awareness – all of which can reduce or prevent mental health issues.



These include:

- Activity days
- Bike safety
- Child wellbeing
- Family experiences
- Gardening club
- Football skills
- Music workshops
- Nature walks
- Safe sleeping
- Youth groups
- Womens support

Humanitarian support

We work with a number of incredibly generous partner organisations who help us to make a difference to the lives of our patients. From local Councils and authorities to charities and social enterprises, our aim is to break down barriers and ensure equality of access to care.

As an organisation, we're proud to support:

- Refugees Welcome Crawley
- Sussex Aid for Refugees
- Stripey Stork

Please check out the full list on our website – we'd love to mention them all!

allianceforbettercare.org/our-partners

Since we've started

94% of service users reported an overall improvement in wellbeing, with needs such as mental health, social inclusion, and healthcare navigation being addressed.

50% reduction in repeat prescription
GP appointments

400+ referrals accepted from voluntary sector partners, GP practices and self-referrals.

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“It is the obligation of every person born in a safer room to open the door when someone in danger knocks.”

Dina Nayer

Scenario 1

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A refugee mother previously supported by our team while living in a hotel

had frequently expressed feelings of loneliness and anxiety about her baby's wellbeing.

In response, we signposted her to baby groups and a Women's Group at our Horley Health Hub, where she was able to build friendships and support networks.

Later, she was moved from Crawley Asylum Seeker Hotel to a hotel in London, which unfortunately disconnected her from her newfound support system.

Background Info

Several weeks later, we were contacted by a concerned member of the women's group.

Who reported that the mother was stranded at Gatwick Airport with her two daughters (18 and 3 years old).

She had travelled back to her home country to bring her 18 year old daughter to the UK, after the young woman had been raped and was self-harming.

However, upon their return, the mother found herself without assistance, unsure of where to go and completely alone in an unfamiliar situation.

Enquiry

What can you do?

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Enquiry

- **Out-of-hours contact with Open House (Homeless Shelter) unsuccessful; unable to accept children.**
- **Crawley Homeless Team advised escalation to social services.**
- **Safeguarding team initially unable to act without full details**
- **Maintained contact with mother despite phone charging issues at airport.**
- **Secured necessary information; safeguarding team collected family at 3am.**
- **Family relocated to temporary hostel accommodation in Croydon.**
- **Connected mother with local GP practice.**
- **Mental health referral made for 18-year-old daughter.**
- **Signposted to charities for clothing, supplies, and community support.**

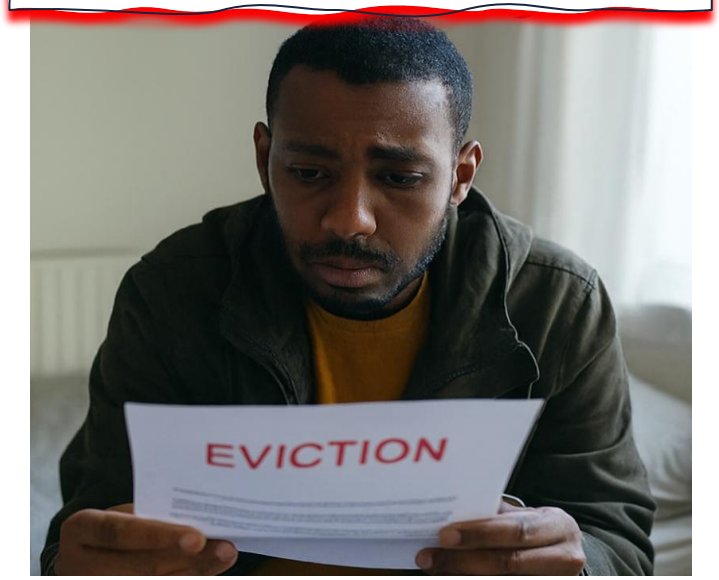
What we did

Scenario 2

- Ahmed who has been placed to one of our hotels after being moved from Bibby Stockholm Barge is an asylum seeker with a chronic physical condition: diabetes and ongoing mental health needs
- Registered with a local GP and CMHT, attends community groups (gardening club, Men in Sheds) for social support
- Has just received his asylum decision and a notice of eviction from a Home Office–provided accommodation
- He has made a homeless application but was deemed not a priority, confused about next steps and no where to go Ahmed becomes street homeless

Background Info

How would you respond to ensure continuity of care, safeguard his health needs, and help prevent homelessness?



Enquiry

What can you do?

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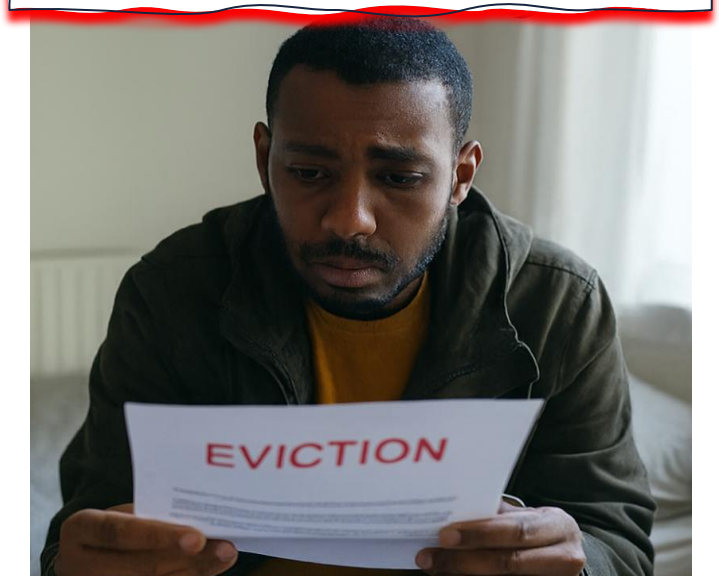
Background Info

How would you, as an NHS professional, respond to ensure continuity of care, safeguard his health needs, and help prevent homelessness?



Enquiry

- **We have reviewed Ahmed's records and provided a medical vulnerability letter.**
- **We have helped to appeal the council's homelessness decision using medical evidence of his diabetes and mental health needs.**
- **We have liaised with GP and CMHT to ensure prescriptions, crisis planning, and monitoring continue.**
- **We have liaised with Renewed Hope on keeping Ahmed's diabetes injections in fridge for him so he can access his medication.**
- **We have arranged rough sleeper support through local charities (Renewed Hope) and raised safeguarding alerts to prevent deterioration.**
- **We have provided bus tickets so he can continue attending the gardening club and men in shed – activities that make Ahmed feel happy and connected.**

What we did

Scenario 3

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Family of four including Mariam – 14 yrs old from the Chagos Islands staying at Hotel, after becoming Homeless and being moved by home office.

No fixed address → GP practices are refusing registration

Megans condition:
– Cerebral palsy
– Epilepsy
– Type 1 diabetes
– Non-mobile & non-verbal
– Running out of Insulin
– Family does not speak English

Background Info

You have been contacted by a Charity supporting the family, asking for an urgent help with GP registration, is Friday and Mariam will run out of medication by Sunday.

Enquiry

What can you do?

Scenario 3

Alliance for Better Care

Family of four (father, mother, son – 22 yrs, Megan – 14 yrs) from the Chagos Islands staying at Hotel, after becoming Homeless and being moved by home office.

No fixed address → GP practices are refusing registration

Megans condition:
– Cerebral palsy
– Epilepsy
– Type 1 diabetes
– Non-mobile & non-verbal
– Running out of Insulin
– Family does not speak English

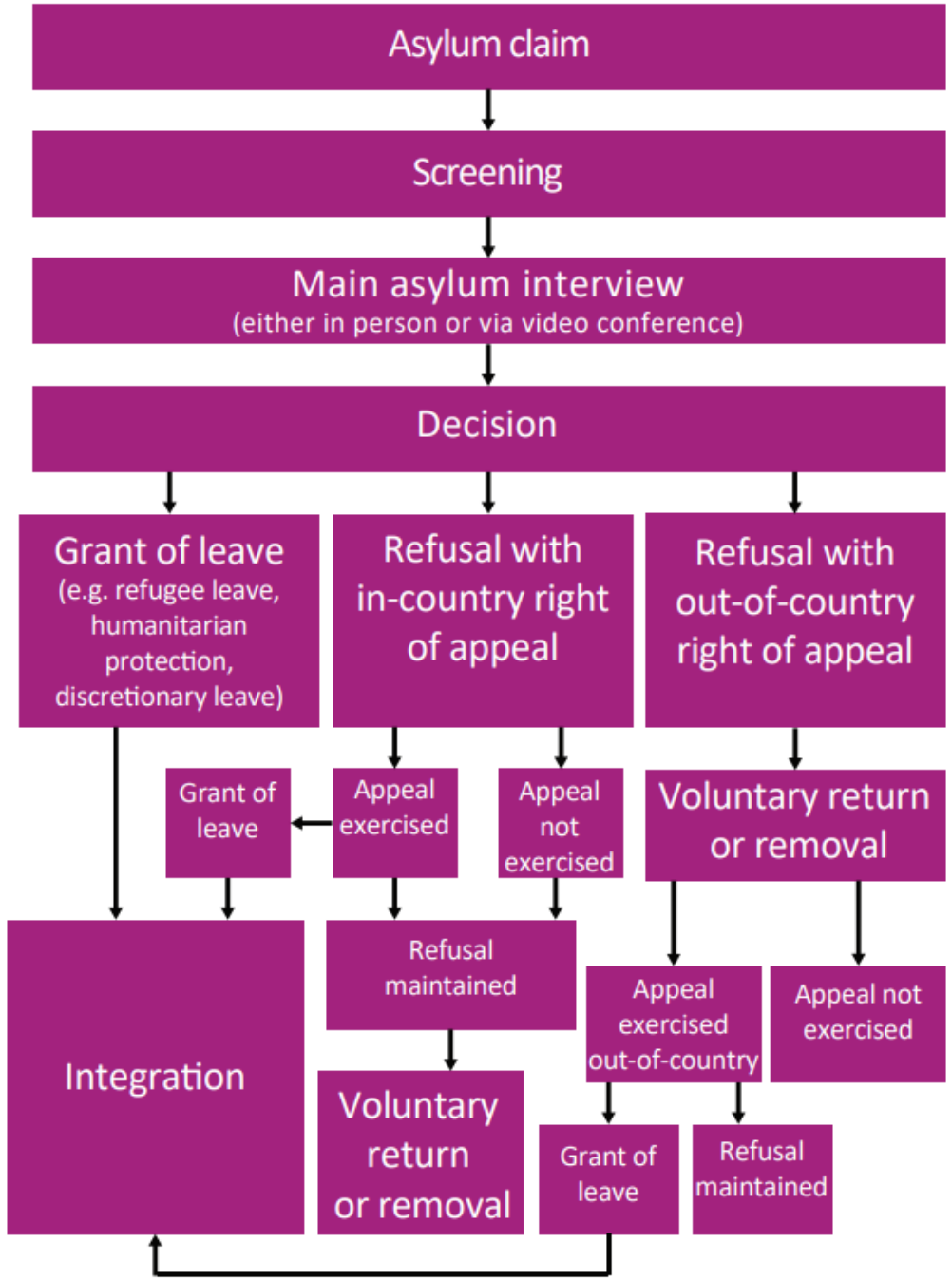
Background Info

You have been contacted by a Charity supporting the family, asking for an urgent help with GP registration, is Friday and Megan will run out of medication by Sunday.

Enquiry

- **Liaised with Practice manager to identify nearest GP accepting patients**
- **Registration forms collected, completed for all 4 family members using translation**
- **Medical concerns for Mariam and mother's diabetes noted and escalated**
- **Urgent registration arranged with practice manager, GP informed Mariam is housebound**
- **ABC on-call doctor prescribed insulin to bridge gap until GP registration processed**
- **Referrals made to social services and safeguarding**
- **GP registered Mariam as housebound, carried out home visit, and completed health checks**
- **Pt received wheelchair and hospital bed**
- **Hospital check-up completed; referred to MDT (nutritionist, SALT, etc.)**
- **Nutritionist supporting blended meals and supplements to manage diabetes and nutrition**
- **First time Megan has received coordinated, holistic care → significant improvement in quality of life**
- **Brother got a bike and help with his uc application for work**

What we did



Legislation, Rights, Accommodation

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On arrival, individuals can claim asylum under the 1951 UN Refugee Convention and domestic law (Immigration and Asylum Act 1999)

They receive an information booklet outlining their rights, responsibilities, and available support during the asylum process

Accommodation is provided under Section 95 support if an asylum seeker is destitute, often in “asylum hotels” managed by UKVI

Length of stay in hotels varies from a few weeks to several months, depending on dispersal-accommodation availability and vulnerability assessments

Dispersal locations are assigned based on Homes Office regional capacity, local authority agreements, and individual needs

Once dispersal housing is found, asylum seekers move from hotel to longer-term accommodation under Section 98/95 support

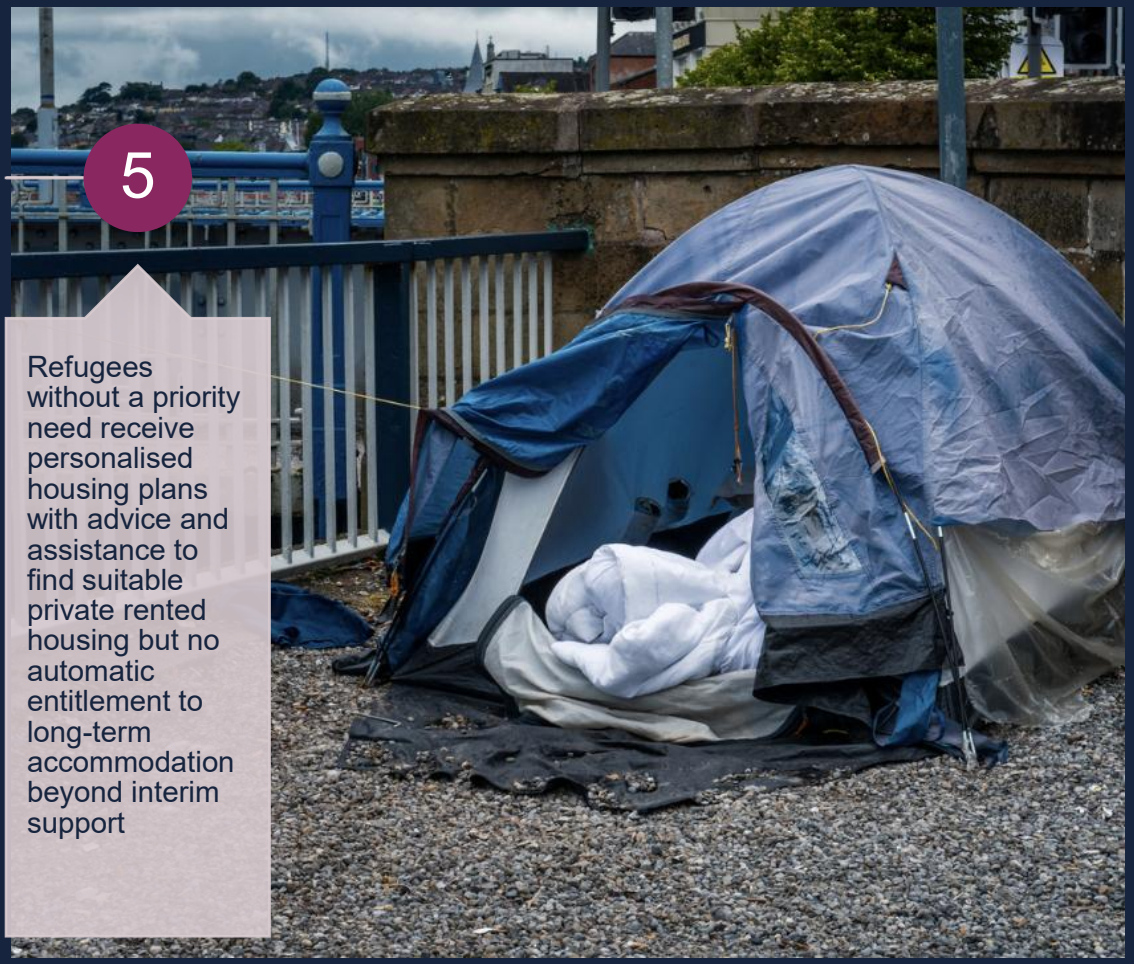
•Asylum claim decisions:

• If granted refugee status, they receive 5 years’ leave to remain, right to work, housing support, and access to benefits

• If refused and appeals are exhausted, support ends (NRPF), placing them at risk of destitution or homelessness

Rights and Support When Homeless

1. Under the Homelessness Reduction Act 2017, local authorities must provide advice, support, and prevention services to anyone threatened with homelessness within 56 days, including refugees leaving asylum or supported accommodation
2. Refugees with granted status (5 years' leave to remain) have the same access to public funds as UK citizens, enabling them to apply for housing benefit, Universal Credit, and council housing waiting lists
3. Any refugee who is homeless or at risk can apply to any local council. The council must assess their situation and, if homeless, secure interim accommodation, which may include bed and breakfast or hostel placements
4. If assessed as having a priority need (e.g., pregnant, under 18, disabled, or vulnerable due to persecution), councils have a legal duty under Housing Act 1996 Part VII to secure long-term accommodation until settled housing is found
5. Refugees without a priority need receive personalised housing plans with advice and assistance to find suitable private rented housing but no automatic entitlement to long-term accommodation beyond interim support



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Our Equity Health Care Programme

What are health inequalities?

Unfair and **avoidable** differences in health across the population and in different groups within society

Access

Experience

Outcomes

Those at most risk are:

People living in areas of **high deprivation**

from Black, Asian and minority ethnic communities

From **inclusion health group**, e.g. the homeless, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.

Challenges are complex

Difficulties and barriers to access and engagement include:

availability of services in local area

service opening times

access to transport

access to childcare

difficulty understanding and navigating the system

past experiences/stigma

Language and literacy

Underuse of primary and preventative care

Burden on emergency services when health needs become acute

Missed opportunities for preventive interventions

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Service Model – Inclusion Outreach

Identify	Link	Plan & Inform	Deliver	Report
•Identify Core20plus areas •Public Health/ICS Data •Feedback from community groups & outreach workers •Feedback from General Practice	•Link with those who know the community best •Local Area Coordinators •General Practice •Community groups •Faith groups	•Identify most effective Outreach route •Pop up clinic •Health Checks and advice •Information Session •GP registration	•Inform local providers of plans and make further links •GP Surgeries to take further registrations •MECC Signposting to local wellbeing provision •Identify future needs	•Collect patient feedback •Share learning back to local system and support onward local delivery where possible

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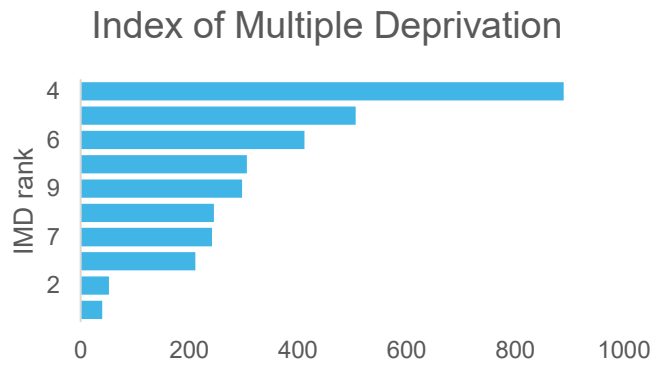
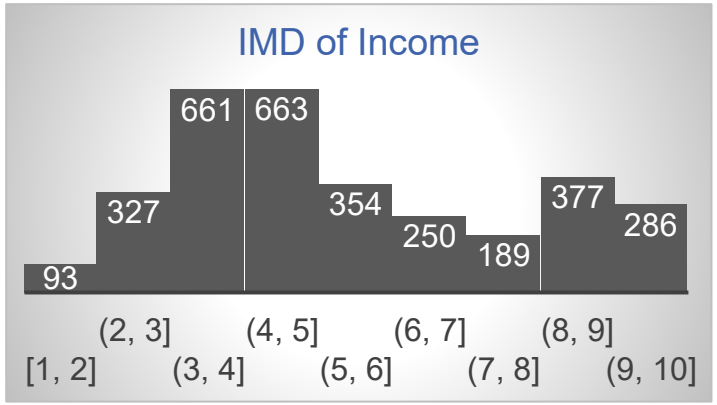
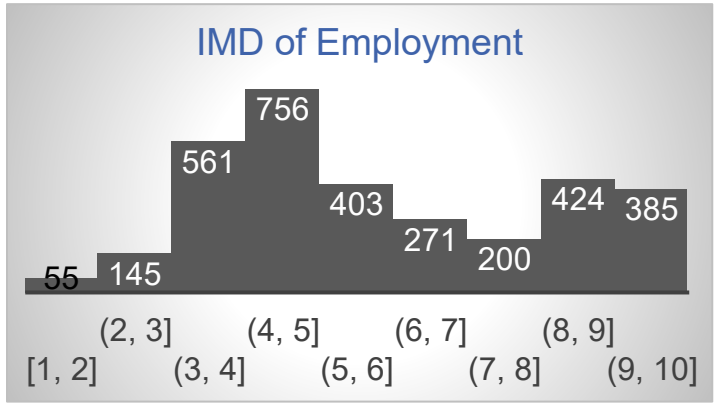
NHS

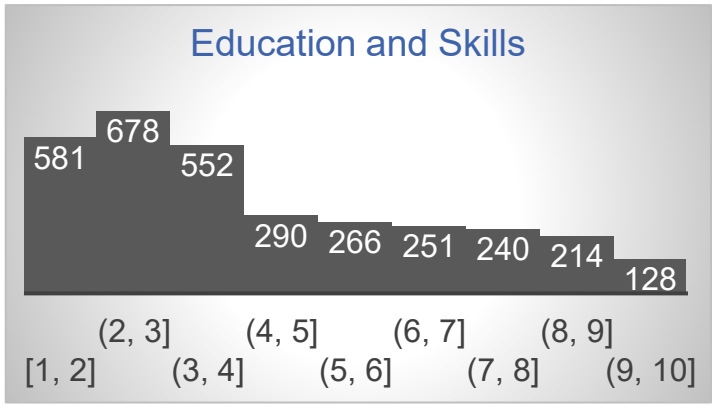
Impact

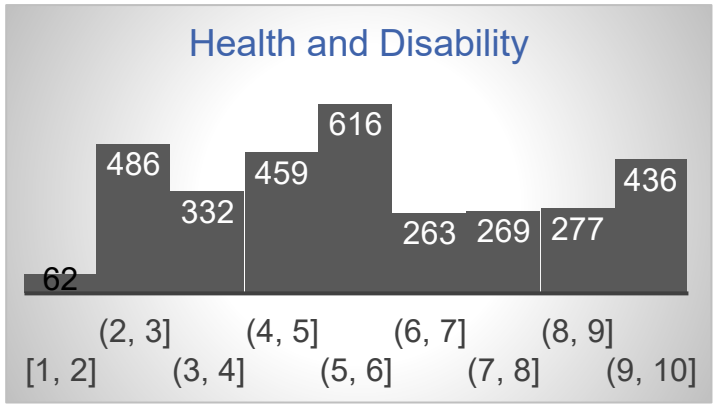
IMD Report Data – Social Determinants of Health

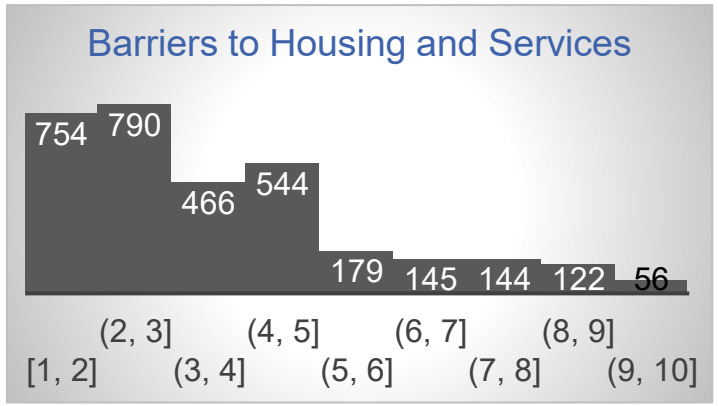






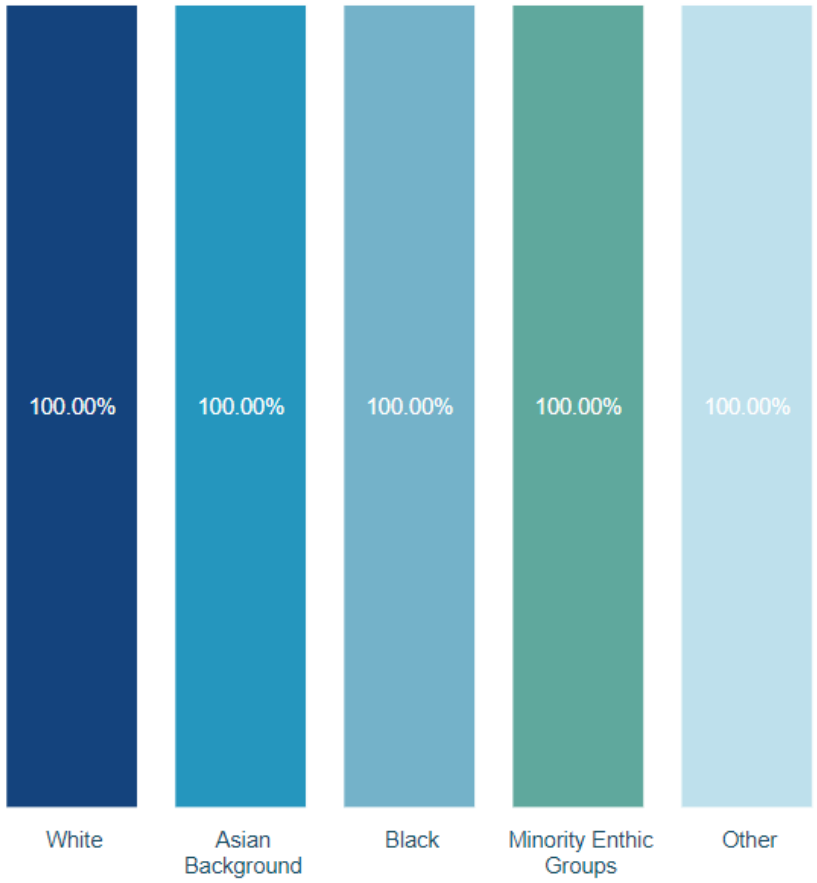


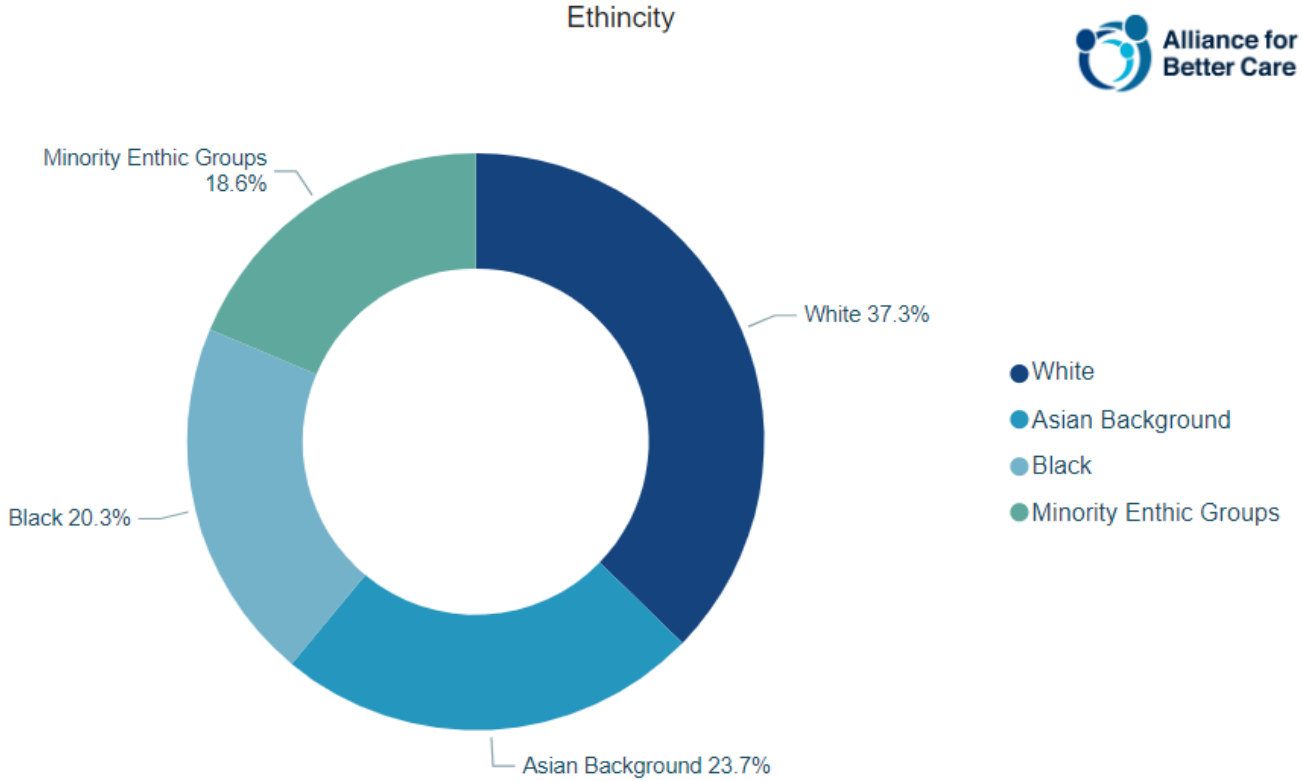


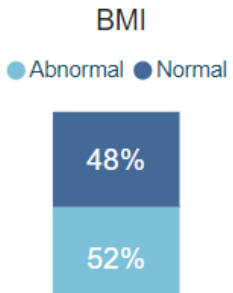


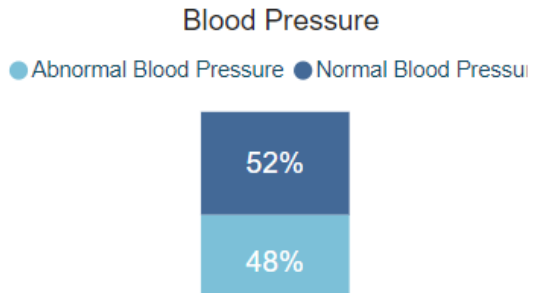
MECC Data

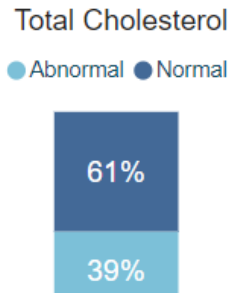
Equity - Sussex

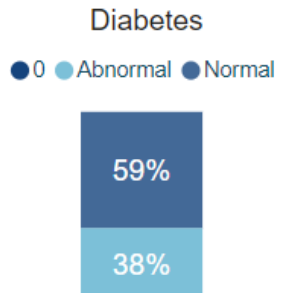




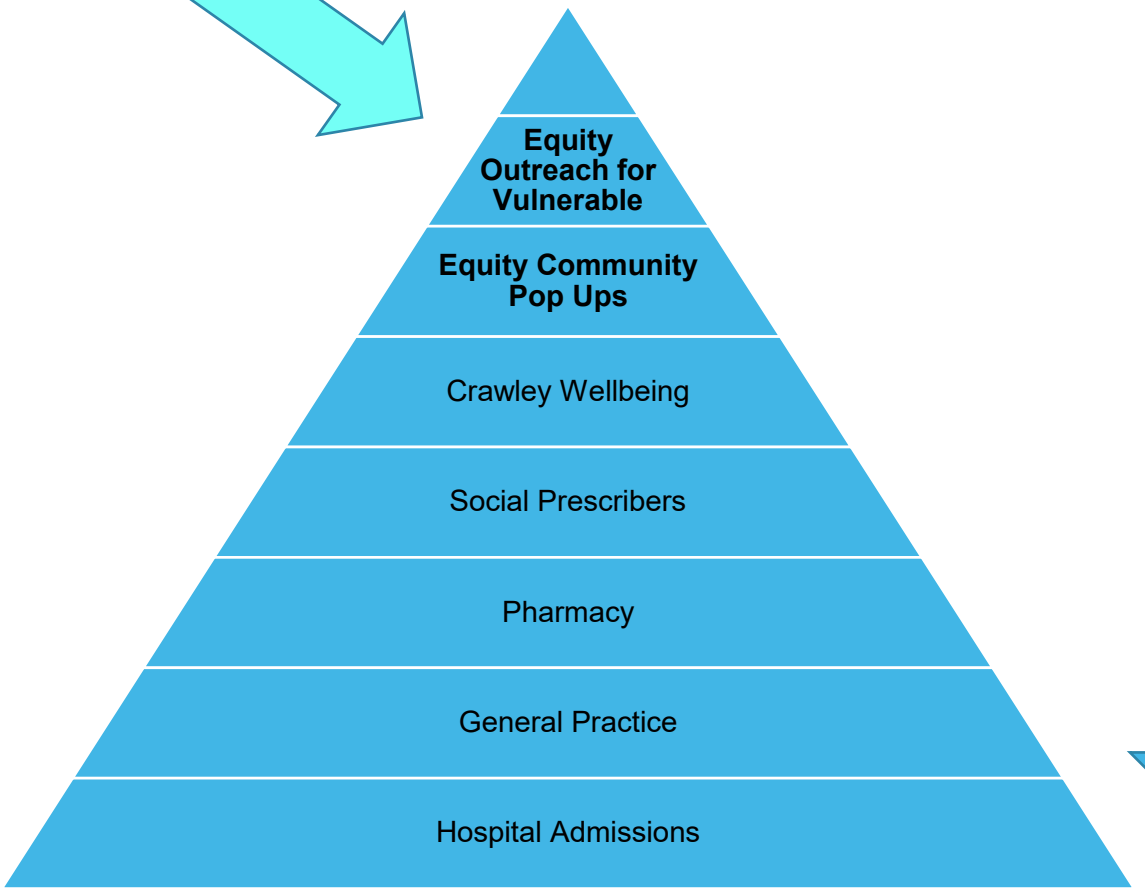








Who is there for them?



Contact me

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Feedback and case studies Available on our website

https://allianceforbettercare.org/ refugee-and-asylum-seeker-service/