



<b>Report to:</b>	Humber & North Yorkshire Integrated Care Board
<b>Date of Meeting:</b>	8 March 2023
<b>Subject:</b>	<b>Clinical and Professional Update</b>
<b>Director Sponsor:</b>	Dr Nigel Wells, Executive Director Clinical & Professional
<b>Author:</b>	Dr Nigel Wells, Executive Director Clinical & Professional

**STATUS OF THE REPORT:** *(Please click on the appropriate box)*

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

A progress update on Asylum Seeker health needs, following a report to the Board in December 2022 that proposed a focused System effort to address their needs, and an update on clinical leadership appointments across the ICB.

**RECOMMENDATIONS:**

Members are asked to:

- i) Note the progress made addressing asylum seeker health needs.
- ii) Note that a full options appraisal and costing exercise will be undertaken for integrated and co-produced inclusion health services across our six Places.
- iii) Note the appointment of the five Clinical and Professional Place Directors.

**ICB STRATEGIC OBJECTIVE** *(please click on the boxes of the relevant strategic objective(s))*

Realising our vision	<input checked="" type="checkbox"/>
Improving outcomes in population health and healthcare	<input checked="" type="checkbox"/>
Supporting broader social and economic development	<input checked="" type="checkbox"/>
Tackling inequalities in outcomes experience and access	<input checked="" type="checkbox"/>
Delivering our operational plan 2022/23	<input checked="" type="checkbox"/>
Developing our ICS	<input checked="" type="checkbox"/>

**IMPLICATIONS** *(Please state N/A against any domain where none are identified)*

Finance	N/A at this stage: recommendation is for full options appraisal to be developed (to include costings) re. inclusion health services
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Quality	Paper highlights inconsistencies in provision of services in respect of asylum seeker needs.
HR	Appointments of Clinical & Professional Place Directors have been confirmed after open recruitment exercise
Legal / Regulatory	Paper highlights inconsistencies in provision of services in respect of asylum seeker needs.
Data Protection / IG	N/A
Health inequality / equality	Paper highlights inconsistencies in provision of services in respect of asylum seeker needs.
Conflict of Interest Aspects	Conflicts of Interest at Executive Committee are managed in line with the ICB Conflicts of Interest Policy
Sustainability	N/A

**ASSESSED RISK:**

None.

**MONITORING AND ASSURANCE:**

Recommendations monitored by the Population Health and Prevention Executive Committee / Clinical & Professional Executive Committee.

**ENGAGEMENT:**

The Asylum Health Task & Finish Group is composed of a wide range of experts, including those with backgrounds in commissioning, safeguarding, national policy, and lived experience of being asylum seekers.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, please detail the specific grounds for exemption



## **Clinical and Professional Update**

### **1. INTRODUCTION**

- 1.1. This update provides the Board with the latest position on asylum health; it also shares the outcome of recruitment to key clinical and professional leadership appointments across the ICB.
- 1.2. The Clinical and Professional Executive Committee next meet on 17<sup>th</sup> March 2023 and an update on their work will be provided at a future Board meeting.

### **2. BACKGROUND**

- 2.1. Following a report to the Board in December 2022 that proposed a focused System effort to address Asylum seeker health needs, a Task and Finish Group has now had two out of three meetings.
- 2.2. The Group is composed of a wide range of experts, including those with backgrounds in commissioning, safeguarding, national policy, and lived experience of being asylum seekers. This range emphasises two features:
  - (i) The identified needs and solutions by the group have been produced by those with expertise in the field.
  - (ii) Humber and North Yorkshire (HNY) has a strong foundation of local assets from which to build comprehensive services that meet asylum seeker needs.

### **3. ASSESSMENT**

- 3.1. It is clear from the Group's findings that there is excellent practice occurring in HNY, including engagement with the voluntary sector, transition into primary care services, and bespoke in-reach to asylum hotels.
- 3.2. The Group highlighted however that these practices are unsustainably reactive to spikes in asylum demand, inconsistent across HNY, and lacking the full complement of services to adequately meet needs (two examples: support for trauma and partnership approaches to Home Office integration with local assets).
- 3.3. It is also clear that the Home Office will continue to introduce short notice placements within our system, with the announcement in February that a further 50 families will be located in North Yorkshire.
- 3.4. The Group wishes to make the Board aware of three levels of proposed solutions, each of which build upon the other:
  - Bronze level: parity between our Places, employing an HNY minimum service specification that describes the expected response to new asylum placements.



- Silver level: employing economies of scale using joint commissioning across Places, specifically language services and mobile in-reach that uses a workforce on retainer model.
- Gold level: a sustainable Inclusion Health service commissioned across HNY that can reprioritise to Asylum needs as required, but that primarily meets the needs of a wide range of inclusion health groups who are not currently supported (i.e., people who experience homelessness, people in contact with criminal justice, vulnerable migrants, people dependent on drugs and alcohol, Gypsy, Roma and Traveller communities, sex workers, and victims of modern slavery).

#### **4. CONCLUSION**

- 4.1. These proposals were discussed by the Population Health and Prevention Executive Committee and were met with universal support for pursuing a comprehensive inclusion health offer in HNY. The recommendation from the Group is that HNY conducts a full options appraisal and costing exercise for integrated and co-produced inclusion health services across our six Places.

##### Clinical and Professional Place Directors

- 4.2. Five Clinical and Professional Place Directors have been recruited across the different geographies who will each play key role in ensuring that priorities and ambitions in place and across the ICB are met. They will have responsibility for leading, developing and implementing clinical and professional strategies and duties across the place Health and Care Partnership and sub-system. The appointees are:
- Hull and East Riding: Dr James Crick
  - North Lincs and North East Lincs: Dr Ekta Elston and Dr Andrew Lee
  - North Yorkshire and York: Dr Helena Ebbs and Dr Bruce Willoughby

#### **5. RECOMMENDATIONS**

- 5.1. Members are asked to:

- i) Note the progress made addressing asylum seeker health needs.
- ii) Note that a full options appraisal and costing exercise will be undertaken for integrated and co-produced inclusion health services across our six Places.
- iii) Note the appointment of the five Clinical and Professional Place Directors.