



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 SEPTEMBER 2022

SUBJECT: REFUGEE FUNDING FOR HEALTH ASSESSEMENT TEAM (HAT)

BY: INTERIM STRATEGY AND PLANNING LEAD

1. REASON FOR REPORT

1.1. To inform the Board of the outcome on recommendation of an options appraisal commissioned to identify the most appropriate delivery mechanism for providing primary care health services, including General Medical Services (GMS) provision (provision of essential GP medical services), to Ukrainian Displaced Persons (UDP)s within the Grampian area. Reports will be submitted to all three IJBs for approval of funding for a Pan-Grampian response.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB):

i) approves the expenditure, of £63,854 for the provision of initial health assessment for Ukrainian Refugees (as part of a pan Grampian response); and

ii) notes current total spend to date circa £43,000, with Moray's proportion to be £8,649.87

3. BACKGROUND

3.1. Due to the humanitarian response to the war in Ukraine, refugees are being dispersed nationally. Grampian at present have around 1275 Ukrainian Displaced Persons (UDP) (in the community i.e., staying in people's homes and within hotels).

3.2. UDPs have been arriving in the Grampian area via a few routes and accessing housing in several ways. This includes: to stay with family and friends (Family Visa Scheme), being sponsored by the Oil and Gas group and via the Ukrainian Welcome Hub hotels. UDPs under the variety of Visa Schemes have recourse to public funds which includes the ability to claim benefits and have the right to work in the UK. Many have already obtained work.

- 3.3. Aberdeen City have a high number of UDPs in Welcome Hub hotels (due to large amount of hotel accommodation, student accommodation) and Aberdeenshire and Moray more through the 'self-matching' Homes for Ukraine Private Sponsor Scheme/community. UDPs could potentially be staying in hotels for 12 months or more, this is much longer than initially predicted. Scottish Government have encouraged local Refugee and Resettlement Teams (RRT) to support with local matching as the Scottish Super Sponsor Scheme is under immense pressure.
- 3.4. Early projections suggest there will be a potential further 2000 arrivals in Grampian by March 2023. It would be unknown to say how many will stay permanently across Grampian, but national statistics show 38% intend to stay in the UK for 3 years or more with an additional 29% state they intend to stay for up to 3 years.
- 3.5. A Mutual Aid request for funding went to Scottish Government in June, the mutual aid request was declined in August. There are currently no consequential from Westminster in place for funding however this may be reviewed going forward. A response to the Scottish Government will be issued highlighting these risks. Therefore, funding must be sought locally.
- 3.6. There are currently circa 1,275 Ukrainians residing in the Grampian area, either within a person's home or their own tenancy (circa 330) or within a welcome hub (circa 950). Per capita this is a much larger cohort than other areas in Scotland. However, this is a changing picture daily. At present a small percentage of refugees, only 4.7% have moved from hubs into permanent accommodation.
- 3.7. As of 1 Sep 22, **Moray** have offered a Warm Scots Welcome to **89 UDP**. 21 UDPs have been accommodated in a Welcome Hub in Elgin with 68 UDPs hosted in Moray. The Refugee Resettlement Team (RRT) have taken a proactive role to facilitate local matching, allowing the UDPs to leave the Elgin Welcome Hub to be supported by local hosts who are willing to aid the humanitarian crisis.

Ukrainian Health Needs

- 3.8. Through direction from the local RRT, the Health Assessment Team (HAT) have been gathering data on the UDPs and these statistics are outlined below for information;
 - Most of the Ukrainian refugees reported that their health was either good or excellent (81.2%). Of this 18.8% who reported their health as either fair or poor, 70.9% have one or more health conditions.
 - 80-85% of Ukrainian arrivals require interpretation services.
 - Most reported disease conditions, are high blood pressure, underactive thyroid, asthma, diabetes and kidney diseases.
 - Circa. 62% are female.
- 3.9. At present there appears to be a low number of mental health referrals. Discussions with Mental Health service colleagues note that this figure may rise in the coming years as the trauma of war and experiences come to light over a longer period. Preliminary assessment suggests that the health needs identified

by the HAT reflect elements of the health status of the Ukrainian population prior to the current conflict. WHO data highlights the “epidemiological transition” experienced by Ukraine in the period following independence. This was characterised by high levels of deaths from circulatory disease, incidence of infectious diseases such as TB and HIV, and a low uptake of childhood immunisation (though this had improved considerably by 2019). A more formal, population health need assessment is underway and may help clarify further the health status of those being accommodated in Grampian.

- 3.10 Healthcare reforms were instituted in 2014, seeking to meet the commitment to free, universal healthcare within the Ukrainian Constitution. However, the existing healthcare infrastructure is considered to be ineffective in its services with an underdeveloped family medical provision. In 2021 the WHO noted that the system remained financially underfunded with informal out of pocket expenses paid by individuals and families being the largest component of healthcare. Consequently, Ukrainians now resident in Grampian are likely to have a different set of expectations regarding the availability of health and healthcare support and further supports the need for a coordinated response pan-Grampian.

Work done to date

Health Assessment Team

- 3.11 In May 2022 Test and Trace temporary staff were redeployed via the meaningful work programme to assist with the Ukrainian Arrivals. This team ensures that a Health Needs Assessment of all refugees within 4 weeks on arrival is completed. This is a requirement from the Scottish Government as per the Deputy Chief Medical Officer’s (DCMO) Letter dated 6 April 2022. The teamwork both within the community for those Ukrainians arriving at the area and settling into accommodation, and those who arrive via a Ukrainian Welcome Hub.
- 3.12 A total of 1550 health assessments have been carried out to date for refugees at the hubs (some refugees have already been moved onto permanent accommodation or have left for another area and further refugees have arrived at the hubs).
- 3.13 The health assessment team are based within the Ukrainian welcome hubs and provide signposting to residents to ensure the appropriate health care services (e.g., pharmacy, optometry) are accessed. These individuals are non-registered staff providing a central coordination point for the refugee health needs and for staff.
- 3.14 Informally the team are also providing ongoing support and can build relationships with the refugees and families. This type of informal listening and support is recognised to be an early prevention and helps staff to understand challenges and take mitigating action as appropriate. For instance, in some of the hubs, they have set up peer support and family communal areas for people to talk and support one another.
- 3.15 Feedback from across all IJBs has been hugely positive about the work the team have been doing, and the requirement for this going forward.

Registration with GP practices

- 3.16 Ukrainian arrivals who have a permanent residence either within their own tenancy or within a sponsor's home have been registered with GP practices within the area across Grampian in which they reside. At this point no funding has been provided to the GP practices for the additional resource required for this cohort. The Health Assessment has assisted with registration at GP practices where required.
- 3.17 Residents of the Ukrainian welcome hubs in Aberdeen have not been registered with a GP practice, unless they have required a GP appointment. Aberdeenshire and Moray Ukrainian Welcome hubs have had differing approaches to GP registration, this is due to a number of factors including shorter length of stay within in the hubs, and less choice of GP practices within each locality.

Service Level Agreements (SLA) with Practices

- 3.18 In June 2022 a small number of Aberdeen City GP practices offered to provide a number of additional sessions to make GP appointments available for Ukrainians with immediate primary care needs. To date around 197 appointments have been carried out via the SLAs. This is only 6% of the refugees' requiring appointments albeit its longer appointments required due to need for translation and referrals.
- 3.19 The SLA worked well for the initial intake of welcome hub residents, however the limited number of available appointments meant that there were not sufficient appointments available. One of the GP practices who was doing a fortnightly session has now withdrawn from the SLA in Aberdeen City.
- 3.20 Moray has yet to implement an SLA with GP practices. UDPs have registered with the GP practice in the locality they reside.

Ukrainian Health Hub

- 3.21 In August 2022, due to the limited number of appointments, and growing demand, a Ukrainian Health Hub was set up making use of the Marywell Vision system in Aberdeen City. This model has been dependant on locum shifts by GP's, ANPs and Pharmacists and as the model has progressed it became obvious that there were not the available locums to provide an effective and efficient service, this model also put pressures on the Marywell staff, and is not manageable without additional resource.

Finance of Service provision to date:

- 3.22 To date the SLA and Ukrainian Health hub has costed a total of circa £32,100 to date for Aberdeen City.

Development

- 3.23 This report looks to present potential options as to the model of delivery, the associated risks and costs for a coordinated response to meeting health needs for this cohort of patients.
- 3.24 The options appraisal was developed and approved by a pan Grampian group including Chief Officers from the IJBs, Grampian Primary Care Lead, HCSP Leadership team, HSCP Primary Care Leads, LMC and Local Authority

Representation have been working together to determine the preferred model of delivery.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. An options appraisal which was consulted with a stakeholder group of Chief Officers, Primary Care Contracts, Primary Care Leads, Local Authority Leads for Ukrainian Response, Strategy, Local Medical Committee, Clinical Director for Primary Care and Director of Finance for NHSG.

The group agreed on 6 objectives to be met on which each option was scored:

1. To ensure safe and effective delivery of GMS services to the Ukrainian refugee population within Grampian (including GP registration and a timely health need assessment/signposting)
2. To ensure effective and efficient use of public resources
3. To ensure General Practice sustainability within Grampian
4. To protect unscheduled care and essential services from unnecessary demand using a preventative approach
5. Effective and appropriate management of initial risk and safeguarding
6. To ensure fair and equitable services are delivered in line with legislation and policy

- 4.2 The preferred option has 2 elements;

- Patient Assignment to GP practices, to include an Assignment Payment (to be agreed) at a rate of £150 per patient
- Health Assessment Team (non-registered staff) recruitment to March 2023

- 4.3 A key factor in this decision has been the concerns regarding GP sustainability in Grampian and ensuring a model that is able to protect services whilst responding to and supporting the refugees who are in need. Work has begun to collate tacit information on practice capacity to inform a fair and best approach to the assignment of refugees across local practices.

- 4.4 At present in Grampian, we have a significant number of practices at their maximum list size and concerns of sustainability. Any agreed assignment of patients will need to be done on a pro-rata basis across practices. This is a concern in particular for Aberdeen City who has the largest numbers in its boundaries due to the availability of hotel accommodation.

- 4.5 The key benefits of this model are;

Increased Levels of Care - Holistic, safe and appropriate levels of support to address the complex health needs for a new and complex patient population.

Increased Consistency in Service Delivery Model - Allows initial triage and assimilation into a very different health system, then ongoing complex care delivered by primary care team.

Reduce Sustainability Risks – Reducing the risk to sustainability across the area by having a coordinated approach to allocation of patients.

Workforce Planning – the HAT team will be trained in care navigation and signposting to relevant services. This provides a trained workforce which would be available to primary care services after the 12 months. This service is also agile and scalable depending on refugee numbers.

Finance

- 4.6 The extent of the financial implications is yet unknown due to the reactionary and unprecedented situation due to the war in Ukraine and unknown number of refugees who will arrive locally.

01 April 2022 – 31 August 2022	
Title	Cost
SLA & Ukrainian Health Hub	£32,100
Health Team Overtime	£6,000
Health team Travel ¹	£995.23
Use of Interpreters	£4,154.10
Total	£43,075
Moray Contribution	£8,649.87
Shire Contribution	£17,299.73
ACHSCP Contribution	£17,299.73

- 4.7 The immediate funding will be provided from reserves from all 3 HSCPs in Grampian (and therefore not affecting current budgets). However, the following table outlines a projection based on current knowns for the potential financial implications to the IJB:

Health Assessment Team (Pan Grampian)				
Title	Cost	2022/23 (1 st October – 31 st Mach)	23/24 (1 st April – 31 st August)	Comments
Health Assessment Team	£280,474	£140,237	£140,237	2 x Band 6 5 x Band 4 12-month Contracts
Service Manager	£34,106	£17,053	£17,053	0.5 x Band 8a To manage the HAT team
Mobile phones (2 nd Hand laptops available)	£4690	£3808	£882	<u>Year 1</u> - Handset plus 6-month Contract <u>Year 2</u> - 6 Month Contract

¹ Please note that travel expenses are not reflective of future expenses as the mileage that was granted when the Health Assessment Team were not permanently based within Welcome Hubs.

Total Expenditure	<u>£319,270</u>	<u>£161,098</u>	<u>£158,172</u>	
Indicative Split (prior to Scottish Government Confirmation of funding - % split based)				
Moray Contribution	£63,854	£31,926.95	£31,927	20%
Shire Contribution	£127,708	£63,853.90	£63,854	40%
ACHSCP Contribution	£127,708	£63,853.90	£63,854	40%
Total Contributions	£319,270	£159,635	£159,635	

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”

It is essential that this funding is invested to address both the criteria as set out by Government and to retain alignment with the aims detailed in the Corporate Plan and Morays Partners in Care.

(b) Policy and Legal

There are no direct legal considerations arising from this report.

(c) Financial implications

Scottish Government has provided additional funding to Local Authorities to address the pressures on local services to support the UDPs. This funding is expressed as a “per person” tariff of £10.5K for year one. It is essential that this funding is invested to address both the criteria as set out by Government and to support the health needs and access to primary care services. It is noted that the MIJB will require to underwrite the costs of the HAT whilst the intention would be for income to recompense this from the funds awarded to the Local Authority. Debate continues with Scottish Government regarding the use of the tariff to cover the £150 per GP registration.

(d) Risk Implications and Mitigation

Debate continues with the Scottish Government regarding the use of the tariff to cover the £150 per GP registration. In the interim, the financial costs of GP registration will be charged to the budget.

(e) Staffing Implications

Agreeing to the preferred option will see 7 new posts created for a 12-month period. As per NHS Grampian procedures these go through the redeployment process, as such those currently within the Health Assessment Team will be able to apply via the redeployment route before any external recruitment commences. It is also noted that this will upskill a number of individuals into roles which would then be applicable to primary care when contracts end giving potential increased workforce pool.

(f) Property

There are no property implications in relation to this report.

(g) Equalities/Socio Economic Impact

EIA can be found in **Appendix 1**.

(h) Climate Change and Biodiversity Impacts

There are no implications as a direct result of this report.

(i) Directions

Directions to NHS Grampian to employ the Health Assessment Team as per section 4.7. The outcomes of the HAT is to provide access to health services and support the health and wellbeing needs of the UDPs.

(j) Consultations

Chief Officer; Chief Social Work Officer; Chief Financial Officer MIJB; Equal Opportunities Officer; have been consulted.

6. CONCLUSION

6.1. The Board are asked to fund the continuation of the Pan Grampian Health Assessment Team from reserves until such funds can be recompensed through the dedicated funding allocated to the Local Authority.

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Background Papers:

Ref: