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Migrant Health in the West Midlands

Produced: February 2017

West Midlands Local Knowledge and Intelligence Service

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1. Aims

Aims

- The aim of this report is to demonstrate the changing, and growing, profile of the West Midlands migrant population. This will allow an informed understanding of the diverse population and associated health needs. Understanding the characteristics of migrant populations is essential for planning healthcare and public health services.
- The West Midlands population was estimated to be over 5.7 million in 2014 with a migrant population of around 650,000 (11%). The overall West Midlands Population grew by around 8% between 2001 and 2014
- If the West Midlands population continues to grow at this rate, the population of the West Midlands could reach 6.3 million by 2030, with a migrant population in excess of 1 million, accounting for 15%-20%
- The general health profile of the West Midlands is worse than for England, with significantly lower life expectancy and higher levels of deprivation
- This pack describes and analyses the main data sources and explores their strengths and limitations

Key Points

- The main data sources are GP registrations by local authority (Flag4), National Insurance number (NINo), Annual Population Survey, and Data on Asylum Seekers
- Over recent years most indicators of migrant numbers have been rising
 - Between 2005-2014 the West Midlands population grew by 6%
 - During the same period, the non-UK born population grew by 54%
 - The reason for people migrating to the UK is also changing with the majority now related to a definite job, or formal education
- Routinely available data provide a great deal of information on migrants in the West Midlands
- The largest numbers of immigrants come from the Middle East but the picture varies between the different local authorities
 - In 2015, across the majority of West Midlands local authorities, most applications for work were from citizens of Romania, Poland, or Bulgaria
- Data from different sources are not totally compatible and care needs to be exercised when interpreting them



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2. Intended audience and how to use this resource

Intended audience and how to use this resource

This resource is to be used as a **guide** and **reference** for local decision and policy makers, commissioners and providers, practitioners and analysts to undertake further detailed analysis where particular challenges regarding migrant health require attention. The resource **highlights** the key aspects of migration and migrant health in the West Midlands and hopefully induce **ideas** for further investigation for improving migrant health



This resource provides data on migration and migrant health for the West Midlands, and it's upper tier local authorities and demonstrates areas of good practice as well as the challenges for improving both the short and long term aspects of migrant health

The primary focus of this report is migration to the West Midlands and aspects of health as soon as migrants are in the country

What this resource is not

The data presented are not intended to cover every element of migrant health, but merely scratch the surface of the current status of migration and migrant health in the West Midlands

For example, the resource does not detail modern slavery or trafficking, as robust routine data are not yet available

The resource does not discuss the health of migrants further down the line after living in the area for a while. Questions such as “what proportion of migrants from country x are suffering from depression and living in deprivation?” remain unanswered.



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3. Definitions and Terminology

Definitions and Terminology

EU countries in 2001: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, UK

EU countries since 2004: Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovak Republic

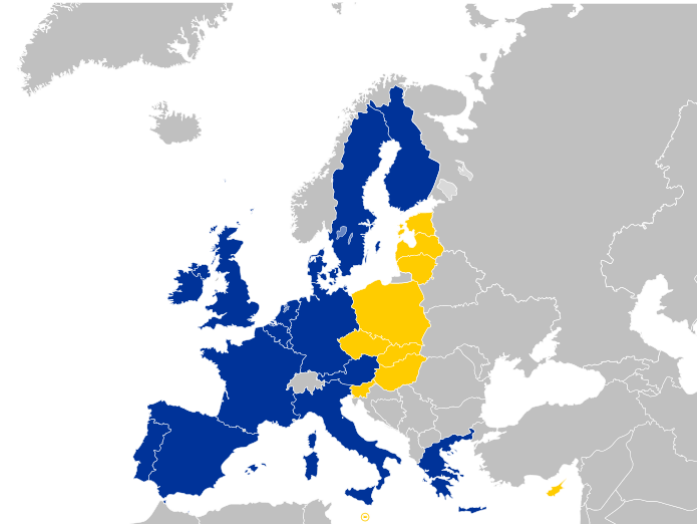
EU countries since 2007: Bulgaria, Romania and since 2013 Croatia.

As well as the countries in the European Union, citizens of countries in the European Economic Area (EEA) are able to access some the rights which EU nationals enjoy, including Freedom of movement. These additional countries include Iceland, Liechtenstein and Norway.

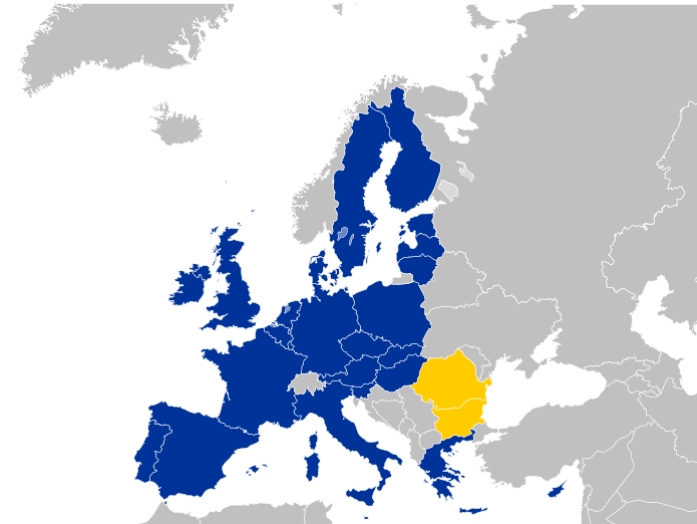
Switzerland is not a member of the EU or EEA but is part of the single market.

Other Europe Those countries on the European continent but not part of the EU i.e. Russia, Ukraine, Albania

2004 enlargement of the European Union*



2007 enlargement of the European Union**



*By Europe_countries.svg: Júlio Reisderivative work: Kolja21 (talk) - EU25-2004_European_Union_map.svg, CC BY-SA 2.5, <https://commons.wikimedia.org/w/index.php?curid=6814207>

**By Europe_countries.svg: Júlio Reisderivative work: Kolja21 (talk) - EU27-2007_European_Union_map.svg, CC BY-SA 2.5, <https://commons.wikimedia.org/w/index.php?curid=6814317>

Definitions and Terminology

Residency status

Length of residence The length of residence in the UK is the date that a person last arrived to live in the UK. Length of residence is only applicable to usual residents who were not born in the UK.

Long-term migrant A long-term international migrant, is someone who does not change his or her usual residence for a period of at least a year. ONS long term migration estimates are based only on: people who come to the UK and who do not immediately apply for a national insurance number (such as students) and those who come to the UK to work and stay for a period of 12 months or more

Short-term migrant A person who moves to a country other than that of his or her usual residence for a period of at least three months but less than a year (12 months)

Usual resident Anyone who, on Census day, was in the UK and had stayed or intended to stay in the UK for a period of 12 months or more, or had a permanent UK address and was outside the UK and intended to be outside the UK for less than 12 month

Type of migration

Migrant Someone who moves somewhere else for a significant period of time Either moves internally (within a country) or crosses borders (becoming an 'international migrant').

Refugee People fleeing armed conflicts or prosecution

Asylum seeker Someone who claims to be a refugee but whose claim hasn't been evaluated

Section 4 Asylum seekers who have had an initial application refused and who have put in further submissions or an appeal and meet certain criteria laid down by the Home Office

Section 95 Asylum seekers who are making an initial application and meet destitution criteria.



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4. The West Midlands Population

The Population of the West Midlands



West Midlands

England

2001

2014



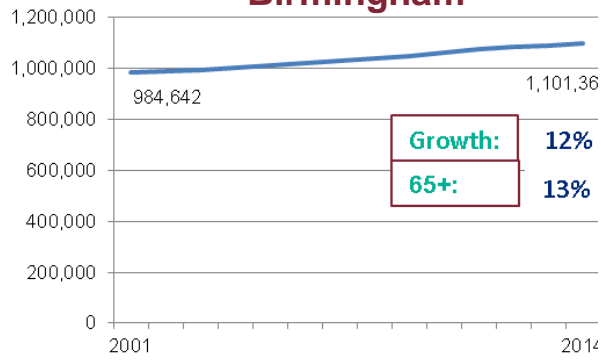
Growth ranged from 4% in Dudley to 12% in Birmingham

Older people (65+, proportion of total population)

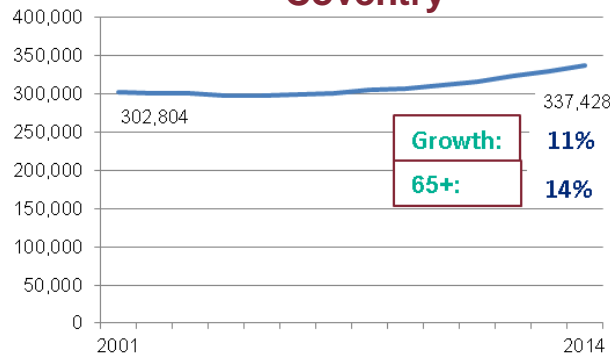


The Population of the West Midlands Local Authorities

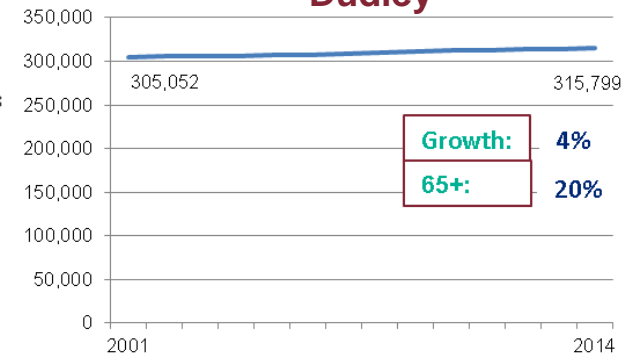
Birmingham



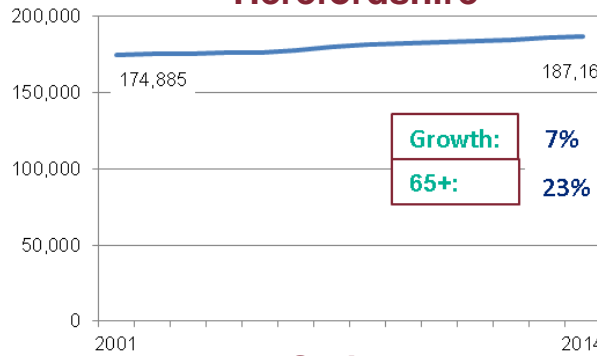
Coventry



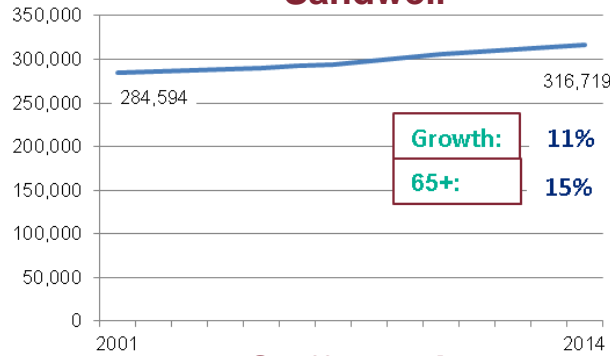
Dudley



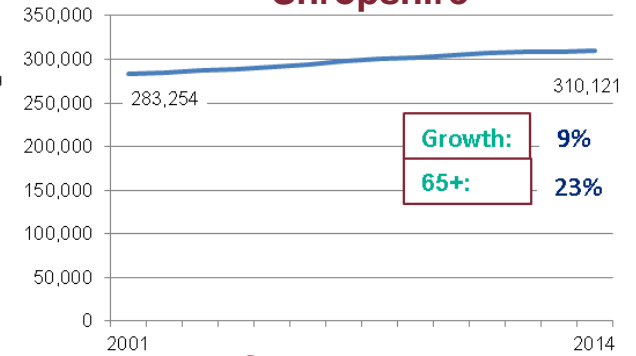
Herefordshire



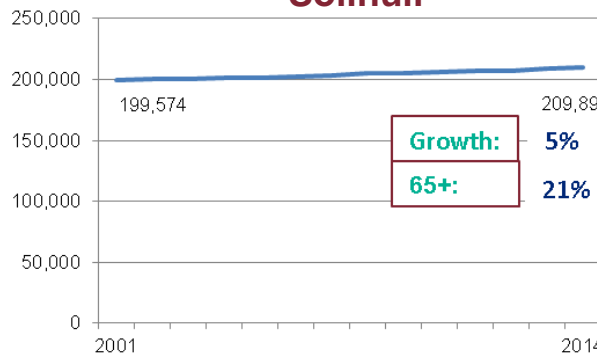
Sandwell



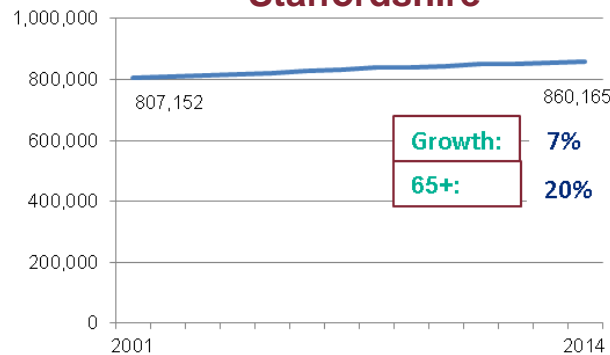
Shropshire



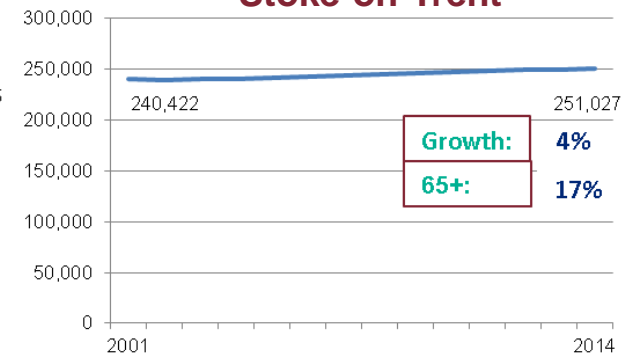
Solihull



Staffordshire

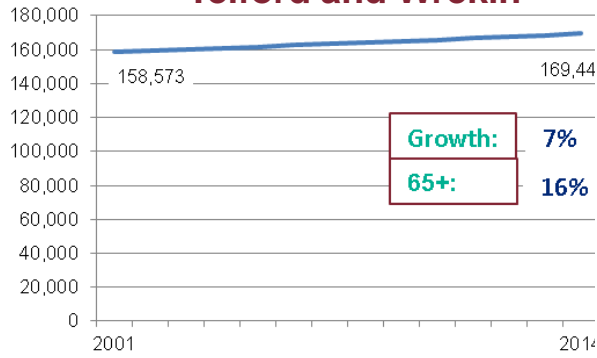


Stoke-on-Trent

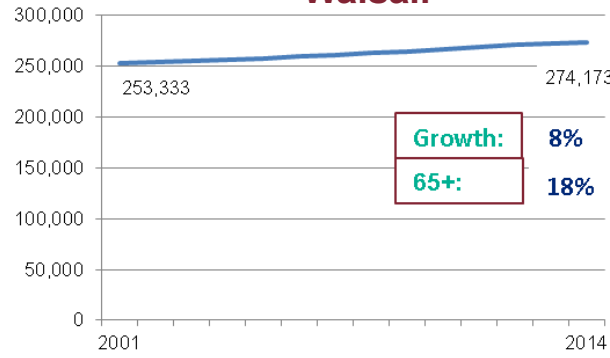


The Population of the West Midlands Local Authorities

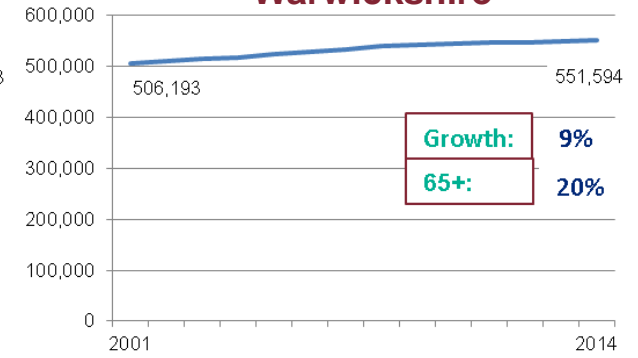
Telford and Wrekin



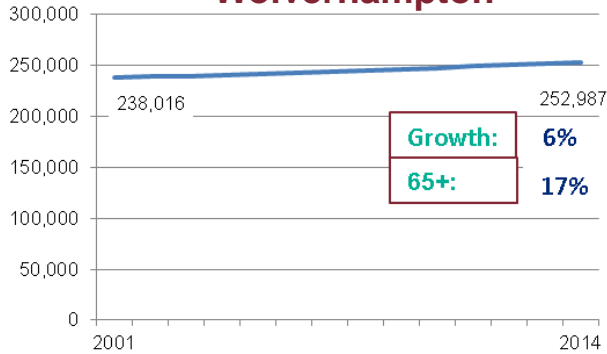
Walsall



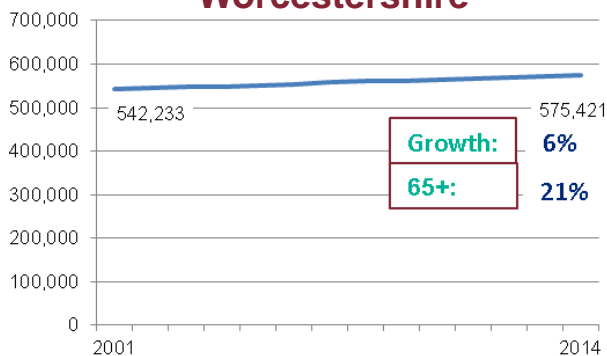
Warwickshire



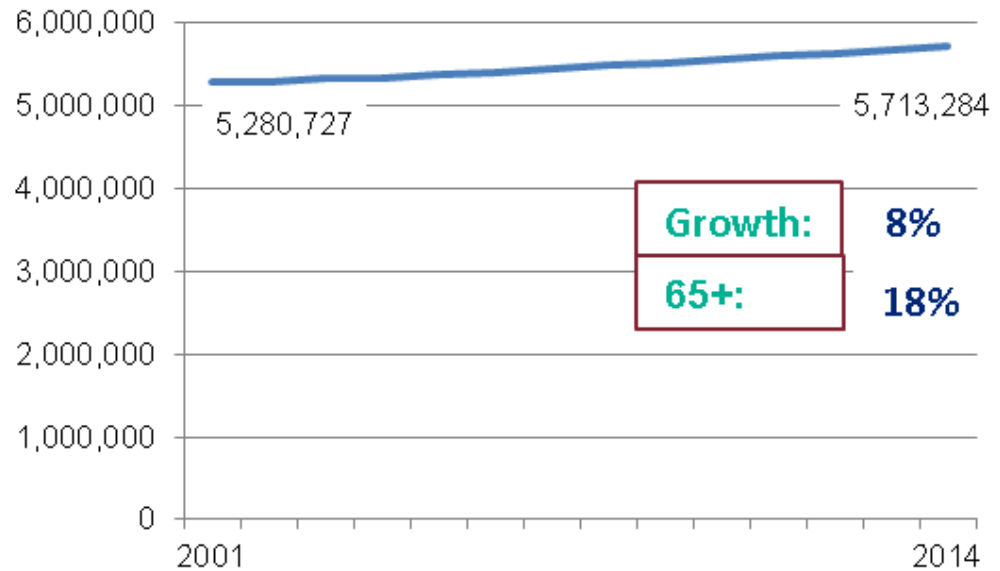
Wolverhampton



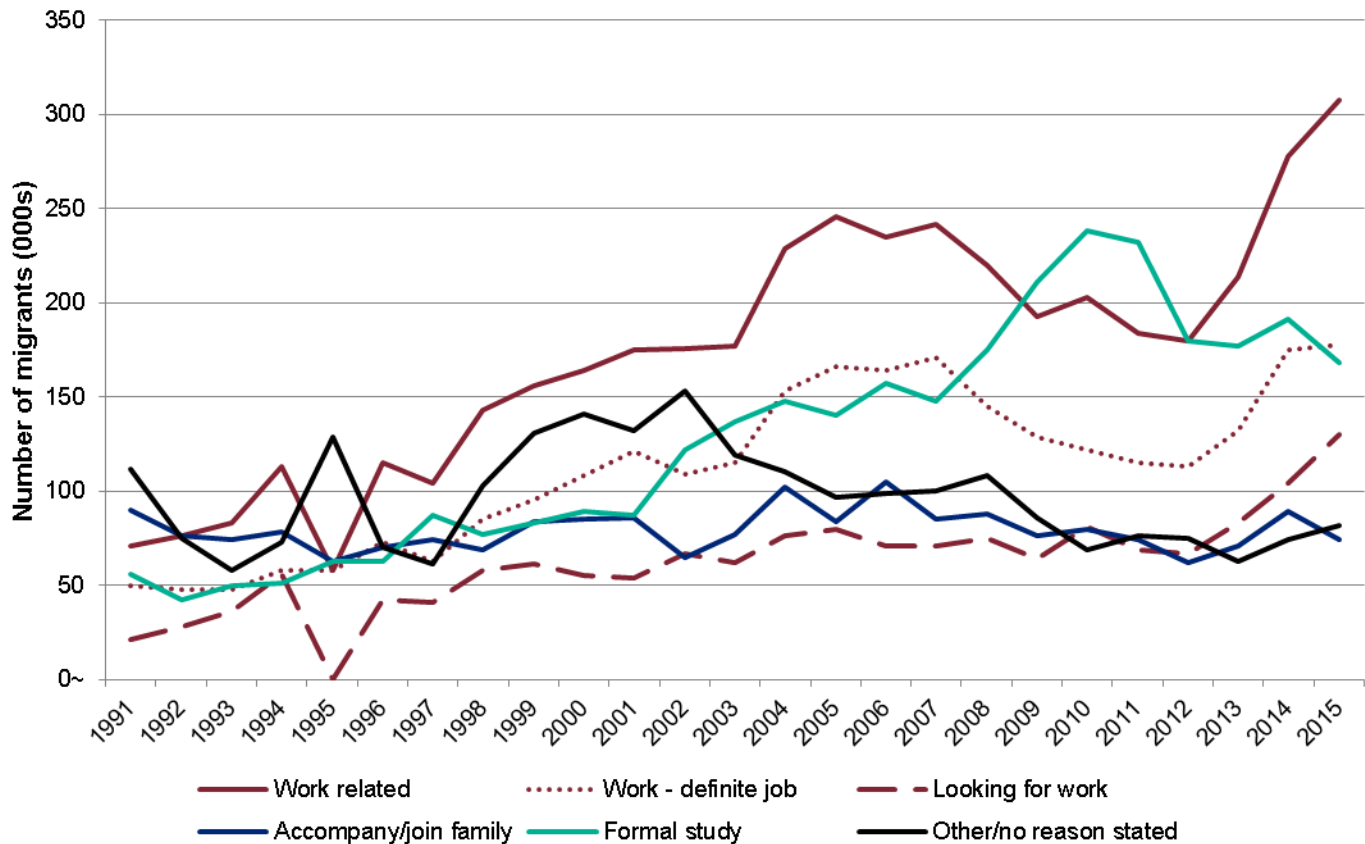
Worcestershire



West Midlands



Who is Migrating to the UK and Why?



In 2015:
49% work related



12%
accompanying/joining
family



27% formal study



13% other/no reason
stated

As these data relate to long term immigration, data relating to asylum seekers are not included

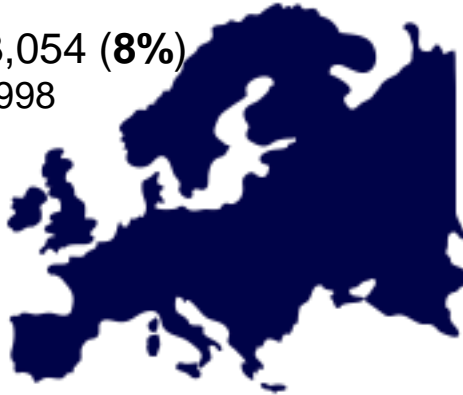
Requests for Asylum (UK)

Total Requests 2015: 39,968

Total Requests 2014: 32,344

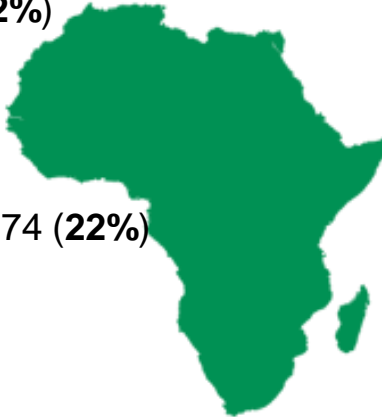
Europe: 3,054 (8%)

- Albania 1,998



North Africa: 4,650 (12%)

- Sudan 3,018



Sub-Saharan Africa: 8,974 (22%)

- Eritrea 3,756

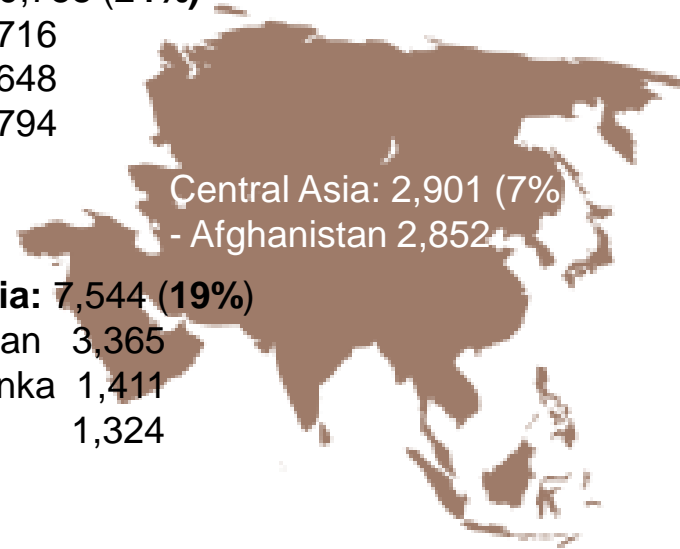
- Nigeria 1,590

Middle East: 9,758 (24%)

- Iran 3,716

- Iraq 2,648

- Syria 2,794



Central Asia: 2,901 (7%)

- Afghanistan 2,852

South Asia: 7,544 (19%)

- Pakistan 3,365

- Sri Lanka 1,411

- India 1,324

2014 – 2015: no. of requests → 24% increase
(Highest annual increase since 1998-1999)

Largest increase:

-Iraq (2014, 911 [191% increase])

-Sudan (2014, 1,615 [87% increase])

Asylum data not available specifically for West Midlands

Who is Migrating to the West Midlands?

In 2011, the population of the West Midlands was 5,601,850, of which 630,000 (10.5%) were migrants.

Europe:

In 2001:	92,000	(15%)
Joined EU 2004:	74,000	(12%)
Joined EU 2007:	6,700	(1%)

Middle East: 295,000 (47%)

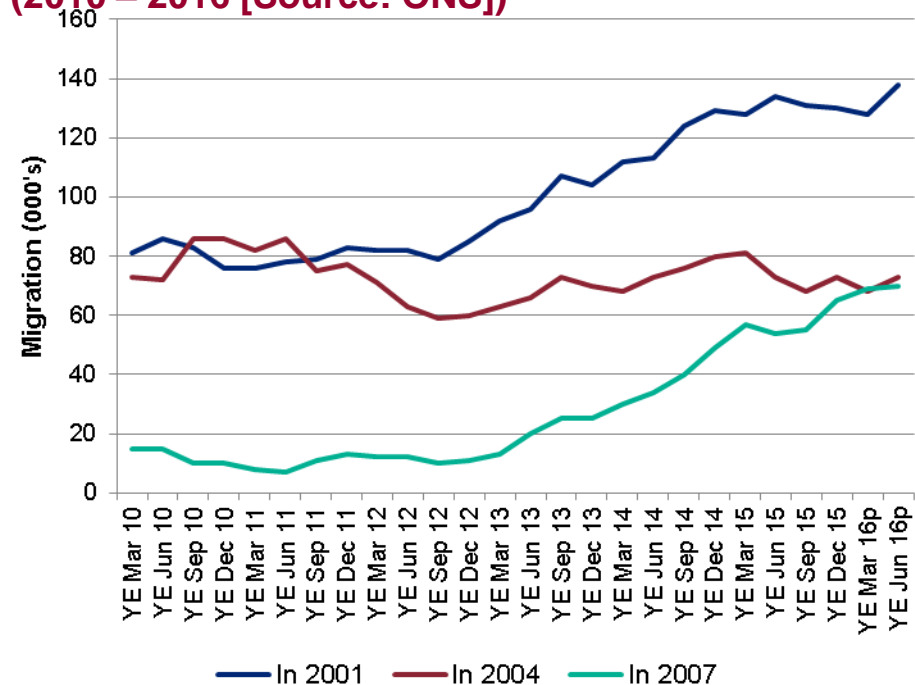
Africa: 86,000 (14%)

Americas: 51,000 (8%)

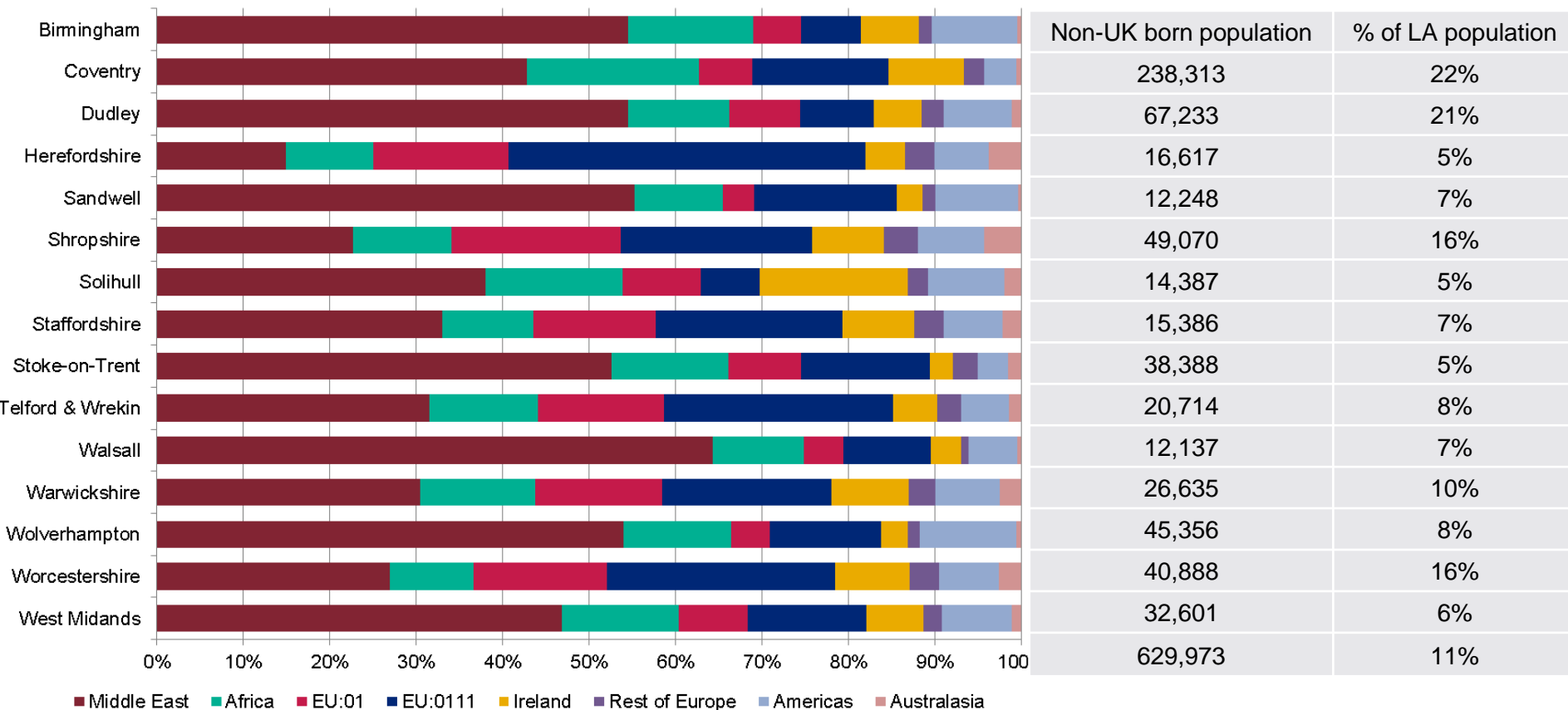
Oceania 6,800 (1%)

The figure to the right demonstrates the shift of migrants to the UK after 2011. Migrants from Bulgaria and Romania now account for 25% of migrants to the UK. Therefore, the 2011 ONS census data referenced throughout this report is not necessarily representative of the current West Midlands migrant population

Quarterly data on EU migrants to the UK (2010 – 2016 [Source: ONS])



Migrants to the West Midlands of birth (2011)



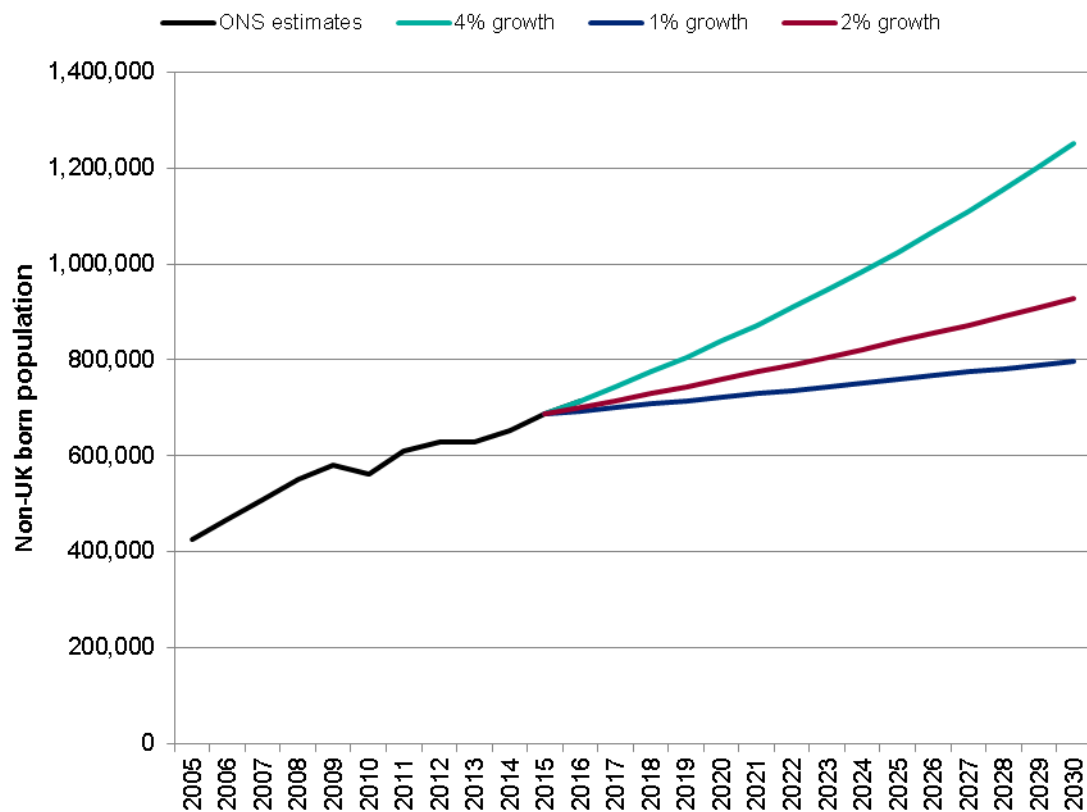
EU:01 – members of EU before 2004. EU:0111 – joined EU after 2004 (includes Poland, Romania, Czech Republic etc)

In 2011, 238,000 of the West Midlands non-UK population were in Birmingham, and accounted for 22% of the Birmingham population, and 21% of the Coventry population. Dudley, Shropshire and Staffordshire had the lowest proportions of non-UK born populations.

Migrants to the West Midlands

In 2005, 425,000 of the West Midlands population born outside UK

In 2015, this figure had grown to 687,000



Assuming continuous growth until 2030:

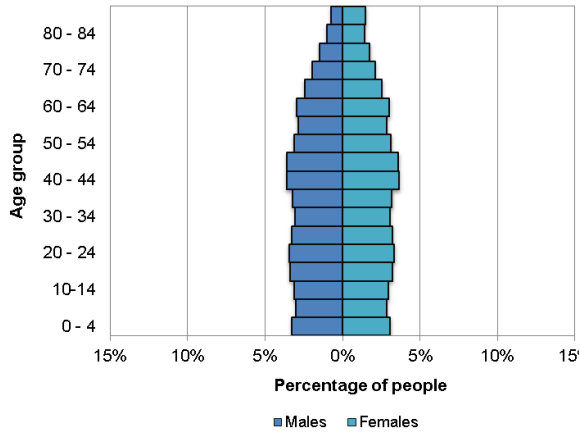
- 4%: population~ 1.25m (20% of West Midlands Population)
- 2%: population~ 930,000 (15% of West Midlands Population)
- 1%: population~ 800,000 (13% of West Midlands Population)

Given the recent political activity in the UK, it is difficult to ascertain how this will impact on the future migrant population in the West Midlands. Therefore, a few scenarios are presented.

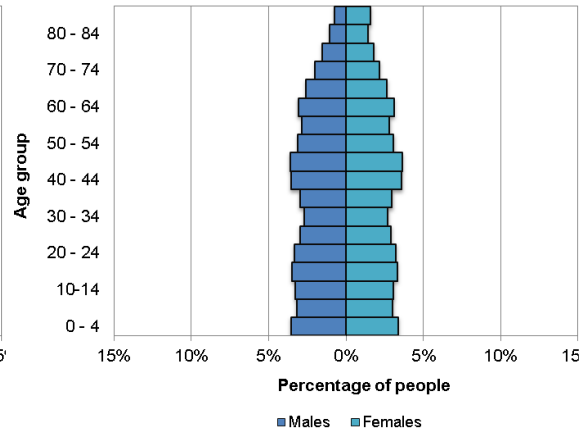
Migrant Age Profiles

West Midlands Population 2011

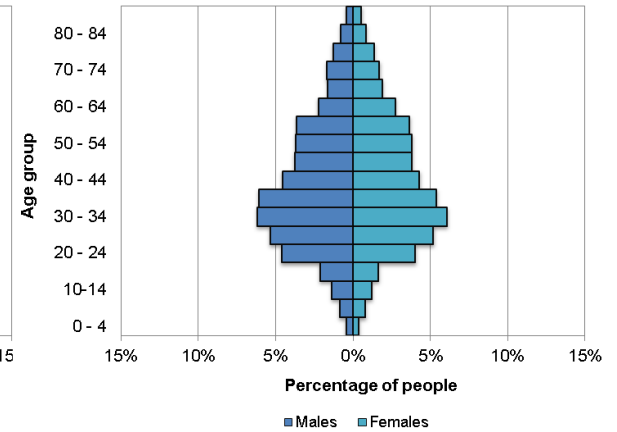
All countries of Origin



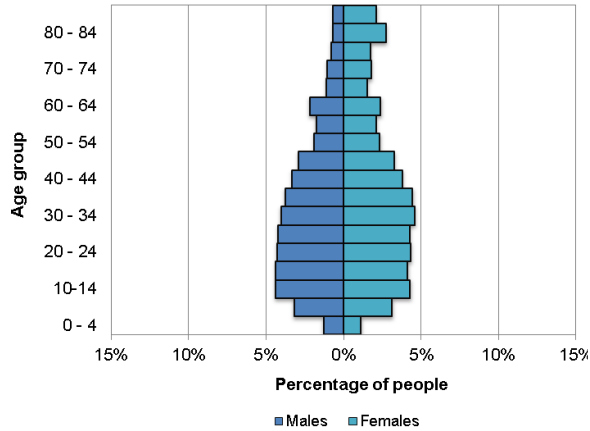
UK & Ireland Origins



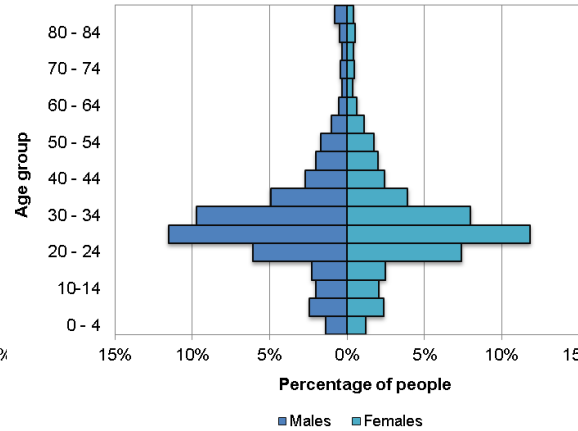
Middle East and Asia Origins



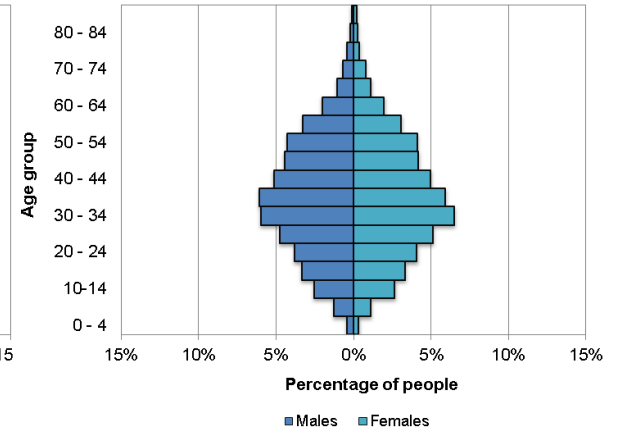
EU countries (since 2001) origins



EU countries (since 2004) origins

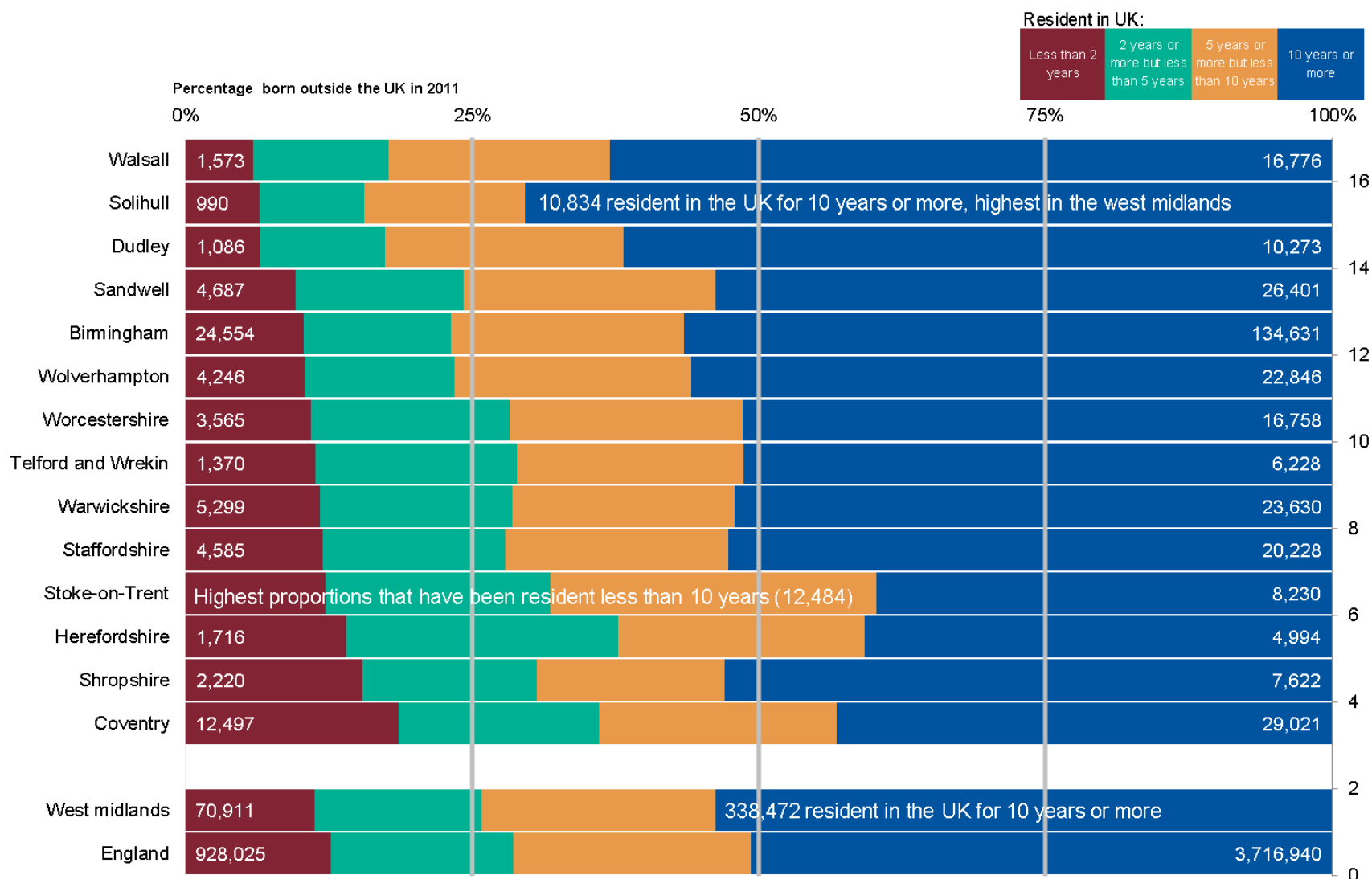


Africa origins

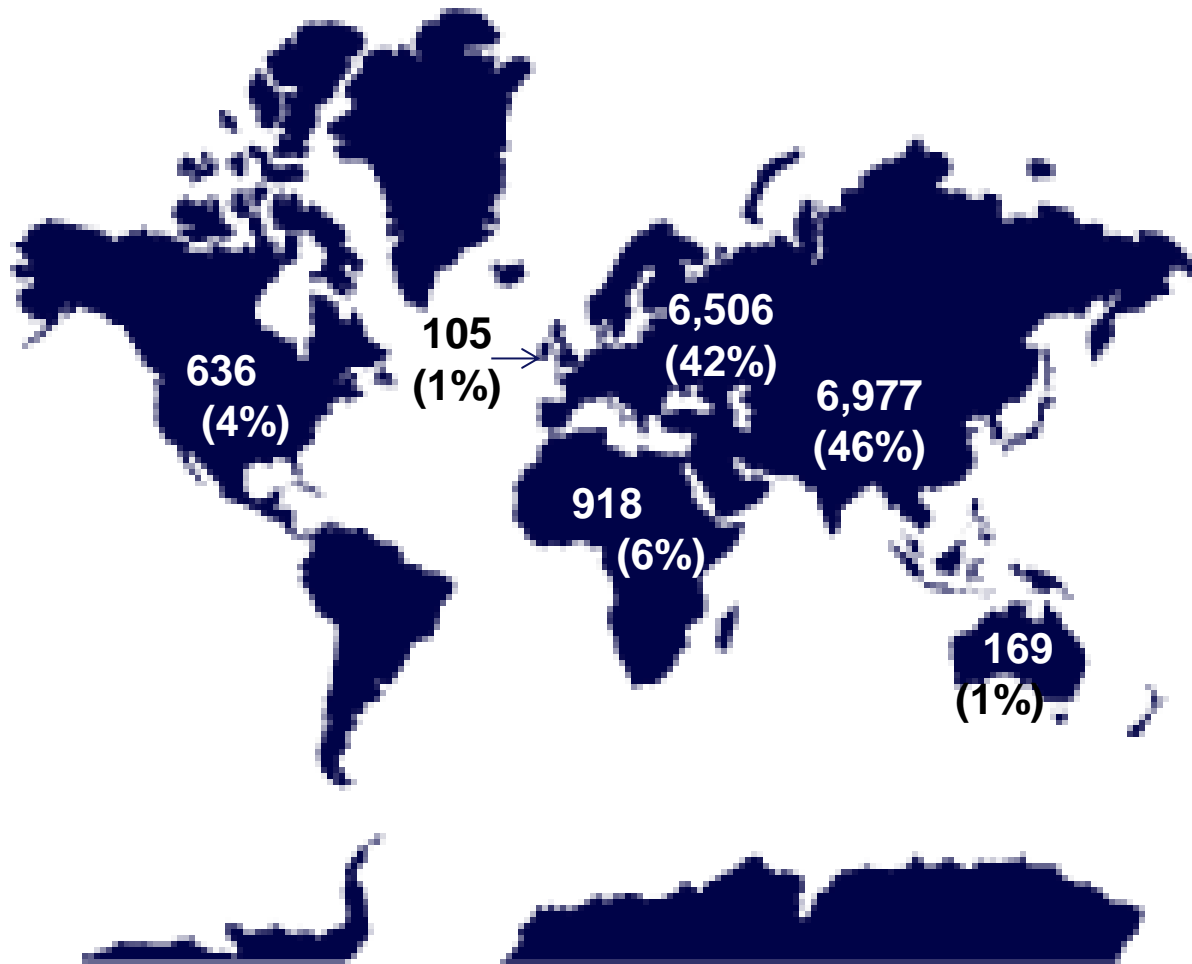


Age profiles vary depending on the region of origin. Over 70% of those from countries which joined the EU in 2004 are aged 15-44, compared with 38% of people originating from UK and Ireland

Length of Residency for the Non-UK Born Population



Short-term migration



A short-term migrant is a person who moves to a country other than that of his or her usual residence for a period of at least three months but less than a year (12 months).

In 2011, the number of non-UK born short-term residents in the West Midlands was 15,311.

Nearly half of the short-term residents were from the Middle East and Asia

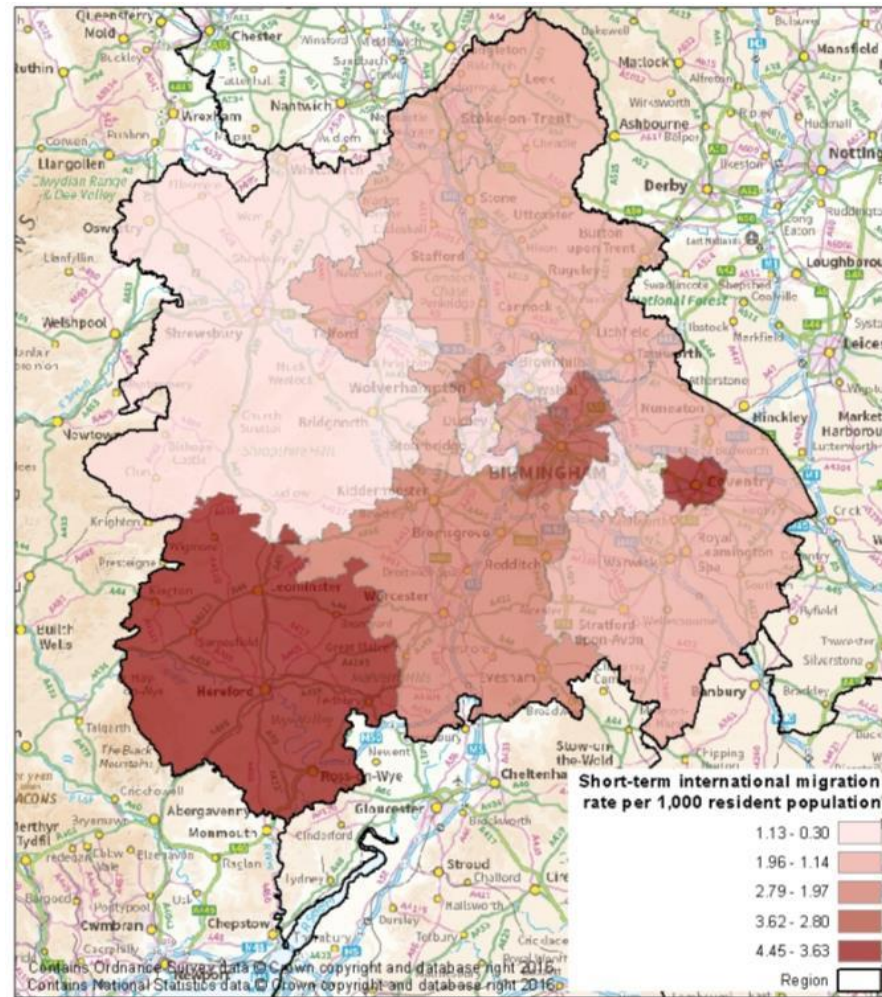
Short-term migration

In 2014, the number of non-UK born short-term residents in the West Midlands was 11,550 accounting for 7.2% of the total short-term migrants that come to England.

Four areas have a higher rate than that of the region: these are Wolverhampton, Birmingham, Herefordshire and Coventry with the highest in Coventry at 4.45 per 1,000 resident population.

Short term migrants in the West Midlands Local Authorities (2014)

	Number of short term immigrants	Rate per 1,000
West Midlands	15,311	2.68
Coventry	2,883	8.54
Herefordshire	1,289	6.89
Birmingham	5,063	4.6
Wolverhampton	774	3.06
Warwickshire	1,264	2.29
Stoke-on-Trent	429	1.71
Sandwell	542	1.71
Shropshire	431	1.39
Staffordshire	1,127	1.31
Solihull	269	1.28
Worcestershire	696	1.21
Telford and Wrekin	182	1.07
Walsall	221	0.81
Dudley	141	0.45



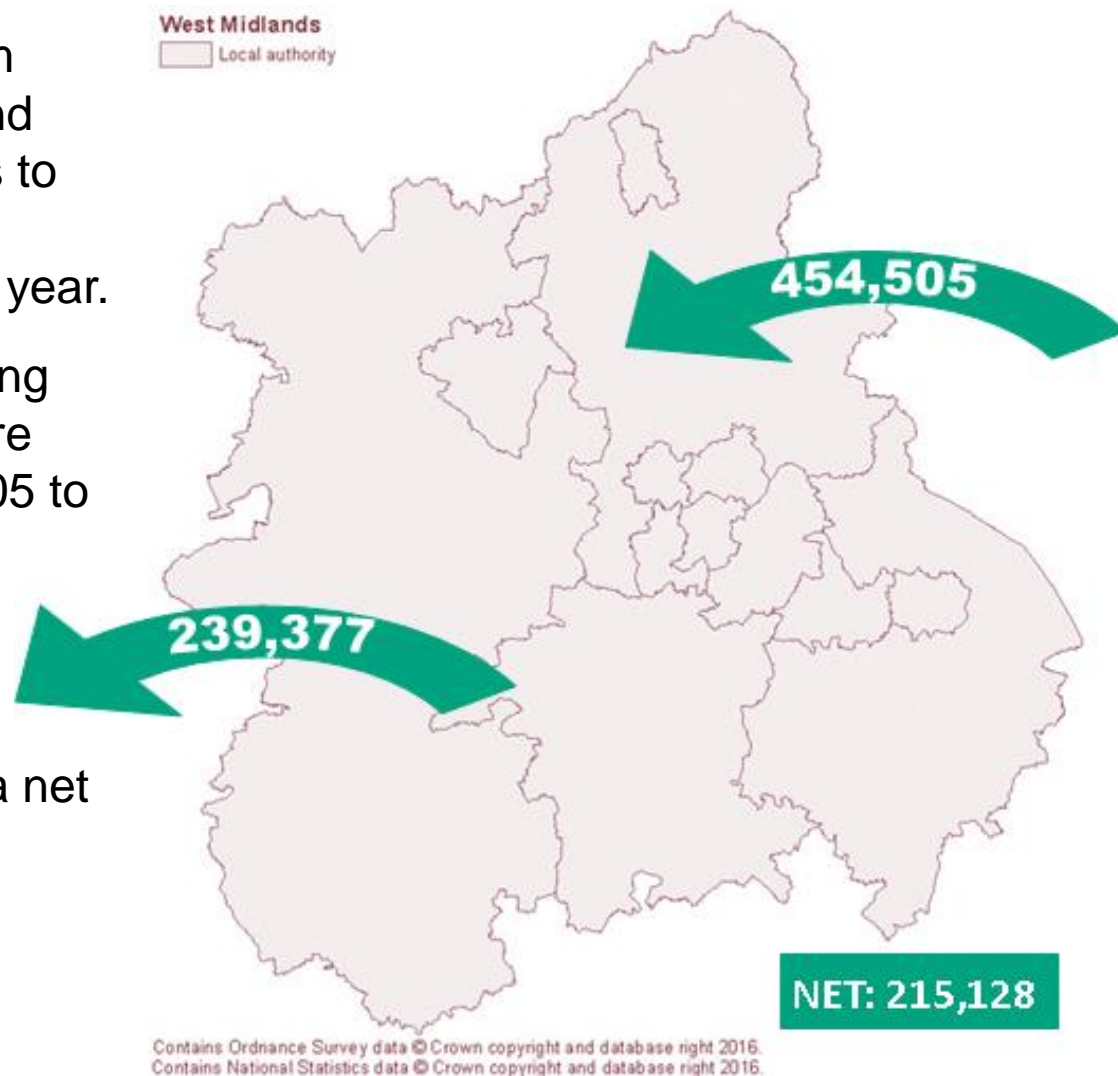
From 2007/08 to 2013/14 the West Midlands has seen approximately 30% increase in short term migration. This varies across local authorities with some areas (Shropshire and Herefordshire) seen a reduction in this time.

Net migration

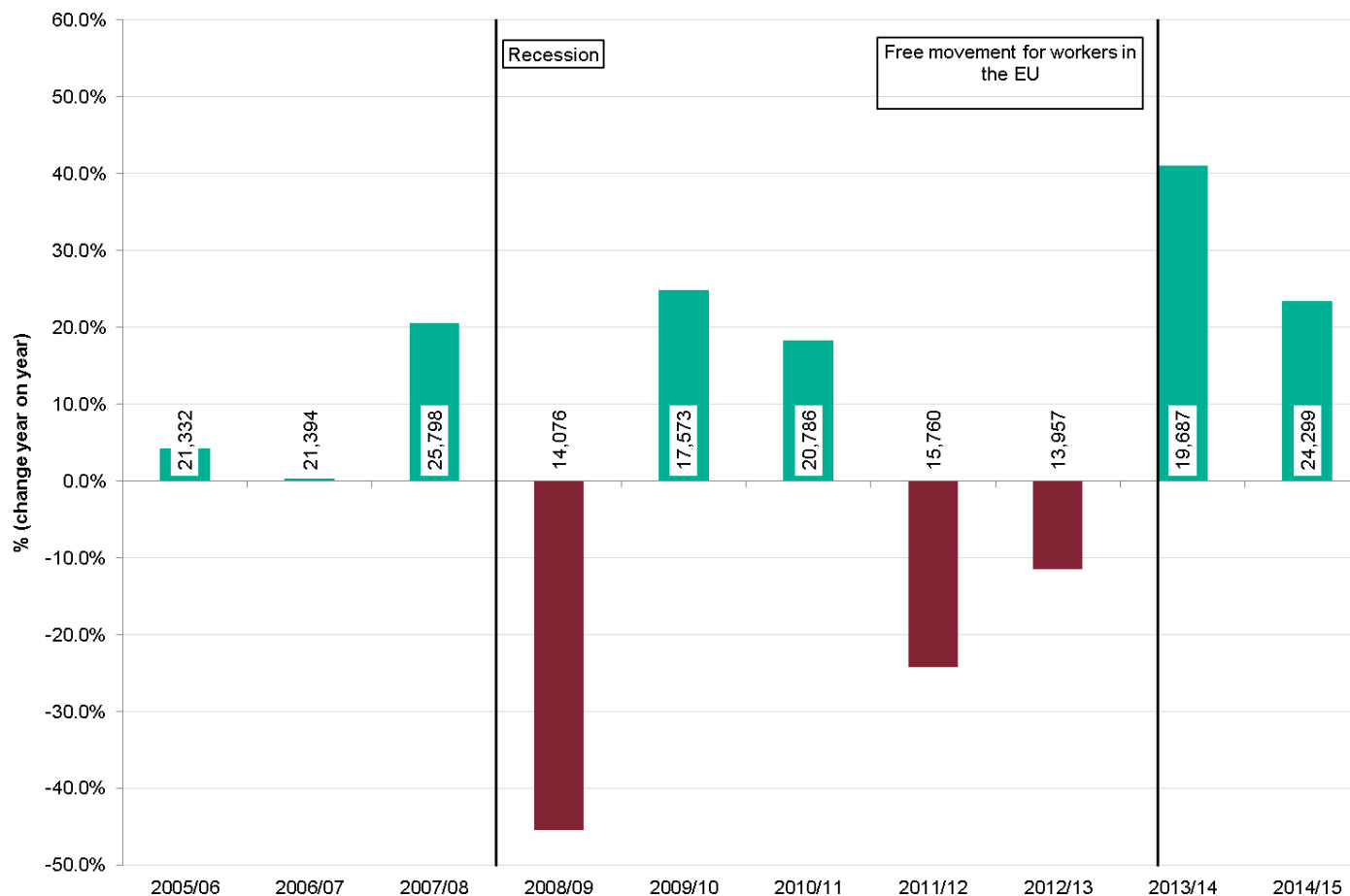
Net migration uses the long-term migration estimates of in-flow and out-flow, as this data contributes to the measurement of the usual resident population in any given year.

There were more migrants moving into the West Midlands than there were leaving in the years 2004/05 to 2014/15, resulting in an overall growth in population (net-flow).

This is reflected nationally with a net flow of 2,502,485

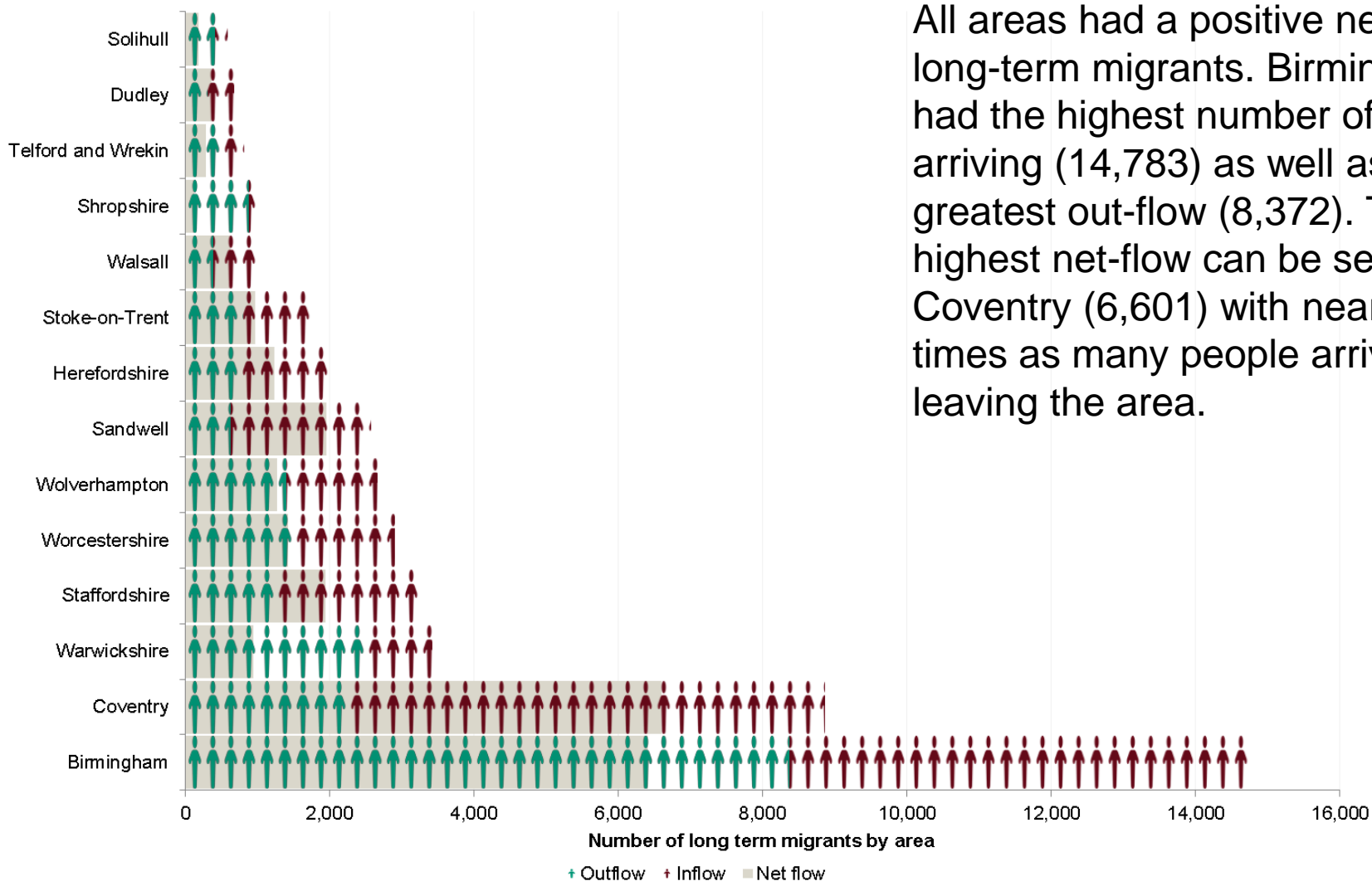


Net migration



From 2004/05 to 2014/15 the West Midlands has seen a 19% increase in net migration. This varies across local authorities with some areas (Warwickshire, Solihull, Shropshire, Birmingham, Telford and Wrekin and Wolverhampton) seen a reduction in this time.

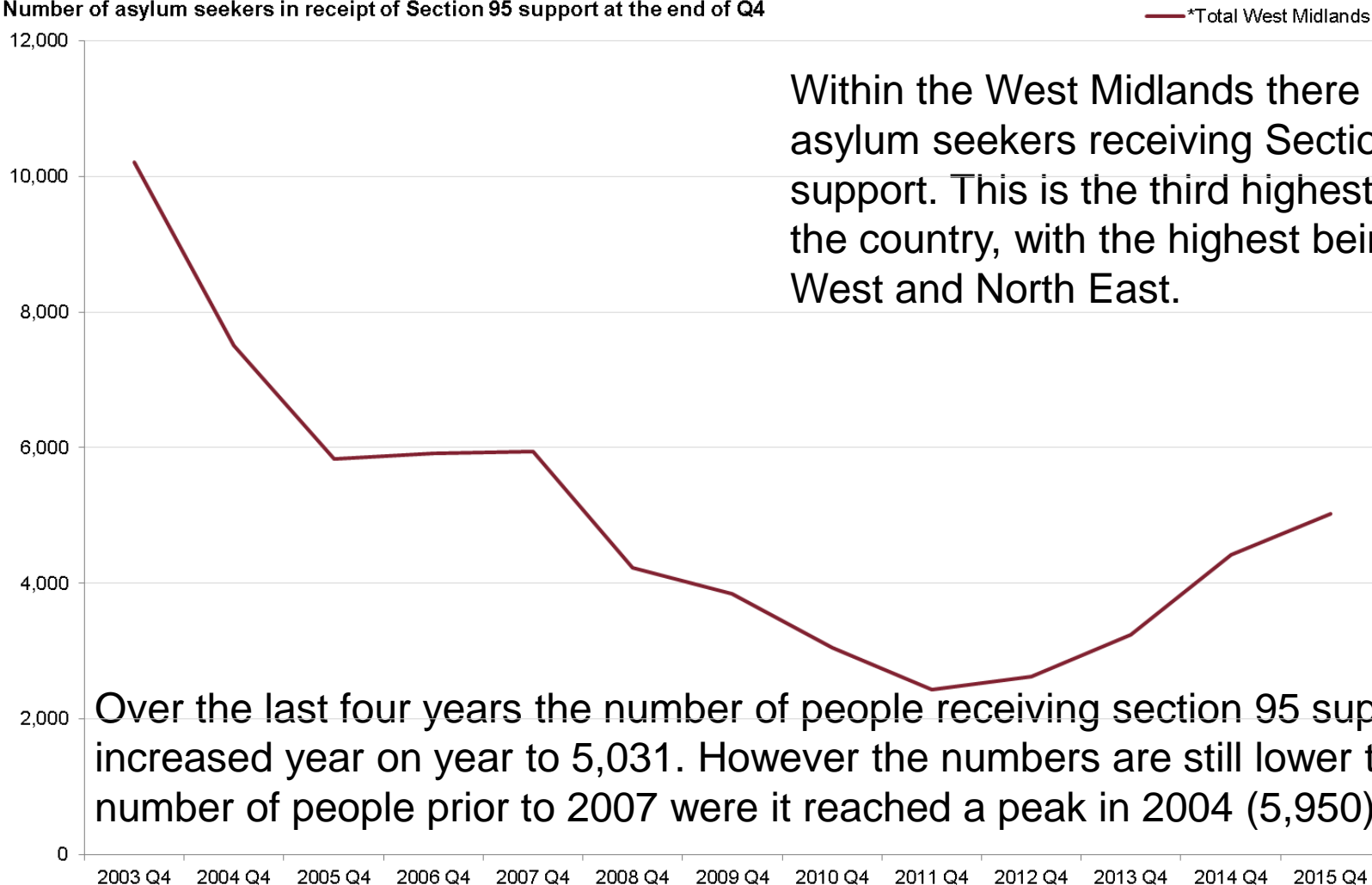
Net migration



All areas had a positive net flow of long-term migrants. Birmingham had the highest number of migrants arriving (14,783) as well as the greatest out-flow (8,372). The highest net-flow can be seen in Coventry (6,601) with nearly four times as many people arriving than leaving the area.

Asylum Seekers

Number of asylum seekers in receipt of Section 95 support at the end of Q4

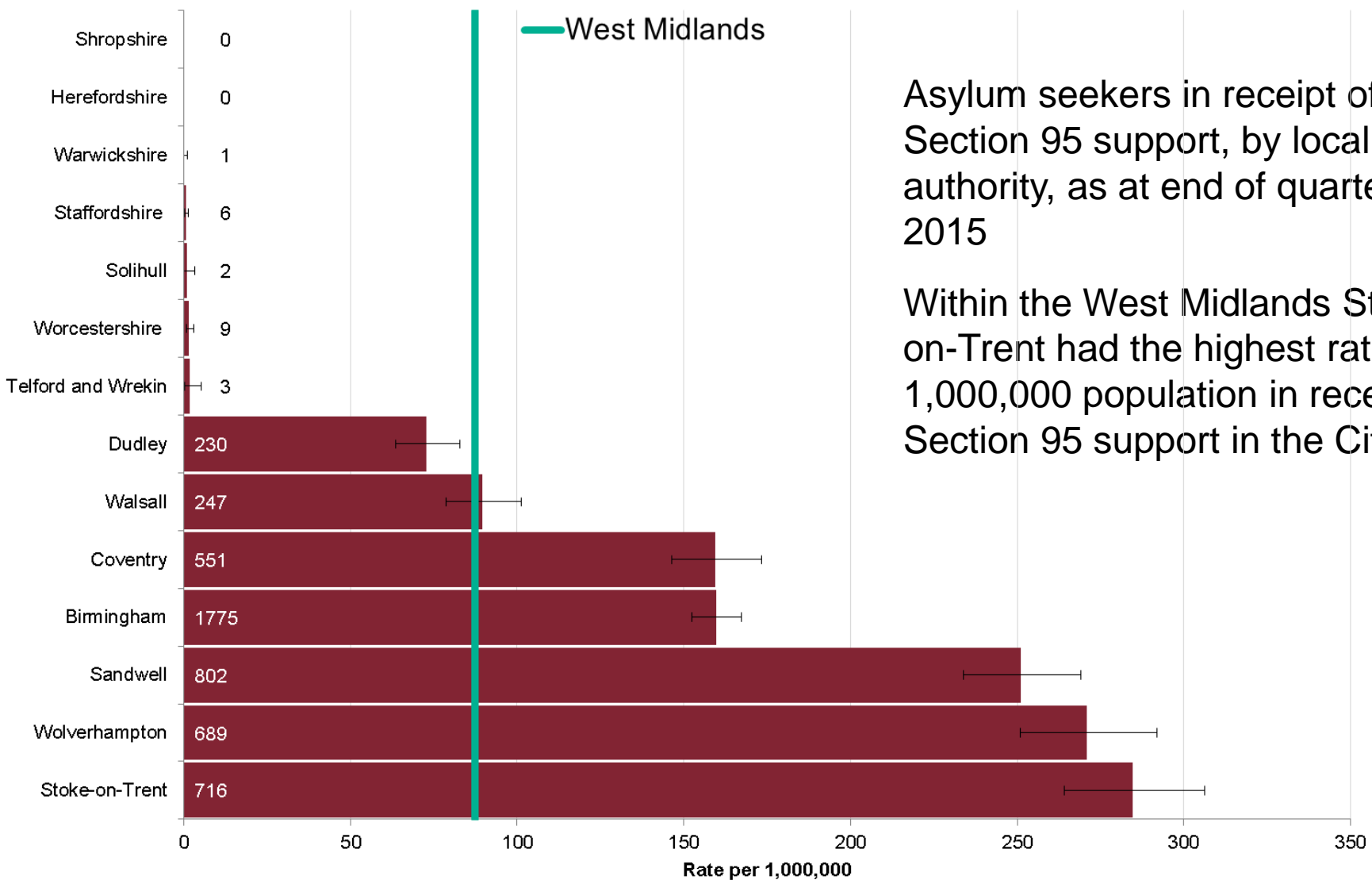


Within the West Midlands there were 5,031 asylum seekers receiving Section 95 support. This is the third highest region in the country, with the highest being the North West and North East.

Over the last four years the number of people receiving section 95 support has increased year on year to 5,031. However the numbers are still lower than the number of people prior to 2007 were it reached a peak in 2004 (5,950)

Caution should be taken when comparing data for 2012 and earlier with figures from 2013 onwards, due to a change in processing method.

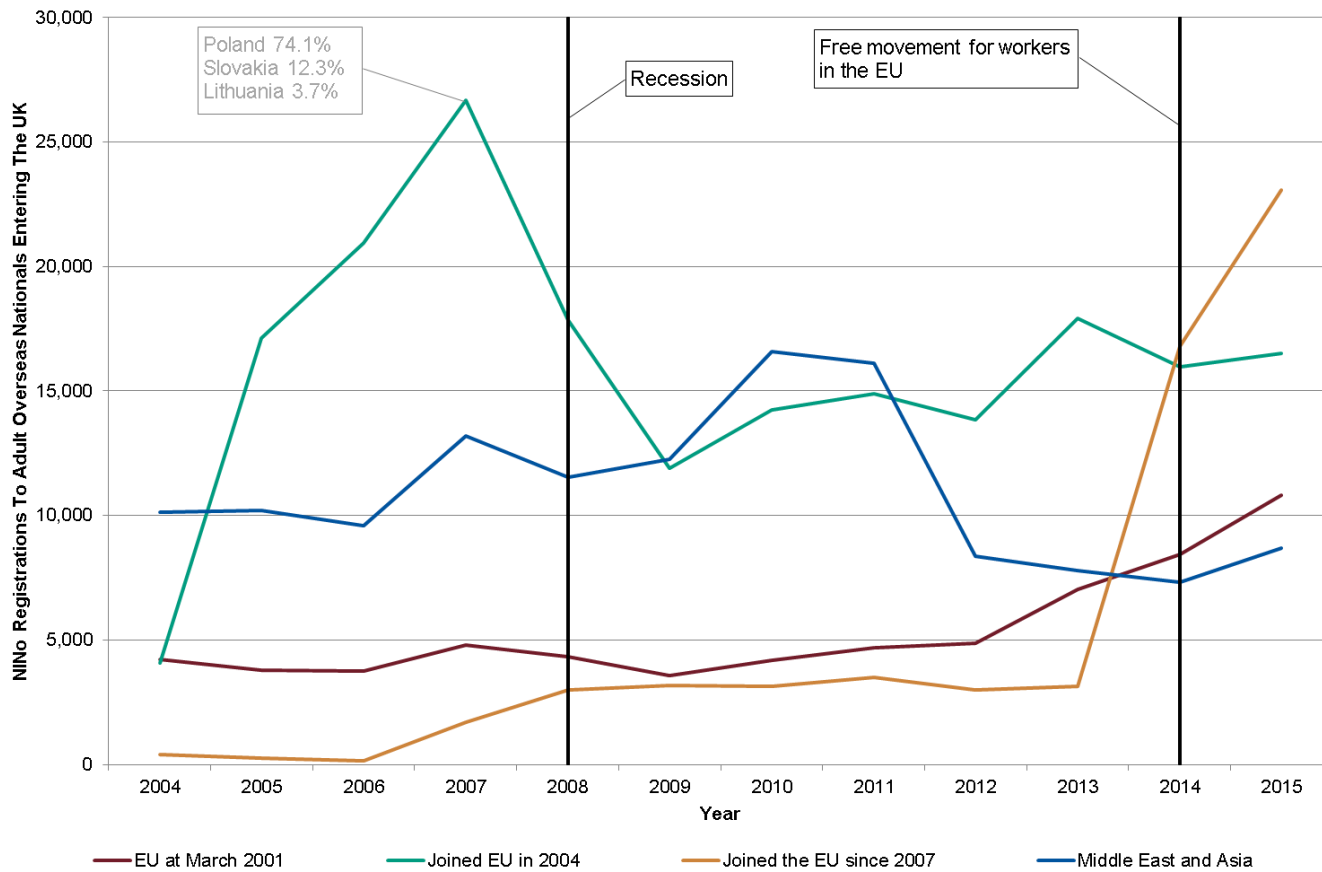
Asylum Seekers



Asylum seekers in receipt of Section 95 support, by local authority, as at end of quarter 4 2015

Within the West Midlands Stoke-on-Trent had the highest rate per 1,000,000 population in receipt of Section 95 support in the City.

Migrants Applying for Work

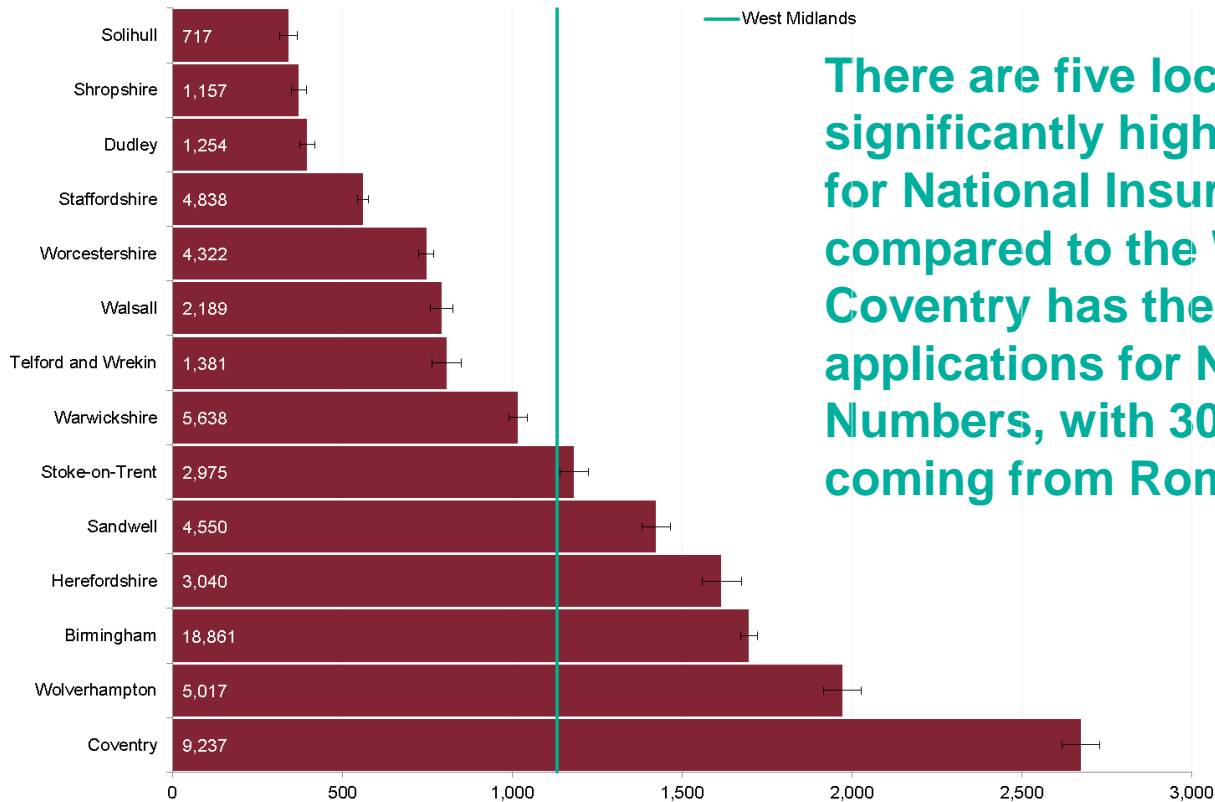


National Insurance Numbers (NINO) issued to overseas nationals show the number of new migrants applying for work when they came to live in the West Mids. Most common 3 countries in each category (2015)

Category	% of applications
Africa	Nigeria 34.1%, Sudan 12.1%, Eritrea 11.7%
EU at March 2001	Italy 27.5%, Spain 16.8%, Portugal 12.9%
Joined EU in 2004	Poland 65.3%, Lithuania 7.7%, Hungary 7.7%
Joined the EU since 2007	Romania 85.1%, Bulgaria 14.7%, Croatia 0.2%
Middle East and Asia	India 37.0%, Pakistan 20.6%, China 10.3%
Other Europe	Norway 29.6%, Turkey 15.3%, Albania 15.3%
Rest of the World	Australia 23.2%, Jamaica 18.9%, United States 18.8%

The group 'EU countries since 2007' had the highest number of NINO applications between 2014 and 2015. Romania made up the largest number of this group with 19,635 (30.5%) applications at its peak in 2015. This has been rising since the lifting of the restriction of free movement around Europe.

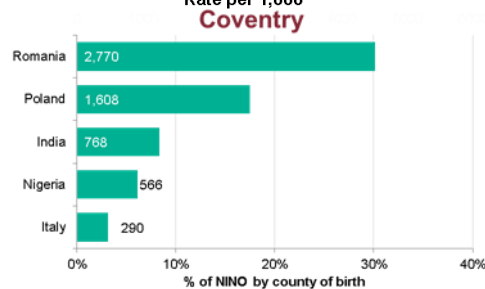
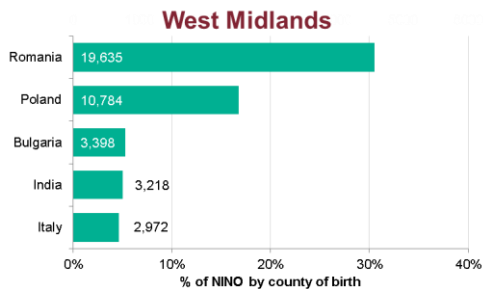
Migrants Applying for Work



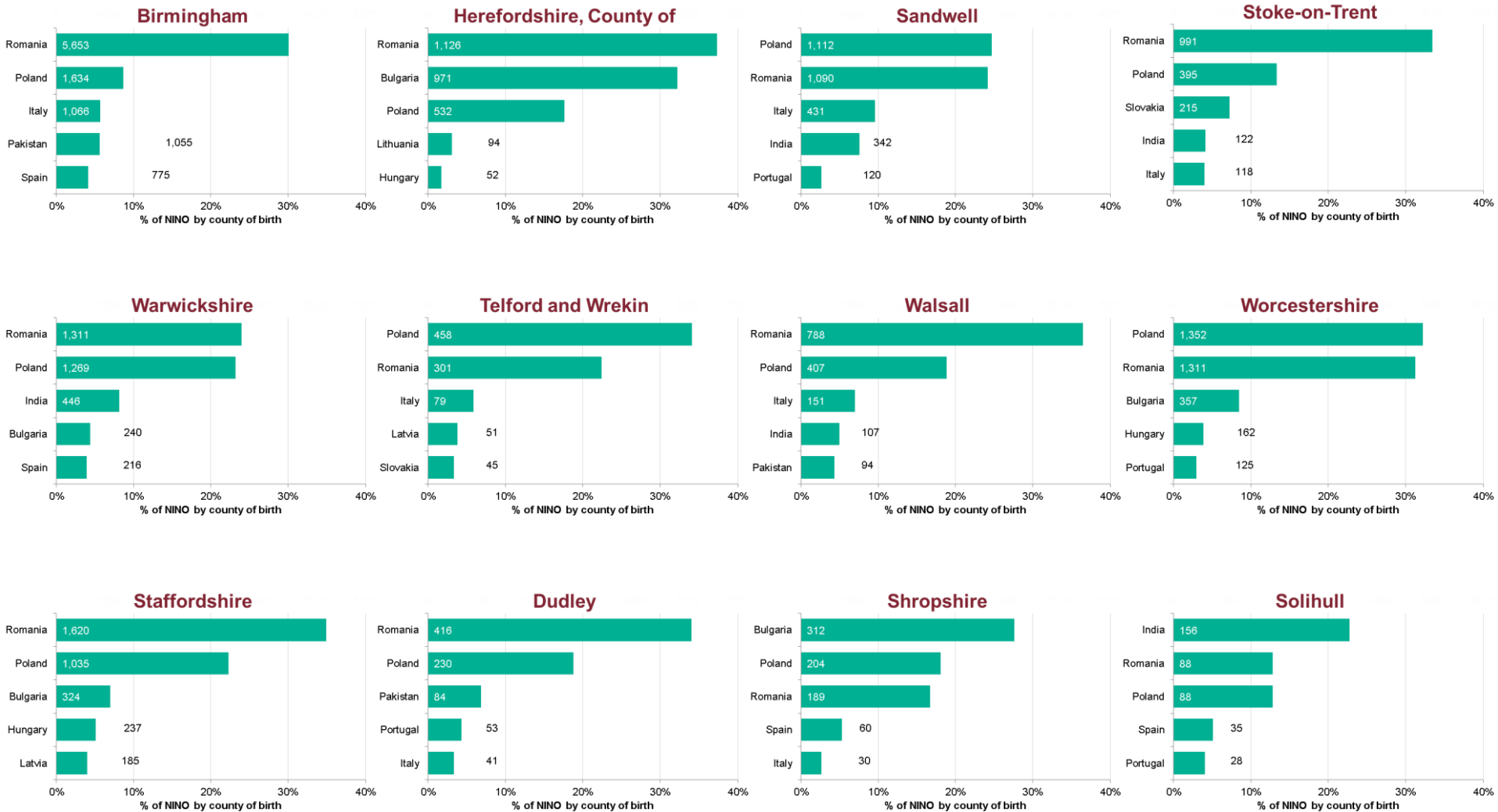
There are five local authorities with significantly higher number of applications for National Insurance Numbers (NINo) compared to the West Midlands average. Coventry has the highest number of applications for National Insurance Numbers, with 30% of the applications coming from Romania.

Migrants applying for work (2015)

LA	Number
Solihull	717
Shropshire	1,157
Dudley	1,254
Staffordshire	4,838
Worcestershire	4,322
Walsall	2,189
Telford and Wrekin	1,381
Warwickshire	5,638
Stoke-on-Trent	2,975
Sandwell	4,550
Herefordshire	3,040
Birmingham	18,861
Wolverhampton	5,017
Coventry	9,237



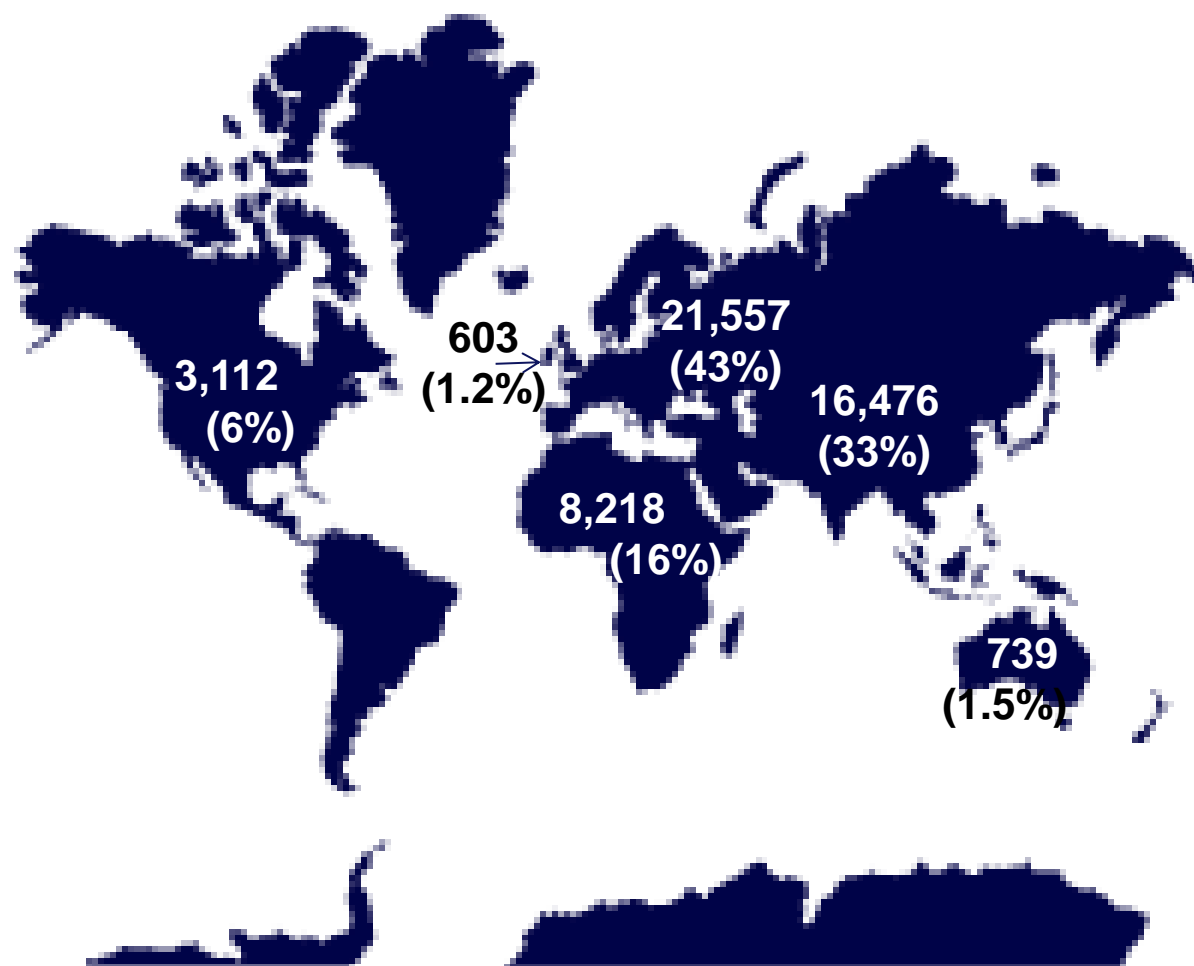
Migrants Applying for Work



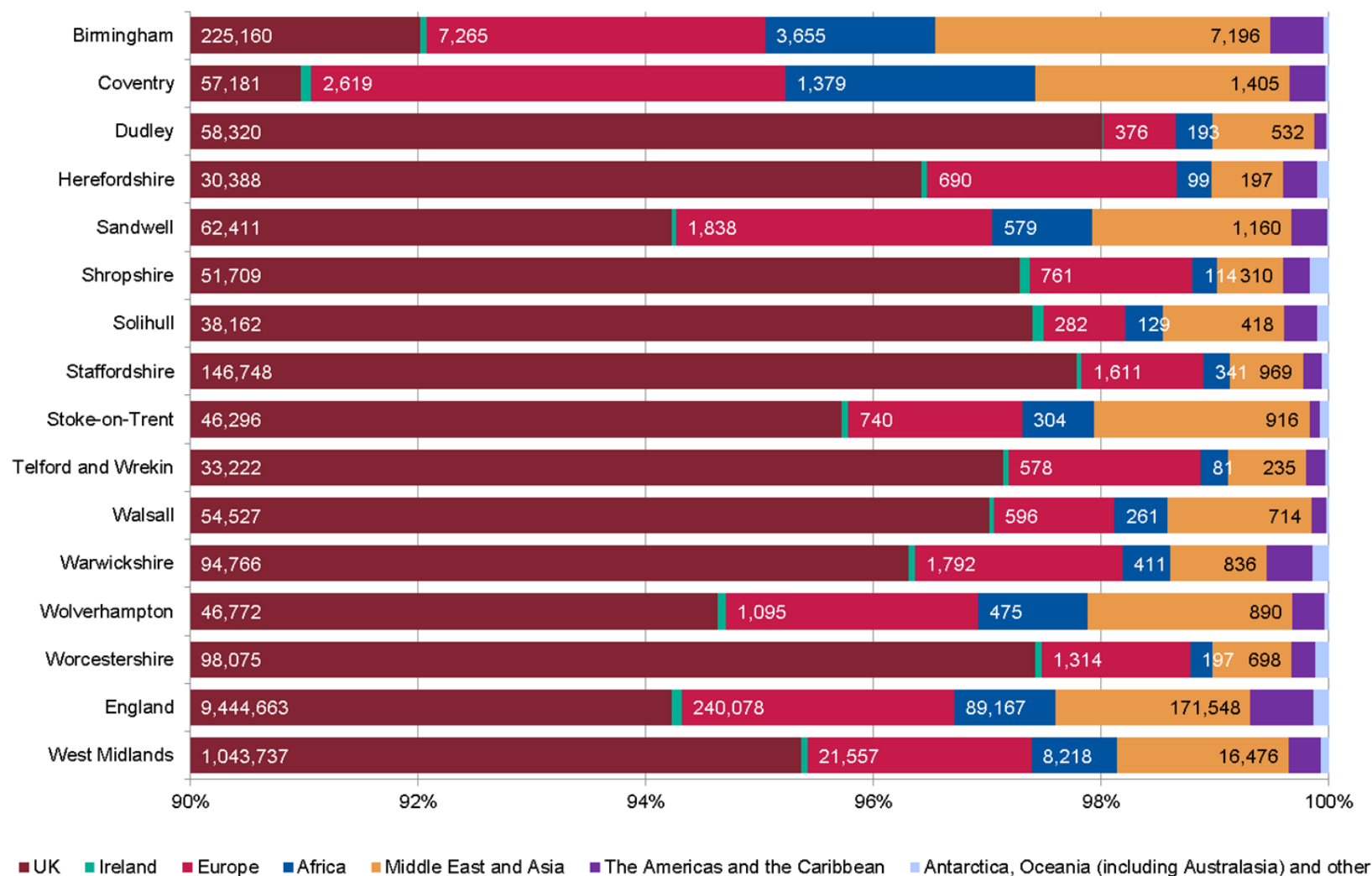
Children and Young People

In 2011, the 0-15 population of the West Midlands was 1,094,400, of which 50,700 (4.6%) were born outside of the UK.

Nearly half of the migrants were from European countries outside of the UK and the Republic of Ireland.

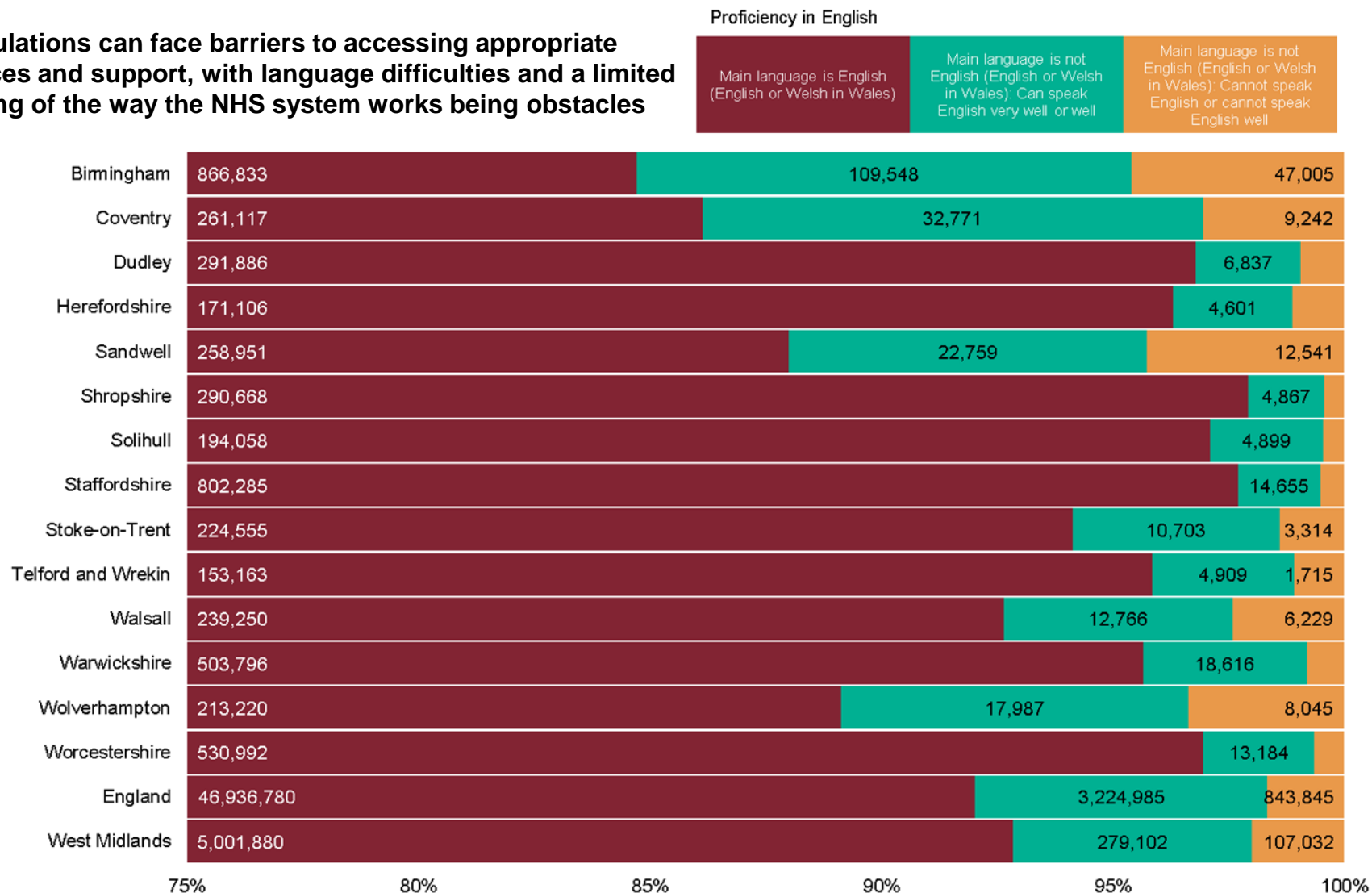


Children and Young People- Area of Birth 2011



English as a Second Language 2011 Census Data (all migrants)

Migrant populations can face barriers to accessing appropriate health services and support, with language difficulties and a limited understanding of the way the NHS system works being obstacles



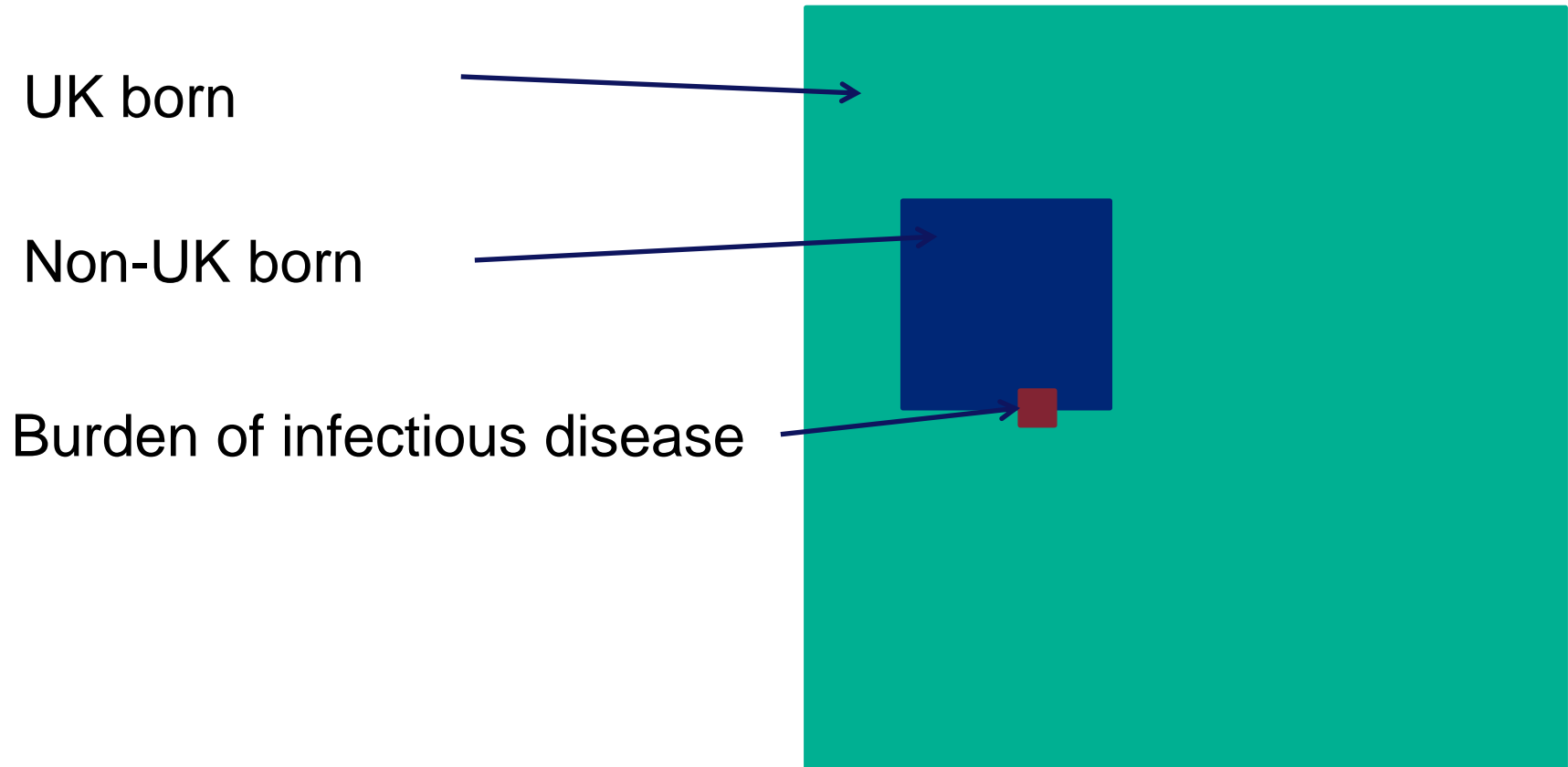


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5. Migrant Health

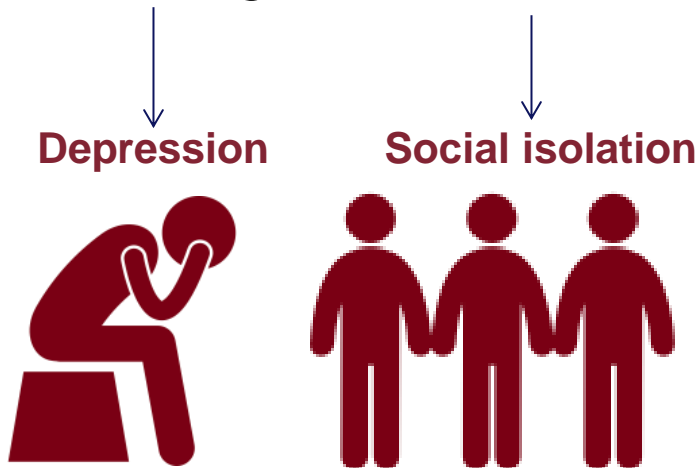
Most Non-UK Born People Do Not Have Infectious Diseases



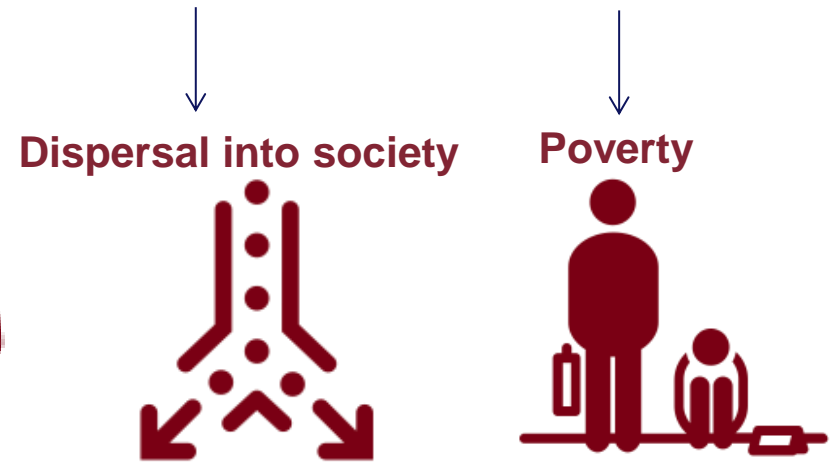
However...

There is evidence that many migrants are relatively healthy upon arrival compared with the native population but that good health can deteriorate over time in the receiving society¹

Asylum seekers and refugees

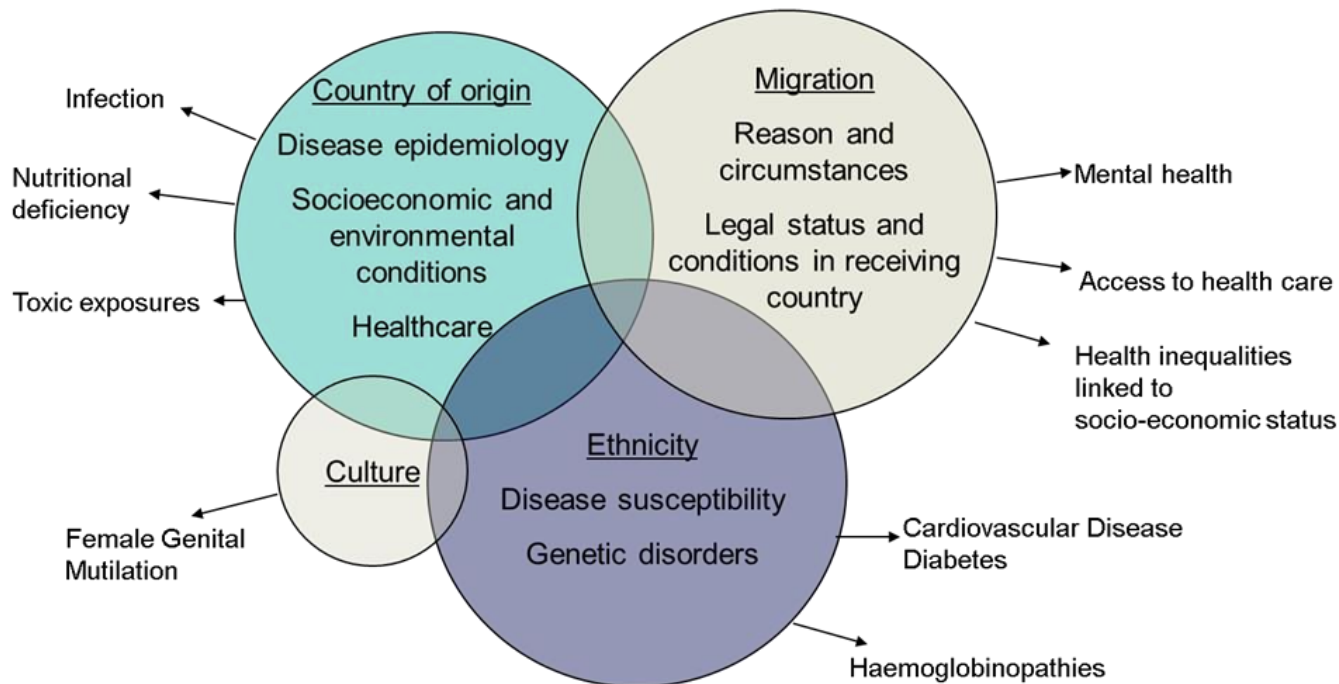


Migration and settlement process



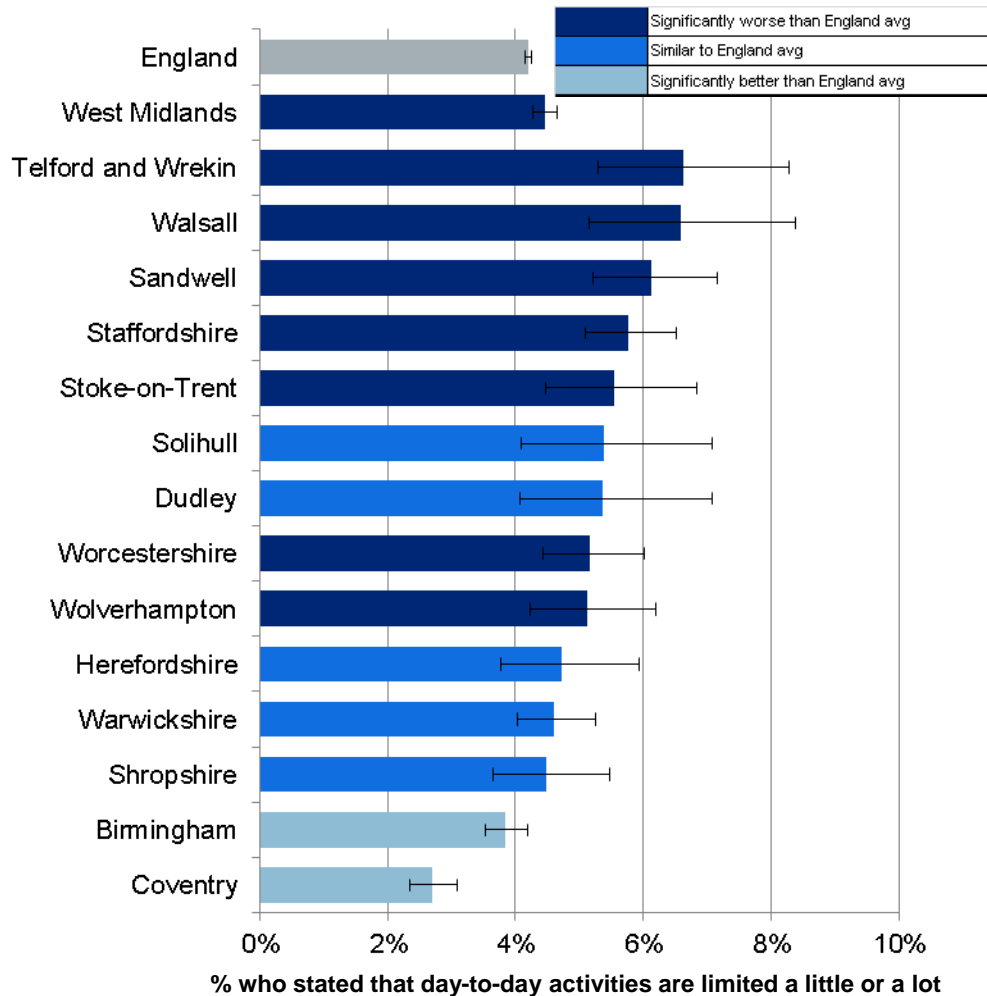
Evidence on health status by immigration status is less well documented, including the health of labour and family migrants, as well as students. It is generally perceived that economic migrants in particular are for the most part young and healthy, with relatively few health problems. However, health issues in broader migrant categories include maternal and child, and health consequences of poor working conditions and inadequate safety practices in some industries employing migrants²

What Influences the Health of Migrants?



Most migrants in the UK are young and healthy, but it is necessary to understand the health needs of migrant populations so that services can be planned effectively. The health of migrants is influenced by many complex factors

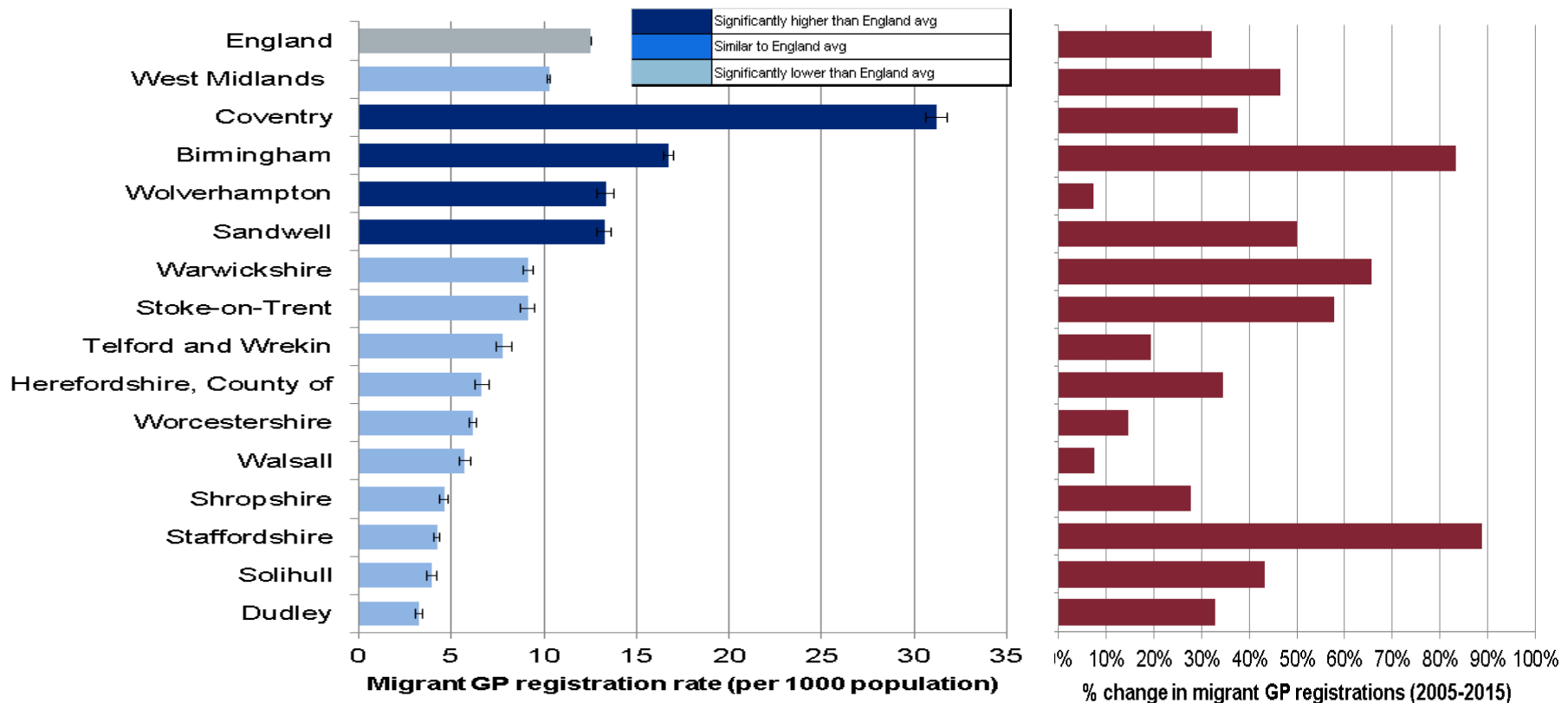
Migrant Health Indicators – Reported Health (2011)



4.5% (2,000) of migrants to the West Midlands stated that day-to-day activities are limited a lot or a little from long term health or disabilities. This is significantly higher than for migrants to England on the whole (4.2%). The rate was highest amongst migrants to Telford and Wrekin (6.6%).

Indicators of perceived general health are a good predictor of future healthcare use. Perceived health status can be difficult to interpret because responses may be affected by social and cultural factors. Individuals reporting a life limiting illness may be more immobile than their counterparts who do not report a life limiting illness.

Migrant Health Indicators – GP Registrations (2015)



In 2015, there were 688,068 new migrant GP registrations nationally – 32% higher than in 2005

There were 59,066 registrations in the West Midlands – nearly 50% more than in 2005

At 18,607 Birmingham had the most migrant GP registrations, but Coventry had the highest rate (per 1000 population)

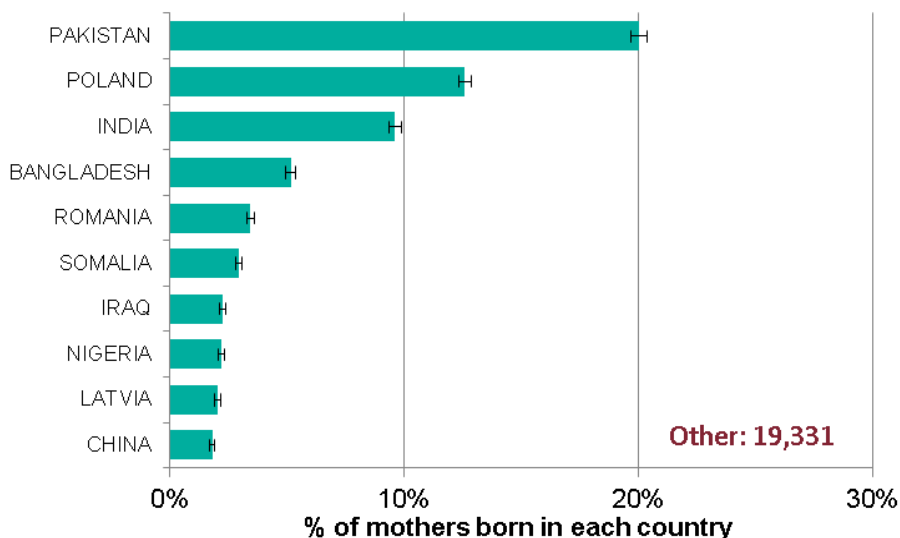
Warwickshire had the highest percentage increase with nearly 90% more migrant GP registrations compared to 2005

NB: a recent audit undertaken in the West Midlands showed a discrepancy between national GP registration data, and the Flag 4 data which local Public Health Intelligence teams are able to access

Migrant Health Indicators – Births to Non-UK Born Mothers (2013-2015)

West Midlands

2013-2015: 51,034 (24%) West Midlands births were to women born outside of the United Kingdom

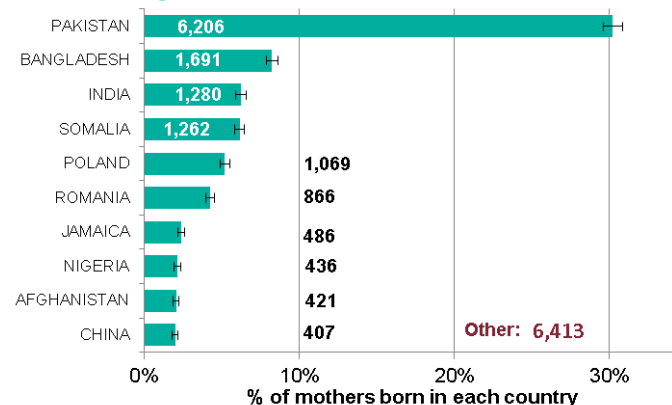


Over the 3-year period more than 240 different countries and territories were listed as a country of birth for women giving birth in the West Midlands

Of the West Midlands live births to mothers born outside of the UK, 49% are from Pakistan, Poland, India and Bangladesh

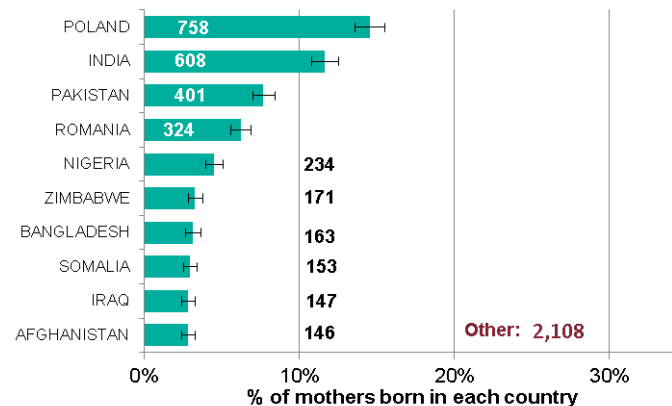
Birmingham

2013-2015: 20,537 of births to mothers born outside the UK were in Birmingham



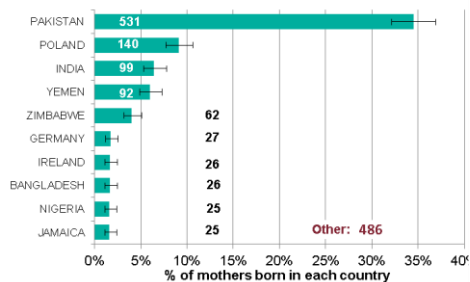
Coventry

2013-2015: 5,213 of births to mothers born outside the UK were in Coventry

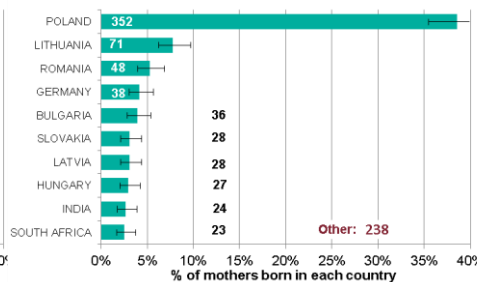


Migrant Health Indicators – Births to Non-UK Born Mothers (2013-2015)

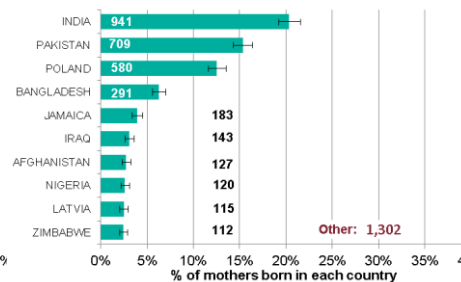
Dudley



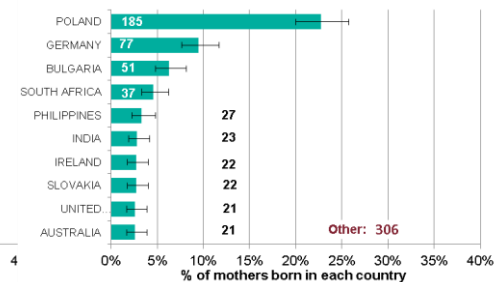
Herefordshire



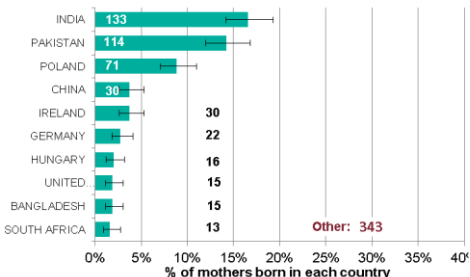
Sandwell



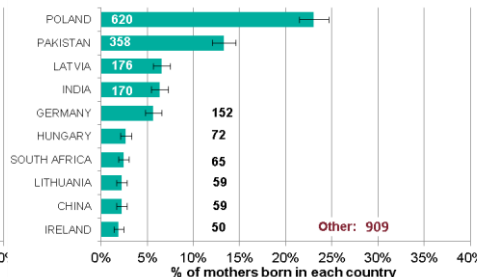
Shropshire



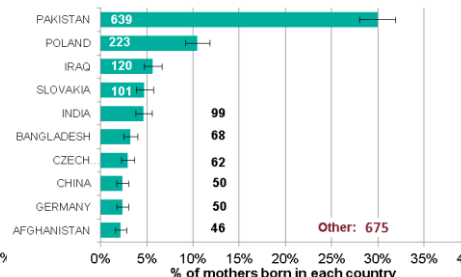
Solihull



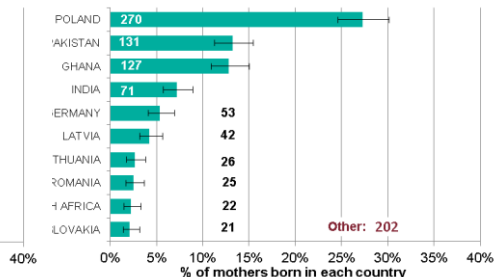
Staffordshire



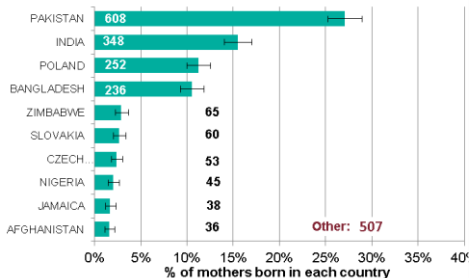
Stoke-on-Trent



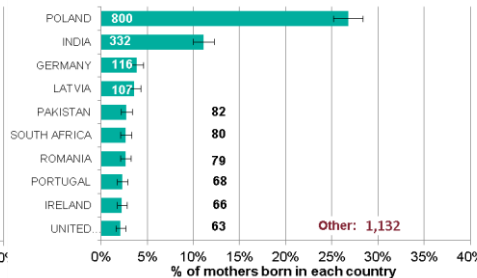
Telford & Wrekin



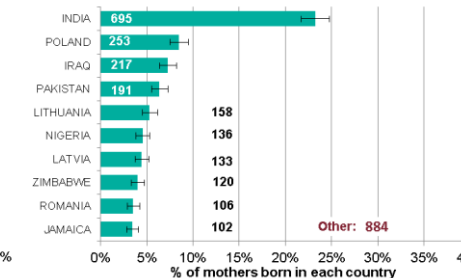
Walsall



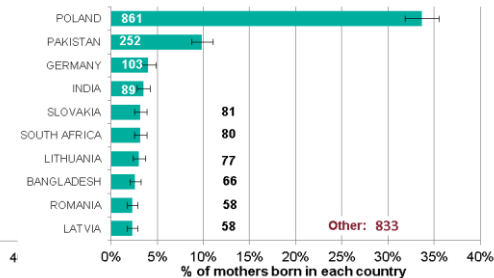
Warwickshire



Wolverhampton



Worcestershire



Migrant Health indicators – Female Genital Mutilation

Data collected

(January – March 2016)

Midlands and East

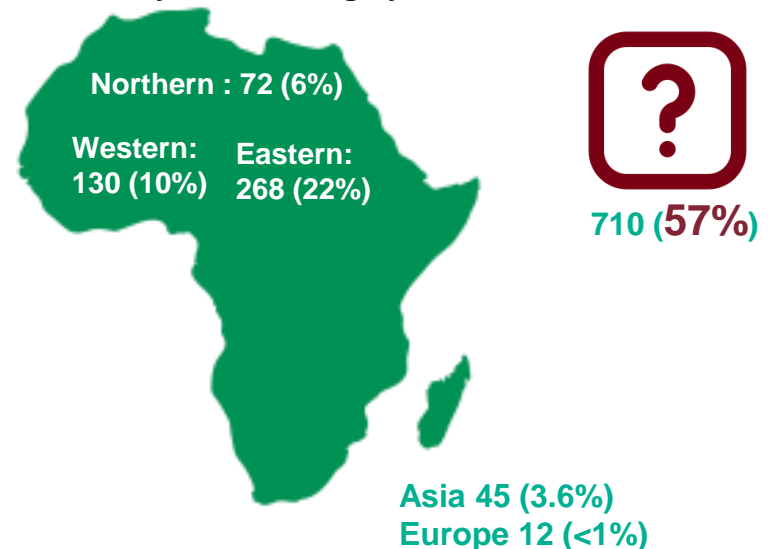
Commissioning Region:

- 220 newly recorded FGM related admissions
- 294 FGM related attendances

- 203 (92%) aged 18-39
- 17 (8%) age unknown

- 108 (49%) identified from self reporting
- 112 (51%) identification method not known

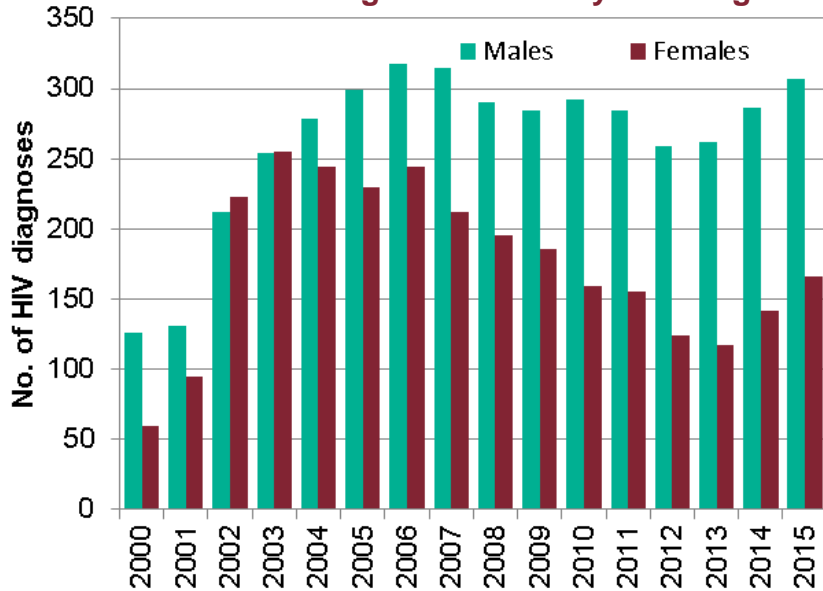
Nationally, 1,242 newly recorded people
Country of birth largely Africa



Data collection: NHS Digital is collecting data on FGM within England on behalf of the Department of Health and NHS England. This is to support the DH and NHSE FGM Prevention Programme. The FGM Enhanced Dataset began data collection on 1 April 2015. The FGM Enhanced Information Standard instructs all clinicians to record into clinical notes when a patient with FGM is identified. These are experimental statistics and caution must be taken with interpretation as data completion is often low and varies by commissioning area

Communicable disease: HIV

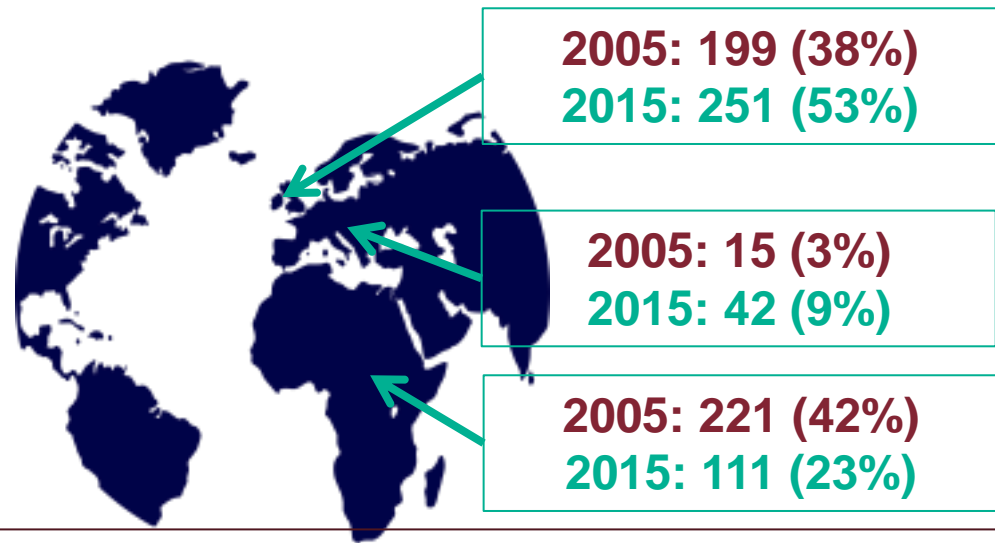
West Midlands new diagnoses of HIV: year and gender



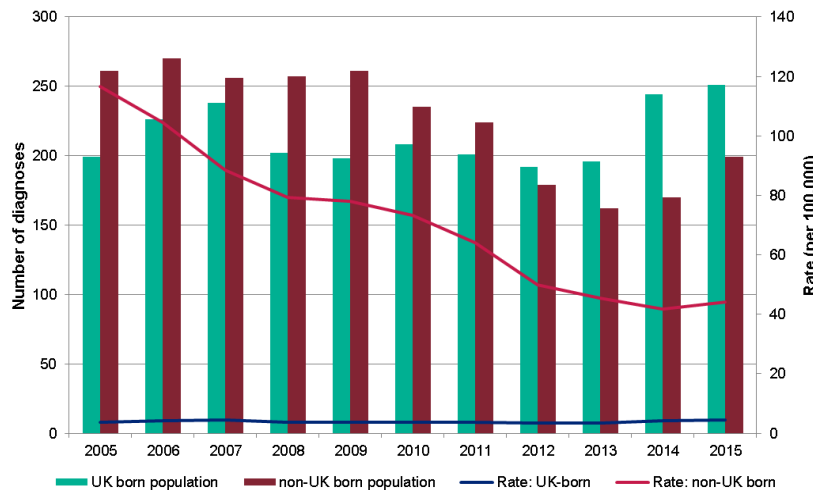
In 2015

- 473 new diagnoses of HIV in the West Midlands
- 65% were male
- 251 (56%) amongst people born in UK
- 38 people had Aids at diagnosis with HIV
- 38 deaths from HIV
- 6,146 people were seen for HIV related care
 - 2,823 White (46%)
 - 2,427 (39%) Black African

West Midlands new diagnoses of HIV and region of origin



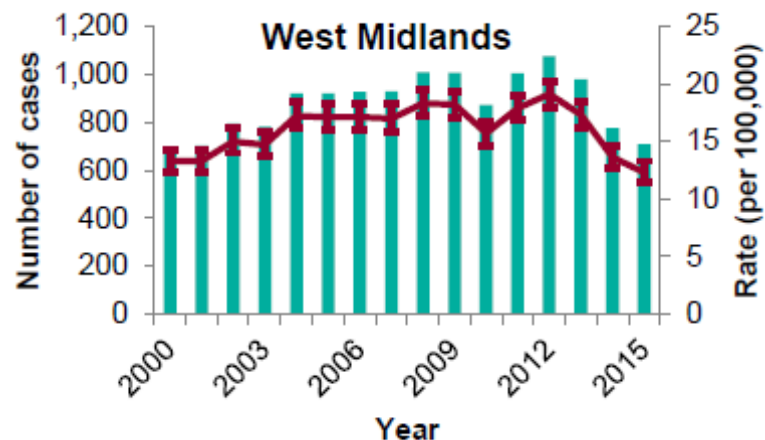
HIV in the UK and non-UK born populations



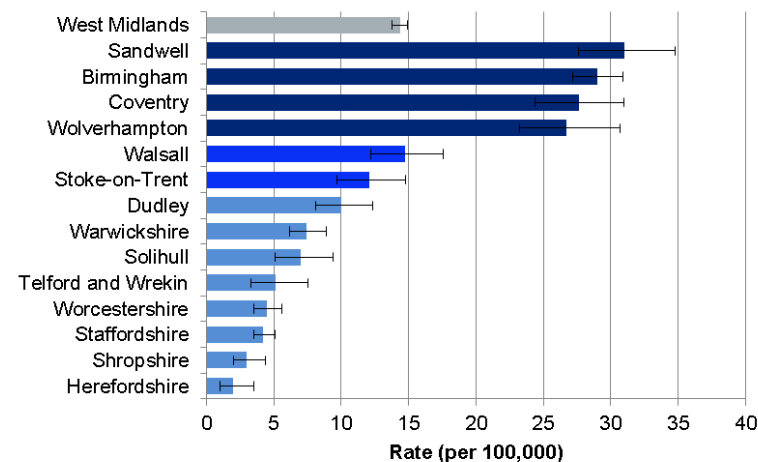
Rates of HIV are 10x as high in the non-UK born population than in the UK born population

Communicable disease: Tuberculosis (TB)

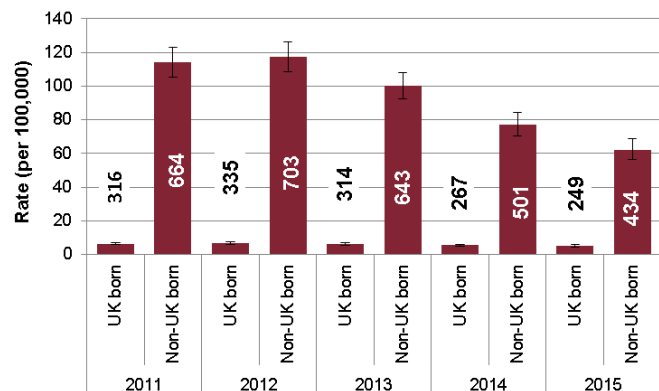
2015: 708 new cases of TB diagnosed in the West Midlands
West Midlands has second highest rate of TB after London



West Midlands local authorities (2013-2015)



The incidence of TB amongst the non-UK born population has decreased significantly since 2012



TB rates in Birmingham, Coventry, Sandwell and Wolverhampton are all significantly higher than the West Midlands average

2015: The incidence of TB amongst the non-UK born population is 12x as high as that in incidence in the UK born population



Nationally: 25% of non-UK born TB notifications are from India, 15% from Pakistan and 5% from Bangladesh.



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6. Horizon Scanning

Policy and Practice

- The latest policy information can be found at the West Midlands Strategic Migration Partnership (WMSMP) <http://www.wmsmp.org.uk/>:
- Working with the WMSMP and PHE West Midlands, the main focus for collective attention as identified by the Association of Directors of Public Health (ADPH) in the West Midlands, is to consider the public health and healthcare aspects of:
 - Health assessments in initial accommodation
 - Asylum/refugee dispersal
 - Widening dispersal
 - Syrian resettlement
 - Unaccompanied Asylum Seeking Children (UASC)
 - With the WMs Association of Directors of Children's Service to submit a joint proposal to the Controlling Migration Fund - <https://www.gov.uk/government/publications/controlling-migration-fund-prospectus>
- The Director of Public Health at Coventry Council takes a lead role on behalf of their peers for migrant health issues. The ADPHs are supported by a West Midlands wide network of local migrant health leads: <https://wmsmp.org.uk/health/>

Emerging Areas of Interest

- The growing local importance of migration continues to stimulate new interest in various aspects of migrant health. In addition to communicable diseases and health protection priorities our attention is focused on non communicable diseases and health behaviours in migrant populations and including mental health and post-traumatic stress disorder.
- Research exists demonstrating the increased psychological ill-health of refugees as a result of conflict, as well as political conditions in the country of birth.
- Moreover, health outcomes are worse for refugees who were older, educated, and female¹.
- Our focus should also be on maternal and child health; lifestyle issues including tobacco use, alcohol consumption and substance use; sexual health and sexual violence.
- We should also pay attention to other areas such as modern slavery and trafficking.
- Figures from the National Referral Mechanism (<http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism>) – a government safeguarding framework that aims to help potential victims of trafficking – reveal a steady rise of potential slavery victims over the last five years, with the single largest annual increase between 2014 and 2015 when nearly 1,000 extra cases were recorded.
- Those identified were predominantly from Albania, Vietnam, Nigeria, Romania and Poland. Research has shown that women internationally trafficked, 70% experienced both physical and sexual abuse during trafficking².
- For further information refer to the WMs Anti-Slavery Network <http://www.westmidlandsantislavery.org/>

1 Porter, M. & Haslam, N. (2005) Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. *JAMA*, 294(5)
Zimmerman, C. et al. "The Health of Trafficked Women: A Survey of Women Entering Postrafticking Services in Europe." *American Journal of Public Health* 98 (2008): 55-59.

No Recourse to Public Funds (NRPF)

- One of the major challenges regarding migrant health relates to migrants with care needs who have NRPF.
- Resources and support is available through a network of local authorities and partner organisations focusing on the statutory duties to migrants with care needs who have no recourse to public funds <http://www.nrpfnetwork.org.uk/Pages/Home.aspx>
- Locally, Public Health colleagues are also monitoring the impact of NRPF in relation to health services and support; this is a complex area of work involving the interface of immigration, community care and human rights law. Interpretation of the legislation regularly changes as a result of case law.
- A key issue is interruption of care due to lack of access to health care systems; for example TB treatment and housing needs: <https://www.gov.uk/government/publications/tackling-tuberculosis-in-under-served-populations>
- The No Recourse to Public Funds network has a free online resource for local authority and voluntary sector practitioners to use to help find out what support options a destitute migrant family might have. This web tool was developed in partnership with COMPAS (Oxford University) and Soapbox. For more information visit <http://www.nrpfnetwork.org.uk/News/Pages/support-for-migrant-families.aspx>

Flag 4 Data

- Flag 4 is a useful source of data from the Patient Register Data Service provided to the ONS. A person registering with a GP whose previous address is outside the UK is flagged (and a different flag is given to a returning migrant where this is known).
- Flag 4 data can, therefore, provide an indication of international migration to an area though it only counts those who registered with a GP.
- Discussions continue with HSCIC to explore who has access to Flag 4 (new GP migrant registration data) and what further steps can be taken to secure on-going access to this new patient registration data that includes town/country of birth information.

Research

- Ensuring links between academic research and policy and practice continues. The WMSMP and PHE WMs continue to have good links with the Institute for Research into Superdiversity (IRIS) at Birmingham University:
<http://www.birmingham.ac.uk/research/activity/superdiversity-institute/index.aspx>
- At national level PHE are undertaking work to look at improving data collection for health assessments in initial accommodation.
- The WMSMP is commissioning research around migration across the WMs. The research will assess key data around current and potential needs surrounding migration to enable effective planning of services and resources, identification of key gaps in provision, emerging trends in areas in order to support the development of some regional interventions to enable better local authority planning and provision as well as a better coordinated regional approach in future delivery of services. Public health is represented on the WMSMP Steering Group which is overseeing this study.
- In addition a Master of Public Health student at the University of Birmingham is undertaking a project to look at the local impact of the Immigration Act along with ways that health assessment uptake might be increased in initial accommodation. The student is working alongside the Clinical Commissioning Group which commissions health assessments in initial accommodation.

Local Good Practice

- Across the West Midlands there are many examples of good practice and delivery models to meet the needs of their migrant populations.
- Local authorities such as Dudley have undertaken local health needs assessments which others may wish to consider replicating: *“organisations across all sectors have a partial understanding of the impact of migration and immigration status on their service area. Professionals recognise that there are gaps in knowledge, information sharing and a need for improved data sources which could help inform service deliveryeach agency holds a piece of the jigsaw...”*
<http://www.allaboutdudley.info/aodb/publications/DMHNA%20Final%20Report%20Sept%202015.pdf>
- Award winning support services covering the Black Country Area and Birmingham: <http://www.rmcentre.org.uk/>
- Community engagement and peer support work at “Rights and Equality Sandwell” to improve equal opportunities and promote good relations: <http://www.rightsandequalitysandwell.co.uk/>
- Coventry Migrant and Refugee Centre praised by the Archbishop of Canterbury: <http://covrefugee.org/>

Acknowledgements

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Also with thanks to: Karen Saunders (PHE West Midlands); Dave Newall (Consultant); LKISEastMidlands

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7. Contacts and Feedback

Contact

For any further information or queries regarding this report, please email:

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Please send us any comments or feedback on this report including how you will use it in your area of work