



Maternity Action and the Women's Health and Equality Consortium (WHEC)

**Project brief: Commissioning health services for vulnerable migrant women
October 2015**

Project Aim

The project will investigate how Clinical Commissioning Groups and local authority Public Health departments, together with Health and Wellbeing Boards in England are addressing the health needs of vulnerable migrant women.

Project Description:

The project aims to explore the ways in which Clinical Commissioning Groups (CCGs), local Health and Wellbeing Boards (HWBs) and public health departments in selected areas address the health needs of vulnerable migrant women. This group includes refugees, asylum seekers, trafficked women, women who speak and read little or no English, women with no recourse to public funds supported by local authorities, and undocumented migrant women. It will investigate what, if any, policies have been developed in local areas, identify good and poor practice, and especially hopes to provide examples of best practice that can be replicated elsewhere.

Background

The study follows earlier work on local provision ([Maternity Action & WHEC Guidance for Commissioning Health Services for Vulnerable Migrant Women, 2011](#)) which reviewed policies and good practice in relation to migrant health. Since the publication of that report, the NHS Act 2012 has reconfigured the administration of the NHS, creating CCGs as local commissioning agencies to replace PCTs, and moving public health to be the responsibility of local authorities. In addition, the Immigration Act 2014 has changed the range of chargeable 'overseas visitors', and introduced a health surcharge to visa applications of over 6 months. Both pieces of legislation have implications for the care of vulnerable groups. For example, neither migrants nor providers may know and understand what a particular person's eligibility is for NHS care, or fear of debt or immigration sanctions due to NHS debt may deter some undocumented migrants. It is not known how local commissioners have responded to the changes in health access and there is also little available information on how public health bodies target migrant populations and how well they are working with CCGs.

Project content and suggested methodology

1. A literature review of policy and practice relating to vulnerable women migrants since the NHS Act 2012 and of the health needs of vulnerable migrant women.
2. The project will be carried out by obtaining information from CCGs and public health departments in selected areas. Basic data about the socio-economic and demographic character of each area studied will be collected, and will include information about any significant recent changes.

- Criteria for selection of local areas will include:
 - size and type of migrant population e.g. presence of dispersed asylum seekers, seasonal agricultural workers, marginalised communities, ‘superdiverse’ populations
 - areas where there are known policies and provision for migrants
3. Key figures involved in commissioning and public health in these areas will be asked to respond to an **electronic survey** which will cover broad themes of the study – to include, for example:
- Investigation of infrastructure
 - Whether there is a person with responsibility for migrants in the CCG in the area?
 - Is migrant health a standing item for HWBs?
 - Whether there are any specific programmes for this population? If so, what are in the programmes? How much funding is provided for this work?
 - Whether there are staff training programmes about the health needs of this population?
 - If these exist, what are they?
 - Are there available data about the size and composition of migrant populations in the area and their health needs?
 - Is a section on migrants included in the local Joint Strategic Needs Assessment (JSNA)?
 - What factors have shaped migrant health policy in the area.
4. Findings from the survey will be used to inform follow-up telephone interviews of selected relevant professionals to investigate actual programmes and practice and to try to identify factors which have made appropriate or innovative practice possible. Other emergent issues from the survey may also be addressed in the telephone interviews.
5. Both the survey and the follow-up interviews should cover the following issues. and other emergent issues:
- access to GPs
 - sexual and reproductive health including maternity care
 - mental health
 - infectious diseases
 - older women
 - chronic diseases
 - domestic violence/ FGM
 - basic care
 - health promotion
6. If possible the researcher will visit selected areas to visit relevant migrant community organisations to investigate their members’ perception of their healthcare needs and how well they are met.

7. As the data collected will primarily be qualitative and descriptive, data analysis will be thematic focussing on the themes of the project but will also include new and emergent themes.
8. The final report will aim to identify factors which have shaped local health policies addressing the health needs of vulnerable migrant women, and describe initiatives within the local areas, drawing on evaluations if they exist. Based on findings from the study, the report will also make recommendations that could be applicable to other areas.

Timeframes

The research report is to be completed by end January 2016, with publication scheduled for mid-February 2016.

Selection of consultant

Criteria for selection consultant to undertake the project:

- Experience of conducting independent research projects
- Experience of relevant research methods, including interviews and online surveys
- Knowledge of UK policies relating to the health of migrants
- Knowledge of the administrative structure of the NHS
- Ability to write in accessible language

Contract value

The contract value is £4000.

Closing date: 14 November 2015