

# Raising awareness of refugee integration in organisations and networks across health structures in Yorkshire and Humber

Refugee Integration Forum case study submitted by the Office for Health Improvement and Disparities (OHID), and the Department of Health and Social Care (DHSC).

Image  
YH Public Health Network logo

Refugee Integration Forum member Cathie Railton, Programme manager (inclusion health) Yorkshire & Humber (Office for Health Improvement and Disparities, DHSC), has shared with us the work she and her team have done to raise awareness of refugee integration across the region with health providers.

## **Case Study**

Over the past 3 years we have built a regional structure to raise awareness of refugee integration in health organisations and networks across Yorkshire and Humber.

To have impact, we needed to build a structure which was embedded in the wider system, was far reaching, and had senior leadership. We established a health workstream under Migration Yorkshire and identified a director of public health to chair the [North East and Yorkshire and Humber Migrant Health Network](#) (OHID provide the programme support).

The Network has a membership of almost 200 people, and we usually have between 40-70 people join each meeting. The membership is varied and includes individuals with lived experience, VCSEs, NHS England, UK Health Security Agency, integrated care boards, migration partnerships, local authority public health and communities, Home Offices, Mears, academics and primary and secondary care.

At each meeting we do a 'deep dive' into a topic that is agreed by members. Topics have included children and young people, immunisations, working in partnership with individuals with lived experience, mental health and wellbeing and nutrition. This approach facilitates the sharing of practice and often leads to further work on the topic at Place and across the region. Some of the outputs from this include:

- [Immunisations for migrants in vulnerable circumstances Guidance for ICS' and providers of vaccination services](#)
  - [Toolkit: Nutrition in initial contingency accommodation housing migrants](#)
- [Medical Letter and Report Request templates for primary care and support organisations](#)
  - [Health intelligence pack](#)

All our resources can be found on the [Yorkshire and Humber Public Health Network website](#).

We now have identified migrant health leads across health partners, this includes local authority public health, integrated care boards, NHS England and UK Health Security Agency. We have also joined a number of networks to encourage them to embed the needs of refugees within their programme of work, whether that's dental health, mental health, food and nutrition, screening and immunisation or emergency planning. Our Network does not focus solely on the importance of health provision but also the wider determinants of health

including what we eat, where we socialise, access to green spaces and where we live.

## **What are the key things that have been learned?**

- To be clear about what you are trying to achieve and why.
- Who do you need to work with to address the issue? You need to understand this wider system, who is in it, their priorities and your opportunities to collaborate.
- What is the focus, priorities and ways of working of other sectors/organisations in the system? Accept they may be different to your own.
  - How do you engage with them? Identify your allies across the system and work closely with them.
  - Are there meetings you could join and present in to raise awareness of the issue? Can you seek advice from other areas/regions/services to see if they have looked at the issue?
- Whilst there will be differences in priorities, you should focus on establishing a shared narrative and joint ownership of the work. This should be co-produced between all stakeholders to build relationships and a solid network.
  - Make sure the work isn't done in silo. Having a cross sector approach, and enabling collaboration throughout is key.
- Understand the existing meetings structures and networks in your system. Can priorities be addressed within these or do you need a new network? If a new network is required, make sure it complements existing work and doesn't stand alone.
- Identify your senior leadership, this could be through a director in local government, senior management within an organisation or an existing oversight structure where the work could be governed.

Further reading:

[Systems Leadership Guide: how to be a systems leader - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/systems-leadership-guide)

[Leadership | \(leadershipcentre.org.uk\)](https://leadershipcentre.org.uk)

[System leadership for integrated care - SCIE](https://www.scie.org.uk/system-leadership-for-integrated-care)

To learn more about this case study or the Yorkshire and Humber Refugee Integration Forum, please contact Liz Maddocks at [admin@migrationyorkshire.org.uk](mailto:admin@migrationyorkshire.org.uk).

Health flowchart 1

Health flowchart 2

Yorkshire and Humber Refugee Integration Forum logo

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**Source URL:** *<http://migrationyorkshire-beta.leeds.gov.uk/blog/raising-awareness-refugee-integration-organisations-and-networks-across-health-structures>*