**Leeds Migrant Health Board Priority Table**

JB response: I reckon to make priorities it’s useful to choose some guiding principles that will help.

I’ve arrived at these suggested priorities by using the following principles

* What are the most “strategic” goals – goals which are shared by all clients across all services, and which are unlikely to be addressed by other service improvement plans
* Which goals does “Health” stand a chance of influencing for the better in Leeds (which is why Housing is at the bottom)
* Then when it comes to goals relating to service improvements, what are the goals which will affect the most numbers of people, and which services have further distance to travel than others. (I’d originally wanted to put perinatal stuff higher than MH, but then realised I wasn’t reflecting the principles I’d chosen)

Other principles might be “make sure we’ve got some quick wins” or “a good balance between strategic and operational goals” or “let’s focus on things that will show the greatest improvement rto the most marginalised in Leeds”

So you might completely disagree with this ordering of stuff, and that’s cool – but I thought I’d share my working out before sending it in.

All comments or suggestions very welcome

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| **Priority** | **Action** | **Partners Priority (Highest 1 - Lowest 7)** |
| Minimise adverse impacts of NHS Charges to Overseas Visitors) (Amendment) Regulations 2017’ | * Engage with national review of charges and submit Leeds PH and Third Sector response.
* Deliver workshop to assess levels of awareness and preferred direction of travel.
* Devise an agreed approach to minimising the adverse impacts of the NHS The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017’.
* Improve Primary Care understanding and correct interpretation of eligibility rules with view to improving vulnerable migrant group’s access to primary care services.
* Ensure migrant community knows how health system works, how regulations are being applied and how to use health services in timely and appropriate way.
 | 1 |
| Improve speed of identification treatment and reduce impact of communicable disease in migrant and surrounding populations | * Identification
* Treatment
* Impact-particularly for those with no recourse to public funds
* Improve communication channels
 | 6 |
| Improve mental health of vulnerable migrants | * Prepare and implement action plan with multi agency actions around improving mental health of migrants accounting for gender and age specific issues
* Identify early interventions that can promote positive mental health in vulnerable migrant populations - making links with other LCC work e.g. MAP, One You, Better Together
* Build on good practice examples that can demonstrably improve mental health of vulnerable migrants across community, primary and secondary care) e.g. increase numbers of migrants on primary care CMHD registers in Leeds. Improve access to, outcomes from IAPT and respond to findings of Leeds in Mind report 2017.
 | 4 |

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| **Priority** | **Action** | **Partners Priority (Highest 1- Lowest 7)** |
| Improve maternity health and peri-natal outcomes for vulnerable migrants | * Identify current good practice e.g. HAAMLA and implement more widely. Tackle key issues that adversely impact on maternity outcomes of migrant women - e.g. (FGM) and reducing domestic and sexual violence in migrant communities working closely with city wide DV ‘breakthrough’ work stream.
* Advocate for integration into ‘usual business’ across health system.
 | 5 |
| Improve access to preventive health services | * Support, promote and build on strategic opportunities which help reduce language barriers in preventive services and primary and secondary care.
 | 3 |
| Accurately monitor progress to enable improvement of outcomes  | * Identify, prepare and agree baseline measures and start working towards targets for improvement where available.
* Examine data quality and develop partnership working with view towards improving data available to us.
 | 2 |
| Ensure that housing conditions are not contributing to poor migrant health | * Ensure Housing Strategy actively considers health of migrants by building in key action around migrant health in work of Health and Housing sub group. Include migrant group input to Health and Housing focus group to identify needs.
 | 7 |