EU Migrant Health In Nottingham

Breaking the Cycle – a Scoping Paper

NHS Nottingham City

Dr Ruth Bunting

July 2010

1. Introduction and Rationale

The UK has a long history of inward and outward migration. Over recent years, migration has drawn greater attention as trends and numbers of migrants coming to work in the UK have dramatically changed. International migration is now the major driver of population change in the UK[1]. The expansion of the EU led to the addition of eight countries from Central and Eastern Europe to the EU (A8 countries) in 2004 and a further two countries, Bulgaria and Romania (A2 countries) in 2007. EU migrants bring a number of social, cultural and economic benefits and have filled many UK labour shortages.

The expansion of the EU led to a greater than expected number of EU migrant workers entering the UK. The initial speed and scale of this migration left many local services and agencies unprepared to deal with the needs of these new migrant groups. Between 2004 and 2008 it has been estimated that more than 1 million A8 migrant workers entered the UK. Since the latter half of 2007 numbers of EU migrants entering the UK have slowed and it is believed that since the economic downturn many EU migrants have returned home.

Nationally it is recognised that most A10 and A2 migrants adapt well to life in the UK, finding work and housing. A minority of A10 and A2 workers who have failed to find employment or who have lost their jobs face destitution and homelessness with limited entitlement to public funds. A number turn to street drinking and face considerable risks to their health. In some areas of London this has been particularly noticeable with 1 in 2 street drinkers in Hammersmith and Fulham[2], and up to 1 in 5 rough sleepers across the London Boroughs being Accession State Nationals[3].

Anecdotal evidence from local Nottingham services and agencies[4] has suggested that the national economic downturn has negatively impacted some EU migrants with an increasing number of individuals facing unemployment and homelessness. In March/April 2010 the Nottingham Crime and Drugs Partnership (CDP) brought together a multiagency group due to reports of increasing numbers of Polish migrants street drinking and rough sleeping with the concern that this group could move onto drug use. The CDP found numbers of street drinkers and the severity of drinking to be greater than expected with many being unable to access housing or alcohol services as they had no recourse to public funds. Local services were limited in the support that they could provide and whilst harm reduction messages could be provided to the group, a long term solution was felt to be needed. As a result, this scoping paper is intended to bring together local data and knowledge of the level of need existing in Nottingham City amongst this group and bring forward suggestions of how this issue can be taken forward.

Hence, this paper will consider:

- The national picture of migration from EU Accession States
- The rights and entitlements of this group to services and public funds whilst in the UK
- The local picture of migration from EU Accession States to Nottingham.
- Evidence from local services and data sources of the level of need amongst this group.
- The key issues in Nottingham City and recommendations for action.

[1] Crossing Borders. Responding to the local challenges of migrant workers. National Report, Audit Commission. January 2007.
[2] Crossing Borders. Responding to the local challenges of migrant workers. National Report, Audit Commission. January 2007.
[3] No One Left Out: Communities Ending Rough Sleeping. Department for Communities and Local Government. 2008.
[4] Polish Harm Reduction Strategy Meetings hosted by the Nottingham Crime and Drugs Partnership brought together a number of local stakeholders including representatives from alcohol services, homelessness day centres/hostels, police and community organisations.

2. Background

In May 2004, ten countries joined the EU: Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia. All but two (Cyprus and Malta) had certain restrictions placed upon them. These eight countries are known as the A8 countries. In 2007, Bulgaria and Romania also joined the EU and are known as the A2 countries. EU members, including individuals from A8 and A2 nations can enter a member state without a visa for a period of 6 months, and can reside in the country for longer if they are employed, self employed, a student or are able to financially support themselves. Nationals of the A8 countries who wish to work in the UK are required to register on the **Workers Registration Scheme** (WRS) for their first 12 months of employment in the UK. Nationals of the A2 countries are required to apply for an **Accession Worker Card** and/or a work permit.

2.1 National Picture of Migration from EU Accession Countries

There is no single comprehensive data source providing information on migration at national, regional or local levels[5]. Rather, a number of data sources including the **International Passenger Survey (IPS)**, **National Insurance Number (NINos) Allocations** and the **Workers Registration Scheme,** can be used together to create a picture and look at trends in migration.

Between 2004 and 2007 there was a significant increase in migration from the EU Accession countries as shown through the IPS, NINo allocations and registrations on the WRS. Since the latter half of 2007, numbers of A8 nationals immigrating to the UK have fallen, with numbers of A8 migrants recorded by the IPS reducing by more than fifty percent between 2008 and 2009 alone. The IPS showed that numbers of A8 migrants emigrating from the UK have conversely increased with, for the first time since 2004, more A8 migrants emigrating than immigrating in the year ending September 2009.

Figure 1: International Passenger Survey, Long-term international migration estimates of A8 citizens, UK, 2004-9

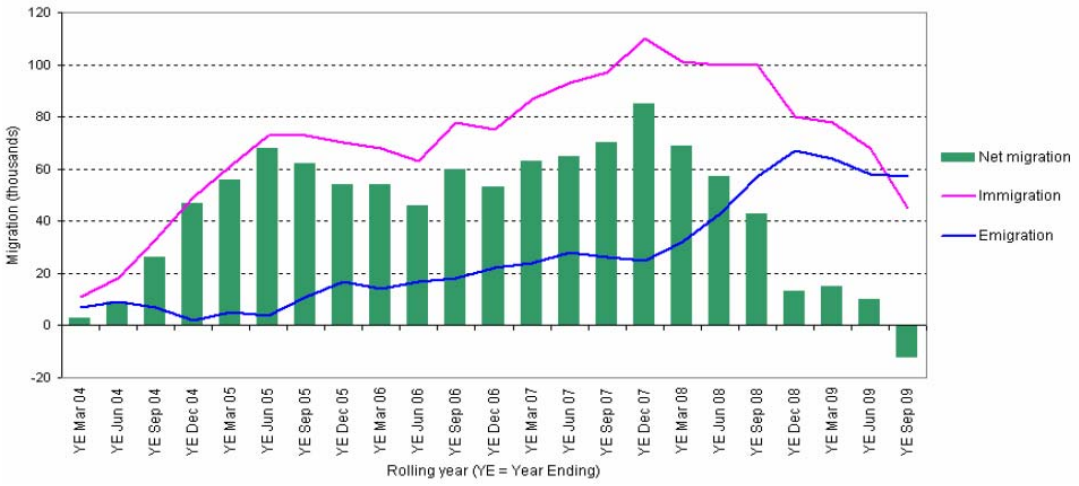


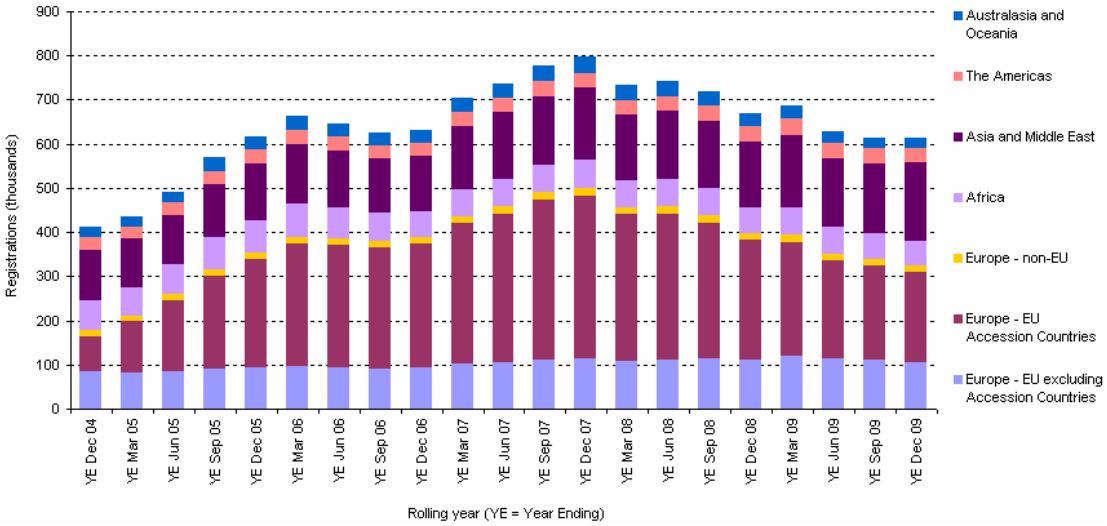
Figure taken from the ONS Statistical Bulletin. Migration Statistics Quarterly Report. May 2010.[6]

In 2008/9 a total of 686 thousand NINo registrations to adult overseas nationals were made, a decrease of 47 thousand (6.4%) from the previous year[6]. This is the first annual percentage decrease for the time period that figures are available. Figure 2 shows the pattern of registrations amongst those from EU accession countries, mirroring the IPS with a marked increase between 2004 and 2007, and a subsequent fall following 2007.

The main country of origin of EU migrants applying for NINos was Poland. Numbers of applicants from Poland have however reduced by 36% between 2008 and 2009. Registrations from Bulgaria and Romania (A2 countries) are levelling off after an initial rise in 2007/08.

[5] A Resource Guide on Local Migration Statistics. November 2008. Warwick Institute for Employment Research. Local Government Association.
[6] National Insurance Number Allocations to Adult Overseas Nationals Entering the UK. Department of Work and Pensions. 2008-9. http://research.dwp.gov.uk/asd/asd1/niall/nino_allocation.asp. [Accessed online June 2010]

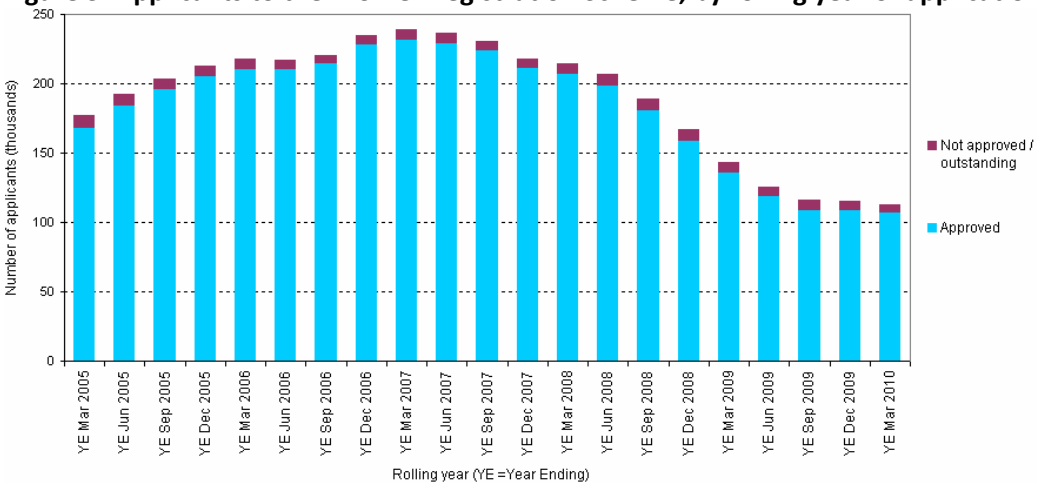
Figure 2: National Insurance number allocations to adult overseas nationals by world area of origin, UK, 2004–2009



Source: DWP, National Insurance number allocations to adult overseas nationals
Note: EU Accession countries here includes the A8, the A2, and Cyprus and Malta

A8 migrant workers are required to register on the Workers Registration Scheme. Figure 3 shows the number of applications to the WRS between 2005 and 2010. Between April 2009 and March 2010 there were 106,000 successful applicants to the WRS, a fall of 22% from the previous year, and a fall of 49% compared to 2007/2008. Again, Polish migrants were the most common group, followed by Latvian and Lithuanian applicants in 2009/10. Applicants from Poland fell from 85,000 to 52,000 between 2008/9 and 2009/10. Applicants from Latvia and Lithuania both increased slightly in 2009/10.

Figure 3: Applicants to the Worker Registration Scheme, by rolling year of application, 2005–2010



Source: Home Office, Control of Immigration Quarterly Statistical Summary United Kingdom, 2010, Q1

2.2 Working in the UK and Accessing Public Funds

Workers Registration Scheme (WRS)[7] [8]

The WRS was established by the government to monitor the impact of A8 nationals on the labour market and to restrict access to certain benefits. In April 2009 the UK government decided to extend the scheme for a further 2 years until April 2011. After a period of 12 months of continuous employment in the UK whilst registered on the WRS, A8 nationals have the same rights as other EEA nationals in the UK.
A8 migrants can access public funds if they are currently working **and** registered on the WRS, or after having worked for 12 months continuously whilst registered on the WRS. Any individual not registered on the WRS or who is out of

[7] Practice Guidelines for Local Authorities. Assessing Accession 8 and Accession 2 European Economic Area (EEA) Nationals for Support from Social Services. NRPF Network. April 2010. www.islington.gov.uk/DownloadableDocuments/HealthandSocialCare/Pdf/nrpf_A8-A2_guidance.pdf [accessed online June 2010]
[8] UK Borders Agency. Worker Registration Scheme. www.ukba.homeoffice.gov.uk/workingintheuk/eea/wrs/whomustregister/ [accessed July 2010]

work for a period of more than 30 days prior to completing 12 months of employment on the scheme does not have recourse to public funds leading them to be unable to access a number of benefits including jobseeker's allowance, housing benefit, local authority housing and local authority homelessness assistance.

Accession Workers Cards
A2 nationals are required to apply for accession worker cards in order to work in the UK. These cards restrict A2 nationals to working in certain sectors. As with A8 nationals, individuals are required to either be in employment or to have worked in a registered job for more than 12 months in order to access certain public funds.

Access to Public Funds as an EEA Migrant
After having worked for more than 12months on a registered scheme, A8 and A2 migrants have the same rights as individuals from other EEA countries. Access to public funds is available to EEA migrants classed as "workers" or "self employed" which can include those who are:

- In full or part time work
- temporarily unable to work due to illness or accident but intend to return to work when able
- involuntarily unemployed and seeking work after having worked for more than a year in the UK
- involuntarily unemployed and seeking work after having worked for less than a year in the UK (worker status will only be retained for 6 months in this circumstance)
- involuntarily unemployed and engaged in vocational training, after having previously been employed in the UK

The WRS is due to end in April 2011. Unless the government extend this scheme further then A8 nationals will have the same rights as other EEA migrants from the point of their arrival in the UK.

2.3 Entitlements to NHS healthcare

Determining who is eligible

NHS care is for those ***'Living Lawfully'*** and considered to be ***'Ordinarily Resident'*** in the United Kingdom. Individuals can demonstrate they are in the UK lawfully through showing a valid passport, valid visa if required or an EU identity card. In order to be considered Ordinarily Resident an individual needs to show they are here for a settled purpose for 6 months or more. This could include demonstrating employment, acceptance onto an academic course or a tenancy agreement. An individual demonstrating that they are ordinarily resident is entitled to free primary and secondary healthcare.

Where an individual is not entitled to NHS care then they will be chargeable for the treatment that they receive except in the following situations:

- ***Treatment through A&E or walk in centres.***
- ***Treatment that is determined to be Immediate & Necessary or Life Saving***
- ***Treatment of certain diseases*** – To protect the wider public e.g. TB, Meningitis, Viral hepatitis, Smallpox.
- ***Treatment of Sexually Transmitted Diseases (STD)***
- ***Treatment required under the Mental Health Act 1983*** – i.e. those detained under the Act and where there is a need for compulsory psychiatric treatment

EEA Nationals

Short Term Visits / Temporarily Resident
In general, EEA short term visitors include those who admit to *or* have no evidence of making any commitments to stay permanently in the UK. As a result of bilateral health agreements within the EEA, the NHS can provide temporary care for any *new* condition that occurs following arrival in the UK, the treatment of which cannot wait until they return home.

European Health Insurance Cards[9] [10] [11]

[9] **Entitlements for Central and Eastern Europeans in England. Homeless Link. www.homelessdirect.org.uk/policyandinfo/issues/EU10s/entitlements.pdf. [accessed July 2010]**

A separate system coordinating sickness insurance schemes exists at EU level for EEA nationals "temporarily" in another member state. The EHIC enables EEA nationals (including A8 and A2 nationals)to access 'all types of medical care and treatment that the patient's state of health necessitate to enable him to continue his stay in [the] country under safe medical conditions'. This enables further treatment to be provided than just covered under bilateral health agreements. A European Health Insurance Card (EHIC) is obtained in the person's home country or a provisional replacement certificate can be applied for. The EHIC system is also meant to cover unemployed individuals seeking work in another member state, and so should apply to A8 and A2 nationals seeking work (whose stay as a visitor is temporary inasmuch as they are seeking work and will soon be covered under the NHS if employment is found). However, the care is intended to be temporary and may be limited in time or scope if it is something that is more appropriate to be taken care of in the country where the person is insured. Once an individual is deemed to have become resident within the other country the EHIC can no longer be used.

Long Term Stay (Permanent Settlement)

EEA nationals do not require a visa and can enter the UK using their EU identity card. Therefore EU migrants need to be able to prove their arrival in the UK alongside demonstrating that they have made commitments to stay permanently in the UK i.e. employment contract, Tenancy Agreement, children being given places at local schools etc. Full registration may be made if there is sufficient evidence to confirm settlement.

Key Points

National Migration from EU Accession Countries

- Following the expansion of the EU in 2004 there was a significant increase in migrants from EU Accession countries between 2004 and 2007.
- Since 2007 annual figures for EU Accession migrants entering the UK, registering on the WRS and being allocated a NINo have fallen.
- Following 2007 there has been an increase in A8 migrants emigrating from the UK as shown by the IPS.
- Poland is still the most common country of origin, but there have been significant reductions in numbers in the last year.

Working in the UK and Accessing Public Funds

- In order to claim public funds A8 migrants must be registered on the WRS and currently be working, or have worked in the UK whilst registered on the WRS for more than 12 months.
- Similarly A2 nationals are required to have an Accession Worker Card in order to work in the UK, and must be currently in work and on the scheme, or have been on the scheme for more than 12 months in order to access public funds.

Entitlements to healthcare

- Migrants must show that they are living in the UK both lawfully and for a settled purpose in order to be entitled for free primary and secondary NHS healthcare.
- Short term or temporary visitors from the EEA can be provided with treatment for a new condition arising under bilateral healthcare agreements. EEA nationals can apply for a European Health Insurance Card which enables greater access to healthcare provision.

3. Migration to Nottingham from EU Accession States

3.1 Immigration from the EU Accession states to Nottingham

National Insurance Number (NINo) registrations

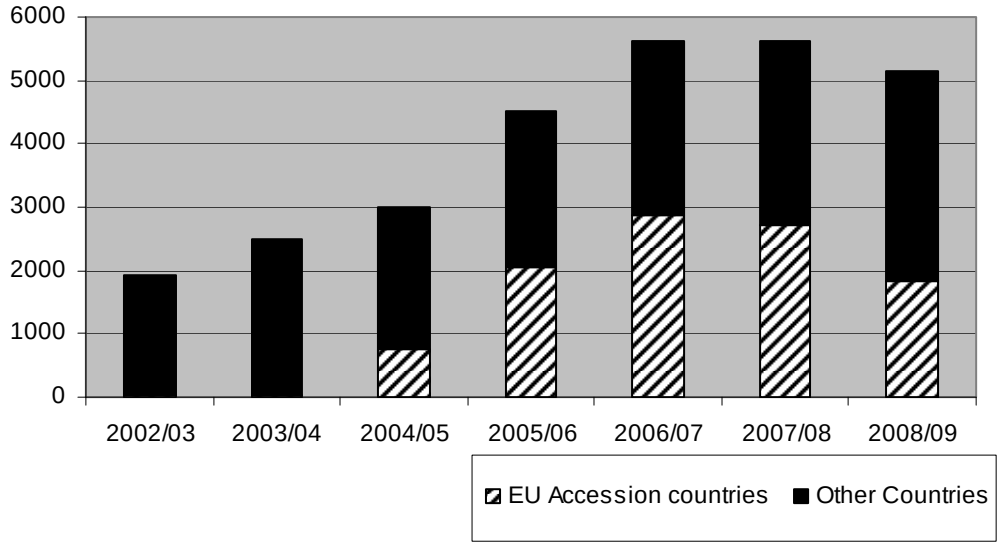
[10] Healthcare Entitlement for EEA Visitors. NHS. www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_107240.pdf. [accessed July 2010]

[11] European visitors to show EHIC to access free NHS hospital treatment. NHS. www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_107245.pdf. [Accessed July 2010]

Local data showing NINo registrations for local authorities has enabled data for Nottingham City to be analysed[12]. As with national data, the data only includes people in work, looking for work or claiming benefits, and does not show when people leave the country or if people stop working. Dependants and students (unless legally engaged in a part time job) are excluded from the data.

Figure 4 shows NINo registrations for Nottingham City between 2002/3 and 2008/9[13]. As can be seen, NINo applications increased amongst EU accession countries until 2006/7. In 2008/9 there was an overall reduction in NINo registrations, mainly due to a reduction in NINo applications amongst those from EU Accession countries (900 less applications between 2007/8 and 2008/9).

Figure 4: NINo registrations in Nottingham City 2002/03 to 2008/09



Source: Department for Work and Pensions

Figure 5 shows the breakdown of NINo allocations by country of origin for EU Accession Countries. In 2008/9, there were 1,310 allocations to those of Polish origin, (72% of NINos from EU Accession countries). This was a significant drop of 750 less allocations than in 2007/8. As can be seen, numbers of migrants from the other 11 Accession countries are very small compared to those from Poland.

Figure 5: National Insurance registrations by non-UK nationals in Nottingham City from EU Accession Countries[8].

EU Accession Country	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
Poland	20	550	1,660	2,360	2,060	**1,310**
Czech Rep**	10	40	80	90	160	**130**
Slovak Rep	0	40	110	190	270	**120**
Hungary	0	20	50	70	70	**70**
Rep of Slovenia	0	0	0	0	10	**0**
Rep of Latvia	0	20	30	50	20	**30**
Rep of Lithuania	0	50	70	70	60	**50**
Rep of Estonia	0	10	10	20	10	**10**
Malta	0	10	10	0	0	**0**
Cyprus	0	0	10	10	10	**10**
Bulgaria	10	0	20	10	30	**30**

[12] Immigration from the EU Accession states to Nottingham- National Insurance Registrations and Workers Registration Scheme. Geoff Oxendale. September 2009. www.nomadplus.org.uk/secure%5CIntelligence%5CCommunity%20and%20living%5CPopulation%20and%20Migration%5CEU%20Accession%20note%20(Sept%202009).doc. [Accessed online June 2010]

[13] Data for 2009/10 is currently incomplete and not yet released by the Department of Work and Pensions

Romania	0	10	10	10	20	**60**
Total EU Accession Countries	40	750	2,060	2,880	2,720	**1,820**
NINo registrations for all countries	**2,480**	**2,990**	**4,530**	**5,630**	**5,620**	**5,150**

Workers Registration Scheme

Between May 2004 and March 2010, 9,685 people registered with the WRS in Nottingham. Of these people, 1,320 registered in 2009/10[14]. Of those registering on the WRS, 58% were male and 42% female, and more than 80% were between 18 and 34 years in age. In 2009/10 there were 200 dependents recorded.

Figure 6: Registrations on the WRS in Nottingham for 2007/8, 2008/9 and 2009/10

	2007/8	2008/9	2009/10
Total registrations on the WRS	**2,195**	**1,490**	**1,320**

Figure 7: Registrations on the WRS in Nottingham by Country of Origin for 2007/8, 2008/9 and 2009/10

Country of Origin	2007/8	2008/9	2009/10
Poland	1,560	1050	**575**
Slovakia	405	235	**250**
Latvia	25	35	**160**
Czech Rep	135	90	**125**
Hungary	35	50	**100**
Lithuania	45	40	**90**
Estonia	0	0	**0**
Slovenia	**0**	**0**	**0**

Registrations on the WRS again show Poland as the most common country of origin. Overall, between May 04 and March 2010, 6,790 Polish people registered on the WRS (70% of the 9,685 total).

3.2 Population Size

According to the 2001 census, the Nottingham population mainly consists of White British people. The latest estimates from 2007 have suggested that 24.2% of the City's population are from Black and Minority Ethnic (BME) groups, which are defined as everyone who is not White British. This is an increase from 19.0% in 2001. In 2001, 2.0% of the Nottingham population were from the White Other group. Estimates suggest this has risen to 4% (2007)[15]. The White Other group is one of the two groups showing the biggest increases between 2001 and 2007 and has increased as a result of migration from the EU Accession countries.

Key Points: Migration from EU Accession Countries to Nottingham City

- There have been more than 10,000 NINo allocations to EU Accession migrants between 2003 and 2009 in Nottingham.
- There have been more than 9000 A8 migrants registering on the WRS between 2004 and 2010.
- Mirroring national trends, numbers of NINo allocations and registrations on the WRS per year have fallen since 2007.
- Poland is the most common country of origin.

[14] Immigration from the EU Accession states to Nottingham- National Insurance Registrations and Workers Registration Scheme. Geoff Oxendale. September 2009. www.nomadplus.org.uk/secure%5CIntelligence%5CCommunity%20and%20living%5CPopulation%20and%20Migration%5CEU%20Accession%20note%20(Sept%202009).doc. [Accessed online June 2010]

[15] Nottingham Joint Strategic Needs Assessment April 2010. Demography and Social & Environmental Context.

- More than 7,900 Polish migrants have been allocated with a NINo in Nottingham between 2003 and 2009.
- More than 6,700 Polish migrants have registered on the WRS in Nottingham between 2004 and 2010. Numbers of Polish migrants registering on the WRS have nearly halved between 2008/9 and 2009/10.
- Numbers of migrants leaving Nottingham or emigrating back to their country of origin are unknown.
- The White Other ethnic group is estimated to make up 4% of the Nottingham City population.

4. Evidence of Need in Nottingham

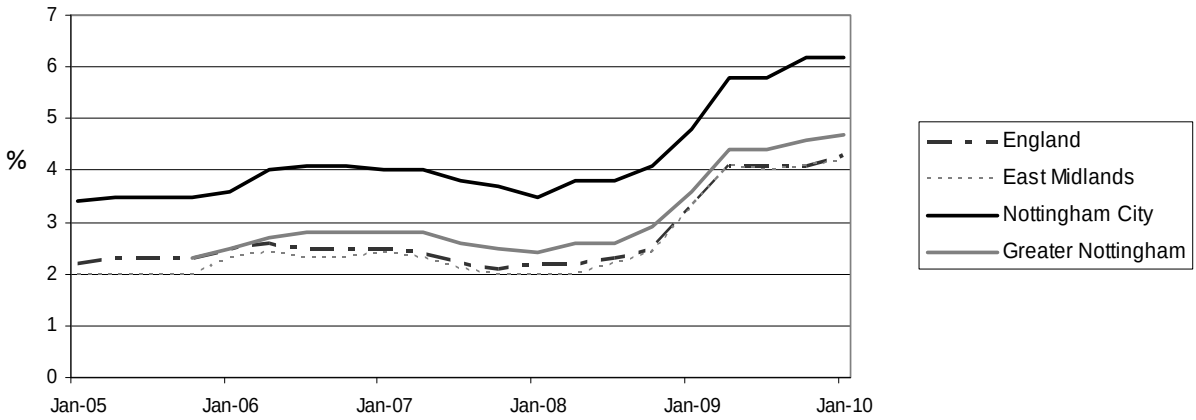
4.1 Employment

Nationally EU migrants are recognised to more commonly work in low paid jobs within administration, hospitality and catering, agriculture, manufacturing and food processing[16]. In 2007, 70% of A8 migrants registered on the WRS nationally earned between £4.50 and £5.99 per hour[17]. Similarly a study[18] carried out in Nottingham in 2008/9 interviewed 235 migrant workers and found that of those sampled, 81% were in paid employment with the most common occupations held being Elementary occupations (41%) and Process, Plant or Machine Operatives (13%). The study showed that more than fifty percent of respondents had experienced a reduction in their occupational level since coming to the UK. Of those interviewed, more than a third held degree level qualifications and more than a third had previously worked in the top three occupational groups in their home country. Eleven respondents in the study were earning below the national minimum wage with the lowest paid worker in the sample earning in the region of £1.68 and £2.94 per hour. Of those currently working, 90% were registered on the Workers' Registration Scheme.

4.1 Unemployment

As of April 2010, there were 12,320 people claiming Job Seeker's allowance in Nottingham City giving an unemployment rate of 6.1%[19]. Jobseekers allowance can be claimed by people who are available for and actively seeking employment. In order to be eligible for this benefit, individuals must have recourse to public funds which therefore will exclude a number of EU migrants living in the City from this data.

Figure 8: Rates of unemployment over time for Nottingham compared to the East Midlands and England[20]



Source: Office for National Statistics (Crown Copyright)

Figure 9 shows the trend in claims for Job Seeker's allowance between 2006 and 2009. It can be seen that numbers claiming job seeker's allowance have increased significantly between 2006 and 2009 reflecting the change in economic climate. Available data does not identify country of birth of the claimant, but ethnicity data is recorded. EU migrant workers are likely to largely will fall in the "White other" ethnic group. Claims amongst the "White Other" group represent a small number of the overall claims. Claims made by this group increased by 80 between 2008-9. The White Other group appears to be underrepresented in the Jobseeker allowance claims compared to the census data which is probably to be expected as assuming the white other group has includes many without Recourse to Public Funds.

[16] Floodgates or turnstiles? Post-EU enlargement migration flows to (and from) the UK. Pollard, N., Latorre, M. and Sriskandarajah, D. 2008. Institute for Public Policy Research.
[17] Floodgates or turnstiles? Post-EU enlargement migration flows to (and from) the UK. Pollard, N., Latorre, M. and Sriskandarajah, D. 2008. Institute for Public Policy Research.
[18] Migrant Workers in Nottingham. Scullion, L., Morris, G. and Steele, A. 2009. Salford Housing and Urban Studies Unit. University of Salford.
[19] Nottingham Monthly Unemployment Update-April 2010. Geoff Oxendale. Available on Nottingham Insight. [Accessed online June 2010] www.nottinghaminsight.org.uk/insight/np/documentlist.aspx?report=Social%20Issues&sub=Economic%20Deprivation.
[20] Benefits Bulletin Feb 2010. Nottingham City Council. Available online Nottingham Insight www.nottinghaminsight.org.uk/insight. Accessed June 2010.

Figure 9: Applicants for jobseekers allowance in Nottingham City by ethnicity, 2006-2009

Year	Total caseload in Nottingham City	Ethnicity of applicant		
		White British	White Irish	White Other
Nov-06	7,510	4,870	50	120 (1.6% of total Nottingham caseload)
Nov-07	6,720	4,350	40	100 (1.5% of total Nottingham caseload)
Nov-08	8,720	5,730	40	140 (1.6% of total Nottingham caseload)
Nov-09	12,140	7,950	60	220 (1.8% of total Nottingham caseload)

Department of Work and Pensions[21]
Data for the other ethnic groups are shown in appendix 2.

4.3 Housing

Nationally migrant workers are recognised to most commonly live within the private rented sector. Some employers provide tied accommodation limiting security of tenure and creating difficulties if complaints arise around either employment or housing. Overcrowding and houses of multiple occupation are also a recognised issue[22]. A local study[23] has shown 73% of the EU migrant workers sampled to be living in privately rented, and 9% in socially rented housing, more concentrated in the areas of St Ann's and Sneinton. Of the respondents, 11% indicated that three people were currently sharing a bedroom, while 1% indicated that four people were sharing a bedroom. Nine percent of respondents indicated that they, or people within their household, were sharing bedrooms with non-family members.

4.4 Homelessness

The government's rough sleeping strategy "No One Left Out: Communities Ending Rough Sleeping" notes a growing proportion of rough sleeping amongst migrants from Central or Eastern Europe following loss of employment or difficulties finding work[24]. A Nottingham based study also identified reasons amongst individuals as being following a breakdown of relationships with partners, friends or family, and problems with landlords[25].

The 2010 JSNA chapter on Homelessness provides details about trends in homelessness, key strategies and services available[26]. An extensive research project looking at Homelessness amongst BME groups is also available[27]. Both can be found on the Nottingham Insight website. The following sections seek to summarise relevant data to the EU migrant population.

Housing Aid

Nottingham City Council has a statutory duty to provide advice and assistance (discharged at Housing Aid) to those who are homeless or threatened with homelessness under Part VII 1996 Housing Act. In 2008/09 822 Statutory Homeless applications were made and a duty was accepted in 633 of these cases. Of the 822 applicants 535 (66%)

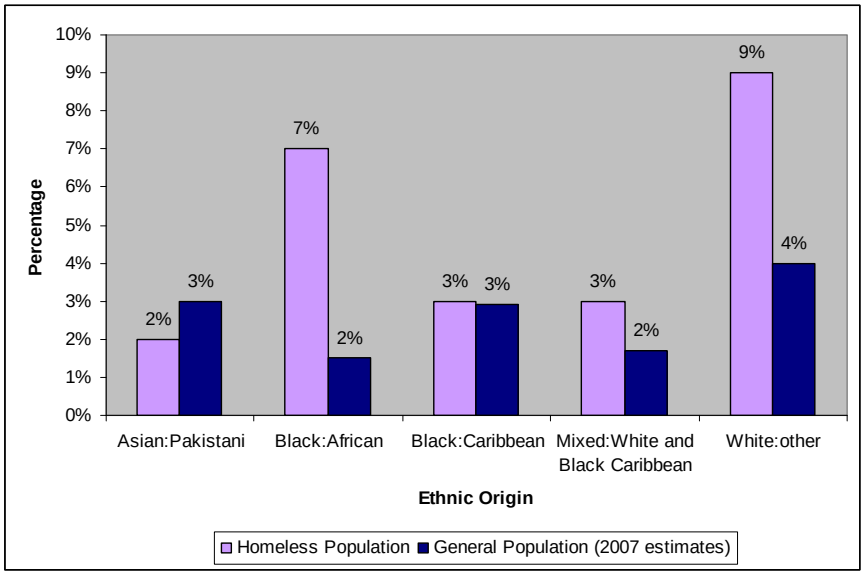
[21] Department of Work and Pensions. Job Seeker's Allowance Tabulation Tool. Accessed online June 2010. http://83.244.183.180/100pc/jsa/tabtool_jsa.html
[22] Crossing Borders. Responding to the local challenges of migrant workers. National Report, Audit Commission. January 2007.
[23] Migrant Workers in Nottingham. Scullion, L., Morris, G. and Steele, A. 2009. Salford Housing and Urban Studies Unit. University of Salford.
[24] No One Left Out: Communities Ending Rough Sleeping. Good Practice Notes: Developing a strategic response and offer for people from the A8 and A2 countries who are sleeping rough in England.
[25] Migrant Workers in Nottingham. Scullion, L., Morris, G. and Steele, A. 2009. Salford Housing and Urban Studies Unit. University of Salford.
[26] Homelessness, 2010. Nottingham Joint Strategic Needs Assessment. Nottingham Insight. Accessed June 2010. www.nottinghaminsight.org.uk/insight/jsna/adults/jsna-homelessness.aspx
[27] A Research Project Into Homelessness Amongst Ethnic Minority Communities. November 2008. Nottingham City Council. Available online www.nottinghaminsight.org.uk. Accessed June 2010.

described their ethnic origin as White British, 33 as White Other (4%) , 117 as Black (15%), 52 as Asian (7%), 48 (6%) as Mixed and 15 (2%) as other[28].
EU migrants are likely to fall within the White Other ethnic group. The most recent census estimates suggest that 4% of the Nottingham population are from the White Other group, leading the White Other group to appear neither under or overrepresented amongst Statutory Homelessness Applications. As previously stated many EU migrants may not have recourse to public funds and so may be hidden from this data set.

Homelessness Watch

The Homelessness Watch is an annual survey carried out in Nottingham City and Nottinghamshire to identify levels and patterns of homelessness[29]. The 2009 survey was carried out across a 2 week period in September and October of 2009 with participating organisations recording the details of the clients they came across. The 2009 survey recorded 409 homeless people; 327 adults and 82 dependent children. The 2009 survey demonstrated that there were more than twice the number of men compared to women homeless and that the main support need of those presenting as homeless was alcohol dependency.
Black and Ethnic Minority (BME) Groups were overrepresented (33% of the homeless population from BME groups compared to the 24% BME make up of the total Nottingham population[30]). Figure 10 shows that 9% of those presenting homeless were from the "White Other" group showing this group to be overrepresented compared to census data.

Figure 10: Homeless population of Nottingham City amongst selected BME groups compared with the general population



Based upon data from the Homelessness Watch, HLG 2009, and the 2007 Estimates of Ethnic Groups in Nottingham City[31].

Homelessness Day Centre Data

The three main homeless Day Centres were contacted through the Nottingham City Homelessness Health team to provide data demonstrating numbers of EU migrants accessing the day centres. Data varies between the day centres in how it was recorded and the length of time the data is available for.

Figure 11: Attendance of EU Migrants at Nottingham City Homelessness Day Centres

The Friary: 51 EU migrants attended the centre between September 2009-April 2010.
Emmanuel House Day Centre: 53 EU migrants attended the centre between January 2010- April 2010.

[28] Homelessness, 2010. Nottingham Joint Strategic Needs Assessment. Nottingham Insight. Accessed June 2010. www.nottinghaminsight.org.uk/insight/jsna/adults/jsna-homelessness.aspx
[29] Homelessness Watch 2009. A snapshot survey of homelessness in Nottinghamshire. 28th September to 11th October 2009. Nottingham City Report. HLG Recourse Service, April 2010. Accessed online June 2010 www.hlg.org.uk.
[30] 2007 Estimate. Nottingham Joint Strategic Needs Assessment April 2010. Demography and Social & Environmental Context.
[31] Nottingham Joint Strategic Needs Assessment April 2010. Demography and Social & Environmental Context.

Handel Street Day Centre: 87 EU migrants attended the centre between April 2009 and April 2010. Numbers of visits per individual were recorded.

Numbers of visits varied from 1 to 304 within a year. Fifty of the individuals attended Handel Street less than 10 times. Ten individuals attended the day centre more than 100 times.

Many of the EU migrants accessing the above day centres have attended more than one of the centres over the course of the time for which data is available. From the data supplied by the 3 day centres there have been a total of **118 EU migrants** who have accessed one or more of the day centres in Nottingham between April 2009 and April 2010.

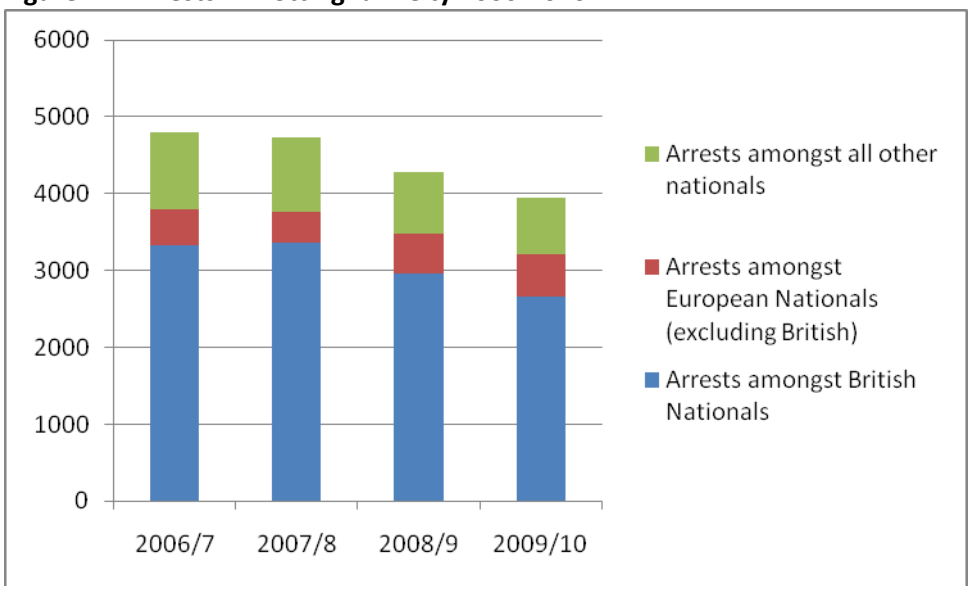
4.3 Crime and Drugs

Those living in destitution with no recourse to public funds and unable to find work could turn to crime or begging in order to gain money to meet their needs. Concern was also raised at a local level of individuals moving from alcohol dependency to drug use. Hence, measures of crime and drug use will be considered.

Arrests in Nottingham City

Figure 12 shows the number of arrests for 2006 to 2010. Overall numbers of arrests in Nottingham City have reduced during this time period. Numbers of arrests amongst those of European (EU 27 excluding UK) origin have not changed significantly.

Figure 12: Arrests in Nottingham City 2006-2010



Source: Data supplied by the Crime and Drugs Partnership.

Arrests amongst the Polish population

When looking at the data in further detail, it can be seen that whilst the total number of arrests in Nottingham City have reduced, the number of arrests amongst those of Polish origin have increased, most significantly with a near doubling of arrests amongst this group in the last year. In 2009/10 arrests amongst those of Polish origin accounted for 7% of all arrests in the city, suggesting this group overrepresented compared to census data.

Figure 13: Arrests amongst Polish Nationals

	2006/7	2007/8	2008/9	2009/10
Total number of arrests in Nottingham City	**4794**	**4732**	**4284**	**3951**
Arrests amongst Polish nationals	101 (2.1%)*	131 (2.8%)*	156 (3.6%)*	304 (7.7%)*

*: percentage of the total number of arrests in Nottingham City that are individuals of Polish origin for the year stated. Source: Data supplied by the Crime and Drugs Partnership. [32]

In 2009/10, 79% of arrests amongst those of Polish origin were male and 65% were between the ages of 18 and 34 years old. Arrests were predominantly due to Theft (83%) and burglary (8%). Of those arrested, 55% were unemployed, 32% in full time work and 9% in part time work. Roughly half were living in privately rented accommodation and 22% had no fixed abode or were staying in a hostel or with friends and family. Of those arrested, 3% tested positive for drug use.

Drug treatment
Data supplied by the Crime and Drugs Partnership has shown that between 1 and 1.5% of those in drug treatment in Nottingham are of European origin (EU 27 excluding UK) and less than 1% are of Polish Origin.
This data indicates low numbers of EU Accession migrants accessing drug treatment. This could be due to comparative low levels of drug use compared to the UK population or could be that less are accessing services.

4.4 A&E Attendances

Migrants are often unfamiliar with the UK health services and may be seen to misuse services such as A&E, going to A&E rather than using local GP services. Those living destitute may not access a GP and use A&E services when they require.

Analysis of Nottingham City's Registered Population by the software "Origins" (which allocates an origin to individuals according to analysis of their name) estimates that 2% of Nottingham's population is Polish (about 6,200 individuals)[33]. This figure does not just include new EU migrants since 2004, but will also include individuals who migrated to the UK years previously and second generation individuals born in the UK with a polish name. The same software has been used to analyse A&E attendance data as follows.

In 2009/10 there were 1368 attendances at A&E by those of Polish Origin (registered with a Nottingham City GP). This represented 1.9% of all A&E attendances (registered with a Nottingham City GP)[34]. As the EU Accession population largely consists of young people between 18 and 34 years old it is difficult to assess if this population is overrepresented. Ideally age-sex standardised data should be considered.
Of those of Polish Origin attending A&E, 60% were discharged with no further treatment. This is the same as for all attendances.

Figure 14 shows an upward trend in the percentage of all A&E attendances made by those of Polish origin between 2006 and 2010.

Figure 14: A&E attendances amongst Nottingham City Registered Patients, Polish Origin, April 2006-March 2010

[32] Further breakdown of this data is available from the CDP but is not included in this report due to the small numbers involved.
[33] Origins Evaluation Report. NHS Nottingham City. Louise Noon. January 2009.
[34] See appendix 3 for further data

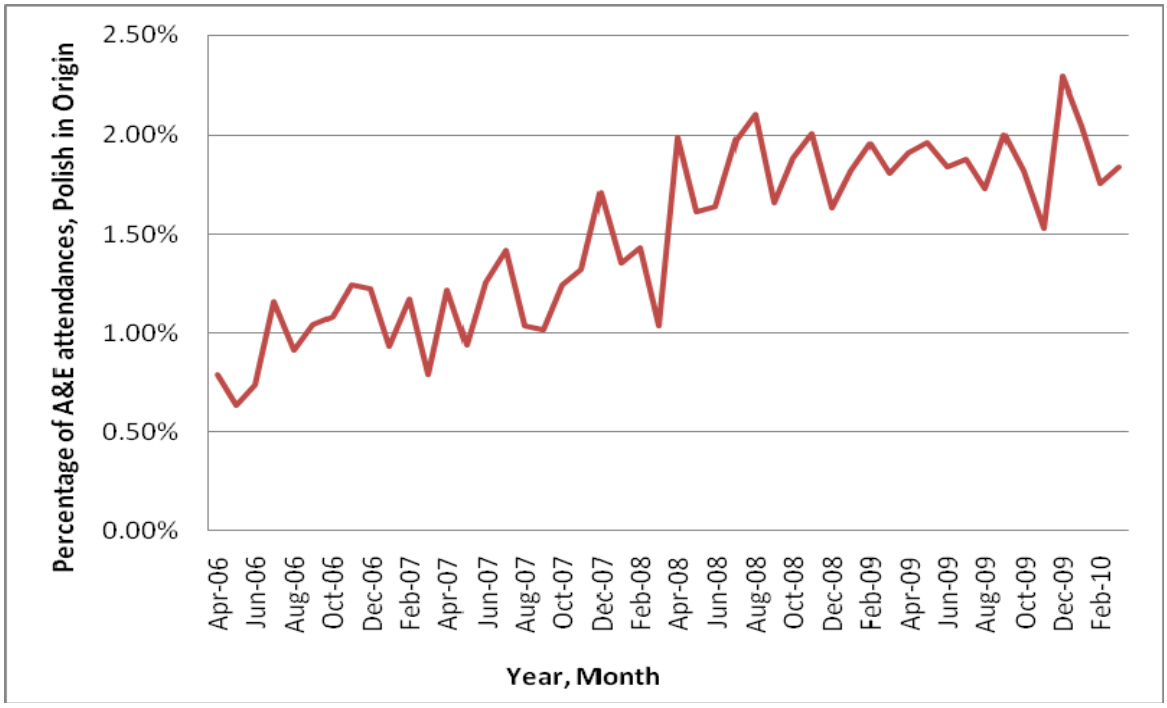


Figure 15 shows the 10 most common reasons for A&E attendance in 2009/10 amongst those of Polish origin. In addition to these, there were 24 attendances for social reasons including homelessness and alcoholism. Of these attendances, 11 individuals were admitted to hospital, 12 discharged and 1 individual referred onto another healthcare provider. There were also 22 attendances at A&E due to "poisoning including overdoses".

Figure 15: A&E Attendances amongst Nottingham City Registered Patients of Polish Origin, April 2009-March 2010. Top 10 Diagnoses.

Diagnosis / Condition	Frequency
Diagnosis not classifiable	424
Contusion/abrasion	202
Dislocation/fracture/joint injury/amputation	169
Ophthalmological conditions	160
Gastrointestinal conditions	140
Sprain/ligament injury	138
Cardiac conditions	122
Respiratory conditions	122
Laceration	109
ENT conditions	57
Gynaecological conditions	56

4.6 Alcohol Related Admissions

Nottingham City has a higher than national rate of Alcohol Related Hospital Admissions. The Alcohol Related Hospital Admissions Indicator is complex including both admissions that are specifically due to alcohol, and admissions where alcohol is a contributory cause[35]. Numbers of admissions amongst those of Polish origin have been calculated with the Origins software. Those of Polish origin do not appear to be overrepresented amongst the total number of

[35] Nottingham City Joint Strategic Needs Assessment. Alcohol. April 2010. www.nottinghaminsight.org.uk/insight/jsna/adults/jsna-alcohol.aspx

admissions. This could reflect the way this figure is calculated which includes conditions related to chronic alcohol use possibly not yet seen in a relatively new migrant population.

Figure 16: Alcohol Related Hospital Admissions in Nottingham City, 2004-9

Year	Total number of admissions, Nottingham City [36] [37]	Number of admissions amongst those of Polish Origin, Nottingham City
2004	372	2
2005	434	8
2006	467	4
2007	418	9
2008	426	4
2009	484	7

4.7 Stakeholder Views

Alcohol and drug use

- There has been a steady increase in A8 nationals, mainly Polish accessing day centres who are street homeless or squatting.
- They are generally drinking heavily, about 8-9 litres of white cider per day. Some are showing signs of severe dependency (hallucinations, seizures) and a few are known to have attended A&E.
- Many are drinking alcohol excessively with a lack of understanding of the harmful effects of binge drinking or withdrawal from alcohol.
- Many feel that there are no options to offer early intervention. Individuals are only receiving help once the problem has been left long enough for them to need admitting to hospital. The general health of this group is a concern the longer they are homeless.
- Many are requesting help with their alcohol dependency, but are thought not to be entitled to healthcare services, cannot get prescriptions and so alcohol services are limited in what help they can provide.
- Money to buy alcohol is thought to come from begging, theft or cash in hand work.
- The main areas of the city affected are Hyson Green, Radford and Sneinton. Alcohol Exclusion Zones have been set up in some areas which has tended to move drinkers onto other areas.
- Drug use is not a recognised issue amongst this group at present but it is a concern. There were 2 possible drug related deaths amongst those of Polish origin.

Going home or finding work

- Individuals are not in a fit state to find work. Due to poor health, alcohol dependency and no accommodation it is near impossible for this group to be able to find work.
- Some have been encouraged to go home but often don't want to due to embarrassment or shame of facing their families at not obtaining work and alcohol dependency.
- It is the most vulnerable and those who have not settled in the UK who are not going home.
- For many, a key issue is not having identification. Some may have lost or had their identification stolen, or taken by gangmasters. Travelling and being able to pay for replacement identification is a problem.

Communication

[36] Alcohol Specific Fraction 1 for Primary Diagnosis ('F10' , 'G312' , 'G621' , 'I426' , 'K292' , 'K70' ,'K860' , 'X45').
[37] Alcohol Related Admissions in Nottingham City. www.empho.org.uk/Download/Public/11754/1/NI39%20in%20Nottingham%20City.pdf

- Communication barriers have been a challenge but this has generally been overcome through using volunteers able to translate or arranging interpreters.

Key Points: Evidence of Need

- EU Accession Migrants more commonly take up low paid occupations within the UK. Some do not register on the WRS or have Accession Workers Cards leaving them more vulnerable if they lose employment or are a low income.
- The White Other ethnic group appear overrepresented in the 2009 Homelessness Watch, now representing 9% of those living homeless as recorded in the survey.
- A total of 118 EU migrants have accessed the Nottingham City Homeless Day Centres between April 2009 and 2010. Data is not fully comprehensive, but data from one day centre indicates a smaller number that are accessing the centre on a very regular basis (more than 300 times in a year in one case).
- The number of arrests amongst those of Polish origin appear to have nearly doubled in the last year, despite the number of Polish migrants entering Nottingham nearly halving.
- Alcohol admissions data and drug treatment data do not demonstrate an overrepresentation of EU migrants amongst the data sets. Limitations of how data is recorded may limit the scope of the data to demonstrate need.
- There has been an upward trend in the percentage of A&E attendances by those of Polish origin between 2006 and 2010.
- Stakeholders report a cohort of mainly Polish migrants who are homeless and drinking alcohol excessively. They report the serious potential for the decline of the health of this group particularly due to a lack of awareness around alcohol dependency and withdrawal. Services are limited in the support they can provide and are not able to provide solutions to help clients find housing or access alcohol services.

5. National Strategy and Projects

No One Left Out: Communities Ending Rough Sleeping

The government's rough sleeping strategy "No One Left Out: Communities Ending Rough Sleeping"[38] was launched in 2008 and sets out a target of ending rough sleeping by 2012. The strategy notes the changing trends with an increase in homelessness and rough sleeping amongst A10 migrants. As a result CLG commissioned a reconnections service in London and a pilot nationally.

- **London Reconnection Project[39]**

The London Reconnection Project was set up in January 2009 to aid vulnerable and destitute rough sleepers from Central and Eastern Europe to return to their home countries. Staff are flexible, meeting with clients where required and assessing their support needs. The service provides information and advice about how to return home and ensures people are properly linked into services that meet their needs upon return to their home country (e.g. accommodation, health, alcohol problems). To access the service, individuals must have a support need and express a wish to return home.

- **National Reconnections Service[40]**

A National Reconnections Service run by Crime Reduction Initiatives (CRI) was initially piloted in Peterborough providing support to destitute A10 migrants outside of London in order to access work or return home.

- **Administrative Removal Pilots**

Accession EU migrants do not have a right to reside in the UK unless they fulfil the conditions laid out through the WRS or Accessional Workers Card. An individual who persistently remains in the UK and does not find employment can be removed from the UK. Pilots are being carried out in a number of areas including Lambeth, Peterborough and Westminster[41] where individuals not obtaining a job or acquiring a national insurance number can be removed.

No Recourse to Public Funds Network

The NRPF network is a network of local authorities that considers the support and care for people with needs who do not have recourse to public funds. The NRPF network has produced guidance to aid Local Authorities in assessing A8 and A2 migrants for support from Social Services[42].

Local Responses

A number of local authorities have commissioned locally based services in order to aid reconnection and support people to detox from alcohol, find work or return home. Examples include:

- Olallo Project. Based in London providing training and reconnections for homeless EU migrants[43].
- Barka Project, Hammersmith and Fulham[44]. The Barka Foundation is a Polish charity that works with those experiencing homelessness, alcohol and other social problems. Hammersmith and Fulham initially carried out a six month pilot with Barka working to reconnect and provide social support for destitute migrants. The

[38] No One Left Out: Communities Ending Rough Sleeping. Department for Communities and Local Government. 2008.
[39] www.londonreconnect.org.uk
[40] Further information can be supplied through contacting John Rossington, Development Manager North and Midlands. John.rossington@cri.org.uk.
[41] A report is being given on the 27th July about the Westminster Pilot. Contact Natalie Cook, Street Population Coordinator for details of the outcome of this meeting. natalie.cooke@lbhf.gov.uk
[42] http://www.islington.gov.uk/DownloadableDocuments/HealthandSocialCare/Pdf/nrpf_A8-A2_guidance.pdf
[43] www.saintjohnofgod.org/newsdetail.php?newsid=26
[44] Contact for the Barka Project in Hammersmith and Fulham, Natalie Cook, Street Population Coordinator. natalie.cooke@lbhf.gov.uk

project received further funding and continues to work well. Some other local authorities are looking to establish Barka projects within their areas.

- Some Local Authorities have received short term funding through the Government's Migration Impacts Fund which has been used to fund floating support workers or projects with EU migrants.

6. Key Issues Identified

- **Breaking a Cycle of Unemployment, Destitution, Homelessness and Ill health.**

Through losing employment and having No Recourse to Public Funds individuals become destitute and homeless. Alcohol dependency prevents individuals from being able to seek and obtain work. Access to alcohol treatment is limited both by entitlements to healthcare and due to a lack in safe accommodation to access community alcohol detox services. Many of these individuals have no way out of their current situation, being unable to work, return home or access support services. In the long run, without a way of releasing them from these circumstances they will most likely suffer severe harm, move onto drug use or even die as a result of their living and social circumstances.

- **Returning Home**

Individuals trapped in this cycle are unable to go home without support. Many need replacement passports or identity cards, and would be unable to purchase travel tickets for themselves. Those with alcohol dependency may not be fit to travel. Stakeholders have found that some do not wish to return home due to shame of facing family and friends.

- **Registration on the WRS and Employment Rights**

For some migrants, a lack of awareness of their rights and duties has added to the situation with people not registering with the WRS, being taken advantage of by employers or having tied tenancies.

- **Community and Society Effects**

Street drinking, rough sleeping and begging all influence the wider community. Data suggests an increase in crime amongst those of Polish origin. With no access to money and no way of working, it would not be unsurprising for people to turn to crime to obtain money. There is also a risk of tension developing between communities; stigma and prejudice.

- **Effects on Services**

Without early intervention there is the potential of increased costs to services as a result of e.g. A&E attendances, hospital admissions, police calls. Conditions with public health significance such as Tuberculosis are more commonly spread when people are homeless or have poor living conditions.

7. Recommendations

- **Developing a local plan through partnership working.**

The issues outlined in this paper cannot be tackled through one organisation. In order to provide a way out of this lifestyle, a long term solution needs to be developed through a partnership approach. A consistent approach needs to be developed and actioned for these individuals through both statutory and voluntary organisations in order to:

a) Provide a route out of homelessness and destitution, whether to aid individuals to find work or to provide a route to their home country. This could include providing assistance to obtain identification and assistance to people to return home.
b) Provide a safe environment to enable effective treatment.
c) Provide a means to enable treatment to be given. Health care cost recovery through aiding application for EHICs could be considered in some cases.
d) Ensure public safety and protection which could include exploring administrative removal or deportation in cases of individuals persistently causing a danger or harm.

Providing healthcare and helping these individuals to break out of the cycle of unemployment, destitution, and homelessness when they do not have recourse to public funds is a significant challenge, particularly in a time of financial pressures and smaller budgets. Many areas have sought additional funding in order to be able to provide services to support this group. Ways to work within, maximise resources and draw learning from existing projects should be sought.

- **Linking into National Work**

There is a need for further work around services provided in other areas, the National Reconnection Project and Administrative Removal pilots. Developments around enforcement in some areas and nationally need to be monitored.

- **Preventative work**

Alcohol and Drugs awareness. Carrying on from work already carried out to raise awareness of drugs and alcohol, further targeted work could be carried out.

Need for registration on the WRS / Accession Workers Card. Engagement work with local EU Accession State communities to promote registration with these schemes could prove beneficial in trying to prevent individuals working and not gaining recourse to public funds after a year.

- **Monitoring levels and trends**

It is important for services to continue to collate data to monitor trends as the economic situation of the country continues to change and national policies are altered.

8. Conclusion

Whilst most EU Accession migrants have settled into life in the UK, there is a small minority that have struggled and face homelessness and destitution. Street drinking and providing alcohol services to this group is a peripheral part of the issue. Finding a solution for those with No Recourse to Public Funds is a very real and genuine challenge!

Appendix 1: Definitions[45]

Migrant Worker – A person who has left their country of origin to work in another. In the UK, this includes people entering as EEA migrants and those part of the new points-based system.

EU Migrant – A person from an EU (European Union) member state, including the EU 15 and the EU Accession countries. The 27 EU states are: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.

EU 15 Migrant – A person from the 15 countries that were EU (European Union) members before the EU Accession countries joined in 2004 and 2007. The EU 15 includes: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, United Kingdom.

EU Accession Migrant – A person from one of the countries that joined the EU (European Union) in 2004 (A10) and 2007 (A2). The accession countries are: Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

A8 Migrant – A migrant from the A8 countries that joined the EU (European Union) in May 2004. These countries are: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia. The A8 are all members of the A10.

A10 Migrant – A person from the A10 countries that joined the EU (European Union) in May 2004, including the A8 Cyprus and Malta. The A10 includes: Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia.

A2 Migrant – A person from the A2 countries that joined the EU (European Union) in January 2007. The A2 members are: Bulgaria and Romania.

Workers Registration Scheme (WRS). A scheme that A8 nationals should register if they wish to take up employment in the UK. Self-employed workers do not need to register with the WRS. The WRS provides a broad measure of immigration of A8 nationals working in the UK. As a data source it excludes those who are self employed and those working illegally and so is likely to be an underestimation of total numbers of A8 migrants entering the UK.

International Passenger Survey (IPS) [46]
A survey of a random sample of passengers entering and leaving the UK by air, sea or the Channel Tunnel. The IPS is the only source which measures flows of people entering and leaving the UK. It is used to estimate long term migration defining a long-term international migrant as someone who moves from their country of previous residence for a period of at least a year[47]. The IPS does not offer a complete measure of long term migration but does offer an indication of changes in pattern of migration over time.

National Insurance Number (NINos) Allocations. A National Insurance Number (NINo) is required for an individual to be able to work in the UK, whether for a short or long term period. Data showing NINo allocations provide an approximation of work uptake by non UK nationals but cannot identify whether individuals remain in the UK or stay in work.

[45] Who are migrants? Yorkshire and Humbar Regional Migration Partnership. November 2008. www.migrationyorkshire.org.uk/?page=whoaremigrants [accessed June 2010]
[46] ONS Statistical Bulletin. Migration Statistics Quarterly Report. May 2010. www.statistics.gov.uk/pdfdir/mig0510.pdf [accessed June 2010]
[47] ONS Statistical Bulletin. Migration Statistics Quarterly Report. May 2010. www.statistics.gov.uk/pdfdir/mig0510.pdf [accessed June 2010]

Appendix 2: Job Seeker's Allowance Applicants in Nottingham City by ethnic group, 2006-2009

Data supplied by the Department of Work and Pensions, accessed online June 2010 http://83.244.183.180/100pc/jsa/tabtool_jsa.html

	Ethnicity of applicant																
	White: British	White: Irish	White: Other white	Mixed: White & Black Caribbean	Mixed: White & Black African	Mixed: White & Asian	Mixed: Other Mixed	Asian or Asian British: Indian	Asian or Asian British: Pakistani	Asian or Asian British: Bangladeshi	Asian or Asian British: Other Asian	Black or Black British: Black Caribbean	Black or Black British: African	Black or Black British: Other Black	Chinese or Other Ethnic Group: Chinese	Chinese or Other Ethnic Group: Other Ethnic Group	Unknown
Nov-06	4.87	0.05	0.12	0.23	0.02	0.03	0.03	0.09	0.24	0.01	0.06	0.46	0.18	0.11	0.02	0.19	0.12
Nov-07	4.35	0.04	0.1	0.23	0.01	0.02	0.03	0.07	0.24	0.01	0.05	0.44	0.16	0.1	0.02	0.16	0.1
Nov-08	5.73	0.04	0.14	0.28	0.03	0.03	0.04	0.09	0.27	0.01	0.05	0.55	0.2	0.13	0.02	0.2	0.13
Nov-09	7.95	0.06	0.22	0.42	0.04	0.05	0.06	0.13	0.38	0.01	0.07	0.8	0.3	0.18	0.03	0.24	0.2

Appendix 3: A&E Attendances Nottingham City Registered Population, April 2009- March 2010

	A&E Attendances Nottingham City Registered Population, April 2009- March 2010	A&E Attendances Nottingham City Registered Population, "Polish Origin", April 2009- March 2010
Admitted to hospital bed/became a Lodged patient of the same health care provider	16003	284
Died in department	52	2
Discharged- no follow up	43478	825
Discharged-follow up by GP	246	4
Left department before being treatment	2421	59
Left department having refused treatment	165	0
Other	336	5
Referred A&E clinic	2737	45
Referred Fracture Clinic	2430	27
Referred to another health care professional	2784	95
Referred to another outpatient clinic	1759	21
Transferred to another healthcare provider	90	1
Total	**72559**	**1368**

Acknowledgements

Simon Down, Nottingham City Council
Geoff Oxendale, Nottingham City Council
Simon Betts, NHS Nottingham City
Craig Hall, Crime and Drugs Partnership
Ruth White, NHS Citihealth
Maria King, HLG
Mark Garner, Crime and Drugs Partnership
Susanna Al-Atassi, Crime and Drugs Partnership
Mark Holmes, Last Orders
Stephanie James, Last Orders
Jason Marriott, Handel Street Day Centre
PC Lisa Crouch, Nottinghamshire Police
Antonio Pennacchia, NHS Nottingham City