

## **Health Scrutiny Committee**

### **Minutes of the meeting held on Wednesday, 6 December 2023**

**Present:** Councillor Green – in the Chair

**Councillors:** Bayunu, Cooley, Curley, Hilal, Karney, Muse and Wilson

**Apologies:** Councillor Reeves

**Also present:**

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care

Councillor Chambers, Deputy Executive Member for Healthy Manchester and Adult Social Care

Councillor Midgley, Deputy Leader

Councillor Rawlins, Executive Member for Environment and Transport

Councillor Shilton Godwin, Chair of Environment, Climate Change and Neighbourhoods Scrutiny Committee

Karin Connell, Strategic Lead, Health Equity and Inclusion, Manchester Integrated Care Partnership

Darren Parsonage, Head of Operations (Vaccination/Designated Clinical Officer) SEND, NHS Greater Manchester (Manchester)

Jo Walby, Chief Executive, Mustard Tree

Dr Shaun Jackson, General Practitioner, Urban Village Medical Practice

Liz Thomas, Homeless Health Nurse, Urban Village Medical Practice

Jackie McVan, Head of Services Greater Manchester, CGL (Change Grow Live)

Kevin, Service User, CGL

Jay, Service User, CGL

Dave, Service User, CGL

Dr Fiona Watson, General Practitioner, Hawthorn Medical Centre

Dr James Adams, General Practitioner, Hawthorn Medical Centre

Dr Laura Parker, Specialist Trainee Registrar in Public Health

Anna Bond, Deputy Director Manchester Climate Change Agency

#### **HSC/23/57 Minutes**

##### **Decision**

To approve the minutes of the meeting held on 8 November 2023.

#### **HSC/23/58 Health and Homelessness**

The Committee considered the report of the Director of Public Health and the Executive Director of Adult Social Services that provided an overview of the work on health and homelessness in Manchester.

Key points and themes in the report included:

- Describing that work was co-ordinated through the Manchester Health and Homelessness Task Group which had been established in 2016 under the leadership of the Director of Public Health;
- Reporting that the Health and Homelessness Task Group had been established as part of the Manchester Homelessness Partnership (MHP) and launched with the Manchester Homelessness Charter in 2016;
- Many people with lived experience of homelessness were involved in co-writing the Manchester Homelessness Charter which was an integral part of the current MHP Homelessness Strategy 2018-2023;
- Reporting that to support and accelerate the successes of the MHP, and collaboration with the Greater Manchester Combined Authority, the Council had begun a refreshed transformation programme, A Place Called Home, in 2022;
- An update on relevant local and national strategies;
- Key statistics and epidemiological information;
- Key health statistics from the National Health Needs Audit Report;
- Describing the work of the various partners on the Task Group; and
- Conclusion and next steps.

Some of the key points that arose from the Committee's discussions were:

- The Committee paid tribute to all partners working across the city to support homeless people;
- Stating that the government had failed to respond to the issue of homelessness;
- Noting that this failure placed a significant pressure on already depleted public services;
- Did the Urban Village Medical Practice track homeless people to ensure they maintained contact with health services and attended health appointments;
- Commenting that racism also needed to be considered as a health issue;
- What was the criteria for an individual to access support from Mustard Tree;
- Noting that when an asylum seeker was granted Leave to Remain they would often then present as homeless as they would lose any accommodation provided by the Home Office; and
- What were the challenges to the Transformation Programme, A Place Called Home.

Dr Shaun Jackson, General Practitioner, Urban Village Medical Practice described that the Practice had been supporting homeless people for approximately 25 years, servicing 14,000 patients with an integrated homelessness provision. He described that the approach to this work had evolved over the years by working in partnership with commissioners. He described that the pillars on which they approached this homeless work was delivering primary care; providing in-reach work for homeless people admitted to Manchester Royal Infirmary; providing out-reach services; and advocating on the issue of homelessness and health across the wider health system, both locally and nationally. He commented that the NHS needed to invest in homelessness health services reiterating the point that homelessness needed to be considered as a health problem and that early deaths amongst homeless people was as a result of unmet medical need. In terms of gaps in health provision for homeless people he stated that he would identify appropriate care and support for homeless people with complex needs, particularly older homeless people. He said there was a

lack of the correct specialist support in the correct care environment for such individuals. He also commented on the challenge in accessing mental health services and substance misuse services for homeless people.

Dr Shaun Jackson, General Practitioner, Urban Village Medical Practice said that they did attempt to maintain continuity of care for homeless people, recognising that an individual could be temporarily housed in another area of the city or another borough. He said that they would have individual conversations on how to access the most appropriate health care, recognising that travelling to the Urban Village Medical Practice would often not be appropriate for an individual. In terms of supporting homeless people to attend appointments at other settings, he described that homeless people would use the Practice as a Care of Address so they became aware of appointments and the Practice could proactively support individuals.

Liz Thomas, Homeless Health Nurse, Urban Village Medical Practice described that the informal tracking of homeless individuals was undertaken by partnership working and dialogue across a range of agencies.

Reflecting on the comments from Dr Jackson, the Chair noted that the Committee would be considering a report on palliative care at the 7 February 2024 meeting and Dr Jackson would be invited to the meeting to contribute to the discussions.

Jo Walby, Chief Executive, Mustard Tree addressed the Committee and said that she represented the non-statutory (i.e. voluntary) sector across the city who were working in partnership to support homeless people. She commented that the criteria for accessing support from Mustard Tree was anyone experiencing hardship. She said that Mustard Tree could not refer or allocate accommodation for homeless people, adding that the Homeless Team within the Council dealt with allocations. She said that they supported homeless people to access services, including health services, by helping people register with a GP and access addiction services. In addition, they would case manage more complex cases to support individuals attend appointments etc. She stated that they were recognised as a trusted voice who would advocate on behalf of homeless people. She paid tribute to the work undertaken by the Director of Public Health and the Executive Director of Adult Social Services for the work they had undertaken to bring partners and Council services together in Manchester to respond to this complex and challenging issue.

Jo Walby, Chief Executive, Mustard Tree acknowledged the comments raised regarding Home Office decisions and the granting of Leave to Remain for asylum seekers. She described that there was little or no communication from the Home Office in regard to asylum seekers being housed in hotels in the city and referred to the increased demand on their services when this had happened.

In response to a specific question asked regarding the data provided in relation to old age in the demographic characteristics of people owed a statutory homelessness duty by Manchester City Council, the Director of Public Health stated that further information would be circulated following the meeting. He further commented that the issue of structural racism and discrimination was understood and was a key stream of work as part of the Making Manchester Fairer work that was regularly reported to the Committee.

The Deputy Leader described that the Transformation Programme (A Place Called Home) operated in a challenging context with the cumulative impact of austerity, Covid-19, the cost-of-living crisis, and the impact of national decisions on the asylum and migration process continuing to impact and exacerbate hardship for local communities, more often those with the least resources. She further reiterated the call for an end to Section 21 (no fault evictions) and for the immediate unfreezing of the Local Housing Allowance. She stated that despite these challenges the Homelessness Team was working hard to reduce the number of homeless families being accommodated in Bed and Breakfast settings. In response to the comments made regarding asylum seekers, she said that Manchester displayed a humane and compassionate response.

The Director of Public Health commented that the action plan for the Transformation Programme was provided as an appendix to the report and that the Joint Strategic Needs Assessment would also inform this activity.

Jackie McVan, Head of Services Greater Manchester, CGL (Change Grow Live) stated that one positive outcome from the pandemic had been strengthened relationships between CGL and Mustard Tree. She also stated that another legacy of the pandemic had been the adoption of on-line support services that some people found more appropriate for their circumstances and needs. She described the increasing demand on services, particularly for substance misuse services. She also emphasised the issue of social isolation and loneliness experienced by homeless people placed in accommodation. She commented on the need to challenge the stigma associated with homelessness and substance misuse.

The Committee then heard from Kevin, Dave and Jay who spoke of their individual lived experiences of homelessness. The Committee thanked them for attending and sharing their powerful testimonies.

The Committee expressed their gratitude to all guests for attending and contributing to the meeting.

## **Decision**

That a delegation from Manchester, comprising of partners working to support homeless people across the city visit the Secretary of State for Health and Social Care to highlight the situation in Manchester and to lobby for additional resources to address homelessness.

## **HSC/23/59 Health Provision For Asylum Seeker Contingency Hotels**

The Committee considered the report of the Director of Public Health and the Deputy Place Based Lead, NHS Greater Manchester (Manchester Locality) that provided an overview of health provision for Asylum Seeker Contingency (ASC) hotels in the city of Manchester.

Key points and themes in the report included:

- Providing an introduction and background, noting that in July 2020, Manchester Health and Care Commissioning (MHCC), the Clinical Commissioning Group for the city of Manchester at the time, was directed by NHS England (NHSE) to work with the Home Office, their provider Serco and other stakeholders such as Manchester City Council to commission primary care services for people placed in the ASC hotels.
- Listing what primary care providers were expected to deliver as a minimum;
- Discussion of the main issues and mitigating actions, including information on the NHS Greater Manchester Migrant Health Group that had been established;
- Describing the approach to commissioning primary care services to meet the needs of people seeking asylum living in the hotels;
- Highlighting some of the opportunities identified to build on the learning and expertise developed through this work, to better meet the needs of people seeking asylum, refugees and other migrants in the future; and
- Noting that the work described supported Manchester City Council's commitment to ensure that Manchester was a city of sanctuary for people seeking asylum.

Some of the key points that arose from the Committee's discussions were:

- Further information on the migrant health passport;
- Information was sought on the NHS Greater Manchester Migrant Health Group, noting that issues experienced by asylum seekers were not confined to those accommodated in ASC hotels;
- Did asylum seekers have a choice as to which GP they registered with; and
- An update on Manchester becoming a City of Sanctuary.

Dr Fiona Watson, General Practitioner, Hawthorn Medical Centre described the work delivered to support asylum seekers housed in ASC hotels. She referred to a particular hotel that housed approximately 150 men. She described the integrated approach to help individuals access primary care services. She said that the team comprised of a multidisciplinary team, including GPs, Health Care Assistants and Nurses who would be present at the hotel once a week. She described that having a physical presence in the hotel helped foster positive relationships with both Serco, who had responsibility to provide properties for initial and dispersed accommodation requirements to support the welfare of asylum seekers, and the residents. She advised that the clinical priorities were infection screening, particularly for Tuberculosis; safeguarding; mental health and wellbeing work.

Darren Parsonage, Head of Operations (Vaccination/Designated Clinical Officer) SEND, NHS Greater Manchester (Manchester) stated that the intention was to standardise the good work described by Dr Watson across all ASC hotels. He commented that, due to the nature of the asylum system and the fact that some hotel residents would move to different accommodation during their asylum-seeking journey, one of the providers had been developing a "migrant health passport" for residents who had longer term health needs to support continuity of care should the resident move on. In response to a specific question, he said that an individual could choose to register with any GP. He added that the priorities of the GM Migrant Health Group were access to primary care; infectious diseases screening and transition.

The Director of Public Health stated that a lot of learning had been obtained over the previous five years in relation to this area of activity. He added that the GM Migrant Health Group recognised that the health issues experienced by asylum seekers were not confined to residents of ASC hotels and would be experienced by asylum seekers in the wider community.

The Deputy Leader described that a steering group had been established to agree the Terms of Reference and progress the strategy for Manchester to enable it to become accredited as a City of Sanctuary. She said this steering group included people with lived experience. She said that a commitment to becoming a City of Sanctuary had been agreed at full Council in July 2023. She said this meant that the City Council, health organisations, other public bodies, as well as the voluntary and faith sector, would work together to improve services for those seeking sanctuary in Manchester. The Deputy Leader concluded by stating that Manchester stood in solidarity with all people seeking asylum.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to all partners working across the city to support asylum seekers. He paid particular tribute to Sarah Doran, Assistant Director of Public Health for her work and continued dedication in this area of work.

The Committee expressed their gratitude to all guests for attending and contributing to the meeting.

## **Decision**

To note the report.

## **HSC/23/60 The Impact of Climate Change on Health**

The Committee considered the report of the Director of Public Health that built upon previous health scrutiny reports “An Introduction to the Impact of Climate Change on Health and Healthcare in Manchester” (February 2022) and “Climate Change - The Impact of the Recent Heatwave” (December 2022).

Key points and themes in the report included:

- Providing a brief overview of how and why climate change impacted the health of Manchester residents and what activities were underway to monitor and mitigate these impacts;
- Discussion of the impact of climate change on NHS Organisations in Manchester;
- Discussion of the impact of climate change on the food system;
- Discussion of the impact of climate change on migration;
- Mitigation, adaptation and emergency response;
- Activities to reduce carbon emissions;
- Activities to reduce air pollution;
- Discussion of adaptation to climate change;
- Adaptation to air pollution;
- Heatwave Plan, noting the importance of having robust emergency response plans in case of severe adverse weather events;

- Recognising the co-benefits to health from climate action, such as the increased provision of greenspace and/or the promotion of active travel;
- Describing how work undertaken as part of the Making Manchester Fairer strategy helped to recognise and minimise health inequalities exacerbated by climate change; and
- Next steps.

Some of the key points that arose from the Committee's discussions were:

- What was being done to communicate climate change activities with residents;
- Paying tribute to the work undertaken by staff to support and assist residents in receipt of Adult Social Care in the Didsbury East Ward during the evacuation of homes as a result of flooding;
- Did the introduction of the 30mph speed limit on Princess Road / Princess Parkway improve air quality;
- Noting the cost of living crisis and the pressures experienced by residents and how this impacted on their ability to make informed choices, such as purchasing an electric car to reduce their carbon emissions; and
- Noting the impact of housing and the ability to regulate temperature during extreme weather events and the impact this had on health.

The Committee heard from Councillor Shilton Godwin, Chair of Environment, Climate Change and Neighbourhoods Scrutiny Committee. She provided a testimony that had been provided by a medical practitioner that described the detrimental health impacts poor air quality had on young people. She concluded by emphasising the need to consider climate change as a health issue.

Dr Laura Parker, Specialist Trainee Registrar in Public Health stated that car idling was a particular issue that contributed to poor air quality. In regard to the specific question raised regarding the impact of reducing speed limits to 30mph and air quality, she advised that any analysis of this would be circulated.

Anna Bond, Deputy Director Manchester Climate Change Agency responded to the discussion regarding housing during extreme weather events. She said that the refreshed Climate Change Framework included a number of work streams that included retrofitting of domestic properties and net zero building standards. She also stated that the importance of access to green space was recognised and all the work was devised through the lens of Making Manchester Fairer.

The Executive Member for Environment and Transport emphasised the need for a just transition in relation to climate change. She emphasised the need to deliver reliable, affordable and connected public transport system to provide a viable alternative to the car. She said that the ongoing delivery and roll out of the Bee Network would help deliver this ambition. She informed the Committee that the Environment, Climate Change and Neighbourhoods Scrutiny Committee would be considering a suite of reports at their December meeting that include communications and resident engagement.

The Director of Public noted the comments made regarding damp and mould and advised that work was ongoing with local Housing Providers to address this. He also

commented that the learning from the recent heatwaves was ongoing and referred to the weather alerts that were monitored throughout the year and forwarded to the weather alert group via an automated process, in addition to the key public health messaging at such times.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to the Public Health Team for their work during periods of extreme weather events. He described that this work continued to be delivered in the absence of government leadership on the important issue of climate change.

### **Decision**

To note the report.

### **HSC/23/61 Overview Report**

The report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

### **Decision**

The Committee notes the report and agrees the work programme.