



Health Scrutiny Committee

Date: Wednesday, 6 December 2023

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

Access to the Council Antechamber

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Membership of the Health Scrutiny Committee

Councillors - Green (Chair), Bayunu, Cooley, Curley, Hilal, Karney, Muse, Reeves, Riasat and Wilson

Agenda

- 1. Urgent Business**
To consider any items which the Chair has agreed to have submitted as urgent.
- 2. Appeals**
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.
- 3. Interests**
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.
- 4. [2.00-2.05] Minutes** 5 - 14
To approve as a correct record the minutes of the meeting held on 8 November 2023.
- 5. [2.05-2.45] Health and Homelessness** 15 - 34
Report of the Director of Public Health and the Executive Director of Adult Social Services

This report provides the Committee with an overview of the work on health and homelessness in Manchester.
- 6. [2.45-3.25] Health Provision For Asylum Seeker Contingency Hotels** 35 - 54
Report of the Director of Public Health and the Deputy Place Based Lead, NHS Greater Manchester (Manchester Locality)

This report provides an overview of health provision for Asylum Seeker Contingency (ASC) hotels in the city of Manchester.
- 7. [3.25-3.55] The Impact of Climate Change on Health** 55 - 92
Report of the Director of Public Health

This report builds on 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). It provides a brief overview of how and why climate change impacts

the health of Manchester residents and what activities are underway to monitor and mitigate these impacts.

8. [3.55-4.00] Overview Report

93 - 102

Report of the Governance and Scrutiny Support Unit

The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. To help facilitate this, the Council encourages anyone who wishes to speak at the meeting to contact the Committee Officer in advance of the meeting by telephone or email, who will then pass on your request to the Chair for consideration. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

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Smoking is not allowed in Council buildings.

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Further Information

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This agenda was issued on **Tuesday, 28 November 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 8 November 2023

Present:

Councillor Green – in the Chair
Councillors Curley, Hilal, Karney, Muse and Riasat

Apologies: Councillors Bayunu, Cooley, Reeves and Wilson

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 Akbar, Executive Member for Finance and Resources
Councillor White, Executive Member for Housing and Development
Charlie Norman, Chief Executive of Mosscafe St. Vincents
Steve Campbell, Extra Care Scheme Manager
Mary Moylan, resident of Elmswood Extra Care Scheme
Dr Scott Mather, Consultant Geriatrician, Manchester University NHS Foundation Trust
Dr Sarah Follon, Ancoats Urban Village Medical Practice
Andy Needle, Manchester People First
Richard Hughes, Manchester People First
Joanne Oakes, Greater Manchester Lead Nurse
Laura Foster, Director of Finance, Manchester Local Care Organisation
Sally Ferris, Dementia Together Support
Hazel Savage, The Alzheimer's Society
Jeff Seneviratne, Dementia United Expert Carer Reference Group
Ann Booth, Dementia United Expert Carer Reference Group

HSC/23/45 Minutes

Decision

To approve the minutes of the meeting held on 11 October 2023.

HSC/23/46 Revenue Budget Update 2024/25

The Committee considered the report of Deputy Chief Executive and City Treasurer that described that the Council was forecasting an estimated budget shortfall of £46m in 2024/25, £86m in 2025/26, and £105m by 2026/27. After the application of approved and planned savings, and the use of c£17m smoothing reserves in each of the three years, this gap reduced to £1.6m in 2024/25, £30m in 2025/26 and £49m by 2026/27. This position assumed that the savings approved as part of the Medium-Term Financial Strategy in February 2023 of £36.2m over three years were delivered.

This report provided a high-level overview of the updated budget position. Each scrutiny committee was invited to consider the current proposed changes which were

within its remit and to make recommendations to the Executive before it agreed to the final budget proposals in February 2024.

Key points and themes in the report included:

- Updates on the refreshed position including progress in reaching a balanced budget, reflecting preliminary savings and investment options;
- The government was expected to announce the Autumn Statement on 22 November 2023, but no major changes were expected;
- Government funding for 2024/25 would be confirmed in the provisional finance settlement, expected late in December 2023;
- The accompanying report set out the priorities and officer proposals for the services within the remit of this committee. This included a reminder of the savings proposals identified as part of last year's budget setting process (£36.2m across three years) and additional savings for consideration (£2.5m from 2024/25). As far as possible these were aimed at protecting the delivery of council priorities and represented the least detrimental options; and
- There remained a forecast shortfall of £1.6m next year. Any further reduction to the underspend this year would reduce the need to top back up General Fund reserve in 2024/25 and help bridge this shortfall. In addition, the Collection Fund position would be finalised in January and the final levy amounts from GMCA confirmed.

The Executive Member for Finance and Resources stated that Manchester had been subject to unfair budget cuts over the previous fourteen years. He stated that the decision to reduce budgets to cities like Manchester had been an ideological decision taken by the government. He described that the financial situation of local authorities across the UK was very precarious, stating that it had been estimated by the Local Government Association that there would be a £4billion shortfall in total next year. He stated that he endorsed the ask of the Leader in her recent letter to the Chancellor of the Exchequer ahead of the Autumn Statement. He called for an end to last minute provisional settlements, but rather long term, fair and stable funding arrangements for all local authorities.

The Executive Member for Healthy Manchester and Adult Social Care stated that the government had shown nothing but contempt for Manchester, however despite this Manchester had continued to ensure that the residents of the city were at the heart of all decisions taken. He said that despite the challenges presented by government, Manchester continued to be innovative in how it worked for all residents.

The Deputy Executive Member for Healthy Manchester and Adult Social Care referred to the recent visit undertaken by members of the Committee to the Control Room. The Control Room was the integrated hub for supporting flow out of hospital into the community. The Control Room was responsible for ensuring the safe and timely discharge of citizens across hospitals and to support the system to work together to achieve the best outcomes for people. She stated that this was one positive example of the many innovations developed in Manchester to support residents despite the cuts imposed on the city. The Committee expressed their appreciation to the staff at the Control Room for facilitating the visit from Members.

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

- Paying tribute to all workers across the Council and the NHS for the work they undertook on behalf of the citizens of the city;
- Thanking the Executive Members and the Directors for their continued dedication in supporting residents, recognising the difficult financial landscape they had to navigate;
- Condemning the government's policy of austerity and the impact this had on all Mancunians;
- Welcoming that residents were central to all decisions taken; and
- The Committee expressed the opinion that they retained their confidence in the Executive Member, the Director of Public Health and the Executive Director of Adult Social Services.

Decision

To note the report.

HSC/23/47 Public Health Budget 2024-27

The Committee considered the report of the Director of Public Health that set out the proposals for the Public Health budget for 2024/25 to 2026/27.

Key points and themes in the report included:

- An overview of Public Health services and key priorities;
- A detailed overview of the budget;
- An update on Making Manchester Fairer;
- The gross 2023/24 budget was £50.471m and the net budget of £43.211m;
- Income of £7.260m included use of reserves £3.753m, Better Care Fund £0.960m, contributions from NHS partners £0.805m and from other local authorities £0.853m and government grant £0.889m;
- The latest 2023/24 global monitoring report to the Executive outlined a £0.8m underspend. Savings of £0.730m had been achieved in full. There were underspends across the staffing budgets due to vacant posts and the maximisation of external funding, and underspends on other indirect staffing costs;
- There were no additional savings for 2024/25; and
- Planned non recurrent use of reserves in 2023/24 of £0.330m was replaced in 2024/25 with the planned use of headroom in the budget set aside for contract uplifts as detailed in the report to Health Scrutiny February 2023. The approved savings schedule for 2024-26 were detailed in appendix 1.

A Member discussed the proliferation of 24/7 alcohol delivery services and the detrimental impact alcohol had on the health outcomes of residents. The Director of Public Health stated that a report on the Drugs and Alcohol Services was scheduled to be submitted to the January 2024 meeting and consideration of this would be included in that report.

Decision

To note the report.

HSC/23/48 Adults Social Care Budget 2024-27

The Committee considered the report of the Executive Director of Adult Social Services that set out the proposals for the Adults Social Care budget for 2024/25 to 2026/27.

Key points and themes in the report included:

- An overview of Adult Social Care services and key priorities and positioning within the Manchester Local Care Organisation; and
- A detailed overview of the budget, including:
 - The significant financial challenges on the 2023/24 budget and requirement to resolve them ahead of incorporating the 2024/25 budget proposals;
 - The update to budget growth assumptions for the service as set out in the Council's Medium Term Financial Plan;
 - Confirmation of an unchanged savings plan 2024-26 at this stage pending further work underway;
 - Future risks and opportunities including significant budget considerations in 2025/26;
 - The gross 2023/24 budget was £280.764m and the net budget of £215.260m;
 - Income of £65.504m included client fees £30.416m, Better Care Fund £17.787m, contributions from NHS partners of £10.428m and other income of £6.873m which includes grants and use of reserves. This included the integration reserve, which was drawn down in accordance with the plan agreed for the year with NHS Greater Manchester – Manchester locality;
 - The base budget for 2023/24 was £211.947 and the key change to the budget in the year was the addition of the Market Sustainability and Improvement Fund (MSIF) workforce grant of £4.055m. This was also reduced by a pensions budget adjustment of £-0.602m and Directorate transfers of £-0.140m;
 - The latest global monitoring report to the Executive outlined a £3m ASC 2023/24 overspend and that the underlying recurrent pressure in the long term care budget were significantly more challenging at c£9m. This was being offset non-recurrently in 2023/24 through the approved use of reserves, employee underspends and applying Better Care Fund (BCF), Adult Discharge Fund (ADF) and Market Sustainability and Improvement Fund (MSIF) against eligible costs. In summary, new demand were running at a higher run rate than demographics and preventative programmes. This was compounded by significant price pressure in the care market, and the complexity of need for clients discharged through hospital;
 - A recovery plan had been initiated to fully mitigate the budget pressure without further need for a new savings programme and from the additional resources proposed as part of this budget process; and
 - Savings of £4.4m were approved for 2024-26 and were detailed in Appendix 1. Implementation plans were being developed and at this stage, there were no proposed amendments to this programme.

Decision

To note the report.

HSC/23/49 Update on Dementia Developments

The Committee considered the report of the Director of Public Health and Executive Director of Adult Social Services that described the progress made in the last six months around key developments of the Dementia Action Plan, with specific focus on the early commission of the Manchester Dementia Alliance, led by Alzheimer's Society, with Manchester Carers Forum and Together Dementia Support. Noting that at the Health Scrutiny Committee meeting of 8 March 2023, the first progress report on the developments across the Dementia pathway had been presented. (See minute ref. HSC/23/19 Dementia Developments in Manchester).

Key points and themes in the report included:

- The development of the Manchester Dementia Alliance and early work and achievements to date;
- An update on Delirium work in Manchester, noting that as part of the Greater Manchester Dementia United work, delirium had been a particular focus and Manchester University NHS Foundation Trust (MFT) had been at the forefront of this work, led by Dr Scott Mather, Consultant Geriatrician;
- An update on the forward plan on the next 6 months priorities, aligned to the Dementia Action Plan; and
- Reference to a new Extra Care Scheme in the development pipeline specifically focused on Dementia Care with our partners, Irwell Valley Homes.

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

- Were the number of patient admissions in Manchester with delirium comparable with other regions;
- Was delirium only experienced by older citizens;
- Were some groups of residents more susceptible to experiencing delirium; and
- Supporting the next step to have this comprehensive approach to delirium in all settings and supporting the discussions with Manchester Local Care Organisation and clinical leads at the GM Integrated Care Board about rolling it out to care homes.

Dr Scott Mather, Consultant Geriatrician, Manchester University NHS Foundation Trust stated that the improved coding of patients had helped correctly diagnose incidents of delirium, adding that rates in Manchester were comparable with other regions. He advised that delirium could affect all ages, however, it was more prevalent in older citizens as they became more vulnerable to this condition. He stated that this was also exacerbated by infections, constipation and/or dehydration. He also commented that a change in settings could also contribute to incidents of delirium. He also stated that some patient cohorts, including those for whom English was not their first language or had an existing condition such as Korsakoff syndrome were also more susceptible to experiencing delirium, adding that this demonstrated the importance of correct early diagnosis and care.

Hazel Savage, The Alzheimer's Society, informed the Committee that the Dementia Changemakers had held another meeting since the report had been published. She advised that they planned to meet again in January 2024 and the focus of that meeting would be Home Care. She stated that the Professionals Workshop had met in October. The aim of that workshop was to collate feedback of current Dementia services within Manchester, from the professionals' point of view; to map out current service offers; and to see if the service offers aligned with the views/needs of service users. She commented that this had been a very positive and empowering experience. She stated that the feedback from this event would be collected and evaluated. Jeff Seneviratne, Dementia United, commented that this had been important as it represented the first steps to developing a holistic model of dementia care that reflected upon the recommendations of the All-Party Parliamentary Group on Dementia.

The Director of Public Health stated that Manchester benefited from an established clinical network who were committed to the issue of dementia, and this foundation would strengthen and inform the local strategy. He further paid tribute to the Manchester Dementia Steering Group, adding that it was an example of genuine partnership working. He further commented that diagnosis rates of dementia were higher than the national average. The Assistant Director Commissioning MLCO added that a person-centred, strength-based approach was taken to assess an individual's needs and this would be reviewed by social workers to ensure that they were receiving the correct care in the correct setting.

The Executive Member for Healthy Manchester and Adult Social Care stated that he had welcomed the frank and open discussions he regularly had with Dementia Together Support. He commented that he had reservations about national policy in relation to dementia and he would continue to lobby on this issue. He reassured the Committee that discussions were ongoing locally with the Greater Manchester Integrated Care Partnership with the view to replicating the good practice witnessed in Manchester across Greater Manchester.

The Chair commented that the Committee would be considering a report on End of Life Care at the February 2024 meeting and themes that had been discussed in the report and at the meeting today would be included in that report.

The Chair further requested that when the Manchester Dementia Alliance Newsletter was available this should be circulated to all Councillors.

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

Decision

To note the report.

HSC/23/50 Update on Extra Care Housing Developments

The Committee considered the report of the Executive Director of Adult Social Services that described the latest developments around Extra Care Housing.

Key points and themes in the report included:

- Information on the completion of the housing needs analysis providing an indicative increase in the number of additional units/schemes required by 2043;
- An update on the recent survey by Healthwatch with people currently in Extra Care Housing;
- Information on the Enabling Independence Accommodation Strategy (EIAS) and how this would impact on the further growth of Extra Care Housing in the city; and
- The recently published Housing Learning and Improvement Network (HLIN) case study on Neighbourhood Apartments.

The Committee heard from Charlie Norman, Chief Executive of Mosscafe St. Vincents who discussed the importance of the Extra Care Housing Strategy and how they worked collaboratively with both Strategic Housing and Adult Social Care. She spoke of the many benefits of the Elmswood Extra Care Scheme that had opened in 2020, including reducing social isolation and supporting independent living in a safe, inclusive and vibrant environment. She stated that she was proud to be working on behalf of the residents of the city, at a neighbourhood level that reflected the Our Manchester strategy. She commented that scheme offered 72 high quality one and two bedroom, low carbon apartments that were all offered at 100% social rent.

Steve Campbell, Extra Care Scheme Manager reiterated the many benefits of Extra Care Housing that had been articulated by the Chief Executive of Mosscafe St. Vincents. He added that this model of housing also reduced the need for residents to go into costly residential care. He added that care could be stepped up or stepped down as appropriate in a safe setting.

The Committee heard from Mary Moylan resident of Elmswood Extra Care Scheme who spoke of their experience of living in Extra Care Housing. She described her home as lovely, and said she felt safe and secure. She added that the environment was very supportive and there were many opportunities to socialise and take part in activities. The Committee expressed their gratitude to Mary for attending the meeting and contributing to the meeting.

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

- Welcoming the delivery of 100% social rent accommodation at the Elmswood Extra Care Scheme; and
- Welcoming Extra Care Schemes and recognising the benefits these had for residents.

The Assistant Director – Commissioning commented that the Housing Needs Analysis that was described in the report used a variety of data sets to inform future planning. She commented that the findings indicated that an additional 15 Extra Care Home Schemes would be required, a doubling of the existing offer. She added that 11 of the 12 current schemes were all offered at 100% social rent, with the remaining one being mixed tenure. The Commissioning Manager, Strategic Housing added that

providing Extra Care Schemes supported people to safely right-size and this released larger family homes into the market.

The Assistant Director – Commissioning responded to a comment from a Member regarding the possibility of delivering Extra Care Housing for a mixture of citizens, such as Learning Disabled citizens and an intergenerational offer by stating that consideration could be given to this and building upon the positive model that Extra Care offered.

The Executive Member for Healthy Manchester and Adult Social Care commented that Health partners were working collaboratively with colleagues in Strategic Housing and the ambition was to increase the number of Extra Care Schemes across the city.

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

Decision

To note the report.

HSC/23/51 Adult Learning Disability Services

The Committee considered the report of the Executive Director of Adult Social Services that described the key developments across Health and Social Care in Manchester relating to Adult Learning Disability services.

Key points and themes in the report included:

- Policy and Strategy, namely developments surrounding the recently approved Manchester Local Care Organisation (MLCO) Commissioning Strategy for Adult's with a Learning Disability (2023 – 2028), and Housing Needs Analysis for Adults with a Learning Disability and Autism (2023 – 2033);
- Recommissioning and Transformational activity including the developments surrounding the 'My Way, My Life' programme;
- Health Care, including local developments surrounding the NHS Greater Manchester and Manchester University Hospitals Foundation Trust Transforming Care agenda and NHS Learning Disabilities oversight group; and
- Preparation for Adulthood, also known as Transition.

The report was accompanied by a video presentation that highlighted key developments over the last 12-18 months across a range of areas including housing, social care, and health. This video was recently presented at the recent Greater Manchester Learning Disability conference and captured a range of views from citizens with lived experience.

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

- Recognising and welcoming the work undertaken by Manchester People First;

- Noting the theme of the importance of staff being caring and kind had been identified during engagement events with Learning Disabled citizens as part of the process of drawing up a new Learning Disability strategy; and
- What was being done to ensure that vulnerable citizens with a learning disability and/or autism did not remain in hospital under the care of the Mental Health Act for any longer than they need to be.

The Head of Strategic Commissioning (Adult Learning Disability & Autism) stated that the Housing Needs Assessment had been used to plan for future Learning Disability housing need. He advised that findings of this Assessment were described at section 3.2.5 of the report. In summary, approximately 430 additional places of supported accommodation, general needs accommodation and shared lives services would be needed in the city over the next 10 years. There would need to be a structured programme of work to deliver the housing requirements of adults with a Learning Disability, working with strategic partners including Strategic Housing, Registered Landlords and the Adult Social Care Market Providers.

The Head of Strategic Commissioning (Learning Disability and Autism) advised 90 of those places would be needed to provide new accommodation for citizens within the current Manchester City Council in-house provision, to ensure existing citizens had access to better quality and efficient accommodation types. He also advised there was a significant programme of work underway over the next 3 years or so to review the range of in-house services, and to ensure that the in-house service accommodated citizens with more complex needs, which may mean that some citizens with lower level needs may need a more independent offer.

The Head of Strategic Commissioning (Adult Learning Disability and Autism) also commented that he was proud to inform the committee of the launch of the new Manchester Local Care Organisation Adult Learning Disability and Autism Commissioning Strategy (Plan), which had been produced with people who had lived experience. This set out the Council's commissioning strategy (plan) for Adults with a Learning Disability over the next five years.

The Adult Social Care Assistant Director, Complex Needs informed the Committee that an oversight group had been established to regularly review citizens with a learning disability who were admitted to hospital to ensure they were in the correct care setting and to plan for their appropriate transfer of care. She stated that the integration of Health and Social Care supported this partnership approach to ensure the best outcomes for the citizen. She stated that the individual would be supported once discharged from a hospital setting to prevent them from being readmitted.

The Adult Social Care Assistant Director, Complex Needs described that a value-based approach to staff recruitment had been developed, adding that this involved asking questions that explored the values of candidates and explored their lived experiences. She stated that people with lived experience contributed to interview panels, and this had been a very positive development.

The Committee heard from Andy Needle and Richard Hughes from Manchester People First, a self-advocacy group for adults with a learning disability. Mr Needle commented that the inclusion of people with lived experience being involved with the

recruitment of staff to ensure the correct values were demonstrated was a very important and welcome development. He further acknowledged the importance of the publication of the easy read version of the Action Plan.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to all the staff working within the Learning Disability Team.

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

Decision

To note the report.

HSC/23/52 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.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 6 December 2023

Subject: Health and Homelessness

Report of: Director of Public Health
Executive Director of Adult Social Services

Summary

This report provides the Committee with an overview of the work on health and homelessness in Manchester. The work is co-ordinated through the Manchester Health and Homelessness Task Group which was established in 2016 under the leadership of the Director of Public Health (DPH). The group meets bi-monthly and is co-chaired by the DPH and Director of Adult Social Services and brings together all key partners from the NHS, social care and the VCSE. The group is now part of the citywide governance arrangements under the Manchester Homelessness Partnership. Members of the group will attend the Committee to highlight how their organisation will contribute to the delivery of the refreshed Manchester Homelessness and Rough Sleeping Strategy (2024-2027) which will be considered by the Council Executive on 13 December 2023.

Recommendations

The Committee is recommended to consider and comment on the information in this report.

Wards Affected: All

<p>Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>	<p>Health care and homelessness related support partners contribute to zero-carbon targets in the city. Commissioned providers are required to pledge their zero-carbon targets as part of their contract with the Council.</p>
<p>Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>	<p>Health care and homelessness related support partners aim to actively reduced health inequalities in Manchester and the focus of their work is on health inclusion.</p>

Manchester Strategy outcomes	Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Providing targeted health care and support to homeless people is an important part of the city's economy which includes the creation of economic value, jobs, volunteering, and health innovation.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	The provision of health care and homelessness related support contributes to significant jobs and skills development in Manchester.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city.
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities, and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners including commissioned providers have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership.
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health care and support for Manchester residents.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None.

Financial Consequences – Capital

None.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

Alcohol, Drugs, and Community Stop Smoking and Tobacco Treatment Services in Manchester, Health Scrutiny Committee Report, 8 February 2023

An Update Report on Homelessness Services, Communities & Equalities Scrutiny Committee Report, 20 June 2023

1.0 Introduction

- 1.1 Health and homelessness are inherently linked. Poor physical and mental health, drug and alcohol misuse, and co-morbidities are more likely to be experienced by homeless people than the general population. Accessing health care services is more difficult for homeless people because of practical, social, systemic, administrative, and attitudinal barriers. These factors and increased levels of need lead to significant health inequalities for people experiencing homelessness. As a result, people experiencing homelessness are more likely to require urgent and emergency care because of advanced illnesses or conditions, rather than accessing preventative and primary care services. Physical disability, poor physical and mental health, drug & alcohol misuse can also contribute to an individual or family becoming homeless.
- 1.2 The mean age of death for men experiencing homelessness is 45 and for women it is 43 years. This is significantly below the life expectancy of the general population. The latest Office of National Statistics (ONS) published data on deaths of homeless people in England and Wales is based on 2021 death registrations. Nationally, there were 741 deaths of homeless people in England and Wales registered in 2021 of which 17 (2.3%) were in Manchester. The Manchester figure represents an increase of 54.5% (or 6 deaths) compared with the number registered in 2020. This figure is lower than the 28 deaths registered in 2019 and follows a notable fall in 2020.
- 1.3 Although providing suitable housing to homeless people is an essential first step, this does not resolve health problems. When homeless people die, they do not tend to die as a result of exposure of other direct effects of homelessness, but they are more likely to die of treatable medical problems, HIV related disease, liver and other gastrointestinal disease, respiratory disease, or acute and chronic consequences of drug and alcohol dependence.
- 1.4 This report provides the Committee with an overview of the work delivered by partners on the Health & Homelessness Task Group and a draft action plan is appended (Appendix 3.) The Task Group is co-chaired by the Executive Director of Adult Social Services and the Director of Public Health, and membership includes:
- GM NHS Integrated Care Board (ICB)
 - National Probation Service
 - Urban Village Medical Practice (UVMP)
 - Manchester Royal Infirmary, Manchester University NHS Foundation Trust (MFT)
 - GM Mental Health NHS Foundation Trust (GMMH)
 - Change Grow Live Services Ltd (CGL)
 - The Mustard Tree (a local charity)

2.0 Background

- 2.1 The Health and Homelessness Task Group was established as part of the Manchester Homelessness Partnership (MHP) and launch of the Manchester Homelessness Charter in 2016. The MHP has 2 key values:
- Inclusive partnership (collaborating across sectors)
 - Co-production including meaningful involvement of people with personal experience of homelessness.
- 2.2 The purpose of the Health and Homelessness Task Group was to work in line with the vision of the Homelessness Charter (to end homelessness together) and the values of the MHP to improve the health and wellbeing of homeless people in Manchester.
- 2.3 Many people with lived experience of homelessness were involved in co-writing the Manchester Homelessness Charter which is an integral part of the current MHP Homelessness Strategy 2018-2023. This strategy still resonates and focuses on key aims to:
- Make homelessness a rare occurrence: increasing prevention and early intervention.
 - Make homelessness as brief as possible: improving temporary and supported accommodation.
 - Make the experience of homelessness a one-off occurrence: increasing access to settled homes.
 - Reduce the number of people sleeping rough in the city.
- 2.4 To support and accelerate the successes of the MHP, and collaboration with the Greater Manchester Combined Authority, the Council began a refreshed transformation programme, A Place Called Home, in 2022. This programme has been focused on some of the most intransigent system issues such as the number of families and people in bed and breakfast accommodation. The key elements of the programme are:
- Increasing prevention
 - Ending rough sleeping
 - More suitable and affordable accommodation
 - Better outcomes and better lives for people and families at risk of homelessness or who are homeless.
- 2.5 The Health and Homelessness Task Group are very much linked into A Place Called Home and have contributed to the consultation and needs assessment work that is being progressed as part of the refreshed strategy (see 3.1 below).

3.0 Local and national strategies

Overarching

- 3.1 The current MHP Homelessness Strategy expires at the end of this year, and a new MHP Homelessness and Rough Sleeping Strategy 2024-2027 will be presented to the Council Executive on 13 December 2023.
- 3.2 The Making Manchester Fairer (MMF) Plan 2022-2027 gives further focus to areas of health inequality. Adults with multiple and complex disadvantages are identified as a key cohort for consideration (one of the four Kickstarters) under the MMF Plan 2022-2027 and the Committee received a report on this in October 2023.
- 3.3 The other overarching strategy is the Greater Manchester Homelessness Prevention Strategy 2021-2026 and this aligns with MMF principles and describes how we will work together across Greater Manchester to prevent homelessness for good – People, Participation, Prevention. It is recognised that if other localities in GM do not address this issue that increases demands and pressures on Manchester organisations.

Primary Care

- 3.4 The Manchester Homeless Healthcare Standards were developed by Urban Village Medical Practice (a Manchester based GP practice) and the Council in 2015/16 to support statutory and voluntary agencies. They were:
- Health must form a significant element of any assessment of need and remain a priority.
 - All homeless people must be registered with a GP.
 - All homeless people should be supported to engage with primary and secondary health care services.
 - Homeless people should be supported to be self-caring in relation to their health care.
 - Appropriate access to out of hours emergency care.

The standards were embedded in national guidance in 2018 and continue to inform good primary care practice.

Drugs and Alcohol

- 3.5 The national Rough Sleeping Strategy ‘Ending Rough Sleeping for Good’ (Department for Levelling Up, Housing & Communities, 2022) provides a commitment to expand the Rough Sleepers Drug & Alcohol Treatment Grant (RSDATG) which the Council has been in receipt of since 2020/21.
- 3.6 ‘Ending Rough Sleeping for Good’ connects to investment referred to in the current national cross-departmental Drug Strategy, ‘From Harm to Hope’. This strategy has resulted in additional funding to localities including Manchester as highlighted in the Public Health Budget Report presented to the Committee in November 2023.

4.0 Key statistics / epidemiological information

- 4.1 Headline measures for homelessness and rough sleeping over the past 5 years (2018 – 2023) in England are as follows:
- Homelessness assessments – the number of household assessments remained between 70,000 and 80,000 per quarter (3-month period.)
 - Temporary accommodation – households in all types of temporary accommodation increased by 26%.
 - Families in bed and breakfast for more than 6 weeks increased by 83%.
 - Rough sleeping – the single night count of people sleeping rough decreased from 2018 – 2021 but then increased by 26% in 2022.
- 4.2 Headline measures for homelessness and rough sleeping in Manchester during the current MHP Homelessness Strategy period (2018-2023) are as follows:
- Between 2021 and 2022, Manchester opened the highest number of homeless applications in England (6,660.) Over the Strategy period, there has been an increase in homelessness applications opened in Manchester.
 - The top 5 reasons for loss of settled home in Manchester are as follows and reflect the national position:
 - Family and friends not willing or able to accommodate. (This has remained the top reason, increasing slightly during the Covid-19 pandemic.)
 - End of private rented tenancy – assured short-hold tenancy.
 - Domestic abuse
 - Relationship with partner ended (non-violent breakdown)
 - End of private rented tenancy – not assured shorthold tenancy.
- 4.3 The number of people sleeping rough is either counted or estimated by local authorities across the country between 1 October and 30 November annually. The number of people sleeping rough in Manchester has decreased from 123 people seen in 1 night in November 2018 to 58 people in November 2022. Since November 2020, Manchester has conducted bi-monthly counts which has shown that rough sleeping fluctuates seasonally with more people sleeping rough during the summer months than the winter months.
- 4.4 Headline findings on the support needs of people owed a statutory homelessness duty by Manchester City Council are as follows. The top 3 are:
1. History of mental health problems (an increase of 56% since 2018)
 2. Physical ill-health and disability (an increase of 103% since 2018)
 3. At risk of or has experienced domestic abuse (an increase of 97% since 2018.)
- 4.5 Increases were also reported on the following demographic characteristics:
1. Old age (an increase of 225% since 2018)
 2. Care leaver aged 21 and above (an increase of 125% since 2018)
 3. Former asylum seeker (an increase of 121% since 2018)

Key health statistics from the National Health Needs Audit Report

- 4.6 The national Homeless Health Needs Audit Report 'The Unhealthy State of Homelessness' (Homeless Link, 2022) uses aggregated data gathered from 31 Individual Homeless Health Needs Audits completed between 2015-2021 representing 2,776 individual responses. The findings provide a clear narrative of health inequalities:

Physical Health

- 4.7 78% of respondents in 2018-21 reported having a physical health condition, increasing from 76% in 2015-17 and 73% in 2012-14. The most common reported condition was joint aches / problems with bones and muscles, followed by dental / teeth problems.
- 4.8 80% of those with a physical health condition reported having at least one co-morbidity, with 29% having between 5 and 10 diagnoses. 63% of respondents in 2018-21 reported having a long-term illness, disability, or infirmity. This compares to 22% in the general population.

Mental Health and Substance Use

- 4.9 The number of people with a mental health diagnosis increased substantially from 45% in 2012-14 to 82% in 2018-21. This compares to a national population average of 12% (as reported via the GP Survey, 2021.) This increase has been driven by people reporting depression, rising from 36% in 2012-14 to 72% in 2018-21, and anxiety from 6% to 60%. In 2015-17 and 2018-21, 25% of respondents stated they had post-traumatic stress disorder.
- 4.10 81% of those with a mental health condition reported experiencing at least 2 mental health conditions with 17% reporting 5 or more. Whilst 25% of respondents self-reported co-existing mental health and substance misuse needs, a further 45% reported that they self-medicate with drugs and/or alcohol to help them cope with their mental health.
- 4.11 In 2018-21 and 2015-17, just over half of respondents reported they had used drugs in the last 12 months. Cannabis was the most commonly used substance with reported use of heroin, cocaine and crack cocaine increasing.
- 4.12 76% of respondents reported that they smoke cigarettes, cigars, or a pipe. This is compared to a national figure of 13.8%. Of those who smoke, 50% would like to give up though 46% stated they had not been offered smoking cessation help or advice.

Health care provision

- 4.13 71% of respondents reported they are currently taking a form of prescribed medication. This is a higher figure than for the general population for which it is reported that 48% of adults had taken at least one prescribed medication in the last week.

- 4.14 54% of eligible respondents in 2018-21 reported being up to date with cervical screening compared to 70.2% of the general population.
- 4.15 97% of respondents reported being registered with a GP or homeless healthcare centre in 2018-21, an increase from 92% in 2015-17. However, 6% reported that they had been refused registration in the past 12 months before completing the survey.
- 4.16 Dentist registrations are lower than GP registrations with 53% of respondents reporting that they were registered with a dentist in 2015-21. 10% of respondents had been refused registration with a dental practice in the past 12 months.
- 4.17 In 2015-21, 48% respondents had used A&E services in the past 12 months. 11% of respondents had used A&E services more than 3 times in the past 12 months. The most common reasons relate to physical health conditions (37%) but 28% of admissions were due to either a mental health condition, or self-harm or attempted suicide. Almost a quarter of respondents (24%) were discharged onto the street and 21% were discharged into accommodation that was not suitable for their needs.

Specific Manchester reports

- 4.18 Research conducted by Shelter Manchester volunteers in partnership with Groundswell in 2021 found that key barriers to accessing health care included:
- Lack of phone credit
 - Poor access to the internet
 - Lack of ability to travel to healthcare centres.
 - Lack of accessible information and assumptions that a fixed address is needed to access services.
- 4.19 A local health needs audit was carried out in 2021 on new patients registered with Urban Village Medical Practice (UVMP), a GP practice based in Ancoats, Manchester. The audit included 76 patients, 55 male, 21 female. High levels of substance misuse, mental health problems and blood borne viruses were found (see Appendix 1.) The findings are similar to local analysis in 2018. The findings also demonstrate access to primary care offered by UVMP with high levels of new patient health checks and associated interventions and health promotion. At the end of 2021, UVMP had 764 homeless people registered. During 2021, the service registered 203 people, an average of 17 new patients per month.)

5.0 Work of partners on the Task Group

5.1 Urban Village Medical Practice (UVMP)

UVMP is a GP practice delivering primary health care to over 13,000 general patients. For over 20 years, the practice has also delivered a primary healthcare service to homeless people in Manchester. The service

understands the significant health inequalities experienced by this population and the targeted response required to meet these needs. The service provides:

- Proactive engagement with people experiencing homelessness including nurse led outreach sessions in a clinical van on the streets and at day centres and hostels.
- Full registration with UVMP for patients that need it and care navigation for patients that are registered with a different GP.
- Flexible and easy to access range of healthcare services including the full range of comprehensive primary care available to all registered patients including GPs, nurses, tissue viability nurses, sexual health, blood borne virus treatment, drug misuse assessment and treatment and mental health services.
- A hospital in-reach service delivered by clinical and non-clinical team members offering comprehensive discharge planning in partnership with hospital teams for homeless people who are admitted to Manchester Royal Infirmary.
- Working with partner agencies to increase the understanding of the importance of equitable access to healthcare for homeless people and encouraging homeless people to access care and address their health needs.

5.2 MPATH (Manchester Pathway)

This is a hospital in-reach service, a partnership between MFT and UVMP. This service aims to reduce health inequalities and ensure continuity of care across primary and secondary care for people experiencing homelessness who have been admitted to hospital. Evidence suggests that this service leads to better outcomes, reduced hospital admissions / readmissions and reduced length of stay. The team provides a daily presence at the Manchester Royal Infirmary from Monday to Friday of a GP and a specialist practitioner who work alongside the hospital teams to develop safe discharge plans. During 2021, this in-reach service:

- Engaged and assessed 384 patients.
- Referred 137 patients to local authorities for homelessness assistance.
- 127 patients were registered with UVMP at the point of discharge.
- 176 patients retained their housing placements while in hospital.
- 82 patients were offered a new housing placement on discharge from hospital.

5.3 Mental Health and Homeless Team (GMMH)

The Mental Health and Homeless Team (MHHT) provide an assertive outreach model of engagement to homeless people in Manchester from Monday to Friday (9.00 am – 5.00 pm.) The service is trauma informed, person centred and delivered by a multi-disciplinary team including mental health practitioners, psychiatry, psychology, social workers, and mental health nurses who provide:

- Screening of referrals for people presenting with mental health concerns, assessments, and low-level interventions.
- Recommendations for treatment initiation, to GP or mainstream mental health services.
- Consideration of the need for assessment under the Mental Health Act and supporting the process for hospital admission when this is required.
- Management of transitions into mainstream mental health services where formal treatment needs are identified.
- Care Act assessments.
- Leadership on safeguarding investigations when the team is working with an individual.
- Liaison with speech and language and neuropsychology when consultation and advice is required.
- Place based working arrangements with partners, when capacity allows, including day centres, GPs, temporary accommodation.
- Joint working arrangements with CGL to manage co-occurring substance misuse and mental health conditions.
- Psychological Informed Environment's (PIE) training to the wider homelessness sector.

The latest data available on the team confirms that in Quarter 2 of 2023/24 (July - September), 213 referrals were received and accepted.

5.4 Drug and Alcohol Treatment and Support Services (CGL)

The report to Health Scrutiny Committee on 8 February 2023 provided a description of the service provided by CGL which includes engagement (in-reach/ outreach), structured treatment and recovery support. Additional Office of Health Improvement and Disparities (OHID) Grant funding schemes are referenced in the budget report presented to the Committee on 8 November 2023. CGL has been receiving investment from the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) since 2020/21 specifically to meet the needs of people experiencing rough sleeping or at imminent risk of doing so. RSDATG supports enhanced delivery of structured treatment and in-reach/outreach provision. Various posts include key worker, outreach support, non-medical prescriber resource, prison in-reach, communications, and trauma informed psychological interventions supported by MHHT (see section 5.3).

As well as support from the RSDATG, CGL are providing additional outreach activity, via other funding schemes, to support people who are street based and/or homeless. This is enabling CGL to respond to the increasing engagement needs of the homeless population and wider support services that work in partnership to deliver outreach engagement. For example, services provided by Mustard Tree and the Street Engagement Hub which are described in the next section (see 5.5). This enhancement supports:

- Developing capacity and resilience to maximise street outreach and engagement opportunities.

- Fast tracking individuals into treatment services and ensuring expertise to case manage people with a range of complex needs.
- Ensuring a targeted and tailored response to meet the needs of this vulnerable population in Manchester.

5.5 Mustard Tree

The Mustard Tree is a registered charity based in Ancoats, Manchester and their mission is to combat poverty and prevent homelessness. The Chief Executive Officer (CEO) provides the Health and Homelessness Task Group with a perspective of a charity based in the voluntary sector. The CEO represents their organisation on various Boards and groups including the Greater Manchester VCSE Sector Leaders Group. The Mustard Tree aims to create opportunities for people to improve economic wellbeing and find settled homes, and they do this through providing Community Shops, training placements, support services, gifting schemes, vocational training, and creative courses.

The Mustard Tree hosts the Street Engagement Hub (SEH) on Tuesday and Thursdays (10.00 am – 1.00 pm.) This is a multi-agency initiative which is led by Community Safety officers in the Council and Greater Manchester Police (GMP). The Hub aims to reduce begging and anti-social behaviour in the city centre, and engage people with services, reduce harm and move people away from a street-based lifestyle. A wide range of partners have been involved and an independent evaluation of the SEH in 2021 referred to the Hub as innovative and concluded that the Hub had brought together a very committed group of individuals and organisations from across different sectors. Recommendations for further development are being taken forward by the steering group for the Hub. The evaluation included some service user and practitioner feedback on the difference that this multi-agency initiative had had on health and some of this feedback is provided in Appendix 2.

5.6 National Probation Service

The Probation Service in Manchester have recently joined the Task Group. Earlier this year, NHS England (NHSE) and the HM Prison and Probation Service (HMPPS) rolled out Health & Justice Partnership Coordinators across England and Wales. They have a pivotal role in working with partners to improve access to and connections with community health care and drug & alcohol treatment for people on Probation. Indeed, a key part of their role is supporting continuity of care of drug and alcohol treatment for people leaving prison and increasing the numbers of people who are sentenced to Drug Rehabilitation Requirements (DRRs) at Court.

5.7 Homeless Families Health Visiting Team (Manchester University NHS Foundation Trust)

The citywide Health Visitors Service is delivered by Manchester University NHS Foundation Trust (MFT) and provides mandated health checks for 0–2-year-olds, perinatal mental health assessments, and infant feeding support. A

small Homeless Families Team is based within the service and are also supported by health visitors from the main service. In the main service, caseloads are approximately 1:385, 1 health visitor to 385 children. At the end of June 2023, there were 1,039 0–4 year-old children living in temporary accommodation in the city. Caseloads are approximately 1 health visitor to 127 children (1:127) to ensure these families can be offered more prompt support.

5.8 New Social Work Team for people who sleep rough (MCC Adults Directorate)

The RSDATG has supported the development of a small social work team in the Council from September 2023 to focus on undertaking Care Act assessments. The Care Act 2014 includes a requirement to assess the needs of anyone who appears in need of care or support. The team works to 'A Place Called Home' principles and coordinates a weekly Homelessness Partnership meeting (Mondays 10.00 am – 12 noon) with a wide range of partners to discuss and agree integrated multi-agency approaches. This development follows research that was undertaken by the Directorate following the Covid-19 pandemic, which revealed 'hidden' issues in a cohort of people whose rough sleeping was considered to be entrenched. These hidden issues included Trauma, Acquired Brain Injury (ABI) and Neurodiversity and other health related conditions.

5.9 Department of Public Health

The Department of Public Health commissions drug and alcohol services, sexual health services, children's public health services and wellbeing services as well as overseeing the delivery of the Making Manchester Fairer Action Plan. The Department ensures that the needs of the homeless population are considered through all the services that are commissioned and the MMF kickstarter programme focusing on adults with multiple and complex disadvantage has a particularly strong focus on this group. Furthermore, the Department also hosts the ACEs and Trauma Informed Programme for Manchester and the Programme Leads work closely with all the partner agencies listed above.

6.0 Conclusion and next steps

- 6.1 Homelessness has a devastating impact on health. It is associated with tri-morbidity, complex health needs, and premature death.
- 6.2 Tri-morbidity is the combination of physical ill-health with mental ill-health and drug or alcohol misuse. Often, this complexity is associated with advanced illness or long-term conditions in the context of a person lacking social support who feels ambivalent about accessing care and their own self-worth. In addition, tri-morbidity often has its starting point in histories of complex trauma which impact on developmental trajectories, emotional wellbeing, and mental health.

- 6.3 The Transformation Programme (A Placed Called Home) operates 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.
- 6.4 The Council and partners are absolutely committed in their mission to end rough sleeping and to achieve better outcomes and better lives for homeless people. The Health and Homelessness Task Group will continue to progress work in this area and ensure an integrated, multi-disciplinary approach. The Task Group are currently developing their action plan for 2024/25 and the initial draft is attached as Appendix 3.

7.0 Recommendations

- 7.1 The Committee is recommended to Consider and comment on the information in this report.

8.0 Appendices

Appendix 1 Presenting health problems of new patients registered with Urban Village Medical Practice from April – September 2021

Appendix 2 Service user and practitioner voices from the Street Engagement Hub Evaluation

Appendix 3 DRAFT Health & Homelessness Task Group - Action Plan

Appendix 1 Presenting health problems of new patients registered with Urban Village Medical Practice from April – September 2021

**76 patients selected
55 male, 21 female**

% registered as male	Presenting health need or intervention	% registered as female
4%	Hepatitis B/HIV	0
68%	Hepatitis C (antibody positive)	61%
22%	Alcohol misuse	21%
43%	Heroin/Crack misuse intervention	58%
100%	New patient health check offered	100%
60%	New patient health check received	71%
0	Contraception advice offered	56%
0	Contraception advice provided	33%
0	Cervical screening	62%
94%	BBV (blood borne virus) testing offered	83%
63%	BBV testing completed	75%
56%	Mental health identified	46%
12%	Severe mental health diagnosis	5%
40%	STI (sexually transmitted infection) screen offered	71%
55%	STI screen completed	71%

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Appendix 2 Service user and practitioner voices from the Street Engagement Hub Evaluation, 2021

“Co-located services full stop is a good thing – to build relationships where possible. Building and maintaining new relationships with other agencies, I think is important. A lot of people have different perspectives on how to work in this environment and the understanding of the other, the understanding of where others are coming from, whether it is substance misuse or the police or DWP (Department of Work & Pensions.) It's understanding and respecting their knowledge and sharing your own position. Because we all have the same values, anyone who works in this sector, we all have the same kinds of values and sense of helping people. I think that's always important to share and understand across agencies or any opportunities.”
(Practitioner)

“This is the first time I've ever had my Hepatitis C and I'm 48 and I've also had both my Covid's and that's through this hub.” (Service user)

“I ended up with an ulcer on this leg, on my right leg. That gone really badly infected. I ended up with sepsis to start with. It turned to septicemia, so I had full on blood poisoning. I was touching death. I don't say that lightly. I had stage 2 hypothermia. The Hepatitis C nurses were always on my case. Housing, CGL, St Johns. St Johns were brilliant with me. If it wasn't for them, I daresay I wouldn't be here now. That's the gospel truth that.” (Service user)

“If you think like our population group are homeless and no fixed abode, we can't write to them to tell them they've got a letter. If they have a phone number, sometimes that phone, they lose it, or sell it, or we lose touch with them that way. And here, we can always access them this way because the Street Engagement Team, the police, will go out if they see them, if we say we are trying to find this person, or they'll direct them here. Theres a guy this morning, he's mid treatment, I've rung him, he's said he's coming today, I've got his medication here. So, it's great that way that we have, like, you know, a place to meet them, and they know they can come here and there's other things available for them here as well.” (Practitioner.)

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Appendix 3 DRAFT Health & Homelessness Task Group - Action Plan

Please note that partners on the Task Group have their own plans in development. The plan below is a draft partnership plan containing 12 key actions. The plan will be regularly reviewed by the Task Group and will be further developed at the meeting of the Task Group on 7 December 2023.

No.	What	How	Who (Leads)	When
1.	CGL to increase offer at Mustard Tree to reduce homelessness for prison leavers	Add an additional Hub on a Friday for prison releases	CGL / Mustard Tree	In progress – March 2024
2.	Increase the reach of homelessness support in north Manchester	Develop an offer from new premises in the north of the city	CGL	September 2024
3.	Explore options for other community based wellbeing services in other parts of the city	Develop the offer from new bases in other parts of Manchester	CGL	September 2025
4.	Develop an offer to meet needs of people with neuro-diverse issues and acquired brain injury	Partners will work together on a pilot. Building on the 2 nd evaluation of the Street Engagement Hub	CGL / MCC / GMMH	Initial meeting planned for December 2023. Initial timeline to December 2024.
5.	Improve numbers of smoking cessation interventions delivered for the homeless population	Increase access to tobacco addiction support and explore the use of suitable locations.	CGL / MCC Department of Public Health	June 2024
6.	Support timely admissions to drug and alcohol in-patient detox for people who are sleeping rough	Identify people at risk and work with partners on the plan	GMMH / CGL / MCC	April 2024

7.	Strengthen co-production and develop peer support opportunities	Partners to support people with lived experience to be more involved in service design work	GMMH / all partners	Ongoing
8.	Deliver the work on Inclusion Health Standards	Task Group partners to self-assess against Homelessness Health Standards	All	April 2024
9.	Care coordination for people who are sleeping rough	Through the Homelessness Partnership Group led by the Adults Directorate	MCC / all partners	January 2024
10.	Scope feasibility of expanding MPATH (Manchester Pathway) to North Manchester and Wythenshawe Hospitals	To discuss with the ICB and Urban Village Medical Practice	MFT / UVMP / ICB	Initial meeting planned in December 2023
11.	Improve hospital discharge experiences for the homeless population	Develop awareness of new Discharge / Home First policy. Mustard Tree will consider what they can offer.	MFT / Mustard Tree / MCC / CGL	Initial discussions to take place in January 2024
12.	Make information on 'access' to services easy to follow and navigate	Engagement and focus groups with people with lived experience.	Mustard Tree / MCC Comms / all partners	Ongoing

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 6 December 2023

Subject: Health Provision For Asylum Seeker Contingency (ASC) Hotels

Report of: Director of Public Health
Deputy Place Based Lead, NHS Greater Manchester
(Manchester Locality)

Summary

This report provides an overview of health provision for Asylum Seeker Contingency (ASC) hotels in the city of Manchester. It sets out the approach to commissioning primary care services to meet the needs of people seeking asylum living in the hotels. It also highlights some of the opportunities 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. This work supports Manchester City Council's commitment to ensure that Manchester is a city of sanctuary for people seeking asylum. Representatives from partner agencies, including a local GP, will attend the Committee to highlight the health care offer and work currently being undertaken in the hotels.

Recommendations

The Committee is recommended to consider and comment on the report.

Wards Affected: All

Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	There is no direct impact
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	There is strong evidence that the Covid pandemic compounded existing inequalities experienced by racialised minorities in terms of health access, experience and outcomes. People seeking asylum and other migrant health communities face additional barriers to equitable access to primary care; lack of understanding of the NHS, spoken and written language, cultural norms such as stigma around mental ill health, sexual orientation and the trauma that they have experienced in their country of origin and in going through the asylum system. It is therefore essential that the health services delivered to

	people seeking asylum in the Asylum Seeker Contingency hotels are culturally competent to ensure equity of access linked to the protected characteristics of hotel residents. Equality Impact Assessments have been undertaken for the services and actions to mitigate against inequalities built into service delivery and monitoring.
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	By ensuring that people seeking asylum living in the ASC hotels receive high quality and appropriate primary care provision and support to address the wider determinants of health, we will better enable those communities to contribute to the development of our city. We recognise the assets that people seeking asylum bring with them to our city and the need to ensure that we improve health outcomes to maximise that potential.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

There are no financial consequences for the revenue budget.

Financial Consequences – Capital

There are no financial consequences for the capital budget.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Communities and Equalities Scrutiny Committee – 23rd May 2023 A short update report on migration services in Manchester, including Afghanistan, Ukraine and Asylum Migration.pdf (manchester.gov.uk)

Motion to Full Council 12th July 2023 to propose that Manchester City Council becomes a ‘Local Authority of Sanctuary’

(Public Pack) Agenda Document for Council, 12/07/2023 10:00 (manchester.gov.uk)

Health Protection – Operational Local Health Economy Outbreak Plan for Manchester and update on Tuberculosis report to the Manchester Health and Wellbeing Board, 20 September 2023

1.0 Introduction

- 1.1 This report provides an overview of the development of health provision to support people seeking asylum living in the Asylum Seeker Contingency (ASC) hotels since the first hotel was established in the city in the summer of 2020. It describes the challenges that the Council and partners have faced as the government has expanded the ASC model and the progress that has been made in the development of the Manchester service model. This has been informed by both national directives and policy but also by our collective ambition to improve the delivery of services to people seeking asylum. This is in recognition of the need for specialist provision which addresses the health inequalities, trauma and discrimination that they experience.

2.0 Background

- 2.1 As a result of the Covid-19 pandemic restrictions and significant increases to the numbers of people seeking asylum in the United Kingdom, the Home Office were not able to utilise the usual asylum seeker accommodation model. They therefore commissioned hotel accommodation for asylum seekers who would have otherwise been placed in dispersed accommodation. The placement of people seeking asylum into hotel accommodation is coordinated by the Home Office as part of the national ASC scheme.
- 2.2 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. There was later a separate requirement to commission primary care services for Afghani nationals placed in hotels as part of the Afghan Relocation and Assistance Policy (ARAP) and Afghan Citizens Resettlement Scheme (ACRS). Since MHCC was disestablished in June 2022, responsibility for commissioning of ASC primary care services has transferred to NHS Greater Manchester (Manchester locality).
- 2.3 Primary care providers are expected to deliver the following as a minimum;
- An Initial Health Assessment
 - Appropriate assessment, triage and care provided to people presenting with minor illness and more complex health issues arising from the health assessment.
 - Registration with a GP practice
 - Referral to other health services e.g. appropriate referral for mental health support and for screening
 - Training and supervision for staff to meet the specific needs of asylum seekers, for example, trauma informed care and working with and access to interpreters
 - Wider systems partnership work and a duty to support continuity of care and appropriately share information e.g. with local authorities and the Voluntary and Community sector

- 2.4 It is the NHSE and Home Office view that urgent, emergency and secondary care costs for people seeking asylum in the ASC hotels will be covered by existing allocations.
- 2.5 There is a collaborative approach to supporting people seeking asylum in the city with coordination of activity and assurance around safeguarding and unaccompanied asylum seeking children in particular. This provides a mechanism to ensure that residents receive basic clothing and food plus support to find school places, learn English, undertake activities such as knitting and sport to support wellbeing and are connected to other local services and volunteering opportunities. A number of cases studies are provided in Appendix 1.

3.0 Main issues

- 3.1 The timescales set by the Home Office for commissioning primary care provision over the past three years have been very tight each time a new hotel has opened. There have been some inconsistencies in terms of the national specifications and funding mechanisms. This has made it difficult for primary care commissioners to develop a consistent model with sufficient funding to cover all delivery costs to meet the needs of the ASC hotel residents which we are committed to doing.
- 3.2 There have been long delays to guidance on funding and service delivery being shared by the Home Office at times, leaving commissioners with no option but to commission services at risk of not recovering the full costs of delivery. This is a particular issue where there has been a high turnover of residents within the hotels and where occupation has exceeded the capacity advised by the Home Office on commissioning of each ASC hotel.
- 3.3 The short timescales and scale of provision set by the Home Office for Manchester have also provided NHS Greater Manchester (Manchester locality) with some challenges in terms of provider capacity and expertise to meet the very specific needs of people seeking asylum within the Manchester primary care system. This is a particular issue for Manchester as we have a disproportionate number of hotels compared to other parts of the country and the rest of Greater Manchester. Because people seeking asylum placed in the hotels need to be registered with a Manchester GP practice, NHS Greater Manchester (Manchester locality) has only been able to commission primary care providers with a practice in the city, rather than being able to bring in specialist providers from outside of the city. The NHS GM (Manchester Locality) originally started with one provider based on their capacity to step in quickly to meet an urgent timescale which we had no control over.
- 3.4 Since the original hotel accommodation was established, there has been a growth in the ASC model with the Manchester system now supporting five ASC hotels. There is no clarity from the government on the continued use of hotel accommodation for people seeking asylum as part of the national ASC policy. The government has recently announced that some hotels will be

closing but the NHS Greater Manchester (Manchester locality) has been told that this will not include any of the Manchester hotels. In June 2023, a change in approach was communicated to us via the Home Office. The intention outlined was to commission fewer hotels for people seeking asylum but to maximise the space within existing hotels that are currently commissioned. Through a phased approach, the government 'Optimisation of room' policy for the ASC hotels saw the implementation of a model of two people sharing a room. There were concerns that this may impact the availability of decant rooms to isolate individuals suffering with infectious diseases and prevent the spread within the hotel. Serco have given the assurance that such provision has been built into their risk assessment of the change in policy.

- 3.5 There has been no communication with NHS Greater Manchester (Manchester locality) to indicate that any of the current ASC hotels will be closing and the indications from the government are that there is unlikely to be any change in Manchester for the foreseeable future. This is a concern as it is much more likely to cause further trauma and mental ill health for people seeking asylum linked to these poorer living conditions and because the Home Office funding does not cover the full costs of delivery. Providers have reported that mental health provision has been inconsistent and not always timely or appropriate to the needs of people who are acutely unwell, some of whom have experienced trauma linked to Female Genital Mutilation, sexual violence, torture and for victims of trafficking. This is because providers have had to work with the existing mental health services in the city which are already stretched. There has been strong collaboration with specialist voluntary and community sector providers who deliver mental health support but they are not able to meet the scale and severity of demand.
- 3.6 With the establishment of Integrated Care Boards in July 2022, NHS Greater Manchester has become responsible for commissioning and paying for health services for initial accommodation for asylum seekers. However responsibility for commissioning of ASC hotel primary care services continues to sit with the primary care team within each of the ten NHS Greater Manchester localities. Manchester is the locality within Greater Manchester with the highest number of ASC hotels. The five ASC hotels currently house approximately 1,273 residents. There continues to be turnover of people as asylum decisions are implemented and new people arrive in the vacated accommodation. The figure can change daily because of this turnover.
- 3.7 With the introduction of a new national specification and payment arrangement for migrant primary health care services in 2022, NHS Greater Manchester (Manchester locality) took the view that a new, more sustainable approach was required for Manchester. We have been piloting this with two new primary care providers based close to the two hotels which opened most recently in Spring 2023. The intention is to support the better integration of ASC hotel residents into the community, ensuring that they can access primary care services as well as support to address the wider determinants of health in a similar way to the rest of the population. This also has the benefit of reducing the cost of provision which was originally all onsite due to Covid 19 restrictions.

- 3.8 The new model is working well with the primary care providers working with Serco around the needs of the hotel residents and adapting provision where necessary. Both hotels have the space for onsite consultation as well as provision within their clinic schedules at the local practice. One of the providers has developed a one stop shop for initial health assessments and immunisation top ups at the practice by working with Serco and their care coordinator. Residents have been offered a twice weekly walking bus to the practice which has worked well.
- 3.9 Both providers are reporting that all patients are registering with the practice and that health assessments are being undertaken as soon as possible. There have been some challenges with some residents not attending appointments or not being in the hotel during the day when clinics are held. One of the providers is piloting an evening appointment/weekend clinic to see if this will help to reach those residents.
- 3.10 Workshops have been held with all three providers to help identify service gaps or issues with delivery and to support improvements. There are also regular service review meetings with providers which is supporting collaboration and sharing of good practice around common challenges.
- 3.11 Due to the nature of the asylum system and the fact that some hotel residents will move to different accommodation during their asylum-seeking journey, one of the providers has been developing a “migrant health passport” for residents who have longer term health needs, to support continuity of care should the resident move on.
- 3.12 NHS Greater Manchester (Manchester locality) has made strong links between primary care providers and other services. The Director of Public Health is a member of the Manchester Locality Team and ensures that services commissioned by the Department of Public Health are responsive to the needs of this cohort. The Department’s Health Protection Team have a particularly strong role to play in relation to infectious diseases. The funding that has been made available to Primary Care and Public Health and the additional cost pressures have yet to be built into national funding mechanisms for ASC hotels. One good example of this is that the UK Health Security Agency guidance is that all migrants receive oral antibiotics for Diphtheria within 10 days of arrival in the UK. This requirement is not included in the Home Office ASC specification so is not funded.
- 3.13 Also there are challenges with capacity within the system for Tuberculosis (TB) and Latent TB screening. People seeking asylum who have been exposed to TB due to crowded conditions, refugee camps or perilous journeys to the UK are at especially high risk of TB infection and disease. They often come from countries of high TB incidence and their risk is further increased in the UK by being housed in accommodation shared with other migrants. People seeking asylum carry a higher risk than those entering the UK through more conventional routes as they have not undergone TB screening at their port of exit or at the UK border. In September 2023 the Manchester Health and

Wellbeing Board received a detailed update on TB as part of a broader health protection report. The relevant extract from the report is attached as Appendix 2.

- 3.14 Work is underway between NHS Greater Manchester and Manchester University Hospitals NHS Foundation Trust (MFT) to develop a business case for a longer-term GM wide Latent TB screening programme, which will include funding for both migrant and ASC hotel residents.

4.0 Mitigating Actions

- 4.1 Whilst we have described some major challenges with the commissioning and delivery of health provision for the ASC hotel residents, the Manchester Integrated Care Partnership which includes Manchester City Council and NHS Greater Manchester (Manchester locality) is committed to ensuring that health provision for people seeking asylum and other migrants improves.
- 4.2 As a result of the learning from implementing this new service in Manchester, an NHS Greater Manchester Migrant Health Group has been established. This is to enable all ten localities to collaborate on migrant health. Key priorities for the group are to share learning, provide peer support and then develop quality standards for the care provided within ASC hotels. A key part of this will be the development of a migrant health education programme for clinical and other staff. As a minimum, this should include
- Understanding of the trauma experienced by asylum seekers in their country of origin, journey to the UK, in detention centres and continued exile
 - The impact of racism and discrimination linked to other protected characteristics on services users and how that manifests in the way that services are commissioned and delivered
 - Need to address low trust in public services, lack of understanding of the NHS, barriers to declaration of some protected characteristic and clinical information due to stigma, fear, cultural norms (e.g. sexual orientation, mental ill health, symptoms of infectious diseases)
 - Need for a workforce with lived experience of asylum seeking and cultural proficiency to deal with complex safeguarding, clinical issues and an understanding of how to address the wider determinants of health e.g. lack of quality housing, inability to work due to Home Office restrictions and access to education
- 4.3 Alongside this, the work being progressed through 'Making Manchester Fairer' and the inclusion health group are addressing some of the wider cultural challenges that also affect people seeking asylum in the city.
- 4.4 The commitment to becoming a City of Sanctuary as agreed at full Council in July 2023 means that the City Council, health organisations, other public bodies, as well as the voluntary and faith sector, will work together to improve services for those seeking sanctuary in Manchester. A strategy will be written, alongside an action plan that identifies the gaps in service for people seeking

asylum and new migrants and seeks to address them. This will include working with the Home Office and Serco to maximise essential services and support to people seeking asylum within the funding available. This continues the city's long history of providing sanctuary for those fleeing persecution and its commitment to help those who need it.

5.0 Recommendations

5.1 The Committee is recommended to consider and comment on the report.

6.0 Appendices

Appendix 1 Case studies from primary care providers delivering health services to ASC hotel residents

Appendix 2 Extract from report to the Manchester Health and Wellbeing Board – 20 September 2023

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Appendix 1 (consent to share these cases studies has been given)

Case studies from primary care providers delivering health services to ASC hotel residents

Case Study 1

A 49-year-old patient presented with back pain and hypertension and was on multiple medication. He also had depression and had taken an overdose in France before arriving in UK. He felt comfortable in discussing his feelings of loneliness, isolation and lack of friends with the primary care team.

He was referred to Lingua GM for one to one therapy as well as group therapy support and signposted for English lessons and ways to exercise. The ability to refer him to voluntary and community sector support as well as Manchester Adult Education Service provision has been critical in terms of appropriately meeting his needs quickly through a relationship of trust.

Case study 2

A resident at one of the male-only ASC hotels attended an appointment with the GP reporting mental health issues. He felt low mood and depression symptoms since coming to the UK, going through the asylum process and living in the hotel. He had a feeling of helplessness with having no control over any decisions regarding his life – where he can live, the food he eats, when the decision will be made for citizenship, along with his past lived experiences and traumas. He also felt boredom with having no activities to do at the hotel or in the local area and spends most of his time sitting in his bedroom with a roommate.

With working with the asylum cohort for a sometime and taking part in cultural competency training, the GP was aware of the importance of involving each resident in their own care decisions and discussed options available to help with the resident's mental health, such as medication, mental health therapies or a combination of both. He opted for the combination option, the GP started him on medication and referred him for mental health therapies. The GP also asked the care coordinator to signpost him to outside agencies in the local area who can offer activities for asylum seekers or volunteering posts.

The GP scheduled bi-weekly appointments to discuss his medication compliance, mental health symptoms and mood, which he was open to.

After several weeks, he attended his appointment and expressed his gratitude for all the help the GP and extended services had offered. He had engaged in the talking therapies he had been referred to, had begun volunteering and found activities to take part in outside the hotel. His mood and mental health had improved immensely and he felt more positive about his future. He wanted to thank everyone involved in helping him so far and had even started to share his experience with other residents to encourage them to seek help or take part in activities to improve their mental health.

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Appendix 2

Extract from report to the Manchester Health and Wellbeing Board – 20 September 2023

Part Two : Update on Tuberculosis

1.0 Background

- 1.1. Tuberculosis (TB) is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs (Pulmonary TB) but can also develop in areas outside the lungs, including the abdomen, glands, bones and nervous system (Extrapulmonary TB).
- 1.2. Symptoms of TB include a persistent cough that lasts more than 3 weeks and usually brings up phlegm, which may be bloody, weight loss, night sweats, high temperature, tiredness and fatigue, loss of appetite and swellings in the neck. In some cases, symptoms might not develop until months or even years after the initial infection.
- 1.3. If the person has symptoms, it's called active TB. Sometimes the infection does not cause any symptoms but the bacteria will remain in the body. This is known as latent TB. People with latent TB are not infectious to others but latent TB can develop into an active TB disease at a later date, particularly if the immune system becomes weakened.

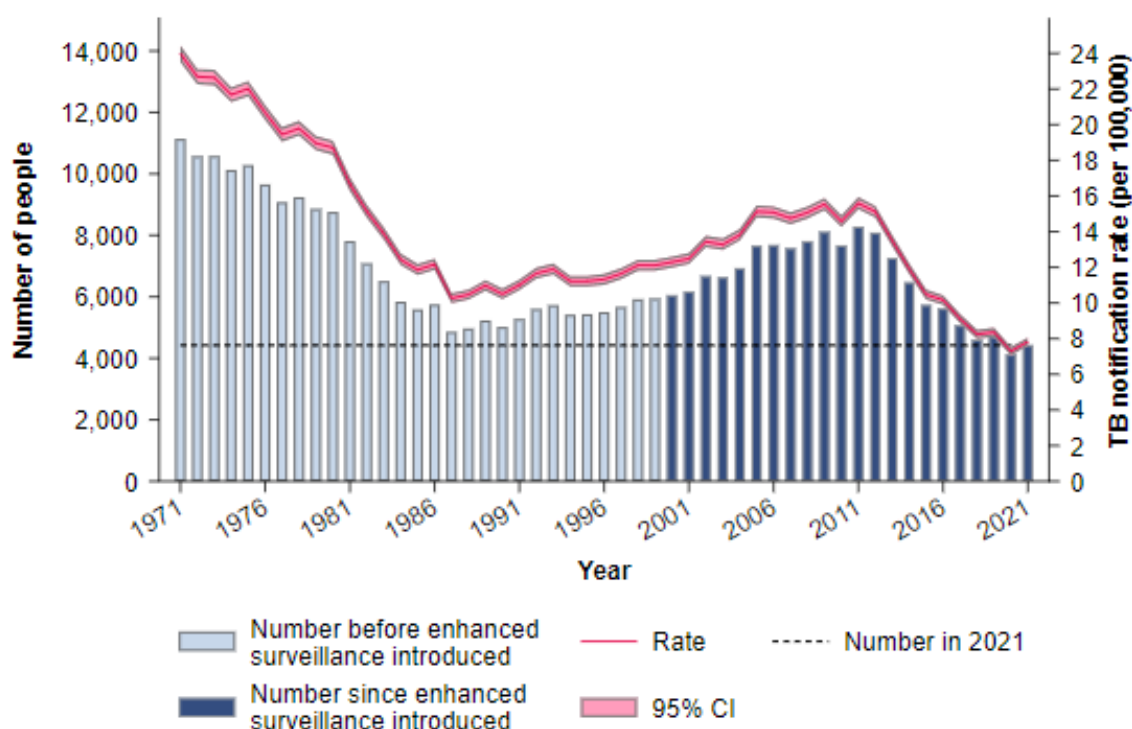
2.0 TB treatment and notification

- 2.1. TB is a potentially serious condition but, in most cases, a six-month course of treatment with the right antibiotics will cure it. TB can become resistant very easily and drug resistant TB can be very difficult to treat. For that reason, only experienced personnel should manage these patients. A Consultant Respiratory Physician must manage all adult patients with TB and a Consultant Respiratory Paediatrician must manage all patients less than 16 years of age.
- 2.2. Parts of the world with high rates of TB include Africa (particularly sub-Saharan and west Africa), South Asia, Russia, China, South America and the western Pacific region.
- 2.3. All new cases of TB must be notified to the UK Health Security Agency (UKHSA) on a web-based surveillance system. Although the incidence of TB is low nationally, it is higher in England than many other comparable countries and as it is concentrated in urban areas. There are pockets of very high incidence in some parts of our cities, including areas in Manchester. TB is a disease of inequality. In 2019, national rates of TB were 5 times higher in the most deprived decile compared with the least deprived decile.

3.0 TB incidence and epidemiology in England, 2021

- 3.1 In 2021, TB incidence was 7.8 per 100,000 - below the World Health Organisation threshold for a low incidence country (less than or equal to 10 per 100,000 population).
- 3.2 Nationally, TB incidence has decreased overall since 2011 but the rate of decline is slowing, and England is not currently on target to achieve the plan of reducing TB incidence by 90% from 2015 to 2035 (see figure 1 below).

Figure 1 - Number of TB notifications and TB notifications rate per 100,00, England, 1971-2021



- 3.3 TB incidence is not evenly distributed across the country and is concentrated in large urban areas. The disease disproportionately affects the most deprived populations, including groups at risk of exclusion and other health inequalities, and people born outside the UK.
- 3.4 Infectious pulmonary TB is more common in men, people with a history of imprisonment and people with a history of drug and alcohol misuse. Social risk factors (e.g. drug or alcohol misuse and history of imprisonment) in people with TB were more common in the UK-born population compared with the non-UK-born population. In contrast, homelessness, asylum seeker status and mental health needs were more common in the non-UK-born population with TB than in the UK-born population with TB.
- 3.5 The long-term effect of the global coronavirus (COVID-19) pandemic on TB incidence is difficult to determine but recent patterns mirror those seen in other countries.

4.0 Epidemiology of Tuberculosis (TB) in Manchester

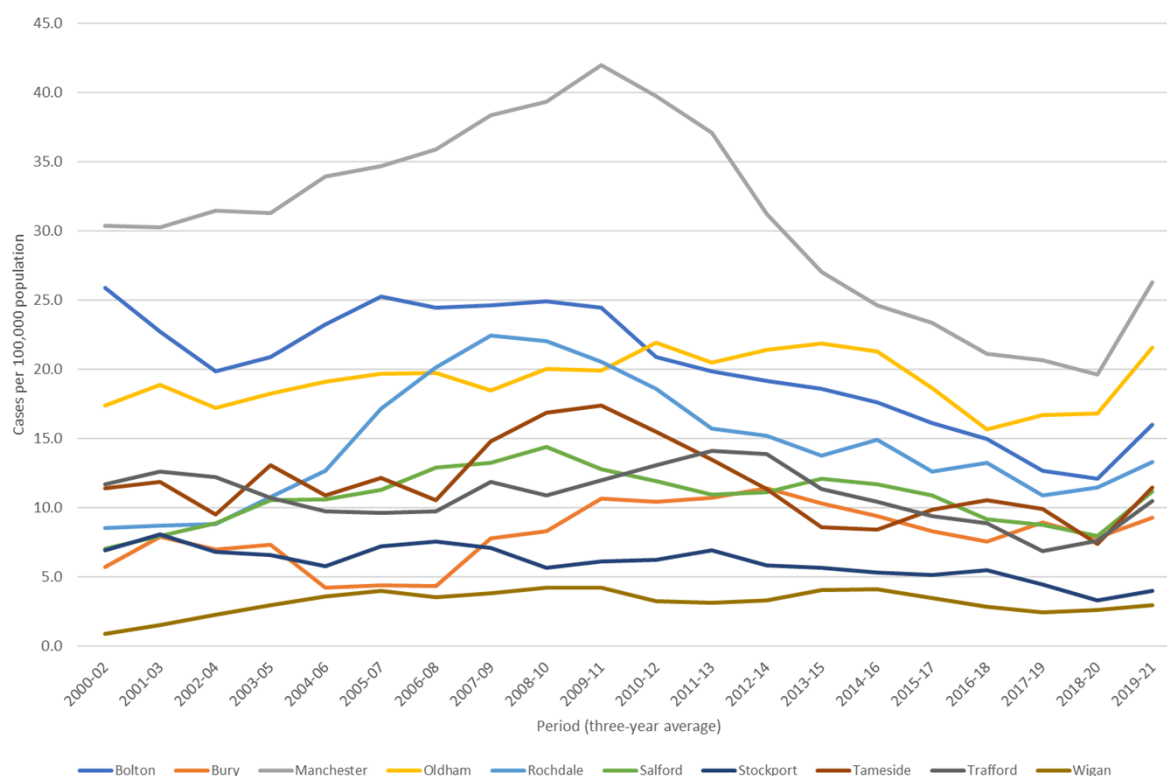
- 4.1 The latest local epidemiological summary is based on published data up to the end of 2021 (Data published: November 2022) from the Enhanced Tuberculosis Surveillance (ETS) 2022. More information is available through the TB Strategy Monitoring Indicators tool:
<http://fingertips.phe.org.uk/profile/tb-monitoring>
- 4.2 Table 1 shows the three-year average numbers of TB case notifications and rates by local authority in Greater Manchester, 2019-2021. The average annual rate per 100,000 population in Greater Manchester was 9.5. Among upper tier local authorities, the highest rates were in Manchester at 21.0 per 100,000 population; and in Oldham at 16.8 per 100,000 population. The areas with the lowest rates were Wigan and Stockport.

Table 1 - Three-year average numbers of TB case notifications and rates by local authority: Greater Manchester, 2019 to 2021

Local authority	Average annual no. of people	Average annual rate per 100,000	95% CI (Lower)	95% CI (Upper)
Bolton	35	12.0	9.8	14.6
Bury	13	7.0	5.0	9.5
Manchester	117	21.0	18.9	23.4
Oldham	40	16.8	14.0	20.1
Rochdale	19	8.7	6.6	11.2
Salford	23	8.7	6.7	11.0
Stockport	6	2.0	1.2	3.2
Tameside	19	8.4	6.3	10.8
Trafford	19	7.9	5.9	10.2
Wigan	7	2.2	1.4	3.4
Greater Manchester	298	9.5	7.6	11.7

- 4.3 TB incidence in Manchester has decreased overall since 2009-2011 but the rate of decline started slowing in 2016-18 and then started to increase from 2018-20 (see top line on the graph in figure 2 below). There is a similar uptick in TB incidence in most areas in Greater Manchester from 2018-20.

Figure 2 - TB incidence rate per 100,000 population, Greater Manchester, 2000-02 to 2019-21 (three-year average)



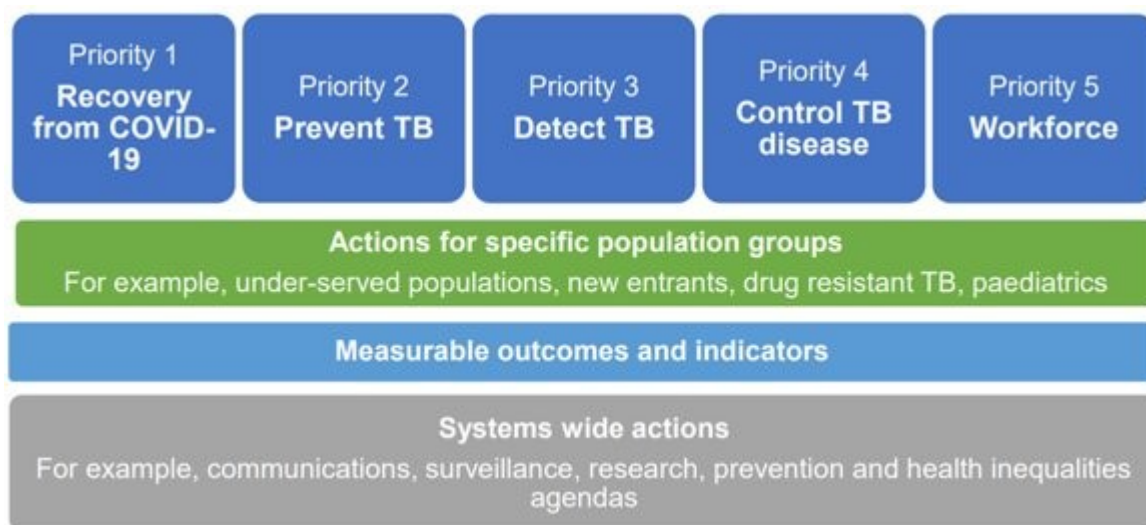
5.0 National Co-ordination of TB work

5.1 **National Action Plan** - For the UK to meet its commitment to achieve the World Health Organisation target of eliminating TB by 2035, a year-on-year reduction in people with TB disease is required, as well as addressing health inequalities that put people at risk of developing active TB disease.

5.2 To help address this, the UK Health Security Agency and NHS England jointly launched the TB action plan for England (2021 to 2026) in July 2021. This action plan is a road map for COVID-19 recovery of TB services and has 5 priority areas:

- recovery from COVID-19 pandemic – understanding and reporting the impact and learning from the pandemic
- prevent TB
- detect TB
- control TB disease
- workforce

5.3 The action plan aims to achieve these objectives through system wide actions involving close partnership working between the UK Health Security Agency with NHS and local authorities.

Figure 3 - TB Strategy for England: Priorities, Actions and Outcomes

6.0 Local plans and arrangements

- 6.1 The North West TB Control Board, chaired by the UK Health Security Agency, provides strategic leadership towards achieving TB elimination at a regional level. Sub-regional representation on the group comes from NHS commissioners, NHS providers, microbiology, field epidemiology and includes local authority public health representation. Manchester City Council's Assistant Director of Public Health (Health Protection Lead) represents Greater Manchester Directors of Public Health on the Board.
- 6.2 The Greater Manchester TB Collaborative leads the development and implementation of a multi-agency TB Control Strategy for GM based on the National TB Action Plan 2021-26. The Collaborative is responsible for providing assurance on the implementation of the GM TB action plan 2021-26, developing and implementing the GM TB control strategy 2022-2025, promoting service improvements that result in reductions in GM TB incidence and providing strategic oversight and direction on the commissioning, quality assurance and performance management of GM TB services. The GM TB Collaborative is accountable to the GM ICS (Population Health Board) and reports to the NW TB Control Board. The Collaborative reports quarterly progress against TB control metrics as outlined in the GM TB control strategy. Manchester City Council's Assistant Director of Public Health (Health Protection Lead) represents Greater Manchester Directors of Public Health on the GM TB Collaborative.
- 6.3 The Manchester Health Protection Board, chaired by the Director of Public Health, has responsibility for overseeing TB work at a local level. There have been several focussed discussions on TB at the Health Protection Board over the last 12 months, given the complexity of the work and the risks and issues associated with the current situation, described in more detail in section 3.69-3.81 of this paper. Manchester City Council's Assistant Director of Public Health (Health Protection Lead) shares information from the NW TB Control Board, the GM TB Collaborative, and local Manchester Health Protection

Steering Group. The Manchester Health Protection Board reports to this Health and Wellbeing Board.

- 6.4 As part of the Greater Manchester Health Protection Reform work, a workstream to share learning and further develop joint work on TB is being implemented. Support is being provided from the Local Government Association's National Sector Led Improvement Team and work is currently underway to map existing TB services and processes with all 10 local authorities and their partners. Manchester City Council's Assistant Director of Public Health (Health Protection Lead) is the lead for this workstream, supported by colleagues from within the Manchester Department of Public Health, other GM local authorities and colleagues from NHS Greater Manchester Integrated Care and UK Health Security Agency.
- 6.5 Learning from other areas of the country will help us to progress our work in Manchester and we are also keen to share what we have learned and influence work at a national level. Team members from the Manchester Department of Public Health are presenting our local work at the National TB Nurses and Allied Health Professionals Conference 2023 on 29th September and are contributing to a national toolkit on TB that is being developed.

7.0 TB Service Provision across Greater Manchester

- 7.1 Each locality within GM has health professionals who can care and treat a person with latent or active Tuberculosis and each locality has a specific TB consultant. Some areas have a full-time dedicated TB nurse, others may have a part time TB nurse who works in other areas of respiratory medicine or infectious diseases. Table 2 below shows the TB service provision in Manchester from Manchester University NHS Foundation Trust (MFT).
- 7.2 Any cases of multi drug resistant TB are cared for by a specialist centre such as North Manchester General Hospital Infectious Diseases Unit or the Manchester Royal Infirmary. Every person who has been identified with TB disease is notified to UK Health Security Agency.
- 7.3 Some patients require more intensive support through treatment with treatment option such as directly observed therapy. In such cases, the TB nurse will visit the patient three times per week and observe the patient taking the treatment.
- 7.4 In addition to screening and treatment as part of local TB outbreaks, the TB services across MFT have been heavily involved with a large scale TB screening programme for Afghan refugees and with providing TB screening and treatment for residents of a hotel housing asylum seekers in the area.

Table 2 - TB Service Provision in Manchester from Manchester University NHS Foundation Trust

TB Service Provision in Manchester from Manchester University NHS Foundation Trust	
North Manchester	<ul style="list-style-type: none"> • Team based at North Manchester General Hospital. • Dedicated infectious diseases unit with 6 negative pressure rooms. • Team of 6 TB nurses. • Dedicated paediatric infectious disease consultant also based here
Central Manchester	<ul style="list-style-type: none"> • Team based at Manchester Royal Infirmary. Part of Respiratory Medicine. • Two consultants and team of 6 nurses. • Facility to care for multi drug resistant TB patients. Hospital has capacity for 2 negative pressure rooms • Royal Manchester Children's Hospital provides TB care to children across the GM footprint. Two Paediatric constants with a special interest in TB based here.
South Manchester	<ul style="list-style-type: none"> • Team based at Wythenshawe Hospital. Part of Infectious Diseases Unit. • Team of infectious disease physicians and infectious disease nurses who care for people with TB

7.5 There is strong collaborative working between key organisations and teams involved in TB prevention, detection, and control in Manchester. Manchester City Council's Department of Public Health Team works closely with other teams in the Council, such as Housing, Education, Communications, and the No Recourse to Public Funds Team, as well as UK Health Security Agency, MFT TB Team and NHS Commissioners amongst others.

8.0 Delivery of National TB Programmes in Manchester and Greater Manchester

8.1 There are two national TB programmes - National Latent TB infection screening programme in high incidence areas and BCG vaccination programme.

Latent TB Infection Screening Programme

8.2 The Latent TB Infection (LTBI) programme aims to reduce TB by testing and treating latent TB in migrants aged 16 to 35 years who have arrived in England from countries with a high TB incidence (≥ 150 per 100,000 population or sub-Saharan Africa) within the last 5 years and had been living in that country for 6 months or longer. This has been extended to enable people who were unable to access an LTBI test in 2020 due to the COVID-19 pandemic.

8.3 The LTBI programme is funded by NHS England and implemented locally by ICSs. The delivery model of the LTBI programme is locally determined. There are three models:

1. TB services: Use Flag 4 data (GP registrations of new migrants), filtered for programme eligibility, to invite people in for a test. TB services are based in either secondary or community care.
2. Primary care: New registrations that meet the programme eligibility are offered the LTBI test
3. Dual/hybrid model: A combination of TB services and primary care delivery

8.4 In Manchester, delivery model 1 is used and the programme is run by the TB service at MFT.

3-year LTBI programme plan: Manchester, Bolton and Oldham, 2022-2025

8.5 Manchester, Bolton and Oldham within Greater Manchester ICP are three of the identified high TB burden areas in England able to receive additional funding from NHS England (NHSE) for the provision of an LTBI testing and treatment programme.

8.6 Funding for the national LTBI testing and treatment programme has been confirmed until 2024/25. The NHSE LTBI programme budget is sufficient to fund only 26% of the total number of eligible new registrations, as indicated in Flag 4 data for TB high burden areas.

8.7 Table 3 below is the proposed GM 3 year plan for the LTBI service, including the figure (column three) for 26% of Flag 4 data annual average number.

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 6 December 2023

Subject: The Impact of Climate Change on Health

Report of: Director of Public Health

Summary

The impacts of a changing climate are felt through both direct and indirect means. The direct impacts of climate change include the effects of adverse weather events and air pollution on the population's health and wellbeing. The indirect impacts of climate change include the disruption in the delivery of health services and the effects on the food supply chain. However, through climate action, we can not only minimise the effects of climate change on our community but capitalise on the additional co-benefits of climate action to health.

This report builds on 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). It provides a brief overview of how and why climate change impacts the health of Manchester residents and what activities are underway to monitor and mitigate these impacts. This report also recognises the co-benefits to health from climate action, such as the increased provision of greenspace or promotion of active travel.

It is the most vulnerable residents in Manchester that will be disproportionately disadvantaged in the face of more floods, more heatwaves, worsening air quality, disruption to the running of health services, and food insecurity. This report outlines how work undertaken as part of the Making Manchester Fairer strategy helps to recognise and minimise health inequalities exacerbated by climate change.

Recommendations

The Committee is recommended to consider and comment on the report.

Wards Affected: All

<p>Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>	<p>Undertaking action to both reduce carbon emissions and adapt to the impacts of climate change is essential both for the immediate future and for the longer-term. This report demonstrates the importance of such action, as climate change and health are closely linked. The evidence described demonstrates that the effects of climate change such as extreme weather events, air quality, and food will directly negatively impact health. We are already seeing the impacts of climate change in Manchester's population, and it is predicted that these impacts will worsen over time.</p>
<p>Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>	<p>Evidence shows that climate change will further exacerbate existing health inequalities, highlighting the need to better understand our communities that are most vulnerable to remove or reduce disadvantages.</p>

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Healthy and resilient residents and communities will be able to thrive in employment and opportunities which will support the local economy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	A healthy population living in a zero-carbon environment is essential for the city's future economic success. In addition, providing people with the skills to obtain jobs in the zero-carbon sector will be important
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	There is compelling evidence to suggest that climate change and social inequality are linked with disadvantaged groups suffering disproportionately from the adverse effects of climate change. Supporting communities to be healthy, resilient and adaptable to climate change will ensure they can make a positive contribution and reach their full potential.
A liveable and low carbon city: a destination of choice to live, visit, work	More floods, more heatwaves, worsening air quality, disruption to the running of health services, and food insecurity will have a negative impact on the city's liveability
A connected city: world class infrastructure and connectivity to drive growth	Zero carbon transport will enable Manchester resident to live healthy lives and significantly reduce the negative impact of poor air quality in the city

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

- An introduction to the impact of climate change on health and healthcare in Manchester Health Scrutiny Report February 2022
- The impact of the Recent heatwave, both in terms of physical and mental health and resilience building across the system Health Scrutiny Report December 2022

1. Introduction

- 1.1. This report builds on 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).
- 1.2. The purpose is to provide an overview of how and why climate change impacts the health of Manchester residents and what activities are underway to monitor and mitigate these impacts. This report also highlights the co-benefits to health from climate action, such as the increased provision of greenspace or promotion of active travel.
- 1.3. It is the most vulnerable residents in Manchester that will be disproportionately disadvantaged in the face of more floods, more heatwaves, worsening air quality, disruption to the running of health services, and food insecurity. This report outlines how work undertaken as part of the Making Manchester Fairer strategy helps to minimise health inequalities exacerbated by climate change.

2. Background

2.1. The International picture

- 2.1.1. The Paris Agreement is a legally binding international treaty on climate change, adopted by 196 Parties at the Conference of the Parties (COP21) in Paris in 2015. The goal of the agreement was to limit global warming to well below 2, preferably to 1.5 degrees Celsius (°C), compared to pre-industrial levels. Even at 1.5°C warming essential systems will be affected, such as housing, transport, healthcare, food and water supplies, thus highlighting the need for investment in adaptation plans.
- 2.1.2. Despite the warnings, current climate policies would not deliver close to the targets stipulated in the Paris Agreement and consequently the world is currently on track to an expected temperature rise of approximately 2.7°C.

2.2. The National Picture

- 2.2.1. The UK government, under the Climate Change Act (2008), is required to create a Climate Change Risk Assessment (CCRA) every 5 years. The first CCRA in 2012 influenced the initial National Adaptation Programme (NAP) in 2013. The NAP outlines actions for the government and other entities to adapt to climate change challenges in the UK for the next 5 years. The second CCRA in 2017 highlighted 4 out of the 6 highest priority risks as directly linked to public health and the broader health sector.
- 2.2.2. The third CCRA Technical Report strongly warns that, without immediate action, the UK faces costly impacts from 1.5°C to 2°C warming scenarios. It identifies

61 climate risks affecting various sectors, including health, and for 8 of these, UK-wide economic damages are estimated to exceed £1 billion per annum by 2050 under a 2°C-warming scenario.

- 2.2.3. Since 2010, the Climate Change Committee (CCC) has conducted adaptation progress reports to government to assess the effectiveness of adaptation action across the UK. In 2023 the CCC introduced a monitoring framework to enable monitoring of adaptation progress by thirteen sectors including those most relevant to this committee: health, communities, food and business (<https://www.theccc.org.uk/publication/ccc-adaptation-monitoring-framework/>)
- 2.2.4. In recognition of the hazard climate change poses to health, the UK Health Security Agency (UKHSA) announced The Centre for Climate and Health Security programme in their most recent annual business plan. The programme will include:
- The development of a prototype of a virtual climate and health knowledge hub
 - The launch of phase one of a climate and health training hub
 - The launch of a 5-year climate change and health security assessment cycle
 - The delivery of commitments within the Adverse Weather and Health Plan to support future responses to extreme weather events.

2.3. **The Manchester Picture**

- 2.3.1. In July 2019, Manchester City Council declared a “Climate Emergency”. This recognised the need for the Council, and the city as a whole, to do more to reduce carbon dioxide (CO₂) emissions and mitigate the negative impacts of climate change. The Council had already adopted a science-based carbon budget for Manchester of 15 million tonnes of CO₂ between 2018 and 2100 following analysis by the Tyndall Centre for Climate Change Research. This also committed the city to become zero-carbon by 2038 at the latest. NHS Greater Manchester followed suit and declared a “Climate Emergency” in August 2019.
- 2.3.2. Manchester’s Climate Change Framework, written by Manchester Climate Change Agency on behalf of the Manchester Climate Change Partnership, sets the city’s high-level strategy for tackling climate change, with a key aim for “Manchester to play its full part in limiting the impacts of climate change and create a healthy, green, socially just city where everyone can thrive”. This is aligned to a key commitment in the Our Manchester Strategy 2016-25.
- 2.3.3. The Framework was updated in 2022 and remains a live document, responsive to a changing city and an increasingly urgent climate emergency. The Update presented seven recommendations that were co-designed with stakeholders where direct control for delivery lies within Manchester:

- To carry out a vulnerability assessment to map where climate change will exacerbate health inequality so action can be prioritized.
- To develop city-scale indicators to track the impacts of climate change on health inequalities.
- To incorporate health equity and climate action into Council policies and strategies.
- To implement the Making Manchester Fairer plan.
- To share knowledge across the health sector to support its decarbonisation and adaptation.
- To maximise uptake of Carbon Literacy and NHS toolkits to support climate action in the health sector.
- For MCCP's Health & Wellbeing Advisory Group (which also reports to the Health & Wellbeing Board) to expand this list of recommendations to encompass collaborative action across Greater Manchester and a clear set of asks of national government.

2.3.4. The implementation of the Making Manchester Fairer Plan is key to ensuring we not only minimise the direct and indirect impacts of climate change to the health and wellbeing of Manchester residents, but also capitalise on the co-benefits of climate action to health. As such, climate action activities undertaken by Manchester's Department of Public Health and partners will be reported through Making Manchester Fairer governance structures.

2.4. The Evidence Base

2.4.1. An overview of the numerous pathways through which climate change has the potential to impact health is depicted in Figure 1 below.

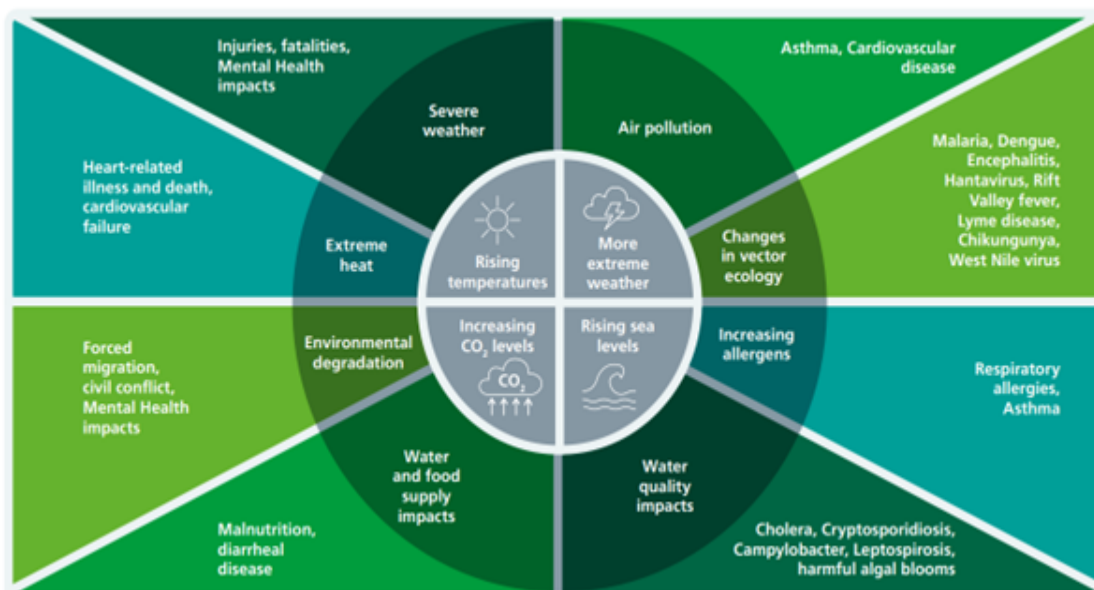


Figure 1: The impacts of climate change on human health adapted from Ebi Hess and Watkiss (2017)

- 2.4.2. The 2023 Report of the Lancet Countdown on health and climate change summarises the latest international evidence on health and climate change. As mean temperatures have risen to 1.14°C over pre-industrial levels, authors note how climate change is "increasingly impacting the health and survival of people worldwide" and warn against the ongoing investment in fossil fuels. Authors also discuss their hope for the future. As health is brought to the forefront of climate change negotiations, the report highlights the opportunity to deliver "health-promoting climate change action". Authors cite how "public health interventions to reduce air pollution, enabling and supporting active travel and healthier diets, and promoting improvements in the environmental conditions and commercial activities that define health outcomes" are key to delivering a healthy sustainable future for all.
- 2.4.3. UKHSA have produced a robust evidence base of national research, setting out; the direct and indirect health impacts of climate change, the impacts of climate change on vulnerable communities, and interventions that may minimise these impacts. They have also recently published an overview of indicators that may be used to measure and monitor the health impacts of climate change in the UK.
- 2.4.4. The purpose of this report is to give an overview of how and why climate change impacts the health of Manchester residents through both direct and indirect mechanisms. The report will also describe what activities are underway to monitor and mitigate these health impacts and minimise health inequalities arising due to climate change. The actions in each of the boxes for each section of the report are summarised in a table in section 6 and the lead responsible agency for the action is provided.

3. Direct Impacts

3.1. Adverse Weather Events

- 3.1.1. The impact of extreme weather on health is substantial. The escalating frequency and intensity of adverse weather events, such as flooding and heatwaves, requires proactive measures to mitigate health risks and adapt our behaviors and environments to the changing climate.

Flooding

- 3.1.2. In the 2021 UK Climate Change Risk Assessment (CCRA), flooding emerged as a significant challenge for climate change adaptation. Manchester postcodes identified as high risk include M1, M3, M4, M8, M12, M19, M14, M20, M22. Around 10,000 homes are estimated to be vulnerable.
- 3.1.3. In October 2023, Storm Babet caused River Mersey water levels to rise to 7.6m, triggering flood warnings in South Manchester. While emergency flood basins were not activated, these defenses were employed in 2021 and 2022. 3000

properties were evacuated during Storm Christoph in January 2021 and reception centres were set up to support residents.

- 3.1.4. Predictions indicate warmer, wetter winters, and by 2050, rainfall and precipitation is expected to increase by a third, potentially amplifying flooding risks in Manchester.
- 3.1.5. Death and severe injury as a direct result of floods are rare events in the UK. However, the health impacts of flooding extend beyond drownings and the immediate impact of physical trauma from flood waters, as outlined in the UK Health Security Agency (UKHSA) evidence base.
- 3.1.6. Contaminated flood water may cause a rise in skin and gut infections and other water borne diseases. The subsequent damp and mould that develop in people's homes may cause or exacerbate underlying respiratory disease in vulnerable individuals, and unsanitary building conditions secondary to contaminated flood waters can lead to problems with pest control. Increases in carbon monoxide poisoning may also be observed due to increased generator use following the disruption to energy supplies.
- 3.1.7. The longer-term harm that results from floods, such as the mental health impacts of losing possessions and being temporarily displaced, are also detrimental to the health and wellbeing of residents living in flood risk areas. The fear of further floods and the inability to afford comprehensive insurance can compound this stress and anxiety.
- 3.1.8. A Manchester Flood Plan, that outlines the emergency response required in the event of flooding is in place and up to date. However, further work is required to better measure and monitor the health impacts of flooding in Manchester.

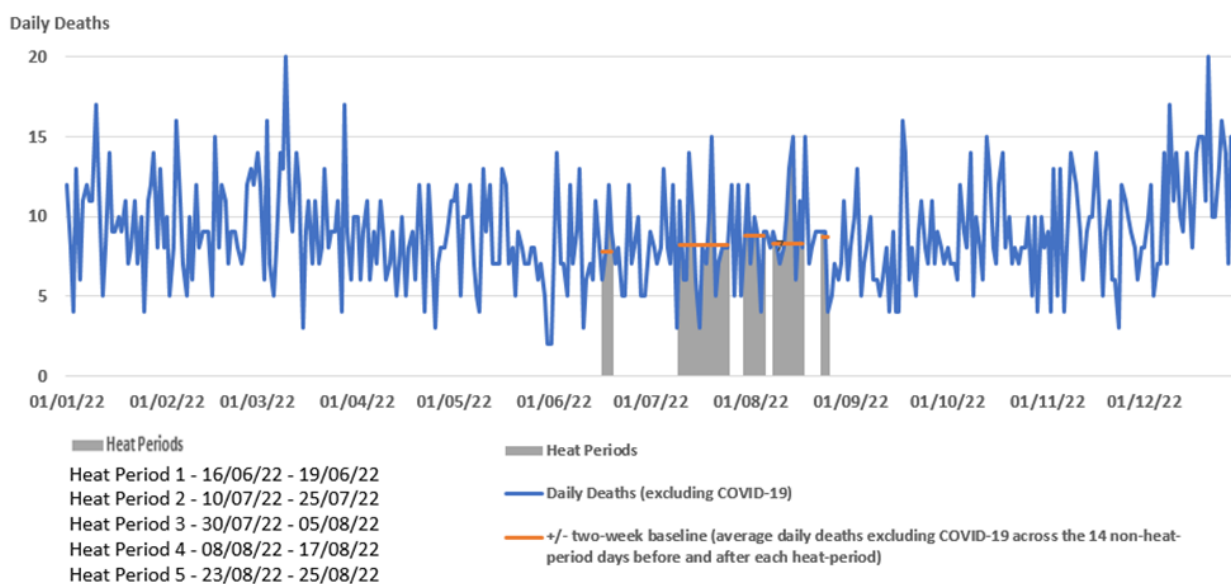
ACTION: The Department of Public Health will work with partners to co-develop a series of appropriate indicators to monitor the health impacts of flooding in Manchester.

Extreme Heat and Heatwaves

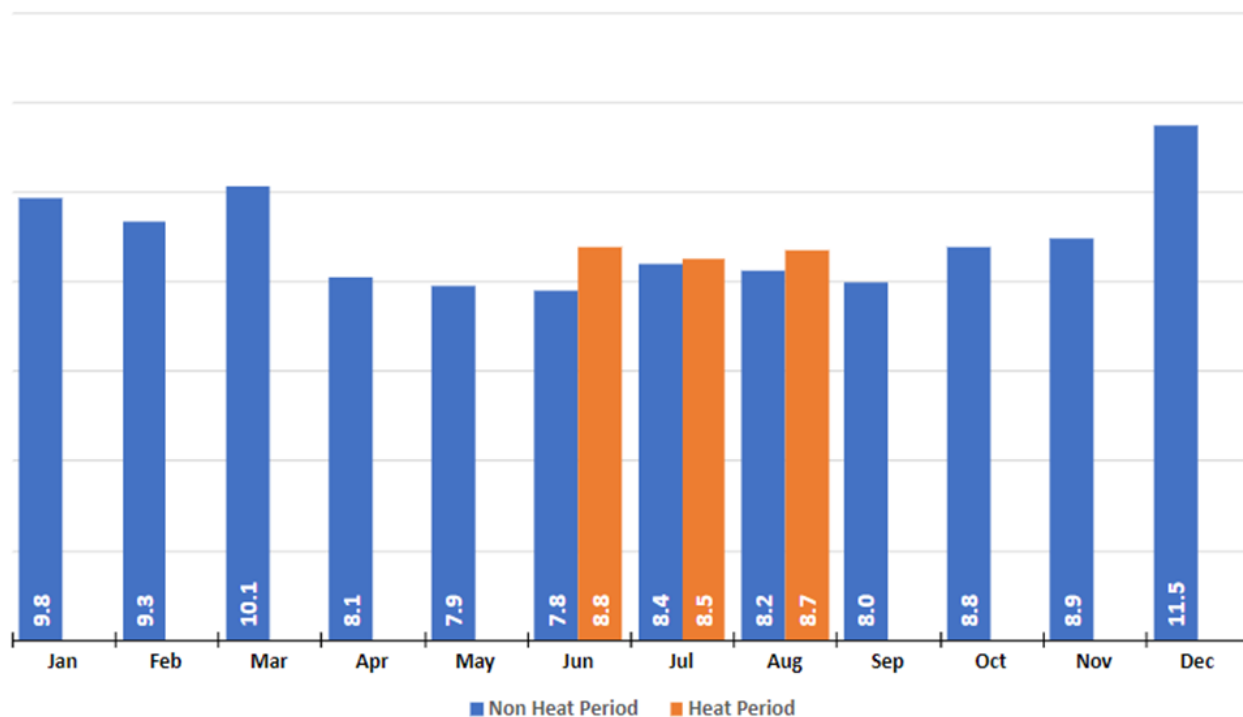
- 3.1.9. In the summer of 2022, the UK experienced several heatwaves. On the 19 July 2022 temperatures in Manchester peaked at 37.2°C, the highest on record in Greater Manchester. Hotter summers are expected to become the norm as global warming continues, which will be harmful to the health and wellbeing of the population, as described in the UKHSA evidence base.
- 3.1.10. Heat related illnesses, such as heat stroke and dehydration, are most concerning for children, the elderly, and those with underlying conditions that make them vulnerable to rapid changes in hydration status, such as kidney disease and diabetes. Individuals with underlying heart conditions and higher

blood pressure are more prone to having heart attacks and strokes, and those with underlying lung conditions are also at increased risk of ill health during periods of extreme heat. Due to the high prevalence of these conditions in older people, as the population ages, the number of heat-related health events will rise. It has been estimated that 2,800 people aged over 65 died from the heat in England and Wales in 2022, and this number has been predicted to increase three-fold by 2050.

3.1.11. Locally, it was found that the average number of deaths per day in Manchester were higher during heat period days when compared with non-heat period days, as depicted in graphs 1 and 2 below.



Graph 1: Daily deaths during heat period and non-heat period days in Manchester 2022



Graph 2: Average number of daily deaths per month during heat period and non-heat period days in Manchester 2022

3.1.12. Due to the small number of deaths occurring on a single day, it is hard to determine if these deaths were linked to higher temperatures or whether it was simply a random occurrence. However, monitoring this on an annual basis could help assess whether future heat periods have similar patterns of increased mortality.

ACTION: The Department of Public Health will serially monitor mortality in periods of extreme heat, comparing the number of daily deaths in heat periods and non-heat periods.

3.1.13. However, it is not only increased mortality rates that are of concern. Heatwaves are associated with poorer mental wellbeing in the population, increased presentations to mental health facilities, and an increased number of suicides. Nationally, an increase in accidental drownings is seen in hot weather due to more people open water swimming. International research has suggested heatwaves are associated with increased violence. However, though a brief review of local data has indicated there are more domestic violence incidents in the summer months, this increase is also observed over the Christmas period. Therefore, further work is required locally to explore the relationship between weather and violence in Manchester in more detail.

ACTION: The Department of Public Health will explore the impact of extreme heat on morbidity, mental wellbeing, and violence, using similar methods described to monitor mortality.

- 3.1.14. Despite the mounting evidence of the health harms associated with periods of extreme heat, in England, more people die in cold weather.

Extreme Cold

- 3.1.15. Direct cold exposure may cause hypothermia, which if severe or left untreated, may lead to illness and death, though cases where hypothermia is the primary cause of death are rare. Exposure to cold can also exacerbate breathing difficulties, increase the risk of chest infections, increase the risk of heart attacks or strokes, and increase the risk of falls, particularly in older people.
- 3.1.16. Like extreme heat, extreme cold can negatively impact the mental wellbeing of the population, due to an increased risk of anxiety and depression during winter. More people may have an increased exposure to indoor air pollution in colder weather due to reduced ventilation. Carbon monoxide poisoning is also more likely in the colder winter months, and disproportionately affects those from more deprived backgrounds who are at higher risk of having appliances that are faulty, poorly maintained, or not installed properly.
- 3.1.17. The Office for Health Improvement and Disparity (OHID) calculate a yearly winter mortality index (WMI). The WMI compares the average number of deaths in winter with the average number of deaths in non-winter periods. During the 12-month period August 2020 to July 2021 (the most recent published data), the WMI in Manchester was 23.4%, meaning that the average number of deaths in winter months was 23.4% higher than that seen in non-winter months. The WMI in Manchester (23.4%) was lower than the comparable figure for England as a whole (36.2%) which suggests that seasonal factors have less of an impact on deaths in Manchester compared with the country as a whole. In part, this is because the number of deaths in Manchester is relatively consistent throughout the year. However, a historically lower WMI does not necessarily mean that we would not expect periods of extreme cold to have an impact on mortality or other health outcomes in the future.

ACTION: The Department of Public Health will explore the impact of extreme cold on morbidity and mortality in the Manchester population using similar methods described to measure mortality in extreme heat periods.

Employment and Adverse Weather Events

- 3.1.18. The relationship between an individual's occupation and their exposure to adverse weather events is complex. People who work in temperature-controlled offices may experience protection from the health harms associated with adverse weather event exposure such as extreme heat or cold. They may also experience additional advantages such as lower fuel bills compared with those who spend more time in their homes. However, those who work outside may be more vulnerable to an increase in the frequency and severity of adverse weather events. Employers have a responsibility to ensure the health and wellbeing of staff whilst in the workplace, including the consideration of adverse weather event exposure, and whether this is happening should be monitored.

ACTION: The Department of Public Health will work with partners to explore whether climate change has been identified as a health and safety issue by employers at the council and anchor institutions, and what climate adaptation plans have been developed to mitigate these health and safety risks.

3.2. **Air Pollution**

- 3.2.1. Many drivers of climate change also contribute to air pollution. Air pollution is harmful to health, having been shown to reduce life expectancy and exacerbate cardiovascular and respiratory disease in vulnerable individuals. Those most vulnerable to harm include people with pre-existing heart and lung conditions, as well as children, and older people.
- 3.2.2. Air pollution also drives health inequalities. Areas with higher levels of deprivation often have higher levels of air pollution. Those living in more deprived areas also typically have less choice over where they live and are less able to move if their health is impacted by poor air quality.
- 3.2.3. The impacts of air pollution in Manchester can be considered as consequences of either indoor or outdoor air pollution.

Indoor Air Pollution

- 3.2.4. Actions to promote and improve indoor air quality, such as increasing ventilation, may inadvertently increase energy use and thus increase carbon emissions. Likewise, interventions to reduce carbon emissions, may have the unwanted consequence of worsening air quality, increasing people's exposure to indoor air pollution. This is why it is important that indoor air quality is monitored and considered alongside the impacts of climate change.
- 3.2.5. Sources of indoor air pollution include second hand tobacco smoke, damp and mould, burning fuel inside the home, and the use of gas stoves rather than electric hobs for cooking.

- 3.2.6. People living in more deprived areas are more likely to smoke, and to have household appliances more prone to causing indoor air pollution. People experiencing fuel poverty are also more likely to live in cold, damp, and mouldy homes. Plans to improve the energy efficiency of homes and to reduce the number of families experiencing fuel poverty outlined in Making Manchester Fairer will be vital to improving the air quality in the most deprived homes and to reduce health inequalities due to indoor air pollution exposure.

Outdoor Air Pollution

- 3.2.7. The leading contributor to outdoor air pollution is traffic, though local industry and the use of wood burning stoves that generate smoke plumes may also contribute to poor air quality in some areas.
- 3.2.8. The monitoring of outdoor air quality in Manchester is led by the Environmental Health team, details of which can be found in appendix 1. In Manchester 2021 fine particulate matter emissions, also known as Particulate Matter 2.5 (PM2.5) emissions, were recorded as 7.9mcg/m³, higher than both regional (7.1) and national (7.4) annual concentrations. However, due to a lack of more robust data, it is unclear if these differences are statistically significant.
- 3.2.9. The health impacts of outdoor air pollution are difficult to quantify, and work is ongoing both in local authorities and alongside local NHS organisations to explore how we can best measure and monitor the effects of poor air quality on health using local data.
- 3.2.10. The Office for Health Improvement and Disparity (OHID) currently recommend using the fraction of mortality attributable to particulate air pollution. This shows the proportion of deaths in adults aged 30 or over that is estimated to be associated with long-term air pollution exposure. In Manchester in 2021 this was calculated as 5.9%, meaning just over 1 in 20 deaths are associated with air pollution. This is slightly higher than the national average of 5.5%. However, due to a lack of data, it is unclear if this difference is statistically significant.
- 3.2.11. At present, there are no indicators used by OHID to measure the morbidity associated with outdoor air pollution. The amount of time spent exercising in greenspace may be used as a proxy measure for satisfactory outdoor air quality in an area. However, data was last collected for this indicator in 2016.
- 3.2.12. People who work outside, near heavy traffic, or in certain industries are more likely to be exposed to outdoor air pollution. Children attending schools located near busy roads will also have increased exposure. However, further work is required to monitor the extent of occupation and school related exposure to air pollution in Manchester.

ACTION: The Department of Public Health will continue to review the UKHSA evidence base and engage with local and national partners to advocate for the development of appropriate indicators to measure morbidity related to air pollution and how this varies according to occupation or school location.

4. Indirect Effects

4.1. **The Impact of Climate Change on NHS Organisations in Manchester**

- 4.1.1. Adverse weather events can impact the ability of local NHS organisations to deliver services. NHS buildings in flood risk areas may need to be evacuated or may become damaged in the event of flooding. Poorly ventilated NHS buildings may be prone to overheating, creating an unsafe work environment for patients and staff. Staff may be unable to come to work due to disruption to travel infrastructure during adverse weather events.
- 4.1.2. An increase in the demand for services may also arise during adverse weather events. Without appropriate planning to allow for an increase in the delivery of services to meet demand, this will negatively impact the health of the local population.
- 4.1.3. As outlined in the “Impact of the Heatwave” health scrutiny report, “during the heatwave in July 2022, there was no increase in A&E attendances, or emergency admissions...but there was a spike in demand for primary care”. However, findings from international research undertaken in countries that more commonly experience extreme heat suggest that demand also increases for emergency services, citing increased ambulance call outs and A&E attendances. Therefore, ongoing monitoring of the impact of extreme heat on local health service use is warranted.

ACTION: The Department of Public Health will explore the impact of adverse weather events, such as periods of extreme heat, on local health service use.

4.2. **The Impact of Climate Change on the Food System**

- 4.2.1. Adverse weather events, such as droughts and floods, can reduce agricultural productivity. Though Manchester is not at substantial risk of droughts, nor is it a large producer of food, other countries, and other parts of the UK, which Manchester depend on for food, may be affected. This disruption of supply chains leads to less food being available and higher prices. This results in more people becoming food insecure and more people becoming reliant on food banks. A systematic review from Oldroyd et al has shown that food provided by food banks is not of sufficient quality to maintain a healthy and balanced diet as per national healthy eating guidelines. Therefore, the increased use of food

banks will drive diet-related health inequalities, resulting in those residing in more deprived areas and with lower incomes becoming at increased risk of obesity and other associated health complications such as diabetes and cardiovascular disease.

4.3. **The Impact of Climate Change on Migration**

- 4.3.1. Climate change may lead to an increase in migration to Manchester. This may be from within the UK due to floods, coastal erosion and rising sea levels, as well as from overseas due to an increase in the number of displaced people seeking refuge from catastrophic weather events around the world. This increase in need places further demand on already stretched services. Without sufficient additional resources and planning, this could impact the delivery of health services in Manchester.

5. **Mitigation, Adaptation and Emergency Response**

- 5.1. The direct and indirect impacts of climate change can be addressed through mitigation, adaptation, and provision of a robust emergency response.

5.2. **Mitigation**

- 5.2.1. These activities are concerned with reducing carbon emissions, to help limit temperature increases associated with global warming, and reducing air pollution. This will reduce the impact of both the direct and indirect effects of climate change outlined above.

5.3. **Activities to Reduce Carbon Emissions**

Activities: Manchester City Council

- 5.3.1. The carbon budget for the council is outlined in the Climate Change Action Plan (CCAP) 2020-2025. Quarterly updates are provided to the Environment, Climate Change, and Neighbourhoods Scrutiny Committee that detail ongoing activities to reduce carbon emissions and the progress made by the council and partners towards becoming a zero-carbon city by 2038.
- 5.3.2. Providers of services commissioned by the Department of Public Health must provide information to commissioners on how they mitigate the environmental impact of services and are required to support the Council to become a zero-carbon city. Performance monitoring currently varies between services, but some providers report on this every Quarter. In an example of recent good practice, commissioners included the requirement for providers to commit to reduce single use plastic in their contract report, thus reducing the environmental impact of that service

ACTION: The Department of Public Health will improve consistency in performance monitoring of commissioned services by requiring all providers to report on environmental impact every Quarter

Activities: NHS Organisations

- 5.3.3. The NHS is a major contributor to the UK's annual carbon emissions. As such NHS organisations have responsibilities to achieve net zero by 2040. How these national targets will be met should be outlined in Green Plans and performance must be described in annual reports, to include “quantitative progress data, covering as a minimum greenhouse gas emission in tonnes, emissions reduction projections and an overview of the Provider’s strategy to deliver those reductions.”
- 5.3.4. The Manchester University NHS Foundation Trust (MFT) Green Plan was board approved in January 2022. A review of progress has been detailed in the annual sustainability report 2022/2023. The report includes quantitative data to support claims of meeting key performance indicators and thus demonstrates progress in the implementation of the Green Plan. Highlights include 5% annual carbon reductions for direct carbon emissions and the establishment of a walking aid reuse scheme. However, the carbon budget for the Green Plan will be exceeded as, although reductions are occurring, they are not at the scale needed to stay within the plan, meaning a more challenging carbon budget for MFT in the future. More detailed data outlining the performance of MFT sites are outlined in the MFT annual sustainability report, some of which has been described in appendix 2.
- 5.3.5. The Greater Manchester Mental Health Trust (GMMH) lists sustainability as one of five key objectives in their estate strategy and states the trust is committed to reducing the environmental impact of service provision. In GMMH’s annual report and accounts 2022-2023, authors highlight the procurement of green renewable energy, the removal of single use plastics, and the introduction of energy efficient LED lighting. The report describes “a high-level three-year sustainability vision” which will focus on climate resilience, social value, and the continued reduction of carbon emissions. The report also states the ambition to build the country’s first all-electric mental health facility, which will reduce the overall operational carbon footprint of the trust, whilst being more resilient to a changing climate. However, though some quantitative data is used in this report to describe the dominant sources of the trust’s carbon emissions, the total reduction in carbon emissions for the reporting year and against baseline is not reported.
- 5.3.6. The Christie NHS Foundation Trust developed a Green Plan and appointed a sustainability manager and sustainable development committee (SDC) to drive through the objectives and obligations. The NHS Net Zero Target is to become a

Trust Corporate objective and key sustainability highlights outlined in the Christie NHS Foundation Trust Annual Report and Accounts 2022-2023 include:

- Green Team competition, with five teams receiving mentoring from the Centre for Sustainable Healthcare to deliver sustainable quality improvement projects with 99 tonnes CO2e savings reported.
- Reducing the use of desflurane, a volatile anaesthetic gas with an extremely high global warming potential to less than 3% by volume.
- Delivery of a package of energy efficient infrastructure improvements, with expected emission reductions of 1,000 tonnes CO2e by mid 2023.

5.3.7. However, overall reductions in carbon emissions for the reporting year and against baseline are not reported.

5.3.8. There is no formal Green Plan for the primary care network, as there is no legislative requirement for one, but there is comprehensive guidance and support available via the Greener Practice programme to support interventions to reduce carbon emissions. A local Green Network has been established, and there has been activity to reduce carbon emissions through medication changes to lower carbon inhalers.

Activities: The Manchester Food Board

5.3.9. Food systems account for up to 40% of total greenhouse gas emissions and significantly contribute to biodiversity loss. Creating targeted action plans to minimise waste in the food system and engage in more sustainable practices may therefore lead to a significant reduction in carbon emissions and protect biodiversity within the city.

5.3.10. In addition to the objectives and workstreams outlined in the Manchester Food Strategy, local businesses are also encouraged to sign up to a sustainable business code. The code has a holistic understanding of sustainability. This includes the more 'traditional' aspects such as food waste and shorter supply chains, as well as broader social, health and economic aims. This ensures that those that sign up for the code are doing what they can to mitigate the impacts of climate change for the residents of Manchester.

5.3.11. Due to the far-reaching impacts of the food system on the health and wellbeing of Manchester residents, a more detailed update on the complex relationship between climate change and the food system is required. It is advised that a separate report, authored by a member of the Manchester Food Board, is produced to provide sufficient information and detail to the committee.

ACTION: Member of the Manchester Food Board to compile a report outlining the impacts of climate change on the food system in Manchester and ongoing activities to mitigate against these impacts.

5.4. **Activities to Reduce Air Pollution**

- 5.4.1. In addition to reducing carbon emissions, mitigation activities are planned to improve air quality, outlined in the Greater Manchester Clean Air Plan, thus minimising the impact of air pollution on health.
- 5.4.2. The Clean Air Plan includes the transition to “zero-emission bus fleets”, minimising the impact of exhaust fumes on air quality. However, particulate matter air pollution is still generated from vehicles even without exhaust emissions, for example, when vehicles break. Therefore, reducing the number of vehicles on the road is still urgently required to improve air quality in the city.
- 5.4.3. The Clean Air Plan hopes to achieve this through encouraging more residents to actively travel. This is supported by other workstreams outlined in the Making Manchester Fairer Strategy, such as collaborative working with TFGM to improve cycling infrastructure in the city.
- 5.4.4. TFGM have also been working closely with the University of Manchester to develop a research project to evaluate and reduce the impact of wood burning on air quality in Manchester, details of which can be found in appendix 3.

5.5. **Adaptation to Climate Change**

- 5.5.1. The climate has already begun to change. Therefore, city-wide climate adaptation is urgently required to address the health impacts of climate change and air pollution.

Activities: The Council

- 5.5.2. A Manchester Adaptation Plan will be developed that will be cross sectoral and will cover:
 - Natural Environment
 - Infrastructure
 - People and the built environment
 - Business and industry
 - Local government
 - Health.
- 5.5.3. A high-level plan will be produced in mid to late 2024 followed by a full adaptation plan that will:
 - Build on the Greater Manchester mapping work and commitments in the new Greater Manchester 5 year Environment Plan (2024-29).

- Build on the content in the Council's Organisational Adaptation Plan to develop local government as a sector.
- Establish a clear timeline developed alongside the Climate Change Action Plan 2025-30 and Climate Change Framework 2025-30.

5.5.4. The Council will produce an adaptation plan covering the various roles and responsibilities covered by an upper tier local authority including:

- Infrastructure managers (roads, green spaces, public buildings)
- Place makers (local plans, development oversight)
- Service providers (social care, public health)
- Community support (needs assessment, partnerships)
- Conveners (stakeholder engagement, business support)
- Resilience partners (preparing and responding to climate risks).

5.5.5. The Council's plan will kick off with a series of directorate and thematic workshops which will use data from a range of sources including the Manchester Heat Pack, flooding data, and climate vulnerability information. The sessions will identify interdependencies with other sectors, develop clarity in governance, identify gaps in current organisational resilience, and produce an action plan to embed climate adaptation into plans, strategies and service provision.

ACTION: The Department of Public Health will work in collaboration with partners to help support the production of a Manchester Adaptation Plan.

Activities: NHS Organisations

5.5.6. NHS organisations have responsibilities around adaptation, outlined in the NHS Standard Contract.

5.5.7. Work is underway to produce a climate adaptation plan for the Greater Manchester Integrated Care System (ICS). The primary focus of the ICS plan will be on the health impact of climate change and possible disruption to services.

5.5.8. The impact of climate change to estates will vary between local organisations. As such, it is recommended that each local NHS organisation should also produce a robust climate adaptation plan. This should include:

- The risks climate change poses to the running of the health service.
- Actions that can be taken to mitigate against these risks.
- Contingency plans to cope with any increase in demand for health service use due to adverse weather events.

ACTION: NHS Organisations in Manchester will publish Local Climate Adaptation Plans.

- 5.5.9. Details of the work already underway by individual NHS organisations can be found in appendix 4.
- 5.5.10. To support adaptation plans, a series of indicators should be agreed upon at a Greater Manchester level that will require monitoring by each NHS organisation to determine whether adaptation plans are sufficiently robust.

ACTION: The Department of Public Health will work collaboratively with local partners to compile a series of Greater Manchester specific indicators to measure the health impacts of adverse weather events and air pollution relevant to local NHS organisations.

5.6. **Adaptation to Air Pollution**

- 5.6.1. Work is planned to reduce the exposure of the most vulnerable residents to air pollution. The Clean Air Practice intervention, due to be rolled out in the coming months, asks GP practices to advise their vulnerable patients to sign up to air quality alerts. By signing up to the alerts, those most at risk of harm will be notified when air quality is poor and are signposted to advice on how they can reduce their exposure.
- 5.6.2. The Royal College of Paediatrics and Child Health (RCPCH) have outlined their concerns that air pollution is negatively impacting the health and wellbeing of children. At Manchester University NHS Foundation Trust (MFT), a pilot study in which clinicians will be able to directly refer to housing and environmental health teams has been planned to try and reduce vulnerable children's exposure to damp and mould, a source of indoor air pollution. It is hoped this will expediate the treatment of damp and mould in homes and results of the pilot study are eagerly awaited.

ACTION: Evaluate the pilot undertaken at MFT in which clinicians are able to directly refer to housing and environmental health teams.

- 5.6.3. Further workstreams are also being explored that would allow the inclusion of air quality data in electronic patient records. However, this is in the very early stages at present. Working collaboratively with public health and paediatric medicine colleagues based at MFT, we hope to build on the evidence base that explores the impact of air pollution on child health.

ACTION: Continue to work collaboratively with colleagues at MFT to explore the impact of air quality on children.

5.7. **Emergency Response**

- 5.7.1. Action must be taken to protect the health and well-being of Manchester residents during severe adverse weather. It is therefore important to have robust emergency response plans in case of severe adverse weather events.

5.8. **Cold Weather Plan**

- 5.8.1. The Cold Weather Plan for England is a framework intended to protect the population's health in cold weather. In addition to the national plan, a series of Greater Manchester and Manchester specific actions that ensures the needs of Manchester residents are met during cold weather periods are outlined below:

Command and Control

- Weather alerts are monitored throughout the year and forwarded to the weather alert group via an automated process.
- Members of the weather alert group include Forward Incident Officers and Tactical Officers, allowing for the ongoing dissemination of information and triggering of key actions as necessary.
- Situation Report templates are included as part of the overall Manchester City Council Response and Recovery Plan.
- Should the need arise a Strategic Coordinating Group will be called to ensure all responders have arrangements in place to respond to any adverse weather.

Transport and Highways

- Transport for Greater Manchester (TFGM) will provide specific travel information for Greater Manchester.
- The Highways Winter Service Operational Plan is reviewed and updated every year.
- A Greater Manchester framework for salt suppliers is in place, allowing flexible provision options for the procurement of extra salt if required.
- Further information regarding salt and grit stocks for Manchester are outlined in detail in the Highways Winter Service Operational plan - at present it is understood there are 5000 tons of salt at Hooper Street.
- 4x4 vehicle service provision is maintained via the voluntary sector, managed at a Greater Manchester level.

Health and Wellbeing

- Continued public health surveillance of excess mortality and cases of Flu, Norovirus, and COVID 19.

- Excess mortality can be monitored using data on the number of deaths registered in England and Wales, published by Office of National Statistics (ONS) on a weekly basis
- UKHSA monitor flu and norovirus cases in Manchester residents and report on these regularly
- Covid-19 surveillance comes from the ONS and hospital admissions data
- The Public Health Community Health Protection Team monitor outbreaks and all infectious diseases cases in high-risk settings, such as Care Homes, and works with local teams from these settings to control outbreaks and respond as appropriate.
- Vulnerable residents are identified via a vulnerable person's list
 - Information obtained from Adult's and Children's social care teams, allowing the council to quickly identify vulnerable residents.
 - Quarterly meetings are scheduled with the Adult Social Care (ASC) Duty Principal Managers to ensure lists are up to date.

Education

- Dissemination of information regarding school closures is managed via the School Closures Communications Plan.
- The Public Health Community Health Protection Team works closely with schools to support them with infection prevention and control.
 - A webinar has been held with school leaders to remind them of online reporting systems for cases or situations so that our team can pick this up early and work with the school to manage the situation
 - Preparations are underway for potential outbreaks of flu, covid and norovirus during winter months
 - Key information on isolation from school time periods for different infections has been shared.

Communications

- National advice is available via UKHSA cold weather alert cards.
- Greater Manchester Resilience Forum (GMRF) have scheduled tweets in place to promote winter preparedness and specific pages that provide advice in relation to winter weather.
- A Manchester specific communications plan is in place for health awareness during winter months and "Winter Warmth Advice" is disseminated to vulnerable residents.
- Information on local services is available in easy read format and translated in several languages.
- An additional Manchester City Council Emergency Communications plan is also in place

Evacuation

- A Community Assistance Plan is in place with Greater Manchester Fire and Rescue Service (GMFRS) to provide support to Greater Manchester Local Authorities and residents during severe cold weather.
 - Reception centres were reviewed in August and the Sheltering Evacuees, and City Centre Evacuation Plans are both up to date.
- 5.8.2. During extreme cold weather periods, we need to ensure the needs of the most vulnerable populations are being met. This is particularly important when thinking about the needs of those at highest risk of exclusion, such as people who are rough sleeping, people who work in the sex industry, people in prison, or members of Gypsy, Roma, Traveller, Showpeople, and Boater communities.
- 5.8.3. A task and finish group can work closely with other groups that also target these communities, such as groups working to improve the uptake of the winter flu vaccine, thus ensuring wrap around support for our most vulnerable Manchester residents. Members would include those from the council, local NHS organisations, local voluntary community and social enterprise (VCSE) groups, and community leaders.

ACTION: The Department of Public Health will set up an adverse weather event task and finish group to ensure the needs of the most vulnerable residents during adverse weather events.

5.9. **Heatwave Plan**

- 5.9.1. During the 2022 heatwaves, the council worked closely with partners to ensure the safety and wellbeing of Manchester residents experiencing extreme heat. Vulnerable individuals were identified from pre-existing vulnerable person's lists and national guidance was followed. However, moving forward, a Manchester specific heatwave plan will be developed.
- 5.9.2. This plan will draw on UKHSA guidance, the Manchester Heat Pack, the Heat Vulnerability Index, and other locally available data, to outline a series of recommended actions in the event of further heatwaves. The heatwave plan will include hot weather warnings that will align with the Met Office risk matrix, providing graded advice according to risk for residents. The heatwave plan will also recognise the vulnerability of Manchester's institutionalised residents, such as prisoners, who reside in buildings at higher risk of overheating.
- 5.9.3. In addition to advice provision, the heatwave plan will also review measures to protect the population from extreme heat proposed in the Local Climate Adaptation Tool (LCAT). The plan will consider the available evidence and determine whether the implementation of measures suggested, such as cool

shelter provision, is appropriate in the Manchester context, and the impact of such interventions on health inequalities.

- 5.9.4. The heatwave plan will then be combined with pre-existing cold weather and flood plans to form a single adverse weather event plan.

ACTION: We will create a Manchester specific heatwave plan and combine this with the cold weather plan and flood plan to produce a single adverse weather event plan.

6. Co-benefits of Climate Action

- 6.1. The promotion of active travel and the increased provision of greenspace are key actions identified in the Making Manchester Fairer Strategy to improve the local environment and reduce the impacts of climate change. However, these will both have additional positive impacts on the health and wellbeing of Manchester residents, independent of their effect on the environment.

6.2. Activity in Manchester

- 6.2.1. In February 2023 Manchester City Council published the Manchester Active Travel Strategy and Investment Plan which aims to:

- Improve access to the city centre, district centres, parks, and other key destinations.
- Enable safe access to schools and colleges.
- Improve citywide health and wellbeing.
- Reflect the diversity of Manchester and address transport inequalities.

- 6.2.2. Between July and September, a prioritisation tool was developed which takes into account deprivation and inequality within the design of Active Travel schemes.

- 6.2.3. In September, the University of Manchester engaged in work looking at the cultural, social and accessibility barriers to accessing green spaces. An initial conversation about this issue has taken place at the Green and Blue Infrastructure Board, with plans to explore this further.

- 6.2.4. Further details of activities to encourage active travel and improve access to greenspace, to include the delivery of the “In Our Nature” programme, can be found in appendix 5.

7. Summary and next steps

- 7.1. The actions highlighted throughout this document are summarised in the table below.

Action	Lead Responsible Agency
Co-develop a series of indicators to monitor the health impacts of flooding	Manchester Climate Change Agency in partnership with GMCA
Serially monitor mortality in periods of extreme heat	MCC Department of Public Health
Explore impact of extreme heat on morbidity, mental wellbeing, and violence	MCC Department of Public Health
Explore impact of extreme cold on morbidity and mortality	MCC Department of Public Health
Explore whether climate change has been identified as a health and safety issue for employers and what climate adaptation plans are in place at the council and anchor institutions	Manchester Climate Change Agency in partnership with GMCA
Air pollution morbidity indicators	GMCA/UKHSA with support from MCC Department of Public Health
Explore impact of adverse weather events, such as extreme heat, on local health service use	MCC Department of Public Health working with MCC Neighbourhoods Directorate and GMCA
Monitoring of public health commissioned services to report quarterly on environmental impact	MCC Department of Public Health
Compile report outlining impacts of climate change on the food system and ongoing activities by the Manchester Food Board to mitigate against these impacts	Manchester Food Board
Development of a Manchester Adaptation Plan	Manchester City Council strategic team with support from Department of Public Health
NHS Organisations to publish Local Climate Adaptation Plans	Each Local NHS Organisation
Compile a series of GM indicators to measure the health impacts of adverse weather events and air pollution relevant to local NHS Organisations	GMCA with support from MCC Department of Public Health
Evaluate pilot undertaken at MFT in which clinicians can directly refer to housing and environmental health teams	MFT

Continue to work collaboratively with colleagues at MFT to explore the impact of air quality on children	MFT
Set up adverse weather event task and finish group to ensure the needs of Manchester's most vulnerable residents receive wrap around support	MCC Department of Public Health
Develop Manchester specific Heatwave Plan	MCC Department of Public Health

7.2. The health impacts of the escalating climate crisis are supported by an abundance of evidence, and Manchester City Council has a key role to play in influencing local climate change action. The development of a series of indicators will allow the effective monitoring of such health impacts and robust adaptation and emergency response plans will ensure the health and well-being of Manchester residents is preserved in the face of a rapidly changing climate. Through the implementation of the "Making Manchester Fairer" strategy, it should be possible to simultaneously monitor health inequalities to ensure that any interventions implemented do not drive inequity and that the most vulnerable members of the population are protected.

8. Recommendations

8.1. The Committee is recommended to consider and comment on the report.

9. Appendices

Appendix 1 The monitoring of outdoor air quality in Manchester

Appendix 2 Manchester University NHS Foundation Trust (MFT) performance

Appendix 3 Research on air quality and wood burning stoves

Appendix 4 Climate adaptation activities in Local NHS organisations

Appendix 5 Activities to encourage active travel and improve access to greenspace

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Appendix 1 - The monitoring of outdoor air quality in Manchester

Automatic monitors are situated in Piccadilly Gardens, on Oxford Road, on Bridge Street, and in Sharston. These monitors provide hourly data, freely available from the Clean Air Greater Manchester data hub. These air quality data are presented in annual air quality reports. If air quality is lower than deemed acceptable for a particular area, an Air Quality Management Area (AQMA) will be declared. As per the Department for Environment, Food, and Rural Affairs (DEFRA), an AQMA is an area within a local authority's region "where the national air quality objectives are not likely to be achieved."

Declaration of an AQMA requires the local authority to develop a local air quality action plan to improve the air quality in that area.

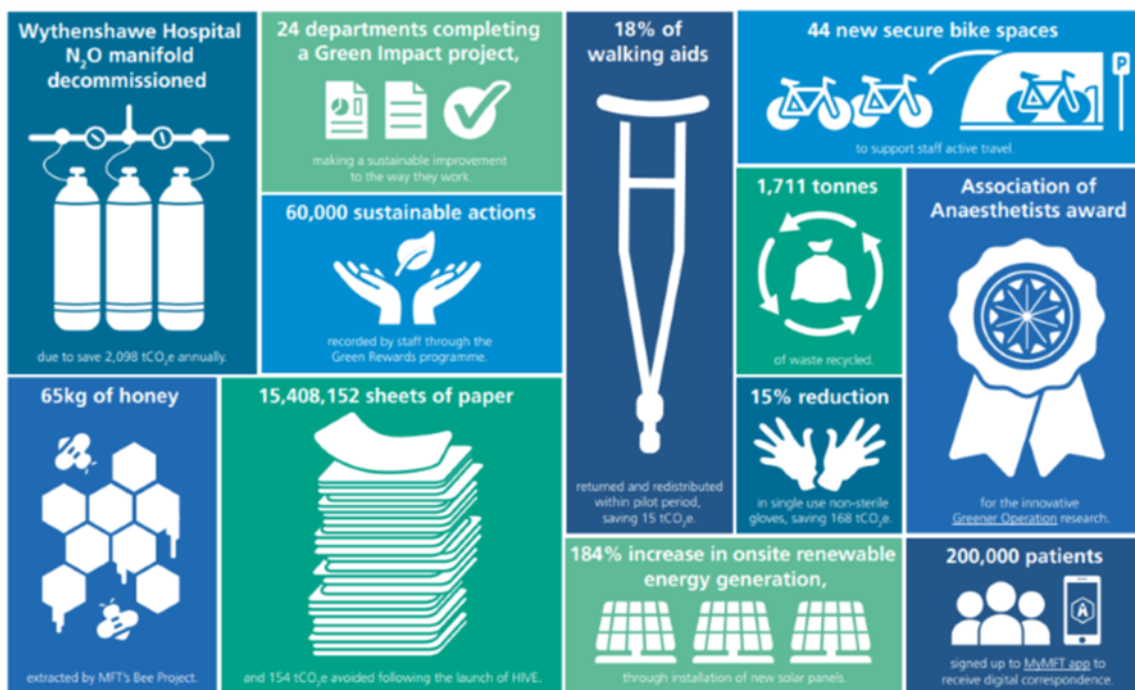
An AQMA was first declared in Manchester in 2001 due to higher than acceptable levels of particulate matter recorded in a 24-hour period. Since 2007, the annual mean concentration of nitrogen dioxide has also exceeded acceptable levels. In Manchester, the AQMAs include an area covering Manchester City Centre, the area around Manchester Airport, and the main arterial traffic routes into the city.

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Appendix 2 – Manchester University NHS Foundation Trust (MFT) performance

Further details about the performance of MFT sites with regards to their Green Plan is provided in detail in the Annual Sustainability Report included in the Background Document list.

The figure below outlines highlights of achievements.



MFT annual sustainability report provides a further detailed breakdown of activities in the following domains:

- Sustainable models of care
- Digital transformation
- Supply chain and procurement
- Medicines
- Food and nutrition
- Estates and facilities
- Travel and transport
- Climate change adaptation
- Green space and biodiversity
- Workforce, networks and system leadership

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Appendix 3 - Research on air quality and wood burning stoves

Wood burning is a leading source of PM2.5 emissions: DEFRA's 2019 clean air strategy reported that it accounts for up to 38% of the UK's PM2.5 emissions.

The aim of the project being led by Transport for Greater Manchester (TFGM) in collaboration with the University of Manchester is to better understand the extent of wood burning in Manchester. This will explore who is burning, and key motivations. Through increased understanding of the attitudes towards burning, this can inform more targeted communications to the public. It is hoped this will help reduce wood burning and improve air quality. To determine whether this is achieved, measurements of air quality before and after a communications campaign to discourage wood burning will be compared.

Results from this research are eagerly awaited and will be discussed and disseminated when available.

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Appendix 4 – Climate adaptation activities in Local NHS organisations

In their annual sustainability report, MFT outline plans to embed the learning of 2022/23 and update the MFT Climate Change Adaptation Plan. The updated plan will encompass improvements to building infrastructure, increase the number of water points across sites to keep staff and visitors hydrated during episodes of extreme heat, and will further develop current plans to prepare and respond to extreme weather events. Business Continuity Plans will also be assessed to provide more targeted support for service leads to enhance existing local plans to make clinical services more resilient in the face of increased demand. MFT reasserts commitment to being an active participant in climate change adaptation networks. The adaptation agenda has continued to grow in importance (in comparison to historic focus on action to reduce emissions), MFT has committed to continue to gather evidence and insights from across the UK and Europe to improve their approach.

The GMMH list climate resilience as an area of focus for the new sustainability plan, however, no further documentation or evidence of work towards developing a climate adaptation plan is available. In the Annual Report and Accounts 2022-2023 for the Christine NHS Foundation Trust, authors stipulated a climate change risk assessment has been piloted and have committed to developing an adaptation plan.

There is no locally produced primary care specific policy on climate adaptation. However, the NHS GM plan provides guidance to support climate adaptation work in primary care in Manchester.

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Appendix 5 – Activities to encourage active travel and improve access to greenspace

Activity in Manchester

In February 2023 Manchester City Council published the Manchester Active Travel Strategy and Investment Plan which aims to:

- Improve access to the city centre, district centres, parks, and other key destinations

- Enable safe access to schools and colleges,

- Improve citywide health and wellbeing

- Reflect the diversity of Manchester and address transport inequalities

Between July and September, a prioritisation tool was developed which takes into account deprivation and inequality within the design of Active Travel schemes. Following the raising of local concerns and local input into the design, a trial of the Parsonage Road Safer Streets scheme in East Withington commenced promoting walking, wheeling and cycling. The scheme aims to improve conditions for walking and cycling in east Withington via a series of modal filters which prevent access by through traffic, but keep streets open for walking, wheeling and cycling.

Delivery of the 'In Our Nature' programme by the Manchester Climate Change Agency helps achieve our aim to listen to local people to support the decarbonisation of transport through a variety of programmes, described below:

In July £3,650 of indirect financial support was awarded to 'Flavours from Manchester' to deliver 'Let's Go Green', a 3-month project engaging communities including Afghan refugees, African Caribbean, Kurdish, Arab and Pakistani-heritage women and young people from across South Manchester who usually rely on cars during the summer holidays and cite language as a barrier to using public transport. Trips were organised to key Manchester locations via public transport to build confidence and encourage sustainable, active travel amongst children and their parents.

In Our Nature also supported projects at the St Margaret's Centre in Chorlton to install a cycling hub and deliver cycle training and confidence boosting sessions.

As part of In Our Nature's Deep Dives, Groundwork are working with Number 93 and Cycling Club in Harpurhey to expand capacity of their wellbeing centre for bike workshops and bike library and growing sessions.

In September, the University of Manchester engaged in work looking at the cultural, social and accessibility barriers to accessing green spaces. An initial conversation about

this issue has taken place at the Green and Blue Infrastructure Board, with plans to explore this further.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 6 December 2023
Subject: Overview Report
Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Governance and Scrutiny Support Officer
Telephone: 0161 234 3376
E-mail: lee.walker@manchester.gov.uk

Background document (available for public inspection): None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Action	Contact Officer
11 October 2023	HSC/23/43 Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027	<p>1. All Council strategies and policies are to be framed and prominently articulated with the Marmot Themes and Making Manchester Fairer.</p> <p>2. All Ward Plans should be framed and structured using the key themes of Making Manchester Fairer.</p> <p>3. That officers provide a briefing note that described the methodology used to identify those areas with the highest need.</p> <p>4. That officers provide a briefing note that details the location of temporary accommodation across the city and how that relates to the MMF methodology set out in (3) above.</p>	<p>1. This recommendation has been forwarded for consideration. A response to this recommendation will be circulated to Members when available.</p> <p>2. This recommendation has been forwarded for consideration. A response to this recommendation will be circulated to Members when available.</p> <p>3. This recommendation has been forwarded. A response to this recommendation will be circulated to Members when available.</p> <p>4. This recommendation has been forwarded. A response to this recommendation will be circulated to Members when available.</p>	Lee Walker Scrutiny Support Officer

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **27 November 2023**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

There are no Key Decisions currently listed within the remit of this Committee.

3. Items for Information

Care Quality Commission Reports

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to regulate and inspect health and social care services in England.

Key to Inspection Ratings

Services are rated by the CQC according to how safe, effective, caring, responsive and well-led they are, using four levels:

- **Outstanding** – The service is performing exceptionally well.
- **Good** – The service is performing well and meeting expectations.
- **Requires improvement** – The service isn't performing as well as it should and the CQC have told the service how it must improve.
- **Inadequate** – The service is performing badly and the CQC have taken enforcement action against the provider of the service.
- **No rating/under appeal/rating suspended** – There are some services which the CQC can't rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by the CQC and will be published soon.

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met.

Provider	Address	Link to CQC report	Report Published	Type of Service	Rating
Oakfield Psychological Services Ltd	Wellfield 23 Wellfield Road Baguley Manchester M23 1BG	https://www.cqc.org.uk/location/1-7613423304	31 October 2023	Care Home	Overall: Requires improvement Safe: Requires improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires improvement

Premier Care Limited	Premier Care Limited - Trafford & Manchester Homecare Branch Unit B Suite A 1st Floor The Oaks Business Park Crewe Road Sharston Manchester M23 9HZ	https://www.cqc.org.uk/location/1-123167757	25 October 2023	Homecare Service	Overall: Requires improvement Safe: Inadequate Effective: Good Caring: Good Responsive: Good Well-led: Requires improvement
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**Health Scrutiny Committee
Work Programme – December 2023**

Wednesday 6 December 2023, 2pm (Report deadline Friday 24 November 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Health and Homelessness	To receive a report on the work of the Manchester Health and Homelessness Task Group set within the context of the Manchester Strategy: A Place Called Home.	Councillor T. Robinson	David Regan, Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience. An invitation has been sent to Cllr Hitchen, Chair of Communities and Equalities Scrutiny Committee.
Health Provision For Asylum Seeker Contingency Hotels	To receive a report that provides information on the health provision at Asylum Seeker Contingency Hotels.	Councillor T. Robinson	David Regan, Bernie Enright	Invitation to Cllr Midgley, Deputy Leader.
Climate Change Update	To receive a report on all the key health related areas of climate change including food, air pollution, the role of NHS organisations and the cold weather action plan.	Councillor T. Robinson	David Regan	Invitation to the Executive Member for Environment and Transport.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of	-	Lee Walker	

	those organisations that have been inspected by the Care Quality Commission.			
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Wednesday 10 January 2024, 2pm (Report deadline Thursday 28 December 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Drugs and Alcohol Services	The annual update on drug and alcohol services will this year focus on people with complex needs and the role of social workers.	Councillor T. Robinson	David Regan, Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Cancer Screening	To receive a report on screening uptake in relation to breast cancer, cervical cancer and bowel cancer with a particular focus on bowel cancer screening which is the Manchester Local Care Organisation (MLCO) priority programme for 2023/24.	Councillor T. Robinson	David Regan, Dr Sohail Munshi	Invitations will be extended to frontline service providers and people with lived experience.
Enabling Independence Accommodation Strategy	Further to the report previously considered 12 October 2022 the Committee will receive an update report on the Enabling Independence Accommodation Strategy.	Councillor T. Robinson	Bernie Enright Zoe Robertson	
Community Health Transformation Programme (CHTP): Community Podiatry Service Change	The Committee will receive a report that provides an update on changes to the Community Podiatry Service.	Councillor T. Robinson	Tom Hinchcliffe	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the	-	Lee Walker	

	Care Quality Commission.			
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Wednesday 7 February 2024, 2pm (Report deadline Friday 26 January 2024)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Budget Proposals For Adult Social Care And Public Health	To receive the final set of budget proposals for Adult Social Care and Public Health prior to the Executive and Full Council.	Councillor T. Robinson	Bernie Enright, David Regan	
Implementation Of The 2023/24 Winter Plans	Following on from the report presented in September and reflecting the format of the extraordinary meeting held in February 2023, system partners will attend to report back on how effective winter plans were.	Councillor T. Robinson	Tom Hinchcliffe, Bernie Enright, David Regan	
End of Life Care	To receive a report on end of life care (palliative care). The scope of this report is to be agreed.	Councillor T. Robinson	Tom Hinchcliffe, Bernie Enright, David Regan	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 6 March 2024, 2pm (Report deadline Friday 23 February 2024)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Carers Strategy	Following the presentation of the Carers Strategy to the Committee in March 2023, an update on strategy implementation will be provided to the Committee.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Manchester Public Health Annual Report	To receive the 2023/24 Public Health Annual Report which will focus on sexual health and HIV.	Councillor T. Robinson	David Regan	Invitations will be extended to frontline service providers and people with lived experience.
Update On Health Infrastructure Projects	Following the visit by members of the Health Scrutiny Committee to North Manchester General Hospital in March 2023, the Committee will receive an update report on the new hospital programme and progress in north Manchester.	Councillor T. Robinson	David Regan Tom Hinchcliffe	This item was previously considered at the 11 January 2023 meeting.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Findings From CQC Reports Into Manchester Based Services And The Publication Of The GMMH Independent Review by Professor Shanley	To receive a report that describes the findings from CQC reports into Manchester based services and the publication of the GMMH Independent Review by Professor Oliver Shanley OBE.	Councillor T. Robinson	David Regan, Bernie Enright	
An Update On Health Protection Outbreaks As They Arise	To receive an update on health protection outbreaks.	Councillor T. Robinson	David Regan	
Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Update	Further to the meeting of 24 May 2023 to consider a report from the Greater Manchester Mental Health NHS Foundation Trust that provides an update on the Trust's Improvement Plan.	Councillor T. Robinson	Chief Executive of GMMH	
Access to NHS Primary Care – GP, Dentistry and Pharmacy	To receive a suite of reports that provide an update on the provision and access to primary care services across the city.	Councillor T. Robinson	Tom Hinchcliffe	Previously considered 8 February 2023.
2022/2023 Manchester Safeguarding Partnership Annual Report	To receive the annual report of the Manchester Safeguarding Partnership with a focus on Adults.	Councillor T. Robinson	Bernie Enright	