

**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