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MANCHESTER CITY COUNCIL

Health Scrutiny Committee

Date: Tuesday, 9 February 2021
Time: 2.00 pm
Venue: Virtual Meeting - Webcast at - https://vimeo.com/507010050

This is a **Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published

Advice to the Public

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020

Under the provisions of these regulations the location where a meeting is held can include reference to more than one place including electronic, digital or virtual locations such as internet locations, web addresses or conference call telephone numbers.

To attend this meeting it can be watched live as a webcast. The recording of the webcast will also be available for viewing after the meeting has concluded.

Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Nasrin Ali, Clay, Curley, Doswell, Hitchen, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Supplementary Agenda

5. COVID Health Equity Manchester 5 - 22

Report of the Director of Workforce & Organisation Development, Manchester Health and Care Commissioning and the Consultant in Public Health Medicine, Manchester City Council/Manchester Health & Care Commissioning

This report focuses on how the pandemic has affected different communities in the city and the actions we are taking to reduce disparities in severe disease and death for those 'at risk' communities.

6. Adult Social Care and Population Health Budget 2021/22 23 - 62

Report of the Chief Executive Manchester Local Care Organisation and the Executive Director of Adult Social Services

This report details the service and financial planning and associated budget strategy work that is taking place for adult social care with partners across the health and care system.

It details the identified and proposed opportunities to make savings in 2021/22 aligned to the remit of the Health Scrutiny Committee, to support the City Council to achieve a balanced budget in 2021/22.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Wednesday, 3 February 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 9 February 2021

Subject: COVID Health Equity Manchester (CHEM)

Report of: Sharmila Kar, Director of Workforce & Organisation Development, Manchester Health and Care Commissioning and Dr Cordelle Ofori, Consultant in Public Health Medicine, Manchester City Council/Manchester Health & Care Commissioning

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Summary

This report focuses on how the pandemic has affected different communities in the city and the actions we are taking to reduce disparities in severe disease and death for those 'at risk' communities.

Recommendations

The Committee is asked to:

1. Note the disproportionate impact that COVID-19 has on BAME and disabled citizens, residents in vulnerable situations and areas of socio-economic deprivation, and progress to date on tackling these disproportionalities.

2. Ensure respective partner organisations prioritise supporting the objectives of this programme as part of their response to Covid.

Wards Affected: All

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Improving people's mental health and wellbeing	This report outlines the actions in relation to mitigating risk to enhance resilience for the city in relation to addressing inequalities.
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	This report outlines the actions in relation to our response to Covid, strengthening preventative measures, health literacy and self-care alongside strengthening cultural competencies across our system.

Turning around the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	As Above
Self-care	As above

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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.

Not applicable.

1.0 Introduction

This report provides an overview of how the Covid Health Equity Manchester group (CHEM) is operating. It follows the earlier rapid review of disparities in the risks and outcomes of Covid 19 which evidenced disproportionate impacts on Black, Asian and minority Ethnic (BAME) and other disadvantaged communities who make up a significant proportion of our population in the city.

Clear evidence has emerged that Covid 19 is having a disproportionate impact on some communities who already experience health inequalities in our city. Black, Asian and minority ethnic people, people born outside the UK, disabled people, and those at high occupational risk and/or in poverty are more likely to contract Coronavirus and have poorer mortality outcomes at varying rates. These groups of people represent well over 50% of our population.

The longer-term health impacts are not yet fully known but it is expected that the socio-economic impacts and impacts of higher mortality rates not directly linked to Covid will be compounded within these groups, unless we radically change our approach to health and social care. The body of evidence that Covid 19 has not affected all population groups equally continues to grow and will disproportionately affect some communities both directly in terms of the likelihood of testing positive and dying with Covid19 and indirectly in terms of delayed presentation, diagnosis and management of long term health conditions, unless we take urgent action. This makes the need to embed inclusion and address inequality even more critical.

2.0 Covid Risk factors

In July 2020, this board received a paper on Addressing Inequalities, this is the wider programme in which the Covid Health Equity Manchester (CHEM) programme sits.

Covid risk factors

Clinical[1]

- If you are in the High clinician risk group (shielded) – disabled people
- If you are in the Moderate clinician risk group – disabled, older, obese and pregnant people
- your age – your risk increases as you get older
- being a man
- where in the country you live – the risk is higher in poorer areas
- being from a Black, Asian or minority ethnic background
- being born outside of the UK or Ireland
- living in a care home
- having certain jobs, such as nurse, taxi driver and security guard

Recent publications have highlighted how people facing the greatest deprivation are experiencing a higher risk of exposure to Covid and existing poor health puts them at

[1] https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/

risk of more severe outcomes if they contract the virus. This is exposing the structural disadvantage and discrimination faced by parts of the Black, Asian and minority ethnic and disabled communities.

The government and wider societal measures to control the spread of the virus (including the lockdown, social distancing and cancellations to routine care) have also exacted a heavier social and economic price on those already experiencing inequality.

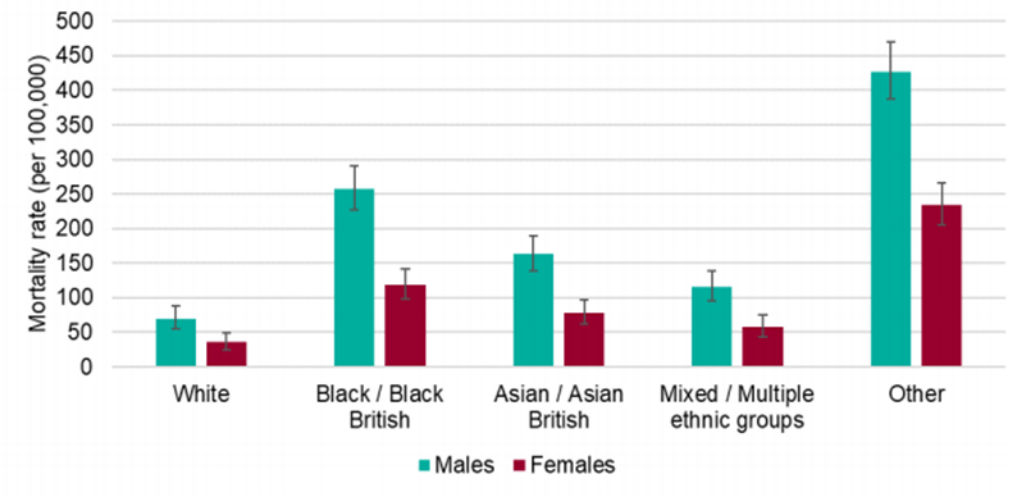
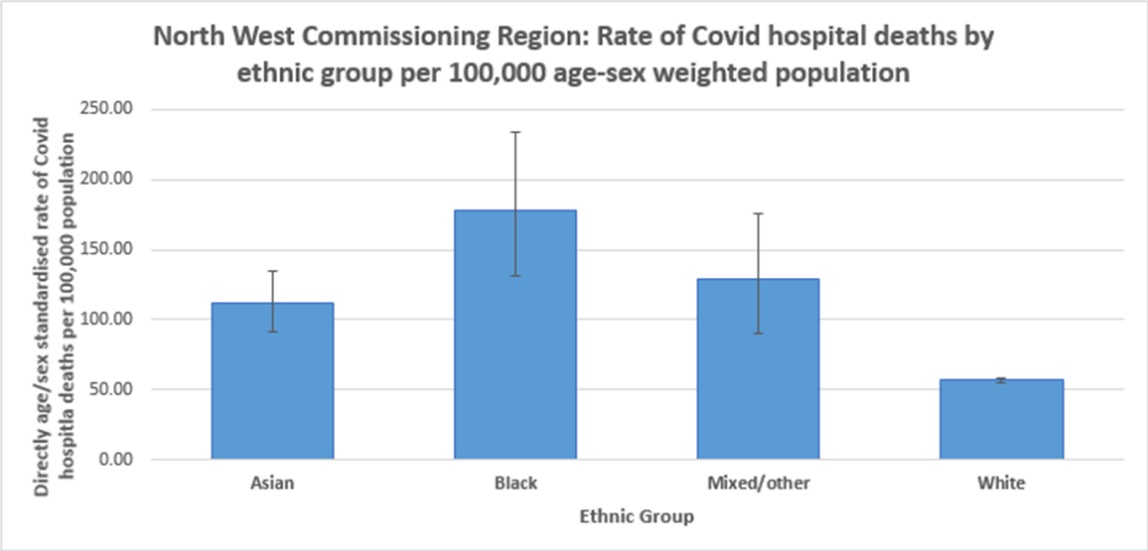


Figure 4.5. Age standardised mortality rates in laboratory confirmed COVID-19 cases by ethnicity and sex, as of 13 May, England. Source: Public Health England: COVID-19 Specific Mortality Surveillance System.

The chart above was sourced from the PHE Report on Disparities in the risk and outcomes of COVID-19. This was followed by a more in-depth report 'Understanding the impact of Covid-19' on BAME groups. This includes 7 recommendations to tackle the health inequalities exposed by the Covid crisis.

This national data on disparities between ethnicities has been widely reported. The risk of dying from Covid by ethnic group (adjusted for age, other socio-demographic characteristics and measures of self-reported health and disability) for males and females of Black ethnicity is a likelihood of 1.9 times more likely to die of a Covid related illness than those of White ethnicity. For Pakistani and Bangladeshi communities this risk is between 1.5 and 1.9 times more likely.



Building on analysis that has taken place at a national level, further analysis has been undertaken of Covid-19 data at a North-West regional level. For example, the chart above has been produced using Covid Patient Notification System (CPNS) data and highlights higher rates of Covid hospital deaths among BAME groups in the North West compared to the white population.

These disparities play out in Manchester sharply, because of both the high population density of BAME populations in Manchester combined with the significant inequalities and deprivation those communities already face. (The age standardised rate of deaths involving Covid in Manchester (59.8 per 100,000) is 63.3% higher than the rate for England as a whole (36.6 per 100,000)).

Manchester hospital data

Recent analysis of data of Manchester hospital admissions that tested Covid positive from 1st January 2020 to November 2020 evidenced that the number of cases of people who defined as White British was 50.28%, - slightly below the average White British population of Manchester. However, for those that identified as Black African - 7.41% presented – higher than the Black African populations of Manchester of approximately 5% and 4.93% for Black Caribbean admissions of which the Manchester population is around 2%. For Pakistani residents admitted the % is 11.21 %, again, higher that the Pakistani population of Manchester of 9%.

Furthermore, about a quarter of all Black African and Black Caribbean residents admitted to hospital for Covid in Manchester required critical care (e.g. intensive care or high dependency unit).

Our Manchester hospital data between April and August 2020, told us that 24% of Black Africans admitted with Covid symptoms required critical care and 8% of those died. For our Black Caribbean communities, 26% required critical care and 52% of those died.

Manchester known Covid infection rates

Up to 1 in 15 (6%) of new Covid cases currently in Manchester are Black African people. Black Caribbean people with Covid positive results have been lower, but they are at very high risk of severe illness and death when they do contract it.

Around 12.7% of all cases of COVID-19 reported in Manchester at the end of 2020 were in people identifying themselves as being of Pakistani ethnic origin. The proportion increases to 15.9% (Pakistani) and 6.6% (Black African) respectively when only cases with a known ethnic group are included (This allows for a removal of the 'unknown ethnicity' category).

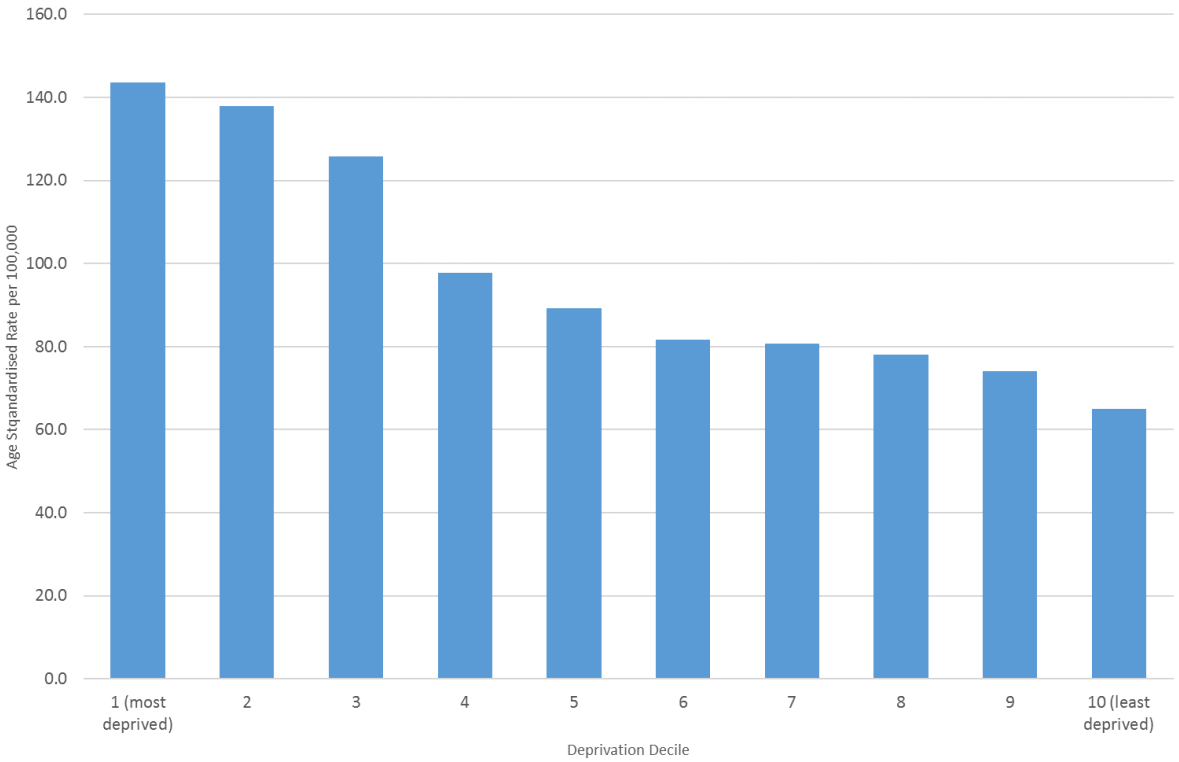
Again, these infection rates are higher that Manchester's known population density for our Pakistani community (around 9%) of the Manchester population and the Black African population (around 5%). These infection rates are also significantly higher than that for the White population, for whom the infection rate is currently 43%.

This data tells us that Covid infection, severity and death rates amongst Manchester's Black, Asian and minority ethnic communities, in particular for Pakistani, Black African and Caribbean communities, are of significant concern. We need to take urgent and decisive action to address these disparities, and this CHEM programme is set out to reduce those disparities.

2.1 Geographic and economic considerations

People who live in deprived areas of the country have higher diagnosis and death rates than those living in less deprived parts of England. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females, and survival among confirmed cases was also lower in the most deprived areas.

Figure 3: Age standardised rate of deaths involving COVID-19 by deprivation decile Deaths occurring between 1 March and 31 July 2020



This is particularly clear amongst people of working age, for whom the risk of death was almost double that of people in the least deprived areas with male diagnosis rates significantly higher than females.

Data from the 2011 Census shows that around 41% of the population of Manchester define as belonging to a Black, Asian or minority ethnic (BAME) community - twice the average for English local authorities (20%). Some nine years old now, this census data next year is highly likely to evidence that the rapid growth in Manchester's BAME communities will equate to over 50%, as indicated by other local data counts.

Manchester also has a higher than average population of disabled people, at around 22-25%. Our BAME and disabled populations are both overrepresented in extreme poverty, worklessness and poor health outcomes, many of which live in high density deprived areas of the city. We want to develop and increase these communities' social connectedness, empowerment, participation, cohesion, resilience and social capital with this CHEM programme.

We need to continue to improve our understanding of what the local evidence tells us in terms of the impact of Covid on Manchester residents, communities and patient and how it compares to some of the national data**.**

3.0 Covid Health Equity Manchester (CHEM)

The purpose and remit of the programme is to reduce the risk of transmission, severe disease and death among groups of people who have been identified from local demographics as most at risk, including;

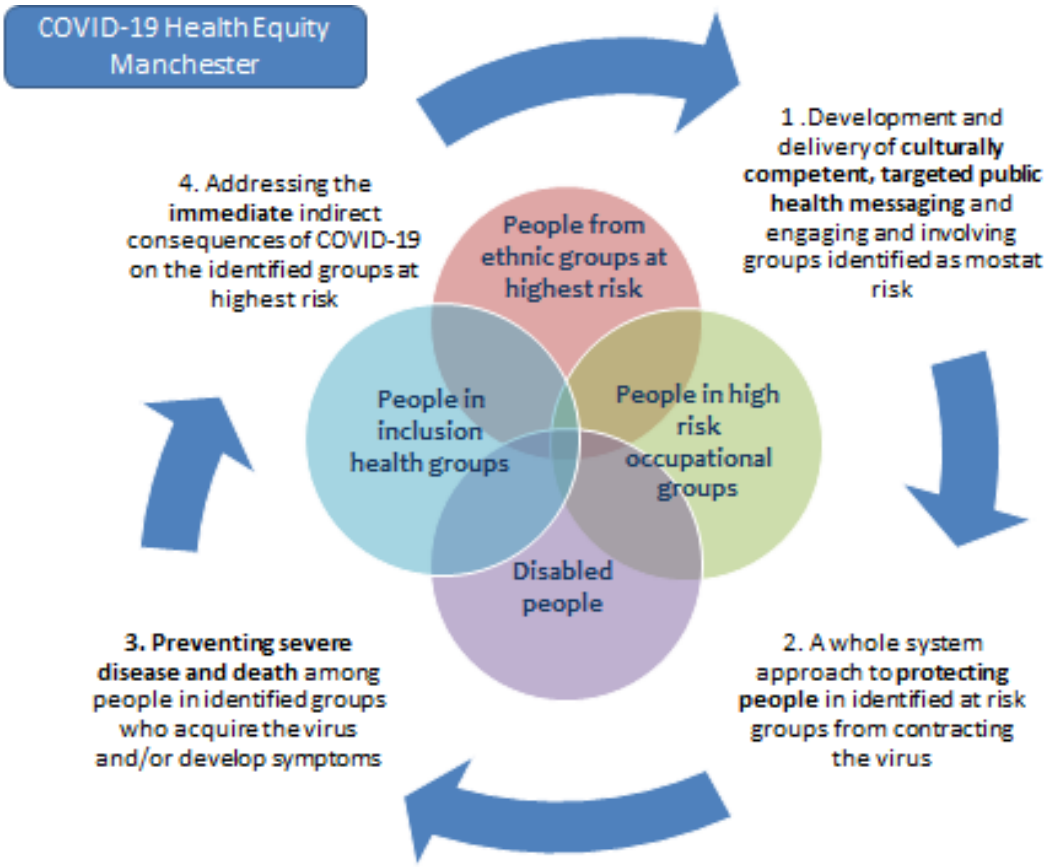
- Black, Asian and minority ethnic communities
- People born outside the UK or Ireland
- People in specific occupational groups
- Disabled people (including learning disabilities)
- Inclusion health groups e.g. Asylum Seekers and Refugees, Gypsies & Travellers

The work of the group is necessarily one of rapid response, community engagement and involvement, learning and building Covid resilience. Our Manchester approach to Covid recovery will be one of investing in our VCSE and social enterprise sector, to help build resilience, health literacy and potential for greater economic growth.

The group is co-chaired by Sharmila Kar, Director of Workforce, OD & Inclusion, MHCC and Dr Cordelle Ofori Consultant in Public Health Medicine MHCC/MCC. This programme is led by a system wide group with representation from Manchester City Council, Manchester Health and Care Commissioning, Primary Care, Manchester Foundation Trust, Manchester Local Care Organisation and VCSE senior leaders across BAME, faith and disability sectors.

Accountability is assured by both the membership and system governance structures. The Manchester COVID-19 Response Group fulfils the role of the Manchester Health Protection Group, which is the established group for all health protection issues in Manchester and chaired by David Regan, Director of Public Health. The Covid Health Equity group reports to and is a key workstream under this group. The work is co-designed across the system, all equal partners.

The diagram below set out the Covid Health Equity plan and the groups' remit and approach. The work of the group is necessarily one of rapid response, learning and building COVID resilience for the 'at risk' communities.



3.1 CHEM objectives

Objective 1: Development and delivery of culturally competent, targeted public health messages and engaging and involving groups most at risk.

Understandably, much of the early work has focused on objective one. We have now developed strong partnership working on urgent and immediate targeted messaging, communications and interventions and a comprehensive engagement and communication plan across all the 'at risk' communities.

We utilise local evidence and data drawn from across our systems to determine our urgent and immediate priority focus at any given time. This includes those communities where large gatherings or events may require extra precautions and those communities where we can evidence increasing risk of COVID infection or death rates.

In recognition of gaps in reach, we have co-designed a VSCE sounding board for each 'at risk' community supported by a wider list of community influencers to deliver core public health messages in culturally competent ways across the different communities. These sounding boards and influencers are facilitated by the VSCE sector. Each community delivers core messages in different ways, relevant to the best mediums and approach identified for those communities. Our work to date has been focused on specific communities [i] i.e. Black African and Black Caribbean and the Pakistani community. We also have a specific focus on disabled people and are engaging with wider inclusion health groups.

Our aim is to support the development of these infrastructures to form a strengthened ring of defence around these communities – ensuring they get accurate, timely, accessible advice and information to keep Covid safe and are better informed about what to do if they think they are at risk.

Further details of the work done to date is available in Appendix 1.

Objective 2: A whole system approach to protecting people in identified at risk groups from contracting the virus

We develop risk assessments, mitigating measures and advocacy for occupational risk groups and frontline workers, for those at home and household risk, social and physical environments and develop measures to support those shielding.

This work has a 'two way' objective of ensuring our VSCE partners' solutions are heard and acted upon using the tools and capacity held by statutory partners.

Objective 3: Preventing severe disease or death

- Enabling prompt health care seeking behaviour

Examples include engaging with the flu and now Covid vaccinations programme and local Test and Trace programmes. There is further work to do to remove barriers to flu and Covid vaccine and to support communities at risk to make informed active decisions to develop health resilience. Critical to the success of this is understanding the barriers to vaccine take up and health literacy so that we can build mitigating actions into service delivery.

- Enabling self-care for people with long term conditions

Much of our work with BAME and disabled citizens has been recognising and addressing the increased prevalence of co and multi morbidities and providing targeted advice to reduce Covid risks. There is further work to do in this area, but our sounding boards have started to evidence where we need to strengthen advice and support and where we may need to counter community-based myths and stigma to support citizens to reduce their risks. Understanding and addressing the cultural, faith and lifestyle-based concerns of our citizens is critical to our success.

Objective 4: Addressing the immediate indirect consequences of Covid on the 'at risk' groups

Citizen led, social and community approaches to:

- Mental and emotional health
- Humanitarian support
- Social connection
- Children's education
- Domestic violence

The work to address those most 'at risk' communities directly with our BAME and disabled led organisations in the city is being complimented by the delivery of place-based activity. Neighbourhood Teams, working alongside Health Development Coordinators, neighbourhood based VCSE organisations and wider partner organisations have delivered targeted engagement activity in neighbourhood where there is a large population of 'at risk' populations. This work has enabled a place-based focus to be integrated within this work. The engagement activity has in some cases allowed relationships to establish and in others grow further, laying the foundation for further activity in this area.

Overall CHEM progress to date has resulted in setting out the right infrastructures for rapid and direct messaging and two-way engagement with 'at risk' communities through our sounding boards and community influencers. This has taken a 'bottom up' approach, led through our VSCE sector intelligence and activities. These infrastructures have been critical in pooling resources and intelligence to better identifying and addressing the cultural barriers to Covid safety and prevention and getting early interventions in place. Progress to date includes:

- Early interventions in providing comprehensive risk assessments in April 2020 to address employment risk in health and care based on ethnicity and disability
- Tailored and targeted messaging to prevent further infection rates prior to events including Eid, Yom Kippur, Pride and Diwali 2020
- Tailored and targeted work to remove barriers and increase trust, engagement and uptake for local Test and Trace services
- Culturally specific flu uptake campaigns
- Culturally specific Covid vaccination campaigns
- Social media and community radio campaigns for staying safe in community languages, led and delivered by community leaders and trusted sources

- Place based community led awareness raising in Longsight, Levenshulme, Cheetham Hill and other areas where Pakistani and Bangladeshi communities are present
- Tailored and targeted messages to Muslim communities through a worker based at the Muslim Heritage Centre, focused on engagement with Imams, Mosques and community leaders to relay Covid safety and preventative messages and feedback key issues and concerns to the wider CHEM group.
- Tailored and targeted messages, in partnership with the Jewish Federation, Salford and Bury Councils to reach the Jewish Orthodox communities that live across our borders.
- Community based small grants projects to improve Covid awareness and prevention measures across our Black African and Pakistani communities, including for asylum seekers and refugees
- Ongoing engagement with smaller 'at risk' groups, including Asylum seekers, refugees, migrants, Roma, sex workers and older White Irish communities where specific risks are identified and addressed. This includes translated materials, support to address risks and prevention campaigns.
- Myth busting campaigns and Covid services barrier removal across Deaf and disabled communities and provision of information directly in easy read, British Sign Language and other alternative formats. This work includes comprehensive equality impact assessments across our local Covid vaccination and Test and Trace sites led by Deaf and disabled people's input.
- Myth busting campaigns across Black African and Caribbean communities, via social media, local radio and webinars – the most recent of which hosted by CAHN (The Health Hour) which resulted in over 1000 participants, and brought together over 20 black clinicians to dispel myths and provide trusted source intelligence to communities.

4.0 Community Champions Fund

In December 2020, the Ministry for Housing, Communities and Local Government invited Local Authorities to bid for the Community Champions Fund. This is a fund made available to support people shown to be most at risk from Coronavirus (Covid-19) including those from an ethnic minority background, disabled people and others to follow safer behaviours and reduce the impact of the virus on themselves and those around them. This will further support the work of the CHEM group.

The Manchester bid covers **5 key priority areas** identified from the CHEM group.

1. Cultural community health connectors

Based on an existing successful VSCE model, we propose to develop new small pilots of cultural health connectors. Their roles will be to promote and develop Covid community health literacy across those communities evidenced as in greatest need and at greatest Covid risk.

2. Production of culturally competent messages

Translation, interpretation and accessible formats for regular and ongoing Covid public health messaging, along with community insight reports. We aim to work

across Greater Manchester to undertake this work. Bi-monthly key public health messages: leaflets, social media, local radio scripts will form the bulk of this work. Working across GM will avoid duplication of effort, make cost savings and avoid confusion over boundary defined messages. Different borough messaging has been a significant issue, particularly for those people with low literacy, English language or living near to borough boundaries about cross boundary differences. A single branding is expected to improve clarity of communication.

3. Remove barriers to digital services, preventing access to healthcare and wider support and advice services

Providing inclusive digital support to BAME and disabled residents to enable them to become more digitally connected and feel confident in accessing essential services online, including health and wellbeing services.

4. Safe and accurate trusted pathways to Covid vaccination and self-care information

This would include:

a) Accessible and culturally competent co-produced winter wellness packs for Black African, Caribbean, Pakistani, Bangladeshi and South Indian communities – focus on those at occupational risk, housing risk, BAME businesses and low or self-employed and in religious settings.

b) Safe, consistent and accurate trusted pathways for Covid vaccinations, obesity management plans, exercise and healthy eating programmes take up.

c) To provide a pilot Covid specific community mental health counselling and support to increase the capacity of existing VCSE organisations to work (intersectionally where required) with people from the following communities to help them make informed health choices and improve health literacy:

- Disabled people
- People who have recently come to the UK
- Black African communities
- Black Caribbean communities
- Pakistani and Bangladeshi communities
- Wider South Asian communities
- Asylum seekers and refugees
- Gypsy, traveller and Roma communities

5. Preventative measures: Cultural short Covid health promotional films

Encourage increased take up of preventative measures including accessible and culturally competent co-produced community led short Covid safe films. For example, these will include a new migrant taking a journey though the vaccination process, what to expect, what you need and how to ask for help.

We are drawing together a rapid evidence review framework to measure and learn from what is working well in Manchester so we can adapt and amend swiftly as needed, scaling up, down and across. We are also complementing our approach with learnings from elsewhere. This timely funding opportunity will help us to achieve the objectives of the CHEM work programme.

5.0 Conclusion

The disproportionate impact of Covid has exposed long standing inequalities in social determinants of health, including within health and care service provision and resulting life chances. We need to now also see race and disability as determinants of public health.

Disabled people and ethnic minorities are at a higher risk from coronavirus because of unequal social conditions (such as occupation and housing), unequal access to healthcare, and the structural and institutional racism and discrimination that underpin them.

As well as our recovery plans and business as usual, every action we take in addressing Covid will need robust consideration of whether our actions may exacerbate those existing inequalities, or indeed create new ones.

We have seen this already through our necessary rapid roll out of digital access to health and other essential services and need to redress this disproportionality through programmes such as the CHEM programme. Likewise, as we deliver the largest vaccination campaign in history, we know our communities are not on a level playing field and preventative measures will come too little too late for too many communities unless we actively redress existing inequalities as our core business.

6.0 Recommendations

- Note the disproportionate impact that COVID-19 has on BAME and disabled citizens, residents in vulnerable situations and areas of socio-economic deprivation, and progress to date on tackling these disproportionalities.

- Ensure respective partner organisations prioritise active support of the objectives of the CHEM programme as part of their response to Covid 19.

Appendix 1

Work to date to engage and reach a range of 'at risk' communities

Pre Eid Muslim communities (focus on South Asian communities, but also reaching Muslim communities with different heritages)

Pre Rosh-Hashanah/ Yom Yippur (focus on Orthodox Jewish communities but also reaching wider Jewish communities, in partnership with connecting local authorities to respect the Eruv boundaries)

Black African communities; initial meetings with both Church and community groups (with some wider reach to black Caribbean communities), followed by setting up a sounding board and wider set of community influencers for wider outreach. This was deemed to be very significant given that for many new African migrants to Manchester, it is not uncommon to need to hold down two or three jobs, and engagement with statutory bodies is very limited. We will reach many of this continents' communities through their country associations, women's groups, churches and Mosques, schools and occupation clubs as well as through the more traditional VCSE sector representatives.

Black Caribbean communities; whilst the COVID infection rates for these communities is not as high as some of the other communities, we do know that once infected, there is a higher rate of death from COVID in these communities. Therefore, we are developing a similar sounding board and list of community influencers, which because of closeness with the black African communities will form a part of a wide black African and Caribbean sounding board.

Pakistani communities; our evidence indicates urgent and immediate engagement is required to reach these communities as the infection and death rates are one of the highest in Manchester. We have set up a sounding board and a long list of community influencers and have an intelligence led engagement strategy that will have the best reach across the communities and tackle the areas of highest risk, for example multi- generational living, overcrowding, traditional and cultural large gathering, cultural ways of greeting and meeting others outside of the household. Our sounding board which covers a wide range of women's and community groups is supplemented by a temporary post within the Muslim Heritage Centre for a more focused reach in to the religious leaders and male members of the communities. We are wasting no time and also developing place based focused mini sounding boards in areas of high density such as Longsight and Levenshulme through our neighbourhood teams to take immediate action to support the Pakistani communities.

Wider South Asian communities: we have identified higher infection risks across wider South Asian communities (Bangladeshi in particular) and our Pre Eid engagement has helped us establish good links across the Muslim communities in this cohort. We expect to widen the Pakistani sounding board to facilitate these communities once we have established significant inroads across the Pakistani communities, including but not limited to Muslim South Asian communities. For other Muslim communities from Europe and the African continent, we expect to reach these communities through our African and migrant sounding boards.

Disabled people; the rates of both COVID infection and death is significant for disabled people. We have utilised an existing engagement structure through Our Manchester Disability Board to get up and running with a sounding board for this cohort. We have learnt about inaccessible communications and engagement from this sounding board and started to make significant inroads in the areas of access for shielding, digital services, flu vaccinations and test and trace and are developing mechanisms to ensure public health messaging will reach disabled people in accessible formats at the same time as standard messages go out. Given the existing known barriers to access for this cohort, we are exploring the possibility of a disabled people's hub in Manchester in partnership with the VSCE sector to provide a one stop shop for disabled people to access accurate, timely COVID related advice and information.

Older White Irish communities: We are seeing an emerging increase in disproportionate numbers of older white Irish COVID cases in the city, and they are also a group with a relatively high number of admissions and deaths in the first wave. As a result, we will work with anchor Irish originations such as the Irish World Heritage centre, Irish community care, Irish centres, businesses and pubs in the city to form a sounding board and a list of community influencers to better understand the challenges and concerns from these communities.

Refugees, asylum seekers, and migrants: without detailed local data showing us disparities among these communities, we are fully aware that the overall health inequalities for these groups are significantly poor and will evidence we need better reach to these communities. Therefore, we will set up a sounding board drawn from anchor organisations across the city such as MRSN, Yaran, Refugee action, Boaz trust, Rainbow Haven to help us better reach these communities. This will be complimented by primary care support lead for the refugee and asylum seeker.

Gypsy, traveller and Roma communities; Again, without detailed local data showing us disparities among these communities, we are fully aware that the overall health inequalities for these groups are significantly poor and will evidence we need better reach to these communities. Risk of loss of work, overcrowding, multi-generational living, movement between sites has already been highlighted to us through our neighbourhood engagement work.
In regard to Manchester's Roma communities, key community leads have told us issues include lack of literacy, poverty and very low employment rates. Lack of common nationality (e.g. different Eastern European communities with different cultures and language) and extreme lack of trust in statutory bodies will be barriers to engagement. We will set up a sounding board and list of community influencers to help us establish key routes and channels for communications.

Sex workers; our engagement lead is working with MASH and the Men's room to get key messages out.

The city's Homeless strategy is led by Manchester City Council and is outside of scope for CHEM.

Occupational risk: We have taken swift action to protect our staff across health and care since April this year, developing one of the first risk assessment frameworks for

primary care that includes a comprehensive ethnicity and disability risk assessment toolkit. This embedded quickly and is used to provide extra protection measures for rapid deployment of staff to different roles as well as for staff in existing roles. We have met more challenges in embedding these risk assessments in the care sector which is more independent and has a wider number of providers. However, we continue to promote best practice, for example we have shared the North West BAME ADASS workplace risk assessment toolkit. We have strengthened our regular monitoring mechanisms for providers to ensure they are protecting front line staff. The CHEM group is now joining resources to improve occupational risks for taxi drivers, public transport providers and front-line staff in businesses and leisure facilities, particularly where we receive evidence that BAME citizens may be more at risk.

Household risk: Much of the work to date through our VSCE infrastructure work has been to test out the challenges for reducing household risks for 'at risk' communities. We are now nuancing our advice and support to households where inter-generational living, overcrowding and reliance on formal or informal care can mean extra precautions are required to reduce risk. We expect to take a similar approach for gypsy and traveller communities, refugee and asylum seekers and others with less secure housing options as our next priority area.

Social and physical environments: We have developed our support and advice to be more culturally competent to ensure citizens who for reasons related to religious observance need to engage in groups outside of their household, providing tailored messages for large gatherings and events. We are also addressing the different ways in which our citizens eat food together, shop or engage in leisure activities and tailor messages about risk reduction in different settings.

Shielding: We are working closely with our primary care lead and group for shielding to develop a communications campaign for people who have been shielding that will use health/neighbourhoods/VSCE networks to disseminate messages about keeping safe but also empowering people to access support and to go out safely.

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Manchester City Council
Report for Resolution

Report to: Health Scrutiny Committee - 9 February 2021
Executive – 17 February 2021

Subject: Adult Social Care and Population Health Budget 2021/22

Report of: Chief Executive Manchester Local Care Organisation and Executive Director of Adult Social Services

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Summary

As a result of the COVID-19 Pandemic there has been additional demand for services and reductions to Council's income (as set out in the global monitoring report to Executive 17 Feb 2021). This left the Council facing a significant budget gap for 2021/22 onwards. Funding announcements in the government's spending review on 25 November and provisional local government finance settlement on 17 December mean the Council will not be facing the worst-case scenario for 2021/22, (which was a shortfall of around £100m). The government settlement assumes eligible Councils will increase Council Tax by 3%, for the Adult Social Care precept. After accounting for additional Adult Social care funding through both additional precepts and grant the revised savings proposals from all Directorates total £41m.

This report details the service and financial planning and associated budget strategy work that is taking place for adult social care with partners across the health and care system.

It details the identified and proposed opportunities to make savings in 2021/22 aligned to the remit of the Health Scrutiny Committee, to support the City Council to achieve a balanced budget in 2021/22.

As adult social care is both within the MHCC health and care pooled budget, works in partnership and is increasingly focused on integrating with community health services through the Manchester Local Care Organisation (MLCO); this report is jointly presented to the Scrutiny Committee by the key partners of MHCC, MCC and MLCO, noting the areas that will be led by MLCO.

It is important to note that the health contribution to the pooled budget is currently unknown as the NHS has not published the financial regime for 2021/22 yet.

Recommendations

The Health Scrutiny Committee is asked to consider and make comments on the budget proposals identified prior to being considered by Executive in February 2021.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
The budget reflects the fact that the Council has declared a climate emergency by making carbon reduction a key consideration in the Council's planning and budget proposals.

Manchester Strategy outcomes	**Summary of how this report aligns to the OMS**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The effective use of resources underpins the Council's activities in support of its strategic priorities as set out in the Corporate Plan which is underpinned by the Our Manchester Strategy
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	
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	

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Background documents (available for public inspection):

Not applicable.

1.0. Introduction

1.1. A key priority of the Our Manchester Strategy is to radically improve health and care outcomes in the city. Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city. It has been agreed through the Manchester Partnership Board that the role and function of Manchester Local Care Organisation (MLCO) is to be the delivery vehicle for reducing health inequalities and improving population health of people in Manchester. This has become even more critical due to the disproportionate impact of COVID on many of our communities.

1.2. The Locality Plan, 'Our Healthier Manchester', represents the first five years of ambitious, transformational change needed to deliver this vision. The Locality Plan is fully aligned with the Our Manchester approach. This will mean supporting more residents to become independent and resilient, and better connected to the assets and networks in places and communities. Services will be reformed so that they are built around citizens and communities, rather than organisational silos. The Locality Plan is aligned to the Council's Corporate Plan priority - 'Healthy, Cared for People'.

1.3. Manchester City Council's Adult Social Care (ASC) services support people who have been assessed and meet the eligibility for care and support under the Care Act 2014. Following an assessment, a support plan sets out how the needs of people will be met and services are arranged to meet that need and help people to continue to live as independently as possible.

1.4. The Population Health (PH) commissioning and strategic role is set out in the Manchester Population Health Plan, the City's overarching plan for reducing health inequalities and improving health outcomes for residents across the life course.

1.5. For 2021/22, the budget plan for Adult Social Care will be essentially part of the Manchester Local Care Organisation (MLCO) Operational Plan. This report provides the final budget proposals following Scrutiny consideration of key considerations in November 2020 and January 2021. An overview and update of the development of the MLCO Operating Plan is provided at **Appendix 2**. For Population Health, the necessary focus on COVID-19 by the Director of Public Health (DPH) and the Population Health Team, means that 2021/22 will now be the transition year to ensure the appropriate transfer of some population health functions and associated budgets to the MLCO. The DPH will work with the Chief Executive of the MLCO, Deputy Chief Executive and City Treasurer and MHCC Chief Finance Officer to agree the Transition Plan by 31 March 2021.

1.6. The City Council is working with NHS Partners to strengthen the MLCO by continuing to support the planned transfer of functions and actions to accelerate health and social care integration through the LCO in the city. This is a critical area of development given the challenges faced by the response and recovery from Covid-19, the financial circumstances of all partners,

widening of health inequalities in the city, and potential national policy and legislative changes for the NHS and social care.

1.7. A key component of this work for 2021/22 will be around revising the governance and financial frameworks associated with the partnership between MCC and Manchester CCG (MHCC) and the partnership between MCC and MFT (MLCO) including pooled budget arrangements. Officers are working to prepare the new arrangements for implementation for 2021/22 and a report will be brought back to Health Scrutiny with further details once drafted for consideration. Similar to previous arrangements however, the Council will determine the scale of contribution into the pooled budget, and this is detailed in this report.

Background and Context

2.0. ASC Statutory Responsibilities - Services, Eligibility, Care and Support

2.1. Manchester City Council has statutory responsibilities to meet the requirements of the Care Act 2014. The Act entitles all adults to a social care assessment, and, subject to meeting the threshold for eligibility, the care and support required to meet their needs and outcomes set out in the Act.

2.2. This support ranges from advice and information (minimal cost) to very intensive services (potentially costing several hundreds of thousands of pounds per person per annum). Whilst the Care Act 2014 places a statutory duty on ASC to meet assessed needs and outcomes it does not prescribe how these should be met. In discharging its statutory duty ASC retains discretion to determine how an individual's needs and outcomes should be met within available resources.

2.3. Adults Eligibility: The Care and Support (Eligibility Criteria) Regulations 2014 sets out the eligibility criteria and determines an adult meets the eligibility criteria if:

(i) the adult's needs arise from or are related to a physical or mental impairment or illness;
(ii) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified below; and
(iii) as a consequence there is, or is likely to be, a significant impact on the adult's well-being.

2.4. The outcomes that are specified for adults are: Managing and maintaining nutrition; Managing and maintaining hygiene; Managing and maintaining toileting needs; Being appropriately clothed; Being able to make use of the home safely; Maintaining a habitable home environment; Developing and maintaining family and personal relationships; Accessing and engaging in work, training, education or volunteering; Making use of necessary facilities or services in the local community including public transport, recreational facilities and services; Carrying out any caring responsibilities the adult has for a child.

2.5. For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult:

(i) is unable to achieve it without assistance;
(ii) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
(iii) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or is able to achieve it without assistance but takes significantly longer than would normally be expected.

2.6. These eligibility criteria apply equally to Carers, where the carer's physical or mental health is, or is at risk of, deteriorating and is unable to achieve similar outcomes; unable to achieve care without assistance; without causing the carer significant pain, distress or anxiety; or is able to care without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.

2.7. In Manchester, this means that we support a large number of Manchester residents meeting adult social care needs. At December 2020 (latest complete figures) we supported:

- 4,943 older people (long term support to 65+)
- 2,809 younger adults (long term support to 18-64)

These figures include:

- 1,246 adults with learning disabilities (long term support)
- 652 adults with mental health needs (long term support)
- 6,208 of the people we support are living in the community
- 1,016 people in residential care
- 528 in nursing care

We provide:

- Homecare to 1,974 people
- Supported accommodation to 756 people
- Support via shared lives schemes to 174 people
- Support via an extra care scheme or neighbourhood apartment to 125 people
- Cash personal budget or Individual Service Fund to 631 people
- Day care to 349 people

In addition:

- nearly 10,000 (9,519 in 2019/20) items of equipment and adaptations are installed/provided annually
- c.6,000 blue badges (6,378 in 2019/20) are issued annually and
- in 2019/20 1,818 people benefitted from our core reablement service.

- 621 carers were assessed in 2019/20
- 8,818 safeguarding concerns were responded to
- 1,255 safeguarding enquiries were completed

3.0. Population Health

3.1. The Population Health (PH) commissioning and strategic role is set out in the Manchester Population Health Plan, the City's overarching plan for reducing health inequalities and improving health outcomes for residents across the lifecourse. The social and economic impact of Covid-19 has further exacerbated health inequalities in the city.

3.2. The Manchester Population Health Team is currently leading the City's public health response to Covid-19 as set out in the 12 Point Action Plan which is updated on a monthly basis. The Plan includes the detail of key actions to be undertaken in relation to the Manchester Test and Trace Service, managing outbreaks, community engagement and communications, work with schools, universities and businesses and specific sections on our most vulnerable residents and care homes.

3.3. The Population Health Team is also responsible for commissioning a range of preventative services (children's public health, wellbeing, drugs and alcohol, and sexual health services) totalling approximately £34m. These services address health impacts upstream to reduce demand on more expensive health and social care services.

3.4. The majority of these services are mandated responsibilities, i.e. services that must be provided such as Health Visiting, Schools Nursing, Open Access Sexual Health Services and Health Protection Services.

3.5. The Public Health Grant was reduced by 6.2% (£3.3m) in 2015/16, with further reductions of 2.2% in 2016/17, 2.5% in 2017/18, 2.6% in 2018/19 and 2.6% in 2019/20. The impact on Manchester's public health funding was a £8.652m reduction by 2019/20. There was a major redesign and recommissioning of all public health services from 2015 and significant savings were delivered across all key programme areas including 25% savings for drugs and alcohol, 33% savings for sexual health, 50% savings across wellbeing services and 15% savings across children's public health.

3.6. Despite the capacity challenges of Covid-19 the Manchester Population Health Team continue to work on the overarching Wellbeing Model for 2022, which will bring all services together in an integrated way under the MLCO arrangements. This model will deliver a significant return on investment over a longer term timeframe and improve health outcomes for residents.

4.0. Covid-19 Pandemic and the ASC Improvement Programme - Context and Impact on Adult Social Care

4.1. The Covid-19 pandemic presents a unique challenge for the country and Manchester. It also presents a challenge to ASC to undertake it's functions of

assessment, support planning, monitoring, review and safeguarding (the five core responsibilities of social work within the service) and the commissioning and delivery of care and support though internal services and the social care market within Manchester.

4.2. ASC has played a critical role in supporting vulnerable people across the city to remain safe and as independent as possible, continuing to live within the community and preventing crisis and the need for more intensive health and social care services. In addition, throughout the pandemic, work has continued with the hospitals on rapid discharge arrangements to discharge people as soon as people are medically fit, ensuring valuable capacity is available in the hospitals.

4.3. From the outset, ASC's response plan was structured around clear objectives:

(i) Continuity of care for vulnerable people assessed under the Care Act;
(ii) Minimising risk of harm/fatality; and
(iii) Protecting the credibility and reputation of health and social care and partners (it is important at times of national crisis that Manchester people see that our social care and health system has acted in the best interest of people and in a joined up way that has met their needs - this deepens the trust and future co-operation as public services and residents face future challenges together).

4.4. Focusing on these three objectives has meant that the service has responded well to the pandemic including ongoing support to care providers, ensuring supply and provision of PPE, testing of citizens and staff, recruiting additional support workers to meet capacity gaps and undertaking safe and well calls to support vulnerable citizens and those not accessing services. The service has been able to keep a close overview of issues and challenges within social work teams, in house provider services and the external care market throughout the response period, which has meant that support provided has been targeted and managed and there has been no need to enact Care Act Easements provisions at stage 3 and 4 introduced through emergency legislation nationally. Only a very limited number of services were paused (within Provider Services) whilst other services have continued to operate throughout the pandemic, adapted to be delivered in a different way.

4.5. Central to making this possible was the support from the Council over the last 18 months to invest to re-build front line staffing levels, to improve leadership and support to the social work assessment function and the commitment to the Improvement Programme within ASC. The investment for 2019/20 and 2020/21 to stabilise and build strong foundations in the service provided significant resilience to be able to work through the challenges of the pandemic.

4.6. Limited work has continued on the Improvement Programme in 2020/21 with capacity being required to respond to Covid-19. The work has included reducing waiting times across the service and improved leadership and performance management. The investment has led to a significant reduction in

the waiting list and other improvements in practice. Between November 2019 and November 2020 (latest data) there has been a 69% reduction in waiting lists for those entering the service prior to allocation (i.e. 69% fewer citizens waiting), a 42% reduction in waiting lists for work ongoing and 38% reduction in waiting lists for reviews. There is ongoing work to further reduce the waiting lists.

4.7. The rest of the year will present a particular challenge as ASC is likely to face increased contact from citizens for support and will need to make assessments and set up care and support within the best practice of social distancing and PPE to prevent / mitigate the risks of a local outbreak of the virus. In addition, safeguarding enquiries are increasing which puts significant pressure on neighbourhood and specialist community teams. The recent move to Tier 3 and Covid-19 Wave 2 adds significant additional risk into service and financial planning.

4.8. There are still a number of areas of focus for ASC going forward, which will need to be prioritised as part of wider recovery planning within our health and social care LCO and through the Better Outcomes, Better Lives programme. This will need to ensure that the work to stabilise and strengthen the service continues. This includes ensuring that the processes within Liquid Logic and the financial system (contrOCC) are working effectively and support practice and payments; continued roll out of strengths based working including strength-based practice framework; further strengthening management and supervision arrangements.

Revenue Strategy

5.0. 2021/22 Budget Context

5.1. The Adult Social Care and Population Health budget priorities relate to the Corporate Plan priority theme of **'Healthy, Cared for People'**. This is to work with partners to enable people to be healthy and well and support those who need it most, working with them to improve their lives:

- Support Mancunians to be healthy, well and safe
- Improve health and over time reduce demand by integrating neighbourhood teams, that are connected to other services and assets locally, delivering new models of care
- Reduce the number of people becoming homeless, and enable better housing and better outcomes for those who are homeless

5.2. The Adult Social Care Improvement Programme in Manchester that commenced in 2018 has been driving change and longer term sustainability through investment in workforce, a shift of focus to 'our people in place' via the mobilisation of Integrated Neighbourhood Teams (INTs) and transformation to new ways of working underpinned by 'our culture' and the Our Manchester strategy. Significant investment has been made within the programme to deliver safe, effective and sustainable services that take a 'strengths based' approach to assessment and care and support planning. Mobilised INTs are

beginning to realise tangible outcomes relating to joint visits with improved communication between health and social care (i.e. district nurses, social workers, GPs, care navigators, community mental health teams), streamlined referral processes and multi-agency meetings. The outstanding work of this programme has been rolled into the ASC transformation programme; Better Outcomes, Better Lives to ensure the investment made is optimised and benefits and impact realised.

5.3. The Homecare market has been re-procured and is being mobilised to integrate at place level with INTs and to better collaborate in care and support to enable better outcomes. Investment has been made in new and existing care models for example, the expansion of the Reablement Service to reach more people and to better support timely hospital discharge pressures alongside the development of a Complex Reablement Service to support people who require a specialised, longer term approach to enablement. Plans around housing support options continue to mature with new capacity of Extra Care accommodation. These housing options create longer term sustainable responses to care and support, reduce pressures and cost in the system and improve personal choice and independence.

5.4. The Care Market is a vital component of the ASC system supporting Manchester to meet statutory responsibilities and supporting Mancunians to live as independently as possible. During 2020/21 considerable work was prioritised to support our care market in response to Covid-19 and ensure services continued to be delivered to support vulnerable people. Focussed work during 2021/22 will evaluate our current and future needs and the capacity, quality and sustainability of our independent care market. There is potentially a need for capital investment to allow market intervention, enabling a response should market failure occur to ensure continuity of service. This may be short-term in nature, but could be of vital importance to limit the impact of such market issues on residents. Linked to collaboration work with partners, investment may also be needed to build capacity, and in particular creating capacity for specific care needs to ensure that there is appropriate provision for vulnerable residents. This may require new build facilities, or the acquisition of existing buildings which can be tailored to care models.

5.5. Progress is being made to implement integrated health and social care that improves outcomes for residents. The new ways of working in the INTs are starting to deliver changes and the new care models are starting to demonstrate improvements in outcomes.

5.6. The ASC budget can be considered in three parts:

- **the workforce** including social work practice,
- **prevention and reablement** – services provided to help reduce, prevent or delay the need for ongoing formal care or services to help people regain their independence and ability to meet their own needs
- **long term care provision** - ongoing formal care to meet the needs of people to help them to continue to live as independently as possible.

5.7. Significant progress has been made to invest in structures in recent years to ensure the workforce establishment infrastructure is fit for purpose through the improvement plan. Reductions in prevention can have a significant impact as those services often prevent, delay or reduce the need to statutory care and support requirements. The service and finance work programmes are therefore focused on long term care.

5.8. It is not currently expected that budget work in view in this report will have consultation implications for the existing City Council workforce. However, work to accelerate progress towards health and social care integration in the city may lead to further organisational change in due course.

6.0. 2021/22 Budget Proposals

2020/21 Base Budget

6.1. The 2020/21 base budget, approved at the start of the year, was £221.253m and the current 2020/21 budget is £221.003m and is broken down in table 1 below. The key changes to the budget are as follows:

(i) Reduction to reflect the updated employer superannuation rate and pay award allocation (£-0.303m);
(ii) Other minor budget amendments (£0.053m); and
(iii) There has also been changes to individual budget lines in relation to in-year allocations of funding from within the approved budget. This includes demographic growth, price inflation and funding for the national living wage. There remains £2.6m of price inflation and demographics which will be allocated before the end of 2020/21.

Table 1: 2020/21 Budget

Service Area	Narrative	2020/21 Gross Budget	2020/21 Net Budget	2020/21 Budget
		£'000	£'000	FTE
Localities	INT Social workers and primary assessors	13,945	8,494	278.19
Reablement	Core reablement	8,802	5,361	334.67
Learning Disability	Social workers, supported accommodation, short breaks, shared lives and external care	77,744	70,216	623.05
Mental Health	Emergency duty, social workers, external care, supported accommodation	29,313	27,111	7.00
Other Care	Day centres, equipment, community alarms,	71,153	47,544	113.50

	information and advice, cash PBs, carers, homecare, residential and nursing care, external supported accommodation, day care			
Public Health	Wellbeing, sexual health, drugs and alcohol, childrens, health visitors, staffing	42,539	39,717	46.50
Commissioning	Extra care, sheltered housing, homelessness, staffing	11,675	11,442	37.20
Specialist and support services	Staffing	9,862	3,686	95.00
Demography, Inflation and National Living Wage	Remaining balance (to be allocated) of the allocation to reflect population changes and for annual uplifts	2,576	2,576	0
Pooled Budget		**267,610**	**216,147**	**1,535.11**
Asylum		2,982	57	7.00
Voluntary & Community Sector (Adults)		2,096	2,097	0
Safeguarding	Staffing	2,702	2,702	45.50
Other ASC		**7,781**	**4,856**	**52.5**
Total		**275,391**	**221,003**	**1,587.61**

Budget Pressures, Investment and Demography

6.2. For 2021/22, the Council's contribution to the pooled fund will be increased by £19.916m. This is to cover:

(i) The costs of non-pay inflation and an allowance for the National Living Wage (NLW) increase (£3.621m). This figure has been adjusted for the changes to NLW (to increase to £8.91 an hour, up 2.2%. Previously expected to be £9.21) and for the public sector pay freeze. If the position on public sector pay changes then any pay award will be funded;

(ii) Increased demand associated with population growth (£2.831m); and

(iii) £13.464m for the estimated ongoing impact of Covid-19. This is to cover the full year effect cost of discharges (£9.3m), costs for PPE (£2.5m), social work capacity (£0.8m) and population health (£0.8m).

Efficiency Proposals, Social Care Precept and Social Care Grant

6.3. In addition, due to the difficult financial situation facing local government, a £20m savings target was agreed for Adult Social Care. The savings target is being achieved via the ASC Transformation Programme, aiming to improve care pathways and focus support on independence for Manchester People, now renamed as 'Better Outcomes, Better Lives'. The report provides more detail on the programme and whilst the overall savings target is achievable (subject to significant system wide support to delivery arrangements and to specifically address the conditions of success and preventative investment recommendations) this will take 4 years to achieve in full, with a £6.097m net saving for 2021/22. The report to November Scrutiny Committee and Executive therefore set out that the balance was expected to be met from one off system support funding and likely additional central government funding for social care.

6.4. A total of £5.5m system support has been identified to support the budget position in 2021/22 including a recommended carry forward of £1.5m public health funding from 2020/21 (where the focus on Covid-19 related activities has meant that the full allocation has not been spent) and £2.5m residential and nursing funding (where government funding through health has substantially funded new discharges into care over 2020/21), together with £1.5m from MCCG.

6.5. The Spending Review has been announced and the Provisional Finance Settlement has now been published. This included the provision for a 3% social care precept and a one-off £6.316m Social Care Grant for Children's and Adults Services. The grant will not be built into the funding base for 2022/23. It should be noted that the Council has already made provision for the additional costs relating to Covid-19 and demographic growth in the allocation to the pooled budget. The announcements for Public Health grant have not been received, although it has been indicated that there is unlikely to be an inflationary uplift.

6.6. The Council consultation on the 3% precept closed on 24 December. The Council is minded to take the full 3% increase and the funding, worth £5.077m, would be added to the Pooled Budget to support the funding of the £19.916m investment required to meet the ongoing costs from Covid-19 and demand and inflationary pressures detailed. In addition, £3.326m from additional Social Care Grant funding would also be deployed. This would reduce the savings target from £20m to £11.597m.

6.7. The £11.597m target will be met, £6.097m from the £18.400m savings programme through Better Outcomes Better Lives will be delivered in 2021/22, with the full amount being delivered by 2023/24. The balance of £5.500m from

one-off system support as detailed above. The level of savings will increase in future years and replace the one-off grant and support funding provided.

6.8. The Social Care grant is a one-off amount of £6.316m. As stated above, £3.326m will be required to support the pressures detailed, leaving a balance of £2.990m of grant funding available. It is proposed that £2.690m of the remaining balance of the social care grant is allocated to the pool for investment (the balance of £0.300m to Childrens Services).

6.9. For 2021/22 the budget proposals represent a total additional investment of £22.606m to the pool (£19.916m para 6.2 and £2.690m social care grant) and £11.597m savings of which £6.097m are recurrent to be delivered in 2021/22 through Better Outcomes Better Lives and £5.500m is delivered through system support. This is felt to be reasonable in the light of the pressures and risks faced. The position for the delivery of the £11.597m target is also summarised in the table below:

Delivery of savings target	**2021/22 £'000**	**2022/23 £'000**	**2023/24 £000**
Better Outcomes Better Lives	6,097	13,100	18,400
Health and Social Care System Support	5,500	0	0
To be identified	0	1,823	0
Total	**11,597**	**14,923**	**18,400**

NB the increase in 2022/23 reflects that the social care grant being used to meet pressures in 2021/22 (£3.326m) is not built into the base budget.

6.10. The proposed deployment of the balance of social care grant within the pool (£2.690m) is:

(i) Supplementing the demographic funding by £1.090m to support increased capacity within the in-house supported accommodation for people with Learning Disabilities to fund the costs of supporting the new units through the expansion of capacity at Freshwater, Northfields and Scout Drive which in total have added 60 units of capacity. The increase in capacity and type of accommodation is a significant development and has enabled:

- Individuals to live in new purpose built accommodation with their own front door with the aim of increasing independence;
- A more responsive service over the Covid-19 period;
- The opportunity to pilot Technology Enabled Care including 'just roaming' devices; and
- An opportunity to build teams around people ensuring we deliver person centred care and support.

(ii) One-off funding for additional capacity, including external support, of £0.600m to support the implementation of the Better Outcomes, Better Lives programme. The transformation programme and associated savings builds on the areas of previous Adult Social Care savings which

due to issues with capacity with the need to implement the Improvement Plan and more recently the impact of Covid-19, have not been fully realised. The additional support is to provide the capacity and rigour to ensure delivery; and

(iii) To establish a £1.000m public health reserve. There has been an underspend this year while the team have focused on COVID, but it is anticipated that demand for services will increase and in particular, there will be cost pressures if no inflationary funding is provided.

6.11. As the Social Care grant is one-off permanent funding solutions will need to be found for the new Learning Disability units which were originally going to be met through the associated reduced use of other provision as well as for any public health requirements that are ongoing in nature.

6.12. It is important to note that this report only covers the Council's contribution to the Pooled Fund for Adult Social Care. The Health contribution to the Pooled Budget has not been confirmed and that the NHS Financial Regime for 2021/22 has not been published yet. Before the Pooled Fund can be agreed it will be necessary to see the full financial position. In addition, prior to agreeing the Pooled Fund for 2021/22 a full report will be brought to Scrutiny and Executive Committees with the updated S75 agreement and the full budgets in scope of the Pooled Fund from the Council and Health Partners.

Other Budget Changes

6.13. The budget for Homelessness commissioned services (£6.095m) has been transferred to the Homelessness Cash limit to reflect the placement of responsibilities. This therefore reduces the investment and other changes budget figure in Table 2 below from £22.606m to £16.511m.

6.14. The extra care expansion programme continues through 2021 with the addition of schemes at Brunswick, Oaklands House, Gorton and Dahlia House which will add 329 units of additional capacity over the period Sept 2020 to Sept 2021. The revised Extra care 2021/22 budget is detailed in the table below. The additional cost of £1.128m in 2021/22 will be funded through the increase in the Better Care Fund (£0.858m) with the balance (£0.270m) from resources set aside for care budgets within the 2021/22 budget strategy. The extracare programme is a critical element of delivering Better Outcomes Better Lives.

	Expected Completion	Additional Capacity	2020/21 Budget £'000	2021/22 Budget £'000	2021/22 Increase £,000
Oaklands House	May-21	36	365	346	-19
Elmswood Park	Sep-20	72	452	462	10
Brunswick	Jan-21	60	226	462	236
Dahlia House	Sep-21	55	188	272	84
Gorton	Apr-21	106	0	817	817
GM Transformation Funding/ Health			-233	-233	0
Total		**329**	**999**	**2,127**	**1,128**

Summary

6.15. The MLCO 2021/22 draft financial plan (ASC component) is now in a balanced position, albeit recognising an element of the assumptions are non-recurrent and specific to 2021/22. At this stage, whilst the City Council has significant financial challenges, it has been possible, for 2021/22, to avoid the need to identify more difficult service reductions across preventative areas.

6.16. Based on the revisions detailed above the 2020/21 ASC and Population Health budget of £221.003m is increased to £225.917m and analysed by the service areas in table 2 below. A subjective analysis is provided at **Appendix 1.**

Table 2: 2021/22 proposed changes and revised budget

Service Area	2020/21 Net Budget	Approved net savings	Investment and other changes	2021/22 Net Budget
	£'000	**£'000**	**£'000**	**£'000**
Localities	8,494		812	**9,306**
Reablement	5,361	1,421		**6,782**
Learning Disability	70,216	-5,006	1,090	**66,300**
Mental Health	27,111			**27,111**
Other Care	47,544	-2,512	9,182	**54,214**
Public Health	39,717		1,832	**41,549**
Commissioning	11,442		-5,688	**5,755**
Specialist and support services	3,686	-5,500	2,961	**1,148**
Demography, Inflation and National Living Wage	2,576		6,321	**8,897**

Pooled Budget	**216,147**	**-11,597**	**16,511**	**221,061**
Asylum	57	0	0	**57**
Voluntary & Community Sector (Adults)	2,097	0	0	**2,097**
Safeguarding	2,702	0	0	**2,702**
Other ASC	**4,856**	**0**	**0**	**4,856**
Total	**221,003**	**-11,597**	**16,511**	**225,917**

6.17. The City Council, MFT and MHCC will be working with the MLCO Executive to ensure governance arrangements are further developed to provide the key levers for change to realise the ambitions for advancing integration and realising the benefits of a genuinely pooled budget. This will include, for example, effective risk share arrangements between Manchester system partners.

7.0. Capital Strategy / Programme

7.1. The approved ASC capital programme is detailed in the Council's Capital Strategy report, which is included in the suite of budget reports submitted to the Executive and Council. The Capital Strategy also includes details on potential future capital investment which has been identified, and which is expected to be brought forward in the medium term.

7.2. The revenue implications of any approved capital projects have been incorporated into the revenue budget. Before any of the potential investment priorities are approved, the revenue implications of the investment will be reviewed and agreed as part of the approval process.

8.0. MLCO Operational Plan 2021

8.1. The Operating Plan for 2021/22 is currently in development and MLCO is aiming to publish a final draft of the plan by mid/end-April 2021. This is dependent on the publication of national NHS planning guidance, the timetable for which has not yet been made available. It will be supplemented by a Financial Plan for 2021/22.

8.2. The scope of the Plan will be all the functions currently held by the MLCO, as well as the functions agreed to be in the LCO by the Manchester Partnership Board from April 2021.

8.3. Further detail is provided in **Appendix 2** which provides an update on the process to develop the MLCO Operating Plan for 2021/22.

8.4. The Operating Plan will outline the MLCO work programmes aimed at maintaining or improving outcomes through improved service delivery arrangements and addressing the budget savings requirements. They include:

(i) the ASC transformation programme; aiming to improve pathways and focus support for independence for Manchester people, now renamed as **Better Outcomes Better Lives**;

(ii) Advancing integration across the system through the MLCO;

(iii) Working with partners to provide system financial support to maintain community-based care, especially where there is an interim requirement until improved pathways are embedded;

(iv) Commissioning programmes and realising the expected benefits from developing an integrated commissioning, contracting and placement function in the MLCO; and

(v) Working in a focused way over winter to mitigate the impact of Covid-19 on 2021/22.

8.5. Whilst the MLCO Operational Plan remains in development sections 9-11 below provide further detail in relation to Better Outcomes Better Lives, Discharge Arrangements and New Care Models that will be contained in the finance chapter.

8.6. The MLCO Operational Plan will contain the ASC workforce implications, Equality, Diversity and Inclusion considerations, and Risk Management arrangements.

9.0. Improving Pathways and Focusing Support for Independence (Better Outcomes Better Lives)

9.1. Better Outcomes Better Lives is a key programme of work to support people to live as independently as possible and maintain control over their lives. The approach is one of service improvement, ensuring our services are supporting people with strengths-based assessments and better ways of delivering care and support services. Of key importance is prevention and intervening early, as this is the best way to ensure people get the services that are responsive to their needs and prevent, reduce or delay the need for longer term care. We will always meet the long term care needs of individuals where required.

9.2. A significant piece of work on improving pathways and focusing support for independence has been undertaken, starting with how to do this in adult social care. This involves:

(i) Working with individuals using strengths based assessments, empowering citizens to take control of their lives and be able to manage their own conditions where they have the ability to do so. This may be using their own strengths, family and friends or support within the community. This will involve changing expectations across the system, focusing more on independence and working with people through individual assessments

(ii) Acting earlier to prevent problems occurring or escalating;

(iii) Ensuring additional interventions are not being caused by the service failing to get something right first time or unintentionally reinforcing dependency;

(iv) It does not involve: tightening eligibility criteria, restricting access, or stopping non-statutory services.

9.3. The programme has been supported by a commissioned diagnostic piece of work from IMPOWER, a specialist ASC support agency with experience and proven track record with a number of other local authorities to undertake diagnostic work to support the development of evidence-based, sustainable opportunities. Some of the key activities that have been included within this diagnostic work include:

(i) Comprehensive review of available performance and spend data, benchmarked to other local authorities
(ii) Staff survey with over 220 responses;
(ii) Case reviews;
(iii) Observations - contact centre, INTs and hospital site; and
(iv) A trial behaviour change intervention to apply behavioural science techniques to social care and embed these in frontline practice.

9.4. The insights from the programme included:

(i) There is an opportunity to improve pathways and focusing support for independence in order to prevent, reduce or delay long term care, to some degree, in almost half of the cases reviewed. In some cases this maybe a minor change whereas in others a more substantial opportunity. The challenge is how to release the opportunity consistently through the complexity of first contact / assessment / review and expectations or legal challenge of the population being supported;

(ii) There are opportunities emerging to build on the foundations developed in the last 2 years across ASC, to embed strength based practice consistently across all teams; awareness and use of community assets; broadening the Technology Enabled Care (TEC) offer, whilst building confidence in practitioners and people to use TEC; building on the positive impact of reablement by increasing access; implementing the positive changes in the carers offer and changing the front door to be a more co-ordinated preventative offer to prevent flow to community teams.

(iii) These opportunities will only be maximised if underpinned by a responsive approach to commissioning and effective performance management at all levels.

9.5. With a properly resourced change infrastructure and clearly set out conditions of success, this suggests a significant opportunity for savings **over three**

years. The phasing of savings is currently being finalised. **The target for 2021/22 is £6m and this will increase to £18m by 2023/24 (net of investments).** Some of the key conditions of success include early and full engagement of staff; investment in prevention, clear and agile performance management and governance; securing early impact from change to build momentum and capacity and capability to deliver the change. In addition, significant system support is integral to successful delivery. A Better Outcomes Better Lives delivery partner will help support the programme and provide substantial capacity and depth of experience from similar work. This is a substantial investment, over 2020/21 (£0.3m) and 2021/22 (£0.6m) with funding set aside within the 2020/21 forecast budget position and in relation to 2021/22, a proposal to use the grant funding detailed above.

9.6. The key changes in metrics arising from the proposed 'Better Outcomes, Better Lives' programme, based on commencing implementation in 2020 quarter 3, against the 'Do-Nothing' scenario projected to 2021/22 are detailed in the table below.

Metric	**2019/20 Baseline**	**Do-nothing by 2021/22**	**Potential Impact by 2021/22**
Nursing Care clients	672	688	-11
Residential Care clients	1,352	1,384	-40
Supported Accommodation clients	743	770	-28
Homecare clients	2,671	2,890	-57
Reablement clients	1,869	n/a	+518

9.7. Further work is under way to identify what the improvements in outcomes for individuals will be associated with these metrics, such as improved levels of wellbeing, self-care and greater independence.

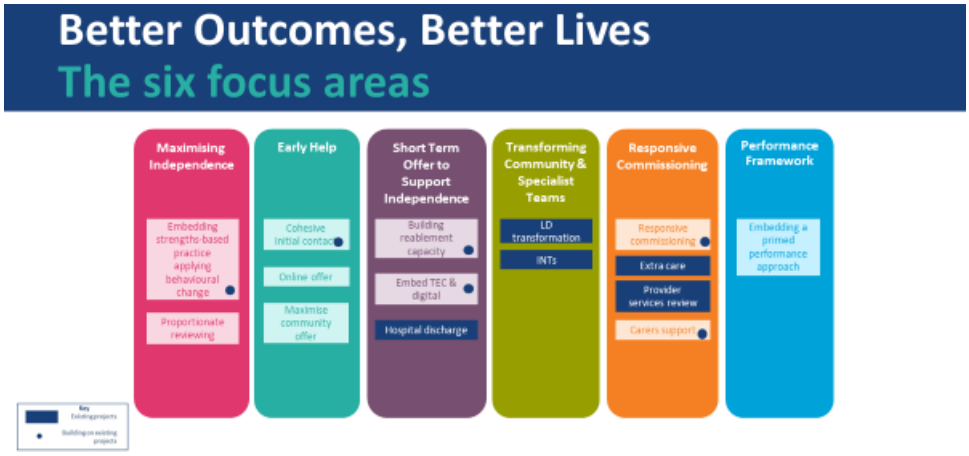
9.8. This programme has now been developed into an implementation plan supported by IMPOWER which addresses and secures the conditions of success. A key element of this is integration with existing MLCO transformation projects set out below into one refreshed programme of change for the next three years.

9.9. The option presented for Better Outcomes Better Lives aims to deliver better outcomes, experience of services for the people of Manchester and better use of resources. This will require significant commitment from all health and social care partners, in order to provide the capacity and capability required to deliver this scale of complex change at speed. It needs to be recognised as the substantive piece of work which will underpin the system's approach to meeting care and support needs across Adult Social Care with many of the principles transferrable to health services.

9.10. The Better Outcomes Better Lives programme is key programme in the MLCO established transformation portfolio. The Portfolio is overseen by the MLCO Recovery and Portfolio Board and is a key responsibility of the Director of Strategy. It comprises a range of transformational and enabling programmes

from Neighbourhood development to the work programme of the Care Homes Board, from Workforce to Estates.

9.11. The programme is comprised of 6 work streams as illustrated below



9.12. Maximising Independence

This is a critical piece of work and builds from work already delivered by the ASC improvement programme which implemented strengths based assessment and support planning into adult social care. This work will focus on further embedding strengths-based practice, applying behavioural change as well proportionate reviewing.

9.13. The work will target specific teams where there are the biggest opportunities to influence demand and increase independence/ensure the most appropriate packages of support in place – specifically the INTs, LD teams and reablement. Four months of intensive support will take place with teams building on the trial intervention which took place with the LD south team. This work has already commenced or will commence in 2020, as part of a sequenced plan across teams

9.14. Early Help

This will build on work already underway to strengthen the front door to adult social care as part of the wider health and social care system. It will include strengthening 'initial contact' by ensuring that staff within the contact centre have the right skills and knowledge available to effectively triage contacts, and signpost to alternative support and equipment that could meet their needs.

9.15. It will also involve strengthening the information and advice offer online – increasing the number of people addressing their needs independently without intervention from adult social care. Further work, building on the covid-19 community response, will take place to expand the voluntary and community sector offer and engagement in prevention and early intervention. <u>This work will all be prioritised in year 2 of the programme.</u>

9.16 Short Term Offer to Support Independence

This work will build on the effectiveness of our reablement offer, building an approach that maximises the independence of citizens being discharged from hospital through 'discharge to assess' (D2A) aligned to 'home first' principles. It will look to increase capacity in the reablement service – including ensure that those who are currently not receiving reablement (but would benefit from it) are able to do so.

9.17. Alongside the reablement offer, further work to build awareness and confidence of frontline staff in using technology enabled care (TEC) and digital options as a 'default' will continue as well as a review of the TEC offer to ensure it reflects the support people need.

9.18. Reablement and TEC are priorities in delivering the desired financial trajectory and therefore will be early priorities for delivery.

9.19. Transforming Community and Specialist Teams

This work will continue the programmes already underway to integrate and transform community teams across health and social care both in LD services but also maximising the opportunities created by the Integrated Neighbourhood Teams. This will align to the work to embed strengths-based practice and ensure that a joined-up approach to assessment and 'care management' is in place across professional groups thus reducing demand in all parts of the system. This work is already a priority, is underway and being monitored as part of the wider MLCO transformation portfolio referred to above.

9.20. Responsive Commissioning

Again, building on work already in train this work will seek to ensure that a commissioning plan and approach are in place that supports the change priorities. This will be integral in developing care market supply of the right quality and price, and support the changing demand trajectories set out within the IMPOWER modelling and the work going forward.

9.21. Dedicated commissioning capacity working alongside social work teams will be key during the work described above ('maximising independence') which will align with work to review the contracts register and procurement plans going forward as well as work inherited from the improvement programme around the efficiency of the interactions between the case management system (LiquidLogic) and payments system (contrOCC) which will need to continue to be prioritised. This work will also include further strengthening the commissioned offer to carers building on the positive work delivered over the last 12 months.

9.22. This work is already a priority and will align to work already underway to review high cost packages of care as well as work to create an integrated commissioning approach within the MLCO across health and adult social care.

9.23. Strengthened Performance Framework

The programme will be supported by a strengthened performance framework which will need to be designed as part of the programme plan, in order to understand progress, delivery and the impact (outcomes and financial) of the objectives described.

9.24. This will need to align to the existing arrangements within the MLCO and these will be clarified as part of the transformation programme. The delivery of such an ambitious, wide ranging and comprehensive programme will not come without significant challenges.

9.25. The service is still responding to the covid-19 pandemic and as such will need to ensure that this transformation work is prioritised alongside continued, immediate and changing demand into the service.

9.26. The right capacity to support the programme will therefore be critical; both programme management support as well as 'change' resources to work alongside teams and individual professionals. They will embed the new ways of working, ensure continued focus on the desired outcomes and ongoing management as well as understanding of performance and delivery to planned financial trajectories. These resources are being confirmed – and include consolidating existing capacity and capability within MLCO, with partners and investing in additional capacity as required.

9.27. It will also be critical that partners and senior stakeholders are collectively and continually supporting the delivery of the programme as a key priority for the city's health and social care system. There will not be capacity for MLCO and the service to take on additional and competing priorities. The opportunities are however significant, and will be realised if the right attention, focus and priority is given to work going forward.

10.0. Discharge Arrangements

10.1. New national hospital discharge guidance has been in place since March 2020 and the current updated guidance will run to the end of the financial year. Substantial costs in 2020/21 are being met from NHS Covid-19 funding. Following completion of care assessments for the clients discharged from hospitals, the City Council will again become responsible for funding care arrangements. The current financial planning assumptions provide for £9.3m additional cost into 2021/22 as the full year effect from discharges from hospitals since March 2020 and modelling of forecast discharge numbers to the end of March 2021. MLCO is working with partners on discharge arrangements, with an effective system based control room and placement function to mitigate the risk of additional placements over the rest of 2020/21. Winter planning arrangements are integral within this. This is very challenging in the context of 2nd wave predictions. Government funding through the extension of the Infection Control Fund also allows further financial support to be passed to providers for manage risks around infection, prevention and control. Through the following key actions the MLCO are aiming to be able to

minimise the £9m requirement which would allow any excess funding to be released, in effect a saving.

(i) The 'Control Room' will work with the acute hospitals to identify people as soon as they no longer need to be an acute hospital bed and will facilitate next steps in care. The Discharge to Assess service will support people to move out of hospital and will assess ongoing needs and appropriate next steps in a non-acute setting – preferably in a person's own home, but otherwise in a non-acute Discharge to Assess bed;

(ii) Strength based assessments will facilitate maximising each person's independence; and

(iii) Access to reablement, where appropriate, will improve each person's baseline and maximise independence.

11.0. New Care Models

11.1. The 2020/21 budget included non-recurrent investment from GMTF and from MCCG on the care models detailed in the table below. The programme of time limited investment into new care models from GMTF is now winding down. In order to sustain current levels of activity, the following cost requires funding in 2021/22 and is currently factored into MHCC Health financial planning assumptions for 2021/22 on a non-recurrent basis. This is key support in ensuring arrangements continue to be sustained. Longer term financial planning is however dependent on the Government also setting out multi-year financial settlements. These care models are now an integrated part of the Health and Social care system and savings are substantially incorporated into baseline budgets, albeit work is on-going on the evaluation to ensure scale and capacity continue to be reviewed in a dynamic changing operating environment and the additional challenges under the Covid-19 pandemic.

Care Model	Funding	2021/22 £'000
Crisis	Health	182
D2A	GMTF	1,584
Extra care expansion programme	GMTF	233
INT – Leads and social work team managers	GMTF	1,044
Total		**3,043**

11.2. The recommendations included within Better Outcomes Better Lives includes further investment in areas such as reablement and technology enabled care and the savings are incorporated into this programme.

12.0. Consultation / Co-production

12.1. A public consultation is currently underway asking residents for their views on the Council's 2021/22 budget savings options. The consultation opened on 20 January 2021 and runs for a period of four weeks, closing on 21 February 2021. In addition to promotion via the Council's website, social media

channels and e-bulletins, a consultation toolkit has been shared with community partners, voluntary and community sector partners, Councillors and key stakeholders to ensure that the consultation is promoted widely within our communities.

12.2. The consultation can be found at www.manchester.gov.uk/budget. The results will be shared at the Budget Resource & Governance Scrutiny Committee on 1 March 2021.

12.3. Co-production is integral to working with Manchester people and is fundamental to the Better Outcomes, Better Lives programme. The programme will build on approaches already developing within learning disability services including:

(i) Embedding co-design into the design and transformation process. As part of this we want to provide a meaningful voice for people with learning disabilities to influence strategic decision making and also to get involved in the design of future service delivery. The first stage of this approach is to co-design a refreshed approach to strategic engagement for the city.

(ii) Understanding what has worked well previously and what people would like to see as part of a refreshed approach. This work is taking place in collaboration with three of our voluntary sector partners; Breakthrough uk, Pathways Associates and People First. We are also keen to widen the scope of engagement with strategic decision making to provide the widest possible representation across the city and also to include the views of parents and carers.

(iii) Ensuring a co-production approach across the programme and at workstream level. Once the strategic engagement approach has been established, we will be working to ensure that people with lived experience are included and consulted across the programme. At this stage we cannot be prescriptive about what form this will take given that we intend to keep co- production principles at the heart of the approach that will be designed in collaboration with people with lived experience, their families and carers and members of the voluntary sector who support them.

13.0. Equalities Considerations

13.1. An Equality Impact Assessment (EIA) is being produced for the Better Outcomes, Better Lives Programme which will consider the impact of the programme on all Manchester communities. As there are now further savings proposals for the ASC budget additional Equality Relevance Assessments and/or EIAs have not been produced.

14.0. Our Corporate Plan

14.1. Our Corporate Plan describes the Council's contribution over the next 2-3 years to delivering the Our Manchester Strategy 2015-2025. These priorities have been refreshed for 2021/22 to align with the reset of the Our Manchester Strategy and to further strengthen the council and city-wide focus on the importance of Equality, Diversity and Inclusion.

14.2. Our Corporate Plan themes and revised priorities are set out in the table below:

Theme	Priority
1. Zero carbon Manchester *Lead delivery of the target for Manchester to become a zero carbon city by 2038 at the latest, with the city's future emissions limited to 15 million tonnes of carbon dioxide*	Support the citywide Climate Change Framework 2020-25 including the Council's roles in reducing citywide CO_2 emissions and improving air quality
	Deliver activities to reduce the Council's own direct CO_2 emissions by at least 50% by 2025, as set out in the Manchester Climate Change Action Plan 2020-25
2. Growth that benefits everyone *Boost the city's productivity and create a more inclusive economy that all residents participate in and benefit from, and contributing to reductions in family poverty, as set out in the Our Manchester Industrial Strategy*	Deliver the Economic Recovery Plan, supporting the delivery of key growth schemes and the protection and creation of good-quality jobs for residents, enhancing skills, and effective pathways into those jobs. Includes support to Manchester's businesses and residents affected by challenges to the international, national and local economy.
	Facilitate economic growth and recovery in different sectors of the economy, which supports the creation of a more inclusive economy.
	Support residents in order to mitigate the impact of poverty and take actions to reduce the number of people experiencing poverty, in particular given the effects of COVID-19. Including young people, older people, BAME groups and people with disabilities
3. Young people *From day one, support Manchester's children to be safe, happy, healthy and successful, fulfilling their potential, and making sure they attend a school graded 'good' or better*	All children to have access to a high-quality education, which is provided in an inclusive way. Children's school attendance to be achieved and sustained at or better than historic levels.
	Support more Manchester children to have the best possible start in life and be ready for school and adulthood. This includes ensuring that the voice of children and young people is heard, and that they have access to youth, play, leisure, and cultural opportunities.

	Reduce number of children needing a statutory service.
4. Healthy, cared-for people *Work with partners to enable people to be healthy and well. Support those who need it most, working with them to improve their lives*	Take actions to improve population health outcomes and tackle health inequalities across the city.
	Support the next phase of health and social care integration in the city, including plans to supercharge Manchester Local Care Organisation.
	Enable delivery through the MLCO of the Adult Social Care transformation programme – 'Better Outcomes, Better Lives' – focused on taking a strengths-based approach, supporting independence, building on the ASC improvement programme and embedding this into the MLCO Operating Model.
	Reduce the number of people becoming homeless and enable better housing and better outcomes for those who are homeless
5. Housing *Ensure delivery of the right mix of good-quality housing so that Mancunians have a good choice of quality homes*	Support delivery of significant new housing in the city, including through an effective recovery from COVID-19.
	Ensure inclusive access to housing by the provision of enough safe, secure and affordable homes for those on low and average incomes. This includes strategically joining up provision, and the improved service to residents enabled by direct control of Council owned housing in the north of the city.
6. Neighbourhoods *Work with our city's communities to create and maintain clean and vibrant neighbourhoods that Mancunians can be proud of*	Enable all our diverse neighbourhoods to be clean, safe and vibrant.
	Embed neighbourhood working across the whole Council and our partners, and deliver services closer to residents.
7. Connections *Connect Manchester people and places through good-quality roads, sustainable transport and better digital networks*	Improve public transport and highways, and make them more sustainable, whilst increasing walking and cycling.
	Facilitate the development of the city's digital infrastructure, to enable delivery of transformed public services and a more economically inclusive and resilient city.
8. Equality *Deliver on our equality, diversity, and inclusion commitments to support*	Work together with Manchester's citizens and our partners to understand our diverse communities, improve life chances, and celebrate diversity.

Manchester's vision to be a progressive and equitable city.	As an employer, ensure a fair and inclusive working environment which recognises, values and responds to the dynamics and opportunities of a diverse workforce.
9. Well-managed council *Support our people to be the best and make the most of our resources*	Development of the future shape of the Council, along with budget reductions and savings.
	Effectively manage our resources, via budget management and planning, support to managers and performance management.
	Carry out the work required to transform our Corporate Core.

15.0. Conclusions

15.1. Financial planning arrangements for the health and social care pooled budget are progressing well. The NHS has not published the financial regime for 2021/22 yet.

15.2. The report presents the updated position on the work in a variety of programmes which are currently being brought together into one overarching programme of change under MLCO programme management and governance arrangements.

15.3. At this stage no specific consultation requirements have been identified. The approach to care management will continue to put meeting clients needs first and foremost but will look to change the approach to doing so, primarily through prevention, building upon the approach to strength based practice and enabling citizens to take more control of their lives, maximising independence and achieving better outcomes and through strengthening commissioning and contracting arrangements.

15.4. The report details 2021/22 budget proposals that represent a total additional investment of £16.511m to the pool (£19.916m para 6.2 and £2.690m social care grant less transfer to Homelessness £6.095m) and £11.597m savings of which £6.097m are recurrent to be delivered in 2021/22 through Better Outcomes Better Lives and £5.500m is delivered through system support. The level of savings from within the Better Outcomes Better Lives programme will increase in future years and substantively replace the one-off grant and support funding provided. The proposed deployment of the balance of social care grant within the pool (£2.690m) is also outlined.

15.5. Further MLCO programmes are also progressing aimed at contributing to financial sustainability including integrated commissioning; fully realising the benefits from integration; and discharge planning to mitigate the financial impact of Covid-19 on 2021/22. The MLCO arrangements for developing the Operational Plan for 2021/22 are underway and the budget proposals will be incorporated accordingly.

15.6. The financial challenges facing the City Council are severe however the more difficult service reductions across preventative areas, where there is some discretion, have been avoided for 2021/22.

15.7. As set out above this report sets out a one year budget for 2021/22, however the longer term implications have been considered and these are considered in the Council's medium term financial planning.

16.0. Recommendations

16.1. As presented at the front of the report.

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Appendix 1 – Net Budget Subjective Analysis 2020/21 and 2021/22

Subjective Heading	2020/21 Budget £'000	2021/22 Indicative Budget £'000
Expenditure:		
Employees	60,533	63,519
Running Expenses	214,687	217,474
Capital Financing Costs	171	171
Contribution to reserves	0	0
Total Subjective Expenditure	**275,391**	**281,164**
Less:		
Other Internal sales	0	0
Gross Expenditure	**275,391**	**281,164**
Income:		
Government Grants	-5,095	-5,095
Contributions from Reserves	-4,152	-4,152
Other Grants Reimbursements and Contributions	-26,172	-27,030
Customer and Client Receipts	-17,738	-17,738
Other Income	-1,231	-1,231
Total Net Budget	**221,003**	**225,917**

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Appendix 2

Manchester Local Care Organisation (MLCO) Operating Plan 2021/22

1.1. The purpose of this appendix is to outline the approach that the MLCO is following in order to develop an Operating Plan for 2021/22. It will be aligned to the Council Business Plan as there are clear interdependencies between the two plans.

1.2. The MLCO Operating Plan sets out the context for the MLCO and our priorities for the next 12 months and how we will work with all partners across public services, acute and primary care to contribute to the delivery of the vision for the city. It outlines our priorities and how the delivery of those priorities will be enabled through our plan for our staff, our IM&T and our estate.

2.0. Background

2.1. The MLCO Operating Plan 2021/22 covers community adult and children's health services and Adult Social Care services. The Council Business Plan will make reference to Adult Social Care services, clarifying that detail on those services will be documented in the MLCO Operating Plan; the rationale behind presenting this appendix to Health Scrutiny.

2.2. The MLCO Operating Plan will also outline how the MLCO will work with wider partners in the City during this financial year through its Transition Programme to 'Supercharge' the MLCO as per the approach agreed through the Manchester Partnership Board in January 2021.

2.3. The MLCO Operating Plan will not cover detail regarding services for those who are homeless.

2.4. The MLCO Operating Plan will be accompanied by a financial plan and strategy that has been developed in partnership with colleagues in MHCC, MCC and MFT. The ASC detail of this has been presented to Health Scrutiny Committee.

3.0. The MLCO Operating Plan 2021-22

3.1. The Operating Plan for 2021/22 is currently in development and MLCO is aiming to publish a final draft of the plan by mid/end-April 2021, noting that timescales are dependent on the publication of national NHS planning guidance.

3.2. The context in which the MLCO operates drives the timetable for the development of our Operating Plan. As an organisation tasked with delivering integrated health and social care services for the City of Manchester, we need to balance the timetable for the City Council planning and financial requirements, alongside those of the NHS.

3.3. The City Council is working to a timetable of February 2021 to approve its budget for 2021/22 and therefore outline its priorities through its Business Plan. However, the national planning timetable for the NHS (set by NHS England/NHS Improvement) has only to date been outlined in very high-level terms, with more detailed guidance unlikely to be published before the end of 2020/21. This is a departure from the usual national approach and is driven by the NHS focus on the response to the COVID pandemic.

3.4. As such at this stage, MLCO is presenting the context (both national and local) and outline priorities upon which its Operating Plan and content will be built to Health scrutiny with a commitment to bring the full draft plan to a future meeting for consideration.

3.5. The MLCO has sought previously to build its Operating Plan from its service plans, especially those of our Integrated Neighbourhood Teams (INTs). Last year we ran a range of planning sessions with all our service leads to establish what they had achieved in the previous 12 months, what they wanted to achieve in the next 12 months and support they needed to be able to do that. It was these service plans that were intended to inform the overall Operating Plan for the MLCO, but prior to the narrative for 2020/21 being finalised, all planning activity in the NHS was suspended and the MLCO moved into an incident-led response to service delivery. It should be noted that a financial plan and strategy was agreed and progressed across partners during 2020/21.

3.6. Due to the continued pressures of responding to the pandemic across health and care services, it will not be possible to undertake such a detailed and consultative approach.

3.7. As such, MLCO Executive will outline a draft Operating Plan, built from our understanding of what our services have delivered over the last 12 months and what we understand the key national and Manchester system context to be for the next 12 months. As we move out of the incident response, we will work with our teams to clarify this context and enable our service teams to document how they will deliver during 2021/22 to meet the national and local requirements, as well as outline how they intend to do that using their local knowledge and understanding of how they will deliver these priorities based on the needs of our residents.

3.8. The MLCO Operating Plan 2021/22, will be comprised of:

- An overarching organisation-wide Operating Plan for 2021/22
- 13 INT service plans
- Service plans for the specialist community (health and social care) services provided to the residents of Manchester that would interact with, but may be delivered on a wider scale than in our neighbourhoods, such as specialist podiatry services or our citywide equipment services.
- A financial strategy and budget plan for 2021/22; the MCC element of this has been outlined to Health Scrutiny.

3.9. The context that the MLCO Operating Plan 2021-22 will be developed based on includes:

- The Our Manchester strategy
  The Operating Plan will demonstrate MLCO's continued commitment and contribution to the vision and objectives of the Our Manchester strategy through the design and delivery of our operating models; through the Plan that we bring forward, we will show how we have done this to date and how we will continue to do this through the next phase of development of the MLCO

- The financial strategy and budget plan for the MLCO
- The emerging context in Manchester, such as:
  - the development of the Manchester Partnership Board,
  - Development of the future shape of the Council
  - the future of MHCC
- The national planning framework for the NHS. Whilst more detail is awaited on this, high level messages have been shared. These include a requirement for the NHS in 2021/22 to focus on:

  - The recovery of non-Covid services
  - Strengthen our plans for our People
  - Plans to address health inequalities
  - Plans to accelerate mental health service expansion
  - Prioritise investment in community and primary care services
  - Implement plans to integrate care (the recent consultation document to establish ICS systems)

3.10. The Operating Plan will be built around our existing strategic framework:

3.11. It will describe what we will do to continue to deliver against our priorities as an organisation. The six priorities are:

- A **population health driven approach** to service planning and delivery; supporting prevention programmes to improve the health of the people of Manchester.
- **Consolidating and strengthening our neighbourhood approach**; supporting our 12 Integrated Neighbourhood Teams (INTs) to make an impact on their communities and continuing to integrate the operations of our community health and social care teams.
- Continue to **design and deliver safe, effective and efficient services** to people in our communities.
- **Mobilising primary care leadership at the heart of the MLCO**; formalising the governance between primary care and MLCO to ensure joint working with the new Primary Care Networks.
- Playing a **lead role in system resilience**; helping people get the right care in the right place with a community first ethos.
- Deliver the **agreed phased approach to the increasing scope of the MLCO** as an integrated health and care organisation; delivering public service reform in the place.

3.12. The MLCO Executive has started to consider some of the key areas it will focus on during 2021/22 to deliver the local and national context, but these are not finalised. Some key areas that the Operating Plan for the MLCO will be clear on:

- The approach we will take with partners to establish the MLCO as the delivery (provider) vehicle in the City to deliver a population health-based approach to service delivery, as well as address the increasing health inequalities gap in the City.
- Our continued focus on the integration of health and social care services for adults and children in the City, working in partnership with our colleagues in Primary Care through our operating model
- A clear mobilisation plan for the ASC transformation programme (Better Outcomes Better Lives); a key deliverable of our budget plan, focused on developing a strength-based approach to enable our residents to become increasing independent and able to self-care.
- Through the Team Around the Neighbourhood, continue to ensure public services are working together to understand the needs of our residents, as well as targeting service responses to meet those needs; the development of the Neighbourhood model for the City.
- Ensure community services continue to support the flow of people through the Manchester Control Room through clear and agreed admission avoidance and discharge pathways.
- Continued work with the Care Market to ensure it is sustainable for the future.
- How we will work with our staff and teams to support them as we move out of an incident response phase to the pandemic and enable them to move to a ‘new normal’.

- How the MLCO will need to operate differently in the context of the MPB, with revised governance arrangements in development that outline new delegations and decision making; which is likely to mean reduced reporting into organisations, as MLCO will have direct and robust accountability arrangements to the MPB
- How the MLCO will work with colleagues in MCC to develop a more integrated and aligned response to the delivery of services for children.

3.13. The timescales for the development and publication of our Operating Plan are currently proposed to be (to note, all timings are indicative and maybe subject to change):

- Outline Operating Plan 2021/22 narrative drafted by end January 2021
- INT service plans and wider service plans (first drafts) by end February 2021
- Financial strategy and budget plan by end February 2021; noting that the MCC part of this will be approved through the February budget setting process.
- Work to develop and refine Operating Plan and supporting service plans during March; aiming to publish the final Operating Plan by end April 2021.

Alignment to the MCC Corporate Plan.

3.14. The MLCO will enable and/or support the delivery of the City Council Corporate plan in terms of:

Theme	**Priority**
2. Growth that benefits everyone *Boost the city's productivity and create a more inclusive economy that all residents participate in and benefit from, and contributing to reductions in family poverty, as set out in the Our Manchester Industrial Strategy*	● Support residents in order to mitigate the impact of poverty and take actions to reduce the number of people experiencing poverty, in particular given the effects of COVID-19. Including young people, older people, BAME groups and people with disabilities
3. Young people *From day one, support Manchester's children to be safe, happy, healthy and successful, fulfilling their potential, and making sure they attend a school graded 'good' or better*	● Support more Manchester children to have the best possible start in life and be ready for school and adulthood. This includes ensuring that the voice of children and young people is heard, and that they have access to youth, play, leisure, and cultural opportunities.

4. Healthy, cared-for people *Work with partners to enable people to be healthy and well. Support those who need it most, working with them to improve their lives*	● Take actions to improve population health outcomes and tackle health inequalities across the city.
	● Support the next phase of health and social care integration in the city, including plans to supercharge Manchester Local Care Organisation.
	● Enable delivery through the MLCO of the Adult Social Care transformation programme – 'Better Outcomes, Better Lives' – focused on taking a strengths-based approach, supporting independence, building on the ASC improvement programme and embedding this into the MLCO Operating Model.
6. Neighbourhoods *Work with our city's communities to create and maintain clean and vibrant neighbourhoods that Mancunians can be proud of*	● Enable all our diverse neighbourhoods to be clean, safe and vibrant.
	● Embed neighbourhood working across the whole Council and our partners, and deliver services closer to residents.
7. Connections *Connect Manchester people and places through good-quality roads, sustainable transport and better digital networks*	● Facilitate the development of the city's digital infrastructure, to enable delivery of transformed public services and a more economically inclusive and resilient city.
8. Equality *Deliver on our equality, diversity and inclusion commitments to support Manchester's vision to be a progressive and equitable city.*	● Work together with Manchester's citizens and our partners to understand our diverse communities, improve life chances, and celebrate diversity.
9. Well-managed council *Support our people to be the best and make the most of our resources*	● Development of the future shape of the Council, along with budget reductions and savings.
	● Effectively manage our resources, via budget management and planning, support to managers and performance management.

3.15. Work is underway between Council Corporate team and MLCO to determine clear delivery plans to support these priorities in the wider context of the MLCO as previously outlined.

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