



Health Scrutiny Committee

Date: Wednesday, 10 November 2021

Time: 10.00 am

Venue: Council Chamber, Level 2, Town Hall Extension

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

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Membership of the Health Scrutiny Committee

Councillors - Nasrin Ali, Appleby, Cooley, Curley, Douglas, Green (Chair), Hussain, Leech, Monaghan, Newman, Reeves, Riasat and Richards

Supplementary Agenda

1. **[10.05-10.30] Health and Social Care - Adult Social Care and Population Health Budget 2022/23** 3 - 22

Report of the Executive Director Adult Social Services and the Director of Public Health

Following the Spending Review announcements and other updates the Council is forecasting an estimated shortfall of £4m in 2022/23, £64m in 2023/24 and £85m by 2024/25. This report sets out the high-level position. Officers have identified options to balance the budget in 2022/23 which are subject to approval.

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 **Friday, 1 November 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension , Manchester M60 2LA

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 10 November 2021

Subject: Health and Social Care - Adult Social Care and Population Health Budget 2022/23

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

Purpose of Report

Following the Spending Review announcements and other updates the Council is forecasting an estimated shortfall of £4m in 2022/23, £64m in 2023/24 and £85m by 2024/25. This report sets out the high-level position. Officers have identified options to balance the budget in 2022/23 which are subject to approval.

The position will be clearer in December 2021 when the Local Government Finance Settlement is received although that is unlikely to provide detailed funding allocations for after 2022/23. A longer-term strategy to close the budget gap is being prepared with an estimated requirement to find budget cuts and savings in the region of £40m per annum for 2023/24 and 2024/25. In addition, £50.6m of risk-based reserves have been identified as available to manage risk and timing differences

Appended are the priorities for the services in the remit of this committee, details on the initial revenue budget changes proposed by officers and the planned capital programme.

Recommendations

The committee is recommended to:

1. Note the forecast medium term revenue budget position.
 2. Consider the content of this report and comment on the proposed changes which are relevant to the remit of this scrutiny committee.
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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 the Contribution to the Strategy
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	

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

- Equal Opportunities
- Risk Management
- Legal Considerations

Financial Consequences Revenue

The changes included within this report are officer proposals and, subject to Member comments and consultation, these will be included as part of the 2022/23 budget preparation.

Financial Consequences – Capital

None directly arising from this report.

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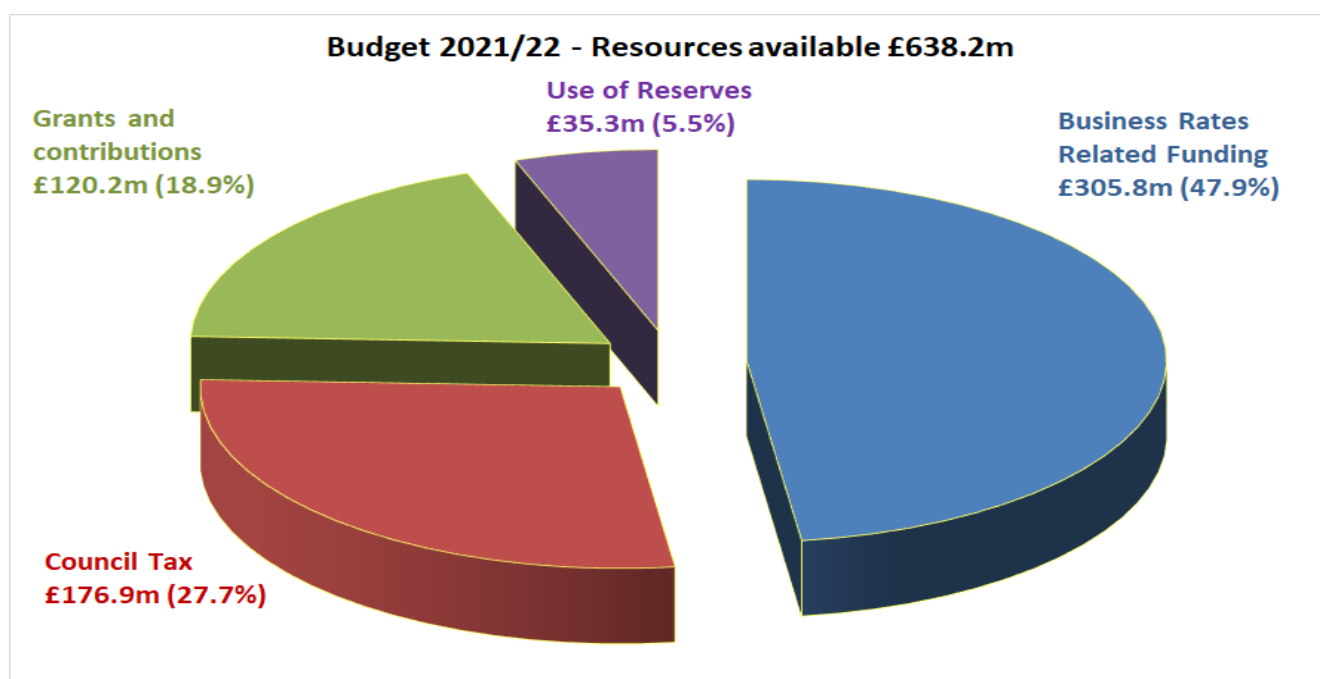
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Background documents (available for public inspection): None

1 Context and Background

- 1.1. Manchester Health and Social Care system financial plans are driven by both Local Authority funding announcements and National Health Service (NHS) financial planning guidance, as in previous years. The Health Planning guidance is anticipated by 24/12/21, with an expectation that the Greater Manchester Integrated Care Board (MCIB) and Manchester Foundation Trust (MFT) will have approved budgets by 31st March 2022. Whilst a move towards a more normal post covid NHS finance regime is anticipated, the details will not be confirmed until the guidance is published, and the implications will not be fully understood until work with system partners takes place during January and February 2022.
- 1.2. There is a statutory requirement for Council's to set their budget by 11 March 2022 and for a consultation to have been carried out with local businesses. This means that provisional Council budget decisions will need to be agreed in January so that the budget can be prepared for February Scrutiny and Executive. Whilst this will be challenging to fit with NHS timescales it is important that where possible the process allows for joint decisions between partners, particularly with regards to the Manchester Local Care Organisation (MLCO).
- 1.3. Whilst it will not be possible to have a fully integrated budget process for 2022/23 it is important to note:
- 1.4. The MLCO is hosted by MFT. The Section 75 agreement between MFT and MCC allows for the delegation of ASC responsibilities to the MLCO Chief Executive and for some of the S151 Financial Responsibilities to the MLCO Finance Director. The S75 agreement includes an aligned budget for community health and Adult Social Care (ASC) and is likely to remain. Ideally there would be a fully integrated budget process to support the MLCO position. With the uncertainty around the NHS reforms and the move to the Integrated Care System, what this means for existing CCG funding and responsibilities, alongside the fundamental changes to the NHS planning round, this is not going to be possible. It is also important to note the NHS funding regime is also going to look substantially different with a move away from the old payments by results system.
- 1.5. 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 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. During 21/22, Population Health funding is being managed by the Council.

- 1.6. For the above reasons, whilst this report will set out the position on the current aligned budget, it will focus on the MCC contribution to the aligned budget and the ASC and Population Health budgets.
- 1.7. On 27 October 2021, the Chancellor of the Exchequer, Rishi Sunak MP, delivered the Spending Review and Autumn budget 2021 to the House of Commons. The Spending Review sets the quantum of funding available for local government whilst the Finance Settlement (expected in December) sets out the distribution to individual local authorities.
- 1.8. The medium-term financial plan remains challenged by uncertainty. There are potential changes to how local government funding is distributed, the Business Rates Retention scheme, and Adult Social Care Reform and associated funding.
- 1.9. The Council's 2021/22 net revenue budget is currently funded from four main sources which are Council Tax, Business Rates, government grants and contributions and use of reserves. In recent years as central government funding has reduced and business rates retention has been introduced the ability to grow and maintain the resources raised locally has become even more important for financial sustainability and is integral to the Council's financial planning.
- 1.10. The following chart shows the current breakdown of resources available.



2. Current budget position

- 2.1. The indicative medium-term position is shown in the table below, full details are provided in the Spending Review and budget update report to Resources and Governance scrutiny committee 9 November 2021.

	Approved 2021 / 22 £'000	2022 / 23 £'000	2023 / 24 £'000	2024 / 25 £'000
Resources Available				
Business Rates Related Funding	156,416	318,969	315,557	333,520
Council Tax	176,857	205,528	204,116	214,567
Grants and other External Funding	120,243	83,040	76,957	74,957
Use of Reserves	184,667	49,857	22,737	7,573
Total Resources Available	638,183	657,394	619,367	630,617
Resources Required				
<i>Corporate Costs</i>	121,096	112,156	113,378	118,016
<i>Directorate Costs</i>	517,087	549,766	569,732	598,099
Total Resources Required	638,183	661,922	683,110	716,115
Shortfall / (surplus)	0	4,528	63,743	85,498

- 2.2. The budget assumptions that underpin 2022/23 to 2025/26 include the commitments made as part of the 2021/22 budget process to fund ongoing demand pressures as well as provision to meet other known pressures such as inflation and any pay awards (estimated at 3% from 2022/23). Whilst this contributes to the scale of the budget gap it is important that a realistic budget is budget set which adequately reflects ongoing cost and demand pressures.
- 2.3. Officers have identified options to balance the budget in 2022/23 which are subject to approval. The detail relevant to this scrutiny remit is included at Appendix 2. If these proposals are supported a balanced budget will be achieved. In addition, £50.6m of risk-based reserves have been identified as available to manage risk and timing difference.

3. Scrutiny of the draft budget proposals and budget reports

- 3.1. The service budget position is attached for the Committee's consideration. The reports have been tailored to the remit of each scrutiny as shown in the table below. The Committee is invited to consider the proposed changes which are within its remit and to make recommendations to the Executive before it agrees the final budget proposals in February 2022.

Date	Meeting	Services Included
9 Nov 21	Resources and Governance Scrutiny Committee	Chief Exec Corporate Services Revenue and Benefits / Customer and Welfare Support Business Units
9 Nov 21	Communities and Equalities Scrutiny Committee	Sport, Leisure, Events Libraries Galleries and Culture Compliance and Community Safety Housing Operations including Homelessness Neighbourhood teams
10 Nov 21	Health Scrutiny Committee	Adult Social Care and Population Health
10 Nov 21	Children and Young People Scrutiny Committee	Children and Education Services
11 Nov 21	Environment and Climate Change Scrutiny Committee	Waste and Recycling Parks Grounds maintenance
11 Nov 21	Economy Scrutiny Committee	City Centre Regeneration Strategic Development Housing and residential growth Planning, Building Control and licensing Investment Estate Work and skills Highways

4. **Next Steps**

4.1. The proposed next steps are as follows:

- The Local Government Finance Settlement is expected mid to late December. The outcome will be reported back to January Resources and Governance Scrutiny Committee (11 January) and Executive (19 January) along with an update on the budget position.
- February Scrutiny Committees (8-10 February) and Executive (16 February) receive proposed budget
- Resources and Governance Budget Scrutiny – 28 February
- March Council - approval of 2022/23 budget - 4 March
- New Municipal Year – early options around 2023/24 & 2024/25 discussed with members.

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Appendix 1 – The MCC Adult Social Care Budget and MLCO Aligned Budget

MCC ASC and Population Health Budget 2021/22

The 2021/22 base budget, approved at the start of the year, is £223.767m and the current 2021/22 budget is £221.463m and is broken down in the table below. The key changes to the budget are as follows:

- Adults PPE adjustment as it has been agreed the anticipated costs are being covered by Health (£2.5m).
- Other minor budget amendments (£0.195m).

Service Area	2021/22 Gross Budget £'000	2021/22 Net Budget £'000	2021/22 Budgeted Posts (FTE)
Provider Services	35,131	28,832	938.06
Hospital Teams, Front door and TEC	5,414	2,459	116.33
Integrated Neighbourhood teams	71,976	46,187	256.02
Complex Services (LD, MH, Transition)	96,756	86,780	76.17
Commissioning MLCO	5,776	4,684	40.80
Back office, citywide support & growth	23,729	9,673	90.50
Total ASC aligned budget with MLCO	238,781	178,615	1,517.88
MCC - Population Health	44,595	40,721	50.60
MCC – Adult Social Care not in aligned budget	5,148	2,128	6.00
Total ASC and Population Health	288,524	221,463	1,574.48

In balancing the 2021/22 budget, an £11.6m savings target was agreed for Adult Social Care and was achieved through the application of system support funding (£5.5m) and 'Better Outcomes Better Lives' (BOBL) programme savings (£6.1m). BOBL is a long-term programme of practice-led change, which aims to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care and is expected to deliver around £18.4m of savings a year by 2023/24. The position for the delivery of the BOBL savings is summarised in the table below:

Delivery of savings target	2021/22 £'000	2022/23 £'000	2023/24 £'000
Savings Target	11,597	14,923	18,400
Better Outcomes Better Lives	6,097	13,087	18,400
Demand Management		1,836	
Savings Gap/(Surplus)	5,500	0	0
Health and Social Care System Support	5,500		
Total	-	0	0

The MLCO was funded at its inception by GM Transformation Funding which was always known to be non-recurrent, however it was agreed as a partnership that costs could be incurred recurrently, for example by appointing permanent staff rather than fixed-term. This was because we expected that these costs would be covered in future years by other growth funding or savings in other areas. However, due to the financial regime within the NHS, that growth funding has not yet been arrived and whilst there are some savings in other areas, this is only covering a very small proportion of the costs. The MLCO is facing an overspend of £6m in this financial year. The Adult Social Care budget alongside this is currently projected to underspend by £2.9m. The position is likely to worsen for 2022/23 with the ending the GM Transformation Fund that was supporting the delivery of the new care models and the funding for corporate costs.

The rest of this paper will focus on:

- The planned changes in the ASC budget contribution to the MLCO and priorities for ASC
- The position on the population health budget

Changes to the MCC Budget Contribution to the Aligned Budget

The 2021/22 budget contribution will be adjusted for the following changes:

- Full year effect of the Better Outcomes Better Lives budget savings £14.923m
- The £13.464m additional ongoing funding provided to support ongoing impact of covid-19 has been reassessed and the following elements have been removed during 2021/22 as they have not been required:
 - Adults PPE adjustment as it has been agreed the anticipated costs are being covered by Health (£2.5m).
 - Potential further reduction of £2m as residential and nursing placements are significantly below estimated levels and the additional funding is not required to deliver this service. The funding be used to avoid the need for large budget cuts in 2023/24.

And the planned changes to core funding below:

- The costs for the National Living Wage (NLW) increase (£5.7m 22/23, £5.6m 23/24, £6.0m 24/25) which will be reviewed as part of the minimum wage

increase recently announced. An uplift to National Living Wage of 6.6% to £9.50 per hour was announced as part of the Spending Review. An additional £2.5m in 2022/23 has been allowed for over the £3.1m already included in the 2022/23 budget, and will be passed through to our providers through our contracts.

- Increased demand associated with population growth (£1.9m 2022/23, £1.9m 2023/24, £2.3m 2024/25)
- Reduction of the one off 21/22 Social Care Grant of £2.690m
- £2.150m increase in recurrent budget through the mainstreaming of adults' investment to support the ongoing delivery of the ASC Improvement Plan.
- Provision has been made for inflationary price increases and potential pay awards. This is held centrally and will be allocated to service budgets when the detail is available. Inflation has been rising and the following provisions have been made within the draft Revenue Budget:
 - The ongoing impact of the potential 2021/22 pay award (£0.8m) and assumed 3% increase per year (£7.5m a year)
 - National Insurance increase of 1.25% (£1.5m)
 - The full year effect of electricity price increases forecast at £7.2m next year reducing to £5.5m thereafter.
 - Increased allowance to cover general contract inflation and gas of £4m (above existing £4m per year). This is net of additional income which could be achieved through a review of Sales, Fees and Charges. A 2.5% increase would raise around £2m and reflect the increases in costs of providing the services charged for.

The assumptions and actions highlighted above provide additional investment in the service overall and should result in a sufficiently robust budget to deliver against the known demands. This should negate the need for further budget cuts, but this will not be confirmed until the finance settlement is received in December.

No further funding has been identified to support the overall pressures within the MLCO, with the whole system approach looking to more effectively prioritise the resources available within the funding envelope. The overall allocation of these resources will be reassessed with health partners once the Finance Settlement has been received and NHS funding allocations are known.

At the Budget and Spending Review, the government has acknowledged its commitments to reform social care for the long term and announced £5.4 billion of additional funding to reform adult social care, to be funded by the new Health and Social Care Levy. In England this will end unpredictable costs for people across the country by introducing a cap of £86,000 for personal care costs and expanding the means tested support to people with less than £100,000 in relevant assets. At least £500 million from this package will fund investment in the skills, qualifications and wellbeing of the care workforce.

The new Health and Social Care Levy, along with an increase to the rates of dividend tax, will raise around £13 billion per year for spending on health and social care across the UK.

Appendix 2 – Adult Social Care Priorities and Population Health Priorities

1. Adult Social Care Priorities

- 1.1. 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.
- 1.2. This support ranges from advice and information (minimal cost) to very intensive services. 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. Adults Eligibility: The Care and Support (Eligibility Criteria) Regulations 2014 sets out the eligibility criteria and determines the circumstances in which an adult meets the eligibility criteria.
- 1.3. In Manchester, this means that we support a large number of Manchester residents with adult social care needs. At October 2021 (latest complete figures) we supported:
 - 5,064 older people (long term support to 65+)
 - 2,927 younger adults (long term support to 18-64)

These figures include:

- 1,291 adults with learning disabilities (long term support)
- 768 adults with mental health needs (long term support)
- 6,365 of the people we support are living in the community
- 1,049 people in residential care
- 582 in nursing care

We provide:

- Homecare to 1,914 people
- Supported accommodation to 686 people
- Support via shared lives schemes to 182 people
- Support via an extra care scheme or neighbourhood apartment to 114 people
- Cash personal budget or Individual Service Fund to 655 people
- Day care to 338 people

In addition:

- More than 9000 (9,090 in 2020/21) items of equipment and adaptations are installed/provided annually
 - c.6,500 blue badges (6,770 in 2020/21) are issued annually
 - In 2020/21, 1,415 people benefitted from our core reablement service.
 - 1424 carers were assessed in 2020/21.
 - 13178 safeguarding concerns were responded to in 2020/21.
 - 1079 safeguarding enquiries were completed in 2020/21.
- 1.4. Adult Social Care in Manchester is deployed into the Manchester Local Care Organisation (MLCO) alongside delivery of community health services in the city which is governed via a section 75 agreement between MCC and Manchester Foundation Trust (MFT). This agreement was approved in August 2021 and deploys responsibility for all Adult Social Care services into MLCO including delivery of our assessment function, safeguarding, our in house provider services and the commissioning of the external market to meet assessed need. The responsibility for assessment and safeguarding in mental health lies with Greater Manchester Mental Health Trust (GMMH) via a separate section 75 agreement.
 - 1.5. The section 75 agreement between MCC and MFT includes a Financial Framework which sets out the approach to the management of an 'aligned' budget across MCC and MFT for the services in scope of the MLCO. The ASC budget referred to in this report constitute the MCC contribution to the aligned budget.
 - 1.6. The fundamental priority for Adult Social Care in 2022/23 remains the safe, effective delivery of our statutory duties as outlined above in the Care Act as well as our duties in the Mental Capacity Act and the Mental Health Act.
 - 1.7. In January 2021 we commenced delivery of a major transformation programme, building on the Adult Social Care Improvement Programme – Better Outcomes, Better Lives. Better Outcomes, Better Lives is long-term programme of practice-led change, which aims to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care. The programme is central to delivering the savings set out in the 2021/2022 budget agreed by the Council in March 2021 as well as savings in 2022/23 and 2023/24. Further detail on the programme is provided via an update on Health Scrutiny on the same agenda.
 - 1.8. Further work is required for budget setting for 2022/23 to understand in detail the financial impact of Better Outcomes, Better Lives in 2021/22 alongside other factors influencing the number of citizens we support including covid and the implications of the hospital discharge programme.

- 1.9. Our work on Better Outcomes, Better Lives will continue in 2022/23 with an accelerated focus on two additional workstreams in 'phase 2' which will positively impact on our demand management strategy:

Early Help/ASC Front Door - The number of new contacts that we receive through the contact centre is much higher than we would normally expect to see at this time of year, and are consistently above the three year average. This is likely driven by the Covid-19 pandemic and is putting considerable pressure on our services. The purpose of the Early Help workstream is to ease some of these pressures.

See and Solve (Transforming Community Teams) – The purpose of see and solve will be to address entrenched system barriers that get in the way of practitioners taking decisions which empower residents and build on their strengths. This work will focus most intensively on our learning disability services initially given the complexity of demand and the high costs of support and will align to our commissioning plan.

- 1.10. As part of phase 2 we are also developing a full Equalities Impact Assessment for the programme starting with understanding the equalities impacts for each workstream. This will give us insight into ensuring that our work supports our wider vision in health and social care to reduce health inequalities in the city.

- 1.11. Aligned to our work on Better Outcomes, Better Lives we will continuing to be focused on:

- Ensuring we have the **right internal capacity** to support all of our work including assessment capacity on a permanent basis (including qualified social workers) and project/programme management and change capacity
- Supporting hospital demand through the **MLCO Control Room and our discharge to assess work**, ensuring that we continue to see positive outcomes from the model on the number of people accessing long-term care following hospital discharge
- Strengthening our work to **safeguard adults**
- Reviewing our **in-house provider services** (primarily supporting people with learning disabilities), aligned to our strengthened approach to commissioning and work with LD assessment services as described above, ensuring that these services are supporting our demand management strategy and delivering the very best outcomes, including consideration of capital requirements
- Strengthening our **partnership arrangements with GMMH**
- Working with colleagues in Housing and other partners to ensure the right supply of **housing and accommodation for vulnerable adults** in the city
- Continuing to **support the care market intensively** (including homecare and care homes), particularly given significant recruitment and retention

challenges, aligned to our Commissioning Plan and performance and quality regime

- 1.12. In April 2022 Manchester Health and Care Commissioning (MHCC) – the CCG in Manchester, will cease to exist with responsibility for health commissioning moving to the newly formed Greater Manchester Integrated Care System (ICS). ASC within the MLCO will be working with colleagues to ensure that this change is beneficial for Manchester residents and that we are continuing to work to strengthen the MLCO and maximising opportunities for integration including in our collective commissioning of the external market.

2. Population Health

- 2.1. The position in 2021/22 regarding the public health contracts with local authorities and the associated pay costs with the NHS pay rises is that the NHS providers have been given advice not to pass on this cost for this financial year. As per the NHS guidance for H2 21/22 “Funding will also be provided to systems to support the pay pressures on those parts of providers’ cost base which would usually be covered by local authority (LA) and Health Education England (HEE) income.” Therefore, there won’t be any additional funding to local government this year. The guidance is awaited regarding the funding of NHS pay awards in 2022/23. The Council will passport any additional funding received for the pay award.
- 2.2. As per the Spending Review, the public health grant will remain the same in real terms which will significantly undermine the ability of local systems to reduce health inequalities without further investment in prevention by the NHS.

Population Health Budget and Priorities

- 2.3. The Manchester Population Health Team is responsible for commissioning Children’s Public Health (including Health Visiting and School Nursing Services), Wellbeing (addressing wider determinants such as housing and work alongside support to reduce smoking, reduce levels of obesity and increase physical activity), Sexual Health (treatment and prevention), and Drug and Alcohol (treatment and prevention) Services for the city. In addition, the Population Health Team leads the delivery of the city’s Age Friendly Manchester programme. The team is also responsible for leading and contributing to strategic partnership work to reduce inequalities in the city and leading the city’s Health Protection (infection control, immunisation programmes) and Health Intelligence (Joint Strategic Needs Assessment) functions.
- 2.4. The work of the Population Health Team is led by the Manchester Population Health Plan (2018-2027) that describes the city’s overarching plan for reducing health inequalities and improving health outcomes for Manchester residents. It sets out the ten-year vision for health and wellbeing, and the strategic priorities identified to support this vision which were informed by the 2010 Marmot Review “Fair society, healthy lives”.

2.5. The Population Health Plan strategic priorities are:

- Improving outcomes in the first 1,000 days of a child's life
- Strengthening the positive impact of work on health
- Supporting people, households, and communities to be socially connected and make changes that matter to them
- Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
- Acting on preventable early deaths

2.6. The key metrics for commissioned services include:

- Delivery of the National Healthy Child Programme- stages of development checks (Health Visiting) and the National Child Measurement Programme (NCMP)- years 1 and 6 (School Nursing)
- The Be Well Service measures outcomes for service users in terms of physical and mental health and wellbeing, work-related health and connection to community networks working with a target population of individuals from the most deprived areas within the city, and individuals from diverse backgrounds. Other wellbeing services measure smoking quitters, smoking in pregnancy, increase in physical activity and delivery of health checks in primary care.
- Rates of HIV, syphilis and gonorrhoea, and provision of long-acting reversible contraception (LARC) in primary care and sexual health service providers
- Successful drug and alcohol treatment completions, successful completed treatments in the latest 12-month period re-presenting within 6 months, and percentage of clients waiting over three weeks to start first intervention

2.7. The health of the people in Manchester has generally been worse than the England average across a range of outcome measures with a worsening of health outcomes in Manchester starting to become apparent in the years prior to the start of the Coronavirus (COVID-19) pandemic in 2020. The pandemic has had the effect of accelerating and strengthening that pre-existing trend. Recently published data on life expectancy at birth over time in Manchester compared with England shows that life expectancy has fallen (i.e., got worse) for both males and females in Manchester in the 3-year period 2018-20 compared with the previous period of 2017-19.

2.8. The priority for 2021-22 has been to support commissioned services in their recovery from the impact of the pandemic on their service delivery and their clients. In addition, we have begun to develop a Population Health Recovery Framework based on the following three pillars:

- Healthy People (recognises the impact of social disadvantage and socio-economic circumstances on health outcomes)

- Healthy Places (recognises the geographical inequalities within Manchester and between Manchester and other parts of the region and country)
- Health Equity (recognises the groups of people and communities that face additional multiple and compounding barriers, prejudice or discrimination owing to factors such as race, sexual orientation, disability, and migrant status)

A re-fresh of the Population Health Plan is also underway to reflect the impact of the pandemic on the city's health and wellbeing and the exacerbation of health inequalities for our residents.

2.9. The key actions in tackling diversity and inclusion will be led by the Manchester Population Health Recovery Framework which will support the delivery of the Population Health Plan with a focus on three pillars of work within the context of the COVID-19 pandemic. Each pillar has a “flagship” programme of activity to address the root causes and wider determinants of health inequalities alongside the broader partnership working to create the conditions for healthy lives.

2.10. The three “flagship” programmes are:

- Healthy People- Manchester's Wellbeing Model to improve the wellbeing of Manchester's residents based on the level of support people need to look after their own health and wellbeing
- Healthy Places- Winning Hearts and Minds to work in, and with, communities to improve heart and mental health across the city, with a particular focus on North Manchester
- Health Equity- COVID-19 Health Equity Manchester to address the disproportionate adverse impact of COVID-19 on specific communities in Manchester and ensure the legacy of COVID-19 is that lessons learned are implemented and improve the broader health outcomes of these communities

2.11. As the Committee is aware the Director of Public Health will build on this work and lead a Citywide Task Group to ensure the recommendations from the Marmot review: 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives' are implemented and the agreed Marmot Beacon Indicators are monitored by the relevant Scrutiny Committee.

Appendix 3 – Capital budget and pipeline priorities

The current approved capital programme, as at period 6 in 2021/22, is shown below alongside the funding to be used. Details on potential future investment opportunities are also shown, but these remain subject to approval.

Approved Capital Programme

Service Area	2021/22	2022/23	2023/24	2024/25	Total
	£'000	£'000	£'000	£'000	£'000
Gorton Health Hub	10,193	9,831			20,024
Other	527				527
Total	10,720	0	0	0	20,551

Funding of Approved Capital Programme

Service Area	2021/22	2022/23	2023/24	2024/25	Total
	£'000	£'000	£'000	£'000	£'000
Grant	340				340
External contributions					
Revenue Contribution to Capital	187				187
Capital Receipts					
Borrowing	10,193	9,831			20,024
Total	10,720	9,831	0	0	20,551

Future Investment Priorities

The following projects are potential future investment opportunities, which may be brought forward in the future:

- There is a potential need for Adult Social Care to intervene in the social care market to shape the market to meet health and social care needs including new build facilities, or the acquisition of existing buildings which can be tailored to care models. There are no specific schemes in the pipeline, and these would be developed with health service partners. There may also be a need to address areas of market failure to ensure continuity of service. The intervention may be short-term but could be vital in limiting the impact on residents. By its nature this may need to be actioned quickly and appropriate budgets and approval routes are being considered.

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