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MANCHESTER
CITY COUNCIL

Health and Wellbeing Board

Date: Wednesday, 20 March 2019
Time: 10.00 am
Venue: Council Antechamber - Level 2, Town Hall Extension

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Membership of the Health and Wellbeing Board

Councillor Richard Leese, Leader of the Council (Chair)
Councillor Craig, Executive Member for Adults (MCC)
Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)
Councillor Bridges, Executive Member for Children’s Services (MCC)
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Dr Murugesan Raja GP Member (Central) Manchester Health and Care Commissioning
Dr Claire Lake Member (South) Manchester Health and Care Commissioning
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Jim Potter, Chair, Pennine Acute Hospital Trust
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Mike Wild, Voluntary and Community Sector representative
Vicky Szulist, Chair, Healthwatch
Dr Tracey Vell, Primary Care representative - Local Medical Committee
Paul Marshall, Strategic Director of Children’s Services
David Regan, Director of Public Health
Bernadette Enright, Director of Adult Social Services
Dr Angus Murray-Browne, South Manchester GP federation
Dr Vish Mehra, Central Primary Care Manchester
Dr Amjad Ahmed, Northern Health GP Provider Organisation

Agenda

1. Urgent Business
To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. Minutes 5 - 12
To approve as a correct record the minutes of the meeting held on 23 January 2019.

5. Manchester Mental Health Transformation Programme 13 - 32
Report of the Executive Director - Nursing, Safeguarding and Commissioning, Manchester Health and Care Commissioning and Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust is enclosed.

6. Care Quality Commission - Local System Review 33 - 48
Report of Director of Adult Social Services, Manchester City Council and Executive Director - Nursing, Safeguarding and Commissioning, Manchester Health and Care Commissioning is enclosed.

7. Thematic report on Cancer (Prevention, Treatment and Care) in Manchester 49 - 64
Report of the Executive Director - Nursing, Safeguarding and Commissioning, Manchester Health and Care Commissioning is enclosed. A presentation will be given to the Board.

8. Establishment of Manchester Active and efforts to address the challenge of physical inactivity in Manchester 65 - 72
Report of Strategic Lead - Parks, Leisure and Events, Manchester City Council and Chief Operating Officer, Manchester Active is enclosed.

9. **Manchester Climate Change Board** 73 - 80
Report of Director of Population Health and Wellbeing and Programme Director, Manchester Climate Change Agency is enclosed.

Information about the Board

The Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the health and social care services for Manchester. Its role includes:

- encouraging the organisations that arrange for the provision of any health or social care services in Manchester to work in an integrated manner;
- providing advice, assistance or other support in connection with the provision of health or social care services;
- encouraging organisations that arrange for the provision of any health related services to work closely with the Board; and
- encouraging those who arrange for the provision of any health or social care services or any health related services to work closely together.

The Board wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the committee officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda.

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Smoking is not allowed in Council buildings.

Joanne Roney OBE
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Further Information

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This agenda was issued on **Tuesday, 12 March 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

Health and Wellbeing Board

Minutes of the meeting held on 23 January 2019

Present

Councillor Richard Leese, Leader of the Council (MCC) (Chair)
Councillor Bev Craig, Executive Member for Adult Health and Wellbeing (MCC)
Councillor Garry Bridges, Executive Member for Children's Services (MCC)
Kathy Cowell, Chair, Manchester University Hospitals Foundation Trust (MFT)
Dr Ruth Bromley, Manchester Health and Care Commissioning
Dr Murugesan Raja, GP Member Manchester Health and Care Commissioning
David Regan, Director of Public Health
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Vicky Szulist, Chair, Healthwatch

Also present
Peter Blythin, Director SHS Programme – Manchester University Foundation Trust
Michael McCourt, Chief Executive – Manchester Local Care Organisation
David Houliston - Strategic Lead, Policy and Strategy
Sarah Doran - Strategic Lead, Population Health and Wellbeing, Manchester Health and Care Commissioning (MHCC)
Dr Sohail Munshi, Chief Medical Officer, Manchester Local Care Organisation

Apologies
Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)
Jim Potter, Chair, Pennine Acute Hospital Trust
Mike Wild, Voluntary and Community Sector representative
Paul Marshall, Strategic Director of Children's Services
Dr Vish Mehra, Central Primary Care, Manchester
Dr Tracey Vell, Primary Care Representative, Local Medical Committee

HWB/19/1 Minutes

Decision

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 31 October 2018.

HWB/19/2 Manchester Local Care Organisation - Update

The Board received a report from the Chief Executive – Manchester Local Care Organisation (MLCO) which provided an update on the development of the Manchester Local Care Organisation. The report provided an overview on:

- Integrated Neighbourhood Team Development;
- New Models of Care;
- Winter resilience and system escalation;

- Phase 2 development; and
- Clinical Advisory Group.

The Board was informed of the activities that had taken place in the first 10 months of the MLCO which had focussed on four key functions:

- Prevention Services;
- Integrated Neighbourhood Team;
- High Impact Primary Care
- Work with hospitals to access care in the community to prevent hospital admission and quicker discharge from hospital.

The Chair invited questions.

A board member commented that a key principle of the MLCO, when it was established, was the work with citizens on service improvement and on a design model of care and asked how this was working. Reference was also made on issues regarding the forwarding on of patient's paperwork to care homes on their discharge from hospital. It was reported that NHS procedures does not allow email to non NHS email accounts and has made the process difficult and prolonged.

It was reported that co-production was a theme in the design of the key functions and this included the engagement of citizens on access to and the delivery of care and would continue to be a feature of the organisation. A report supporting work on engagement would be submitted to a future meeting of the Board. The matter of the NHS procedure not emailing to non NHS accounts would be taken back and discussed with the MHCC and MLCO in order to address the issue.

The Chair reported that work was ongoing to further develop Neighbourhood Working to harmonise working boundaries for services provided by the Council and health.

Decisions

1. To note the report submitted and specifically, the following points:

    - The significant progress made in the establishment of a Local Care Organisation (LCO) for the City of Manchester initially outlined in the LCO Prospectus and realised from April 2018 through the establishment of the MLCO.

    - The signing of the Partnering Agreement by each of the partner organisations of the MLCO; Manchester University NHS Foundation Trust, Manchester City Council, Manchester Primary Care Partnership, Greater Manchester Mental Health NHS Foundation Trust and Manchester Health and Care Commissioning, enabling the MLCO to establish in April 2018.

    - The continued progress made in implementing and delivering the New Care Models associated with the Greater Manchester Transformation

Fund and Adult Social Care Grant and continued development of Integrated Neighbourhood Team hubs.

- The creation of a co-designed and all-encompassing approach to the MLCO key deliverables for 2018/19 to ensure that it is best placed to meet the needs of communities and neighbourhoods of Manchester regarding integrated health and social care.

- The proposed priority of the Clinical Advisory Group to develop a clinical strategy for Manchester and the resourcing required to enable the Group to deliver a clinical strategy.

2. To approve the proposal to recognise the Manchester Local Care Organisation - Clinical Advisory Group as the clinical and professional leadership group for Manchester reporting to the Manchester Health and Wellbeing Board.

3. To note the comments raised.

HWB/19/3 Clinical Advisory Group – 2018/19 Progress and Priorities for 2019/20

The Board received a report from the Chair of the Clinical Advisory Group (CAG) which provided an update on the work of the Clinical Advisory Group in 2018/19 and the Group's priorities for 2019/20. The CAG first met in December 2017 and is made up from a wide range of stakeholders from across health related services and interested organisations.

The Chair invited questions.

Board members welcomed the work and activities being undertaken by the Clinical Advisory Group and commented that it was important to ensure that connections were established with other organisations to maintain communication and avoid duplication of work streams. Reference was also made on the broader representation on CAG, in particular the inclusion of patient groups and university student representatives. The point was also made that involving representatives with relevant skills on particular matters would help to use the Group's time efficiently. The Chair of MHCC highlighted the need to ensure that there was a unified approach and that it would be useful to have further discussions about the interface with MHCC Clinical Committee.

Decisions

1. To note the report submitted and the work of the Clinical Advisory Group in 2018/19.

2. To approve the approach that the Clinical Advisory Group will take in 2019/2020.

HWB/19/4 Manchester Child Death Overview Panel – 2017/2018 Annual Report

The Board received a report from the Consultant in Public Health/ Chair of the Manchester Child Death Overview Panel (CDOP), which provided a summary of the key issues that have been identified by the panel regarding deaths reviewed and closed between 1 April 2017 and 31 March 2018. The review of the deaths related to children that are normally resident in the area of the City of Manchester and aged between 0 to 17 years (excluding still birth and legal terminations of pregnancy). The CDOP is a subgroup of the Manchester Safeguarding Children's Board and has a statutory requirement to produce a local annual report based on the cases closed and their findings.

The Chair requested that the minutes of the Manchester Children's Board be submitted to future meetings of the Health and Wellbeing Board to raise awareness of the board's work.

Decisions

1. To note the report submitted.

2. To agree that the Manchester Child Death Overview Panel will report to the Health and Wellbeing Board via the Manchester Children's Board from 2019-2020.

3. To request that the minutes of the Manchester Children's Board are circulated to the Health and Wellbeing Board members for information.

HWB/19/5 Infant Mortality Strategy

The Board received a report from the Director of Population Health and Wellbeing which provided information on current trends, patterns and risk factors associated with infant mortality in Manchester. The report also highlighted the increasing level of infant mortality rates since 2011-2013 following a long period of year on year reductions. The report included for approval, the final version of the five year, multi-agency strategy to reduce infant mortality and support those affected by baby loss. The strategy also contributes to the Manchester Population Health Plan "First 1000 days" priority.

The Chair invited questions.

A board member referred to modifiable risk factors listed in the report and asked and what work was being done to address other modifiable risk factors such as consanguineous marriage.

It was reported that consanguineous marriage is an issue in areas in Greater Manchester and a genetic counselling referral service is available at hospitals where a family history is identified as a modifiable factor.

A board member referred to the importance of anti-natal care and asked what was the level of non-take up and how this could be delivered as part of an inclusive health programme.

It was reported that an inclusive health programme will include access to good quality anti-natal care on time to reducing the risk of infant mortality. The late booking of anti-natal appointments prevents pregnancy checks taking place t help to detect issues early in pregnancy and allow action to be taken.

A board member referred to the target date for the rollout of the Baby Clear Programme and asked if this was still on track to start in March 2019.
The report was welcomed for the reference made to the importance of housing conditions in particular safe sleeping arrangements and housing conditions provided by private landlords and in temporary accommodation.

It was reported that the rollout of the Baby Clear programme is being negotiated across Greater Manchester and is expected to be introduced in a phased approach. It was anticipated that the north Manchester phase could be adapted and be in place by the end of March 2019 with smoking cessation services in south and central Manchester by the end of July. Services and advice for cessation of smoking in pregnancy will continue to be offered to pregnant mothers through brief interventions and it was anticipated that full city wide coverage will be in place by the end of July 2019.

The board was informed that safe sleeping was crucial for baby health. Many cases of baby death had been attributed to a baby sleeping in the same bed as its parent. Other factors included poverty, poor quality accommodation, overcrowded rooms, fuel poverty and damp properties raise the risk of serious illness in children and increased infant mortality.

Decisions

1. To note the report and the comments raised.

2. To approve the Manchester Reducing Infant Mortality Strategy.

HWB/19/6 Operational Local Health Economy Outbreak Plan - Manchester

The Board received a report from the Director of Population Health and Wellbeing which set out the response arrangements of emergency responders to an outbreak of infectious disease within Greater Manchester requiring multi-agency coordination.

The Outbreak plan is owned by the Greater Manchester Resilience Development Group on behalf of the Greater Manchester Resilience Forum and is authorised by the Greater Manchester Resilience Forum and the Local Health Resilience Partnership.

In addition to the Greater Manchester Multi-Agency Outbreak Plan, each local health and care economy has been asked to produce a local Operational Outbreak Plan to clarify local arrangements in the event of outbreak situations.

The Operational Local Health Economy Outbreak Plan for Manchester has been developed in partnership with all organisations who may be involved in the event of an outbreak and has been tested and validated through real outbreak scenarios that we have dealt with in the past 12 months.

Decisions

1. To note the report submitted.

2. To approve the Operational Local Health Economy Outbreak Plan for Manchester.

HWB/19/6 Manchester and Greater Manchester Local Industrial Strategies

The Board received a report from the Deputy Chief Executive which provided an update on the development of the Manchester and Greater Manchester Local Industrial Strategy and the respective engagement approaches. The Strategies support the delivery of the Our Manchester Strategy and the Greater Manchester Strategy by setting out priorities to deliver a more inclusive city and city region. To support the report, the Board received a presentation “Developing Manchester’s Industrial Strategy”.

The Chair invited questions and comments on the Strategy.

A member referred to the research to be commissioned relating to a Low Productivity Review and made the point that rather than taking the view of this area in a productivity sense could focus be given to developing existing foundational economies and industries as areas of growth and as a benefit in and of themselves. The presenting officer was asked what views they have on this suggestion and where that focus may lead the review.

A member commented that it was important for the strategy to recognise the work within the childcare and young people sector and the importance of enabling those involved to develop their skills and develop the value of their work.

The Chair referred to the Greater Manchester Independent Prosperity Review and the range of experience of the panel members involved. The Chair stated that evidence suggests that much of the employment created over the past decade is insecure, part-time work. This situation presents an area of challenge within the foundation economy in work sectors such as social care to improve wage levels, conditions of service and productivity factors. The Chair stated that the Greater Manchester Local Industrial Strategy is an agreement with the Government, however the delivery of the strategy would be hindered due to a dysfunctional national educational skills system that will require further negotiation with the Government. The Chair suggested that it was likely that other issues would be raised from the

evidence produced by the review which will not form part of the agreed local industrial strategy. As a result, the Local Industrial Strategy was unlikely to form the economic development policy at a local level or GM level and further challenges would be presented outside of this.

A member questioned what the strategy will mean for people living within Manchester

In response to the points raised it was reported that there are challenges within the sectors and occupations referred to and it was recognised that there were fewer mechanisms to build upon social value work in those areas. It was reported that the Council is supporting the GM Good Employment Charter and an Ethical Care Charter had helped to take this work forward. Work on social care was currently underway involving external partners which has focussed on the wider benefits as well as productivity. It was reported that the strategy was ongoing and would reflect the responses on productivity sectors and foundation economies and will recognise many areas of work across the city. It was reported that the communications team is involved in the process to present key messages in a meaningful way to engage with residents to improve access to good quality employment.

In noting the comments made the Chair commented that following a science technology audit it was noted that Greater Manchester is globally competitive in the sector of health innovation. The Chair made reference to a review carried out on the state of the city which had identified low economic activity rates within the over 50s age group, which was broadly representative of Greater Manchester. He reported that work was ongoing to take forward the “Working Well” and the “Employment” Programmes on a wider scale and achieving this through the GM Strategy would provide real value.

Decision

To note the report submitted and the comments and suggestions received.

HWB/19/7 Manchester University Hospitals Foundation Trust – One Year Post Merger Report

The Board received a report from the Single Hospital Service Director which provided the Board with a summary of the key achievements and lessons learned in during the organisation’s first year of operation. A copy of the Manchester University NHS Foundation Trust One Tear Post Merger Report was also submitted.

Decision

To note the report submitted and welcome the good progress that has been achieved following the merger.

Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 20 March 2019

Subject: Manchester Mental Health Transformation Programme

Report of: Greater Manchester Mental Health NHS Foundation Trust and Manchester Health and Care Commissioning

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Summary

This paper provides the Health Scrutiny Committee with a progress report on Manchester Mental Health Services, following the acquisition on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The paper covers an update on progress made since January 2018, or 26 months since the acquisition, of the transformation programme, organisational change and development.

Recommendations

Health and Wellbeing board is asked to note the contents of this report.

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 paper outlines developments which will increase access to mental health services for people in the city
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round 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	GMMH service transformation is being modelled in line with placed based care
Self-care	

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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.

-On 2nd March 2017, the Health Scrutiny Committee received a report on the plans and progress at that time regarding Manchester Mental Health Services; post acquisition.

-On 10th October 2017, the Health Scrutiny Committee received a report on 'Improving access to Psychological Therapies' (IAPT), the progress that had been made and plans moving forward.

-On 30th January 2018, the Health Scrutiny Committee received a report on 12 month progress of the transformation of services since the acquisition of services by Greater Manchester Mental Health NHS Foundation Trust

1. Introduction

The intention of this paper is to provide the Health and Wellbeing Board with a progress report at just over 24 months following the acquisition of Manchester Mental Health Services, on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH).

The paper provides an overview of the achievements delivered to date through the clinical transformation programme and the plans for the coming year.

2. Background

For over a decade, Manchester Mental Health and Social Care NHS Trust (MMHSCT), the main provider of mental health services in Manchester had been subject to enhanced monitoring, external reviews and had faced a number of significant challenges. In January 2015, the Board of Directors of MMHSCT agreed that the Trust was unsustainable in its current form and approved the Trust Development Authority (TDA) recommendations to enter the Transaction Approval Process.

The outcome of a competitive process saw the selection of Greater Manchester West Mental Health NHS Foundation Trust (GMW) as the preferred acquirer of MMHSCT. In turn, GMW submitted a Full Business Case and commenced the transition/transformation process for Manchester Mental Health Services. GMW formally acquired the Manchester Services on the 1st January 2017 and became Greater Manchester Mental Health NHS FT (GMMH).

This paper provides an update to the board on current service delivery for the trust, the progress made in the transformation programme and summarises where future service development is required.

In summary, the changes made have resulted in the expansion of some services and pathways of care (highlighted in section 3). Key performance indicators for these services (outlined in section 4) are showing increased access to services with reductions in waiting times. The mental health care services in Manchester are enabling people in need of acute mental health inpatient care to receive this within the city or within Greater Manchester, thus reducing the need for the use of out of area beds. Commissioners and GMMH believe that consistent improvements in performance will continue to be seen in the new calendar year as the new models of care embed and become fully operational, patients will begin to experience the difference in service offer, as outlined in section 3.

GMW proposed a number of key Clinical Transformation priorities to address the requirements of the commissioner specification for mental health services in Manchester. The commissioner specification outlined a series of key deliverables - the safe transition of services and the transformation of services in line with the Mental Health Improvement (MHIP) Programme/specifications, and place based care.

The priority MHIP pathways, which form the current scope of the transformation programme, and are within the NHS 2 year contract awarded in 2017 are:

- An Integrated Care Pathway for Common Mental Health Problems
- An Integrated Care Pathway for Acute Crisis
- An Integrated Care Pathway for Rehabilitation from Psychosis and Longer-Term Care

In addition to the transformation programme agreed with MHCC, GMMH are also undertaking service developments, some of which are aligned to Greater Manchester (GM) transformation workstreams, including:

- The development of ‘Core 24’ compliant Mental Health Liaison Services in acute trusts, ensuring specialist 24/7 mental health expertise is available in A&E departments and wards in acute trusts for the provision of assessments, interventions, care planning and training/ advice.
- The provision of a Children and Young People’s ‘All Age’ Mental Health Liaison Service in Acute Trusts, as an extension to existing Liaison Services which are for people aged 16 years +.
- The development of a Specialist Perinatal Community Mental Health Team for Greater Manchester to safely and effectively meet the needs of mothers with serious mental illness and their infants in a community setting using a recovery model. This service is delivered by GMMH.
- The delivery of a homelessness trailblazer project to improve access and assessment for homeless people in Manchester.
- In November 2018 the Trust implemented full roll out of a new patient information system, replacing the previous system which had been in place for over 10 years.

3. The transformation programme – A summary of achievement

GMMH have delivered transformation via a series of Transformation Working Groups (TWG). Each TWG is focussed on delivering the priority areas for clinical transformation and service Improvement. Membership of each TWG includes clinicians, operational managers, GMMH corporate teams, service users and carers and where appropriate external stakeholders and partners.
The TWG’s are as follows:

- Improving Access Psychological Therapies (IAPT)
- Acute Care Pathway, including:
  - Access to Services/Single Point of Contact (SPOC)
  - Enhanced Community Mental Health Team(s) (CMHT)
  - Home Based Treatment
- Urgent Care, including:
  - Mental Health Liaison into Acute Trusts
  - Section 136 Facility
- Reduction in Out of Area Placements, including:
  - Adult Acute and PICU Inpatient Out of Area Placements (OAP)
  - Rehabilitation Pathway
- Community Engagement

Table 1

Clinical Transformation Work Streams	**Link to MHIP**	**Services in Scope**	**Timescales for delivery – GMMH to input**
Improving Access to Psychological Therapies (IAPT) including: Step 4 Psychology	Integrated Care Pathway for Common Mental Health problems	Primary Care Psychological Therapies	Transformation programme complete, now business as usual with routine operational & performance management.
Acute Care Pathway (ACP) including: ▪ Single Point of Contact (SPOC) ▪ Home Based Treatment (HBT) ▪ Enhanced Community Mental Health Team(s) (CMHT)	Access to Services which enables effective triage and access to right care	Gateway Team Primary Care Hub 3 Home Based Treatment Teams 6 Adult CMHT's 3 Older Adult CMHT's	Enhanced Community Model to be fully operational November 2018.
Urgent Care including: Mental Health Liaison into Acute Trusts Section 136 Facility	Integrated Pathway for Acute crisis	3 Liaison and Emergency Department Mental Health Teams	Liaison transformation ongoing in line with GM programme S136 suite at NMGH opened 2nd July 2018.
Reduction in Out of Area Placements (OAPs) including: Acute inpatient Care, Psychiatric Intensive Care Unit Rehabilitation Pathway and reduction in OAPs.	Integrated Pathway for rehabilitation from psychosis and severe and enduring mental health problems	Adult Inpatient Wards Psychiatric Intensive Care Wards Rehabilitation Wards and Community Provision	Progressing in line with trajectory to eliminate OAPs by 2021.
Community Engagement including: • Enabling co-production	To confirm the mental health offer within the LCO Stakeholder and	CMHTs Recovery Services	

• The Manchester Wellbeing Fund • Community Wellbeing Hub	service user engagement		

Furthermore the Trust has also supported investment and development of improved clinical environments, with £1.68m, invested in improving the environments at Park House, £550k at Laureate House and over £820k committed to a future project which will enhance the delivery of community environments, which will support the delivery of an enhanced community model in Manchester.

To support the IM&T infrastructure and service user choice agenda, more than 300k was invested in a clinical PCMIS system, to support the implementation and delivery of IAPT services and provide more flexibility in the way service users access IAPT services. A further £1.2m has enabled the delivery of a new patient information system.

A positive outcome of the acquisition process has been a shared understanding and position between MHCC and GMMH of what services and KPIs should be delivered from the block contract following acquisition. This has enabled an analysis of gaps between what was required to deliver the stretch targets and service expansion outlined in the Mental Health 5 Year forward view, and how this expansion and new resource dovetails with the transformation programme.

Commissioners have monitored delivery of transformation as part of the contract process and the detail of what has been delivered as a result of these working groups is outlined below:

4. Improving Access to Psychological Therapies (IAPT)

4.1.1 Summary of Progress to Date

Objective	Progress to date
Revised clinical model developed with stakeholders which meets prevalence requirements for Manchester.	• Secured additional funding for North Manchester pilot to ensure at least 20% of those service users with a common mental health problem and a co-morbid Long term condition accessed the service, and a further business case developed & approved to meet 19% prevalence in 2019/20, in line with the national target. • Redesigned the pathway to optimise early opportunities to facilitate self-management & secondary prevention • Stepped care 'IAPT Plus' model to improve patient flow through the pathway, manage resources more efficiently & meet the needs of service users more effectively • Delivered a Citywide single point of access to Step 2 & Step 3, ensuring easy access for service users and referrers, consistent triage / assessment & referral to the most appropriate service in a timely way • Working in partnership with Third Sector providers

	• Providing a sustainable solution to achieve consistent performance against the range of national & local metrics. • Implementation of a waiting list initiative to address historical long waits in former Step 4. • Invested in a new clinical recording system that is easier for staff to use and supports the efficiency of clinical delivery. • Capital works have taken place to utilise Chorlton House as an IAPT Hub, ensuring improved access for service users. • Invested £850K in the redesign of Harpurhey to develop the community wellbeing hub, with provision of 10 dedicated IAPT counselling rooms alongside the continued provision of a range of groups & activities to support health & wellbeing in the local community, which is due to open in June 2019. • The IAPT team in the South Division have moved into a new local premise, Adamson House.

4.1.2 Summary of Impact and Outcomes:

- In 2018 we have seen a 26% increase in the number of people receiving help from Manchester IAPT services.
- An overall reduction of waiting times by 13% and recovery rates improving by 24% meaning more people being seen sooner and with better outcomes.
- Sustained improvement against the 18 week wait target, with the current position 95% entering treatment.
- Improved accessibility via the single point of access – improving the experience for service users and more effective referral pathways for GPs.
- Increased provision of clinical venues across the city to ensure easier access for service users and promoting care closer to home
- All service users on Step 4 waiting list to be offered therapy by January 2019.
- Mobilisation of business case, all posts now recruited to and staff are in post and delivering against the agreed outcome measures.

4.1.3 Next Steps:

A workshops was held in December, facilitated by MHCC, with 3rd sector partners to explore how GMMH can work together and in partnership to deliver the required future prevalence targets of 25% by 2021, and how integration of their IAPT services can improve the care pathway for people. This workshop also focussed on prevalence and how the number of people who are accessing services can be increased, as this is currently a challenge within Manchester.

4.2 <u>Acute Care Pathway (ACP)</u>

Improving access and moving health provision into the community, supporting care closer to home and providing the best treatment in the right place at the right time is fundamental. This is enabled by transformation of the acute care pathway to provide accessible, locality-based services that will promote improved interface and Multi-Disciplinary team working between Primary Care, CMHT, HBT and Inpatient services.

4.2.1 Summary of Progress to Date

Objective	Progress to date
Acute Care Pathway (ACP) including: • Single Point of Contact (SPOC) • Home Based Treatment (HBT) • Enhanced Community Mental Health Team(s) (CMHT)	1. Single Point of Contact (SPOC) • Delivery of a clinically-led single point of contact which will ensure service users are directed to the correct service in a timely manner. • Workshops held to identify improvements to the model, included representation from General Practice, the GP Federation, Primary Care & GMMH staff. • Task & finish groups have now been established to implement improvements, including timely feedback to referrers & rapid access to clinical advice, improved clinical information gathering & revision of the duty system. 2. Home Based Treatment (HBT) • Provision of a seamless urgent care pathway between inpatient services and the CMHTs. This pathway supports service users to receive care and treatment in the least restrictive environment and avoid hospital admission. Additionally, the model promotes facilitation of early discharge and a corresponding reduction in length of stay. • Organisational change process has been followed for staff to integrate gatekeeping functions and night time practitioners into HBT, providing an additional 14 staff. • Established 3 Home Based Treatment Teams aligned to Divisions, with the capacity to provide up to 3 home visits per day. From November 2018 all 3 Teams operate over 24 hours, 7 days per week. 3. Enhanced Community Mental Health Teams (CMHTs) • The Trust has developed an enhanced community model (ECM), offering care and support to those service users with severe and enduring mental illness. • Consulted over 400 staff and commenced organisational change to deliver the ECM. Teams integrated into CMHTs to ensure a service that is responsive to individual need. • Daily planning meetings introduced which will ensure a rapid effective intervention responsive to service user's needs, including the capacity for increased support & up to 3 visits per week from familiar staff. • The CMHTs are aligned to the neighbourhood model of the Manchester Local Care Organisation. • Increased number of physical healthcare workers in each team, thus improving physical health & interventions offered. • Enhanced the support offered to service users who are being transitioned back to primary care through the offer of a comprehensive review of needs. • Developed and agreed an agile working procedure for staff & invested over £300K in mobile devices to allow staff to work

	flexibly, improve efficiency and improve the clinical offer for service users. • Early Intervention Services relocated to new accommodation in North and Central Manchester to be nearer the community they serve. • Completed a review of all community accommodation, to improve access to service users and provide care closer to their homes, recommendations now being progressed. • Strengthened liaison with GPs via lead consultant delivering GP practice visits in all divisions and regular updates to LMC. • Developing model to provide an identified link worker for GP practices with the role of the link worker clearly articulated, to improve communication & outcomes for service users. • Dedicated time on a weekly basis to enable GPs to discuss individual cases with consultants. It is anticipated this will be in place by December 2018. • First Episode in Psychosis services (Early Intervention Services) now integral to Manchester services within GMMH, following transfer of services from RDASH and are funded to meet NICE concordant care and the 2 week waiting time requirements in line with the national requirements • Working with Self Help Services and Turning Point to incorporate the Sanctuary and Crisis Point crisis beds into the Acute Care Pathway

4.2.2 Summary of Impact and Outcomes:

i. Access to Services – Single Point of Contact (SPOC)

- SPOC receives and processes over 1400 referrals per month.
- Providing a simplified system, understood by GPs & Primary Care.
- Improved clinical overview of referrals to ensure service users receive the right care, in the right place at the right time.
- The IT system interfaces with the primary care CCG system and the Local Authority system MiCare.

ii. Home Based Treatment:

- Providing 3 HBTs, aligned to Divisions, with clear MDT working with CMHTs and inpatient services, ensuring a seamless care pathway between services for service users.
- HBT now provide a 24/7 service offering up to 2 home visits per day, thus offering a genuine alternative to inpatient admission.
- Once fully embedded alongside the ECM, the transformed HBT will:
  - Reduce number of inpatient admissions
  - Reduce length of stay in hospital
  - Reduce number of readmissions
  - Reduce number of out of area placements
  - Reduce number of service users who are known to services who present at A&E.

iii. Community Mental Health Teams:

- Integrated service that is more accessible and easier to navigate for service users, with less transition points and therefore fewer assessments
- Consistent clinically led care pathways leading to better outcomes for service users.
- Daily MDT planning meetings support identification of at risk service users & allow responsive support.
- Service users receive more intensive support at times of greater need from familiar staff
- CMHTs aligned to LCO neighbourhoods to ensure effective inter-agency working.
- In the last year 774 service users in Adult CMHTs with identified poorer health outcomes have benefited from enhanced physical healthcare provision.
- There has been a 50% reduction in consultant caseloads from January to September 2018 and 60% waiting list reduction in the same period. This has released consultant clinical capacity to provide greater input to service users under the CMHTs with a higher acuity of need.
- Rapid re-access to CMHTs for patients who are deteriorating/ relapsing and improved link for GPs to contact Consultant Psychiatrists for support & advice.
- Provision of accessible services close to where service users reside.
- Strengthened relationships between GPs & mental health specialists to improve service user care & experience.
- People in crisis who have non-clinical but significant support needs receive crisis support and are diverted away from A&E.

Next Steps:

The process of embedding the new system within a culture of quality across all Community Teams is ongoing and it is anticipated that changes will take time to fully embed within teams. Plans for the delivery of a 7-day CMHT service and a full evaluation of the Transformation Programme are being considered. Furthermore, teams are engaged at a strategic and local level with the LCO to consider what the mental health offer will be going forward.

4.3 Urgent Care

Mental Health Liaison into Acute Trusts

Delivery of ‘Core 24’ compliant Mental Health Liaison Services ensures service users receive timely access to care and treatment from mental health professionals when presenting within acute trusts.

Section 136 Facility

A Section 136 suite is a dedicated mental health unit for the reception & assessment of service users detained by the police under Section 136 of the Mental Health Act (1983). Prior to July this year the city of Manchester did not have a dedicated Section 136 facility.

4.3.1 Summary of Progress to Date

Objective	Progress to date
To develop a clinically effective & sustainable model of care delivery as an interim position, pending GM transformation funding to ensuring compliance with Core 24 Standards.	• Identified internal investment & Transformation Fund monies to recruit additional staff to provide more timely assessments & interventions and support achievement of 24/7 coverage at each hospital site & not just A&E. • Senior clinical and operational leadership now in place at each site to inform service development & ensure services are clinically led & operationally partnered. • Worked with stakeholders to co-produce a revised model for service delivery of a single liaison team at each hospital site. • Engaged with Greater Manchester Police, North West Ambulance Service & other stakeholders to inform & develop the clinical model, with a focus on supporting those who frequently attend. • Led on the co-production of a GM wide business case for the delivery of 'Core 24' compliant liaison services across GM, including the three core Manchester hospitals. Phasing & release of funding agreed as follows: ➢ MRI – Commenced September 2018 ➢ Wythenshawe – Planned September 2019 ➢ NMGH – Planned April 2020 • The Mental health offer at MRI offer has been further enhanced with the implementation of an ambulatory care model, which was operationalised in December 2018. The aim of this new service is to divert service users who present in crises away from the busy A&E department and into a more therapeutic space, whenever it is safe to do so. This service is currently embedding the new ways of working.
GMMH to deliver a fully operational Section 136 Suite at the NMGH site	• Purpose built and designed Section 136 suite, with joint MHCC and GMMH investment of over 900k. • Opened first Section 136 facility for city of Manchester at NMGH on 2nd July 2018. Capital build completed & additional staff recruited to support service. • The suite is aligned to the Psychiatric Assessment Ward, SAFIRE Unit at Park House. The Police Triage Helpline has been transferred to SAFIRE Unit to ensure experienced staff can support & advise police.

4.3.2 Summary of Impact and Outcomes:

- Provision of specialist mental health assessment with an effective care plan at first presentation.
- Positive impact on A&E performance & wait times.
- Ensured re-attendances are reduced by providing enhanced care plans for frequent attenders at A&E in order that they receive appropriate care & support.

- Reduced re-attendance for Identified cohort of frequent attenders at A&E, as below:
  - North Manchester – 38%
  - Central Manchester – 37%
  - Trafford & South Manchester – 27%
- There have been over 200 assessments completed in the Section 136 suite from 2nd July to 1st of January (190 days).
- Dedicated place of safety, rather than detention in an inappropriate setting, therefore resulting in improved patient experience.
- Reduction in the length of time people in distress wait for an assessment, intervention & treatment.
- Significant reduction in the time & resources needed by police and acute trusts by diverting people in crisis away from busy A&E departments to a therapeutic space.

4.3.3 Next Steps:

A review of Section 136 suite will be carried out alongside, including capacity, Demand and outcomes. This will be presented to GMCA and the Mayor's Office and next steps agreed. Service developments will be mobilised at NMGH and Wythenshawe in line with the agreed GM Core 24 phasing of new models.

4.4 Reduction in Out of Area Placements

Out of Area placements continue to be a pressure across all GM. In Manchester initial findings showed that this has in part due to an increase in demand for Adult Acute and PICU beds, a higher Length of Stay (LoS) with up to 50% of beds used for patients with LoS in excess of 50 days against the national average of 28-30 days.

4.4.1 Summary of Progress to Date

Objective	Progress To date
Reduction in Out of Area Placements (OAPs) including: • Acute inpatient care • Psychiatric Intensive Care Unit (PICU) • Rehabilitation pathway	GMMH has instigated a number of developments, including: • Services are supported by a Strategic Lead for Patient Flow. • Development of a 24/7 bed bureau led by a dedicated operational lead, supported by a systems manager enabling real time bed capacity data to be available. • Executive Director of Operations for GMMH is leading a Greater Manchester wide OAPs workstream which is accountable to, and reports into the GM Adult Mental Health Delivery Board. • A 10 point action plan has been developed to eliminate OAPs by 2021 which includes: 1. Whole system collaboration 2. Agreed GM definition and trajectory 3. Patient flow data set and monitoring arrangements 4. Standards of acute care pathway fidelity 5. A GM Bed Bureau

	6. Responding to crisis 7. Collaborative community housing options 8. Learning from other areas 9. Evaluation with service users, their families and friends 10. Costs and system to reduce OAPs • Robust systems are now in place to monitor patient flow. • Weekly performance monitoring meeting chaired by the Director of Operations to review use of all OAPs including costs, supported by a weekly report to the Executive Management Team • Weekly reports for local leadership teams to support the management of patient flow. • Daily capacity reports are now undertaken 3 times daily, led by the patient flow team with plans to create capacity built into the day's contingency planning with all clinical staff supported by a daily conference call. • Bed management procedures have been reviewed and updated to Include weekly action focussed bed management meetings chaired by the Strategic Lead in which all patient discharge plans are reviewed to identify barriers to discharge and progress actions • The Bed Management Bureau, which went live in January 2019 provides a patient flow and capacity management system, retaining a 24 hour overview of bed capacity and demand to support optimum bed usage efficiency with no service users being admitted to an OAP unnecessarily. • GMMH have also invested in a provider wide bed management system (IPFM system and central hub), implemented by the patient flow service. • A DTOC (Delayed Transfer of Care) process has been developed and implemented, based on the national deficition of DTOC. This enables joint support and actions by all system stakeholders, including Providers, MHCC and the Local authority. • Expansion of acute and rehabilitation beds for the city and GM to match 17/18 bed capacity and demand including: ➢ McColl Ward 14 bedded male Acute Ward based in Meadowbrook Unit Salford - Opened in 2016 leading into the transition between MMHSC and GMW; ➢ Griffin Ward 8 bedded female 18 to 25 year olds based at Prestwich opened October 2017 ➢ Beech Range in Levenshulme with Home group non-profit making organisation - 8 bedded step down unit, opened July 2018; ➢ Maryfield Court with ASC Health Care, GMMH and Bolton, Salford, Manchester and Trafford CCG's - 13 bedded male acute unit in Whalley Range; ➢ Reviewed and adapted the model of care at Bramley Street Community Rehabilitation Service to provide 6 male step down beds in Lower Broughton Salford;

	➢ Ongoing review of Turning Point Crisis Beds provided in Manchester; ➢ Contract with Priory Heath care for 10 adult acute beds at Priory Cheadle which was extended and increased to 15 beds in August 2018; ➢ Development of an Implementation Plan to pilot an Enhanced Supported Housing Model with Creative Support is in progress and GMMH are developing links with housing and commissioning stakeholders; ➢ GMMH are working with housing providers to develop options for ongoing support in the community; ➢ Reduction in Delayed Transfers of Care and Delayed Discharges.

4.4.2 Summary of Impact and Outcomes:

All measures implemented will contribute to a reduction in the number of OAPs. This will result in significant benefits to service users & carers, including:

- The right care, in the right place, at the right time
- Continuity of care from a dedicated Care Coordinator who is known to service user and who can facilitate effective discharge planning
- Service user can retain contact with family, carers and friends and continue to access local networks / provision
- Care and treatment made available as near as possible to where service users reside to improve local care pathways and ensure access to local networks and provision.
- Increased opportunities to engage in local communities promoting recovery

This will also result in system-wide benefits, including:

- Release of resources and investment in local service infrastructure
- Strengthens local provision and increases choice
- Improved ability to manage service providers and oversee the quality of care
- Accurate & current data supports scrutiny and better management of patient flow

The number of occupied bed nights for reportable OAPs in Manchester has reduced from 1271 in April 2018 to 1 in January 2019. In February GMMH had no reportable OAPs for Manchester Services.

All wards at Braeburn House have now been assessed by the Royal College of Psychiatrists for AIMs Standards for Rehabilitation. One Ward has had Accreditation confirmed. The other two wards are also nearing their accreditation status

4.4.3 Next Steps

To review and consolidate current developments in order to model demand and capacity across GM and implement a sustainable community offer. Working towards a target to eliminate all reportable OAPs by 2021.

4.5 Community Engagement

GMMH are delivering a Person and Community Centred Approach across the 12 designated Manchester neighbourhoods in line with the four pillars of the Manchester LCO's integrated neighbourhood model: promoting healthy living; building on vibrant communities; keeping people well in the community; and supporting people in and out of hospital. The Trust is working collaboratively with all service users, service user groups, carers, and other stakeholders to embed services within neighbourhoods, facilitate community engagement, and utilise community assets.

In July 2018, following extensive consultation, GMMH launched a refreshed user Engagement Strategy and more extensive user engagement structures are being implemented in Manchester on a locality model to give more direct input to operational service delivery. The Trust has also successfully delivered the first year of the Manchester Wellbeing Fund which is a three year programme to invest 500k annually in Manchester communities in order to:

- Increase awareness and reduce the stigma associated with mental ill health
- Promote mental wellbeing
- Promote self-care and peer support
- Increase the resilience of local communities to mental ill health

This programme has established neighbourhood level budgets according to deprivation profiles and decision making around funding proposals is shared with users, carers, and community representatives.

4.5.1 Summary of Progress to Date

Objective	Progress To date
To deliver a 'One Team' working model of community engagement.	• The Community Engagement Transformation Working Group has continued to meet monthly with GMMH staff, VCSE, and user and carer reps. • Closer working arrangements are developing between GMMH community teams and the LCO Integrated Neighbourhood Teams with dedicated link workers established for each. • Enabling Co-production: this has involved recruiting and supporting service users and carers to participate in the Transformation Steering Group and all the TWGs in line with the Trust's volunteering and user engagement strategy. These representatives have reported to the monthly Manchester User and Carer Forum around Transformation and linked into other user groups across the city. Reps also developed and facilitated a Recovery Academy 'Enabling Co-production' module. Since the refresh of the User Engagement Strategy (July) new structures for user engagement have been developed with service users and carers based on the three Manchester divisions and these are due to go live in January 2019. • The Manchester Wellbeing Fund (MWF) was launched in October 2017 with a total annual budget of £500k and is planned to run for

	three years. The MWF has established 12 neighbourhood budgets with 4 funding bands corresponding to deprivation levels. It is a small grants model (up to £5k per proposal) and its objectives are to build community capacity to promote mental wellbeing and challenge stigma around mental illness. Decisions are made through 3 locality groups which meet monthly and comprise GMMH staff, users, carers, and community reps. The model aims to build on existing community assets and is a collaborative (and co-productive) process rather than a competitive one • GMMH are developing a community wellbeing hub in Harpurhey at 93 Church Lane and are finalising a long term lease with MCC prior to investing c.£850k in the refurbishment of the building to provide 10 dedicated IAPT counselling rooms alongside a range of groups and activities to support health and wellbeing in the local community. The anticipated opening of the new centre is June 2019 and groups previously operating at the base have been temporarily relocated to Harpurhey Neighbourhood Project. • Continued delivery of asset mapping and community health and wellbeing service (Buzz) in line with the '5-Ways to Wellbeing' • GMMH have continued to participate in the CCG Mental Health grants programme and operational links have been identified for each of the projects funded. • GMMH are delivering 'Be Well', the North Manchester Community Links for Health contract, which is £1.2m p.a. and involves the delivery of wellbeing interventions for people referred by GPs.

4.5.2 Summary of Impact and Outcomes:

- The Community Engagement workstream has facilitated user and carer involvement in the Transformation programme with 22 individuals engaging in the groups and around 250 hours being contributed to meetings.
- Service user and carer reps have gained confidence and skills in working with GMMH staff and vice versa. Manchester reps have made key contributions to the refresh of the Trust User Engagement Strategy and the delivery of the Enabling Co-production course on the Recovery Academy.
- Over 100 projects have been funded through the MWF across all neighbourhoods in the city with key themes around physical activity, creative arts, horticulture, peer support and mental health awareness.
- Numerous volunteering opportunities have been created and hundreds of hours of activity have been delivered across a diverse range of Manchester communities. Innovative projects have been created which build confidence and support the self-management of mental wellbeing through non-clinical activities.
- The neighbourhoods with a stronger range of VCSE groups are fully committed for 2018-19 but several neighbourhoods with less community activity still have resources to allocate and GMMH are actively promoting proposals.
- GMMH have undertaken an extensive engagement programme with community groups and service users at the Wellbeing Centre including holding an innovative 'design competition' which brought service users and staff

together on the decision making panel for the selection of the preferred architects. Subsequent workshops with users have determined the detail of the layout and furnishing of the new centre and the resulting model will establish an accessible and welcoming community hub in the heart of North Manchester.

- The changes entailed in this programme have, however, caused anxiety amongst some of the user groups and GMMH are committed to maintaining supportive relationships with them through ongoing meetings.

4.5.3 Next Steps

To embed the Community Engagement approach as 'business as usual' across GMMH services in Manchester and ensure continuing alignment with the MLCO integrated neighbourhood model. Continue to enable co-production by supporting users, carers and community reps to become shared decision makers in their care and service delivery models in line with the Trust User Engagement Strategy. Ensure further engagement with VCSE groups via the MWF and other partnership structures to build community capacity and resilience around mental wellbeing.

5. Performance

Monthly Performance and Quality Meetings are held with the Trust, and it is evident from a commissioning perspective at these meetings, that the Trust has a strong desire and determination to improve the performance and quality of the services Manchester people receive. This commitment to improvement is also evident following the Care Quality Commission's inspection of the Trust in December 2017, when the Trust received an overall 'Good' rating and a specific rating of 'Outstanding' for services being well led. The inspection team were struck by how well the leadership team at GMMH had brought the Manchester services into the trust and improved them. Following the acquisition in January 2017, Manchester has begun to see improvements against a number of mental health key performance indicators.

More people are accessing psychological therapy for common mental health conditions such as depression and anxiety. Based on current performance, Manchester is forecast to deliver psychological treatment to 15,000 people this financial year, which represents 17% of people estimated to have a common mental health condition. This will be an improvement against the 2017-18 achievement of 15.6% and the 14% achievement in 2016-17.

There has been a gradual improvement in the length of time people wait for therapy. In 2017-18, 92% of patients who accessed treatment waited less than 18 weeks, compared to 85% in 2016-17. Improvements have continued into 18/19, with performance up to July at 95% (target 95%). There is a continued focus within Manchester on prevalence and how the number of people who are accessing services can be increased, as this is currently a challenge. The teams are working innovative ways to do this, in partnership with MHCC.

Throughout the most part of 2017-18, the number of out of area placements for people requiring admission to an inpatient bed remained consistently high. Following the introduction of the new approach (supported by the 10 point plan) at the start of 2018-19 there has been a significant drop in people being sent outside of Greater

Manchester, culminating in a positive position of no reportable OAP's in January 2019.

Manchester consistently performs well against the First Episode in Psychosis standard, despite the increase in referrals and caseloads.
There has been a significant reduction in A&E attendances for those patients with mental health who use the A&E most frequently. Through collaboration between the mental health and the acute Trusts, a total of 100 patients were identified as 'frequent attenders', who visited A&E a total of 2,143 times in 16/17. During 17/18, these patients received specialist multi-agency support, resulting in a 34% reduction in A&E attendances for these 100 frequent attenders, above the national 20% reduction target.

Manchester's first ever Section 136 Suite opened in early July 2018. The new suite has improved patient care, meaning that 204 patients detained under s136, did not have to go to A&E as a place of safety.

6. Challenges

GMMH continue to experience particular challenges in relation to workforce and the recruitment of skilled mental health professionals. As can be seen above service developments have resulted in the requirement to recruit a significant number of staff of varying skill mix, professions and levels. GMMH continue to engage in workforce discussions at a GM and national level and explore innovative solutions. The Trust has recently developed a new workforce strategy.

Significant organisational change and development has been implemented within GMMH over the last 24 months, with the redesign of corporate services, the alignment of clinical and operational leadership structures and service level redesign. A process of developing our shared values and organisational culture will now be fundamental.

7. Summary and Next Steps

Year two of the two/three year programme to transform the clinical system has completed. Significant progress has been made, with many key performance indicators seeing a positive upward trend. Other improvements will be achieved following the large scale organisational changes that are coming to an end and with the next 12 months being dedicated to embedding these changes, to create and maintain a positive learning culture across all services. Service users, carers, staff, and other stakeholders remain involved in all elements of transformation and a strategy is being developed to ensure their onward engagement for when transformation becomes part of the Trusts normal business.

Corporate support from the trust for Manchester services continues to be extensive with a wholesale programme to improve and upgrade IT systems and infrastructure planned, and with the introduction of a new IM&T patient information system planned for December 2019. To date GMMH has committed a total pf £1.6m to improve the Manchester systems. GMMH is also investing in a capital programme, which will make essential improvements to the community team premises.

MHCC and GMMH are working together to plan how to deliver the Mental Health Five year Forward view and continue the transformation of Manchester's mental health services. The next steps in focus are:

- Allowing full implementation of the service developments listed in this paper and to realise consistent performance achievements in reducing waiting times, increasing access and reduction in out of area placements, and service user experience.
- To build on the work already undertaken, to further improve services in Manchester.
- Increase capacity of community services to help prevent relapses of mental health problems for service users, and offer community crisis support as an alternative to in patient care.
- To explore how to best align GMMH provided services with third sector and other providers to reduce fragmentation in pathways of care and improve the patient experience
- To work closely with the LCO to determine how best to integrate mental health care with physical health care
- To better align social care and health commissioning for mental health.
- Seek improvements in psychology waiting times for people with complex need and for people seeking support and diagnosis for ADHD and ASD.

7.1 Transformation Working Groups

Each Transformation Working Group is now coming to the end of the second year of work that agreed and planned the changes needed and laid the foundations for change. Transformation will be embedded within the Trust normal business framework, supported by the existing quality and governance structure.

7.2 Timeline for Evaluation

Milestones	Timeframe
Evaluation and next steps	January 2019 to March 2019

8. Recommendations

The Health and Wellbeing Board is asked to:

Note the contents of the report.

Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 20 March 2019

Subject: Care Quality Commission - Local System Review

Report of: Craig Harris, Executive Director of Nursing and Safeguarding & Commissioning, MHCC/ Bernie Enright, Director of Adult Services, MCC

Summary

The attached slide deck provides a progress report prepared by the Care Quality Commission on the Manchester review which took place in October 2017. Following that review, the system produced an action plan in response to the findings. The presentation also includes the CQC's analysis of performance against the England average for six key performance indicators.

Recommendations

The Board is asked to note the presentation and key findings in relation to Manchester performance.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the
Getting the youngest people in our communities off to the best start	
Improving people's mental health and Wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round 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	To improve the health and wellbeing of people in Manchester; to strengthen the social determinants of health and promote healthy lifestyles; to ensure services are safe, equitable and of a high standard with less variation; to achieve a sustainable system
Self-care	

Lead board member:

Contact Officers:

Name: Craig Harris
Position: Executive Director, Nursing and Safeguarding & Commissioning, MHCC
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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.

Care Quality Commission

Local system reviews

Progress monitoring

Manchester

Introduction

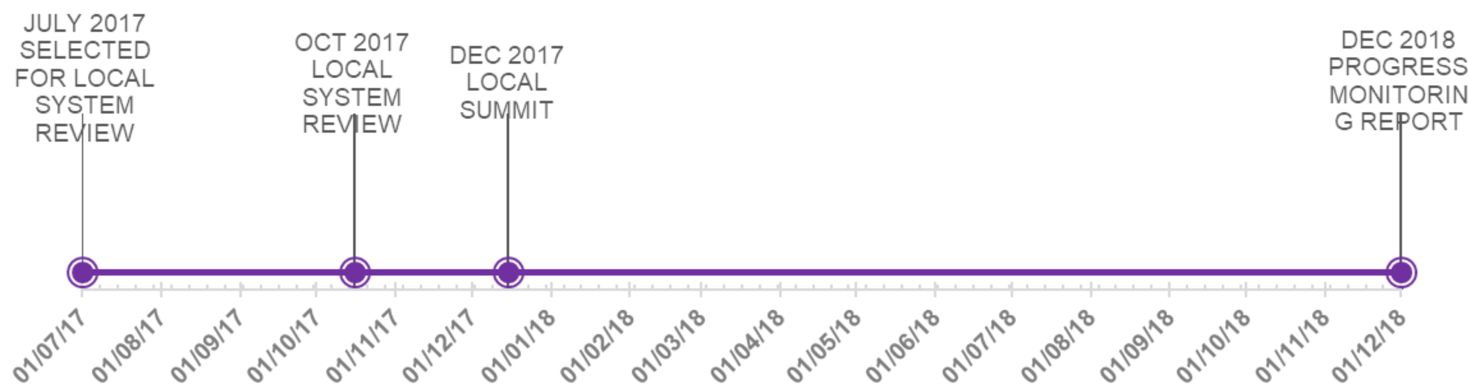
Care Quality Commission

Following CQC's programme of 20 local system reviews, we were asked by the Department of Health and Social Care and Ministry for Housing, Communities and Local Government to provide an update on progress in the first 12 areas that received a local system review.

Manchester's local system review took place in October 2017 (report here) and the system produced an action plan in response to the findings. This progress update draws on:

- Manchester's self-reported progress against their action plan (at 31.10.2018).
- Our trend analysis of performance against the England average for six indicators. With the exception of DToC, the data goes up to end 2017/18. DToC data goes up to July 2018.
- Telephone interviews with four system leaders involved in delivering and overseeing the action plan.

Timeline of activity



Overview progress against indicators

A&E attendances (65+)	Remained consistently significantly above the England average but shown little variation compared to their own history.
Emergency admissions (65+)	Remained consistently significantly above the England average. Although rate has not varied significantly from their own average, it has increased over 2017/18.
Emergency admissions from care homes (65+)	Remained consistently above the England average but has not changed significantly.
Length of stay (65+)	Remained consistently just above the England average but has not changed significantly.
Delayed transfers of care	Remained consistently just above the England average and has not changed significantly, while England average has continued to fall.
Emergency readmissions (65+)	Remained consistently above the England average and changed little over 2017/18.

Overview reported progress against action plan

Providing consistently high quality care	To align approaches to quality, a Quality Framework for health and care was developed, overseen by the Performance and Quality Committee in Manchester Health and Care Commissioning. An audit into nursing and care home quality assurance found a high level of assurance. To stabilise and reform the social care market a new fee uplift was agreed for 2018/19. A new model of homecare was designed with engagement with people and providers. The new contract will be awarded by the end of 2018, and commence April 2019. The planning phase for residential nursing care redesign has also begun. Funding was secured to roll out an integrated community approach to end-of-life care city-wide. A home IV service and COPD service also due to be rolled out across the city are in progress but have not yet been delivered.

Maintaining in usual place of residence	An Enhanced Health in Care Home service began Sept 2018 with an ambition to roll out to all 73 homes. Links with the VCSE sector will be formalised as part of the Local Care Organisation (MLCO) through a Memorandum of Understanding, due by the end 2018. An Enhanced Home from Hospital service delivered by the VCSE is 7 days a week delivered from all three Manchester Hospitals. The planned commissioning of a city-wide advocacy hub is still in development due to competing priorities. A trusted assessment approach in relation to crisis and discharge to assess has been signed off and is being implemented. A trusted assessment approach for pathways into residential care is working in some places. There has been an overall improvement in the timeliness of social worker assessments, but further investment in social workers remains a priority. To reduce language and cultural barriers, an audit of language skills amongst the care assessment workforce was completed in January 2018. Seven day GP access services are being reviewed as part of developing an integrated urgent primary care service. Frailty tools are used but still establishing a consistent approach to proactively managing frailty across the city, this will be progressed through the MLCO.

Overview reported progress against action plan

Crisis management and urgent care	The Community Assessment and Support (CASS) service has been incorporated city-wide into Manchester Community Response offer covering Crisis Response, Intermediate Care and reablement, Discharge to Assess and Community IV. The High impact Primary Care pilot is ongoing across three Neighbourhoods. Feedback suggests the service is engaging with people with complex needs and having an impact, with the telephone service and ability to share information across health and social care being successful elements. The evaluation due in February 2019 will determine whether to scale up the service across the city. A pilot locating social workers closer to the wards has shown significant results with a plan to align the role of ward based workers and early identification of ASC need across all acute sites (central in particular) are set up to support this.

Return to usual place of residence or new place	Integrated discharge teams in the north and south are considered the Blueprint for Integrated Discharge across the city and are in the process of deploying this to the rest of the city, with some local bespoking of the model. A protocol that details a consistent approach to the sharing of discharge summaries will be actioned by each of these teams. Improved multi-disciplinary management of delays through the introduction of MADE events in Manchester Foundation Trust. LoS reviews taking place to reduce stranded patients and escalation processes have been established city-wide to manage DTOC numbers. Within Pennine Acute Hospital Trust to improve patient flow the SAFER boards have been introduced on all wards and there is an MDT approach to interventions and safe discharge planning. Early work has begun to develop a 'system flow' approach within the MLCO to identify system flow pressure points/bottlenecks, analysing data at the individual and ward level. All hospitals have launched the GM Choice policies within their sites. Also proactively engaged with the GM communications campaign being developed around 'Home First/Home is best'. The reablement referral criteria was reviewed and KPIs have been established to evaluate peoples outcomes.

Stakeholder reflections

Care Quality Commission

Overall progress

Since the CQC Local System Review in 2017, Manchester has made good progress mobilising the system reforms that will provide the foundation for joined up services across the city. The Local Care Organisation (LCO) was established in April 2018 as planned and marks a significant development in bringing partners together to deliver integrated community services. This includes the VCSE sector, whose partnership with the LCO will shortly be formalised through a Memorandum of Understanding. The programme to merge the hospital system into a single trust is two-thirds complete. The final transactions are taking longer than planned, which is a frustration for leads who want to see the benefits realised as soon as is safely and financially possible.

These large-scale developments were not included in the action plan that was developed following the CQC Local System Review. They have required a huge amount of energy and resources at all levels. As such, leaders acknowledged that some areas of the action plan have been reprioritised, and others required more realistic timescales.

A number of actions in the plan related to improving the consistency of the offer to people across the city. Crisis Response, Reablement, Discharge to Assess and Intermediate Care have been brought together to form Manchester Community Response. Work has begun to align support offers across the city in other areas such as enhanced support to care homes and discharge processes in hospitals, but these models will take time to develop and spread. People are getting better experiences of care with regard to the timeliness of assessments, and of discharge, including continuing healthcare pathways.

Planning for this winter was approached collaboratively. Money for winter was not viewed in terms of health or social care contributions, but pulled together and allocated to schemes where the most benefit would be seen.

Strengthening the adult social care market is ongoing. Practical steps have been taken now such as implementing a fee uplift across all sectors to stabilise the market. For more longer term market reforms they have started with domiciliary care, bids are currently being evaluated for a new contract and contingencies have been put in place over winter. Some good progress has been made around getting robust quality assurance processes in place. An audit of these processes found there was a ‘strong system of internal control…and that controls are consistently applied in all areas reviewed.’ This has not yet translated into a shift in the quality of care.

Stakeholder reflections

Care Quality Commission

Direction of travel

System leaders have a strong commitment to working together for the people of Manchester. Their planning for Manchester as a system, rather than individual organisations, is evidenced in their approach to developing the LCO, and in planning for responding to winter pressures.

Leaders acknowledge that operationally the city is still at different stages and it will take time to develop consistency in peoples experiences and outcomes. Progress has been made in some areas such as assessments and discharge, and this has been against a back drop of rising service demands. The data we analysed (up to April and July 2018) has shown that performance has remained fairly consistent over the last year and worse than the England average.

The LCO has developed at good pace. This will provide the system infrastructure to oversee the development of a coherent health and care offer across the city, tailored to the needs of individual neighbourhoods. It is encouraging that the VCSE sector are included within this vision and involved as strategic partners. This, along with the more strategic and joined up approach to funding the VCSE sector, will allow the LCO to maximise resources in the community.

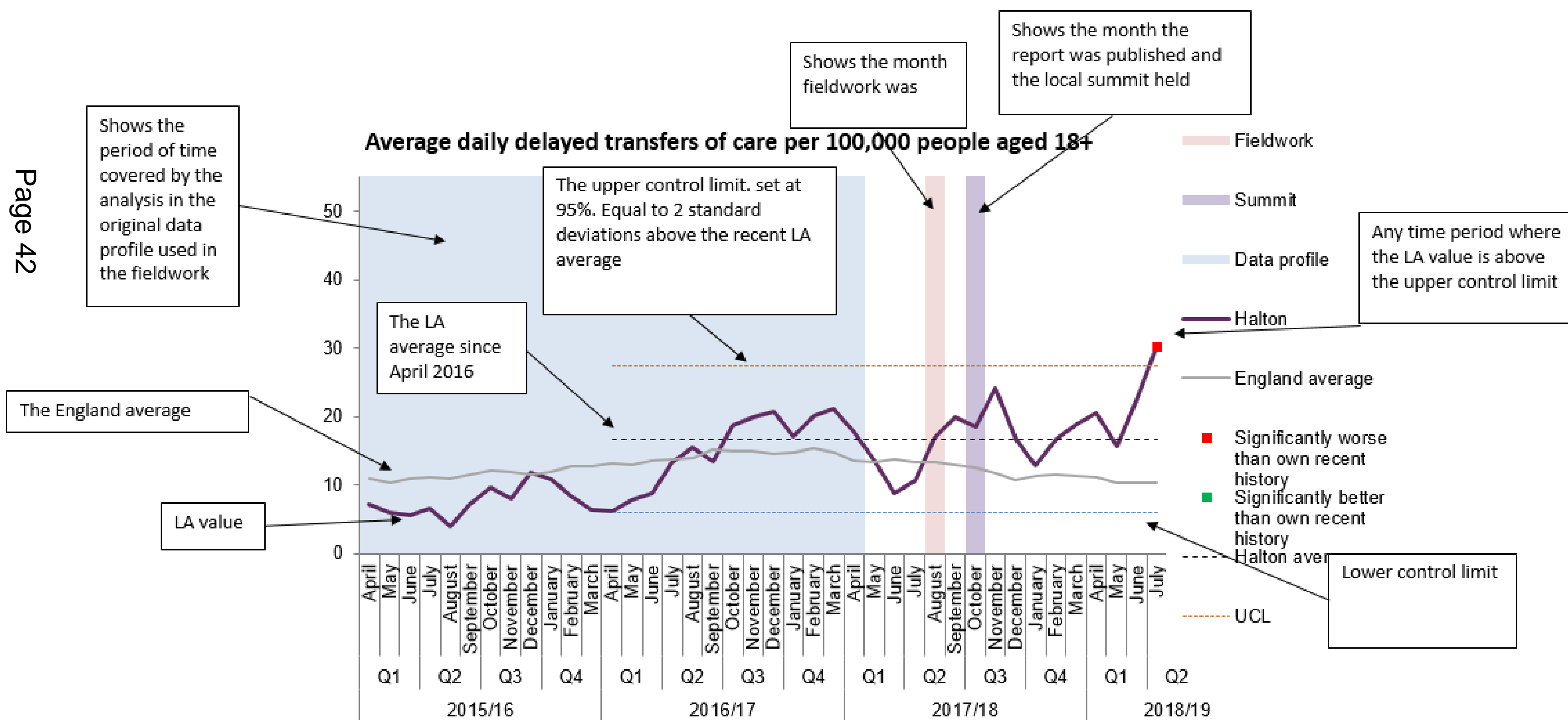
Manchester also benefits from the wider GM partnership. They are well connected at the GM level and confident that their place with enable them to balance what is developed strategically at GM and what they do locally.

There is confidence in their ability to deliver on the remaining actions while recognising the work required to develop culture and relationships across the system and at all levels.

Appendix: Trend analysis introduction

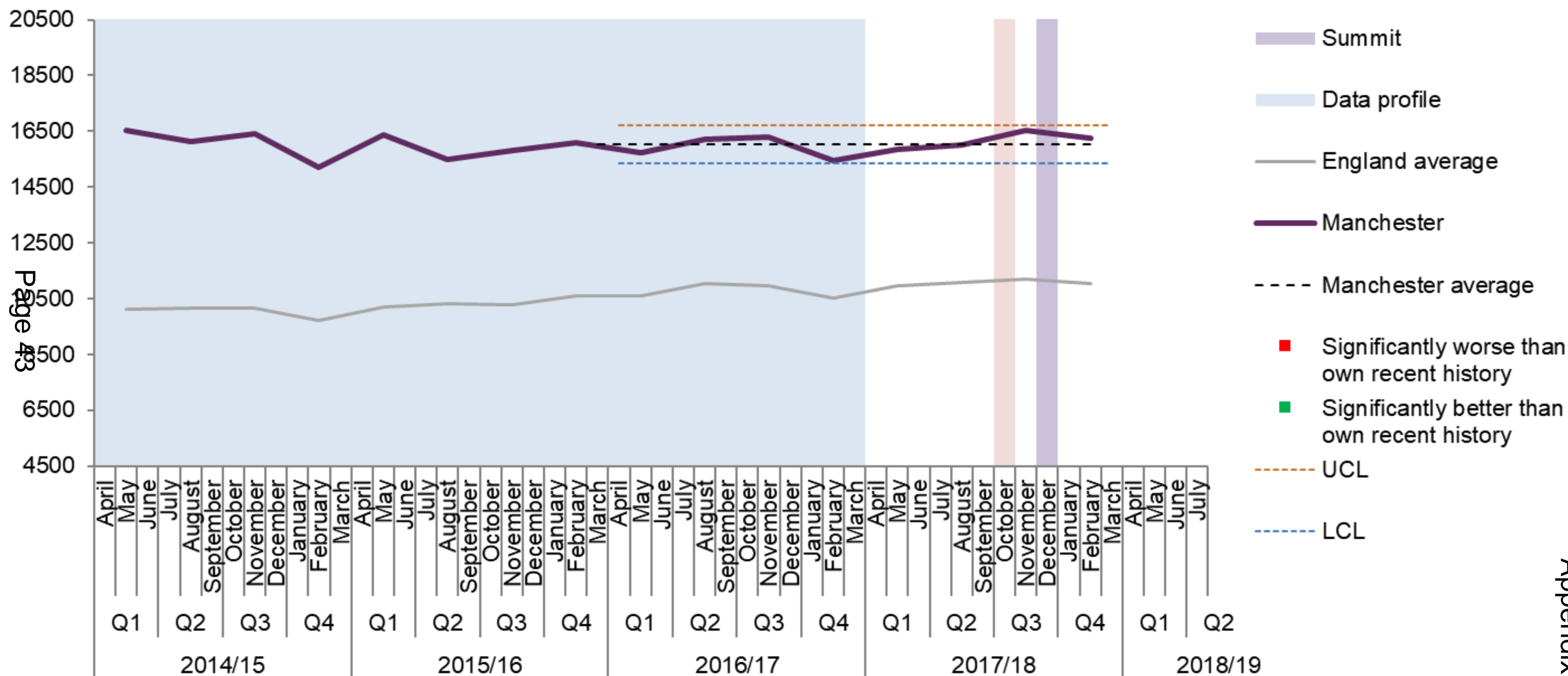
Care Quality Commission

The following slides present a trend analysis for six indicators. The diagram below shows how to interpret the graphs.



Appendix: A&E attendances

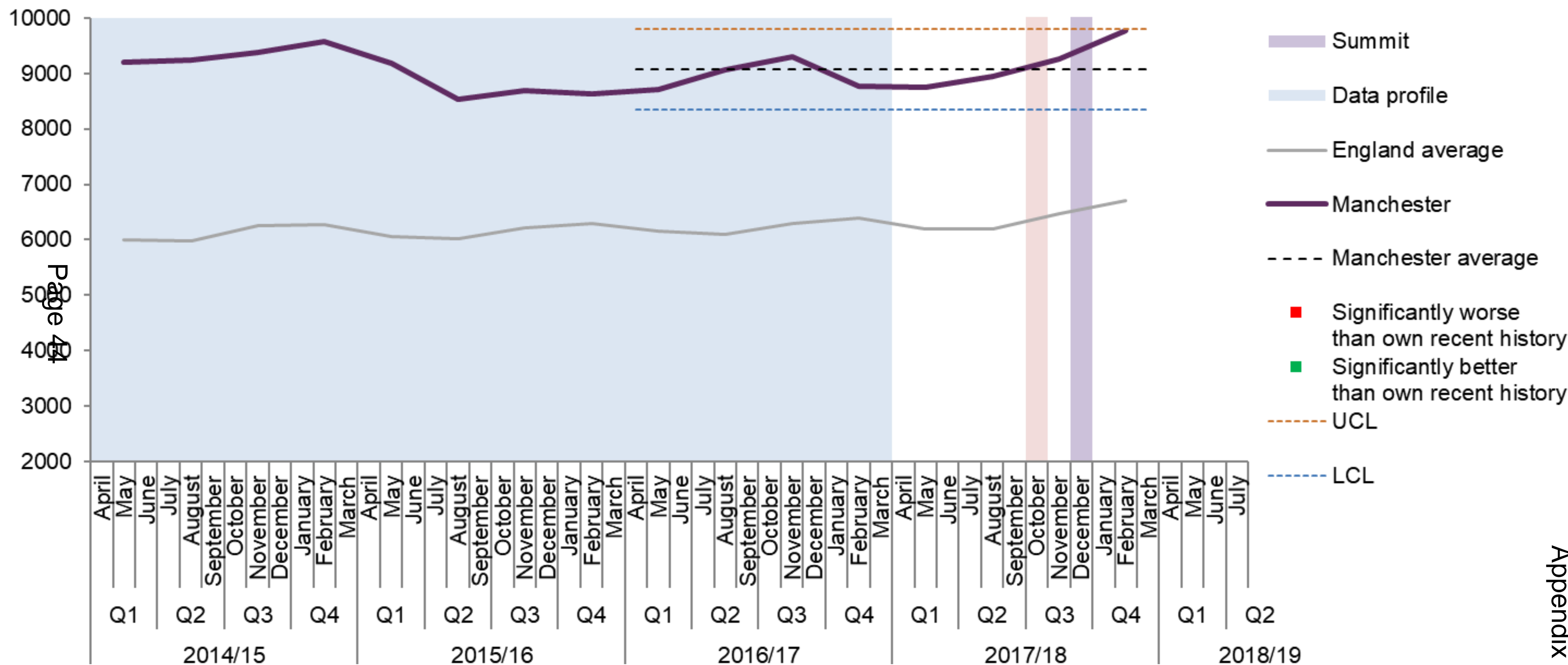
Care Quality Commission



Since we produced the data profile for the original local system review, Manchester's performance for A&E attendances (65+) has remained consistently significantly above the England average and has shown little variation over the last 2 years – performance has remained within the upper and lower limits of their own average rate.

Appendix: Emergency admissions

Care Quality Commission



Since we produced the data profile for the original local system review, Manchester's performance for emergency admissions (65+) has remained consistently above the England average (significantly so) and within the upper and lower limits of their own average rate over the last 2 years, although it was increasing throughout 2017/18.

Appendix: Emergency admissions from care homes

Emergency admissions from care homes per 100,000 people aged 65+

Fieldwork
Summit
Data profile
England average
Manchester
Manchester average
Significantly worse than own recent history
Significantly better than own recent history
UCL
LCL

1400
1200
1000
800
600
400
200
0

April May June July August September October November December January February March (2014/15: Q1 Q2 Q3 Q4)
April May June July August September October November December January February March (2015/16: Q1 Q2 Q3 Q4)
April May June July August September October November December January February March (2016/17: Q1 Q2 Q3 Q4)
April May June July August September October November December January February March (2017/18: Q1 Q2 Q3 Q4)
April May June July (2018/19: Q1 Q2)

Since we produced the data profile for the original local system review, Manchester's performance for emergency admissions from care homes (65+) has remained consistently above the England average within the upper and lower limits of their own average rate, although it was increasing in the last 2 quarters of 2017/18.

Appendix: Lengths of stay over 7 days

Length of stay over 7 days for emergency admissions people aged 65+

50%
45%
40%
35%
30%
25%
20%
15%
10%

April May June July August September October November December January February March

Q1 Q2 Q3 Q4

2014/15 2015/16 2016/17 2017/18 2018/19

Fieldwork
Summit
Data profile
England average
Manchester
Manchester average
Significantly worse than own recent history
Significantly better than own recent history
UCL
LCL

Since we produced the data profile for the original local system review, Manchester's performance for lengths of stay over 7 days (65+) has remained consistently in line with (although just above) the England average and has remained within the upper and lower limits of their own average.

Appendix: Delayed transfers of care

Since we produced the data profile for the original local system review, Manchester's DToC performance has remained consistently just above the England average and not varied much while the England average has continued to fall. Nevertheless, throughout 2017 and the first half of 2018 Manchester has not seen any sudden spikes in DToC as it did on two occasions in 2016.

Appendix: Emergency readmissions

Readmissions within 30 days for people aged 65+

30%
25%
20%
15%
10%

April May June July August September October November December January February March (2014/15: Q1 Q2 Q3 Q4)
April May June July August September October November December January February March (2015/16: Q1 Q2 Q3 Q4)
April May June July August September October November December January February March (2016/17: Q1 Q2 Q3 Q4)
April May June July August September October November December January February March (2017/18: Q1 Q2 Q3 Q4)
April May June July (2018/19: Q1 Q2)

Fieldwork
Summit
Data profile
England average
Manchester
Manchester average
Significantly worse than own recent history
Significantly better than own recent history
UCL
LCL

Since we produced the data profile for the original local system review, Manchester's percentage of emergency readmissions (65+) has remained consistently higher than the England average and increased from a point in Q4 2016/17 that was significantly lower than it's own average. Performance varied little over 2017/18.

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 20 March 2019

Subject: Thematic report on Cancer (Prevention, Treatment and Care) in Manchester

Report of: Executive Director – Nursing, Safeguarding and Commissioning, Manchester Health and Care Commissioning (MHCC)

Summary

This report provides the Health and Wellbeing Board with a comprehensive overview of cancer programmes and services in Manchester.

Manchester has many excellent services but outcomes could be improved by stronger collaborative work involving all of the partner organisations represented on the Health and Wellbeing Board.

Recommendations

The Board is asked to:

- Note the content of this report with regard to the challenges of the cancer system, as well as the collaborative working between providers, commissioners, primary care and population health teams.

- Note the national requirements for cancer from the NHS Long Term Plan, Operational Planning Guidance 2019/20 and the GM Cancer Plan.

- Approve and support proposals for service development to meet the national requirements, especially in relation to GP education, lung health checks, multi-diagnostic / rapid access clinics, best practice timed pathways and new models of aftercare.

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	Population health programmes
Improving people's mental health and wellbeing	Support of cancer diagnosis through holistic needs assessments and signposting to supportive services
Bringing people into employment and ensuring good work for all	Earlier stage at diagnosis means more effective treatments, with an aim of getting people back to employment, education or hobbies within 1 year
Enabling people to keep well and live independently as they grow older	
Turning round 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	Using NICE guidance and GM cancer standards to implement best practice pathways for people affected by cancer
Self-care	Empowering our patients by education of their condition and how they can self-manage, with rapid access to support as needed

Lead board member: Professor Craig Harris

Contact Officers:
Name: Coral Higgins
Position: Macmillan Cancer Commissioning Manager, MHCC
Telephone: 07900 944123
E-mail: coral.higgins@nhs.net

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.

1. Purpose of the report

1.1 The paper describes the current picture for cancer and cancer services in Manchester, and the locality plan for Manchester) which reflects national priority areas including: prevention, earlier detection, standardised care, living with & beyond cancer, palliative & end of life care.

2. Context

Rates of cancer

2.1 The age standardised rate for cancer incidence in Manchester is 725.8 per 100,000 head of population, compared to 639.0 in Greater Manchester (*see figures 1&2 in appendix 1*). The commonest cancers in Manchester are Breast, Colorectal, Lung and Prostate.

2.2 The rate of premature death from cancer (age <75 years) is 194.5 per 100,000 head of population in Manchester compared to a national rate of 134.6 per 100,000 population, and 154.3 in Greater Manchester. Further, the rate of premature death from cancers that are considered *preventable* is also higher in Manchester (127.9 per 100,000 head of population) than Greater Manchester (89.7 per 100,000) and England (78.0 per 100,000 population). *(see table 2 in appendix 1)*

2.3 The 1 year survival rate from cancer is 69.8% in Manchester, compared to 71.2% in Greater Manchester.

Social determinants of health

2.4 Life expectancy is lower in the City than in England: 75.8 years for men (compared to 79.5 in England), and 79.9 years for women in Manchester (compared to 83.2 in England).

2.5 There is a strong link between deprivation and increased incidence of cancer.[1] In Manchester, seventy-five percent (75%) of lung cancer patients and 60% of breast cancer patients are from the most deprived quintile.[2] Nationally these figures are substantially lower: 27% of lung cancer patients and 15% of breast cancer patients are in the most deprived quintile.

2.6 Lifestyle choices relating to diet, exercise and smoking can increase the risk of cancer. We also know that there is a link between lifestyle choices, such as smoking, and deprivation.[3] In Manchester 21.3% of residents smoke compared to 19.3% in Greater Manchester and 16.9% in England. Deaths from smoking related diseases are 458.1 per 100,000 population compared to 274.8 per 100,000 population in England.

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[1] For more information see https://www.macmillan.org.uk/_images/cancer-statistics-factsheet_tcm9-260514.pdf.

[2] A quintile is a group or population divided into five equal groups.

[3] Report from the Office for National Statistics, 14 March 2018; https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14

Screening

2.7 Screening uptake in Manchester is below the national minimum standard for all 3 national cancer screening programmes for: breast, bowel, and cervical cancer. Reasons for poor uptake include a lack of public awareness of what screening involves, benefits of screening, i.e. early detection of cancer, a fear of being diagnosed, and accessibility to where screening is offered. The most recent screening coverage figures (June 2018) are lower in Manchester compared to Greater Manchester rates. *(see table 3 in appendix 1)*

Provision of cancer services and referrals for suspected cancer

2.8 There are 2 main Acute Trusts providing cancer services for the Manchester population:

- Manchester University NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust

The Acute Trusts receive approximately 20,000 referrals each year from Manchester CCG. There has been a consistent upward trend in the number of people being referred to services with suspected cancer, with a 46% increase between 2013/14 and 2017/18. *(see table 4 in appendix 1)*

2.9 There is one specialist cancer centre, Christie Hospital NHS Foundation Trust, which serves the Greater Manchester population as well as patients from across the North of England. Christie Hospital provides approximately 1500 treatments to Manchester patients each year.

Diagnosis

2.10 Over 2,000 people are diagnosed and treated for cancer each year in Manchester. *(see table 5 in appendix 1).* Over half of all cancers in Manchester (54.7%) are diagnosed at an early stage (stage 1 and 2) that is more amenable to curative treatment, compared to 53.2% in Greater Manchester. One year survival rates are improving over time (from 72.6% in 2012 to 74.8% in 2016) due to improvements in diagnostic techniques, multi-disciplinary working and effective treatments by specialist providers. The 3 year survival rate continues to improve (from 58.1% in 2012 to 66.0% in 2015). The average survival rates between Manchester and Greater Manchester (GM) is narrowing.

2.11 23.9% of cancers are diagnosed via emergency presentation in Manchester, compared to 19.7% Greater Manchester average. *(see table 6 and tables 7a-d in appendix 1)*

Living with and beyond cancer

2.12 Around 55% of patients survive more than 10 years after their diagnosis. In 2010 it was estimated that there were approximately 10,000 people living with and beyond their cancer diagnosis, and this is expected to double to 20,000 by 2030. More people are therefore living with cancer as a long-term condition

and require ongoing support as a result of the cancer diagnosis as well as the effects of treatment.

3. Commissioning and governance of cancer services

3.1 Manchester Health and Care Commissioning (MHCC) commission services for the City of Manchester. This includes treatment for common cancers (breast and colorectal), diagnostic tests, supportive services for patients living with and beyond cancer, and end of life care. NHS Trafford is the designated lead commissioner for cancer services and oversee the Christie contract on behalf of the local CCGs in Greater Manchester. They do not directly commission services on behalf of the GM CCGs.

The Greater Manchester Screening and Immunisations Team (SIT) and local population health team have responsibility for cancer prevention and population awareness of cancer signs and symptoms, as well as delivery of national cancer screening programmes.

3.2 NHS England directly commission specialist treatments and interventions for rare cancers, and specialist services including primary care, cancer screening, chemotherapy and radiotherapy. However, in April 2018, NHS England delegated some specialised commissioning responsibilities to Greater Manchester Health and Social Care Partnership (GMHSCP) for surgery for several tumours as well as chemotherapy and PET-CT (**p**ositron **e**mission **t**omography – **c**omputed **t**omography) (described in section *4.4.1*).

3.3 Greater Manchester Cancer (GMC) is the cancer programme of the GM devolved health & social care system. Greater Manchester Cancer System Board was established in September 2016 to facilitate the delivery of the GM Cancer Plan. Manchester is represented in the GM Cancer system through our GP cancer leads and cancer commissioning manager. This ensures that changes to services and pathways benefit our population.

3.4 In summary, the commissioning and provision of cancer services is challenging in the context of multiple commissioners and providers for different cancer services and pathways. The complexity of the commissioning arrangements is a potential risk to the provision of integrated, timely and appropriate services for the Manchester population. Managing this risk requires close working partnerships locally, across GM and nationally facilitated by robust governance arrangements.

4. Cancer programmes and initiatives in Manchester

4.1 National, regional and local initiatives are in progress to improve outcomes for Manchester residents. The requirements and aspirations are outlined in documents including the NHS Long Term Plan[4] Operational Planning Guidance 2019/20[5] and the Greater Manchester (GM) Cancer Plan[6], and are

[4] NHS Long Term Plan, https://www.longtermplan.nhs.uk/online-version/

[5] Operational Planning Guidance 2019/20, https://www.england.nhs.uk/wp-content/uploads/2019/02/Annex-B-guidance-for-operational-and-activity-plans-assurance-statements-v2.pdf

reflected in the work programme within MHCC and GM. This work is described in the sections below.

4.2 To note, however, many of the programmes and initiatives described in the sections below have been developed and championed in Manchester. For example, Macmillan generously supported a programme of service redesign through Macmillan Cancer Improvement Partnership in Manchester (MCIP, 2013-17). Selected local innovations are shown in Table 1.

Table 1. Examples of local innovations in cancer services, Manchester

Macmillan Cancer Improvement Partnership (MCIP) programme (2013-17)
A locally commissioned service for cancer care in primary care – findings from the LCS have been used to support the development of primary care cancer standards A new model of aftercare for patients treated for breast cancer, including implementation of the Macmillan Recovery Package and stratified follow up for supported self-management Community based lung health checks and targeted investigations for people at increased risk of lung cancer. This has led to a service being implemented in North Manchester from April 2019, with a proposal for rollout across the city. New model of community based palliative care support for North Manchester – this is now being developed into a citywide service.
National Accelerate, Coordinate, and Evaluate (ACE) programme Pilot site for the National ACE programme, (supported by NHS England, Macmillan Cancer Support and Cancer Research UK) to test a Multi-Diagnostic/Rapid Diagnosis Clinic for patients with non-specific but concerning symptoms. This is now subject to national roll out, with a view to including patients with symptoms that could fit more than one tumour pathway.
Primary care standards and professional development Development of primary care standards for cancer and incentivising GPs to complete modules on Gateway-C, an online learning platform developed by one our Manchester GP cancer leads.
Palliative care Roll out and expansion of the community based palliative care service to cover Central & South Manchester from April 2019.
Lung health checks Implementation of community based lung health checks in North Manchester from April 2019. Business case being developed for expansion and extension of the community based lung health checks to cover Central & South Manchester.

Prevention

4.3 The Manchester Population Health Plan (2018-27)[7] is the City's overarching plan for reducing health inequalities and improving health outcomes for our residents. Three lifestyle behaviours - tobacco use, unhealthy diet and a sedentary lifestyle - increase the risk of developing long-term conditions,

[6]Greater Manchester (GM) Cancer Plan, https://gmcancerorguk.files.wordpress.com/2016/08/achieving-world-class-cancer-outcomes-in-gm-v1-0-final-02-2017.pdf
[7] Manchester Population Health Plan (2018-2027), https://secure.manchester.gov.uk/healthplan

including cancer, and are associated with the large majority of preventable deaths and health inequalities. Four initiatives are described below.

4.3.1 Smoke Free Manchester

The implementation of “Smoke Free Manchester”, driven by Manchester’s Tobacco Alliance, is providing stop smoking support.[8] This includes prevention from harm from environmental tobacco smoke, preventing young people taking up smoking, tackling the supply of illicit tobacco, smoke free spaces and access to stop smoking services. The CURE Programme (curing tobacco addiction through more effective treatment in hospital settings) has begun at Wythenshawe Hospital (Manchester NHS Foundation Trust). Plans to ensure citywide specialist smoking support is available in the community will be implemented from July 2019.

4.3.2 Healthy schools

The Healthy Schools Team deliver a Healthy Lifestyle component of their Whole School approach that utilises a range of curriculum linked teaching resources focussing on preventing and reducing the number of children that are overweight and obese. In addition, there are weight management services commissioned to support families and adults to reduce and control their weight and to adopt healthier lifestyles.

4.3.3 Winning Hearts and Minds

Winning Hearts and Minds is a programme of work to improve heart and mental health outcomes in Manchester. It is a citywide programme with some targeted interventions in the most deprived areas of the city, in order to address health inequalities. Much of the targeted work is focused on north Manchester where health outcomes are poorest. Winning Hearts and Minds will be developed with Manchester Active (MCR Active), established and overseen by Manchester City Council partnering with Sport England and MHCC. A report on Manchester Active is also being presented to the Health and Wellbeing Board on 20 March 2019.

4.3.4 HPV vaccination programme

MHCC continue to support the GM Health and Social Care Partnership HPV (human papillomavirus) vaccine programme that protects against the two types of the virus that cause most cases (over 70%) of cervical cancer. Current results suggest that the HPV vaccination programme will bring about large reductions in cervical cancer in the future.

4.4 Early detection

4.4.1 National Cancer Screening Uptake

Greater Manchester Health and Social Care Partnership (GMHSCP) are currently procuring a cancer screening prevention and screening awareness

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[8] Smoke-Free Manchester, file:///C:/Users/kirsten.windfuhr/Downloads/Manchester_Tobacco_Control_Plan_2018_2021___official.pdf

engagement service across Greater Manchester. This will focus on priority areas and communities, using a diverse range of approaches and interventions that use a community development and social movement approach. The aim is to raise awareness of and uptake of the three cancer screening programmes: bowel, breast and cervical. The service will connect to all GM cancer screening/promotional activity in order to ensure a collaborative approach. As well as this Public Health England have launched a new national Cervical Screening Campaign this month.

4.4.2 Health professional awareness of cancer signs & symptoms (Gateway C)

GatewayC[9] is an online cancer education platform developed for GPs, practice nurses and other primary care professionals. The platform aims to improve cancer outcomes by facilitating earlier and faster diagnosis and improving patient experience. The platform has been developed by GPs (including Manchester GP Dr Sarah Taylor), cancer specialists and patients. Courses are endorsed by Cancer Research UK and Macmillan Cancer Support. Each course is accredited by the Royal College of General Practitioners.

4.4.3 North Manchester Lung Health Checks and proposals for city-wide roll out

Implementation of community based lung health checks, and low-dose CT (**c**omputerised **t**omography) scans for those at increased risk of lung cancer in North Manchester will start from April 2019. The ability to diagnose conditions at an earlier stage will increase the number of patients having curative treatment, improve symptom management and increase survival.

A business case is being developed for expansion and extension of the community based lung health checks to roll out across Central & South Manchester. The Health Scrutiny Committee in November 2018 fully supported the wider rollout of this programme across the City. NHS England has stated an intention to roll out lung screening in community settings, based on the MCIP model, and this will be a national cancer plan objective for 2019 onwards.[10]

4.5 Rapid Assessment

4.5.1 Pre-referral questions, investigations and examinations

We have been working with primary care and secondary care colleagues to ensure that suspected cancer referral pro-formas contain the required information to ensure efficient processing and booking of patients into a test or out-patient appointment. Consideration is also being given to pre-referral investigations (e.g. scans/blood tests) which could inform the GPs decison to refer patients and streamline the diagnostic pathway in secondary care.

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[9] GatewayC, https://www.gatewayc.org.uk/

[10] NHS England lung screening programme, https://www.england.nhs.uk/2017/11/nhs-england-action-to-save-lives-by-catching-more-cancers-early/

Faecal Immunochemistry Testing (FIT) can be used for patients at low risk of colorectal cancer prior to referral. We estimate that 10% of all colorectal referrals could be avoided if FIT was used as a decision supporting test. This would also avert invasive colonoscopies as well as out-patient appointments, and reduce demand for our providers. This test is being implemented during 2019 by Pennine Acute Hospitals NHS Trust with support from the North East Sector CCGs. Further rollout across the city will be determined following this initial phase.

4.5.2 Straight to Test/One Stop Clinics

Clinical triage by a cancer specialist has been shown to be effective in directing patients to the most appropriate investigation or clinic. This does not yet happen uniformally but our GP cancer leads will continue to work with specialist colleagues to develop robust protocols to direct patients to an initial investigation (that may not require a follow up out-patient appointment) or to a clinic that has all investigations performed in a one-stop arrangement.

4.5.3 Multi Diagnostic Clinic (MDC)/Rapid Diagnosis Clinics (RDC)

Wythenshawe Hospital (part of Manchester Foundation NHS Trust (MFT)) was a pilot site for the National ACE (**A**ccelerate, **C**oordinate, and **E**valuate)[11] programme to test a Multi-Diagnostic/Rapid Diagnosis Clinic for patients with non-specific but concerning symptoms. These patients would typically be referred on multiple pathways until a diagnosis was reached, which could take several weeks and require several out-patient visits.

The results of the pilot project showed that the majority of patients did not have a cancer diagnosis (as expected). All patients were informed of their diagnosis and either referred back to their GP or to an appropriate clinical team within 14 days, and only one out-patient visit was required. Patient and GP satisfaction with this service was high. The MDC/RDC model is now subject to national roll-out following testing in Manchester and Oldham.

4.5.4 Best practice timed pathways

The aim of the ‘best practice’ timed clinical pathway for patients with lung, colorectal and prostate cancer is to ensure patients get through the diagnostic part of the pathway faster, maximising the number who might benefit from potentially curative surgery. The lung pathway is based on the Health Services Journal (HSJ) award winning RAPID (**R**apid **A**ccess to **P**ulmonary **I**nvestigation **D**ays)[12] pathway developed by the lung cancer team at Wythenshawe Hospital. This new way of working has seen the time to diagnosis reduced from 28 days to 14 days. Greater Manchester Cancer has been awarded transformation funding to implement these pathways with providers across GM from 2019.

[11] National ACE programme, https://www.macmillan.org.uk/documents/aboutus/health_professionals/earlydiagnosis/aceprogramme/ace-project.pdf
[12] RAPID pathway, https://solutions.hsj.co.uk/story.aspx?storyCode=7019798&preview=1&hash=1C874A2F17E75B3A55DCD6B74C48A3E2

4.6 High Quality Treatment

4.6.1 Reconfiguration of specialist cancer surgical sites

The reconfiguration of specialised services is being undertaken by the Greater Manchester Health and Social Care Partnership (GMHSCP). Currently sites across Greater Manchester do not meet the standards set out by the National Institute for Health and Care Excellence (NICE). Concentrating care within specialist centres will ensure clinical expertise and access to the most effective treatments for our patients. The specialist surgical services subject to reconfiguration are:

- **oesophageal** cancer (lead provider Salford Royal Foundation Trust)
- **urology** cancers; prostate (lead provider Christie Hospital); kidney & bladder (lead provider Manchester University NHS Foundation Trust), and
- **gynaecological** cancers (lead provider Manchester University NHS Foundation Trust, key/associate provider The Christie Hospital).

4.6.2 Pre-habilitation before cancer treatment

The importance of pre-habilitation and recovery pathways are being increasingly recognized by cancer patients and providers around the world. The elements of physical activity, nutritional management, well-being and psychological support appear central to improving patients' outcomes and quality of life.

GM Cancer will be the first regional system in the UK to introduce large scale pre-habilitation as a standard of care for cancer patients framed by the Macmillan Recovery Package (described below), with an ambition to support more than 2,500 patients through freely accessible preparation and recovery physical activity packages across GM over the next 2 years. This will give patients the best opportunity for good quality outcomes and long-term survival.

GM Cancer has been awarded transformation funding to deliver this package of care, working with healthcare and community GM leisure services, Macmillan, Health Innovation Manchester and the Manchester Allied Health Sciences.

4.7 Living With & Beyond Cancer

4.7.1 Supporting new models of aftercare and supported self-management

The Macmillan Recovery Package[13] is being introduced to all new cancer patients across GM. The key elements include:

- Holistic Needs Assessment at key points; a written care plan to address identified needs
- Treatment Summary

[13] Macmillan, https://solutions.hsj.co.uk/story.aspx?storyCode=7019798&preview=1&hash=1C874A2F17E75B3A55DCD6B74C48A3E2

- Health & Well Being Events
- Cancer Care Reviews

The GM Cancer Pathway Boards will also develop criteria for the stratification of patients. Combined with the recovery package, this will allow aftercare to be delivered based on the patients needs, and may include supported self – management for suitable patients. This means that outpatient capacity that could be used for new patients to be seen more quickly, or allow more time to manage patients with complex needs.

This model has been developed for breast and colorectal cancer patients at Wythenshawe Hospital. Central to this model is access to supportive services for patients (e.g. psycho-oncology, lymphoedema[14], information, physiotherapy, nutrition). There is also a protocol for patients needing to re-access specialist services through clinical nurse specialist triage. There is now a plan to roll out this new model of aftercare across Greater Manchester.

4.7.2 Manchester Macmillan Local Authority Partnership (MMLAP)

The MMLAP aims to support people affected by cancer, including carers, to live with and manage cancer and other long-term conditions better through developing long-term sustainable changes aligned with organisational developments arising from the Manchester Locality Plan[15] and the Our Manchester Strategy[16]. The programme has agreed an initial five work streams:

1. Co-production/service user involvement
2. Community assets
3. Practical support for people affected by cancer
4. Training for people affected by cancer and the local workforce.
5. Information and support on transport options

Two further work streams - Carers and Psychological support- have been identified through the work with stakeholders, including service users.

4.8 Palliative & End of Life Care

4.8.1 Citywide Palliative & Supportive Care Service

In 2013 Macmillan identified palliative care as an issue in Manchester, particularly in North Manchester which was a national outlier in providing choice for preferred place to die. Palliative care services in North Manchester were acknowledged as insufficient at the time by both North Manchester CCG and Macmillan and hence the area was identified to test an enhanced community specialist palliative care service.

[14] Lymphoedema is a long-term condition where excess fluid collects in tissues causing swelling.
[15] Manchester Locality Plan, https://healthiermanchester.org/wp-content/uploads/2018/07/Manchester-Locality-Plan-2016-2021.pdf
[16] Our Manchester Strategy, https://www.manchester.gov.uk/downloads/download/6426/the_manchester_strategy

A city-wide initiative will be rolled out across the city from April 2019. The vision for Manchester is for all patients and their carers across the city to have 24/7 equitable access to high quality, consistent and supportive, palliative and end of life care when they need it, with accurate identification and proactive management of all their palliative care needs: physical, social, psychological and cultural.

5 Summary & Conclusions

1) Cancer incidence and cancer mortality are higher in Manchester than the national average.
2) Well-being services are needed to help our people make good lifestyle choices to prevent cancer.
3) Uptake of national cancer screening programmes is low and emergency presentations are high. Primary Care support and meeting the agreed cancer standards will help to address these issues.
4) Cancer workload is increasing with increased referrals for suspected cancer, more patients diagnosed and treated. Meeting the increasing demand requires collaboration between commissioners and providers.
5) Cancer survival is improving in Manchester due to better treatments and multi-disciplinary team (MDT) working; cancer can be considered a long-term condition for many people.
6) More people living with and beyond their cancer diagnosis means that patients require on-going support for their condition. Commissioning new models of aftercare will mean that patients are supported to self-manage and sign posted to additional services without the need for routine hospital visits.
7) We have built on the work of the Macmillan Cancer Improvement Partnership (MCIP) in Manchester by commissioning lung health check and screening service in North Manchester, developing a new model of aftercare for patients with breast cancer, and strengthening the primary care cancer standards.

6 Recommendations

The Board is asked to:

- Note the content of this report with regard to the challenges of the cancer system, as well as the collaborative working between providers, commissioners, primary care and population health teams.
- Note the national requirements for cancer from the NHS Long Term Plan, Operational Planning Guidance 2019/20 and the GM Cancer Plan.
- Approve and support proposals for service development to meet the national requirements, especially in relation to GP education, lung health checks, multi-diagnostic / rapid access clinics, best practice timed pathways and new models of aftercare.

Appendix 1

Figure 1: Age Standardised Rate of Cancer Diagnoses per 100,000

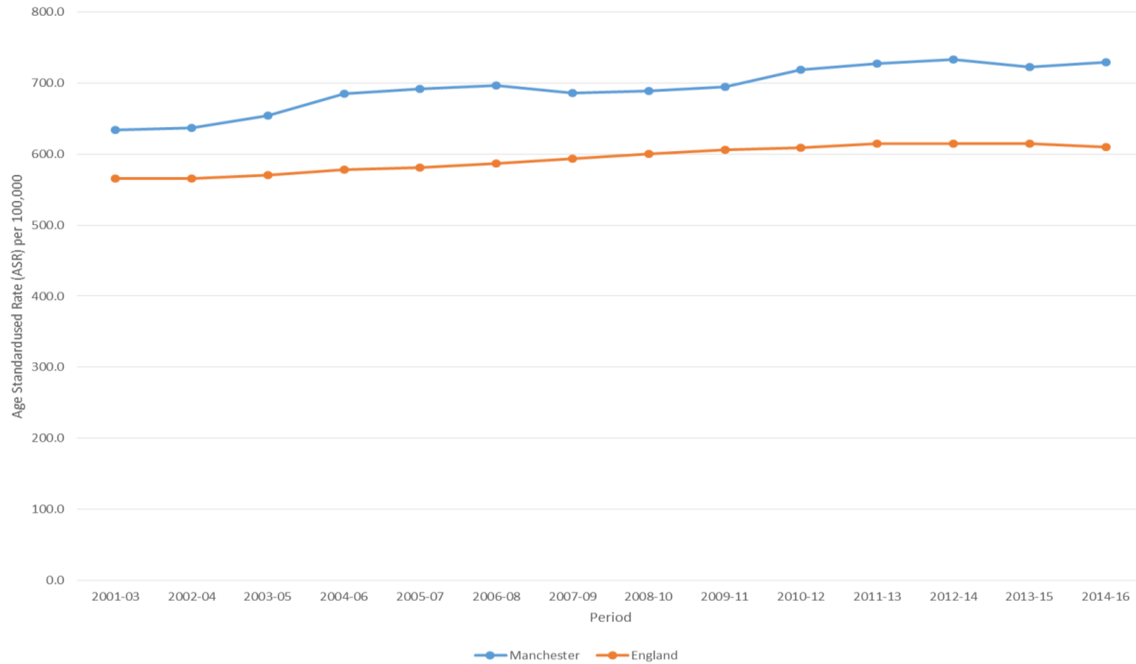

Figure 2: Newly diagnosed cancers by tumour site (2016) compared to Greater Manchester

Manchester = inner circle Greater Manchester = outer circle

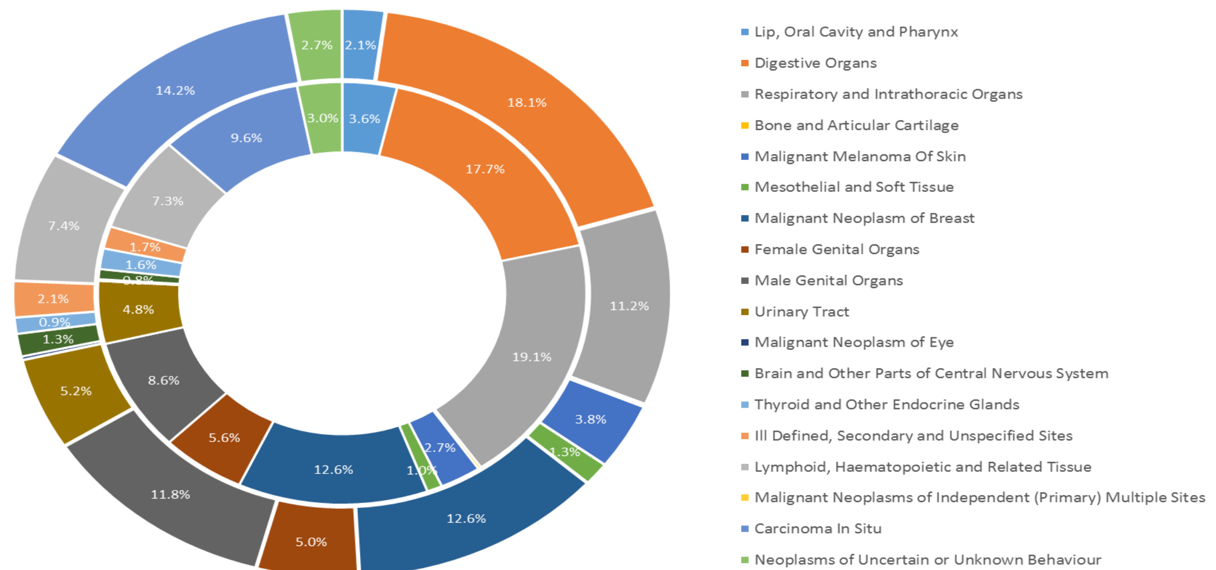

Table 2: Rate of premature deaths from cancer and respiratory disease in Manchester, Greater Manchester and England

2015-17 (rate per 100,000 population)	**Manchester CCG**	**Greater Manchester**	**England**
<75 premature mortality rate from all cancer	**194.5** (approx. 1160 people)	154.3	134.6
<75 premature mortality rate from all cancer (considered preventable)	**127.9** (approx. 760 people)	89.7	78.0
<75 premature mortality rate from respiratory diseases (considered preventable)	**46.4** (approx. 278 people)	25.7	18.9

Table 3: National cancer screening programmes coverage

Screening programme	Manchester	GM	National Minimum Standard	National Target
Bowel	46.5%	55.9%	52%	60%
Breast	61.0%	68.9%	70%	80%
Cervical	64.7%	71.5%	80%	90%

Table 4: All suspected cancer referrals by Manchester CCG, from 2013/14 through 2018/19

	2013/14	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19***
All suspected cancer referrals (SCR)	13,649	15,396	16,722	18,584	19,928	24,043

* The data for 2018/19 are incomplete and reflect data for a partial year.

Table 5: New cancer diagnoses in Manchester

Year	2013	2014	2015	2016	2017
New cancer diagnoses	2245	2329	2413	2485	2383

Table 6: Routes to diagnosis

Manchester CCG -2016	Screen Detected	GP referral (all)	Emergency Presentation	Other Route
Breast	25%	65%	5%	5%
Colorectal	5%	37%	30%	14%
Lung	NA	47%	38%	14%
Prostate	NA	76%	13%	11%

Table 7a: Stage at Diagnosis by Referral Route

Breast	Screen Detected	Suspected Cancer Referral	GP referral	Emergency Presentation	Other Route
Stage 1	**21%**	28%	29%	8%	14%
Stage 2	10%	**35%**	23%	20%	12%
Stage 3	10%	**36%**	23%	19%	11%
Stage 4	3%	30%	21%	**35%**	11%

Table 7b: Stage at Diagnosis by Referral Route

Colorectal	Screen Detected	Suspected Cancer Referral	GP referral	Emergency Presentation	Other Route
Stage 1	**48%**	37%	7%	1%	6%
Stage 2	21%	**65%**	8%	2%	4%
Stage 3	13%	**72%**	8%	4%	4%
Stage 4	6%	46%	15%	**27%**	7%

Table 7c: Stage at Diagnosis by Referral Route

Lung	Screen Detected	Suspected Cancer Referral	GP referral	Emergency Presentation	Other Route
Stage 1		27%	33%	18%	22%
Stage 2		**36%**	27%	19%	18%
Stage 3		**39%**	24%	22%	15%
Stage 4		26%	18%	**44%**	12%

Table 7d: Stage at Diagnosis by Referral Route

Prostate	Screen Detected	Suspected Cancer Referral	GP referral	Emergency Presentation	Other Route
Stage 1		36%	**47%**	3%	14%
Stage 2		43%	**44%**	2%	10%
Stage 3		**54%**	34%	3%	9%
Stage 4		**53%**	20%	**19%**	8%

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Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 20 March 2019

Subject: Establishment of Manchester Active and efforts to address the challenge of physical inactivity in Manchester

Report of: Strategic Lead - Parks, Leisure & Events, Manchester City Council
Chief Operating Officer, Manchester Active

Summary

This report provides headline detail on the establishment of Manchester Active, and goes on to describe the work currently being undertaken to address the challenge of physical inactivity in Manchester.

Recommendations

The Board is asked to note the contents of this report and specifically the progress made in the development of Manchester Active and its key role in the delivery of a sport and physical activity strategy that can deliver a positive impact on health and wellbeing outcomes for our residents.

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	Manchester Active is concerned with ensuring physical activity and its health benefits are embedded across the life course, including prenatally, postnatally and throughout the early years.
Improving people's mental health and wellbeing	In particular through the Winning Hearts and Minds programme, but also through its wider activities, Manchester Active recognises the role that physical activity can play in improving people's mental health and wellbeing.
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	The role physical activity can play to assist residents to age well is clear, and this is a key remit of Manchester Active (e.g. Active Ageing).
Turning round 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	
Self-care	Raising the profile of physical activity and its various benefits is an important aspect of enabling self-care for all residents in the city.

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Background documents (available for public inspection)

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

Communities and Equalities Scrutiny Committee (24 May 2018) & Executive (30 May 2018), Future Leisure Arrangements Report

Executive Report, Sport and Leisure Arrangements – 2018 onwards (26 July 2017)

GM Moving - The Plan for Physical Activity and Sport 2017-2021

1 Introduction

1.1 This report sets out the background to the changes to sport and leisure governance in the city that began to be implemented in late 2018, and which will conclude with the formation of Manchester Active in April 2019.

1.2 The report goes on to summarise some of the key ways in which Manchester Active will be working in order to begin to address the challenge of physical inactivity in Manchester.

2 Background

2.1 The Sport and Leisure Team within the Council work in partnership with a range of organisations locally, regionally and nationally to set a clear vision, strategy and framework for development of this important area of neighbourhood activity. Across the city there are over 757 sport and leisure facilities available for public use, ranging for the National Centres of Excellence such as the HSBC UK National Cycling Centre, to tennis courts in parks. There are over 100 different facility and community service providers spanning the public, private and voluntary sector. This provision ensures that 65.6% of our residents are active for more than 150 minutes per week, which is higher than the national average. However, 23.8% of our residents are currently physically inactive, meaning that they are undertaking less than 30 minutes of moderate to vigorous physical activity per week.

2.2 Greater Manchester's blueprint for physical activity, Greater Manchester Moving, which aligns to the Greater Manchester Population Health Plan and wider reform agenda, seeks to reach a target of 75% of people active or fairly active by 2025.

2.3 In line with the existing strategy for sport and leisure, the Council has been moving towards establishing its role as an enabler, where the vast majority of activity is supported to either be self-sustaining from trading, commissioned against outcomes, or is contracted to leisure operators.

2.4 Following an options appraisal in 2017, detail of which is set out in the Executive Report, Sport and Leisure Arrangements – 2018 onwards (26 July 2017), it was determined that the Council would pursue a 'split' strategic service and operational contract model in order to both deliver high quality leisure provision, but also to enable a clear focus on the strategic context of sport and physical activity as a vehicle for impacting on health and wellbeing outcomes for our residents. The strategic service element of this split is the remit of Manchester Active, a subsidiary company of the Council, working in partnership with Sport England, and whose governance arrangements include director representation from Sport England and Health (via Ian Williamson, Chief Accountable Officer of Manchester Health and Care Commissioning), alongside the Council.

3 Manchester Active

3.1 Following agreement at the Council's Executive and Communities and Equalities Scrutiny Committee in May 2018, under new Articles of Association, Eastlands Trust[1] will be re-defined and re-purposed as Manchester Active, and will be a joint Teckal company acting on behalf of the Council and Sport England – this effectively means it is treated as in-house, although technically it is a separate legal entity, influenced by other stakeholders.

3.2 From 1 April 2019, Manchester Active will be responsible for implementing the Manchester Sport and Physical Activity Strategy on behalf of the Council and developing the plans which underpin the strategy, brokering and facilitating relationships which will deliver it. In the sphere of physical activity, Manchester Active's work includes:

3.2.1 the development of strategic links and partnerships with stakeholders involved in sport and physical activity and health and wellbeing in the local community;

3.2.2 promoting and improving the physical and mental health of the local community through physical activity; and

3.2.3 promoting physical and mental wellbeing, individual development, social and community development and economic development.

3.3 The company will implement a city wide and neighbourhood approach. This approach will ensure significant resources are provided to front line arrangements whilst maximising the benefits from a city wide strategic resource. Front line arrangements will provide the face for Manchester Active, and these arrangements will work as part of virtual integrated neighbourhood teams. Citywide strategic arrangements will interface with strategic area leads from the Council's Neighbourhoods teams and the community voice will be placed at the centre of Manchester Active's work.

4 Manchester Active and the Physical Inactivity Challenge

4.1 As noted above, due to all the known health and wellbeing benefits that derive from having a more physically active population, the challenge laid down by the GM Moving blueprint for physical activity is to see 75% of residents active or fairly active by 2025.

4.2 In its embryonic form, and in partnership with colleague across the Council and Manchester Health & Care Commissioning, Manchester Active is already working cross-organisationally on a number of projects which include a remit around increasing levels of physical activity for those who are currently inactive. These include the programme of work detailed below.

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[1] Eastlands Trust Limited is a wholly owned company of the Council and has the appropriate governance, legal, financial, audit, and people frameworks in place, but is currently set up for a very different purpose.

5 Winning Hearts & Minds

5.1 The Winning Hearts & Minds Programme is an ambitious programme of work to improve heart and mental health outcomes in Manchester. It is a citywide programme with some targeted interventions in the most socially disadvantaged areas of the city, in order to address health inequalities. The programme aims to:

5.1.1 improve the conditions that create health in the most socially disadvantaged neighbourhoods;

5.1.2 reduce levels of physical inactivity;

5.1.3 reduce the number of heart attacks, strokes and cardiovascular events;

5.1.4 improve the physical health of people with Severe and Enduring Mental Illness (SMI); and

5.1.5 strengthen connections, relationships and collective action for healthy lifestyles.

5.2 Within the programme, Manchester Active is leading a tackling inactivity initiative. This has taken a co-production and co-design approach, working in two local areas to test new approaches to supporting inactive people to become more physically activity. In Collyhurst, the programme is working with Gateway Debt Advice and Money Education Centre to enable that charity to consider physical activity as part of its work with local people using its services. In Cheetham, we are working with Communities For All in a similar way, and throughout 2019, we will be piloting approaches with these organisations to reach an audience that ‘traditional’ physical activity interventions have had limited success in supporting. The tackling inactivity initiative is being externally evaluated by Manchester Metropolitan University, and will conclude in late 2019.

5.3 Manchester Active is also playing a Programme Lead role for the wider programme, covering all the work being undertaken under the Wining Hearts & Minds banner, working very closely in partnership with colleagues in the Population Health & Wellbeing Team and within the CCG to deliver such programmes of work as smoking cessation advice being co-located on the mobile lung health check units in North Manchester, and a new community hypertension pathway being developed to ensure better utilisation of community pharmacies to support the detection and treatment of high blood pressure.

6 Local Delivery Pilot

6.1 Manchester’s Local Delivery Pilot (LDP) is a £1.5m investment from Sport England (as part of a wider £10m GM project) to embed the contribution of sport and physical activity in achieving the outcomes set out in the various strategies covering population health, such as *Taking Charge 2015* and the

Population Health Plan 2017-2021 and also the Greater Manchester Strategy, *Our People, Our Place*.

6.2 The pilot programme is about working across a whole system within an identified place to reduce inactivity and tackle inequalities, enhancing knowledge and understanding through testing concepts and ideas and scaling where appropriate. Across GM, the programme is intended to focus attention across three population groups:

6.2.1 Children and young people aged 5-18 in out of school settings;
6.2.2 People out of work or at risk of becoming workless; and
6.2.3 People aged 40-60 with a long term condition, specifically cancer, cardiovascular disease and respiratory disease.

6.3 An initial steering group of cross-partner representatives from Manchester has reviewed the inactivity and other relevant health statistics across the city, and has determined that attention should be focussed on the Ancoats & Clayton, Beswick & Openshaw, Miles Platting & Newton Heath and Woodhouse Park wards. Local Members have also been briefed, and early work is now underway to engage within these communities to understand what work can be undertaken to develop a whole system change approach over the next 2.5 years of the programme.

6.4 This programme of work is taking an iterative and 'test and learn' approach, with an initial headline submission of plans for the next 12 months to be submitted to the GM Moving Executive team this month.

7 Active Ageing

7.1 Since late Summer 2018, in its shadow form, Manchester Active has been leading an Active Ageing project in the city, working in partnership with Ambition for Ageing colleagues and other interested parties, to increase levels of physical inactivity among physically inactive older people.

7.2 The programme has taken a twin pronged approach following consultation with older people at a Manchester and GM wide level. One part of the programme has taken a place based approach, with a specific focus on enabling use of green and blue spaces at Debdale Park to encourage older people to be more physically active. A weekly session now runs at the venue, with opportunities to use indoor spaces in inclement weather for socialising as well as activities such as table tennis and indoor bowls, whilst during better weather, the session now sees older people taking to the boats on the water and walking around the green spaces that the venue offers. All of the activities are undertaken with a clear focus on being socially active, with the physical activity element almost a 'hidden' add on.

7.3 The second part of the Active Ageing programme work is focussed on supporting volunteers at groups that don't currently offer physical activity to introduce opportunities for physical activity to their users. This has entailed providing a bespoke training programme for willing volunteers, and ongoing

support and mentoring to enable them to gradually introduce physical activity to their existing social activities.

7.4 The Active Ageing programme will run for two years.

8 Wellbeing Services

8.1 Manchester Active is playing a leading role in a small working group with representatives from GMMH and Population Health & Wellbeing to re-design the City's commissioned physical activity for health offer. Included within the scope of the review are services such as physical activity on referral (PARS), weight management and Active Lifestyles.

8.2 The aim of the work currently being undertaken is to ensure that the city has a new service in line with the Well Being redesign in 2021. Within this time the current commissioning arrangements that are the focus of attention will come to an end, and a more connected model can be introduced.

9 Walking and Cycling

9.1 A key finding from the engagement undertaken during the development of the new Sport and Physical Activity Strategy, as well as key findings from work for both Winning Hearts & Minds and the Local Delivery Pilot, is that opportunities for people to be able to walk and cycle are hugely important for making population-scale changes to levels of physical activity.

9.2 There is significant work at a citywide and GM level in relation to physical infrastructure that can be developed to support the aspiration to make GM the first walking and cycling city region in the country, most notably through the Bee Network. Manchester Active will play a key role in supporting these developments, with a key focus on the activation of the physical infrastructure.

9.3 Walking and cycling will doubtless also be a key part of both the Winning Hearts & Minds and Local Delivery Pilot work given the evidence that is being collated about residents' needs and wants, and so Manchester Active is well placed to play a lead role in this area for these projects but also more broadly across the city.

10 Recommendations

10.1 The Health & Wellbeing Board is asked to note the contents of this report and the progress made in the development of Manchester Active, together with its key role in addressing the challenge of physical inactivity within the city.

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Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 20 March 2019

Subject: Manchester Climate Change Board Nomination

Report of: Director of Population Health and Wellbeing
Programme Director, Manchester Climate Change Agency

Summary

In November 2018 Manchester City Council adopted ambitious new climate change targets for the city, to ensure that Manchester plays its full part in limiting the impacts of climate change. Work is now underway to drive urgent action towards meeting these targets, and to put in place a Manchester Zero Carbon Framework 2020-38 and Action Plan for 2020-22.

Manchester's climate change agenda is driven by the Manchester Climate Change Board, with support from Manchester Climate Change Agency. The Board is made up of key organisations and sectors from across the city. As members of the Board the organisations and sectors represented commit to playing their full part in helping Manchester to meet its targets.

This paper outlines the potential role of health organisations in the city in relation to the climate change agenda. It invites the Health and Wellbeing Board to formally nominate a representative to join the Manchester Climate Change Board, as a replacement for the previous representative, Dr Philip Burns.

Recommendations

The Board is asked to:

1. Note the work underway during 2019 to urgently reduce Manchester's CO_2 emissions and develop a Manchester Zero Carbon Framework 2020-38 and Action Plan for 2020-22,

2. Formally nominate Dr Raja Murugesan to join the Manchester Climate Change Board as the representative of the Health and Wellbeing Board.

3. Request that health partners on the Manchester Health and Wellbeing Board develop appropriate action plans to form part of the Manchester Zero Carbon Framework 2020-38 and Action Plan 2020-22

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 air quality will benefit babies and young children by avoiding the developmental and respiratory issues currently caused by poor air quality across Manchester. Energy efficiency measures will provide warm and comfortable homes, removing this as a contributory factor in low educational attainment.
Improving people's mental health and wellbeing	Walking, cycling and local food growing will improve mental health and reduce CO_2 emissions.
Bringing people into employment and ensuring good work for all	An estimated 30,000 new jobs will be created in the environment and sustainability sector.
Enabling people to keep well and live independently as they grow older	Older people will have warm and comfortable homes by delivering domestic energy efficiency measures, including to the 34,000 Manchester households living in fuel poverty.
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	Reducing energy bills through domestic energy efficiency measures will help address financial pressures, including for the 34,000 Manchester households living in fuel poverty.
One health and care system – right care, right place, right time	Social prescribing for physical activities as alternatives to cars will improve health outcomes and reduce CO_2 emissions. Improving domestic energy efficiency for those living in cold and damp homes will save the NHS an estimated £17m per year.
Self-care	Increased walking and cycling will increase health outcomes and reduce CO_2 emissions.

Lead board member:

Contact Officers:

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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.

Draft Manchester Zero Carbon Framework 2020-38[1], Manchester City Council, March 2019

Playing Our Full Part[2], Manchester City Council, November 2018

Green and Healthy Manchester: a prospectus for joint action on health and climate change[3], March 2016

[1] https://democracy.manchester.gov.uk/ieListDocuments.aspx?CId=147&MId=293&Ver=4
[2] https://democracy.manchester.gov.uk/ieListDocuments.aspx?CId=147&MId=289&Ver=4
[3] https://secure.manchester.gov.uk/meetings/meeting/2378/health_and_wellbeing_board

1. Introduction

1.1 This paper provides a headline summary of Manchester's commitments on climate change, activities underway to achieve them, and a proposed way forward for health organisations in Manchester to play a key role in this work.

2. Background

2.1 Manchester's first ever climate change strategy, for the period 2010-20, was published in late-2009, and refreshed in 2013. The refreshed strategy set out the links between health and wellbeing and climate in terms of both the negative health impacts of climate change on population health, and the opportunity to deliver actions that can achieve positive health and climate change outcomes.

2.2 For example improving the energy efficiency of homes can help to arrest respiratory and other problems caused by the city's cold and damp homes (including for the 34,000 households living in fuel poverty), and reduce CO_2 emissions.

2.3 Replacing petrol and diesel vehicles with zero emission alternatives improves air quality at the same time as reducing CO_2 emissions, helping to address the 10 early deaths per day that currently occur in Greater Manchster due to poor air quality[4].

2.4 Walking and cycling as an alternative to vehicular journeys improves health and reduces CO_2 emissions.

3. Manchester Zero Carbon Framework 2020-38

3.1 In November 2018 Manchester City Council adopted new climate change targets for the city, based on work by Manchester Climate Change Agency and the Tyndall Centre for Climate Change Research.

3.2 The targets commit Manchester to: limit its CO_2 emissions to 15 million tonnes during the period 2018-2100, our 'carbon budget'; to rapidly reduce CO_2 emissions, by an average of at least 13% year-on-year, and; to become a zero carbon city by 2038.

3.3 Manchester Climate Change Board and Agency have produced a draft Manchester Zero Carbon Framework 2020-38 to set out an approach for the city to meet its targets.

3.4 The draft Framework directly allocates responsibility to organisations to reduce CO_2 emissions from their operational activities and for them to support and influence their stakeholders to take action.

[4] https://www.ippr.org/publications/atmosphere

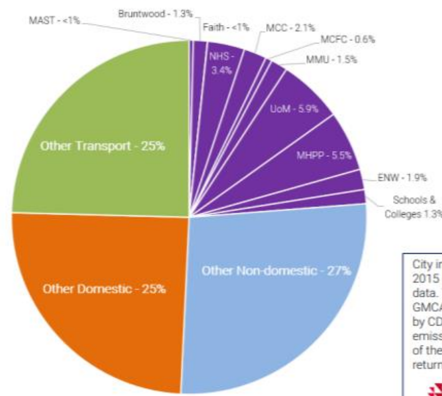
3.5 Ten sectors and organisations are identified in the draft Framework. Over sixty pioneer organisations are actively involved at this stage, including Manchester City Council, the universities, Manchester City Football Club, Bruntwood, Manchester Housing Providers Partnership, Electricity Northwest, Manchester Cathedral, and others.

3.6 The draft Framework breaks down Manchester's CO_2 emissions according to:

5. The MCCB 'Pioneers' – Sector and Organisation Summary

Who are the Pioneers?

- 10 MCCB Board Members representing over 60 individual organisations have committed to act and help achieve the city's targets. These are:
  1. Manchester Arts Sustainability Team (MAST)
  2. Bruntwood
  3. Our Faith, Our Planet (Faith)
  4. Manchester University NHS Foundation Trust (NHS)
  5. Manchester City Council (MCC)
  6. Manchester City Football Club (MCFC)
  7. Manchester Housing Providers Partnership (MHPP)
  8. Manchester Metropolitan University (MMU)
  9. University of Manchester (UoM)
  10. Electricity North West (ENW)
- These organisations represent over **500,000 tonnes CO_2 per year** which is over **20%** of Manchester's emissions.



City inventory prepared using 2015 (2017) BEIS local emissions data. This data feeds into the GMCA GPC inventory supported by CDP and used to fulfil the emissions reporting requirements of the Global Covenant of Mayors return for GMCA.

Action during 2019/20

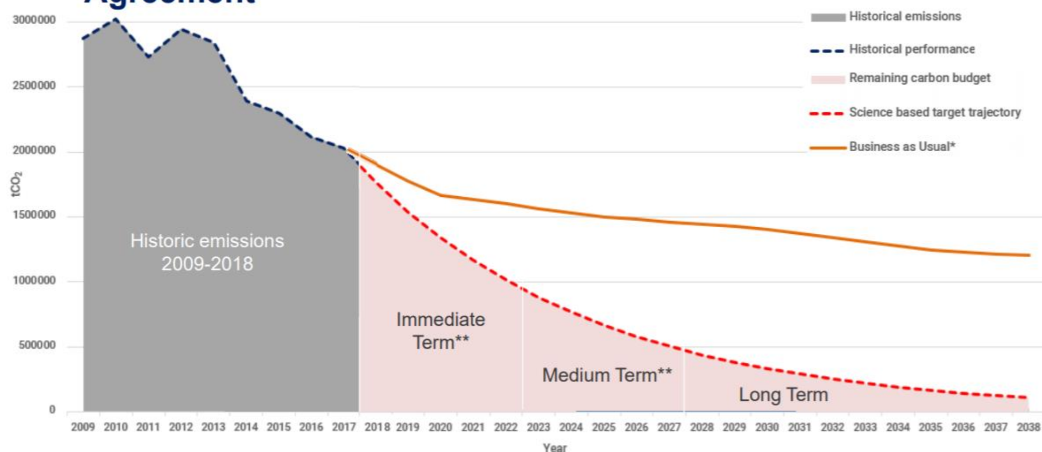
All Pioneer sectors/organisations have set out their priority action plans for 2019/20. These are provided in Appendix 4.

The Action Plans cover the following 4 actions:

1. Urgent action 2019/20: organisational emissions,
2. Urgent Action 2019/20: stakeholder support,
3. Your Action Plan 2020+,
4. Support you need.

3.7 The city's carbon reduction trajectory for 2018-38 is set out as:

1. Carbon emissions pathway consistent with 2°C Paris Agreement



Total budget (2018-2100) tCO_2	Immediate term (2018-2022) tCO_2	Medium term (2023-2027) tCO_2	Long term (2028-2037) tCO_2
15,187,610	6,928,620	3,593,560	3,046,920

* Business as usual as defined by Level 1ambition thresholds within the Anthesis' SCATTER model.
** Immediate Term & Medium Term periods align with the 3rd and 4th nationally legislated carbon budget periods (respectively) under the UK Climate Change Act (2008).

3.8 A number of Manchester health organisation related actions for 2019 have been included in the draft Framework, based on those already published in Manchester University NHS Foundation Trust's 'The Masterplan' for 2018-23.

4. Outline Scope of the potential contribution of health organisations to Climate Change Activities and the Current Position

4.1 The organisations include:

- Manchester University NHS Foundation Trust (MFT)
- North Manchester General Hospital (currently part of Northern Care Alliance but planned merger with MFT) (NMGH)
- The Christie NHS Foundation Trust
- Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Manchester Local Care Organisation (MLCO)
- Manchester Health & Care Commissioning (MHCC)

4.2 The organisations that make up the NHS in Manchester are at different stages in their sustainability journey. The Sustainable Development Unit (SDU) is funded by, and accountable to, NHS England and Public Health England to work across the NHS, public health and social care system. The recommended approach for Trusts to manage their sustainability performance is:

- **Plan** – develop a Sustainable Development Management Plan (SDMP). This will be underpinned by other strategies/plans such as a healthy travel plan, climate change adaptation plan, energy investment plan or waste strategy.

- **Measure** – tools are available for healthcare organisations to calculate their carbon footprint, identify and target hotspots and report progress.

- **Evaluate** – an online self-assessment tool is available (Sustainable Development Assessment Tool or SDAT), designed to help NHS, health and care organisations understand their sustainable development work, measure progress and help create the focus of and action plans for their sustainable development plans (SDMP). It is made up of ten modules and four cross cutting themes. A Sustainability Impact assessment can also be incorporated into business cases.

- **Engage** – engagement with staff, patients and wider stakeholders is crucial to ensure that people understand what needs to be done, why it's important and how they can play their part.

4.3 A baseline assessment of where the different organisations that make up the NHS in Manchester are currently at in their sustainability journey, and what the future plans are will be required in order to contribute to this plan and inform areas of joint working.

5. The Acute Hospitals (MFT and NMGH) and The Christie

5.1 The Acute sector generates a carbon footprint from the operation of the Estate (using energy, water and producing waste) and the procurement of goods and services required to deliver care. Procurement makes up around two-thirds of the carbon footprint of an Acute Trust with medical equipment, pharamaceuticals and anaesthetic gases comprising significant hotspots. Associated transport and travel from staff commuting, business travel and deliveries is also responsible for a significant proportion of emissions.

5.2 Annual reporting on sustainability is mandated by the NHS Standard Contract and the latest annual reports can be found on Trust websites. MFT released their latest SDMP in November 2018, have an active Green Impact staff engagement programme and produced their first Climate Change Adaptation Plan in 2018. NMGH do not yet have an SDMP but have committed to producing one in the next financial year.

5.3 Joint commitments need to be agreed for inclusion within the Draft Manchester Zero Carbon Framework 2020-38. These are likely to include:

- Establising a baseline carbon footprint for the sector, and understanding individual organisations plans
- Development and delivery of Sustainable Development Management Plans (SDMPs)
- Producing a joint Climate Change Adaption Plan (CCAP)
- Investigating opportunities to roll out existing staff engagement programmes across the wider sector

6. Community Based Trusts (Manchester Local Care Organisation and Greater Manchester Mental Health)

6.1 MLCO and GMMH generate a carbon footprint through the operation of their estate, prescribing of pharmaceuticals and staff and patient travel. Pharmaceuticals make up a significant proportion of the overall carbon footprint with the estate operations accounting for a much lower proportion than the acute sector.

6.2 The MLCO is a relatively new organisation and have not yet produced an SDMP. GMMH include a sustainability section in their annual report and have an active reuse programme using the Warp It platform as well as reporting reductions in energy usage.

7. Manchester Health and Care Commissioning

7.1 Whilst MHCC generate a small carbon footprint through the operation of their estate, and from staff travel, almost all of their impact arises from the services that they commission. Work is underway to understand how social value outcomes can be enhanced through this function.

8. Summary

8.1 Work has been underway for several yaers to address the CO_2 emissions and wider environmental impact of the NHS's activities in Manchester.

8.2 Further work is now needed to develop a full understanding of the contribution of the NHS in Manchester to global climate change and set out the actions it will take to address them.

8.3 It may also be helpful to undertake a further exercise to understand the health and wellbeing impacts of the changing climate in Manchester, including through increased periods of extreme weather, flooding, increased average temperatures and heatwaves. The University of Manchester and other partners have previously undertaken work on this topic.