



Health Scrutiny Committee

Date: Wednesday, 23 June 2021

Time: 10.00 am

Venue: Council Chamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 2:30 pm on Monday 21 June 2021 via MS Teams. A separate invite will be sent to Committee Members.

Access to the Public Gallery

Access to the Public Gallery is on Level 3 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. **There is no public access from any other entrance.**

Filming and broadcast of the meeting

Meetings of the Health Scrutiny Committee are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

Membership of the Health Scrutiny Committee

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

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. [10.00 – 10.05] Minutes

To approve as a correct record the minutes of the meeting held on 26 May 2021.

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5. [10.05 – 10.50] COVID-19 Update

Report of the Director of Public Health, Manchester City Council and the Medical Director, Manchester Health and Care Commissioning

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The Manchester Public Health Team will deliver a presentation on the latest available data relating to Manchester with a focus on the Enhanced Support Package Area Plan. This designation was announced by the Government on 8 June and preceded the announcement on the Stage 4 Road Map delay on 14 June. A key element of the Plan will be the ongoing and accelerated roll out of the Manchester Vaccination Programme. The Committee will also receive an update on this roll out.

6. [10.50 – 11.50] Strategic scene-setting

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

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This report and presentations provides an overview of Health inequalities and outcomes in Manchester; an overview of the system wide response with a focus on Manchester's Local Care Organisation and an update on Better Outcomes, Better Lives,

the Manchester Local Care Organisation's transformation programme for Adult Social Care.

7. [11.50 – 12.00] Overview Report

Report of the Governance and Scrutiny Support Unit

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This report includes a summary of key decisions that are within the Committee's remit as well as an update on actions resulting from the Committee's recommendations. The report also includes the Committee's work programme, which the Committee is asked to amend or agree as appropriate.

The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission (CQC) within Manchester since the Health Scrutiny Committee last met.

Information about the Committee

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

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

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. 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 sheet.

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Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
Level 3, Town Hall Extension,
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Manchester, M60 2LA

Further Information

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

Lee Walker
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Email: l.walker@manchester.gov.uk

This agenda was issued on **Tuesday, 15 June 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension, Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 26 May 2021

Present:

Councillor Green – in the Chair
Councillors Curley, Newman, Riasat, Richards, Leech, Hussain and N.Ali

Apologies: Councillors Cooley, Monaghan and Reeves

Also present:

Councillor Midgley, Executive Member for Health and Care
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care
Commissioning (MHCC)

HSC/21/18 Minutes

Decision

To approve the minutes of the meeting held on 9 March 2021 as a correct record.

HSC/21/19 COVID-19 Update

The Committee considered the joint presentation of the Director of Public Health and the Executive Clinical Director Manchester Health and Care Commissioning that provided an update on COVID-19 activity that included the latest available information on data and intelligence.

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

- The Committee paid tribute to the Director of Public Health, his team, all health partners and volunteers for their response to the pandemic;
- Noting the prevalence of Variants of Concern in boroughs within Greater Manchester, did teams work collaboratively across borders to plan and respond to these events as and when they arose;
- A Member commented that government inaction had resulted in the spread of the Indian Variant;
- A view was sought as to the efficacy of Lateral Flow Tests (LFT);
- Why were the vaccination rates in the Piccadilly and Deansgate wards relatively low;
- What work was being done to ensure people with Learning Disabilities and other groups, such as travellers, were vaccinated;
- Information needed to be provided in all languages that were represented within the city; and
- Was data available relating to the number of hospital admissions for those that had not been vaccinated.

The Director of Public Health responded by informing the Committee that Public Health teams did work collaboratively across borders to respond to both existing and

emerging issues to deliver a coordinated response. He reassured Members that the supplies of vaccines remained sufficient across all wards.

The Director of Public Health stated that it was important for all members of the public to observe and adhere to Public Health guidance to mitigate the spread of infection. He further commented that it was the effectiveness of the UK laboratories that undertake genomic sequencing that quickly identified Variants of Concern. With regard to LFTs he stated that supervised tests were more reliable, however as people began to become more used to administering these themselves there was increased confidence that the testing was more effective. He stated that it remained the case that if an LFT provided a positive result the person should undertake a Laboratory PCR test and residents should continue to check for symptoms.

With regard to the relatively low vaccination rates for the Piccadilly and Deansgate wards the Director of Public Health commented that this could be explained due to a relatively high number of young, transient and often unregistered residents.

The Director of Public Health stated that hospitals were looking to collect data in relation to COVID-19 admissions to identify the numbers of those patients who had been vaccinated.

With regard to Learning Disabled citizens and the traveller community, the Director of Public Health stated that there were a number of initiatives that involved working with partners and across borders to engage with different groups and promote the take up of vaccination, similar to those described within the presentation.

The Executive Member for Health and Care reiterated the appreciation expressed by the Committee to the Public Health team, staff working across the NHS and all partners and volunteers in supporting the residents of the city during the pandemic. She stated that it was important to recognise that COVID-19 had not gone away and residents needed to adhere to Public Health advice and guidance to reduce the spread of COVID.

Decision

The Committee notes the report and presentation.

HSC/21/20 Overview Report

The report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

The Committee noted that it would be discussing the work programme for the forthcoming municipal year in further detail in a private session following the meeting, and that an updated work programme reflecting this discussion would be circulated as normal in the papers for the next meeting.

Decision

The Committee note the report.

HSC/21/21 Exclusion of Press and Public**Decision**

To exclude the public during consideration of the following item which involved consideration of exempt information relating to the financial or business affairs of particular persons and public interest in maintaining the exemption outweighs the public interest in disclosing the information.

HSC/21/22 Scrutiny Committees' work on cross-cutting themes of the Our Manchester Strategy

The Committee considered the report of the Deputy Chief Executive and City Treasurer that provided an overview of how cross-cutting themes in the *Our Manchester Strategy – Forward to 2025* reset document were covered by MCC Scrutiny Committees during the 2021/22 municipal year.

Our Manchester Strategy – Forward to 2025 had reset Manchester's priorities for the next five years to ensure we could achieve the city's ambitions set out in the *Our Manchester Strategy 2016 – 2025*.

Decision

The Committee note the report.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 23 June 2021

Subject: COVID-19 Update

Report of: Director of Public Health, Manchester City Council and Medical Director, Manchester Health and Care Commissioning

Summary

The Manchester Public Health Team will deliver a presentation on the latest available data relating to Manchester with a focus on the Enhanced Support Package Area Plan. This designation was announced by the Government on 8 June and preceded the announcement on the Stage 4 Road Map delay on 14 June. A key element of the Plan will be the ongoing and accelerated roll out of the Manchester Vaccination Programme. The Committee will also receive an update on this roll out.

Recommendations

The Committee is asked to note the report and receive the presentation.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Our Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This unprecedented national and international crisis impacts on all areas of our city. The ‘Our Manchester’ approach has underpinned the planning and delivery of our response, working in partnership and identifying innovative ways to continue to deliver services and to establish new services as quickly as possible to support the most vulnerable in our city
A highly skilled city: world class and home grown talent sustaining the city’s economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	

A connected city: world class infrastructure and connectivity to drive growth	
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Background documents (available for public inspection):

None

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 23 June 2021

Subject: Strategic Scene-Setting

Report of: Director of Public Health, Executive Director Adult Social Services and Deputy Director Adult Social Services

Summary

This report provides an overview of:

- Health inequalities and outcomes in Manchester
- An overview of the system wide response with a focus on Manchester's Local Care Organisation
- An update on Better Outcomes, Better Lives, the Manchester Local Care Organisation's transformation programme for Adult Social Care.

A summary of key health indicators, health inequalities and the impact of COVID-19 is provided as a slide set. The Population Health Recovery Programme is now underway, building on the existing Manchester Population Health Plan (2018-2027), but recognising that COVID-19 has exacerbated existing health inequalities in Manchester. A current working draft of this recovery programme is also provided.

Better Outcomes, Better Lives is Manchester Local Care Organisation's transformation programme for Adult Social Care, which commenced in 2021 and builds on work to integrate health and social care in Manchester, the ASC improvement programme, and other transformation initiatives delivered in recent years. The programme is underpinned by the Our Manchester approach and is a long-term programme of practice-led change, focused on supporting the people of Manchester to achieve better life outcomes. The programme has been developed alongside work to develop the 2021/22 budget and is designed to deliver savings on the ASC budget, through improving ways of working.

The attached presentation provides detail of the programme including:

- The scope of the programme including the detail of the individual workstreams;
- The outcomes we are hoping to achieve; and
- An update on progress so far.

Recommendations

The Committee is asked to consider and make comments on the content of this report and the attached presentations.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

As a key contributor to delivering the ASC and overall Manchester City Council budget in 2021/22, the Better Outcomes, Better Lives programme reflects the declaration of a climate emergency. The responsive commissioning workstream in particular will explore options to ensure the programme makes a contribution through action taken working with our external care market.

Our Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Our work to tackle health inequalities and deliver Better Outcomes Better Lives are designed in particular to make a contribution to creating a progressive and equitable city – through working with our communities, our residents and assets to improve outcomes for those who need support
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

None

Introduction

- 1.1. This report provides an overview of:
- Health inequalities and outcomes in Manchester
 - An overview of the system wide response with a focus on Manchester's Local Care Organisation
 - An update on Better Outcomes, Better Lives, the Manchester Local Care Organisation's transformation programme for Adult Social Care.

2. Health inequalities and outcomes in Manchester

- 2.1. An overview of health inequalities in Manchester is provided in Appendix 1. The city has a long tradition and history of addressing health inequalities and the Manchester Population Health Plan published in 2018 before the pandemic set out a number of key priorities that are more important than ever. A link to this plan is provided below.

<https://www.manchester.gov.uk/healthplan>

- 2.2. A draft of the Population Health Recovery Programme Framework is provided in Appendix 2 and the Committee may want to focus on particular areas of this plan during the municipal year. Dr Cordelle Ofori, Consultant in Public Health Medicine, will provide a brief overview of the plan at the meeting.

3. Manchester Local Care Organisation – Recovery and Reform

- 3.1. The Manchester Local Care Organisation (MLCO) was established in 2018. It is responsible for delivering neighbourhood based integrated health and social care through a strengths-based approach to empower people to take greater responsibility for their own health and wellbeing. The Manchester Partnership Board (MPB) was established in 2020 to provide a single senior forum for the co-ordinated leadership of health and social care in Manchester and reports into the Health and Wellbeing Board. It has recently endorsed MLCO as the delivery vehicle for reducing health inequalities and improving population health of people in Manchester.
- 3.2. Through MPB, health and social care system leaders in Manchester have agreed that in order to achieve the city's ambitions, the Manchester Local Care Organisation should be strengthened with the right resources and responsibilities to enable integrated working at scale and pace. As part of this work, the Council's Executive delegated approval for the sign-off of a new section 75 agreement between Manchester City Council (MCC) and Manchester University Foundation Trust (MFT) to officers in June 2021. The section 75 agreement facilitates the effective delivery of integrated health and adult social care and includes the delegation of responsibility for adult social care to MLCO.

- 3.3. MLCO's Recovery, Reform and Portfolio Board oversees the design, mobilisation, delivery and impact of the MLCO transformation portfolio. The portfolio is comprised of six main programmes:
- Neighbourhood development
 - Better Outcomes, Better Lives (see section 4 below)
 - Long Term Conditions;
 - Children's transformation;
 - Transitions Programme; and,
 - Information Programme.
- 3.4. The Recovery and Reform Programme encompasses community adult health and adult social care services, and children's community health services. The programme is being built in the spirit of integration, and it is aligned to the approach and workstreams of Better Outcomes Better Lives. It has taken into account the NHS planning guidance, the recovery approach developed by the Manchester Partnership Board and the MFT Recovery plan.
- 3.5. Whilst we will continue to deliver community adult health and adult social care services, and children's community health services for the people of Manchester, as a result of the pandemic we have instigated a focused approach to how we recover our service and operating models. As a result of our learning from the pandemic we are reforming how we deliver those services.
- 3.6. The purpose of the Recovery and Reform Programme is to:
- Rapidly and safely restore services for patients and their families, whilst continuing to deliver our current operating model;
 - Reform how services work to provide the very best in community health and care for Manchester and Trafford within the wider system context; and,
 - Provide assurance of delivery of the relevant national and local planning guidance through the MLCO operating plans and corresponding service plans.
- 3.7. In line with the NHS Planning Framework, the Recovery and Reform Programme will take a population health management approach and aspires to deliver the quintuple aim:
- Enhance experience of care;
 - Improve health and wellbeing of the population;
 - Reduce per capita cost of health and care and improve productivity;
 - Address health and care inequalities; and,
 - Increase the wellbeing and engagement of the workforce.
- 3.8. Throughout the pandemic we have followed national guidance to step down and re-stand up some of our services. Following a process of restoration

MLCO have continued provision to near-normal levels. This restoration took account of lessons learned during pandemic.

- 3.9. MLCO will ensure that the recovery and reform approach is underpinned by a robust quality impact assessment process aligned to that utilised by MFT that will maximise patient safety, minimise harm, and support staff.
- 3.10. To achieve the NHS Planning Framework we need to develop models of care that respond to the needs and potential opportunities for specific cohorts of the population who currently experience the worst health outcomes. This will require us to adopt a commissioning approach that works on a neighbourhood footprint or as close to the resident as possible, and use a strength-based approach designed specifically to meet the varied needs of the people of Manchester.
- 3.11. Commissioned care models should focus on proactive, personalised interventions to prevent illness, reduce the risk of deterioration and address inequalities. We need to continue to capitalise on our current work programmes to ensure the system has regard for the efforts of MLCO in supporting care models for the city, particularly in relation to our hospitals and the positive impacts on flow and long-term conditions.
- 3.12. We need to align the delivery of all core MLCO services to deliver excellent integrated core provision in our communities.
- 3.13. The Recovery and Reform Programme workstreams are being scoped and aim to achieve a reduction in unwarranted variation in service operational delivery and commissioning arrangements; facilitate collaborative and consistent redesign processes; and, improve sharing of best practice.
- 3.14 The workstreams are:
 - Children’s community health services portfolio approach
 - Urgent community care (this covers Discharge to assess, crisis, community beds, reablement, IV therapy)
 - Pro-active / planned care including a review of Adult nursing
 - Alignment of management responsibilities
 - Reinstate citywide / specialist community health services
 - Smaller service change projects
- 3.15. The next steps for the programme are to:
 - Build the workstreams within the projects; and,
 - Develop the trajectories and metrics to monitor progress through the MLCO Recovery, Reform and Portfolio Board

4. Better Outcomes, Better Lives – Adult Social Care Transformation

- 4.1. Better Outcomes Better Lives (BOBL) is the MLCO's programme to transform the way that we do adult social care so that it meets the needs of our most vulnerable residents and makes best use of the resources that we have.
- 4.2. In March 2021, we brought a report to the Health Scrutiny Committee which provided detail on the background to Better Outcomes Better Lives and the progress programme, which began in January 2021. (link to report - <https://democracy.manchester.gov.uk/ieListDocuments.aspx?CId=142&MIId=3383&Ver=4>)
- 4.3. Last year, we carried out an in-depth analysis of Manchester's adult social care, supported by external organisation IMPOWER. They reviewed our current practices and how our demand was expected to change over the next few years. They identified significant opportunities to improve practices in order to reduce, prevent and delay demand on services, while also improving outcomes for people in Manchester.
- 4.4. The programme is key to delivering the savings set out in the 2021/2022 budget agreed by the Council in March 2021. The Better Outcomes Better Lives trajectory model, agreed in October 2020, has net savings of £6.1m in 21/22.
- 4.5. The programme is structured around six key workstreams. Four of the workstreams started in January 2021.
 - **Maximising independence** – practice led work with teams across the city, embedding strength-based approaches to assessment and review including via 'Communities of Practice' being rolled out across teams
 - **Short-term offer to support independence** – building reablement capacity, embedding technology and digitally enabled care and ensure opportunities to maximise independence through hospital discharge
 - **Responsive Commissioning** – ensuring that our commissioning approaches are responsive to need and demand
 - **Performance Framework** – embedding a learning and performance approach across the service at all levels
- 4.6. The two remaining workstreams are in development and will be phased to begin when they will have the most value:
 - **Transforming community and specialist teams** – building on work to integrate adult social care and community health in LD teams and Integrated Neighbourhood Teams.
 - **Early Help** – improved initial contact, online offer and maximising the community offer
- 4.7. MLCO have commissioned IMPOWER to work with us to deliver Better Outcomes Better Lives, building on their expertise and experience with other

local authorities, tailored to the specific strengths and challenges that we have in Manchester.

- 4.8. Our progress in delivering the programme following the update in March is outlined below:
- 4.9. **Maximising Independence**
- 4.10. We have taken a locality-based approach in this workstream, starting in South. In **South** we have worked intensively with teams to establish new reflective practices. This has included:
- Introducing **Communities of Practice** – a weekly space for practitioners to learn, reflect and share experience around strength based approaches, get peer support and challenge and contribute to personal development.
 - Developing **Strengths Based Approaches** toolkit for practitioners
 - Developing an approach to reviewing current care arrangements for people to ensure they best the needs of the person
- 4.11. We are now establishing these practices as business as usual for teams in South. We have begun working with **North** locality to engage with teams and set up new practices. **Central** will begin later in the year.
- 4.12. **Short-term Offer**
- 4.13. The progress we have made within the Short-term Offer workstream includes:
- Producing a suite of documents and demonstration videos supported by a series of workshops to raise awareness and increase the knowledge of frontline practitioners on why, how and where to issue technology enabled care (TEC) to maximise a citizen's independence.
 - Securing approval for significant investment into Reablement to provide additional capacity to support work to increase community referrals and respond to unmet demand.
 - Identifying a number of opportunities with health partners to pilot the usage of TEC such as, early detection for falls prevention and telehealth for the monitoring of COPD and respiratory conditions, to maximise citizen's independence and reduce the dependency upon services.
 - Carrying out and evaluated a joint Reablement and Occupational Therapist goal setting trial which has revealed positive outcomes for the individual's independence and a reduction in their care needs. This has provided the evidence to start an extended wider pilot.
 - A series of pilots to deliver an integrated short term offer, which focuses upon opportunities to ensure that a citizen's best possible outcomes are maximised from first contact.
- 4.14. **Responsive Commissioning**
- 4.15. One of the main aims of this workstream is to take the learning from the other workstreams, in particular Maximising Independence, and ensure that the

commissioning offer reflects what people need. Key to this has been ensuring that practitioners know what is available, so we have run sessions to go back to basics for practitioners, e.g. on Homecare and are making improvements to Help and Support Manchester based on what practitioners have told us.

- 4.16. We are also using the learning from the other workstreams to identify gaps in the commissioning offer, and have identified opportunities to test different approaches or methods for commissioning on a small scale to understand if they can be scaled up effectively (prototyping).
- 4.17. We are also in the process of developing a commissioning plan for the LCO.
- 4.18. **Performance Framework**
- 4.19. This workstream is developing a framework to monitor the impact of programme interventions and delivery of improved outcomes for citizens whilst reducing costs. The key areas which have been progressed since January are:
- **Development of strategic performance framework** (top level report and trajectories) which will support the MLCO to understand how metrics across key services are changing and whether this influences programme priorities.
 - **Development of team level (locality level) performance framework** to improve accountability and ownership of performance at team level – driving evidence-based action; roll out linked to maximising independence interventions.
 - **Introduction of learning logs** which are a tool used by Better Outcomes Better Lives to support further acceleration, enhancement and embedding of strengths-based practice. Feedback from the logs helps the programme understand and respond to issues and barriers to using a strengths-based approach.
- 4.20. **Programme Wide**
- 4.21. Across the programme, we have also established a communications and engagement plan to ensure that we are connecting the programme to staff within the wider LCO. We have developed a section on the LCO's staff extranet to support this, which gives an overview of the programme, including videos from the Deputy Director and workstream leads.
- 4.22. Using the existing communication channels, such as broadcasts, we are also communicating key messages and information back to staff so they can see the impact of the changes and connect their own work to the impact of the whole programme.
- 4.23. Further detail about the aims of the programme, the impact and upcoming priorities can be found in the attached slides at appendix 3.

5. Recommendations

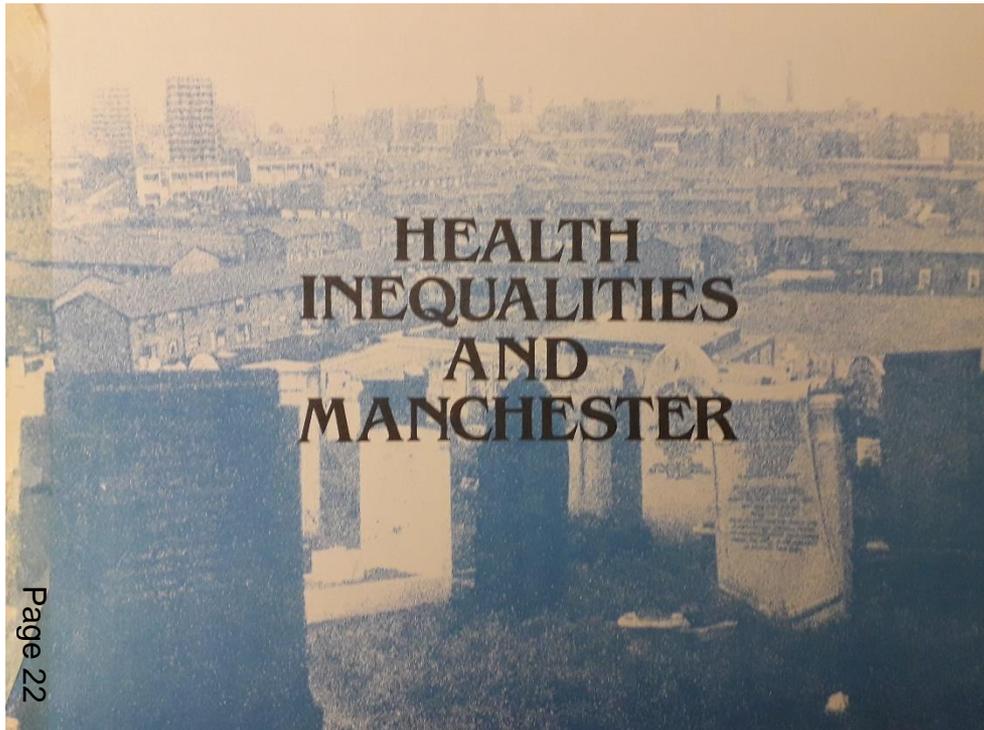
- 5.1. The Committee is requested to note the content of this report and the attached slides.

Overview of Health Inequalities in Manchester

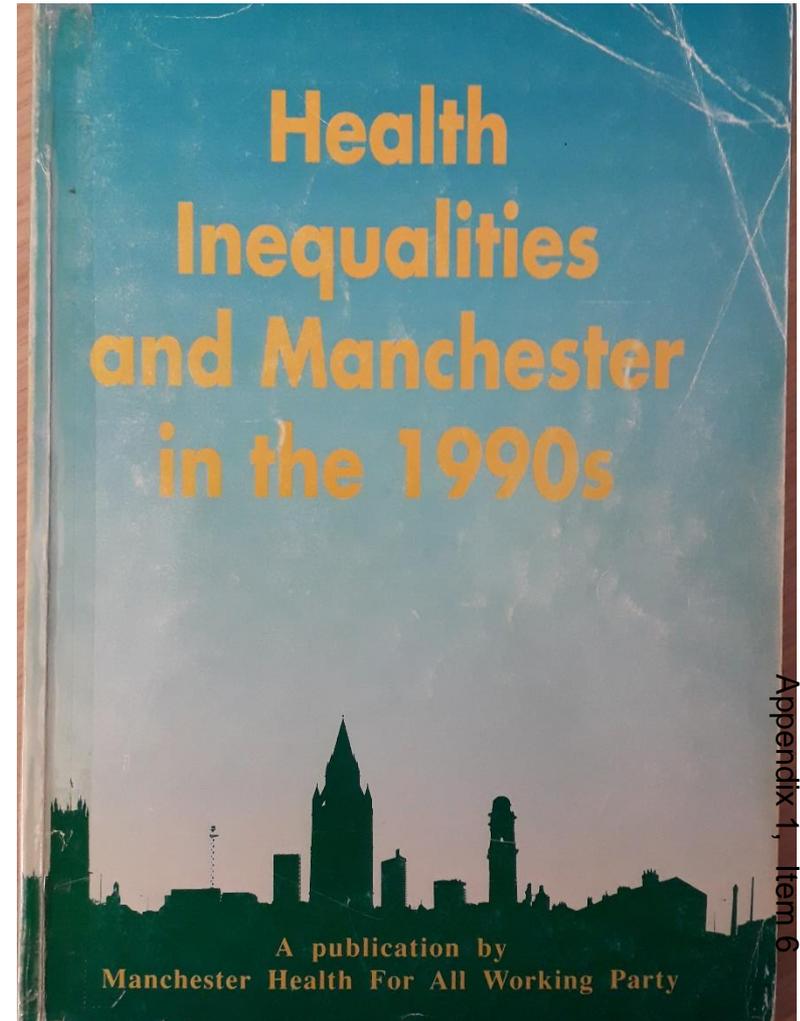
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David Regan, Dr Cordelle Ofori, Neil Bendel
Population Health Team

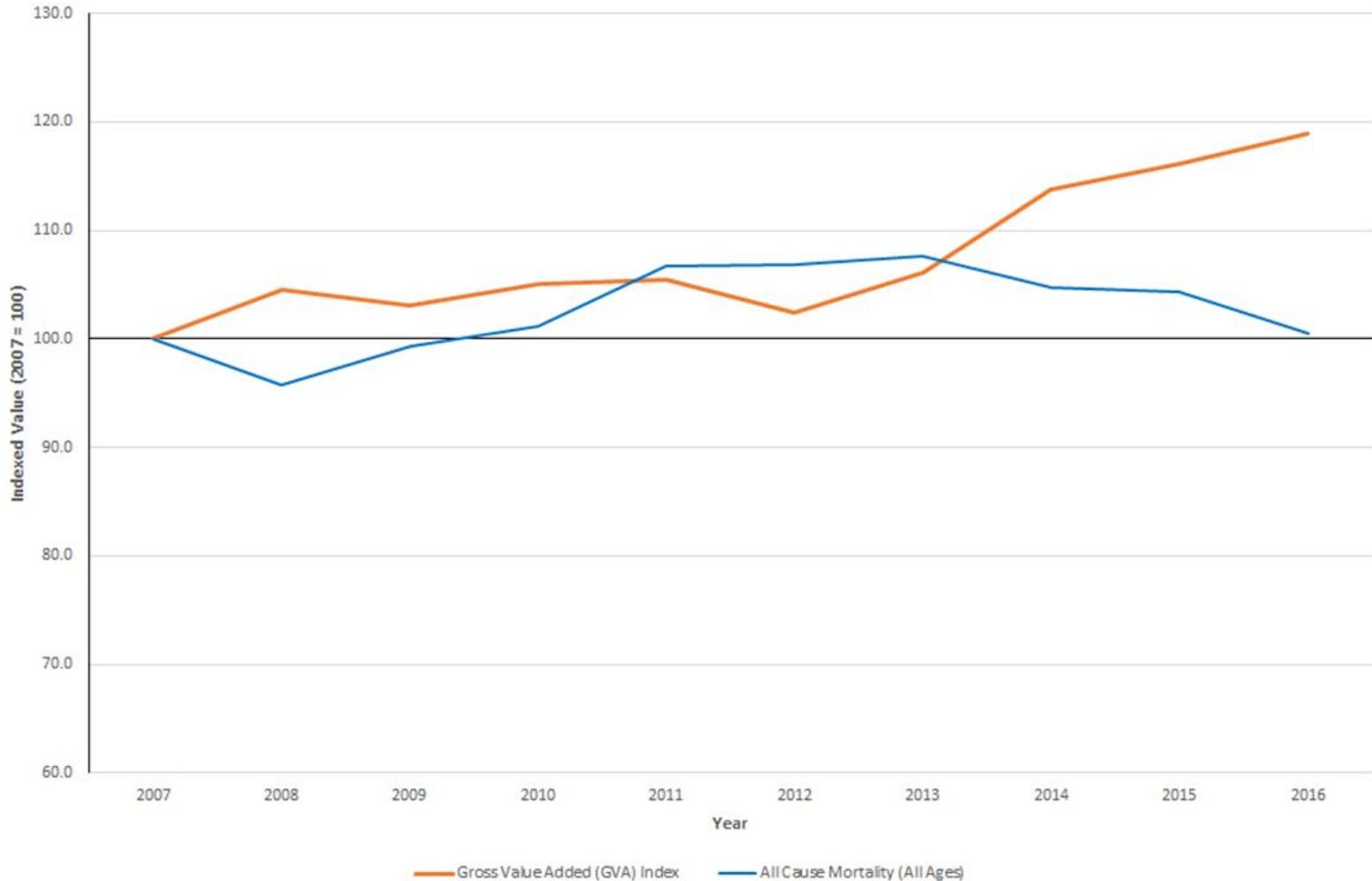
June 2021



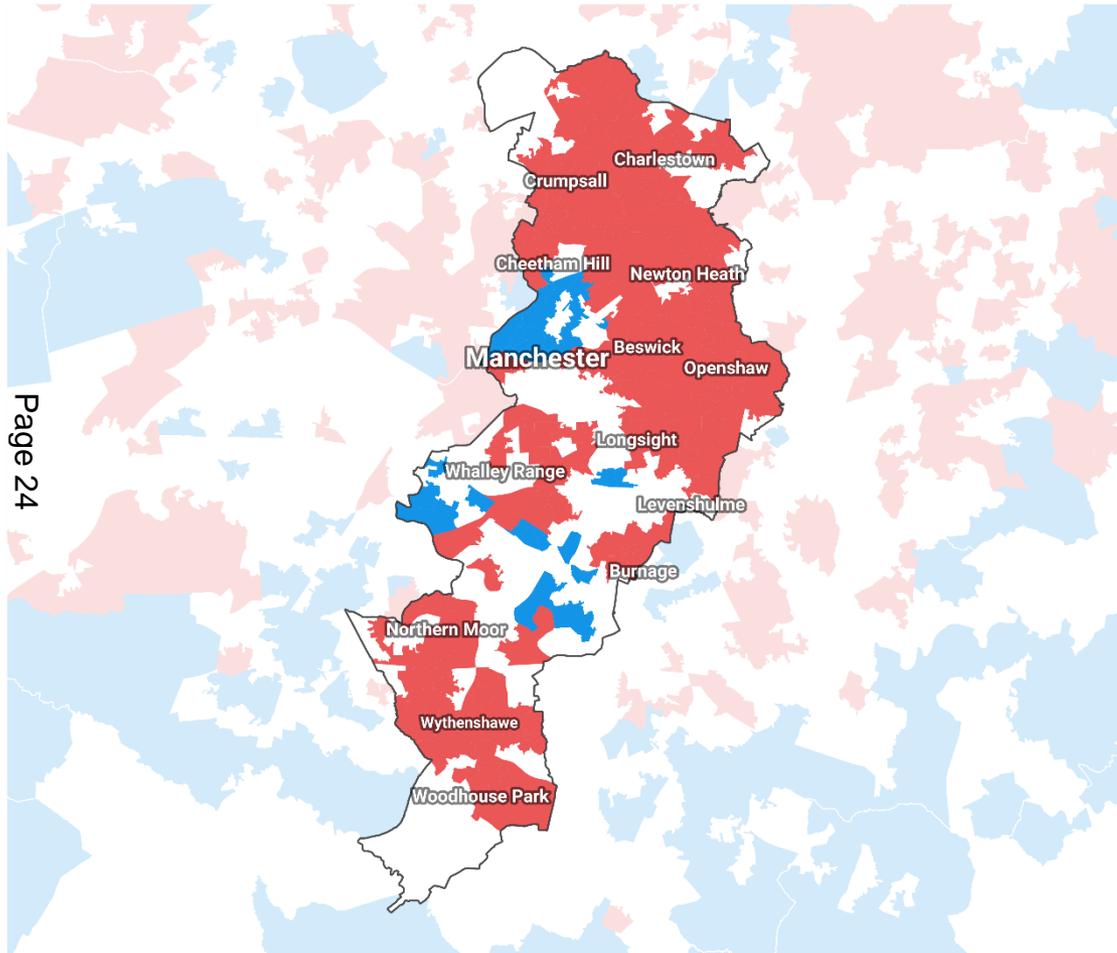
A focus on health inequalities in Manchester is not new...



Economic growth over the last decade was not accompanied by similar improvements in health and care outcomes



Measures of deprivation and inequality in Manchester based on Indices of Deprivation (IoD) 2019



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■ Areas among 20% least deprived in England ■ Areas among 20% most deprived in England

Gini coefficient

0.35

This is the Gini coefficient for Manchester. It is a measure of household income inequality within the area. The Gini coefficient ranges from 0 (perfect equality) to 1 (perfect inequality) so that a higher figure indicates a higher level of inequality.

Economic imbalance

28:159

This is the **20:20 Index**. It is the ratio of small areas (LSOAs) within the Local Authority that are among the 20% least (blue) or 20% most (red) deprived nationally, based on the Income Domain of the 2019 English Indices of Deprivation. It is used here as an indicator of local economic imbalance.

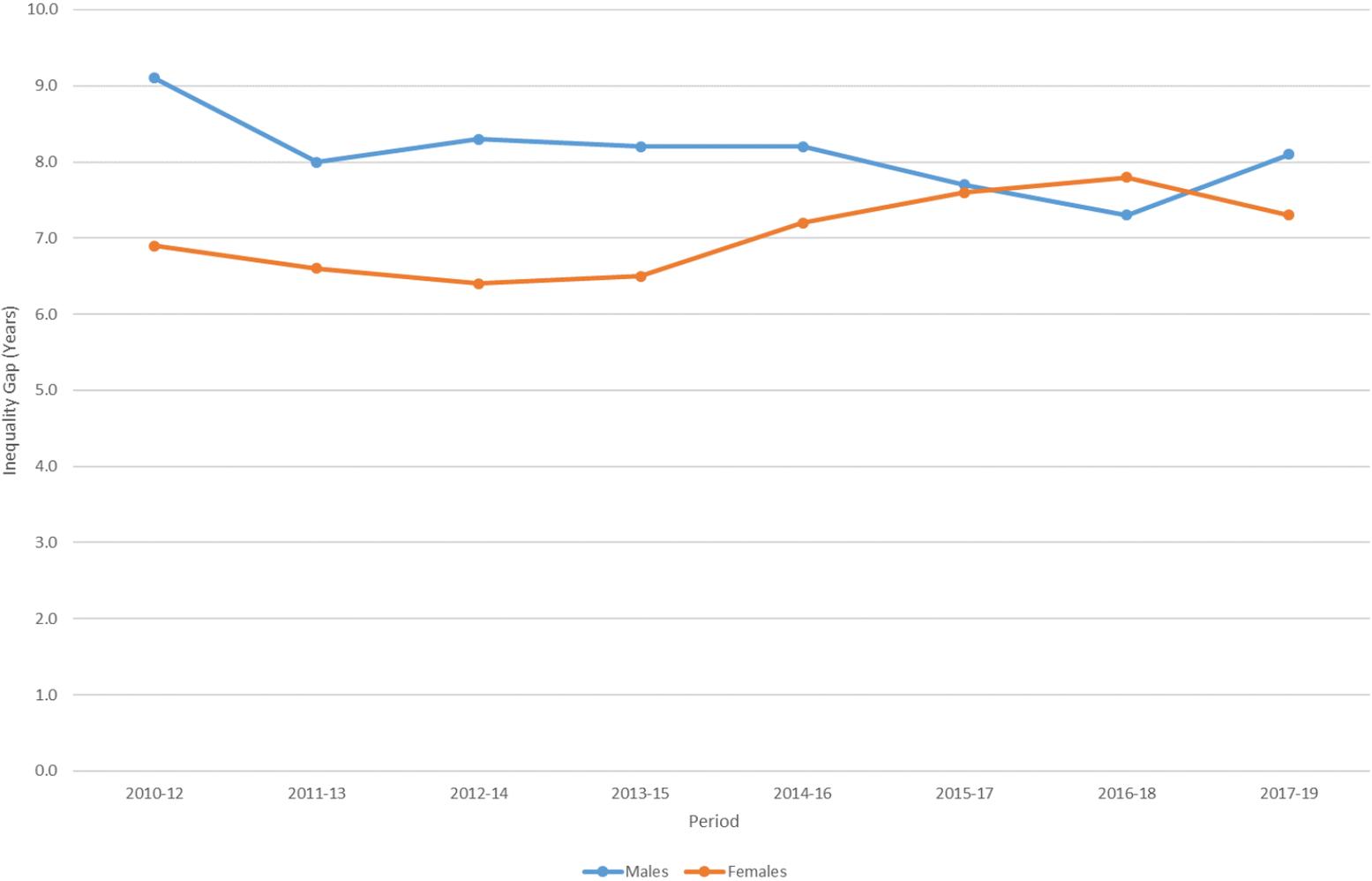
Spatial concentration

0.54

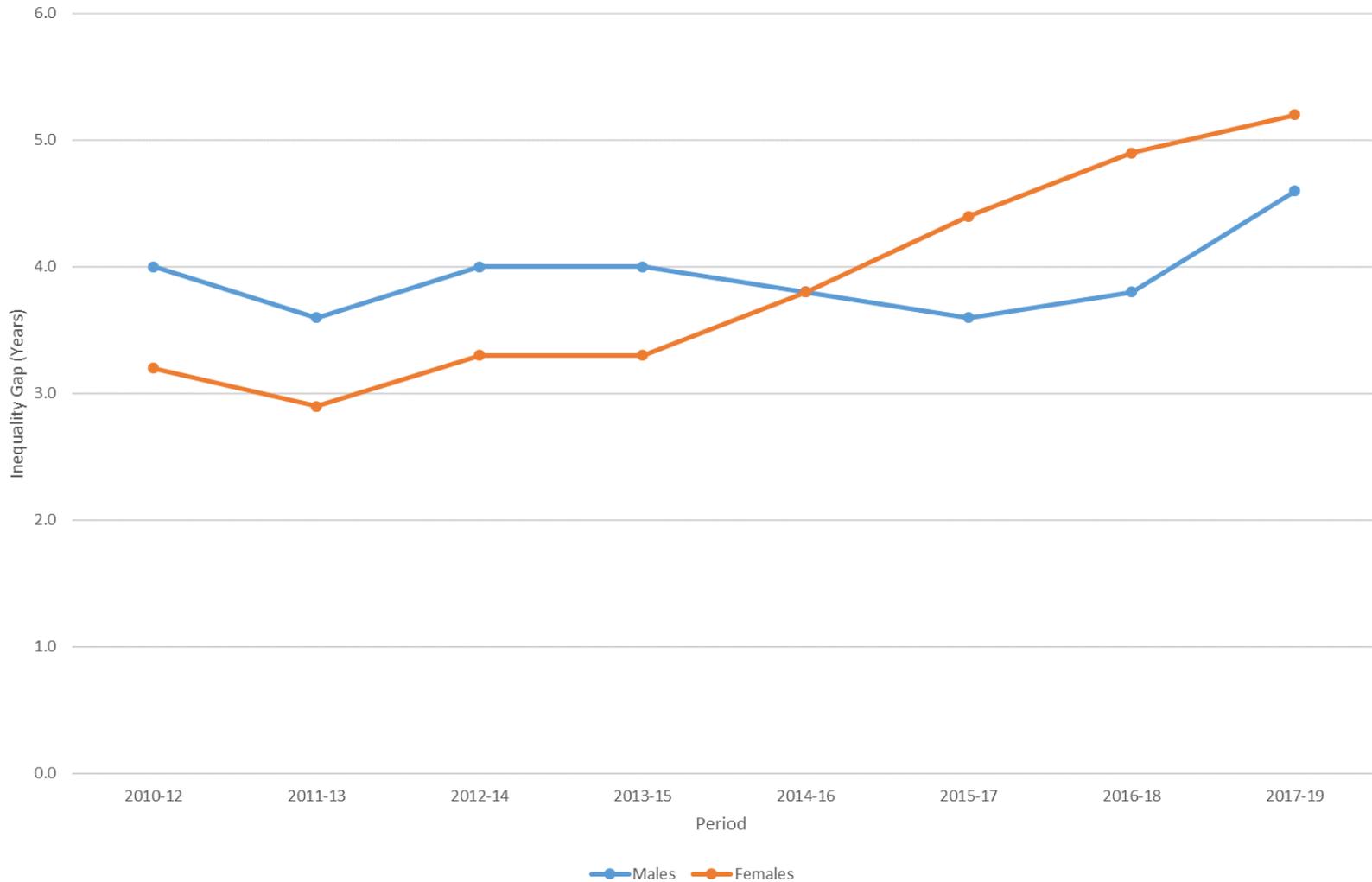
This value (Moran's *I*) tells us how similar or different nearby areas are. Values closer to 1 indicate similar areas are clustered together. In general, values over 0.4 generally indicate that similar areas are significantly clustered.

Appendix 1, Item 6

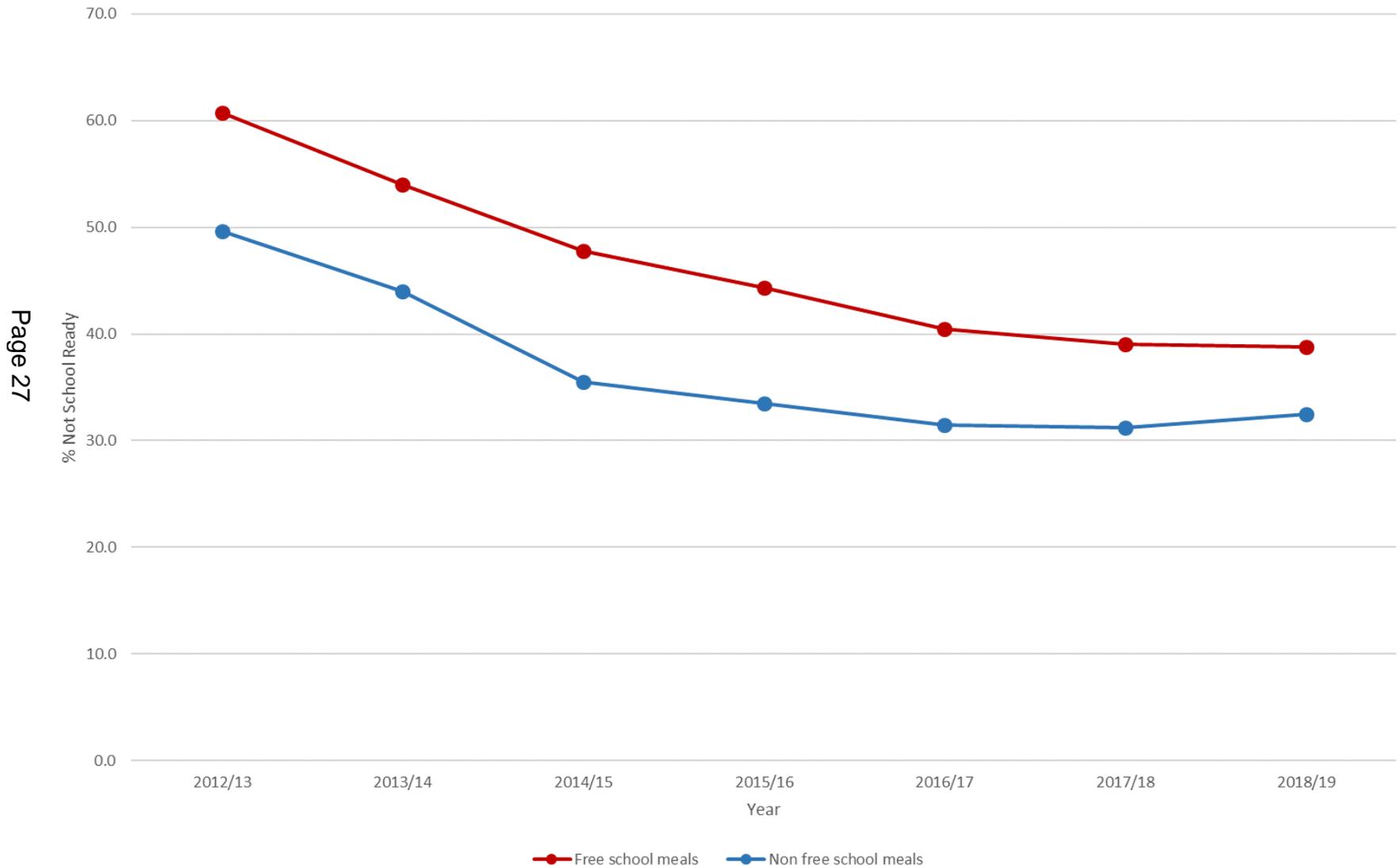
There are significant gaps in life expectancy at birth for both men and women between those living in the most and least deprived parts of the city (8.1 years for men; 7.3 years for women)



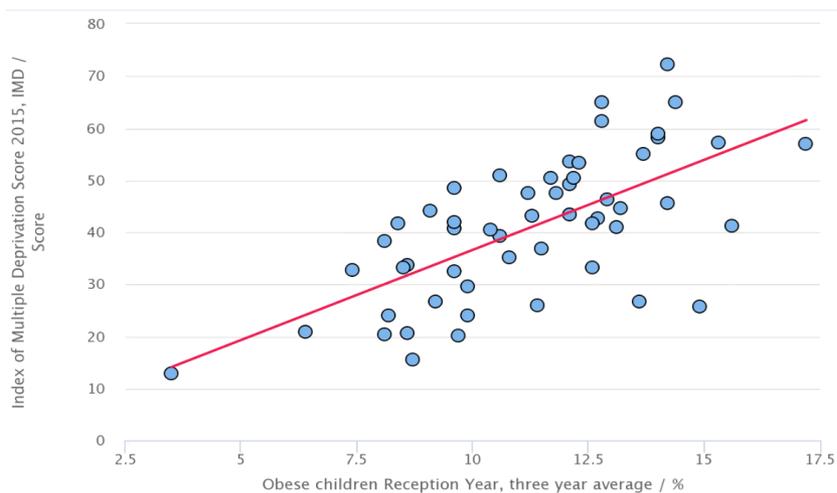
The life expectancy gap between most and least deprived parts of the city is also present for men and women at age 65 and this gap is increasing



Inequalities start in early years - children with a Free School Meal status in Manchester are more likely not to be school ready

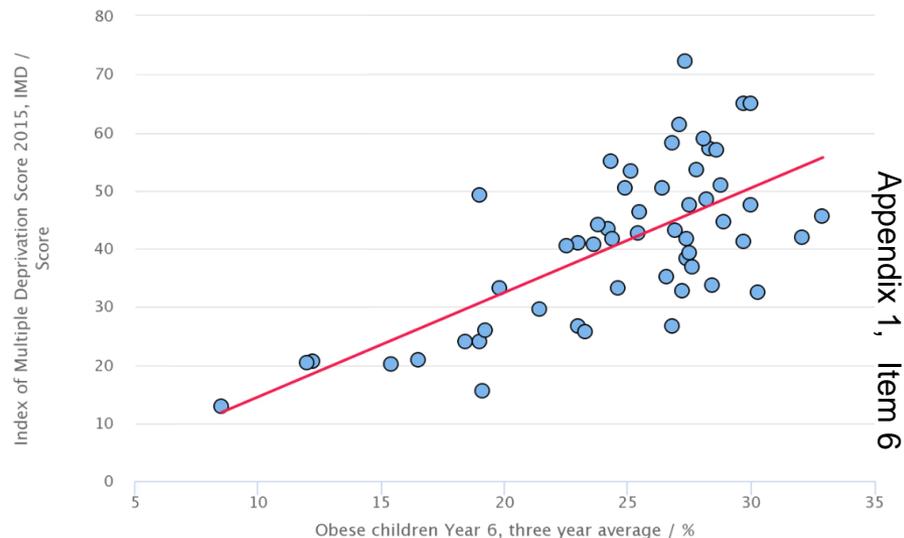


Children living in more deprived areas of the city are more likely to be obese than those living in less deprived areas, particularly among children in reception

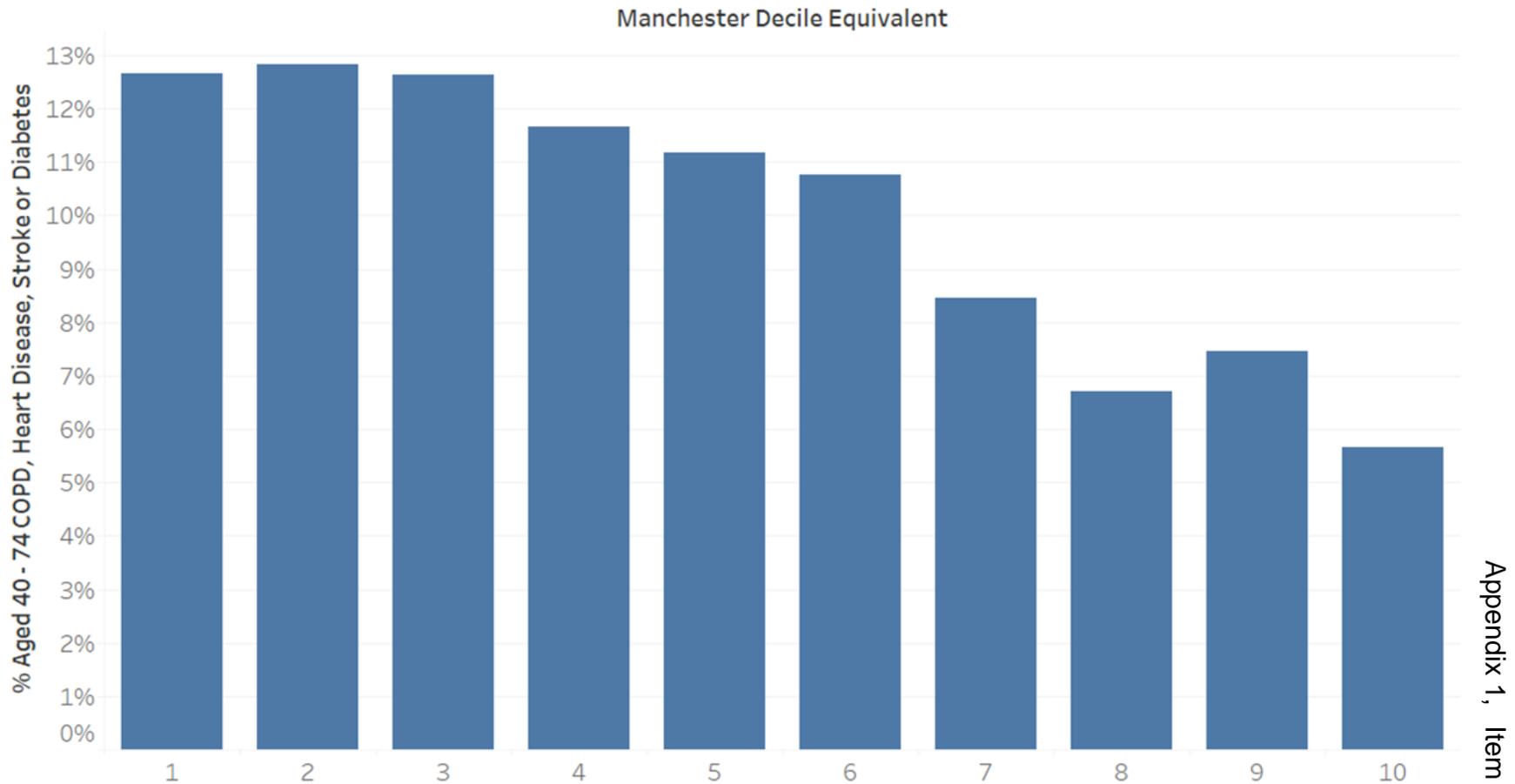


Reception

Year 6



Adults from the most deprived parts of Manchester are more likely to have a diagnosed LTC (COPD, Heart Disease, Stroke or Diabetes) than those living in the least deprived parts of the city



Note: Based on adults aged 40-74 years registered with a GP practice in Manchester

What does the pandemic mean for health and health inequalities?

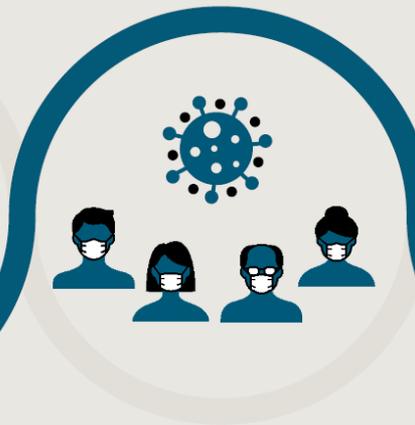
The COVID-19 impact inquiry is looking at three time periods in relation to the pandemic: before, during and after.

Page 30



1 Before

- How did people's existing health shape their experience of the pandemic?
- How did people's social and economic circumstances influence their experience of COVID-19?
- How was UK's national experience affected by its collective health, social and economic resilience?



2 During

- How did the response to the pandemic impact on people's health?
- How has the response affected the social and economic factors that influence people's long-term health?



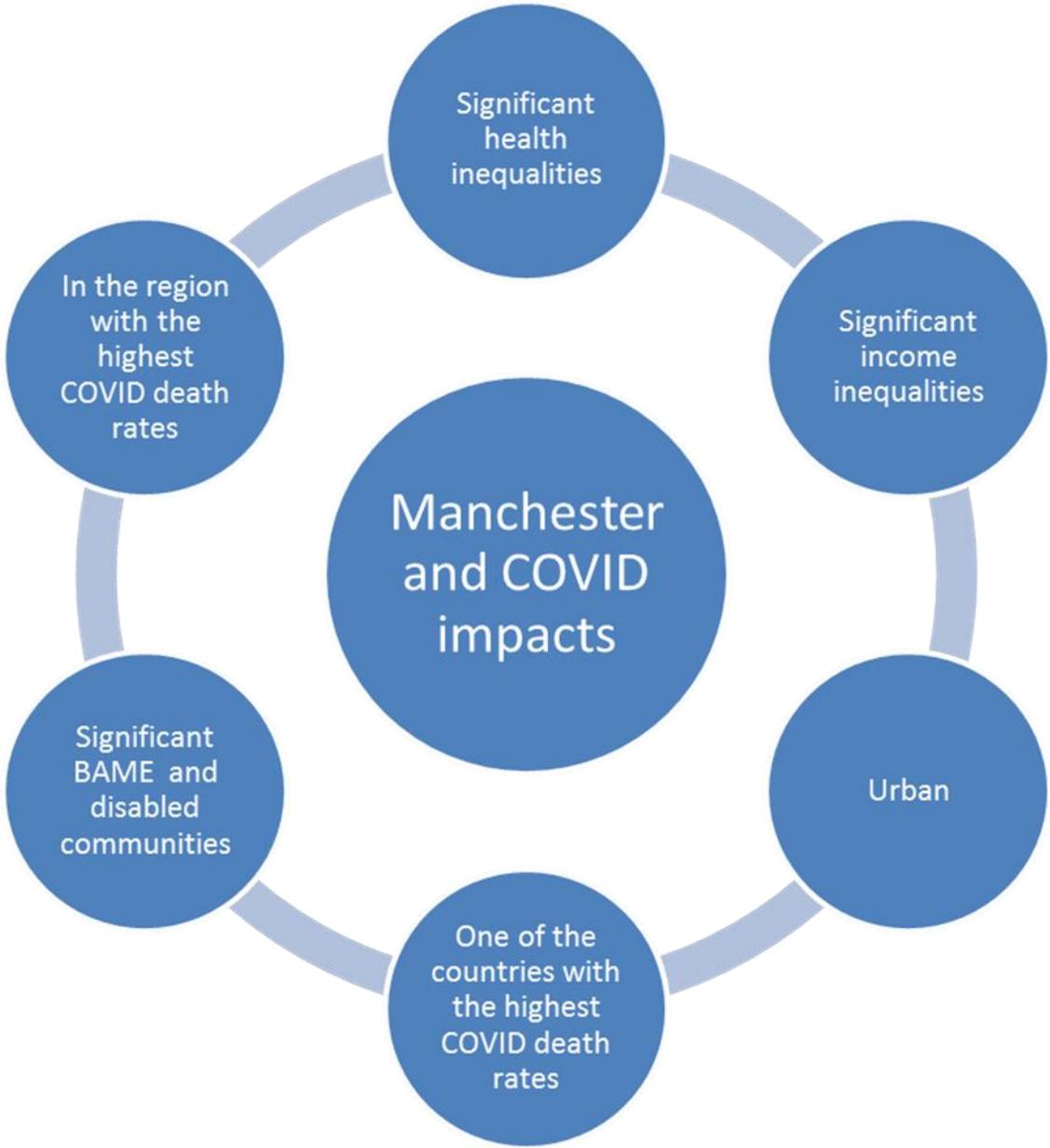
3 After

- What might the implications of the pandemic be for people's future health and health inequalities?
- What might the changes in people's social and economic circumstances mean for their future health?
- How can we learn from the pandemic to build a fairer society and what are the implications for government decision making?



The inquiry is spotlighting groups who have been disproportionately affected by the pandemic including:

- Disabled people
- Young and older people
- People with mental health conditions
- Minority ethnic communities
- Key workers
- Formal and informal carers



1 in 5 deaths involving COVID-19 in Manchester have occurred in care homes. This is a highly vulnerable population.

The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas. There are high levels of deprivation in Manchester.

41% of Manchester residents work in sectors of the economy which have higher death rates from COVID-19 e.g. construction, transport and manufacturing.

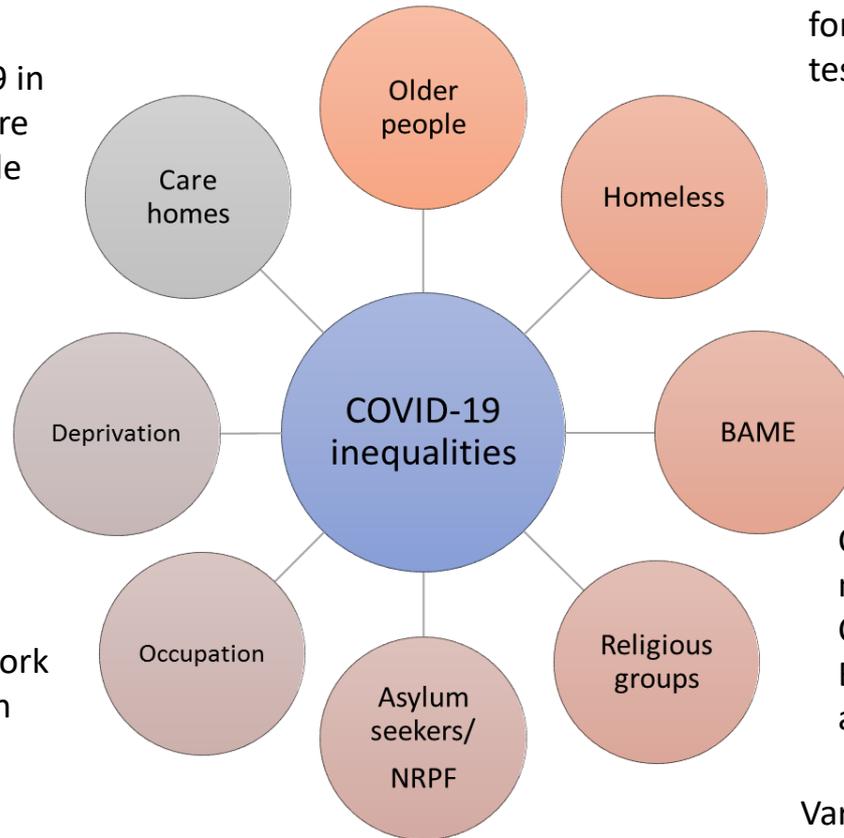
People with COVID-19 aged 80 or older 70 times more likely to die than those aged under 40.

1,400 people in emergency accommodation. Many homeless people have chronic health conditions making them high risk for COVID-19. Complexities with testing, tracing and isolating.

Manchester population ~50% BAME. Higher risk of COVID-19 related deaths in many ethnic minority groups. Likely to be a combination of structural and individual risk factors.

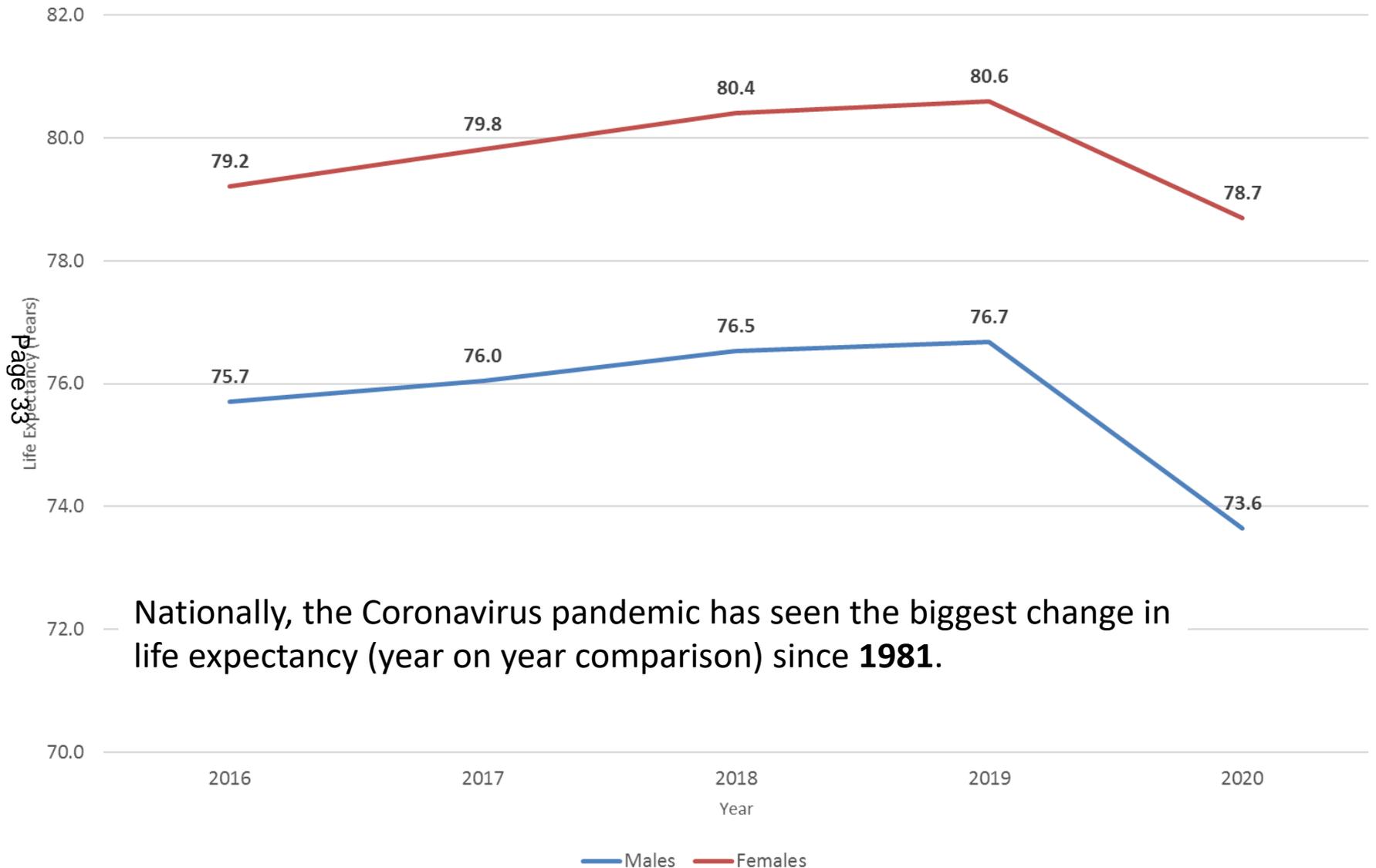
COVID-19 vaccination coverage is much lower in Black African, Caribbean, Pakistani and Bangladeshi people than the city average

Variation in COVID-19 related death rate by self-reported religious group. Highest age-standardised mortality rate in Muslims, also higher in people identifying as Jewish, Hindu or Sikh.



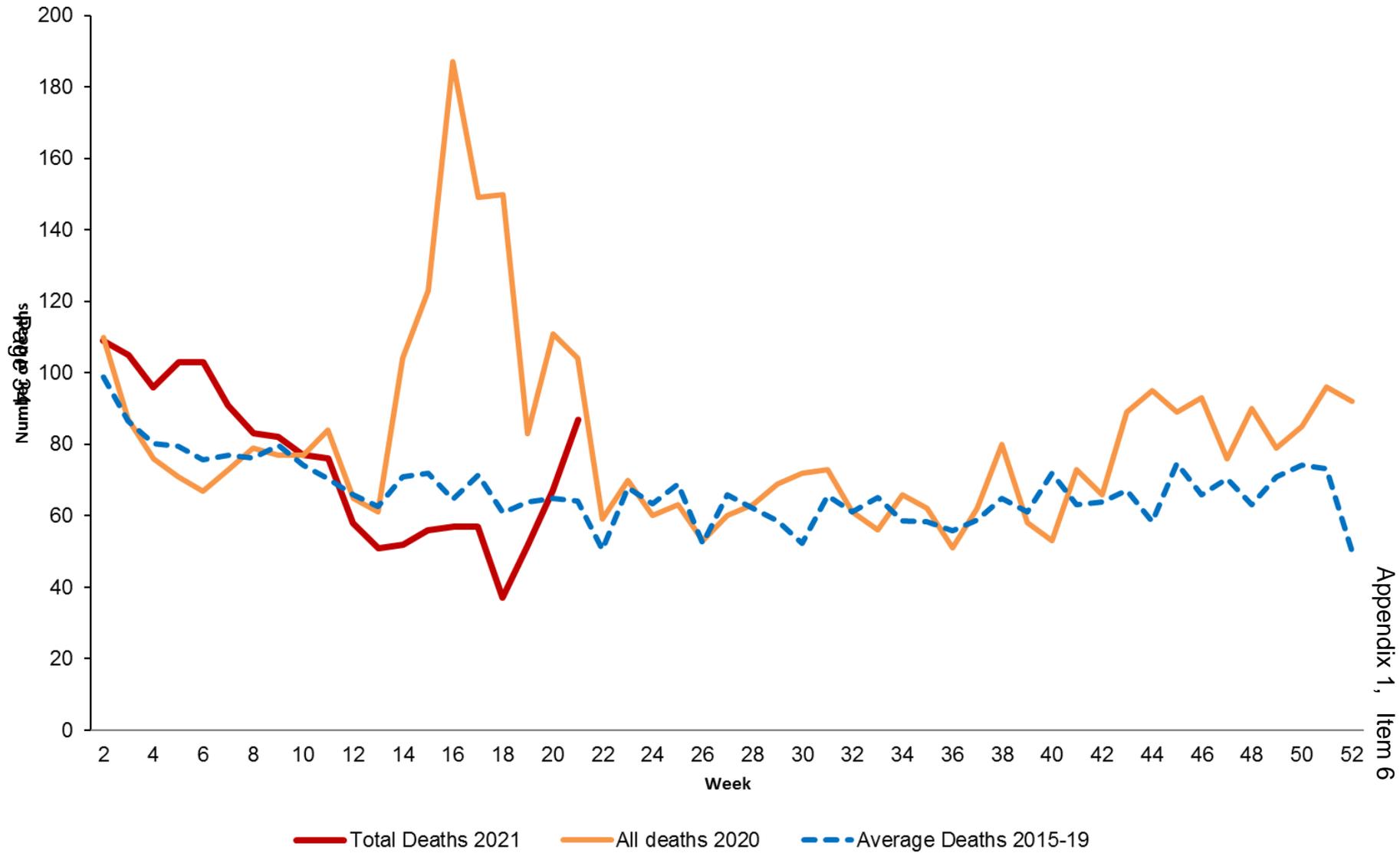
Estimated to be 6,000 asylum seekers in Manchester. Issues with over-crowded housing, lack of access to healthcare and language barriers.

Provisional Estimates of Life Expectancy at Birth for Manchester Residents by Gender Calendar Years 2016-2020

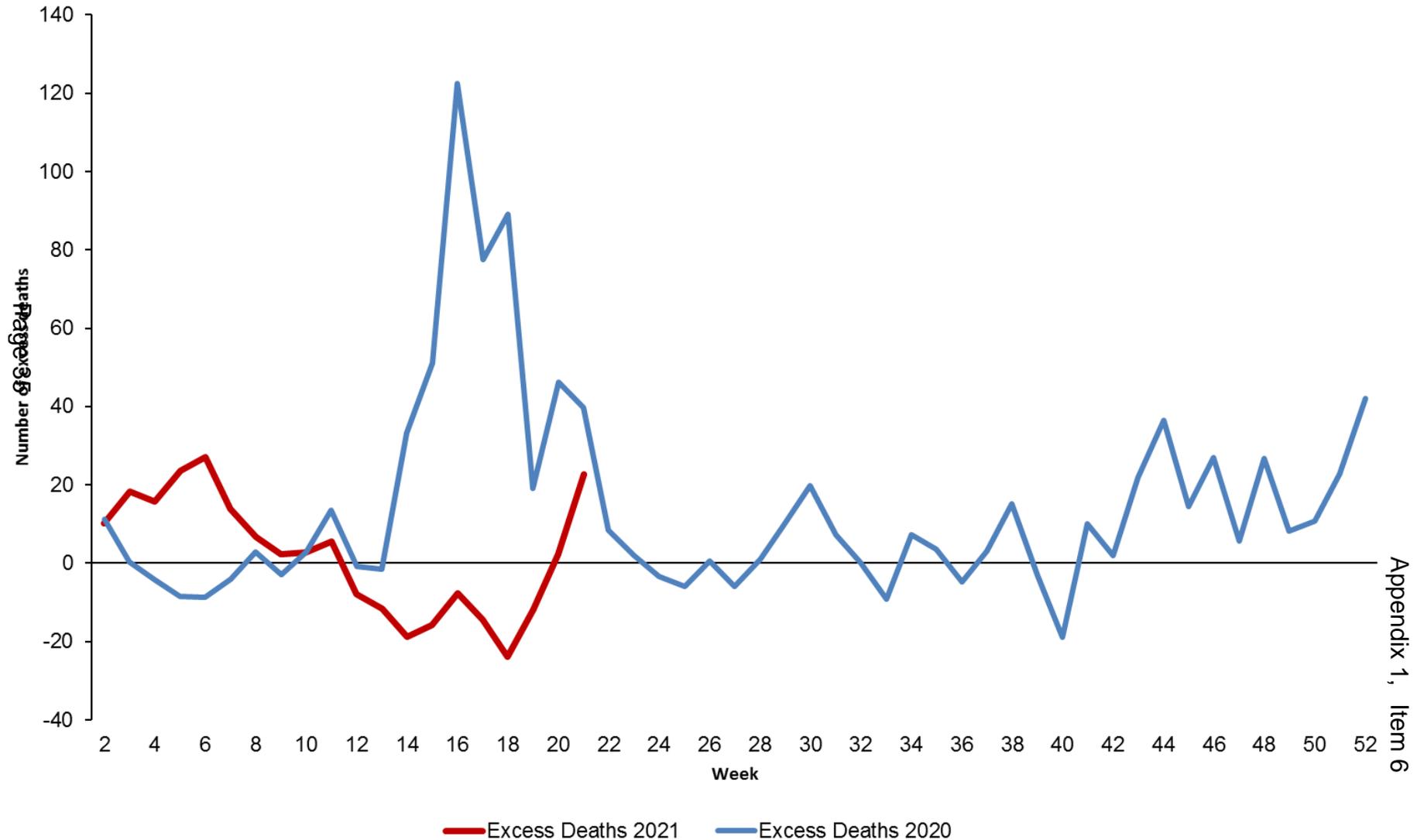


Nationally, the Coronavirus pandemic has seen the biggest change in life expectancy (year on year comparison) since **1981**.

Total Number of Deaths (All Causes) per Week in Manchester Residents Deaths Registered in 2020 and 2021 compared with Average for 2015-2019

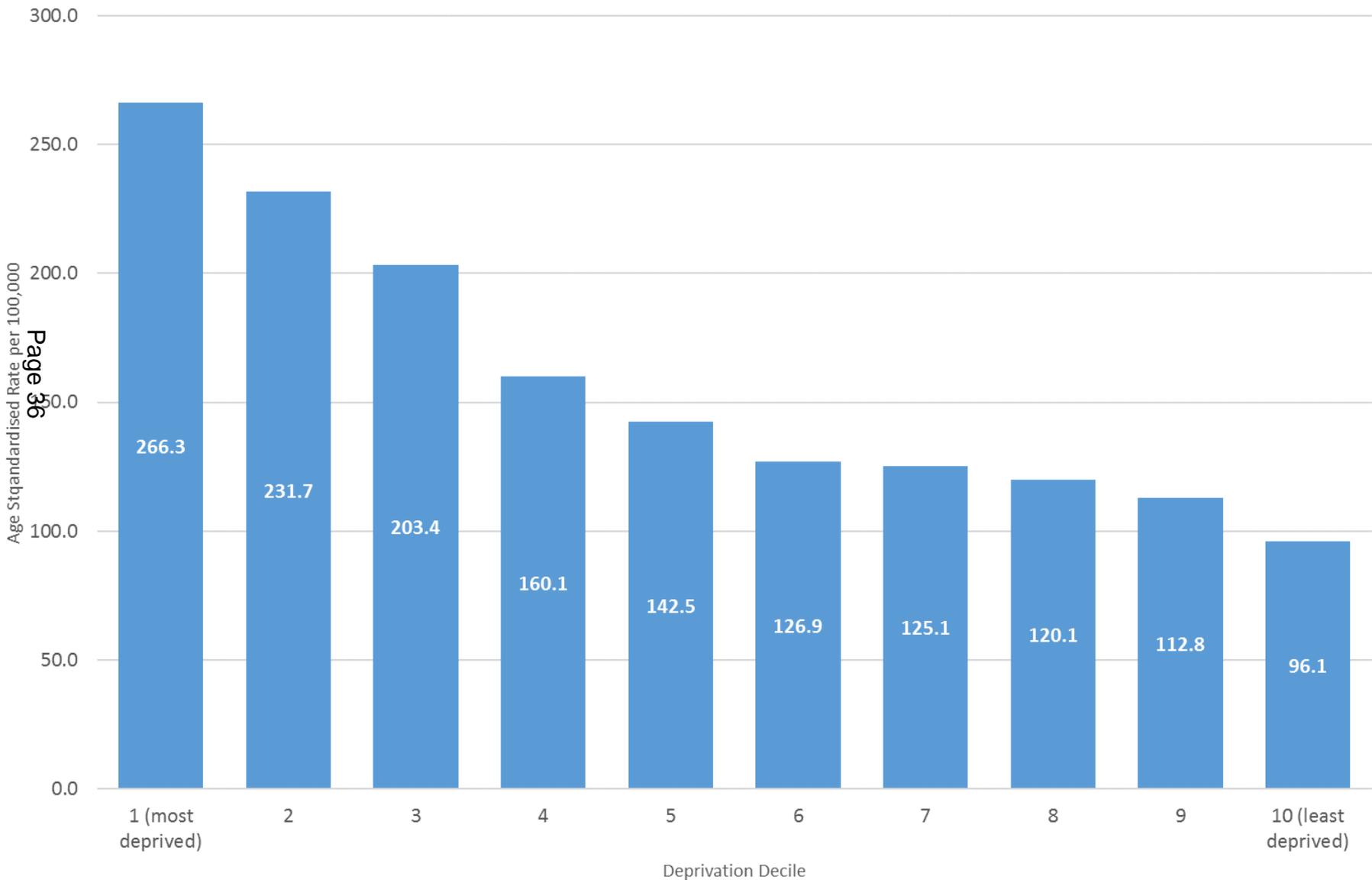


Total Number of Excess Deaths per Week in Manchester Residents Deaths Registered in 2020 and 2021 compared with Average for 2015-2019

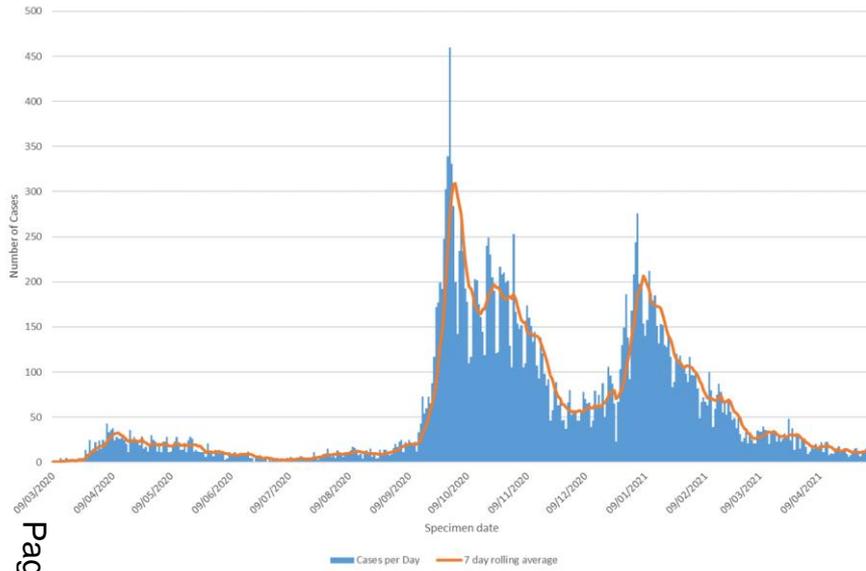


Age standardised rate of deaths due to COVID-19 by Deprivation Decile (England)

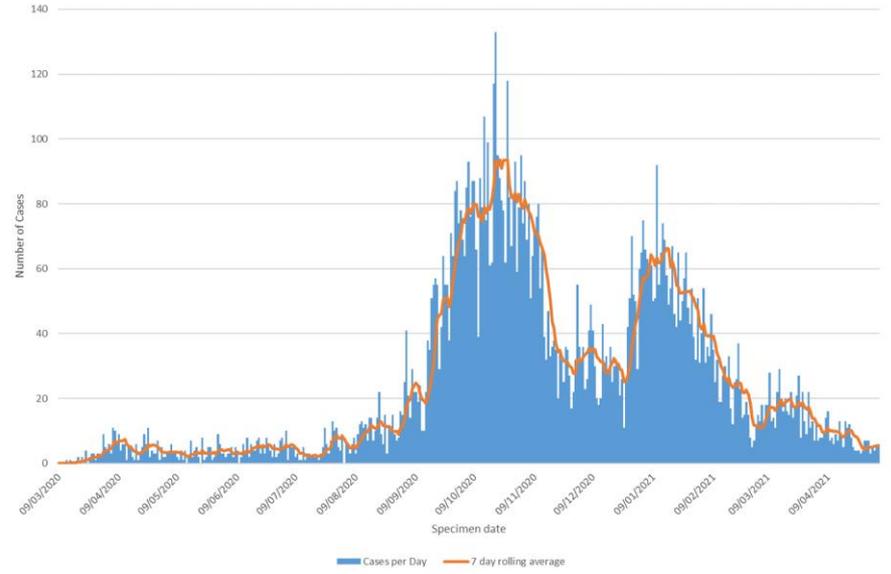
Deaths registered between March and December 2020



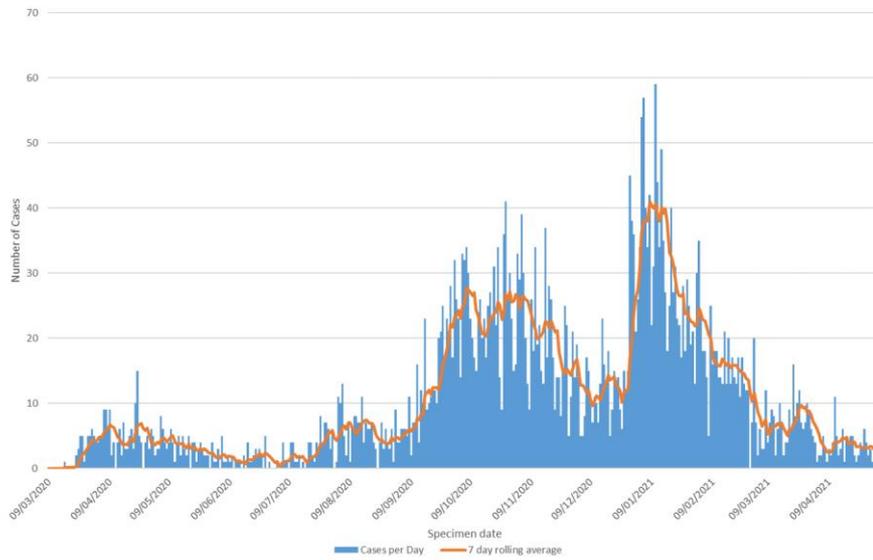
White



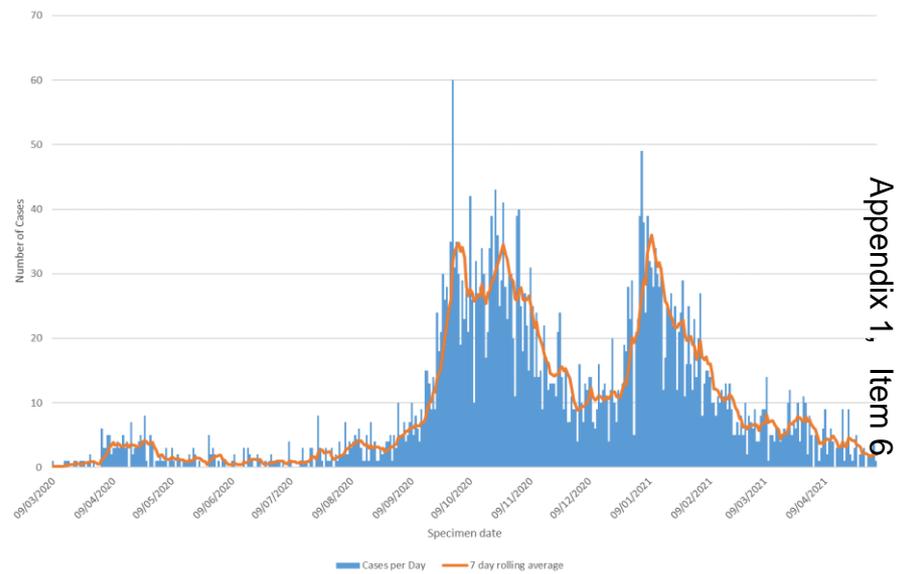
Asian

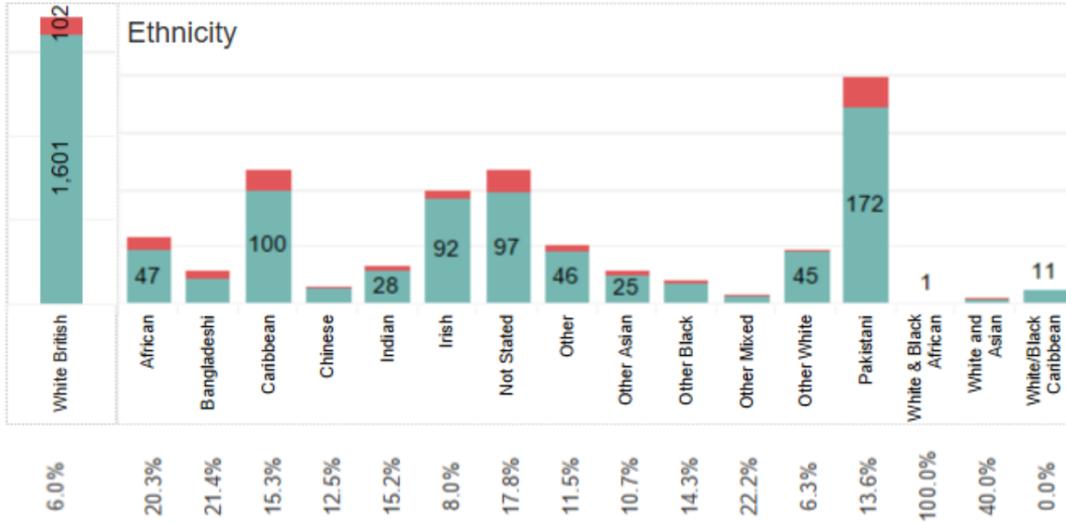


Black



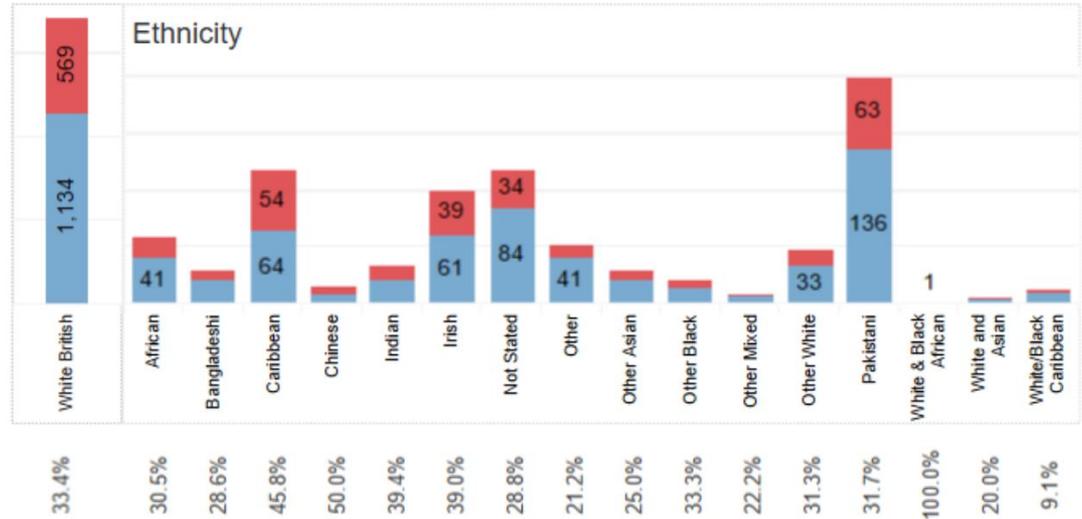
Other / Mixed

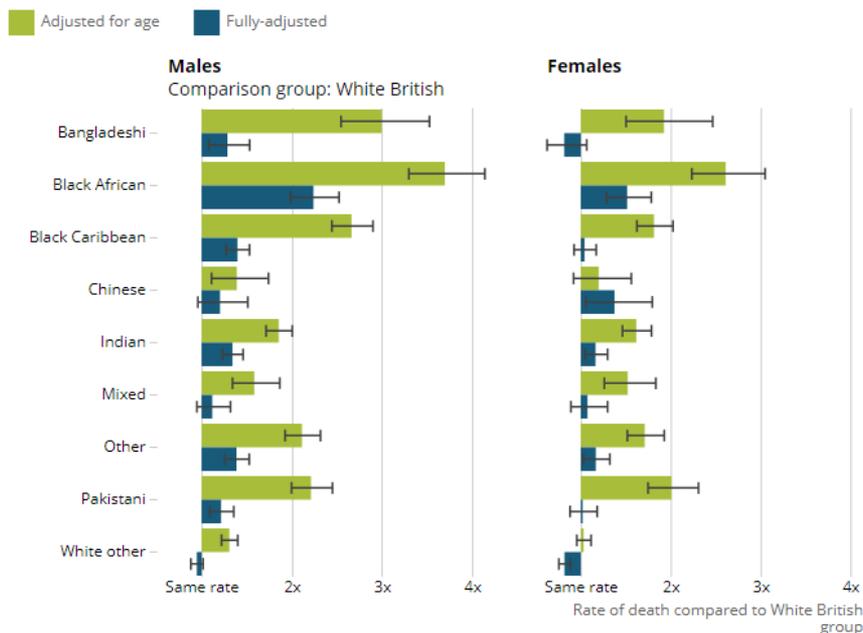




Hospital admissions requiring critical and non-critical care by ethnic group (April 2020 -March 2021)

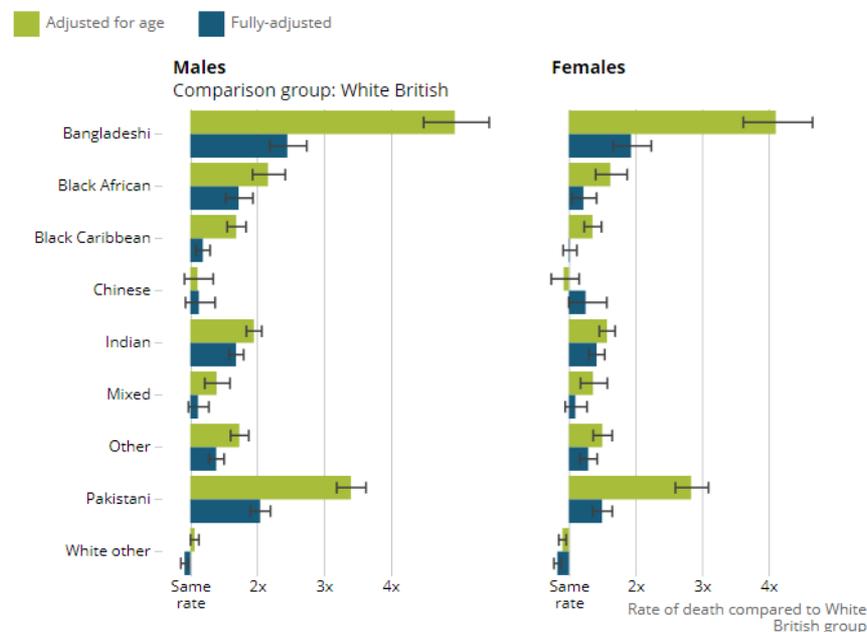
Hospital discharges and deaths by ethnic group (April 2020 -March 2021)





Ethnic contrasts in deaths involving COVID-19, England: 24 January 2020 to 31 March 2021 (ONS)

During the first wave of the pandemic (24 January to 11 September 2020), the rate of death involving COVID-19 was highest for the Black African group (followed by the Bangladeshi, Black Caribbean and Pakistani ethnic groups).

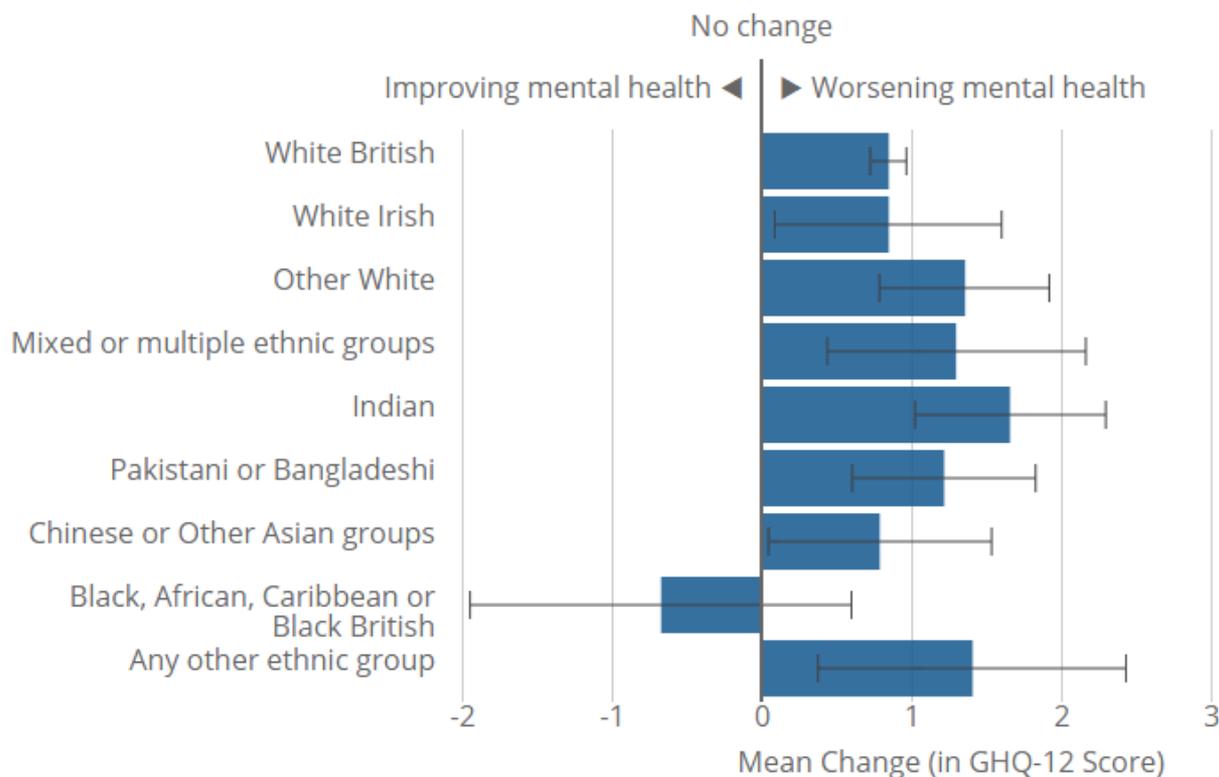


In the second wave of the pandemic (12 September 2020 onwards), most Black and South Asian groups remained at higher risk than White British people even after adjusting for location, measures of disadvantage, occupation, living arrangements and pre-existing health conditions.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/24january2020to31march2021>

Fully adjusted average change in GHQ-12 scores of those aged 16 years and over between 2019 and April 2020 by ethnic group

Nearly all ethnic groups reported a deterioration in mental health in April 2020 compared with 2019. Over a third (36%) of those from the Indian ethnic group and around a third (35%) of those from a Black, African, Caribbean or Black British ethnic group reported increased or persistent loss of sleep over worry, compared with less than a quarter (23%) of White British respondents.



Recovery, resilience and equity

Population Health Covid Recovery programme outline

Covid Recovery Programme

- Overarching principles
- Workstreams overview

Principles

Equitable

- building back fairer
- removing inequalities as a priority

Flexible

- maintaining new ways of working

Sustainable

- building on what we already have

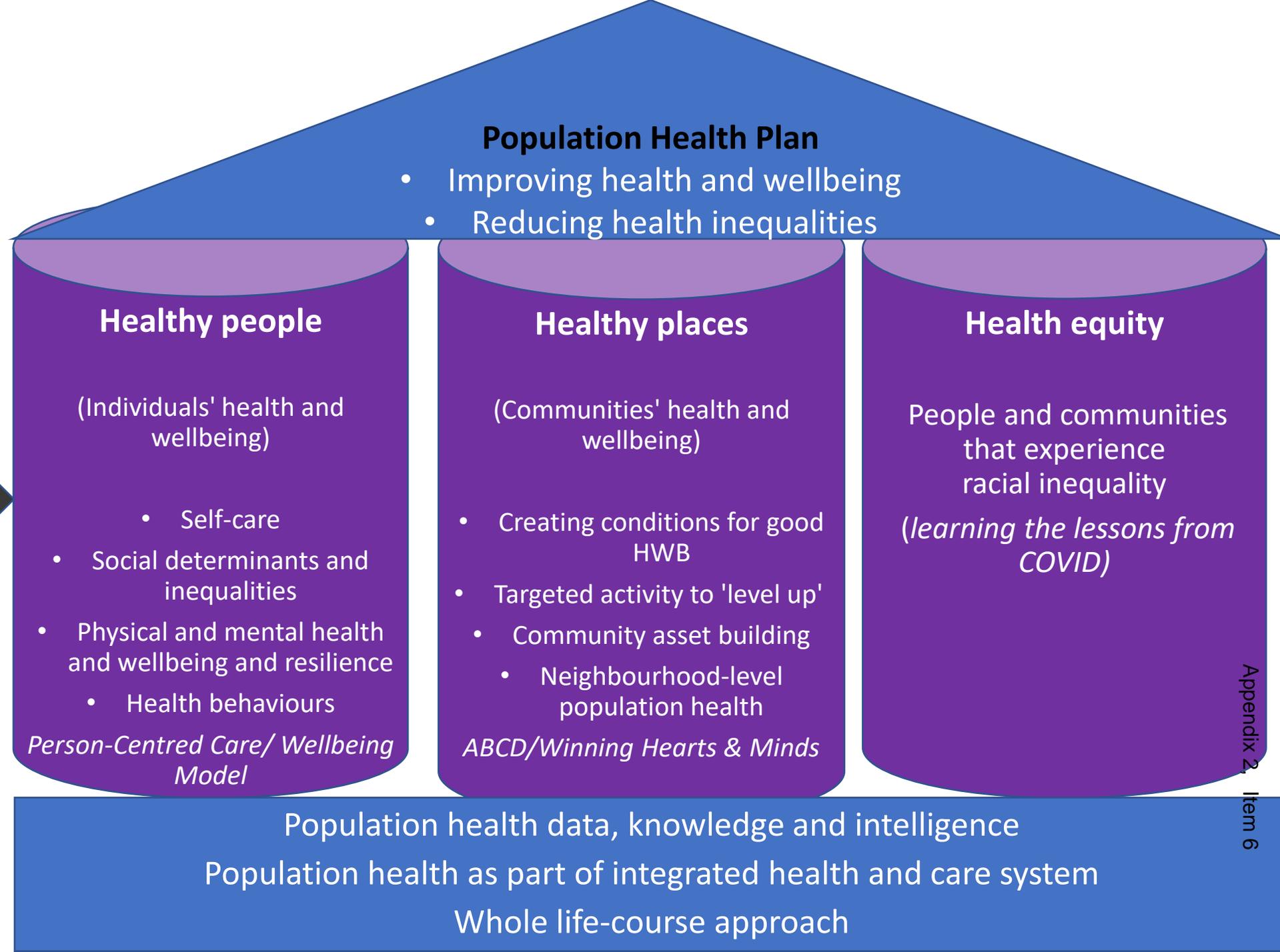
Collaborative

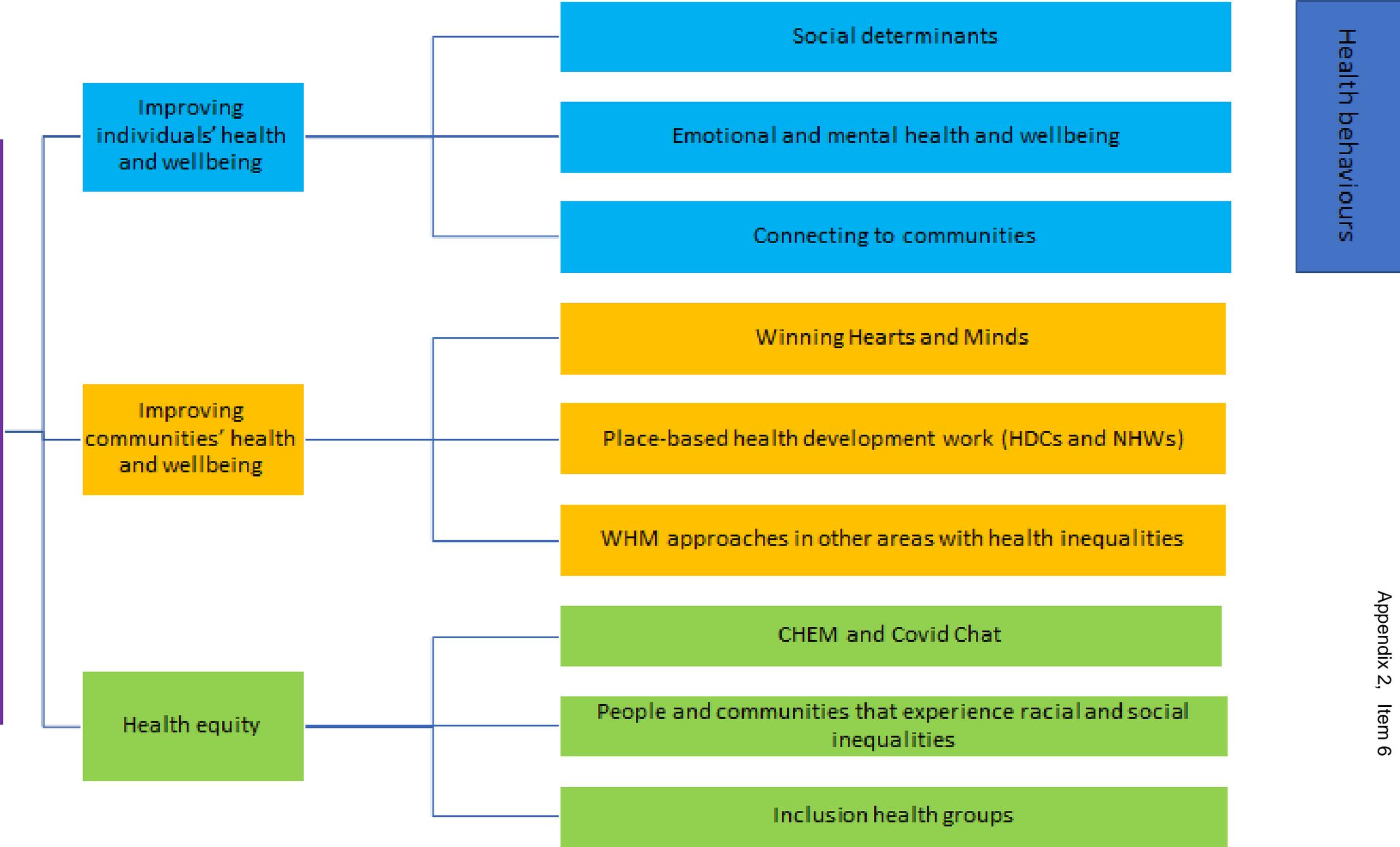
- with our people, for our people
- whole system approach

Coordinated

- whole life-course population health approach

Population Health Covid Recovery Programme: pillars





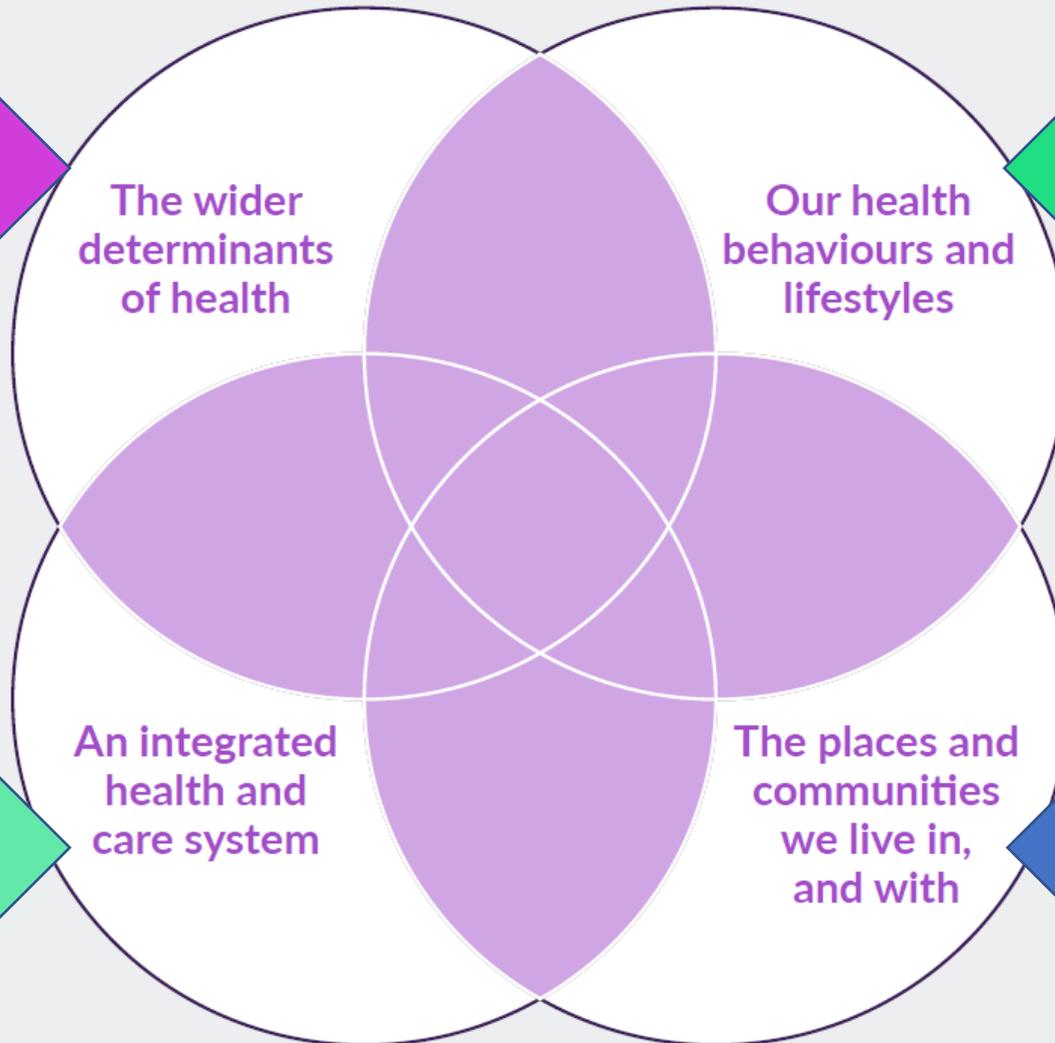
Population health

- Overall PH approach (4 pillars)
- Current PH workstreams and relationship with Recovery workstreams

Population health system (all ages)

- Income, wealth, poverty
- Housing
- Education and work
- Transport
- Leisure
- Environment, climate

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- Wellbeing
- Smoking
- Alcohol (and drugs)
- Weight
- Nutrition
- Physical activity

- Population health system (citywide and neighbourhood level)
- Managing long-term conditions

- Local environment
- Social relationships
- Community networks
- Community development

Appendix 2 Item 6

Wider determinants (strategic)

Family Poverty Strategy

Work and skills

Housing and health

Page 48
AFM: Over 50s work and skills

Education

Transport

Climate change

Leisure

Individuals' health (strategic + services)

Social determinants and wellbeing support

- Social prescribing
- Work-related health
- Mental wellbeing
- Health coaching

Health behaviours 'treatment' services (adults)

- Smoking cessation
- Alcohol and drug misuse
- Weight management
- Physical activity
- Nutrition

Health behaviours 'treatment' services (young people)

- Alcohol and drug misuse
- Physical activity
- Weight management

Sexual health services

Social determinants and wellbeing support (children and young people)

- Trauma/ACEs
- Teenage parents

Self care strategy

Communities' health (strategic + services)

Winning Hearts and Minds

Neighbourhood health and wellbeing development

- Health Development Coordinators
- Buzz Neighbourhood Health Workers

Licensing

Population health system (strategic)

Health equity

- Covid Health Equity
- Covid community engagement
- Race and health

Partnerships

- MLCO and INTs
- MCC Neighbourhoods

Recovery workstreams

- Healthy People
- *Healthy Communities*
- *Health Equity*

Why we need to do this

- To prevent people developing long term conditions
- To help people manage their long term conditions
- To improve people's mental health and wellbeing
- To improve the social conditions that impact on people's health and wellbeing
- To increase healthy life expectancy

How this will happen

- Information to increase knowledge and skills in whole population
- Supportive conversations and coaching-type approaches in health and care
- Targeted coaching and motivational support for higher risk population
- Connection to community/social networks to maintain changes and build resilience
- Coordinated 'specialist' support for specific or multiple 'health behaviour' issues

Click to add text

What will support this

- All-age, multi-topic, holistic (bio-psycho-social) strategic approach (Prevention and Wellbeing model)
- Review of PH plan and priorities to address systemic causes of poor health and wellbeing and improve coordination of approaches across life course
- Support (resources, prioritisation) and genuine partnership working within integrated care system
- Collaboration between 'healthy people', 'healthy communities' and 'health equity' workstreams

What will change

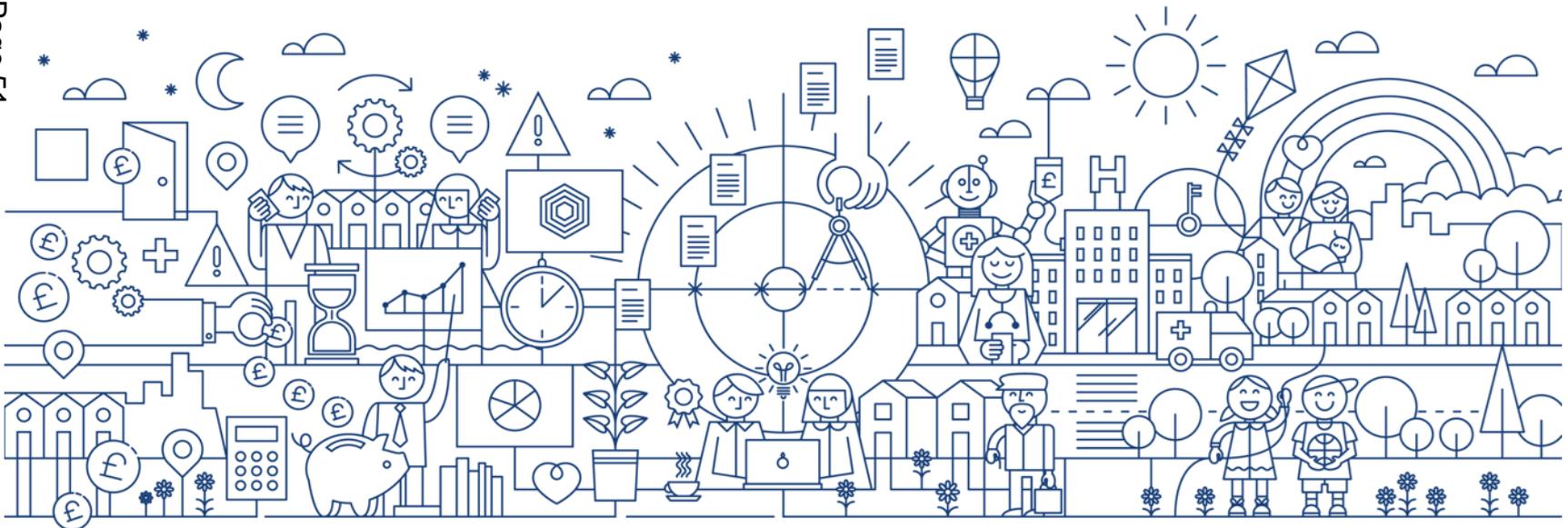
- Reduced incidence/prevalence of LTCs in population
- Reduced incidence/prevalence of mental ill health in population
- Improvements in individuals' mental health and wellbeing
- Improvements in individuals' connections and networks
- Improvements in individuals' 'social determinants'

Better Outcomes, Better Lives

Health Scrutiny Committee

June 2021

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Better Outcomes, Better Lives

1 What, 3 Why's, and 6 How's

WHAT

A long-term programme of practice-led change focused on supporting the people of Manchester to achieve better life outcomes with less dependence on formal care.

WHY
Page 52

Because we know there is more we can do to improve the **care experience** and **manage care demand** in Manchester

Because there is more we can do to **support our frontline workers and integrated teams** with the technology and enablers they need

Because we need to make **significant, sustainable savings** this year and over the next four, to avoid service cuts

HOW

Embedding strengths based practice across our teams to maximise independence

Enable residents to independently access early help resources within communities

Create a community reablement offer focused on optimising independence

Transforming Community and Specialist Teams, enabling neighbourhoods

Creating a responsive service offer that meets the changing needs of residents in maximising their independence

Embed a performance approach that uses an evidence to drive improvement

Appendix 3, Item 6

Important foundations

- Journey towards Integration with the creation of the MLCO and increased joint working across health & social care
- ASC Improvement Programme – significant investment in ASC, improvement activity to establish firmer foundations
- LD Transformation Programme – staff engagement identified themes & issues, case studies & observations identified demand & current responses. Draft operating principles & joint duty pilot will be picked up through Communities of Practice
- Enabling greater strengths-based ways of working...

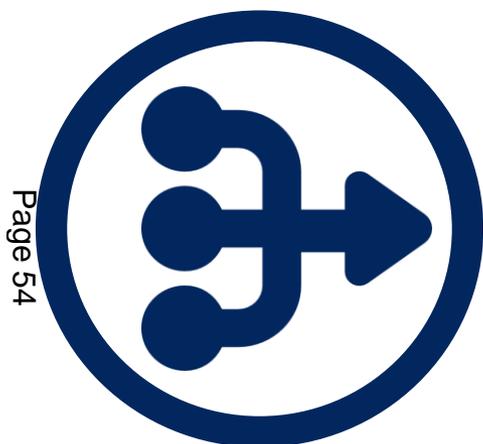


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Appendix 3, Item 6

A bold ambition; Better Outcomes, Better Lives

- An opportunity to accelerate our work and set a bold ambition
- A programme to ‘house’ all this work and orientate momentum
- Working in partnership with IMPOWER, drawing on their expertise and experience with health and social care in other LAs and organisations
- Better Outcomes, Better Lives aims to **improve outcomes for our residents**; supporting greater independence
- Achieving this will help us to meet the financial challenges that we face



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Better Outcomes, Better Lives

What this is NOT ...	What this IS ...
<ul style="list-style-type: none">• About changing policy or thresholds• About service cuts• Throwing out the progress we've made and starting again• More strategies	<ul style="list-style-type: none">✓ About improving outcomes for the people of Manchester✓ A home for the change work we have all prioritised✓ About delivering change, learning what works and celebrating it✓ Focused on practice change to enable better outcomes

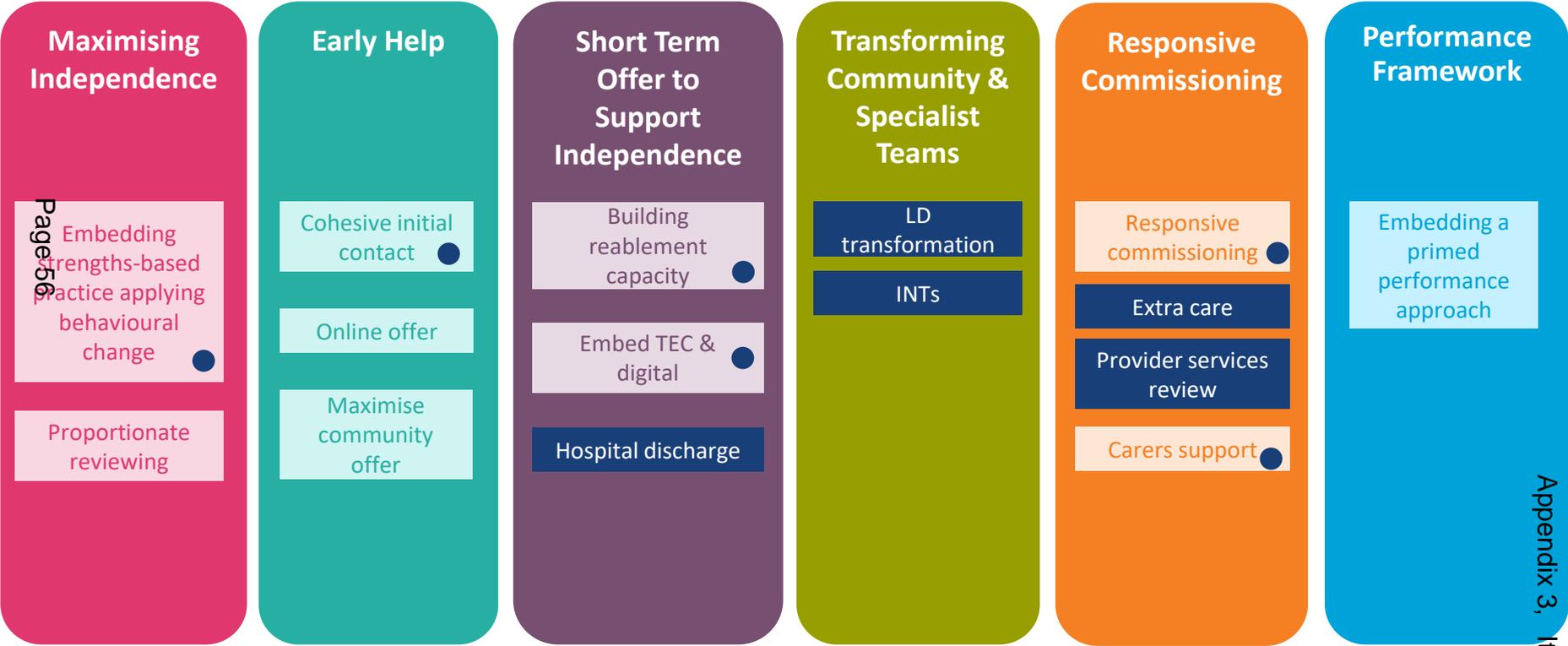
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Appendix 3, Item 6

What is in scope for the programme?



The Better Outcomes, Better Lives programme is divided into 6 workstreams. Although each workstream has its own focus, due to the inherent complexity of the system there are dependencies across workstreams, this will be managed. A high-level description of scope for each workstream is included on the following slides.



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Appendix 3, Item 6

Sequencing of the programme

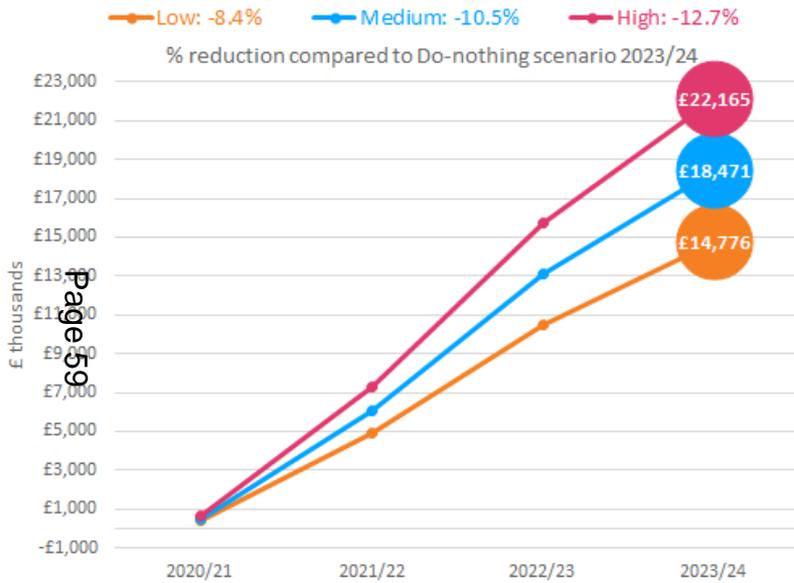
- **Overview:** 2-3 year change programme
- **Priorities:** year 1 focus on delivering maximum impact on outcomes / cost by prioritising:
 - **Strength based practice** using applied behavioural change (MI workstream)
 - **Personalised commissioning** to support practice decisions (RC workstream)
 - Developing a **performance culture** to support evidenced based decision making and action (PF workstream)
 - Priority **operating model** to support independence (STO workstream)
- **Future priorities:** Year 2 focus on:
 - **Early intervention and prevention** – community offer, front door;
 - **Operating model development** (transforming communities, health),
 - Embedding and **sustaining practice change**;
 - Delivering **alternative supply opportunities** to support operating model / practice change through robust outcomes based commissioning
 - Embed inclusive ambition cross system including **ICS development** and implementing supercharging LCO

The highest impact workstreams have been prioritised

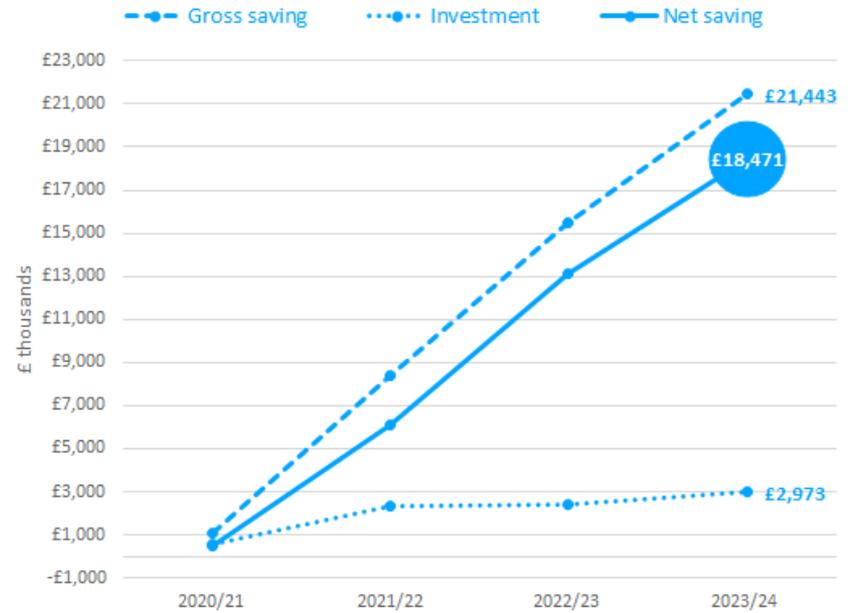
Workstream	Scope
Maximising Independence	<ul style="list-style-type: none"> Facilitate frontline teams improving outcomes for citizens through a detailed programme of strength-based and behavioural science training, interventions and communities of practice across teams to embed and remove barriers to strength-based practice. Develop and deliver proportionate and prioritised reviewing model. Continuous impact tracking and learning routine.
Short Term Offer	<p>TEC & Digital</p> <ul style="list-style-type: none"> Increase awareness and confidence to use TEC through champions and engagement activity with the frontline. Increase ease of access to TEC by reviewing current pathways and processes. Review the TEC offer to develop a strategic approach to TEC, run prototyping trials of TEC and agree an investment approach to TEC <p>Building Reablement Capacity</p> <ul style="list-style-type: none"> Deliver maximising independence within the reablement assessment function. Support implementation of new reablement capacity. Support ongoing investment and recruitment approach within reablement. Understand current operating model and identify opportunities to alter and prototype a new operating model.
Responsive Commissioning	<ul style="list-style-type: none"> Create clear feedback loops between commissioning and maximising independence interventions to identify commissioning gaps and opportunities. Develop a prototype approach to responding to gaps identified. Develop a commissioning plan to reflect transformation programme requirements. Develop working groups for key activities to build prioritised market support requirements.
Performance Framework	<ul style="list-style-type: none"> Create a performance framework with frontline teams to enable reporting and action-taking at this level. Re-baseline and agree trajectories for the budget. Develop an MLCO performance and finance report reflecting demand, trajectories and costs. Monitor delivery of the programme through reports and through lessons logs.

Predicted net savings of £18.5m were agreed – 10.5% against the do-nothing baseline

Saving scenarios
(net of investment in short and long term care)



Medium saving scenario



- The savings trajectories indicate a medium scenario net saving of £18.5m by 2023/24. This represents a 10.5% savings compared to the do-nothing scenario.
- This is net savings and includes investment in preventative interventions to enable the demand to be managed effectively. The total investment cost across the four years is £8.3m. The investment in reablement is the same as Option 1, the investment in TEC/equipment/adaptations and community support is higher as this has been modelled based on a proportion of savings achieved. No costs have been included for any investment in change capabilities and capacity needed to deliver the programme successfully.

Progress since January 2021

Maximising Independence (MI)

- ✓ **South** - worked intensively with core ASC colleagues and established reflective learning practices to support strengths-based approaches
- ✓ **South** - engaged with wider health, mental health, neighbourhood and voluntary sector colleagues
- ✓ **North** - intense support to locality to support roll out of approach
- ✓ **Impact / insight:** analysis and communication of impact to share back with staff

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Short Term Offer to Support Independence (STO)

- ✓ **Techology Enabled Care (TEC)** – Documents, demo videos and workshops to raise awareness with practitioners
- ✓ **Reablement** – investment to provide additional capacity to support work to increase community referrals and respond to unmet demand
- ✓ Successful trial on **joint Reablement & Occupational Therapy** working
- ✓ Identified opportunities for a **series of pilots** to deliver an integrated short term offer

Responsive Commissioning

- ✓ **Strategic vision and plan:** Development of strategic vision, ambition and forward plan that summarises LCO's commissioning intentions; priority contract reviews
- ✓ **Awareness of offer:** engagement with the frontline (through the MI workstream), spreading awareness of current offer and identifying gaps in supply
- ✓ Identified a number of opportunities to test different ways of working on a small scale

Performance Framework

- ✓ **Strategic Performance Framework** – to support the MLCO to understand how key services are changing
- ✓ Development of **Team Level performance framework** – to improve accountability and ownership of performance at a team level
- ✓ **Learning Logs** – a tool to understand how practitioners are using strengths based approaches in their day to day work

Appendix 3, Item 6

Initial Impact Analysis

LEARNING LOGS Practitioners reported that they have taken a **strengths-based approach in 80% of interactions** with citizens

LEARNING LOGS 42% of reviews and reassessments undertaken in April resulted in either a reduction, an end to a package or support altered to improve independence

LEARNING LOGS 27% of assessments undertaken avoided the need for a care package

LEARNING LOGS: Use of SBA to manage demand challenges as we emerge from lockdown

"Citizen had daily support from family during lockdown.

Family are now returning to jobs so unable to continue supporting at the same level. Citizen is determined to remain at home and was worried about being 'put' in a care home. Assessor explained that this would not happen if at all possible and increased care support would allow **the citizen to remain in her own home.**"

SHORT TERM OFFER: A prototype to demonstrate that an OT can improve reablement goal setting has been successful. During a two-week proof of concept trial, an OT worked alongside a reablement assessment officer **to improve the quality of goal setting. As a result of the prototype two citizens had reduced care packages with improved outcomes.**

LEARNING LOGS: Use of TEC to support independence
Collaborative working with other professionals with the view of managing risk by working closely with community alarm team to ensure **that assisted tech was utilised effectively** and that all incidence, for example falls, were recorded, and call logs provided to evidence frequency of falls

LEARNING LOGS: Using SBA to improve outcomes and reduce costs
The crisis response team had recommended 4 calls a day for this person. After discussion with family we looked at 2 calls and family to support, to **reduce the intrusion of carers for this person.**

Workstream priorities for June onwards

Maximising independence

- **Embedding in South:** establish and coach individuals undertaking new roles to continue practice change
- **Mobilising in North:** intense support to locality to support roll out of approach
- **Impact / insight:** consistent and regular analysis and communication of impact critical to support change

Short term offer

- **Reablement capacity:** Recruiting and onboarding reablement capacity
- **Increasing offer:** Rolling out prototype interventions to access capacity and improve system flow
- **Increasing TEC awareness / roll out:** Rebranding the Comm Alarms Team, initial TEC champions, and TEC support tools
- **Increasing TEC offer:** Identify, implement and evaluate TEC prototypes, eg. Anywhere Care; Falls Prevention

Responsive commissioning

- **Strategic vision and plan:** Development of strategic vision, ambition and forward plan that summarises LCO's commissioning intentions; priority contract reviews
- **Awareness of offer:** Continue engagement with the frontline (MI w/s), spreading awareness of current offer and identifying gaps in supply
- **Expand offer:** Identify, implement and evaluate prototype opportunities

Performance framework

- **Top-level report** - Embedding the TLR into BAU and finalising the Better Outcomes Indicators with service areas; mapping the "golden thread" between top and team-level to ensure 2-way performance flows are built into governance channels
- **Team-level framework** - Deliver team "toolkits" alongside MI interventions to embed a consistent, primed performance culture, incl. finalising team-level metrics to attribute & measure impact

Jargon buster - A glossary of shared language

- **Communities of Practice (CoP)** provide a weekly space for practitioners to learn, reflect, share experiences on strengths-based approaches, to get peer support and challenge and contribute to personal development. Attendance is made up of Locality health and social care LD Teams, or multiagency practitioners in each Neighbourhood, joined by citywide or specialist teams aligning with the session it makes most sense to, (for example those they interact with most).
- **CoP - Reflective Practice** refers to the facilitated, weekly group reflection centered on case discussion (see above)
- **CoP - Spotlight Sessions** take place at the first CoP of the month. They 'spotlight' on topics and issues that are important to you. Examples might include Community Asset Mapping, Hoarding. Colleagues or partners can be invited to these sessions to provide specialist advice, support and learning (see above).
- **Learning Logs** are a tool for capturing practitioner's self-assessment of their own practice and how they believe this has contributed to maximising a citizen's independence. They support us to further accelerate, enhance and embed our strengths-based practice.
- **MI Insights Pack** draws from a wide range of data sources, triangulating these to build well-balanced insight into the workstream delivery and development and embedding of strengths-based approaches. This insight will support a wide range of audience to take further action as required.
- **Strengths-based approach (SBA)** focus on what's working well and look to build on that. In our assessments, it's about asking people "What's strong?" (rather than "What's wrong?") and "What matters to you?" (rather than "What's the matter with you?"). SBA doesn't ignore problems but enables people to find the best solutions for themselves.
- **SBA – Toolkit** refers to a set of tools, prompts and approaches (co-produced with practitioners) to support your work with residents to maximise their independence. They build on techniques practitioners are already using, to empower and support you to have strengths-based interactions. These include:
 - **Reflection tools:** to help you think through the approach you will use and prepare for conversations.
 - **Conversational tools:** to provide strengths-based prompts to aid interactions, you can adapt these and use what is most helpful.
 - **Collaborative tools:** these can be printed off and used with citizens, written on, and even left with people where appropriate.
 - **Technology Enabled Care (TEC)** is an approach to supporting people to continue to live in their own home for as long as possible by using technological devices. TEC can support people to maintain their independence, while maintaining their personal safety.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 23 June 2021
Subject: Overview Report
Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

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

Recommendation

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

Wards Affected: All

Contact Officers:

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

Background document (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.

None

1. Monitoring Previous Recommendations

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

There are currently no recommendations outstanding.

2. Key Decisions

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

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

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

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

An extract of the most recent Register of Key Decisions, published on **14 June 2021**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

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

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
Carers Strategy (2019/08/22A)	Allocation of Our Manchester Funding to support the Our Manchester Carers Strategy over a period of two years.	Executive	16 October 2019	Report to the Executive	Zoe Robertson z.robertson@manchester.gov.uk

3. Item for Information

Subject **Care Quality Commission (CQC) Reports**

Contact Officers Lee Walker, Scrutiny Support Unit
 Tel: 0161 234 3376
 Email: l.walker@manchester.gov.uk

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

Provider	Address	Link to CQC report	Published	Types of Services	Rating
Allendale Rest Home Ltd	Allendale Residential Home Limited 53 Polefield Road Blackley Manchester M9 7EN	https://www.cqc.org.uk/location/1-145388961	29 May 2021	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Roja Ltd	Richmond Care 9 Plymouth Grove West, Manchester, Greater Manchester, M13 0AQ	https://www.cqc.org.uk /location/1-124508196	26 May 2021	Nursing Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Dr Mark Northfield	St George's Medical Centre St Georges Drive Moston, Manchester M40 5HP	https://www.cqc.org.uk /location/1-541783599	2 June 2021	Doctors/GPs, NHS GP practice	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Item 3.1 Item for Information - The Health Scrutiny Committee responses to the Quality Accounts submitted by the Greater Manchester Mental Health NHS Foundation Trust sent 25 May 2021

Dear Greater Manchester Mental Health NHS Foundation Trust,

As Chair of Manchester City Council's Health Scrutiny Committee, I would like to thank you for the opportunity to comment on your Trust's Draft Quality Account for 2020/21. Copies of the draft quality account were circulated to members of the committee for consideration and comments received have been included below. We would like to submit the following commentary to be included within your final published version.

The Committee recognise the unprecedented challenge that the COVID-19 pandemic has placed on the Trust and we would first like to take this opportunity to express our sincere gratitude and appreciation to all of the staff working at the Trust, both frontline and back office for their continued professionalism and dedication to ensure services continue to be delivered and support offered to Manchester residents. The Committee would be grateful if this appreciation could be communicated to all staff.

We acknowledged that the opening statement from the Chief Executive acknowledges and praises the commitment and professionalism demonstrated by staff throughout the difficult year and it sets a tone of directness and transparency in the draft Quality Account. The statement clearly identifies key achievements and priorities for the coming year, providing a clear commitment to continued service improvement. The Committee also acknowledged and welcomes the stated ongoing commitment to the provision of high-quality training to support your staff.

The Committee fully support and endorse your decision to maintain your existing Quality Improvement Priorities for the coming year, noting the rationale for this decision due to the unique challenges presented by COVID-19. In particular, we endorse the continued work to eliminate out of area placements, an issue that has been raised as a concern by this Committee during previous discussions with the Trust. We further welcome and are assured by the stated commitment to the continued robust monitoring of the Quality Improvement Priorities.

The Committee welcomes the reporting format provided at section 3.2 'Performance against Quality Indicators Selected' and 3.3 'Performance against Key National Priorities' of the report that clearly allows the reader to review and understand performance against the previous year. The report clearly describes to the reader how the Trust is performing against national standards and a useful narrative is provided to assist the reader. The Committee further commented that the inclusion of a glossary of terms that had been provided within the report is useful to assist the lay reader to understand the document.

In conclusion we the Committee would like to take this opportunity to reiterate our gratitude and appreciation to all staff at the Trust for their continued hard work and dedication to improving the health outcomes of Manchester residents. The Members will welcome the opportunity to scrutinise key areas of activity of the Trust throughout the coming municipal year noting that the provision of high quality mental health services will be increasingly called upon as the full impact of COVID-19 continues to be understood.

Yours sincerely,

Councillor Joanne Green
Chair of the Health Scrutiny Committee

**Health Scrutiny Committee
Work Programme – June 2021**

Wednesday 23 June 2021, 10am (Report deadline Friday 11 June 2021)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
COVID-19 Update	The Director of Public Health (DPH) will deliver a presentation to the Committee with the latest available information on data and intelligence. The Medical Director (MHCC) will also present the latest on the Manchester Vaccination Programme.	Councillor Midgley, Executive Member for Health and Care	David Regan Dr Manisha Kumar	
Strategic scene setting	The Committee will consider a report that provides the Members with information relating to: <ul style="list-style-type: none"> - Health Inequalities and Outcomes in Manchester - An overview of the system wide response - An update Better Outcomes, Better Lives, the Manchester Local Care Organisation's transformation programme for Adult Social Care. This will provide an update on the scope of the programme including the detail of the individual workstreams, the outcomes we are hoping to achieve and an update on progress to date.	Councillor Midgley, Executive Member for Health and Care	Bernadette Enright Sarah Broad and David Regan	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 21 July 2021, 10am (Report deadline Friday 9 July 2021)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
COVID-19 Update	The Director of Public Health (DPH) will deliver a presentation to the Committee with the latest available information on data and intelligence. The Medical Director (MHCC) will also present the latest on the Manchester Vaccination Programme. There will be a focus on the impact of Covid on mental health and wellbeing	Councillor Midgley, Executive Member for Health and Care	David Regan Dr Manisha Kumar	
Mental Health	To receive a report that describes the provision of Mental Health Service provision across the city. This report will consider the immediate and long term impacts of COVID-19, the challenges and response including any funding considerations. This item will also include information on Trauma Informed Care & Practice and information on Social Prescribing.	Councillor Midgley, Executive Member for Health and Care	Neil Thwaite	
Adverse Childhood Experience Aware & Trauma Informed City: Update	The purpose of the report is to give an update on Manchester's ambition to become an ACE (Adverse Childhood Experience) Aware and Trauma Informed City. The report will provide an overview of workstreams being led by the MCC Population Health team and illustrate how collaborative approaches with colleagues in health, education, the arts, and voluntary sector are supporting the wellbeing of our residents.	Councillor Midgley, Executive Member for Health and Care	Gareth Nixon	
Overview Report				

Wednesday 8 September 2021, 10am (Report deadline Thursday 26 August 2021)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
COVID-19 Update	The Director of Public Health (DPH) will deliver a presentation to the Committee with the latest available information on data and intelligence. The Medical Director (MHCC) will also present the latest on the Manchester Vaccination Programme.	Councillor Midgley, Executive Member for Health and Care	David Regan Dr Manisha Kumar	
Covid Health Equity Manchester (CHEM)	To receive an update report on the work of the Covid Health Equity Manchester group (CHEM) to address the disparities in the risks and outcomes of COVID-19 which disproportionately impacts on Black, Asian and minority Ethnic (BAME) and other disadvantaged communities who make up a significant proportion of our population in the city.	Councillor Midgley, Executive Member for Health and Care	Sharmila Kar Dr Cordelle Ofori	
Overview Report				

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
NHS Dentistry	To receive a report that describes the provision and access to NHS Dentistry across the city. This will include comparative data and the impact of COVID-19.	Councillor Midgley, Executive Member for Health and Care	Nick Gomm	
Primary Care Access (GPs)	To receive an update on the delivery of and access to Primary Care across the city.	Councillor Midgley, Executive Member for Health and Care	Nick Gomm	
Single Hospital Service Update	To receive an update report on the delivery of the Single Hospital Service.	Councillor Midgley, Executive Member for Health and Care	Peter Blythin Ed Dyson	
Wythenshawe Hospital Campus Strategic Regeneration Framework and North Manchester Health Campus Strategic	To receive a report on the health outcomes of both the Wythenshawe Hospital Campus Strategic Regeneration Framework and North Manchester Health Campus Strategic Regeneration Framework.	Councillor Midgley, Executive Member for Health and Care	Nick Gomm	

Regeneration Framework				
NHS Recovery	To receive an update report that provides an overview of how the NHS has responded to, and is recovering from, the impact of Covid19. This report will include the response to increased waiting lists for treatment and the work to address the recruitment and retention of nursing staff.	Councillor Midgley, Executive Member for Health and Care	Nick Gomm	

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