



Health Scrutiny Committee

Date: Wednesday, 21 July 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 19 July 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

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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 23 June 2021.

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5. [10.05 - 10.40] COVID-19 Update - To follow

6. [10.40 – 11.20] Greater Manchester Mental Health NHS Foundation Trust - Manchester Covid Recovery

Report of Greater Manchester Mental Health NHS Foundation Trust

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This paper provides a summary and overview of the activity across the GMMH Manchester services and the Covid response.

7. [11.20 – 11.55] Adverse Childhood Experiences (ACEs) & Trauma Informed Practice

Report of the Director of Public Health

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This report gives an overview of how the MCC Population Health team is leading the work to fulfil the ambition of Manchester being an ACE-aware, trauma informed and trauma responsive city by 2025. A city with a co-ordinated approach to reducing exposure to ACEs, where all practitioners work with residents to prevent or mitigate the consequences of trauma; helping children, families, and communities to build resilience; and improve outcomes for residents by working in a trauma responsive way.

8. [11.55 – 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.

Please note that the actual start time for each agenda item may differ from the time stated on the agenda.

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

Further Information

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

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This agenda was issued on **Tuesday, 13 July 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 23 June 2021

Present:

Councillor Green – in the Chair
Councillors Nasrin Ali, Cooley, Curley, Hussain, Newman, Reeves, Riasat and Richards

Apologies: Councillors Leech and Monaghan

Also present:

Councillor Midgley, Executive Member for Health and Care
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning
Dr Manisha Kumar, Executive Clinical Director Manchester Health and Care Commissioning
Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation

HSC/21/23 Minutes

Decision

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

HSC/21/24 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: -

- Noting the importance of vaccination, especially for older residents to prevent them from becoming seriously ill if they contracted COVID-19;
- An assurance was sought that the supply of vaccines was sufficient to meet the increased numbers of people coming forward for vaccination;
- What were the reasons as to why the infection rates in Manchester were high;
- Noting that residents were being encouraged to obtain their second jab within eight weeks of having the first, what was being done to manage those who had a second appointment booked in twelve weeks and maybe reluctant to cancel that second prebooked appointment;
- An assurance was sought that Learning Disabled citizens were being supported and encouraged to have their vaccination, including those who may reside in a setting provided outside of Manchester;
- Further information was requested on the Community Champions Fund and how this had been allocated;
- Noting that the issue of trust was vital to ensure all communities access their vaccination;

- Noting that COVID deniers and vaccination hoaxers still existed and what was being done to address this; and
- Was planning underway to be able to deliver a seasonal vaccination booster.

In response, the Executive Clinical Director Manchester Health and Care Commissioning informed the Members that evidence showed that for those people contracting COVID following their second vaccination displayed much milder symptoms that could be safely managed at home. She advised that Manchester had enough vaccine to meet current demand and she encouraged all to obtain their second jab when offered. She described that people are being contacted directly to offer them their second jab with advice and information as to where and when this could be obtained, including the promotion of pop services in addition to the national system and that a helpline had been established to guide residents through this process if required. She advised that people should not delay in getting their second jab and then they can always cancel any prebooked second jab via the national NHS booking system.

In regard to Learning Disabled citizens, the Executive Clinical Director Manchester Health and Care Commissioning advised that all avenues of contact and support were being utilised to maximise and support the uptake of the vaccine. She said that General Practitioners records were being used and all relevant and appropriate teams experience knowledge was used to support this activity. She added that bespoke services such as taxis and specifically managed vaccination sessions in appropriate settings had been provided. The Consultant in Public Health Medicine stated that the Disabled Peoples Engagement Board had also helped coordinate and deliver appropriate key messages surrounding COVID-19.

The Consultant in Public Health stated that the high rates of infection rates in Manchester could be explained by a number of factors including structural inequalities, that Manchester was a densely populated city; larger and extended families living in the same household; a large student population and people struggling to self-isolate due to economic circumstances. She stated that the infection rates continued to be monitored and it was difficult to state if the figure had peaked yet, however she stressed that the vaccination was important to tackle COVID-19.

The Consultant in Public Health stated that initially assisted Lateral Flow Testing had been supported in schools with the results reported to the national recording system, however pupils were now being asked to undertake this at home and upload their own results. She stated that they had witnessed a decrease in the number of reported results which could indicate either the tests were not being undertaken or the results were not being reported. She said that to address this they were seeking to re-establish the supported testing in schools. Officers stated that it was vitally important for all residents to undertake a Lateral Flow Test twice a week and upload the results and to continue to observe all Public Health guidance regarding COVID-19.

In response to the specific question regarding the Community Champion Fund the Consultant in Public Health Medicine provided examples of what this fund had been used to support, such as the COVID chat programme and support for refugees and

asylum seekers and that she would share further information on this fund following the meeting.

The Consultant in Public Health advised the Committee that she was the co-chair of the Covid Health Equity Manchester (CHEM) group and consideration was given as to how different community groups were engaged with around the issue of COVID and the vaccination. She described that it was recognised and understood that the issue of trust and cultural competence was key to meaningful engagement and the use of trusted and credible people within communities helped support this activity. She continued by stating that access to vaccinations had been recognised as a barrier and as a result pop up events had been promoted and delivered in a range of settings, such as faith buildings. She further commented that it was important to listen to and value the views and concerns of people regarding the vaccination and not to meet this dismissively. She described that it was important to share facts and engage with people regarding their concerns, noting that people who had been resistant to the vaccination were beginning to come forward for these.

The Executive Clinical Director Manchester Health and Care Commissioning reported that she had also continued to engage with patients who were initially hesitant and had expressed concerns regarding the vaccination and she reported that she was witnessing patients now taking up the offer.

The Executive Member for Health and Care stated that if Members required any additional information regarding any the work discussed that they could contact her outside of the formal meetings.

The Chair concluded this item of business by thanking all involved with the vaccination programme for their continued hard work.

Decision

The Committee notes the report and presentation.

HSC/21/25 Strategic scene setting

The Committee considered the report and accompanying presentations of the Director of Public Health, the Executive Director Adult Social Services and the Deputy Director Adult Social Services that provided 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.

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

- Whilst welcoming the ambitions of Better Outcomes, Better Lives it was important to ensure that residents in need of care received the most appropriate levels of care;

- A Member provided a personal experience of a family member who received care and stressed the importance of appropriate care and support to enable people to live independently;
- Future update reports should include the voice of the patient experience;
- The role of Carers was very important;
- The COVID-19 vaccination programme had demonstrated the successful delivery of a service through collaborative working and this positive experience and learning should be built upon in other areas of service delivery;

The Executive Director of Adult Social Services stated that the ambition of Better Outcomes, Better Lives was to promote and enable independent living and support residents to continue living in their homes and communities. She stated this would be achieved through a strength based approach to the assessment and commissioning of services, with these were designed and delivered 'with' people as opposed to 'for' people. She stated that despite the budget Manchester had invested in this programme of improvement. She further recognised the comment made regarding the important role of carers and suggested that an update report on the Our Manchester Carers Strategy be submitted to the Committee for consideration at an appropriate time.

The Deputy Director of Adult Social Services noted the comments from the Member regarding the information provided in the slide pack regarding the Initial Impact Assessment and provided clarification on the examples and data provided. In response to a question regarding how the Better Outcomes, Better Lives programme connected to the Our Manchester strategy she stated that this information had been included in the report that had been considered by the Committee at the March 2021 meeting. She further stated that information relating to IMPOWER would be circulated outside of the meeting following comments by a Member.

The Chief Operating Officer, Manchester Local Care Organisation stated that the Local Care Organisation was predicated on Public Health ambitions and targets and Key Performance Indicators were agreed and monitored. He stated that the neighbourhood delivery approach of the Manchester Local Care Organisation built on partnerships and community based strengths and knowledge. He stated that Manchester was leading on this model of delivery when compared to other Local Authorities. He stated that he would share the details of the Neighbourhood Leads with the Committee following the meeting.

The Chair stated that the Committee would welcome the opportunity to further scrutinise the Performance Framework and Quality Impact Assessment and this would be considered when planning future agenda items. She commented that a report on the work of the Integrated Neighbourhood Teams would be included on the Committee's work programme. The Chair further added following comments from the Committee that consideration would be given as to the format and content of the reports.

The Executive Member for Health and Care stated that staff working within the integrated teams were the most valuable resource and key to the successful delivery of Better Outcomes, Better Lives work. She stated that feedback from staff was very positive that reflected improved services to residents. She stated that there were a

series of videos that could be shared with the Committee that highlighted the positive work that had been developed by developing integrated teams and the multi-agency working approach.

Decision

The Committee:-

- (1) Note the report and presentations.
- (2) Recommend that items on the Our Manchester Carers Strategy and an update on the work of the Integrated Neighbourhood Teams be included on the Committee's work programme and these reports shall include the voice of the citizen.

HSC/21/26 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 Chair recommended that the provision of NHS Dentistry, Primary Care access and NHS recovery that were currently listed as to be scheduled should be considered at the September meeting, and the update report on the work of Covid Health Equity Manchester would be considered at the October meeting.

The Chair stated that the July meeting would have a focus on mental health.

Decision

The Committee notes the report and agree the work programme subject to the above amendments.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 21 July 2021

Subject: Manchester Covid Recovery – Summary for Manchester Health and Scrutiny Committee

Report of: Greater Manchester Mental Health NHS Foundation Trust

Summary

This paper provides Manchester Health and Scrutiny Committee with a summary and overview of the activity across the GMMH Manchester services and the Covid response.

Recommendations

The Scrutiny Committee is asked to

1. Note the summary of this report; and
 2. Advise of further information required.
-

Contact Officers:

Name: Neil Thwaite
Position: Chief Executive, Greater Manchester Mental Health NHS FT
E-mail: Neil.Thwaite@gmmh.nhs.uk

Background documents (available for public inspection):

None

Manchester Covid Recovery – Summary for Manchester Health and Scrutiny Committee 21 July 2021

1. Introduction

This paper provides Manchester Health and Scrutiny Committee with a summary and overview of the activity across the GMMH Manchester services and the Covid response.

Specific areas of focus include:

- Urgent Care/Crisis response
- Early Intervention
- Community Mental health Teams
- Delayed Transfer of Care
- Out of Area Placements

We will also present an update on the Manchester Wellbeing Fund which was launched in October 2017 as part of the Manchester Clinical Transformation Programme to build community assets, promote mental wellbeing (feeling good and functioning well) and support people living with mental health conditions in the community. Its key purpose was to invest in community groups and improve resilience around mental health.

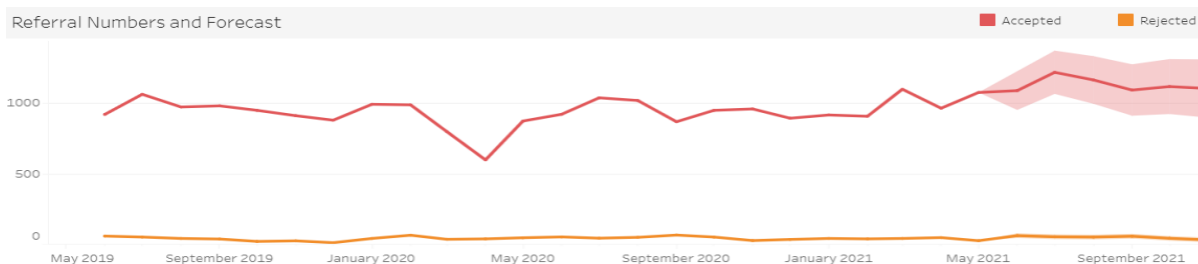
The Fund has three main objectives:

- to develop community support around people's mental health needs
- to promote mental health and wellbeing
- to challenge the stigma around mental illness

2. Service response

2.1 Mental Health Liaison Service (MHLS)

As the lockdown restrictions have been eased since March 2021 MHLS activity through Accident and Emergency Departments (A&E) has increased slightly. Analysis of this has, however, demonstrated that this has not increased significantly above pre- pandemic referral activity.

Figure 1 – Manchester ED Attendance

*The area highlighted is project range based on previous data.
In relation to ED attendance and MHLS activity the following is noted:

- North Manchester referral activity has increased slightly through May 2021
- NMGH and the MHLS now benefit from the new Mental Health Urgent Care Area. 'The Green Room' which is part of an NHSE, MFT & GMMH partnership, as part of the GM Urgent Care by Appointment Scheme.
- North Manchester continues to sustain a high 4-hour MHLS response time due to the establishment of the Urgent Care Centre (achieving 91.1% in May 2021).
 - The North MHLS are completing a Quality Improvement initiative with acute partners on site to start to pilot the GM Urgent and Emergency Care by appointment scheme and planned appointments in this area for primarily mental health service-users which is a positive and learning for other MFT sites.
- South Manchester are operating an interim model with the Urgent Care Centre estates work due for completion in July 2021. (achieving 97.4% in May 2021).
- There has been no estate for an Urgent Care Centre identified at Central Manchester, the impact of 'Project Red' at MRI challenges the available site. This can impact on the 4-hour response standards and the support to the A&E Leads in developing the streaming from the front door. (In May 2021 the Central Manchester service achieved 90.5%).
- The development of the Urgent Care Centres at North and South are in line with the GM agreed improvement models regarding the GM Urgent Care by Appointment Scheme and the First Call streaming initiatives as part of the First Call 111 National Directive.

2.2 Helpline Activity

As part of transformational COVID 19 emergency planning GMMH expanded the 24/7 freephone helpline, accelerating the crisis benchmark improvement outlined within the Long-Term Plan.

Specific strengths of this service as highlighted previously: -

- Available to all people in a mental health crisis or requiring COVID 19 specific support recognising the increased prevalence of mental health problems across the population because of the pandemic.

- The helpline provides a directory of services, helping to signpost and connect people with the appropriate VCSE services that can offer support and reducing pressure on primary and secondary care where appropriate.
- Enabling direct access to GMMH Home Based Treatment services for Manchester residents experiencing a crisis where the level of need indicates.
- Linked to the NHS 111 and CAS system recently connected to the GP extended hours service.
- The Helpline provides beyond mental health crisis and also provides a response for people with substance misuse problems and children and young people.

As the Helpline is continuing to develop and evolve, the service is currently engaged with Manchester Foundation Trust Urgent and Emergency Workstream to align the ED to the Urgent Care by Appointment scheme. This is involving GMP and NWAS partners to explore the diversion pathways for admission in line with the Long-Term Plan.

In the last 7 days, 505 Manchester people accessed the helpline, in crisis or requiring further assistance.

2.3 Crisis Café

As a component of the GMMH Crisis and Urgent Care response in Manchester, GMMH established the first MH Crisis Café across GM. The GMMH North Crisis Cafe is an out of hours friendly and supportive space open to anyone experiencing a mental health crisis and was opened rapidly as part of the winter resilience planning on the 14.12.20.

The aim of the service is to offer a practitioner led community facing alternative to A&E for those experiencing emotional or psychological distress. Using a recovery approach, the cafe offers support and advice from qualified Mental Health Practitioners and support staff in a relaxed and comfortable environment. As part of the GM Mental Health Task and Finish Group diversions from NWAS and GMP are being planned for the summer surge in A&E activity to support all partners.

Crisis Café Attendances

January	February	March	April	May
105	93	99	64	64

The second Crisis Café in partnership with VCSE Turning point opened on the 17th June 2021 (Wednesday through to Friday night 1900hrs- 0100hrs initially) and additional crisis beds are also being used by the Central Manchester MHLS as an alternative to crisis admission and gatekept by Central Manchester HBTT as per best practice standards. These additional beds are being delivered in partnership with VCSE colleagues and collocated within the Turning Point Crisis Café facility.

2.4 Home Based Treatment (HBT)

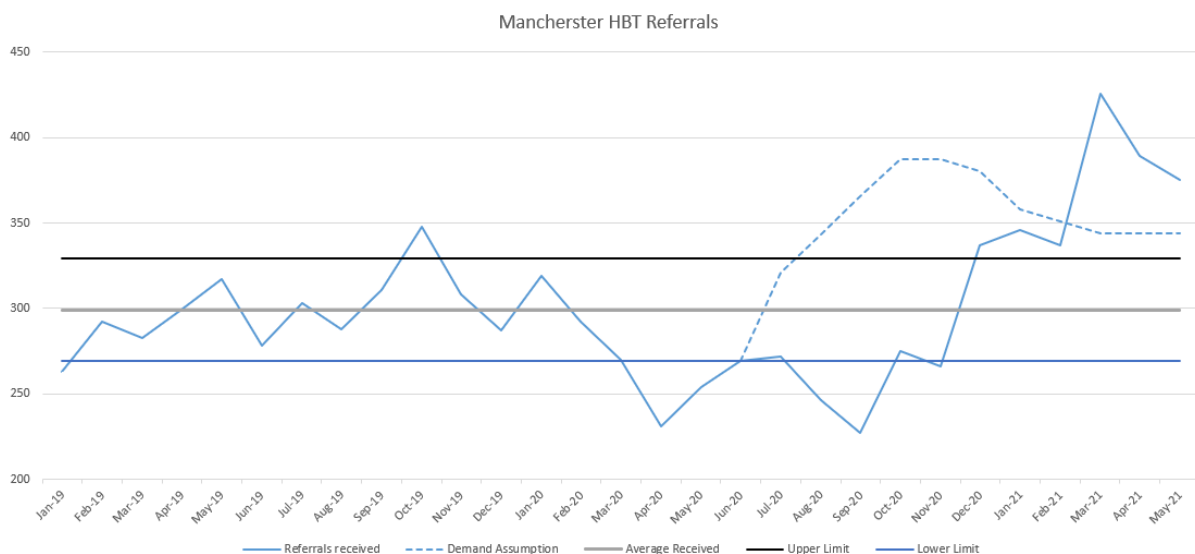
GMMH operates locality HBT services in North, Central and South Manchester. All of which operate to core fidelity standards in line with national guidance.

In response to the pandemic, and as a component of the GMMH recovery response, the HBT Services in Manchester fulfil the following additional functions to support the crisis response:

- Direct link to the GMMH Helpline enabling rapid escalation and response.
- Collaborative working with Mental Health Liaison Services to gatekeep admission to Hospital.
- Managing the Crisis Café – this is enabling people who are not under secondary care to access HBT services.
- Systematic in-reach into the GMMH MH in-patient bed base to free up capacity regarding supporting discharge and alternatives to a MH in-patient admission.

There continues to be an increase in referrals across the Manchester HBT the teams accepted 90% of referrals received in May 2021 for HBT support.

Figure 2 – Manchester HBT Referrals



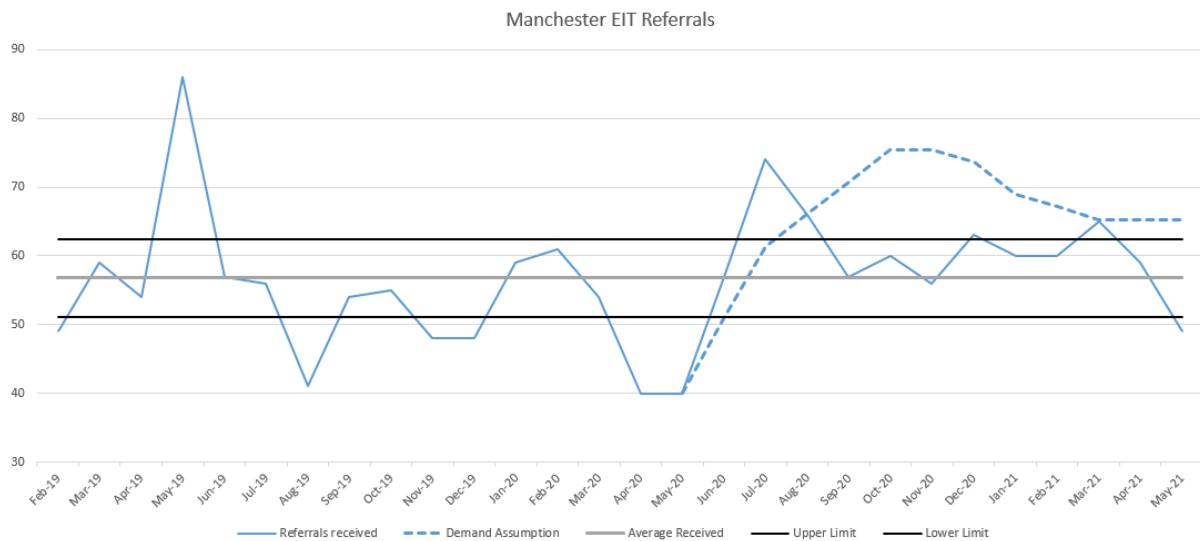
2.5 Early Intervention in Psychosis (EIT)

The referral demand for Manchester Early Intervention is shown in Figure 3. Referrals have reduced from April to May 2021 and now remain comparable to pre-covid rates. The service has experienced challenges in meeting the Referral to Treatment target for March to April after experiencing spike in appointment non attendance and delays in referrals reaching the service. Performance has since improved, and May referral responses were in line with national guidance. In addition:

- Attention is focused on improving physical health, family interventions and outcome measure performance across all three Manchester EI teams

- Teams continue to deliver the service through face to face interventions in line with IPC guidance

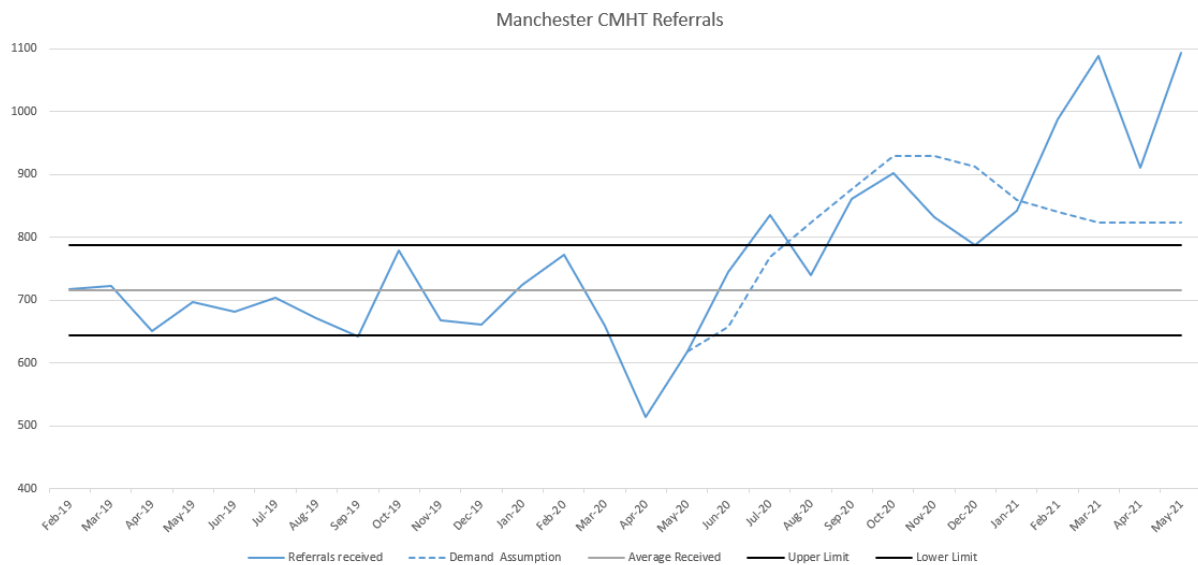
Figure 3 – Manchester EIT Referrals



2.6 Community Mental Health Teams

Manchester CMHTs have experienced sustained, higher levels of demand that are above pre-covid rates. The following points are to be noted in relation to CMHT services:

- CMHTs continue to deliver care through face-to-face interventions, in line with Infection Prevention and Control (IPC) practice and this is monitored through the roll out of MAST (supervision system) locally and through divisional Senior Leadership Teams.
- Digital clinical contacts have also been successfully piloted.
- CMHT Bolster and Sustain investment continues to support the system to address capacity and delivering new roles to manage demand, such as Advanced Practitioners, additional administrative support and support staff.
- Physical health remains a priority. GMMH and MIND have delivered new physical health roles jointly within CMHTs that will support the promotion of high-quality holistic care including support to vulnerable groups for vaccination programmes.
- Improved response times have been demonstrated within services.
- Significant challenge in regards to escalation and increase of Safeguarding referrals for Manchester residents and those being directed to Mental Health teams.

Figure 4 – Manchester CMHT Referrals

2.7 Delayed Transfer of Care (DTC)

At time of writing, there are 43 inpatients (Manchester Residents) whose discharges are delayed; 30 are Adults of Working Age and 13 are Older Adults. Nine people are awaiting rehab placements; four are awaiting further hospital care; four are awaiting residential care; four are awaiting nursing home care; two are awaiting an EMI care home (one residential and one nursing home); five are awaiting a Package of Care in their own home; 13 are awaiting a supported living placement and two are awaiting discharge to their own tenancy.

A deep-dive exercise is currently underway in partnership with MHCC and Greater Manchester Health and Social Care Partnership to understand the cause of the delays, identify why Manchester is highlighted as an outlier with Long Length of Stay for patients in hospitals and the trends with a view to removing some of the barriers in place.

2.8 Out of Area Placements (OAPs)

GMMH has noted an increase in demand across the system including demand for inpatient beds. Subsequently there has been an increase in demand for OAP placements. This is having a significant impact on service users and the overall resilience of the workforce. GMMH is currently the lead provider for the North West programme for OAPs provision and, in addition, has taken the following actions to support the system:

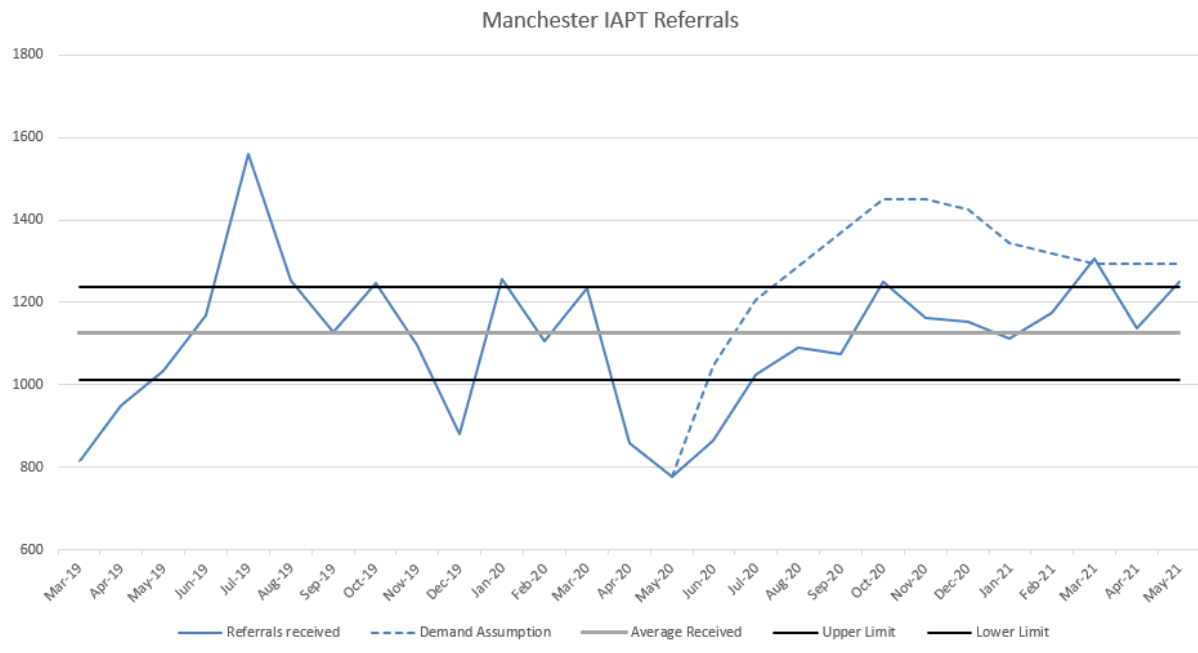
- Increased community resources to prevent admission and support early discharge.
- Temporary increase to the GMMH bed base to absorb some of the additional demand.
- Introduction of Service Manager on site at weekends to support patient flow systems.

- Piloting a model of senior clinicians working out of hours to support discharge planning over a seven-day period.

2.8.1 IAPT – referral for Step 3, Cognitive Behavioural Therapy

Consistent with other GMMH services, the Manchester IAPT service experienced a dip in referrals received at the start of the pandemic in March 2020. While demand has not increased as predicted, there has been a trajectory increase upto May 2021 which as the country comes out of lockdown has the potential to increase further due to projected trauma and anxiety. Most recently in May the Manchester service received 1194 referrals into service. Within this period, performance against the six-week referral to treatment target has improved from 56.4% in April 2020, to an achievement of 72% in May 2021. The 18-week referral to treatment target, has incrementally improved through 2021 cumulating in compliance at 95.4% in May. This is against a target of 75% and 95% respectively.

Figure 5 – IAPT Referrals Received



The IAPT service, have engaged with system partners and agreed to deliver a Long Covid response via a GMMH Hub and Spoke model which delivers care and treatment and psychological support from Long COVID in localities.

2.10 Health and Well Being (Buzz)

The Manchester Health and Well Being Service operates three principle services; Physical Activity on Referral Service (PARS), Neighbourhood Health Workers and the Knowledge Service and Curve Library.

Buzz continues to successfully work in Manchester offering an innovative, inclusive and accessible service improving the Health and Wellbeing of Manchester residents.

PARS:

- The team has adopted a blended approach of working as the Lockdown eases, with some sessions being virtually delivered via Teams and others undertaken in the community in a range of venues and outdoor locations.
- There will still be the option of telephone consultations being available for those service users still deemed as vulnerable.
- Some of the exercise classes continued to be delivered on-line due to their popularity.
- The service is receiving a high number of referrals.

Neighbourhood Health Workers:

- The Neighbourhood Health Workers continue to support the Citywide Recovery plan including supporting the roll out of the vaccination programme.
- Community led projects and initiatives that were on hold and could not be delivered because of Lockdown restrictions are being reviewed and either redeveloped in light of the changes that Covid has brought or delivered as originally planned.
- New projects are being developed in Geographical Communities and with Communities of Interest including the LGBT+ and African and Caribbean Community.
- Community Consultations continue to take place to identify what Manchester residents require as part of the Recovery process.

Knowledge Service and Curve Library:

- Fallowfield Library has re-opened and is operating a click and collect service from 10:00am -3:00pm
- The Curve Library has re-opened.
- The Recovery Academy where coproduced programmes of care are delivered has now recommenced face to face support.
- After consultation with stakeholders the team will continue in the short term to deliver its training programmes on-line.
- Literature searches continue as usual.

2.11 Well Being Fund

To date, the Fund has offered 596 grants with a total value of £1,115,891. In addition to the main process for grants of between £250 and £3,000, the Fund has operated fast-track grant rounds to respond to specific circumstances around the COVID Pandemic.

A key strength of the Fund is the grant decision-making process. The grant budget is apportioned across the 12 Manchester neighbourhoods on the basis of need (Index of Multiple Deprivation). Locality groups for North, Central and South Manchester, as well as a citywide and communities of interest group, meet to review and progress applications. In the locality groups, service users, carers, residents and representatives of community groups sit alongside

mental health, public health, recovery and community development staff from the Trust to ensure good support for projects and robust decision making. The groups also monitor overall delivery of the Fund, play an active role in refining the programme and act as 'buddies' for grant applicants. The grant application process is not a competitive one – each application is assessed on its own merits and applicants are offered support throughout so that those with less experience of funding applications are not excluded.

Service users are at the heart of the delivery of the Fund. From the outset, service users' views and experiences shaped the objectives, the application criteria and the structures for decision making.

The Fund has strengthened collaboration across a wide range of GMMH services which might not normally work together. Mental health, recovery and community and public health services have been able to develop a deeper understanding of each other's roles and to enhance the support that each can offer to their service users and participants.

3. Priorities

1. Continue recovery from COVID and support teams and system in their resilience to deliver.
2. System working to reduce delayed transfers of care, improve Length of Stay in Hospital for Manchester residents and improving capacity for those requiring hospital admission.
3. Delivering support and alternatives to A&E for people experiencing Mental Health Crisis.
4. Strengthen Community services via a National Transformation programme and delivering care within Primary Care Networks and Integrated Neighbourhood Teams.
5. Support system response to delivering Long COVID care and treatment.
6. Supporting system wide working for CYP experiencing crisis.

4. Recommendations

The Health and Scrutiny Committee are:

1. Asked to note the summary of this report' and
2. Advise of further information required.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 21 July 2021

Subject: Adverse Childhood Experiences (ACEs) & Trauma Informed Practice

Report of: Director of Public Health

Summary

This report gives an overview of how the MCC Population Health team is leading the work to fulfil the ambition of Manchester being an ACE-aware, trauma informed and trauma responsive city by 2025. A city with a co-ordinated approach to reducing exposure to ACEs, where all practitioners work with residents to prevent or mitigate the consequences of trauma; helping children, families, and communities to build resilience; and improve outcomes for residents by working in a trauma responsive way.

Recommendations

The Health Scrutiny Committee are invited to;

1. Consider and comment on the information in the report.
 2. Endorse the approach, continue to support trauma informed and trauma responsive practice, and promote it wherever possible.
 3. Invite the project team back in June/July 2022 to update on progress.
-

Wards Affected: All

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The Our Manchester strategy is underpinned in the work demonstrated in this report. One of the key principles of the ACEs and Trauma Informed ambition is to develop thriving communities leading to better health outcomes across the city. This is being achieved by delivering training to upskill key stakeholders, partner organisations and communities; with subsequent work supporting the application of learning into practice. OM values are underpinned through the work in that stakeholders own it and are proud and passionate about the
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	projects, residents and communities. We are listening to the needs of our population, working collaboratively, and building relationships using strength-based conversations. This ensures that communities are put at the centre of activity and that the work evolves to meet their needs.
A connected city: world class infrastructure and connectivity to drive growth	

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.

1.0 Introduction

- 1.1 Adverse Childhood Experiences (ACE) describe a wide range of stressful or traumatic experiences that can occur from conception to the age of 18 – they include abuse, neglect, and household dysfunction. It is important to sit this alongside societal issues, so we refer to a pair of ACEs to include Adverse Community Environments like poverty, discrimination, poor housing, lack of economic opportunity and social connectedness. Over the last 16 months the impact of Covid-19 has been a trauma for all of us and has exacerbated existing inequalities. By addressing adversity in society communities are less likely to experience chronic stress and more likely to have their basic needs met; thus, resulting in lowered adverse childhood experiences and increased resilience.
- 1.2 When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning.
- 1.3 It has been shown that considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being, with negative behaviours often being used unconsciously as protective solutions to unrecognised problems dating back to childhood.
- 1.4 ACEs are common in the UK with nearly 50% of people having experienced at least one ACE, whilst 9%-12% have experienced 4 or more ACEs. There is a dose response relationship between ACEs and the development of poor physical, mental, and behavioural health. Experiencing 4 or more ACEs is associated with significantly increased risk for 7 out of 10 leading causes of death in adulthood: heart disease, stroke, cancer, COPD, diabetes, Alzheimer's, and suicide.
- 1.5 By building resilience in communities and adopting trauma informed approaches we can prevent Adverse Childhood Experiences, enhance child and family wellbeing, and mitigate against the trauma our communities have/are experiencing.
- 1.6 Key to building resilience is to put in place as many protective factors as possible to enable children to eat well, sleep well, exercise well; whilst promoting positive activities wherever possible including arts, culture, sport, mindfulness and social connectedness. This is underpinned by ensuring there is secure attachment with a primary care giver.
- 1.7 The fundamental question behind being trauma informed is to look behind someone's presenting behaviour and ask, 'what's happened to you', rather than 'what's wrong with you' or 'why are you doing/behaving like that'. The core principles of a trauma informed approach are to be aware of trauma; promote safety and trust with residents/service users; offer choice and collaboration; and build on strengths and skills.

- 1.8 This report will outline the journey that Manchester is on to become an ACE aware, trauma informed and trauma responsive City. It will detail what activity has taken place, illustrate current work and set out plans to achieve our ambition of improved health and wellbeing for our individuals, families and communities.

2.0 Background

- 2.1 Manchester City Council through its Reform and Innovation team undertook a 12-month pilot in Harpurhey between September 2018 and August 2019 testing whether having a trauma informed workforce at place level engages service users/people with lived experience in a different way. Our framing question was 'Does a deeper level of engagement and understanding of the root causes of behaviour, rather than treating 'presenting' behaviours, make the current intervention offer work more effectively and lead to better outcomes for residents?'
- 2.2 All public and VCS services who provide operational frontline delivery in Harpurhey were trained, coached and developed to offer a trauma informed approach. The work was of a true multi-agency nature and included staff from Adult Social Care, Children's Services, Early Help, Education (nursery, primary, secondary and further), GM Police, Housing Associations, Manchester Local Care Organisation, Manchester University NHS Foundation Trust, Neighbourhood Directorates, Voluntary and Community sector and Youth Justice
- 2.3 The evaluation of the pilot highlighted the benefits of this approach including positive outcomes for residents; staff thinking differently, multi-agency engagement, an increase in staff wellbeing, and a tangible impact in sectors including cost savings.
- 2.4 A paper and presentation were delivered to full Council in October 2019 detailing the findings from the evaluation and outlining next steps. The Council endorsed the approach of becoming a trauma informed City.

3.0 Update

- 3.1 The ACEs and trauma informed work is embedded into mainstream provision within the Population Health team; included in the city-wide Covid recovery plan and is one of the key principles of the Manchester Safeguarding Partnership. During some of 2020 the work took a backseat as the Programme Lead, Gareth Nixon, was involved in supporting communities through the Covid-19 mutual aid support hub.
- 3.2 In February 2021 Lauren Harwood was appointed as the Project Manager for ACEs and trauma work. Gareth and Lauren are delivering ACEs and trauma informed training across the City; and are working with organisations and sectors to implement the learning in their core practice. Trauma informed approaches cut across all services; however our update primarily focuses on activities within the health sector.

4.0 What we are doing

4.1 Primary Care

Our strong links with primary care led to ACEs and trauma becoming part of the GP training standards in 20-21, with over 300 GPs viewing the training video <https://app.frame.io/presentations/9e5c243f-132a-4d1e-be95-454ef6bb899c>

Alongside this we have trained all the staff in the Arch Medical Practice (Hulme), Ashcroft Surgery (Levenshulme) and the West Gorton Medical Practice.

We are working with the West Gorton Medical Practice to implement trauma informed and trauma responsive approaches with the patient community. Initial findings suggest that this approach really helps in interactions and consultations with patients; and allows better identification and support for families to try to reduce the possible 'toxic stress' burden on patients.

Working with Ruth Bromley (Chair of the Manchester Health & Care Commissioning Board) we are developing a strategy for primary care with a focus on prevention, building capacity in practice and including ACE and trauma in medical student training.

4.2 Health Visiting

Training has been delivered to staff in North Manchester and is being rolled out across Manchester with an emphasis of strength-based conversations with families.

4.3 Midwifery

We are piloting foundational training in September, facilitated by community matrons, and co-delivered with our health visitor champions who include the specialist leads in Perinatal and Infant Mental Health and Midwifery Liaison/CONI (Care of Next Infant).

4.4 GM Mental Health

We are discussing with the GMHH trauma informed care lead how we can use the expertise at the trust's Recovery Academy e.g., to deliver a Compassionate Leadership course. We also plan to work together to deliver training to staff at Park House, North Manchester General Hospital.

4.5 i-Thrive

In partnership with Manchester Art Gallery, we have been delivering an Art of Resilience programme with two primary schools. This is being extended to 8 schools over the next 12 months with funding from the GM Violence Reduction Unit. The Manchester i-Thrive programme manager for Arts, Culture and

Mental Health is on the working group. We are meeting in September to set up a health and wellbeing group and to discuss further use of Manchester Art Gallery in promoting good mental health.

4.6 **Pennine Care**

Gareth Nixon is a member of the GMCA ACEs and Trauma steering group supporting the implementation of a GM framework. A key part of which is to increase access to the GM Resilience Hub for practitioners requiring support with/referral pathways for residents who have complex trauma.

4.7 **Education**

We deliver termly sessions on ACEs and Trauma as part of the Healthy Schools Behind the Behaviour programme – a multi-agency offer designed to increase awareness and understanding of a range of mental and emotional health problems for professionals and front-line staff working with children and young people. In the 20-21 academic year over 150 staff participated in the course.

All the Healthy Schools team (included school nurses) have been trained, and our training content is incorporated into the Healthy Schools mental health awareness courses. To develop an expertise amongst the school community we have funded 7 teachers (6 primary + 1 secondary) to undertake a Diploma in Mental Health and Trauma delivered by Trauma Informed Schools UK.

4.8 **Neighbourhoods**

The pandemic has had a profound effect on the residents and communities within our City. We are continuing to deliver training on a multi-agency footprint in localities – the training includes discussion of Covid-19 as a trauma. We are also developing Community Hubs across the City to support our communities and reduce anxieties as we come out of the pandemic. In partnership with the Integrated Neighbourhood Teams at the Manchester Local Care Organisation, and our voluntary sector providers, we are establishing Hubs in Blackley, Cheetham Hill and Wythenshawe this summer. We have an ambition to have at least one Community Hub in each of our neighbourhoods.

We are implementing Hub and Spokes models to encourage residents to access safe and welcoming spaces using existing community assets. Positive activities are being promoted and communities are being consulted to tell us what activities they want to access. The intention is to support residents of all ages, and families, to improve their physical and mental well-being; build confidence; encourage social connectedness and reduce isolation; promote mindfulness and provide access to arts, culture, sports and leisure opportunities.

The Hubs can also act as peer support networks to bring together people with shared experiences, provide a space where individuals feel accepted and

understood; and where everyone's experiences are seen as being equally important.

Activities that residents have told us they are interested in include yoga, knit & natter, coffee mornings, well-being walks, photography, gardening and singing. We will work with the voluntary sector to ensure the offer adds value to, rather than duplicating, existing activity. It is important that we also support our communities to meet their basic needs of food, fuel, housing, and clothing; so alongside these positive activities there will be access to support agencies.

Once staff at the Hubs have built a trusted relationship with residents there will be an opportunity to link in with other agencies who can offer more therapeutic interventions such as Manchester MIND and Manchester Women's Aid.

Our Hubs will be complementary to the M-Thrive provision that seeks to provide a single point of entry to Manchester's Emotional Wellbeing and Mental Health offer. We are involved in the M-Thrive implementation groups and are ensuring that trauma informed, and trauma responsive approaches are part of the core offer.

We will also link into the wellbeing hubs being established by the NHS Foundation Trust.

4.9 **Manchester City Council**

An ambition is for Manchester City Council to be a trauma informed organisation. To achieve this, we will roll-out a training programme to all staff (a mix of face-to-face and virtual delivery) with training tailored so that the information is contextual – this is being piloted with our Homelessness Directorate in autumn 2021.

We will also develop and implement an ACEs Best Practice Hub - a digital front door for staff to access once in receipt of training where they can access further resources, guidance, and toolkits. Building on the self-care workshops delivered by Steve Brock (MCC Social Work consultant) this will include resources on how we can stay physically and mentally well. It is so important we look after ourselves before we can support others.

4.10 **Other Sectors**

We continue to work with colleagues in housing, criminal justice, social care, and the voluntary sector to enable the implementation of trauma informed approaches.

4.11 **Champions**

In each sector we are developing staff to act as a champion in their organisation and work with the programme lead to enable their organisation to become trauma informed and trauma responsive. They will also be expected to co-deliver training courses in an external organisation at least twice a year

and become part of a Community of Practice to share good practice and evidence impact of applying the learning into practice.

4.12 **How will we know we have succeeded?**

There is a debate as to whether you ever truly become a trauma informed City – it is a continual process. However, there are milestones we can put in place by 2025 that will illustrate a cultural shift and systemic change. These include:

-

- All MCC staff to have received ACEs and trauma informed training
- Trauma informed practice to be included in the MCC on-boarding process and included in inductions in other sectors e.g., the Police
- A Best Practice Hub to be established for MCC staff
- Establish at least one trauma responsive community hub in each of our neighbourhoods
- Increase our team of Champions to extend the reach across the City
- Implement the Primary Care strategy
- Evaluate impact, including cost benefit analysis, and tell the stories
- Work with GM to produce a portal to share good practice and resources
- Increased use of the GM Resilience Hub.

5.0 **Summary**

5.1 We need to continue to raise awareness of trauma and adversity; build capacity across sectors to enable them to adopt a trauma-informed and responsive approach; focus on child and family centred early intervention; build resilient communities; and encourage services to be kind and compassionate.

5.2 If we can do this, we can achieve our ambition of Manchester being a trauma informed and trauma responsive City.

‘There comes a point when we need to stop just pulling people out of the river. We need to go upstream and find out why they are falling in.’ Desmond Tutu

6.0 **Recommendations**

6.1 The Health Scrutiny Committee to endorse the approach and invite the project team back in June/July 2022 to update on progress.

ACEs and Trauma Informed Practice Update

Health Scrutiny Committee

21st July 2021

Lauren Harwood



Manchester Health & Care
Commissioning

A partnership between
Manchester City Council
and NHS Manchester CCG



MANCHESTER
CITY COUNCIL



Manchester
Clinical Commissioning Group

Purpose of the Presentation

To outline the journey that Manchester is on to become an ACE aware, trauma informed and trauma responsive City

- Overview of the topic
- What we have done
- Current work
- Future plans

What are ACEs?

Adverse Childhood Experiences (ACEs) describe a wide range of stressful or traumatic experiences that may occur up to the age of 18.

This includes:

- Abuse
- Neglect
- Household Dysfunction

The Pair of ACEs



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Why do they matter?

- Research shows that the adversity we experience as a child can affect how our stress response functions, leading to long-term changes in our brains and bodies and leading to health problems as an adult.
- There is a dose response relationship between ACEs and the development of poor physical, mental and behavioural health.
- In the UK nearly 50% of people have experienced at least one ACE, with 9%-12% experiencing 4 or more ACEs.
- Experiencing 4 or more ACEs is associated with significantly increased risk for: heart disease, stroke, cancer, COPD, diabetes, Alzheimer's and suicide.

Building Resilience



Embedding Protective Factors

Risk and protective factors for CYP's mental health

RISK FACTORS

- | | | | |
|--|--|---|---|
| <ul style="list-style-type: none"> ✗ Genetic influences ✗ Low IQ and learning disabilities ✗ Specific development delay ✗ Communication difficulties ✗ Difficult temperament ✗ Physical illness ✗ Academic failure ✗ Low self-esteem | <ul style="list-style-type: none"> ✗ Family disharmony, or break up ✗ Inconsistent discipline style ✗ Parent/s with mental illness or substance abuse ✗ Physical, sexual, neglect or emotional abuse ✗ Parental criminality or alcoholism ✗ Death and loss | <ul style="list-style-type: none"> ✗ Bullying ✗ Discrimination ✗ Breakdown in or lack of positive friendships ✗ Deviant peer influences ✗ Peer pressure ✗ Poor pupil to teacher relationships | <ul style="list-style-type: none"> ✗ Socio-economic disadvantage ✗ Homelessness ✗ Disaster, accidents, war or other overwhelming events ✗ Discrimination ✗ Other significant life events ✗ Lack of access to support services |
|--|--|---|---|



Child



Family



School



Community

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> ✓ Secure attachment experience ✓ Good communication skills ✓ Having a belief in control ✓ A positive attitude ✓ Experiences of success and achievement ✓ Capacity to reflect | <ul style="list-style-type: none"> ✓ Family harmony and stability ✓ Supportive parenting ✓ Strong family values ✓ Affection ✓ Clear, consistent discipline ✓ Support for education | <ul style="list-style-type: none"> ✓ Positive school climate that enhances belonging and connectedness ✓ Clear policies on behaviour and bullying ✓ 'Open door' policy for children to raise problems ✓ A whole-school approach to promoting good mental health | <ul style="list-style-type: none"> ✓ Wider supportive network ✓ Good housing ✓ High standard of living ✓ Opportunities for valued social roles ✓ Range of sport/leisure activities |
|---|--|---|---|

PROTECTIVE FACTORS

What is Trauma Informed and Trauma Responsive Practice?

Trauma Informed:

Work at the client, staff, agency, and systems levels from the core principles of trauma awareness, safety, trustworthiness, choice and collaboration and building of strength and skills

Page 36

Trauma Responsive:

Look behind the behaviour.

What happened to you? not “What is wrong with you” or “Why are you doing/behaving like that?”

Appendix 1, Item 7

What Did We Do?

- In September 2018, a 12 month pilot in Harpurhey began, testing whether having a workforce who are ACE aware and trauma informed at place level, engages service users/people with lived experience in a different way.

Does a deeper level of engagement and understanding of the root causes of behaviour, rather than treating 'presenting' behaviours make the current intervention offer work more effectively and lead to better outcomes?

- The pilot was funded by Our Manchester

Benefits of a trauma informed approach in Harpurhey

- Changing lives.
- Thinking differently.
- Multi agency engagement.
- Increase in staff wellbeing.
- Tangible impact in sectors including cost savings.

Where Are We Now?

Where Are We Now?

Building on existing good practice

-Place based approach

-Targeted work with sectors

Be Trauma Responsive

Included in the Manchester Population Health Plan and part of the Covid Recovery Plan

Health

Primary Care

- GP standards
- Strategy – medical students, prevention, build capacity
- Testing approaches – West Gorton Medical Practice

Health Visitors

- Strength based conversations

Midwifery

- Foundational training facilitated by community matrons

GM Mental Health

GM Mental Health

- Recovery Academy

i-Thrive

- Arts, culture and mental health

Pennine Care

- GM Resilience Hub

Art of Resilience

The Art Gallery was a new place where pupils could experience something new and express themselves. Children's feedback showed high levels of enjoyment and many positive emotions. The pupils increased levels of control, confidence, empowerment, identity expression, communication skills, connections, and positive attitudes.



Education

EDUCATION

- Trauma Informed Schools UK Mental Health Diploma

Healthy Schools

- Training - Behind the Behaviour programme
- Included in mental health training

Neighbourhoods

Multi Agency training in localities

- Delivering Foundation level ACEs & Trauma Informed Practice Training.

Community Responsive Hubs

- Cheetham & Crumpsall / Wythenshawe / Blackley
- Safe places to be, social connectedness/mindfulness and positive activities. Led by the voluntary sector.

Link with M Thrive Hubs

- North / Central / South
- Driven by CAMHS – drop in offer and referrals from Schools and GPs key partners.

Manchester City Council

HR & OD Development

- Included in staff induction

Internal Team Training

- All MCC staff to have ACEs & Trauma Informed Training

Health Scrutiny – Trauma Informed Lead

- Cllr & Senior Lead endorsement

Manchester Community of Practice Event

- Networking and sharing Trauma Informed Best Practice event

Manchester City Council

Online Engagement

Social Media Strategy

- Online comms and engagement about Trauma Informed Services across the City

ACEs Best Practice Hub

- Intranet resources to support staff be Trauma Informed

ACEs Newsletter

- Monthly newsletter to engage stakeholders in the latest information and services on offer

How are we measuring impact?

How will we know we've succeeded?

- All MCC staff trained
- Part of induction processes
- Establish Community Hubs
- Implement primary care strategy
- Increase team of champions
- Cost benefit analysis

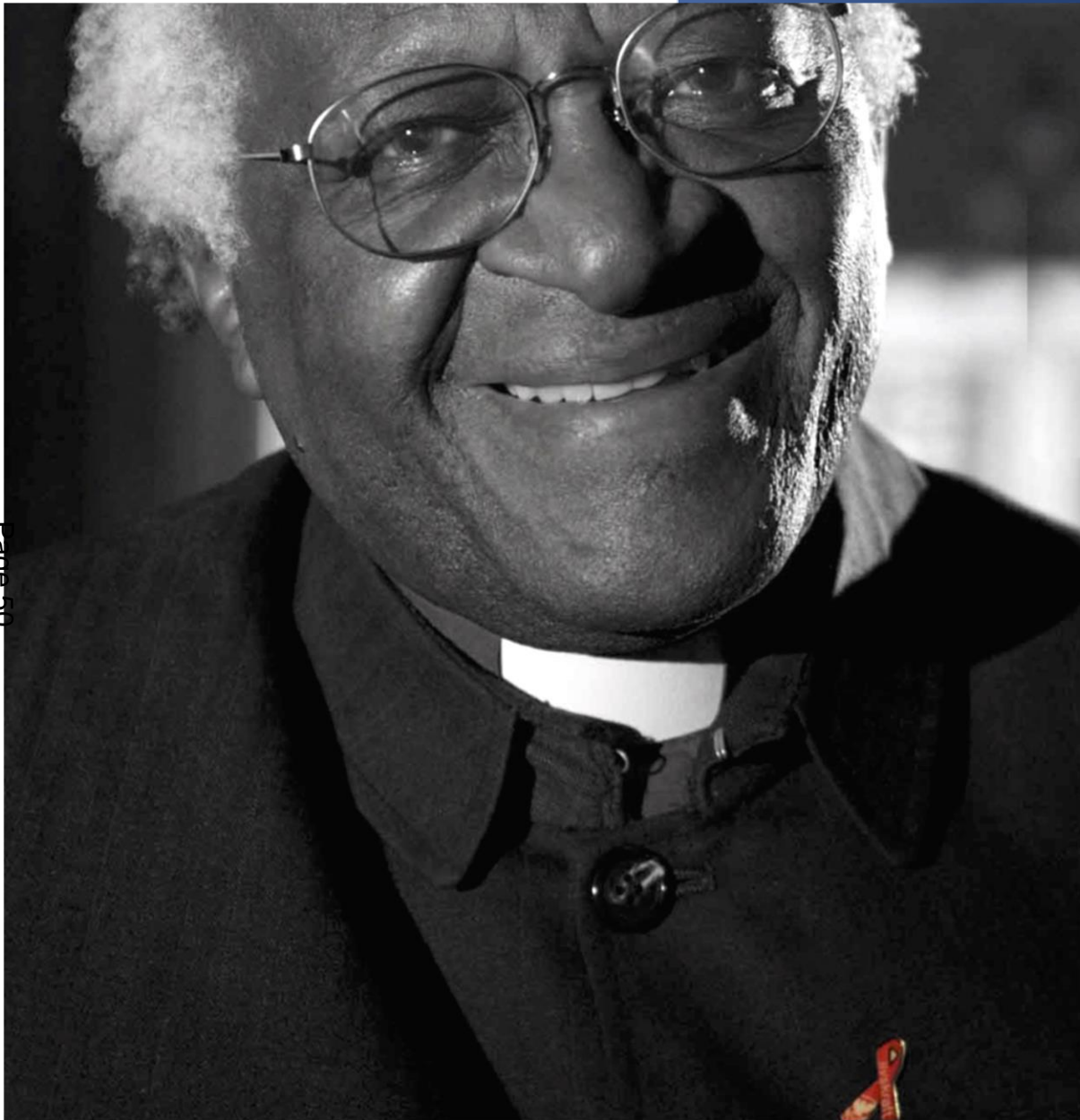
Summary

- Build capacity across sectors in order to take a multiagency, trauma-informed and responsive approach
- Awareness raising so that all services are better informed to identify those at-risk from adversity
- Early intervention – child and family centred
- Building resilient communities
- Services to be kind and compassionate

Bring our human to work every day.

Ambition

- Prevention
- Mitigate against what's happening to people
- Improved outcomes for individuals, families and communities
- Manchester to be a Trauma Informed and Trauma Responsive City



“ There comes a point where we need to stop just pulling people out of the river.

We need to go upstream and find out why they're falling in.

- Desmond Tutu

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 21 July 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.

Date	Item	Recommendation	Response	Contact Officer
23 June 2021	HSC/21/25 Strategic scene setting	Recommend that items on the Our Manchester Carers Strategy and an update on the work of the Integrated Neighbourhood Teams be included on the Committee's work programme and these reports shall include the voice of the citizen.	These items have been included on the Committee's Work Programme.	Lee Walker Scrutiny Support Officer

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 **12 July 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
Mr Bradley Scott Jones & Mr Russell Scott Jones	Russley Lodge 276 Wilbraham Road Manchester M16 8WP	https://www.cqc.org.uk/location/1-3475060739	18 June 2021	Residential Home	Overall: Inadequate Safe: Inadequate Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate
Advinia Care Homes Limited	Gorton Parks Care Home 121 Taylor Street, Manchester, Lancashire, M18 8DF	https://www.cqc.org.uk/location/1-4413341048	16 June 2021	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Dr Graeme Bond Wilson	The Wilbraham Surgery 515 Wilbraham Road, Manchester, M21 0UF	https://www.cqc.org.uk/location/1-6825002898	18 June 2021	Doctors/GPs, NHS GP practice	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Oakfield Psychological Services	Wellfield 23 Wellfield Road, Baguley Manchester M23 1BG	https://www.cqc.org.uk/location/1-7613423304	10 March 2021	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Requires Improvement

Rajanikanth Selvanandan	The Royal Elms Care Home 23 Windsor Road Newton Heath Manchester M40 1QQ	https://www.cqc.org.uk/location/1-134565173	7 July 2021	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Rhombus Care Group Limited	Gabriel House 47 Alness Road Manchester M16 8HL	https://www.cqc.org.uk/location/1-7237167286	10 July 2021	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

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

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 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	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 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	
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	Chris Gaffey	
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. Data of the provision of NHS Dentists at a ward level, information on waiting lists is requested by the Committee.	Councillor Midgley, Executive Member for Health and Care	Chris Gaffey	
Primary Care Access (GPs)	To receive an update on the delivery of and access to Primary Care across the city, with particular reference to the return to face to face appointments.	Councillor Midgley, Executive Member for Health and Care	Chris Gaffey	
Overview Report				

Wednesday 13 October 2021, 10am (Report deadline Friday 1 October 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
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 Regeneration Framework	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	Chris Gaffey	
Suicide Prevention Local Plan	To receive an update on the Suicide Prevention Local Plan. The Committee will also hear from Prof Navneet Kapur Head of Research at the Centre for Suicide Prevention, University of Manchester.	Councillor Midgley, Executive Member for Health and Care	David Regan	Invitation to Prof Navneet Kapur Head of Research at the Centre for Suicide Prevention, University of Manchester
The Our Manchester	To receive an update report on the delivery of the Our Manchester Carers Strategy. This report will include the	Councillor Midgley,	Bernadette Enright	

Carers Strategy	voice of carers.	Executive Member for Health and Care		
Better Outcomes Better Lives Update	To receive a report that provides an update on the delivery of Better Outcomes Better Lives. This report will provide an update on the work of the Manchester Local Care Organisation and the work of the Integrated Neighbourhood Teams. The report will also include information relating to the Performance Framework and Quality Impact Assessments. This report will also include the voice of the citizen and provide anonymised case studies.	Councillor Midgley, Executive Member for Health and Care	Bernadette Enright Mark Edwards	