



Health Scrutiny Committee

Date: Wednesday, 10 November 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 8 November 2021 via MS Teams. A separate invite will be sent to Committee Members.

Access to the Public Gallery

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Filming and broadcast of the meeting

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Membership of the Health Scrutiny Committee

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

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 13 October 2021.

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5. [10.05-10.30] 2022/23 Budget Position - To follow

6. [10.30-10.45] COVID-19 Update

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

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The Director of Public Health and Medical Director, Manchester Health and Care Commissioning, will circulate a presentation on the latest available data relating to Manchester COVID-19 rates and the Manchester Vaccination Programme.

7. [10.45-11.20] The Manchester Local Care Organisation

Report of the Chief Executive MLCO

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This report has been written to provide the Health Scrutiny Committee with an update on Manchester Local Care Organisation and the delivery of its key priorities.

8. [11.20-11.55] Better Outcomes Better Lives Update

Report of the Executive Director of Adult Social Services

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Better Outcomes, Better Lives is the adult social care transformation programme. It is a long-term programme of

practice-led change, which aims to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care.

The report provides an update on progress and the impact of the programme since June 2021, when the committee last had an update.

9. [11.55-12.00] Overview Report

Report of the Governance and Scrutiny Support Unit

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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.

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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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, 2 November 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 13 October 2021

Present:

Councillor Green – in the Chair
Councillors Appleby, Cooley, Curley, Leech, Monaghan, Newman, Reeves, Riasat and Richards

Apologies: Councillor Hussain

Also present:

Councillor Midgley, Executive Member for Health and Care
Professor Sir Michael Marmot, University College London
Dr Manisha Kumar, Executive Clinical Director Manchester Health and Care Commissioning (MHCC)
Chris Gaffey, Head of Corporate Governance, MHCC
Dr Sohail Munshi, Chief Medical Officer, MLCO
Lizzie Hughes, Integrated Neighbourhood Team Manager, MLCO
Sarah Lambrechts, Connecting Service Manager, Breakthrough UK
Atiha Chaudry, Associate Lead for Manchester BME Network
Hanif Bobat, Development Manager, Ethnic Health Forum
Francesca Archer Todd, Divisional Director, Big Life Group- Be Well
Beylai Tanpanza, Employment Coach, One Manchester
Valérie Touchet, Citizen of Manchester
Sharmila Kar, Director of Workforce, OD and Inclusion
Dr Cordelle Ofori, Consultant in Public Health medicine
Neil Walbran, Chief Officer, Healthwatch Manchester
Morgan Tarr, Information and Communication Officer, Healthwatch Manchester
Anna Tate, Policy and Influence Development Worker, MACC
Hendrix Lancaster, Coffee4Craig

HSC/21/38 Minutes

A Member stated that, whilst the minutes of the meeting of 8 September 2021 were accurate, the section that related to the item HSC/21/35 'Provision and access to NHS Dentistry' did not fully capture the strength of feeling and frustration expressed by the Committee during the discussion.

Decision

To approve the minutes of the meeting held on 8 September 2021 as a correct record, noting the above comment.

HSC/21/39 Professor Sir Michael Marmot

The Committee heard from Professor Sir Michael Marmot, University College London and author of 'Fair Society Healthy Lives' (The Marmot Review) published in February 2010 and 'Health Equity in England: The Marmot Review 10 Years On', published February 2020. Professor Marmot had been invited to discuss with

Members the key issues relating to health inequalities and what he believed were the measures to be taken to address these in Manchester.

Professor Marmot spoke of the positive measures taken following the publication of his review, stating that cities such as Coventry and Gateshead had declared themselves as Marmot Cities and sought to implement the Marmot recommendations to address health inequalities. He stated that he had welcomed the decision taken by Greater Manchester to also become a Marmot City region.

The Professor described that the onset of COVID-19 had drastically revealed and amplified the existence of health inequalities, and he further highlighted the stark figures in relation to life expectancy in Manchester and across the North West. He stated that the understanding of inequalities and deprivation, across a range of metrics was essential to tackle and address adverse health outcomes for residents of the city.

The Committee noted that recently published data on life expectancy at birth over time in Manchester compared with England showed that life expectancy had fallen (i.e. got worse) for both males and females in Manchester in the 3-year period 2018-20 compared with the previous period of 2017-19. However, data for the 3-year period 2018-20 combined did not fully reflect the impact of the pandemic on life expectancy. Local calculations showed that life expectancy at birth for Manchester residents had fallen by 3.1 years for men and 1.9 years for women in 2020 compared with 2019. In absolute terms, 568 more men and 295 more women died in 2020 compared with 2019.

In response to questions from Members, the Professor advised that it was undeniable that the Government's policy of austerity and continued reductions in public sector budgets had an adverse effect on health outcomes and exacerbated inequalities, adding that austerity had not ended and the Government needed to address the regressive funding cuts that had been imposed. He stated that if the Government was committed to Building Back Fairer for regions such as the North West, they needed to provide adequate funding settlements to support activities across a person's life course. He further commented that it was important that Government investment should be prioritised in social infrastructure, not physical infrastructure projects.

In response to a specific question regarding the decision to abolish Public Health England to be replaced by the UK Health Security Agency and Office for Health Improvement and Disparities, Professor Marmot stated that whilst he always remained optimistic the use of the term Disparities was not adequate and a more appropriate title would have been Office for Health Improvement and Inequalities.

In reply to a question regarding his opinion of the Health and Social Care Bill, published 6 July 2021 that set out key legislative proposals to reform the delivery and organisation of health services in England, Professor Marmot commented that the lessons from the roll out of the COVID-19 vaccination programme indicated that local knowledge and expertise were best placed to plan and deliver services, rather than increased centralised control. He further called for adequate funding to deliver social care and supported the continued design and delivery of integrated care models.

In reply to a specific question regarding the impact of the Pupil Premium, a fund to improve education outcomes for disadvantaged pupils in schools in England, he stated that due to the real term cuts of education budgets of 8% per pupil he doubted that the Pupil Premium compensated for the overall budget cuts. He did state that he recognised the improvements made in Manchester in relation to education outcomes for those children in poverty.

In reply to a discussion regarding the *Inequalities in health: report of a research working group* (also known as the 'Black report') that was published in August 1980 that had reported the findings of a working group on inequalities in health, chaired by Sir Douglas Black, that had been commissioned in 1977 by the Labour government to investigate the variation in health outcomes across social classes and consider the causes and policy implications. Professor Marmot stated that, unlike that report, that had been ignored by the subsequent administration he remained optimistic and urged that if the Government was serious in their stated commitment to Level Up the country, he had provided them with a blue print to deliver on.

In response to a question regarding where the Scrutiny Committee should direct their focus and attention to, again he advised that regular scrutiny across the relevant scrutiny committees should be given to monitoring and reporting progress against the Marmot Beacon Indicators. He reiterated the importance of addressing inequalities as a central consideration in all decision making taken by Local Authorities.

The Chair commented that the Economy Scrutiny Committee would be considering a report entitled 'Build Back Fairer – COVID-19 Marmot Review: Housing, Unemployment and Transport' at their meeting of 14 October 2021 and she would discuss this issue further with all the scrutiny Chairs to ensure appropriate attention was given to this within their relevant Work Programmes.

Professor Marmot encouraged Manchester and the wider Greater Manchester city region to drive and deliver on the Marmot Beacon Indicators and he commented that he would use Greater Manchester as an example and model of good practice, both nationally and internationally.

The Executive Member for Health and Care addressed the Committee and said that addressing health inequities was a priority for the city and would continue to be central to all considerations and decision making. She further called upon the Government to deliver a fair funding settlement for the city to enable the continued delivery of this important work.

The Chair, on behalf of the Committee, concluded this item of business by thanking Professor Marmot for attending the meeting and contributing to the discussion.

Decision

The Committee;

1. Endorse the implementation of the recommendations from the review: 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives';

2. Recommend that update reports that describe the activities and progress against the agreed Marmot Beacon Indicators are submitted for consideration at regular intervals; and
3. Recommend that all Scrutiny Committees regularly consider the Marmot Beacon Indicators, once agreed, that are relevant to the remit of the respective Committee.

HSC/21/40 Building Back Fairer in Manchester

The Committee considered the report of the Director of Public Health that gave an overview of some of the current population health inequalities in Manchester and provided examples of how partners across our population health and wellbeing system worked collaboratively to address them. The examples included a particular focus on social prescribing as requested by the Committee. The report also covered the work of COVID-19 Health Equity Manchester (CHEM) and the important lessons learned for ongoing work to promote health equity in the City. Finally, it summarised the next steps for Population Health Recovery within the context of the pandemic, and how Manchester would be responding to “Building Back Fairer in Greater Manchester” - the post-pandemic recommendations made for Greater Manchester as a Marmot City region.

Key points and themes in the report included:

- An overview of the Manchester’s Population Health Plan (2018-2027), the city’s overarching plan for reducing health inequalities and improving health outcomes for Manchester residents;
- What health inequalities looked like for Manchester’s population;
- Population Health Recovery Framework;
- Health equity and the impact of the COVID-19 Pandemic;
- Delivering the Population Health Plan – Examples of collaborative working;
- Whole system approach to population health and wellbeing;
- Taking action on preventable early deaths;
- COVID-19 Health Equity Manchester and its objectives and activities;
- Manchester Health and Care Commissioning (MHCC) – addressing health inequalities in health and care; and
- Next steps, including the Marmot Task Group and refresh of Manchester’s Population Health Plan and delivery of Manchester’s Population Health Recovery framework and associated flagship programmes.

The Committee heard from Valérie Touchet, citizen of Manchester, who spoke of her experience of engaging with her Employment Coach at One Manchester. She spoke of her circumstances that led to her engagement with this service and the positive outcomes that she had experienced. The Committee expressed their appreciation to Ms Touchet for attending and speaking to the Committee. Members expressed the importance of continuing to appropriately engage with people to keep enquiring if they were okay and to be there when assistance was required.

The Chief Medical Officer, MLCO, stated that all partners across the MLCO embraced the Our Manchester approach and were committed to delivering better

outcomes for residents, noting that the question that was asked by practitioners was 'what matters to you?' rather than 'what is the matter with you?' which was indicative of the approach taken.

The Committee then heard from Hendrix Lancaster, Coffee4Craig who described a case study that he had circulated to Members of the Committee in advance of the meeting. In response to this example the Executive Director of Adult Social Services stated that she remained committed to reviewing the services provided for homeless people, adding that a Health and Homelessness Group had been established that included key partners and stakeholders. She said that a report to the Committee on this work could be provided at an appropriate time. In reply to the issue raised in the case study regarding the lack of identification, the Director of Public Health stated this issue would be looked at. The Executive Clinical Director MHCC stated that ID was not required to access Primary Care and she suggested that the issue of unconscious bias was evident in the case study and she would take that away from the meeting for further discussion. Members commented on the importance of tackling unconscious bias so that people were not denied the appropriate care and access to services.

The Chair commented that examples of relatively small scale interventions, such as the installation of age friendly benches at key locations, should be rolled out across the city and more work needed to be done with business to implement schemes, such as the slow tills in supermarkets. The Director of Public Health commented that positive relationships had been strengthened with businesses during the response to the pandemic and the intention was to build upon these relationships to deliver equivalent schemes and initiatives. He further commented that Age Friendly Manchester were a partner of the MLCO.

In response to a question regarding the impact on residents, particularly older residents who were having to wait longer for routine surgery that resulted in people having to endure painful conditions, the Consultant in Public Health Medicine described that the 'While You Wait' programme had been commissioned to support those residents in this situation.

The Committee then heard from Atiha Chaudry, Associate Lead for Manchester BME Network, who described the positive and important work of the South Asian Sounding Board. She described that their work had been invaluable during the pandemic to engage with and inform residents around the issue of COVID-19 and the vaccination. She described that this engagement and sharing of information was vital to build confidence amongst residents, challenge misconceptions using trusted community champions in an appropriate manner to address health inequalities. She stated this model could be replicated to target engagement activities with other communities and groups across the city.

The Consultant in Public Health Medicine discussed the vaccination programme in relation to both the local African community and the Caribbean community, noting that it was important to recognise the two distinct groups and their unique experience and history in Manchester. She described the important role of the relevant Sounding Boards and engagement of community leaders which were vital to understanding their experience and relationship with health services in Manchester. She further

stated that the design and delivery of the COVID chats had proven to be very positive.

The Director of Workforce, OD and Inclusion stated that it was important to address the structural inequalities in systems and services to promote and deliver inclusive services. She described that this approach and understanding was central to the work of COVID-19 Health Equity Manchester (CHEM). CHEM had been set up in July 2020 in response to the disproportionate impact that was increasingly evident in some of Manchester's communities. The group aims were to achieve its objectives through collaborative whole system working, influence and advocacy as well as direct actions through its programme of work.

In response to a specific question relating to smoking cessation and pregnancy, the Director of Public Health stated that he would seek to obtain the data requested regarding rates of smoking post child birth.

In concluding this item of business, the Chair thanked all representatives in attendance for contributing the Committees deliberations. She said that the Committee welcomed their continued work and commitment to addressing the health inequalities across the city.

Decision

The Committee;

1. Note the report and express their appreciation to all those engaged in the delivery of this important area of work; and
2. Recommend that the Director of Public Health consult with members of the Committee when establishing the Marmot Beacon Indicators that are within the remit of the Committee.

HSC/21/41 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 had been circulated to all Members in advance of the meeting. The presentations provided an update on COVID-19 activity that included the latest available information on data and intelligence.

In response to a question from the Chair regarding COVID-19 rates and school age children, the Director of Public Health stated that the situation was being closely monitored. He informed the Members that the Public Health Team continued to support and advise Education colleagues and support Head Teachers. He further commented that it was anticipated that the October school holiday would act as a natural circuit break, however he reassured the Committee that this situation would continue to be closely monitored, with the appropriate advice and support offered to local schools.

Decision

To note the presentation that had been circulated to all Members in advance of the meeting.

HSC/21/42 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 informed the Committee that the 'Suicide Prevention Local Plan' and the 'The Our Manchester Carers Strategy' would be considered at the December meeting. The Chair further advised that an item relating to Climate Change and Health would be considered at a future meeting, with the date to be determined following discussions with relevant officers to agree the scope of the report.

Decision

The Committee notes the report and agrees the work programme, subject to the above comments.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 10 November 2021

Subject: COVID-19 Update

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

Summary

The Director of Public Health and Medical Director, Manchester Health and Care Commissioning, will circulate a presentation on the latest available data relating to Manchester COVID-19 rates and the Manchester Vaccination Programme. At the meeting Members will have the opportunity to ask any questions.

Recommendations

The Committee are asked to note the report and 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	
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 – 10 November 2021

Subject: Manchester Local Care Organisation

Report of: Chief Executive MLCO

Summary

This report has been written to provide the Health Scrutiny Committee with an update on Manchester Local Care Organisation and the delivery of its key priorities. The report focusses on seven core areas:

- Operational planning;
- Neighbourhood working;
- Recovery, reform, and transformation;
- Addressing inequalities;
- Resilience and winter planning;
- Population health and managing long term conditions;
- Vaccinations; and
- Workforce.

Recommendations

The Committee is asked to support the contents of the paper.

Wards Affected: All

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

No

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

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Development of winter plans considers the positive impact the voluntary sector has in our health and care system.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

Not applicable.

1.0 Introduction

- 1.1 This paper has been written to provide the Committee with an update on the work of Manchester Local Care Organisation (MLCO).
- 1.2 Given the breadth of activities that MLCO is responsible for the report is split into seven sections:
 - Operational planning;
 - Neighbourhood working;
 - Recovery, reform, and transformation;
 - Addressing inequalities;
 - Resilience and winter planning;
 - Population health and managing long term conditions;
 - Vaccinations; and
 - Workforce.

2.0 Background

- 2.1 A key priority of the Our Manchester Strategy is to radically improve health and care outcomes in the city. Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city.
- 2.2 Manchester Local Care Organisation was established in 2018 as the delivery vehicle for reducing health inequalities and improving population health of people in Manchester. It is primarily responsible for the delivery of community health services and the provision and commissioning of adult social care across the city.
- 2.3 As the Committee may be aware, as part of delivering on the Manchester Partnership Board commitment to 'supercharge' MLCO, the Council and Manchester University NHS Foundation Trust (MFT) have entered into a section 75 agreement which will enable a strengthened MLCO and builds upon the original partnering agreement that was agreed in advance of the launch of MLCO in April 2018.
- 2.4 Under section 75 of the National Health Service Act 2006, local authorities and NHS bodies can enter into partnership arrangements for the exercise of certain NHS functions by NHS bodies and certain health-related functions of local authorities. Section 75 provides for three flexibilities that NHS Bodies and local authorities can use: pooled budgets, lead commissioning and integrated provision. As part of the arrangement between MCC and MFT the Council has agreed to delegate some of its adult social care functions to MFT in order to strengthen integration of community health and social care. This builds on the existing partnership arrangements set out in the 2018 Partnering Agreement. The Committee may be aware that the adult social care workforce is already deployed into MLCO, working alongside health colleagues. For 2021/22 this means that health and care budgets will be aligned rather than pooled. There is scope to revise partnership arrangements in future. The mobilisation of a

section 75 agreement is considered to be a significant step forward in the journey to integrated placed based care delivery.

3.0 Operational planning

- 3.1 The MLCO Operating Plan 2021-22 covers community adult and children's health services and Adult Social Care services. It outlines how the MLCO will work with wider partners in the City during this financial year through its Transition Programme to 'Supercharge' the MLCO as per the approach agreed through the Manchester Partnership Board in January 2021.
- 3.2 The operational planning process has run alongside the development of a financial plan and strategy undertaken in partnership with colleagues in Manchester Health and Care Commissioning, Manchester City Council, and Manchester University Foundation Trust.
- 3.3 The Operating Plan is underpinned by service plans for our Citywide and locality-based specialist services-and 13 Integrated Neighbourhood Team (INT) service plans.
- 3.4 The plan seeks to outline:
 - The context in which the MLCO operates.
 - A reminder of the services we provide and how we operate day to day.
 - Our achievements during 2020-21; how we delivered our priorities as an organisation and how we adapted to respond to the needs of residents and partners during the pandemic.
 - Our plans for 2021-22 and the work we are doing and intend to do (aligned to our 6 priorities).
 - The priorities / strategic objectives of the partner organisations in Manchester.
- 3.5 The six priorities that the plan responds to are:

A population health approach

Our unique position as a health and social care provider means we are ideally placed to be the provider delivery vehicle to support the delivery of improved population health and reduced health inequalities. Working in partnership with Primary Care Networks (PCNs), INTs will be piloting specific health and social care actions in each of our 12 neighbourhoods this year.

Safe and effective services

We have been listening to our staff as we recover community services after the COVID-19 pandemic to understand how we can support their wellbeing. The MLCO Section 75 agreement has been signed to support the continued integration of health and social care in the city and we will also build on our good CQC rating in health.

Developing our neighbourhoods

Scrutiny Committee will note that Our Integrated Neighbourhood Team (INT) model has been integral to the support provided to communities during the pandemic and work continues to bring our community health and social care teams together. Our INTs are also a core partner in the Teams Around the Neighbourhood (TAN) enabling a coordinated approach across wider public services to support residents. This provides the foundations from which to build a proactive approach in our neighbourhoods to support people with long term conditions and mental health conditions.

Working with primary care

We'll ensure that GP leadership is at the heart of the LCO. That means building on our links between community health, adult social care and primary care; and co-producing priorities with the city's Primary Care Networks to tackle health inequalities.

Building system resilience

Our integrated community health and social care role means we're crucial to system resilience by keeping people well in the community - reducing pressure on other services. This year we'll develop our community urgent care model and review community bed-based care to help keep more people out of hospital. We'll also deliver a sustainable financial position.

Building the future for MLCO

We'll deliver the phased approach to increasing the scope of the LCO. We'll also develop a 'Think Family' approach so the needs of wider family members are considered in our interactions with individuals. We'll also play a key role in the wider transitional system developments in Manchester.

- 3.6 In order to enable MLCO to demonstrate progress and impact of ~~against~~ the six priorities outlined in the Operating Plan, a set of high-level measures are set out that MLCO will measure its performance against on a quarterly basis. This is in addition to the performance framework that will be reported to MLCO Accountability Board on a monthly basis as part of the MLCO assurance arrangements.
- 3.7 A summary of the MLCO Operating Plan 2021-22 is attached as an appendix to this paper.

4.0 Neighbourhood working

- 4.1 The Committee is reminded that that MLCO Integrated Neighbourhood Teams (INTs) in Manchester operate in 12 neighbourhoods across the city and work in the city centre (which as per above has a discreet neighbourhood plan).

- 4.2 Each of the teams developed a neighbourhood plan (for health and care) for 2021-22. These were developed with partner organisations and citizens using neighbourhood intelligence drawn from citywide intelligence, as well as a locally driven understanding of the needs of residents. These plans look at joint solutions to key issues impacting health and wellbeing with the neighbourhood.
- 4.3 The Committee is reminded that the foundations of the INT model were built from approaches developed by primary care. Through MLCO's INT Leads, Health Development Coordinators (HDCs), and GP Neighbourhood Leads, strong working relationships have been developed by each of our INTs and 14 Primary Care Networks (PCNs) across the city.
- 4.4 HDCs, an integral part of the neighbourhood leadership teams, have been able to support the cascade of important (and where required, targeted) information to residents and community groups across the city, and support partner organisations with their communications by sharing existing distribution lists. In each neighbourhood, groups were established to support daily and weekly huddles between key partners to share intelligence and join up approaches and ensure no one was missed.
- 4.5 As with last winter the criticality of a comprehensive uptake of the flu vaccine cannot be understated. To support this, a neighbourhood approach has been developed to ensure that GP Neighbourhood Leads, INT Leads and MHCC representatives are working closely together to ensure local plans are supported; as part of this HDCs have developed a Flu Communications plan for each neighbourhood.
- 4.6 A selection of case studies that highlight the work of MLCO's neighbourhood teams is appended to this report.

5.0 Recovery, reform, and transformation

- 5.1 The LCO's Recovery and Reform Programme provides a framework for the recovery and reform of our community services in Manchester. The programme aims 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 residents in Manchester; and
 - Provide assurance of delivery of the relevant planning guidance through the MLCO operating plans and corresponding service and neighbourhood plans.
- 5.2 As the Committee will be aware, throughout the pandemic MLCO were required to step back and recommence services in line with national guidance, and the restoration process has now seen all services recommence delivery. As services were stood back up again, they were subjected to a quality impact assessment (QIA) and Equality Impact Assessment (EQIA) if any changes were planned. As a result of the changing demand placed upon MLCO (ie our

support to the vaccination programme etc), services have been kept under review, and it should be noted that activity levels across community health services now exceeds the levels that were seen pre-pandemic.

5.3 As set out above the MLCO recovery and reform programme will enable the organisation to best respond to the needs of residents across Manchester recognising that the characteristic of demand has changed. The programme consists of four principal key lines of enquiry:

- To review our community services to ensure that our services are delivered as efficiently as they can be to meet the changing needs of the population.
- To review our urgent care offer to improve the offer available to residents at the time they need it the most (the MLCO programme will form part of broader urgent care reform programmes).
- To review how we manage our community bed based provision to make best use of the small number of beds that are available.
- To review our palliative care model and embed it into the MLCO operating model.

5.4 The Committee is advised the transformation of adult social care through the Better Outcomes, Better Lives programme is a key organisational priority for MLCO, and that a comprehensive update is included on this Committee's agenda.

5.5 The delivery of the programme is overseen through MLCO's internal governance and the MLCO Accountability Board, which is co-chaired by the Executive Member for Health and Care.

6.0 Resilience and winter planning

6.1 As the Committee is aware it is expected that winter 2021-22 will be exceptionally challenging for health and care services across the country and this will be no different for community health and social care services. Likewise the Committee has been advised that a core organisational priority is 'building system resilience' and, as with every year, effective winter planning is a key organisational priority to ensure that the organisation (and broader system) is able to cope with both the known and potentially unknown demand.

6.2 The MLCO plan incorporates learning from across a number of core areas and sets out a number of key interventions.

6.3 To support effective flow through the hospital system, 44 'Discharge to Assess' beds were commissioned in the community on a block-booked basis and agreement was reached to extend current provision for Q3/4. Subject to agreement this will be expanded to 80 beds.

6.4 As part of the Urgent Care programme, work is underway to test centralised single triage and referral point for all intermediate care beds to review and improve flow through the pathway, ensure robust process for step ups from

community including access to rapid swabs, and agree a contingency plan for mutual aid at times of escalation.

6.5 As the Committee will be aware, the role of the care sector will be critical to ensuring that the MLCO has a resilient and coherent offer through winter, although it should be noted that the adult social care market remains under significant pressure in Manchester as it does across GM and nationally. MLCO is taking a suite of actions to ensure that the market remains resilient and is supported. This includes:

- Undertaking a review of payment arrangements to create a more sustainable and commercially viable market;
- Supporting a Greater Manchester wide recruitment campaign for homecare, with a focus on younger people via social media platforms and greater.jobs;
- Working with North West Association of Directors of Adult Social Services to improve provider resilience;
- Expanding the MLCO contract management team to further improve provider oversight and support;
- Hosting multi-disciplinary team meetings to tackle provider performance issues and regulatory activity; and,
- Working with providers to plan for and deliver mandatory vaccination and supporting a mitigation of associated workforce risks.

6.6 As with previous winters, patient choice will present MLCO and hospitals with challenges. To address this an information leaflet for all Manchester patients is in the final stages of development and will form a key part of the Patient Choice policy, managing patient and family expectations, and providing clear information to support families understand the need for timely and safe discharge from hospital beds to the community.

6.7 MLCO will continue to deliver its admission avoidance schemes including two-hour crisis response. Crisis Response provides a rapid response and assessment service to people in urgent need of health and social care interventions at home. It provides specialist short term involvement (up to 72 hours) for people in their own homes allowing them to remain there safely and avoid any unnecessary A&E attendance. The service is ready to respond to an anticipated increase in referrals over winter.

6.8 To ensure MLCO is able to support an alleviation of children's related hospital admission pressures it has established a virtual ward for children with wheeze and bronchiolitis. Pathways will begin operating across all three main hospital sites from 8am to 10pm seven days per week from early October 2021. A further pathway, newborn jaundice, in development and anticipated to go-live in the coming weeks. The virtual ward enables safe earlier discharge and admission avoidance – providing a better experience for families and releasing hospital capacity for elective activity recovery.

6.9 A key component of the planning in Manchester is to ensure that there are resilient measures and activities in place to support capacity management. The

key tool in enabling this to happen in MLCO is the utilisation of an established control room function to manage demand and increasing its functionality and resilience by recruiting senior nursing capacity into it. The control room will be responsible for review, design and continuous improvement of an integrated discharge pathway function across hospital and community services and plays a pivotal role in overseeing and facilitating flow between hospital and community services.

7.0 Addressing inequalities

- 7.1 Reducing inequality remains a core strategic objective for MLCO and its entire operating plan is built from this fundamental principle. MLCO's neighbourhood plans, developed annually, are the cornerstone of our approach and each tackle a suite of issues that are particular to that local population. These objectives are identified within neighbourhoods and respond to issues that require local intervention to improve population health outcomes that vary from other areas in Manchester.
- 7.2 To enable MLCO to deliver an increasingly targeted response to addressing health inequality in Manchester it has established a Population Health Management Board which brings together partners from across the city to identify opportunities and mobilise appropriate responses. It is expected that this forum will be the platform from which the majority of all MLCO responses to addressing health inequalities will be built.
- 7.3 To ensure that Manchester is able to deliver equitable and accessible vaccination programmes, MLCO continues to work extensively to engage those communities that are seldom heard. 'Seldom heard' refers to underrepresented groups of people who are potential service users, but who are difficult to involve in public participation and whose voices therefore go unheard and their needs unmet. As the Committee is aware the current pressures on the health care system mean it is more important than ever we make every effort to deliver an effective immunisation programme.
- 7.4 Over the course of the last 12 months this has included both COVID-19 and influenza vaccines. As the Committee will be aware one of the key responsibilities of the neighbourhood teams in Manchester is their focus on prevention as such the neighbourhood teams have delivered a targeted local approach to vaccinations (with partners including primary care) within those neighbourhoods.
- 7.5 Beyond neighbourhood working, MLCO's Long-Term Conditions (LTC) programme has been mobilised with two key objectives: firstly shifting care and support upstream into neighbourhoods and communities, and secondly to tackle and reduce the long standing inequalities in LTC outcomes we see across Manchester. COVID-19 has had a huge impact on health and care services and continues to have a disproportionate impact on people from minority ethnic communities, and people living with chronic diseases such as type 2 Diabetes. Using data collected in Primary Care we can now analyse and see differences in Diabetes prevalence and hospital activity by ethnicity in a Neighbourhood or

Primary Care Network area. Using a population health management approach we have started a project to look at and tackle entrenched inequalities in Diabetes outcomes for people from an African Caribbean Black British background in one of our neighbourhood areas as an early adopter of this change in approach.

8.0 Population health and managing long term conditions

- 8.1 Population Health Management (PHM) is an approach that uses data and insight to help health and care systems to improve population health and wellbeing. It is a way of understanding the current and future needs of our populations, including health inequalities¹ and targeting support where it will have most impact.
- 8.2 In Manchester, there is a vision to realise this through a data-enabled, neighbourhood-led approach that is part of a clear city-wide population health strategy and agreed set of priorities. The MPB has endorsed the MLCO as the provider delivery vehicle in the city to improve health and wellbeing and reduce inequalities. To support the delivery of this MLCO has established a PHM Board lead and organise the provider response to the population health strategy on behalf of the MPB. The citywide recovery framework for population health and Manchester's Population Health Plan will inform the setting of aims and objectives in neighbourhoods so that the two are complimentary and aligned.
- 8.3 It is estimated that healthcare accounts for approximately 10% of the wider determinants of what keeps people well. By working with its partners MLCO can affect these wider determinants of health and help the people of Manchester to:
- Have equal access to health and social care services;
 - Live healthy, independent, fulfilling lives;
 - Be part of dynamic, thriving and supportive communities;
 - Receive safe, effective and compassionate care, closer to their homes; and,
 - Have the same opportunities and life chances, no matter where they live.
- 8.4 As the Committee will be aware, today's lifestyles are increasing the risk of preventable disease, residents are living longer with more multiple long-term conditions, and the health inequality gap is widening. Manchester is diverse with the life expectancy gap between the least and most deprived neighbourhoods being seven years.
- 8.5 PHM improves the understanding of what residents need now, and in the future, so services can be planned accordingly. It also helps identify where best to allocate resources to achieve the biggest improvements in health and wellbeing and to reduce health inequalities. We can use data to explore what the future might look like – and how we can get better value from the NHS pound by

changing how we deliver services locally, avoid duplication, and improve the working lives of our front-line staff.

8.6 Specifically for MLCO this means delivering a programme of work that will:

- Implement early tests of concept in at least two neighbourhoods to qualify and quantify the health and care needs of the city centre population, gaps in support and how those might best be bridged, working with the PCN and other partners to develop an appropriate and equitable offer for the 13th Neighbourhood (the City Centre).
- To understand and improve the inequalities in outcomes for Black British people living with type 2 Diabetes; and,
- Engage PCNs in the further design of the PHM approach by aligning with and supporting the delivery of the 'Tackling Neighbourhood Health Inequalities' requirements.

9.0 Vaccinations

9.1 A key delivery priority for MLCO has been to support the delivery of a comprehensive vaccination programme across the city including to its own staff. As winter approaches MLCO, with key partners, will work to build upon the success of the programme delivered to date including through the work of INTs.

9.2 The Committee will be aware that in September 2021, the UK's Chief Medical Officers announced that all 12-15 year olds will be offered a first dose of the Pfizer/BioNTech COVID-19 vaccine (commonly known just as the Pfizer vaccine) as the next phase of the national COVID-19 vaccination programme. In Manchester, this cohort is approximately 33,000 children who are being offered a vaccine. As part of this programme, vaccinations are being delivered where possible at the school by MLCO via their NHS School Health Immunisation Service. This is the NHS team who deliver a range of other vaccinations in the city's school as part of their regular work. They will be supported by the School Nursing Service. The Committee are advised that this particular programme was subject to discussion at Children and Young People Scrutiny Committee in October 2021 and to date a 100% offer has been made.

10.0 Workforce

10.1 The MLCO workforce is the organisation's biggest asset and as with all of the health and care workforce it has responded admirably to pressures of the pandemic but continues to operate under significant pressure.

10.2 MLCO has taken a multi-dimensional approach to supporting its staff through which has included facilitating the redeployment of staff to support pandemic role requirements, supporting managers to better understand what is happening with their workforce, and providing clear and regular communications to staff across the organisation.

10.3 MLCO's 'Our LCO' platform launched at the end of April and provides a one stop place to go for staff support, reward and recognition, wellbeing and

development. MLCO is also working with its staff from black and minority ethnic backgrounds and as part of the work to ensure that colleagues are supported to develop and realise their potential a number of staff from diverse backgrounds have been supported to access the NHS Elizabeth Garret Anderson Leadership Programme.

- 10.4 Despite the steps that have been taken, and as set out above, the MLCO workforce remains under pressure with absence remaining above pre-pandemic levels, and MLCO continue to support staff across the organisation.

11.0 Recommendations

- 11.1 The Committee is asked to note the contents of the report.

Appendix One

Health Scrutiny Committee Manchester

Manchester Local Care Organisation case studies: how we engaged with our communities experiencing racial inequalities

10th November 2021

Powered by:



1. Community connectors: how we engaged with communities experiencing racial inequality during COVID

Gorton & Levenshulme and Chorlton, Whalley Range & Fallowfield MLCO Integrated Neighbourhood Teams

Across Gorton, Levenshulme & Whalley Range, around one third of our population is non-White British. During COVID, our neighbourhoods were frightened, confused, unsure and hesitant.



Our approach to engagement had to be culturally appropriate, friendly, and in partnership with trusted sources, such as:

- Sending 4000 Eid cards via the Mosques and local schools
- Running an event at Rainbow Haven (charity for displaced people)
- Speaking to people where it was convenient for residents and safe to do so, including: supermarkets, schools, Madina Mosque, outside community venues, in parks and at events including Levenshulme Pride.



We wanted to make sure that information about COVID came from reliable sources that communities knew they could trust. We created the role of COVID Connectors.

We recruited 10 local people from the community to volunteer to be COVID Connectors. They used their local knowledge to lead our engagement strategy, including:

- Planning their own media campaign
- Using their social networks and social media accounts to engage with people
- Sharing their knowledge of the community to suggest places for engagement
- Being photographed for a vaccination campaign, which even had a billboard.

Their local voices and knowledge made an incredible contribution to the team.



2. Communities Against COVID

Hulme, Moss Side & Rusholme and Ardwick & Longsight MLCO Integrated Neighbourhood Teams

Our neighbourhood is ethnically and linguistically very diverse, transient, has precarious employment and poverty, poor housing, digital exclusion and high levels of underlying health conditions.

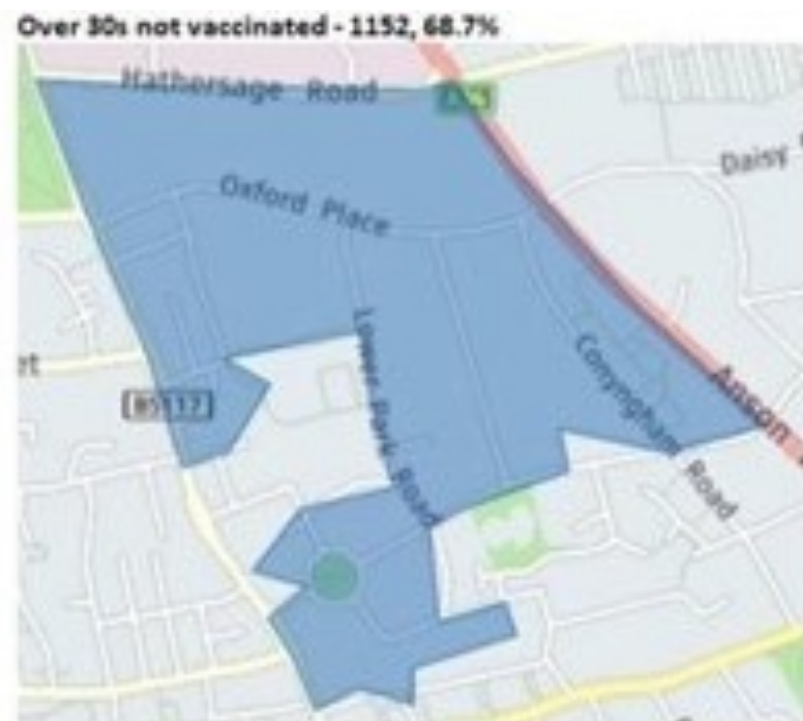
There are some practical barriers to COVID engagement:

- Language and literacy
- Digital exclusion
- Transport and accessibility.

As well as more complex barriers of mistrust and fear of services and fatigue of talking about COVID.

Traditional methods of communication were not working - cases were rapidly rising but vaccination numbers were not increasing. We knew we needed to try something different, with a new approach to the conversation.

In close partnership with Manchester City Council and with support from partners and the VCSE sector, we undertook the mammoth task of visiting over 5000 homes in the areas with lowest vaccine uptake.



When people answered the door, we did not ask people to change their behaviour, but asked **how we could change ours** to address the wider determinants of health:

- What do you think of our services?
- What can we do to support you?
- Do our services meet your needs?
- What is preventing you from taking up the offer of a vaccine?



This approach has provided invaluable insight into the needs of our community and their attitudes towards our services and the vaccine. Some people were in a desperate situation, starving or unable to leave the house.

We were able to signpost people to services and support that could help them and made two urgent referrals.

Door knocking helped to build trust in services with our community and has started a conversation about what we can do differently.

We are planning a listening event in October to keep the conversation going.



3.Partnership working: Engaging with our Jewish communities

Cheetham & Crumpsall MLCO Integrated Neighbourhood Team

Context:

- The Jewish community of north Manchester crosses boundaries with Salford and Bury
- The Jewish community is very diverse, with a range of languages and traditions, one approach does not fit all
- Patient data does not routinely collect information about people's religious beliefs.



The impact on COVID engagement was:

- COVID messages were not aligned across the boroughs of Greater Manchester
- COVID information was not always reaching the community
- Our data made it difficult to be sure of vaccination uptake in the community.

A partnership working approach was adopted:

- We attended the strategic Jewish partnership network to share information about the Manchester offer around COVID
- We shared communications to ensure consistent messaging across Manchester, Bury and Salford
- Information was translated into Yiddish
- Manchester, Bury and Salford undertook shared commissioning of The Fed (a Jewish-led community organisation) to work with the Jewish community, build on knowledge and support informed choices with the Jewish communities
- We shared intelligence across Manchester, Bury and Salford
- 80 volunteers from The Fed were trained to have COVID Chats - a strengths-based conversation model
- We increased community engagement – 15 volunteers ran nine engagement sessions before the Jewish holidays
- Information was disseminated to 30 Synagogues, schools and Jewish led organisations
- The Primary Care Network recruited Jewish practitioners who spoke Yiddish to work at the vaccination centre.

This approach has resulted in:

- Stronger relationships across partners in Manchester, Salford and Bury
- Improved networks with the Jewish communities
- Greater understanding of the community's needs and concerns relating to COVID
- Trained volunteers from the community able to have strengths-based conversations.

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Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 10 November 2021

Subject: Better Outcomes Better Lives

Report of: The Executive Director of Adult Social Services

Summary

Better Outcomes, Better Lives is the adult social care transformation programme. It is a long-term programme of practice-led change, which aims to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care.

The report provides an update on progress and the impact of the programme since June 2021, when the committee last had an update.

Recommendations

To note the report.

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.

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

1.0 Introduction

- 1.1 Better Outcomes Better Lives is the Manchester Local Care Organisation's programme to transform the way that we deliver adult social care so that it meets the needs of our most vulnerable residents and makes best use of the resources that we have.
- 1.2 The Committee previously received a report in March 2021 giving an overview of the whole programme, and a further update report in June 2021.
[Link to the March 2021 committee reports](#)
[Link to the June 2021 committee reports](#)
- 1.3 This report provides an overview of the programme and an update since June 2021.

2.0 Background

- 2.1 In 2020, we worked with a consultancy (IMPOWER) to carry out an in-depth analysis of Manchester's adult social care. We reviewed our current practices and how our demand was expected to change over the next few years. We identified significant opportunities to improve practices in order to reduce, prevent and delay demand on services, while also improving outcomes for people in Manchester.
- 2.2 This review of our practices identified that, if we act now to support people to maximise their independence, by 2024 we can improve outcomes for adults:
 - 700 fewer people than currently projected in nursing care
 - over 1,400 fewer people in residential care than if we don't act
 - avoiding 45 people more than currently projected from going into supported accommodation, which is estimated to be close to 800 in 2024
 - almost 3,000 fewer people needing home care support.
- 2.3 The Manchester LCO have commissioned IMPOWER to support us to deliver Better Outcomes, Better Lives. The programme builds on IMPOWER's expertise and experience with other local authorities, tailored to the specific strengths and challenges that we have in Manchester.
- 2.4 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 ensuring 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

- 2.5 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 2021/2022.
- 2.6 The aim of the programme is to build a social care system that starts from people's strengths and puts in place support earlier, so that people can lead more independent lives for longer. Doing this right means that Manchester citizens receive the right support at the right time, based on individual needs, delivered at neighbourhood level by integrated teams.
- 2.7 The programme will ensure that Adult Social Care in Manchester can be delivered sustainably. It operates alongside other system-wide strategies, like the Manchester Housing Strategy, to make sure that all services across Manchester are working in sync as enablers to support people's independence.

3.0 What will feel different for residents who receive our adult social care services in the future?

- 3.1 These are our aspirations for what social care will feel like after the Better Outcomes Better Lives programme is complete in 2024:
- Discussions with health and social care staff will be consistent, person-centred and focus on how people would like to live their lives, enabling them to explore different, creative options to do this, including using assistive technology.
 - There will be better early help by making the most of all points of contact that people have with health and care, including a better online presence so that people are empowered to help themselves, when appropriate
 - More people will be able to do things for themselves and remain in their own homes, or have care closer to home so that they can be connected to their communities in a way that is right for them. If leaving hospital, or in need of a step-up of support, an excellent reablement service with technology enabled support throughout it, will be there. This will mean that people will be more likely to be supported at home or in their local neighbourhood in 2024, rather than in residential care.

What will feel different for families and carers?

- 3.2 The lives of carers and families will be as important as a person in direct receipt of care when discussing support. Carers will be supported to have fulfilling caring experiences in a way that is right for them for as long as possible.
- 3.3 Through the new Carers Manchester Contact Point (CMCP), carers can expect proactive and flexible support. The CMCP has begun extensive

proactive work to identify more carers, including those who need a Carer's Assessment. Strong referral pathways will ensure that Social Workers and the Carers Team work closely with CMCP to deliver improved outcomes to carers such as personalised support and contingency planning, access to a Carer's Personal Budget, and an improved respite offer to allow Carers regular breaks, with the wider aims of reducing Carer crisis and breakdown.

- 3.4 Community teams will be supported so that users can access specialist support services, including for learning disability, mental health and autism. Health and care staff will be part of integrated neighbourhood teams across Manchester, so that local support is provided that understands the strengths and needs of local people.

What will feel different for staff?

- 3.5 Teams will have more freed up capacity to focus on delivering the right support to the right people. Teams will have more confidence in having a conversation with citizens, families and their carers focused on their strengths and practical opportunities, like technology and, to living more independent lives.
- 3.6 Teams will have increased awareness and confidence in community resources in the areas they work, through training and new information links.
- 3.7 NHS, hospital and social care teams will work more closely together through MLCO. They will also work more closely with colleagues in their neighbourhood, such as district nursing, and with health and care commissioners.
- 3.8 Practitioners and commissioning will work closer together to ensure that commissioning enables practitioners to identify the most suitable support for people.
- 3.9 Staff will have more confidence to use and trust data to understand how change is happening. This will support them to be empowered to have the biggest positive impact that they can, as important changes can be prioritised

4.0 Key activities

- 4.1 The following sections set out the main activities and changes that are taking place within the programme, which will enable us to achieve these aspirations. We have also included some short case studies to illustrate what these changes mean in practice.

5.0 Maximising the independence of residents through improving our social work practice

Strengths-Based Approaches

- 5.1 We know that there is more we can do in Manchester to support and empower our residents to lead as full and independent lives as possible. In the past, the culture and practices in social work in Manchester have sometimes been risk averse and disempowering for residents. The best practice in social work starts by looking at what a person can do, what they love, and what makes their life good. It then looks at what additional things a person needs putting in place, to build on that person's strengths. This is called a Strengths-Based Approach.
- 5.2 It has long been recognised that this approach is a better way to practice social work. When social workers and social care assessors work in a strengths based way, the people they work with are happier, healthier, feel more in control and able to make choices. It leads to better outcomes. This way of working is the approach for the future of adult social care assessment and social work in Manchester. Analysis of Manchester's care packages shows that on average, we put in place more care than people really need or want, which costs us more money than necessary. This means that if we improve social work practices we should see packages of care reducing, on average. This should reduce the increases in demand that we would otherwise expect to see. But cost does not drive the decisions the social workers make.
- 5.3 In Manchester, we first introduced strengths-based practices in 2018, with a focus on training the workforce. This was a really successful training programme, but it revealed that there were things that got in the way of practitioners taking a strength-based approach with residents. Things such as not being able to access the right commissioned provision, not having enough capacity and not knowing what impact the approaches had. So strengths based practices found a home in Better Outcomes, Better Lives, a much larger transformation programme that is, in part, designed to address those barriers that practitioners find get in the way of taking a strengths-based approach.

Case Study – taking a strengths-based approach to a safeguarding concern, to support someone to stay at home

Joint working enabled a man to be safely discharged from hospital back to home when he previously had been unable to manage in his home environment.

Focus on strengths: Prior to his hospital admission, the man had been sofa-sleeping and unable to manage his home environment. While he was in hospital he was referred to safeguarding. The duty safeguarding professionals (a social worker and a physiotherapist) undertook a joint visit to his home and family. The professionals applied a strengths-based approach to the visit. The visit looked beyond the immediate safeguarding concerns and considered his mobility in the home and assessed the wider home environment.

Outcomes: Without an integrated and strengths-based approach by the professionals involved, the citizen would likely have ended up in a placement. Without the joint working the citizen's support would have been caught between health and social care decision making processes.

However, because of the strengths-based approach the citizen was safely discharged to his home environment. The physiotherapist continues to provide support and feedback on safeguarding concerns via the physiotherapy care plan

Communities of Practice

- 5.4 One of the barriers that was identified was a lack of professional support for practitioners to help them implement the improvements they learned about in training. In order to support professional development and reflective practice, we have established Communities of Practice (CoPs). These are weekly meetings, held in teams, which give practitioners a space to learn, reflect, share experiences as well as enable peer support and challenge.
- 5.5 CoPs started in the south locality, then were rolled out in North and now have been set up in Central. The CoPs that take place in the south are very well established and the facilitators who run them have taken complete ownership. In North they are heading in that direction, and in Central there is more work to do to establish them. The next steps in developing them further is to bring in wider input from health colleagues and the wider system.

Communities of Practice Case Study – Reflections and new ways of working

Dave Bradley, Health Development Coordinator and CoP Co-Facilitator

Our Community of Practice meetings started like many others across the city, with the Maximising Independence team being key to setting the tone of these initial meetings. I think both myself and Winifred may have felt a little worried about taking responsibility for them.

During these early days the engagement of the Social Work Team was a little less than enthusiastic, and it was often hard work to get good conversations flowing. Reflecting on this, this scenario was completely normal! Bringing tricky case studies, we are often exposing our potential weaknesses to others.

I decided to ask the Team what would work best for them? Do people find the meetings useful? How would you like to see the meetings develop? This generated some useful conversations and the group decided that we would start to invite partners into the meeting. Initially these were Health focused - Be Well Social Prescribing Team and 93 Wellbeing Centre. Both of these participants added so much value to the meetings and it was at this point the meetings started to become more interactive.

As a further development, Winifred and I decided that the meetings would now become themed. This was discussed with the Team and the focused sessions have been put together based on the predominant themes/ challenges that the team face on a day-to-day basis. Our first session was around finance, debt management and support accessible in the community. We invited Gateway M40 and North Manchester Community Partnership to the meeting to share what they do and how they support people, whilst also informing the team how they can support them to support the people they work with.

Other focused sessions planned for the future include: alcohol and substance abuse: dementia and neuro conditions: work and skills and housing.

Our CoPs still have a focus on strengths-based and reflective conversations; however this now also includes strengthening the knowledge of the team to what support networks and community assets are available to them and Manchester's residents.

Since starting the CoPs I believe that referrals to other agencies have increased, this is predominantly via Be Well but as we bring more agencies in referrals will widen across all partners.

Winifred Laryea, Senior Social Worker and CoP Facilitator continues...

“Team members initially thought CoPs were an addition to their workload. However, over the weeks we have begun to see the benefits. We always engaged in reflective conversations soon after each CoP, and gradually after meeting Dave in person, most team members have lit up with confidence to fully participate! The past few themed weeks have opened a minefield of developing knowledge and relationships with 3rd party services. **The impact is incredibly positive and empowering.**”

It's great working with Dave who is very knowledge about services within our community and has links with them. This has contributed hugely to our CoPs.”

What do the Team say?

“Overall CoPs have improved my strength-based conversations and assessments, improved outcomes for service users; and boost my confidence working with complex cases. Thank you so much to the facilitators!”

“They have increased my knowledge on resources in the community to sign-post people to”

“The CoPs sessions have increased my awareness of services available to work with collaboratively to promote strength-bases working. Some interventions are now moving on quicker than before.”

“The community of practice sessions have been beneficial to my strength-based practice in various way. For example, listening to case studies from other professionals has been used as a learning tool on how to improve my own practice.”

Strengths Based Reviews

- 5.6 Strengths-based reviews help to identify if a person's needs have changed and if the support being provided might need to be altered as a result. In the original evidence base for Better Outcomes Better Lives, Manchester was identified as having significantly more reviews that result in 'no change' than

other local authorities who are our statistical neighbours. This presents an opportunity to use strengths-based approaches to undertake reviews to make sure that people have the right support in place. The programme has also worked with practitioners to develop strengths-based tools to support planning and preparation for review activity, an approach to prioritisation of activity and is monitoring the impact of this work to ensure it supports greater independence and improved outcomes.

Case Study – Person-centred integrated working to prevent an emergency placement of a young adult

A young adult was at risk of admission to a mental health or specialist hospital. Their family unit was at risk of breakdown. The young adult was assaulting mum. The family were receiving separate service offers from health and social care; and the focus of support was on managing the young person's behavioural challenges.

Focus on strengths: The young adult was identified as being at risk of emergency placement or being arrested because of assaults on mum. Community Learning Disability and mental health professionals from Greater Manchester Mental Health (GMMH) and the Clinical Commissioning Group (CCG) discussed the case in a newly established multi-disciplinary meeting.

The multi-disciplinary discussion focused on identifying the least restrictive support option for the young adult. As a result of this discussion, a positive placement search was undertaken. The placement search was centred on identifying a provider who could work positively with the young adult's family and their college. The search was also based on identifying a provider who could support the young adult to achieve SMART targets to improve their wellbeing and reduce behavioural challenges.

Outcomes: A suitable placement was identified and a co-designed plan was put in place, which all parties agreed to (including the family, the provider, and the service professionals). As a result of this the family remain intact and functioning as a unit. The multi-disciplinary team remains active in supporting the young adult. The young adult and the family are moving forward in a positive direction.

6.0 Improving our short term offer

- 6.1 Another part of the service that the programme focuses on is the short term offer that people receive for temporary, intensive care and support. Some people receive support and then don't need anything further, and some people go on to longer term care. At the moment, we know that too many of the people who receive the short term support go onto longer term care, or larger care packages than needed. An important part of ensuring that people have the right type and level of care for them is ensuring that when they're in crisis, the support they get helps them and makes things better. There are two main ways in which we are improving this.

Better use of Technology Enabled Care (TEC)

- 6.2 TEC can enhance someone's experience, give them greater control over their lives and help them keep in touch with loved ones, their community and professionals. It's a crucial part of supporting people to be as independent as possible. But it needs to be the right kit, for the right person, and people need to know how to use it.
- 6.3 In Better Outcomes, Better Lives we are investing in making sure we have the right technology for what people need. We are testing different types of technology, so that we have an offer that suits what people need and want.
- 6.4 We are also supporting the workforce to take a "TEC first" approach. This means that TEC should always be considered when practitioners are making assessments about what support needs to be put in place for a person. We have made a lot of improvements to how we communicate about TEC, to help practitioners think of it in the first instance. We are also improving the process for making requests for TEC to ensure there are no barriers to accessing it for residents.
- 6.5 The data for September demonstrates an upward trend of TEC devices being used as enablers to support individuals to live more independent, and healthier lives, building on their strengths and improving outcomes.

Case Study – Applying an integrated and strengths-based response to manage complex needs

An Occupational Therapist and a Social Worker adopted a strengths-based approach to respond quickly and effectively to a safeguarding concern.

Focus on strengths: The person was identified as being a safeguarding concern because they were living with someone who was a severe hoarder. They have a learning disability and were identified as being vulnerable to abuse and exploitation. They lead a chaotic lifestyle and have previously been in contact with the criminal justice system.

Prior to Better Outcomes Better Lives there would have been separate service responses to the challenges this person was facing. The Learning Disability teams would have only assessed them individually and their health needs would have been managed separately to their social care needs. The issues relating to hoarding would have been managed via a totally separate referral to the Integrated Neighbourhood Team.

However, because of Better Outcomes, Better Lives an occupational therapist (OT) and a social worker undertook a joint visit to identify the best least restrictive option to support the person.

Outcome: As a result of the joint working, a single co-ordinated response was developed. The response involved using TEC to manage the risks the person was

facing whilst allowing them to stay in their own home. They continue to receive input from the OT so that they are able to manage the home environment.

Improvements to reablement

- 6.6 Reablement is way of helping a person remain independent, by giving them the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. A reablement service may be offered for a limited period in a person's own home and can include personal care, help with activities of daily living, and practical tasks around the home. When reablement goes well for someone, it can help them get back to normal quickly, or adjust to changes in their circumstances. It can also mean that someone doesn't need to have longer term care or will need a less intensive care package than they otherwise would. This is why we have invested more into our reablement service. This will mean that it is well resourced and available when needed, and our staff are qualified and highly skilled.
- 6.7 As a result of the improvements we have made, the Reablement service has seen a 78% increase in community referrals from the Integrated Neighbourhood Teams since the programme began. For the September period, the service also supported 309 citizens which is significantly above the target of 260 citizens. In the same period, 61% of citizens were able to leave the service with no further care requirement.

Testing small scale pilots

- 6.8 In order to work out the best way of enhancing our use of TEC and maximising our reablement offer, we are testing different ways of working using small scale pilots. If these pilots demonstrate strong evidence that they make a positive difference, we will scale them up, either geographically or with a wider group of people. If they don't demonstrate evidence we will discontinue them. We have a number of small scale pilots in progress or in planning. Three of our key pilots are:
- 6.9 **Reablement criteria:** To increase the number of people who access Reablement, build relationships and encourage staff to consider people's potential for reablement, we are trialling a new approach through a one-page criteria document. We're currently testing this with Victoria Mill INT.
- 6.10 **Anywhere Care:** The Anywhere Care device brings together a number of technologies (including falls sensor, GPS monitoring and YourMeds alerts), into one monitoring device which alerts families/carers when triggered. The device is being testing in partnership with the South Discharge to Assess Team, to understand whether it can enable people to be more independent at home post discharge.
- 6.11 **Occupational Therapy trial:** In Central Locality, Reablement Discharge to Assess (D2A) assessors are identifying people with mobility / personal care /

kitchen related needs and delivering joint goal setting with Occupational Therapists from Central Manchester Community Response Team.

Case Study – Joint working between occupational therapy and reablement

The person was discharged on 20/07. At discharge they were assessed as have reduced confidence in relation to mobility, needed full support to wash and dress, and needed support to prepare meals and drinks.

Focusing on strengths: The reablement review officer identified that this person could benefit from occupational therapy input to develop goals which would enable them to be more independent. At a home visit on 22/07 the occupational therapist identified that what mattered to the person was being able to go to bingo in the community three times per week, like they had done before admission.

The reablement review officer devised progressive strengths-based goals which would work towards this main goal. The first set of goals were that after two weeks, the person would be:

- independent and confident with mobility when using the kitchen trolley
- independent with using the shower
- independent with preparing hot drinks and snacks
- independent with ordering shopping online

The reablement review officer and occupational therapist set out tasks for the reablement support workers to enable these outcomes, including to:

- supervise the person when they were using the shower, and only assist if needed
- use a perching stool to enable them to wash and dry independently
- supervise when they prepare a meal and hot drink and only assist if needed, use a kitchen trolley to transport items between kitchen and living room.

Outcomes: When their progress was reviewed on 28/07, they were assessed to be:

- independent with drink/meal preparation.
- independent mobility using walking stick and accessing community.
- still needed support to wash and dry because of having a temporary orthopedic boot

The outcome of the review: care package reduced from 3 calls to once daily. A further review will be needed when the orthopedic boot is removed.

7.0 Improving how and what we commission

- 7.1 Historically, 'commissioning' has been how we work to arrange and buy services for people who need adult social care in Manchester. In the MLCO, we want commissioning to be much more than that. Effective, strategic, compassionate commissioning will be how we work with system-wide partners to respond to local needs in a truly place-based way.

7.2 Within Better Outcomes, Better Lives, we have developed a Commissioning Plan which sets out how our approach to commissioning will support integration between health and social care services in the coming year. The plan sets out how we will innovate with providers and shape local markets to respond to the short, medium and long-term challenges that we collectively face as we recover from the Covid-19 pandemic. Our approach will help us grapple with an ever complex landscape, where we increasingly recognise that social determinants of health will be crucial not just to social care, but also to health services.

7.3 We have set out eight priorities in the commissioning plan which will help us achieve this:

Putting prevention into practice – Create an environment with more citizen choice and control, with support closer to home that enhances peoples' wellbeing and independence in a way that is right for them.

Market development – Plan to support the adults social care market to be innovative, improve outcomes, align to LCO's strategic objectives & ensuring adequate supply of future support.

Citizen commissioning – Making sure that commissioners have the tools and knowledge to meaningfully involve residents when developing support models, and to make sure that citizens' voices are heard when things aren't right.

Community led commissioning – Creating and using flexible purchasing models for community-led solutions that are more personalised, strengths-based and build resilience.

Flagship commissioning activities – Identifying the highest impact projects in adult social care to make them more than the sum of their parts.

Building Local Good Practice into Business as Usual – Taking stock of current arrangements to make sure they are the best they can be.

Contract management – Driving better outcomes for citizens through robust performance management of existing support delivery, evolution of measuring outcomes and better relationships with providers.

Skills for strengths based commissioning – Equipping the commissioning workforce and stakeholders in the widest sense with the knowledge and skills to deliver the commissioning plan priorities.

8.0 Better use of data

8.1 Making better use of data is a key part of how Better Outcomes Better Lives is enabling people to work differently. There are two closely linked, but distinct, sides to improving how we use data. The first is how we use data within the programme. We are collecting specific information about what impact the programme is having, what's working and what could work better. The second

part is supporting service and teams use data to make better decisions. There are three key tools to enable this, which are currently in varying stages of development.

Learning Logs

- 8.2 Learning Logs are completed by practitioners when they have carried out an assessment or review. The information they capture includes how the programme has supported them and whether there are gaps in provision. They provide a rich source of information, both quantitative and qualitative, to inform what we need to focus on to support improvement.

Top Level Report

- 8.3 The workstream has also developed a high level performance and finance report, which reflects demand, budget trajectories and cost. It is produced by the Council's Performance, Research and Intelligence service, and owned by the Adults Directorate Management Team. The purpose of the Top Level Report is to give an overarching view of performance across the directorate, to:

- Provide assurance and visibility.
- Enable senior leaders to set priorities and actions.
- Understand the impact of performance and demand measures on spend.
- Show what impact Better Outcomes, Better Lives interventions are having on business as usual.

- 8.4 The Top Level Report is now in regular monthly production, and has received very positive feedback from senior leaders in the LCO and Council. It is reviewed on a monthly basis by the MLCO Executive, contributes to the Council's integrated monitoring report and is reported into the MLCO Accountability Board, co-chaired by the Executive Member for Health and Care. The report will evolve over time to ensure that it remains a useful tool which enables taking decisions and actions that lead to improvement. A number of the metrics included in the report are referred to above.

Team Level Framework

- 8.5 We want teams to understand and own their own performance and how their actions, behaviours and culture have an impact on measurable outcomes. As set out earlier in the report, there are new approaches, structures and practices being put in place for practitioners and teams. Teams need to be able to understand what tangible difference these practices make. This will reinforce good practice, but also enable managers to tackle poor practice. With this goal in mind, the programme, led by PRI, are working with teams to develop a tool to support this. The tool is being co-designed and adapted to provide only the data that teams need to support constructive improvement. Following extensive engagement to understand needs, a pilot version of the tool has been developed with a team in south locality.

- 8.6 We recognise that this using data effectively requires skills and knowledge that are new to some staff, so we will be undertaking a review of skills and providing support and development for those who need it. Our guiding principle is that performance shouldn't be punitive, but constructively support improvement.

9.0 Next Steps

- 9.1 Better Outcomes, Better Lives began in January and we are 10 months into a three year programme. We are currently in the process of taking stock within the programme to set out our plans for phase two, which will take us to March 2022. Two of the six workstreams in the original plan were intentionally not started in order to concentrate resources on where we could have the most impact. We have now agreed in the programme it is the right time to commence the most pressing of this work. These workstreams are key to tackling significant barriers within the service and systems, and therefore they are essential to enabling all of our ambitions in the programme to be achieved.
- 9.2 **Early Help** – we have agreed to commence scoping this workstream in detail. The overarching aims of this workstream will be to have:
- A cohesive initial contact
 - An improved online offer which supports independence
 - Maximising the community offer
- 9.3 The number of new contacts that we receive through the contact centre is much higher than we would normally expect to see at this time of year and are consistently above the three year average. This is likely driven by the Covid-19 pandemic and is putting considerable pressure on our services. The purpose of the Early Help workstream is to ease some of these pressures.
- 9.4 **See and Solve (Transforming Community Teams)** – The purpose of see and solve will be to address entrenched system barriers that get in the way of practitioners taking decisions which empower residents and build on their strengths. We are currently in the process of assessing what to prioritise in order to have the most effective impact.

10.0 Conclusion

- 10.1 In the first ten months of the programme we have progressed at significant pace and achieved a huge amount. Embedding real, sustainable change in how we work across the whole service takes a lot of time. It's an incredibly ambitious transformation programme and there remains a lot to do over the course of the rest of the programme, to deliver what we need to and our staff and residents deserve.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 10 November 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
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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
13 October 2021	HSC/21/40 Building Back Fairer in Manchester	Recommend that the Director of Public Health consult with members of the Committee when establishing the Marmot Beacon Indicators that are within the remit of the Committee.	This recommendation has been forwarded to the Director of Public Health and accepted.	David Regan Director of Public Health
13 October 2021	HSC/21/40 Building Back Fairer in Manchester	Recommend that update reports that describe the activities and progress against the agreed Marmot Beacon Indicators are submitted for consideration at regular intervals	The Committee's Work Programme has been updated to include this recommendation.	Not Applicable

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 **1 November 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 *

There are no Key Decisions currently listed within the remit of this Committee.

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 Limited	Allendale Residential Home Limited 53 Polefield Road Blackley Manchester M9 7EN	https://www.cqc.org.uk/location/1-145388961	5 October 2021	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Star Clinic Ltd	Star Clinic Milton Hall 244 Deansgate Manchester Greater Manchester M3 4BQ	https://www.cqc.org.uk/location/1-203319380	15 October 2021	Doctor / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Reviv Manchester Ltd	Reviv Manchester Ltd Acresfield 8 Exchange Street Manchester M2 7HA	https://www.cqc.org.uk/location/1-8479824276	18 October 2021	Doctor / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
ZMA Manchester Ltd	Ashley House Residential Home 155 Barlow Moor Road Manchester M20 2YA	https://www.cqc.org.uk/location/1-1162706973	27 October 2021	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Manchester University NHS Hospital	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL	https://www.cqc.org.uk/location/R0A05	29 October 2021	Hospital	Overall: Good Safe: No Action Required Effective: No Action Required Caring: No Action Required Responsive: No Action Required Well-led: No Action Required
Making Space	Monet Lodge 67 Cavendish Road Manchester M20 1JG	https://www.cqc.org.uk/location/1-2008736163	25 October 2021	Hospitals – Mental Health	Overall: Inadequate Safe: Inadequate Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement

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

Wednesday 10 November 2021, 10am (Report deadline Friday 29 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	
Better Outcomes Better Lives Update	To receive a report that provides an update on the delivery of Better Outcomes Better Lives programme. This update will include: <ul style="list-style-type: none"> • Impact analysis • Case studies • First-hand feedback from practitioners 	Councillor Midgley, Executive Member for Health and Care	Sarah Broad	Previously considered at the March and June 2021 meetings.
The Manchester Local Care Organisation (MLCO)	This report will provide a further update of progress made across core business areas of MLCO. This item will also provide an update on the work of the Integrated Neighbourhood Teams.	Councillor Midgley, Executive Member for Health and Care	Bernadette Enright Mark Edwards	
Update on the 2022/23 budget position	To receive a short update on the Council's budget position, the budget process for Health and Social Care and process and any implications and draft proposals for any services in	Cllr Craig Cllr Midgley	Carol Culley	Further budget report to be scheduled for the Feb 2022

	the remit of this committee.			meeting.
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 December 2021, 10am (Report deadline Friday 26 November 2021)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Budget Report	To Be Confirmed.			
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	
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 Carers Strategy	To receive an update report on the delivery of the Our Manchester Carers Strategy. This report will include the voice of carers.	Councillor Midgley, Executive	Bernadette Enright Zoe	

		Member for Health and Care	Robertson	
Overview Report		-	Lee Walker	

Wednesday 12 January 2022, 10am (Report deadline Thursday 30 December 2021) * To account for New Year's Day Bank Holiday

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Budget Report	To Be Confirmed.			
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	
Overview Report		-	Lee Walker	

Wednesday 9 February 2022, 10am (Report deadline Friday 28 January 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	
2022/23 Budget Report	Consideration of the final 2022/23 budget proposals that will go onto February Budget Executive and Scrutiny and March Council.	Cllr Craig Cllr Midgley	Carol Culley	
Overview Report		-	Lee Walker	

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	
Alcohol and Drug Services in Manchester	To receive a report that provides the Committee with a description of the commissioned alcohol and drug services that work in partnership with other services to make the city safer and healthier.	Councillor Midgley, Executive Member for Health and Care	David Regan	
Climate Change and Health	The scope of this report is to be agreed. It will include information in relation to Air Quality in the City and its impact on the population.	Councillor Midgley Cllr Rawlins	David Regan	Invitation to be sent to the Chair of the Environment and Climate Change Scrutiny Committee
Building Back Fairer in Manchester – Addressing Health Inequalities	To receive a report that gives an overview of some of the current population health inequalities in Manchester and provides examples of how partners across our population health and wellbeing system work collaboratively to address them. This report will include, but not restricted to: The work of COVID-19 Health Equity Manchester (CHEM); and Activities and progress against the Marmot Beacon Indicators.	Councillor Midgley	David Regan Dr Cordelle Ofori Sharmila Kar	