



Health Scrutiny Committee

Date: Wednesday, 8 December 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 6 December 2021 via MS Teams. A separate invite will be sent to Committee Members.

Access to the Public Gallery

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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 10 November 2021.

Pages
5 - 12

5. [10.05-10.20] COVID-19 Update

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

Pages
13 - 14

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.

6. [10.20-11.10] Suicide Prevention Local Plan

Report of the Director of Public Health and Professor Nav Kapur, University of Manchester

Pages
15 - 64

This report provides the Committee with an update on the paper on suicide prevention submitted in December 2019 and specifically reports progress on the delivery of the local Suicide Prevention Plan (2017 - 2019) and on the development of a refreshed plan for 2020 – 2024.

7. [11.10 -11.45] The Our Manchester Carers Strategy Update

Report of the Executive Director of Adult Social Services

Pages
65 - 112

This report provides Members with an update on progress to

further develop the Our Manchester Carers Strategy since the last update to Health Scrutiny in September 2019.

8. [11.45-12.00] Overview Report

Report of the Governance and Scrutiny Support Unit

Pages
113 - 122

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.

Information about the Committee

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

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

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

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Smoking is not allowed in Council buildings.

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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, 30 November 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 10 November 2021

Present:

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

Also present:

Councillor Midgley, Executive Member for Health and Care
 Dr Manisha Kumar, Executive Clinical Director Manchester Health and Care
 Commissioning (MHCC)
 Chris Gaffey, Head of Corporate Governance, MHCC
 Katy Calvin Thomas, Chief Executive MLCO

HSC/21/43 Urgent Business – Statement from the Executive Director Adult Social Services on the mandated COVID-19 vaccination for Health and Social Care Staff

The Chair introduced an item of urgent business by inviting the Executive Director Adult Social Services to provide a verbal update in relation to mandated COVID-19 vaccinations for Health and Social Care staff.

The Executive Director Adult Social Services provided the Committee with assurance that work was ongoing with all care homes and providers across the city to support staff to obtain their vaccination given the introduction of the vaccine mandate for Care Home staff and staff entering Care Homes for work on 11 November. She described that detailed work has been undertaken with Care Homes and their staff including contingency planning. She stated that work has also been underway to understand the impact on our own staff who visit care homes in consultation with Trade Unions and with the other Directors of Adult Social Services across Greater Manchester. Further work will also be commencing to understand the impact of the new regulations which have been announced extending the mandate to all CQC regulated services across health and social care. She stated that further updates would be provided to the Committee at an appropriate time.

Decision

To note the verbal update from the Executive Director Adult Social Services.

HSC/21/44 Minutes

Decision

To approve the minutes of the meeting held on 13 October 2021 as a correct record.

HSC/21/45 Health and Social Care - Adult Social Care and Population Health Budget 2022/23

The Committee considered the report of the Executive Director Adult Social Services and the Director of Public Health that described that following the Spending Review announcements and other updates the Council was forecasting an estimated shortfall of £4m in 2022/23, £64m in 2023/24 and £85m by 2024/25. The report set out the high-level position and where Officers had identified options to balance the budget in 2022/23 which were subject to approval.

Key points and themes in the report included:

Describing that the Local Government Finance Settlement would be released in December 2021;

A longer-term strategy to close the budget gap was being prepared with an estimated requirement to find budget cuts and savings in the region of £40m per annum for 2023/24 and 2024/25; and

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

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

Noting the significant number of Manchester residents with adult social care needs; The need to articulate this to residents of the city, stating that despite the inadequate funding by Government, Manchester had remained committed to protecting the most vulnerable residents; and

Stating that the Government needed to recognise the important role that health workers and carers played, noting this had been demonstrated throughout the pandemic and they needed to adequately fund this service.

The Executive Member for Health and Care said that during the years of imposed austerity Manchester had witnessed a loss of £419M to the budget, making it very difficult to deliver services and support residents, however despite this Manchester had remained committed to supporting the most vulnerable residents in the city. She described that the Government had failed to recognise the demands upon the service and had failed to adequately fund Adult Social Care.

The Executive Director Adult Social Services stated that despite the financial challenges Manchester was committed to improving the health outcomes for Manchester residents and described that the Better Outcome Better Lives approach and the delivery of the Manchester Local Care Organisation, demonstrated this. She stated that Manchester would continue to work with the Government and articulate the case for appropriate funding to support this activity, in particular as Manchester was a Marmot City Region and was committed to addressing health inequalities.

The Director of Finance (MLCO) described that there was a clear stated commitment across all partners delivering Health and Adult Social Care to build upon and strengthen the partnership approach. She further made reference to the success of the improved arrangements to support patients being assessed to leave hospital

(Discharge to Assess). In response to a specific question regarding the Greater Manchester Integrated Care Board (MCIB) she advised that she was confident that it would have the approved budgets by 31 March 2022, adding that this Board would assist with reducing the cost of commissioning of services due to the economy of scale this would enable.

The Deputy Director Adult Social Services stated that the report made reference for the need for Adult Social Care to intervene in the social care market to shape the market to meet health and social care needs including new build facilities, or the acquisition of existing buildings which could be tailored to care models. However, at this time there were no specific schemes in the pipeline, and these would be developed with partners and further options would be detailed in future budget reports to the Committee.

Decision

To note the report.

HSC/21/46 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.

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

- Was there enough capacity for people to access their booster jab;
- All options for residents to easily access their booster jab should be utilised;
- Patient records needed to be updated in a timely fashion following the administration of a vaccination; and
- The message regarding second jabs and 16/17 year olds needed to be clearer.

The Executive Clinical Director, Manchester Health and Care Commissioning stated that there were more sites to deliver the third phase of the booster vaccination in Manchester. She advised that General Practice had proactively written to all over 70 year olds to encourage them to take up their booster jab. She advised that patient records should be updated in a number of days following a jab, however if there were issues that Members were aware of they could direct them to her and she would take these up. She advised that the messaging and guidance from government regarding 16/17 year olds had been unclear and it was important that the correct message was communicated.

Decision

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

HSC/21/47 The Manchester Local Care Organisation

The Committee considered the report of the Chief Executive Manchester Local Care Organisation (MLCO) that provided an update on the MLCO and the delivery of its key priorities.

Key points and themes in the report included:

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

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

- Noting the recent negative media coverage regarding difficulties accessing Primary Care, it was important to celebrate and promote the work of the MLCO across the neighbourhoods;
- Noting the example provided that described the positive outcomes as a result of the door knocking exercise to engage with residents regarding the vaccination programme;
- The need to champion the care sector, value care workers and promote caring as a viable career option;
- Appropriate consideration needed to be given to ensure Neighbourhood Teams were aligned with ward boundaries;
- Noting the reported figure of the 80 'Discharge to Assess' beds, was this sufficient and how had this number been arrived at;
- Requesting that the MLCO Operating Plan 2021-22 be circulated to all Members of the Committee following the meeting;
- Welcoming the commitment that GP leadership is at the heart of the MLCO; and
- The need to include all strands of work that could support and strengthen the work of the MLCO; such as Adverse Childhood Experiences & Trauma Informed Practice.

The Chief Executive, MLCO commenced her response by paying tribute to all of the staff working within the MLCO. She stated that although there were a number of examples provided within the report further examples of the range and variety of work delivered that had been tailored to the needs of the local neighbourhoods could be provided. She said that the example provided within the report that described the door knocking exercise demonstrated the value of such exercises. She said this had resulted in building and strengthening connections with local residents, connecting residents with appropriate services and had helped build upon the understanding of the local communities.

The Chief Executive, MLCO commented that they were mindful to align the LCO with ward boundaries, however she acknowledged the issue raised by the Member. She commented that this was being addressed and she would discuss this further with the Member outside of the meeting.

The Chief Executive, MLCO said that the number of 'Discharge to Assess' beds had been assessed based upon local knowledge, patient flow management data and winter planning. She described that this strengths-based approach was beneficial as it resulted in more patients being discharged, where appropriate back to their home with the correct measures of support in place.

The Executive Director Adult Social Services stated that it was recognised that care staff played a critical role and issues such as pay and terms of conditions of employment were to be considered to ensure there was parity of esteem for care staff. She also described that discussions were underway to develop local bespoke training opportunities to support and develop staff. She stated that to develop and deliver such schemes would require the appropriate funding from central government. In response to a specific issue raised by a Member regarding changes to BTEC courses, she advised she would raise this with the Director of HR.

The Chief Executive, MLCO stated that the MLCO Operating Plan 2021-22 would be circulated following the meeting, and in addition the 'We Will' statements would be provided as this would also assist Members in their understanding of the approach taken by the MLCO.

Decision

The Committee recommend that the MLCO Operating Plan 2021-22 be circulated for information.

HSC/21/48 Better Outcomes Better Lives

The Committee considered the report of the Executive Director of Adult Social Services that provided an update on progress and the impact of the programme since June 2021, when the committee last had an update.

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

Key points and themes in the report included:

- An introduction and background, noting that the programme was key to delivering the savings set out in the 2021/2022 budget agreed by the Council in March 2021;
- Describing the six key workstreams the programme was structured around;
- Describing what would feel different for residents who received our adult social care services in the future;

- Describing the aspirations for what social care would feel like after the Better Outcomes Better Lives programme was complete in 2024;
- What would feel different for families and carers;
- What would feel different for staff;
- Information on Communities of Practice;
- The approach to Strengths-based reviews that were designed to identify if a person's needs had changed and if the support being provided might need to be altered as a result;
- Improving the short term offer;
- Better use of Technology Enabled Care (TEC);
- Improvements to reablement;
- The eight priorities within the commissioning plan Commissioning Plan which set out how the approach to commissioning would support integration between health and social care services in the coming year;
- Case studies; and
- Next steps.

The Committee then heard from Elizabeth Garrett, Social Work Consultant; Dave Bradley, Health Development Co-ordinator and Winifred Laryea, Senior Social Worker who in turn spoke of their professional involvement and benefits realised from engaging in the Communities of Practice, described as weekly meetings, held in teams, which gave practitioners a space to learn, reflect, share experiences as well as enable peer support and challenge.

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

- Supporting the Better Outcomes, Better Lives approach;
- Welcoming the opportunity to hear from frontline workers and practitioners, noting that it gave Members an assurance that this approach was embedded across teams;
- How was the impact and outcomes of the Better Outcomes, Better Lives approach to be assessed;
- Clarification was sought as to the data sets presented within the report;
- Were the outcomes for residents recorded and reported;
- Could the Top Level Report that was referred to that was designed to give an overarching view of performance across the directorate be shared with the Committee;
- The importance of encouraging people to access help and support and not to be put off from doing so, with reference to people delaying accessing primary care during the pandemic or only being able to access services online; and
- Welcoming the frank and honest testimonies of staff and encouraging report authors and guests to describe scenarios when mistakes had been made and the lessons learnt.

In response to the comments and questions asked, the Deputy Director of Adult Social Services stated that the outcomes of BOBL would be assessed and reported using a variety of indicators, including the outcomes of the Communities of Practice, Learning Logs and budgets. She further advised that work was ongoing to refine the Liquid Logic system to capture and record resident outcomes. She further provided

clarification as to the data sets and years used to explain the difference in the figures provided within the report, adding that the BOBL was the best approach to deliver Adult Social Care both in the short and long term.

The Deputy Director of Adult Social Services reassured the Members that the improved online presence, so that people were empowered to help themselves, when appropriate, would not replace the frontline contact, but rather be an addition. She further added that the improved online offer would also be an additional resource for staff and help support staff access appropriate advice and information.

The Deputy Director of Adult Social Services stated that consideration would be given as to how the information within the Top Level Report could be meaningfully circulated to Members.

The Executive Member for Health and Care stated that she had had the opportunity to visit a range of teams and meet with staff and witness their work. She described that she was assured that this approach was embedded across the teams and was beneficial to both staff and residents in receipt of the services.

Decision

The Committee recommend that an update report be considered at an appropriate time that included and the voice of the practitioner and service users.

HSC/21/49 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.

A Member requested that an item on the Gorton Health and Community Hub be included on the work programme.

In response to specific questions relating to the process for Members to be notified if an inspection was to be undertaken by the Care Quality Commission (CQC) in their ward, the Executive Director Adult Social Services stated she would discuss the issues raised by Members with her regional contact at the CQC and feed back to Members.

Decision

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

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 December 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 – 8 December 2021

Subject: Suicide Prevention Local Plan

Report of: Director of Public Health
Professor Nav Kapur, University of Manchester

Summary

This report provides the Committee with an update on the paper on suicide prevention submitted in December 2019 and specifically reports progress on the delivery of the local Suicide Prevention Plan (2017 - 2019) and on the development of a refreshed plan for 2020 – 2024.

This report provides information on:

- The national and local strategic context of suicide prevention
- Key trends, facts, figures and risk factors relating to suicides in Manchester
- The COVID-19 pandemic and suicide risk
- A summary of key areas of activity contributing to suicide prevention.
- Progress on delivery of actions within the local plan.

Recommendations

The Committee are asked to:

1. Note the contents of the report.
2. Consider the multiple factors that impact upon suicide rates; and
3. Provide feedback and ideas to support the refreshed plan for 2020 – 2024.

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	Work on suicide prevention will contribute significantly to all of the Manchester Strategy outcomes and especially to a progressive and equitable city. We know suicide and self-harm disproportionately affects certain communities and age cohorts and the Manchester Suicide Prevention Partnership brings together all the key stakeholders to deliver the local plan.
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

1.0 Introduction

- 1.1 Every suicide is an individual tragedy and a loss to society and one suicide is one too many. When someone dies by suicide the shock is felt by families, friends, neighbours, colleagues, and professionals. Suicide, in contrast to other bereavements, can bring silence and stigma which can amplify the impact on those left behind. As well as the huge social and emotional costs the economic costs are considerable - it is estimated that the cost of a completed suicide is £1.67m and a significant proportion of this relates to the impact of the bereavement on others, for example, lost earnings and mental health impacts.
- 1.2 Whilst people who are in the care of mental health services are at increased risk of suicide, the majority of those who take their own lives have not been in contact with mental health services within the previous 12 months. Sometimes suicides occur without warning. This means that a broad-based approach that recognises the role that communities, organisations and individuals play in preventing suicide is essential.
- 1.3 There is much interest and commitment from a range of agencies and organisations across sectors in the city and Greater Manchester in contributing to preventing suicides. Suicides are not inevitable. There are many ways in which services, communities, individuals, and society can help to prevent suicides.

2.0 Defining and reporting suicide

- 2.1 Officially published national statistics on deaths from suicide are based on data derived from death registrations. The requirement for suspected deaths from suicide to be referred to a coroner means that a death cannot officially be registered until an inquest has taken place and a verdict of suicide has been reached.
- 2.2 The Office for National Statistics (ONS) definition of suicide is based on the relevant WHO International Classification of Deaths (ICD) codes and includes deaths given an underlying cause of intentional self-harm or injury / poisoning of undetermined intent. Since 2016 the definition has been revised to include deaths from intentional self-harm in children and young people aged 10- 14 years (deaths of undetermined intent continue to not be included in this age group). The numbers in this young age group are very low and have not had a significant impact on the age-standardised rates of suicide.
- 2.3 Previously, coroners and juries have applied the criminal standard to suspected suicides, meaning they had to be “sure” that someone had taken their own life. However, appeal court judges ruled in May 2019 that the civil court standard can be applied and therefore coroners and juries only must be satisfied that it was “more probable than not” that someone had deliberately killed themselves. This was expected to lead to more deaths being concluded as suicide, which may have an impact on reported rates and trends. Subsequent research however

found that the legal change did not result in any significant change in the reported suicide rate in England and Wales- recently observed increases in suicide among males and females in England, and females in Wales, began before the standard of proof was lowered.

3.0 Strategic context for suicide prevention work

National strategic context

- 3.1 In September 2021 a new minister for Suicide Prevention was announced who will oversee the implementation of the cross-government suicide prevention workplan.
- 3.2 In May 2021 following a national consultation around tackling harmful online material that may encourage or incite self-harm or suicide, the draft online Safety Bill establishing a new regulatory framework to tackle harmful content online was published.
- 3.3 In March 2021 Preventing suicide in England: Fifth progress report of the Cross-Government Outcomes Strategy to Save Lives was published. This document commits to actions on suicide prevention, with clear responsibilities, deliverables, and timescales. The report has a significant focus on the impact of the pandemic.
- 3.4 The government has recognised the pressures that suicide prevention voluntary sector partners have faced during the pandemic, with many more people seeking help and support compared to previous years. They have made £5 million available, specifically to support suicide prevention and community sector organisations in 2021 to 2022.
- 3.5 In 2019 The NHS Long-term Plan re-affirmed the NHS's commitment to make suicide prevention a priority and committed to rolling out funding, implementing a new Mental Health Safety Improvement Programme and plans to roll out suicide bereavement services across the country.
- 3.6 In 2019 the government published its first cross-government work plan to support the delivery of the National Suicide Prevention Strategy (2012, updated 2017). The focus of this plan included:
 - Using social media and the latest technology to identify those most at risk.
 - Improving data held on causes of death among veterans.
 - A greater focus on addressing the increase in suicide and self-harm among young people including asking social media companies to take more responsibility for online content that promotes methods of suicide and self-harm.
- 3.7 In 2018 Health Education England published Suicide Prevention and Self-Harm Competency Frameworks. These frameworks set out the competencies required

for effective interventions by clinicians and others working with people of all ages across generalist to specialist settings.

- 3.8 In 2018, to address suicide prevention in mental health settings, the Secretary of State for Health and Social Care launched a zero-suicide ambition across the NHS, starting with mental health inpatients but looking to expand to include all mental health patients.

4.0 What works to prevent suicide within the population?

- 4.1 There are a number of evidence-based activities to prevent suicide. In summary these include taking specific steps to reduce risk for those in mental health services and criminal justice services, for example by reducing access to the means of taking their own lives and identifying and targeting population groups at potential risk and building resilience and support, for example survivors of domestic abuse. There is also evidence that raising awareness and improving skills of frontline professionals and members of the public, to talk to and support people at risk of suicide is a key protective factor. Suicide prevention requires a collaborative approach, one that addresses the social and wider determinants and makes the most of the wealth of resources within communities.

5.0 Risk factors for suicide

- 5.1 The causes and consequences of suicide are complex. Frequently, several factors act cumulatively to increase a person's vulnerability to suicidal behaviour. Research evidence shows the following groups to be at risk of suicide:
- Men - Males are three times more likely to die by suicide than females.
 - Age - The highest rate of suicide for both men and women is 45 - 49 years.
 - Mental Health - Although only about a quarter to a third of people who take their own life have been in contact with mental health services prior to their death, The Mental Health Foundation estimates that 70% of recorded suicides are by people experiencing depression - often undiagnosed.
 - Self-Harm - A history of self-harm is a major risk factor for further self-harm and death by suicide.
 - Those who have experienced domestic abuse including sexual abuse - There are strong links between intimate partner violence and suicidal thoughts and behaviours. Manchester has high rates of domestic violence compared to other core cities.
 - Veterans - Veterans are at increased risk of suicide and this risk is increased for those who leave the armed forces early. (As opposed to longer serving personnel)
 - History of childhood abuse and other adverse childhood experiences.
 - Lesbian, gay, bisexual or transgender (LGBT) community - There is growing evidence of the increased risk of self-harm and suicidal thoughts amongst LGBT people and a study conducted in the UK highlighted the impact of homophobia and discrimination as key factors.

- Black, Asian and minority ethnic groups - Studies have found higher rates of self-harm and suicide amongst Asian women than for other groups. Prevalence data is limited however as ethnicity is not recorded on death certificates. A recent enquiry by PHE into the unequal impact of COVID-19 on BAME groups recommended that there should be legislative changes at a national level to allow ethnicity to be recorded as part of the Civil Registration process.
- Criminal Justice System - The World Health Organisation recognises that prisoners are a high risk for suicide, as are those on remand and those recently released from custody. The risk is greatest in the first week of imprisonment.
- Social and economic circumstances - People who are unemployed are 2 to 3 times more likely to die by suicide than those in work. High levels of deprivation and health-related worklessness in Manchester make this risk factor a particular concern.
- Inequality - People among the most deprived 10% of society are more than twice as likely to die by suicide than the least deprived 10%, according to the ONS.
- Drug and alcohol use - Alcohol and drug use can amplify suicidal thoughts, plans and deaths. A UK based study found that the use of alcohol significantly increased suicide risk, particularly in women.
- People with physically disabling or painful illnesses including chronic pain and long-term conditions - The National Confidential Inquiry into Suicide and Homicide by People with a Mental Illness (2015) found that around a quarter of patients who die by suicide have a major physical illness and this rises to 44% in patients aged 65 and over.
- Bereavement by suicide - people bereaved by the sudden death of a friend or family member are 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural causes. As well as the increased risk of suicide attempt, those bereaved by suicide were also 80% more likely to drop out of education or work. In total, 8% of the people bereaved by suicide had dropped out of an educational course or a job since the death.

5.2 We know that there are other population groups with specific needs and characteristics that may expose people to more risk factors for suicide- for example, autistic people. There is work underway nationally to explore what more can be done to understand and address the specific needs of these groups and the Manchester Suicide Prevention Partnership will explore what can be achieved locally.

6.0 COVID-19 and suicide risk

- 6.1 COVID-19 has had a significant impact on everybody's daily lives and on some people's mental health and wellbeing. The full impact that the pandemic will have on the social determinants of health is yet to be seen, but it is already evident that some communities have been more adversely impacted than others.
- 6.2 The longer-term impacts that the pandemic may have impacted on, particularly the economy and employment, may act as a driver of mental ill health. We do know that during the previous recession suicide rates have risen, and those who are hardest hit by economic downturn are also those who are at greatest risk of suicide, primarily middle-aged men. Data provided by the Samaritans suggests that during the pandemic, volunteers provided support over 700,000 times to men over the nine months since the social distancing restrictions began (April 2020 to December 2020). Three themes were identified as the key drivers, including loneliness or social isolation, concerns about the financial and economic future, and strain on existing relationships.
- 6.3 The recent (March 2021) report Preventing Suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives concluded that COVID-19 may have exacerbated existing issues or contributed to the development of new mental health problems across the risk groups of middle-aged men, those who self-harm, those with mental illness as well as children and young people.
- 6.4 Over the course of the past 20 months, clear evidence has emerged of the disproportionate impact of the COVID-19 virus on particular groups including Black, Asian, and Minority Ethnic people, people born outside the UK, disabled people and those at high occupational risk and/or in poverty. A Nuffield Health survey reported that 80% of British people working from home had felt the negative impacts of lockdown but that self-harming among gender diverse people has increased by 7%, compared with 2% in cis-gendered people. These groups were already known to experience poorer health and care access and outcomes before the pandemic.

7.0 National Suicide statistics

- 7.1 It is estimated that annually 800,000 people across the world die by suicide, with 5,316 people sadly taking their life in England in 2019.
- 7.2 Following several years of decline, the number of suicides registered in England increased in 2018 and 2019. Whilst it is too early to provide absolute figures for 2020, early indications from real time surveillance of a subset of local areas have not shown a rise in the number of suicides when comparing pre- and post-lockdown periods from January to August 2020. However, there is concern that the enduring effects of the pandemic will exacerbate future risk.

8.0 Suicides in Manchester

Suicides rates in Manchester, incorporating updated figures for 2018-2020

- 8.1 An updated set of data on the rate of suicides in Manchester covering the period up to 2018-2020 were published by Public Health England (PHE) as part of an update to the suicide prevention profile on 7 September 2021
- 8.2 The table below shows the trend in the number and rate of suicides in Manchester over the period between 2001-01 and 2018-20 (rolling 3-year aggregate figures). The rate presented in the table is a directly age-standardised rates (DSR) and is based on suicides *registered* in each 3-year period. This method has been used in order to take account of changes in the age structure of the population of the city over time.

Table 1: Suicide rate (Persons) in Manchester, 2001-03 to 2018-20

Period	Number of Deaths	Rate per 100,000	95% Confidence limits	
			Lower	Upper
2001-03	146	13.7	11.5	16.3
2002-04	141	13.4	11.2	15.9
2003-05	155	14.2	11.9	16.8
2004-06	151	13.7	11.5	16.2
2005-07	144	12.7	10.5	15.1
2006-08	137	12.7	10.5	15.1
2007-09	153	13.6	11.4	16.1
2008-10	179	15.9	13.5	18.6
2009-11	191	16.7	14.3	19.5
2010-12	185	16.2	13.8	18.9
2011-13	156	13.2	11.1	15.6
2012-14	138	11.0	9.1	13.2
2013-15	130	10.5	8.6	12.6
2014-16	131	10.6	8.7	12.8
2015-17	113	9.3	7.5	11.3
2016-18	113	8.7	7.0	10.4
2017-19	121	8.9	7.2	10.6
2018-20	129	9.3	7.6	11.1

Source: Office for National Statistics

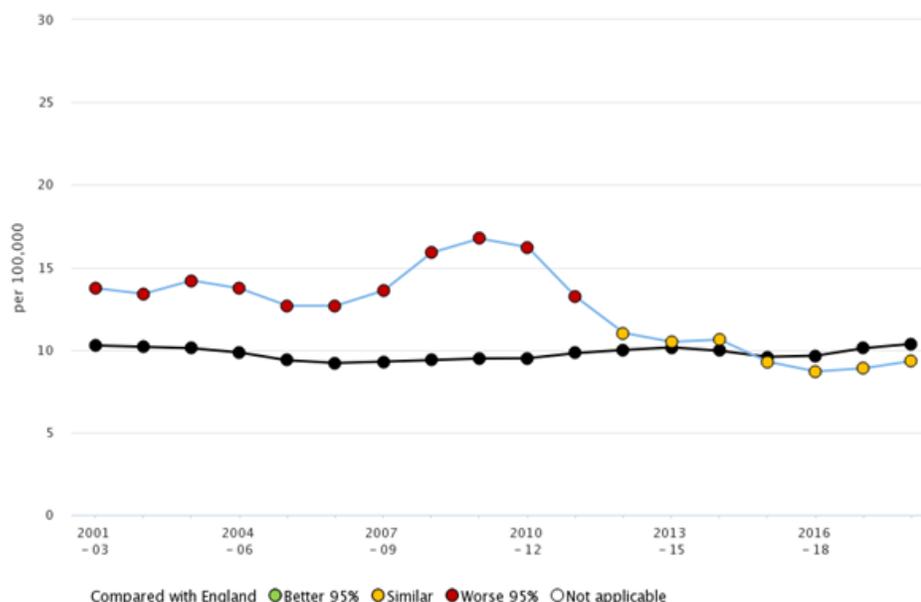
- 8.3 The table shows that the suicide rate in Manchester has increased from 8.9 per 100,000 in 2017-19 to 9.3 per 100,000 in 2018-20. The number of suicides has increased slightly over this period from 121 in 2017-2019 to 129 in 2018-2020.
- 8.4 Despite the small increase in the rate in the most recent period, the rate of suicides in Manchester remains much lower than the historic peak of 16.7 per 100,000 in the period 2009-11.
- 8.5 In 2018-20, the suicide rate in males (14.6 per 100,000) was nearly 3.6 times higher than that in females (4.1 per 100,000).

Table 2: Suicide rate in Manchester by gender, 2018-20

Gender	Number of Deaths	Rate per 100,000	95% Confidence limits	
			Lower	Upper
Males	98	14.6	11.6	18.2
Females	30	4.1	2.7	6.0
Persons	129	9.3	7.6	11.1

Figure 1: Suicide rate (Persons) in Manchester compared with England, 2001-03 to 2018-20

The chart below shows the historic trend in the suicide rate in Manchester compared with the England average (black circles).



- 8.6 The suicide rate in Manchester has now been below the England average for the last four data periods (2015-17 to 2018-20) although the size of the gap is not great enough for the difference to be statistically significant.

Contact with services

- 8.7 The proportion of people in contact with services before suicide has varied over the above time periods but the average proportion in contact is similar to national figures although the characteristics of people in contact with services who die by suicide are somewhat different from England as a whole, and probably reflect underlying population differences. Further detailed data on suicide in patients in contact with mental health services in the 12 months before death can be found in Appendix 2.

Characteristics and context of Manchester residents' suicides

- 8.8 The characteristics of Manchester residents who died by suicide are somewhat different to the characteristics of those who die by suicide in England as a whole. For example, Manchester residents have higher rates of death by self-poisoning; they are more often on long-term sick leave or from a black and minority ethnic group; and they are more likely to have a history of drug misuse and alcohol misuse. This is probably a reflection of differences in the socio-demographic characteristics of the underlying population as well as possible specific risk factors for suicide. Further detailed data on suicide in Manchester can be found in Appendix 2.

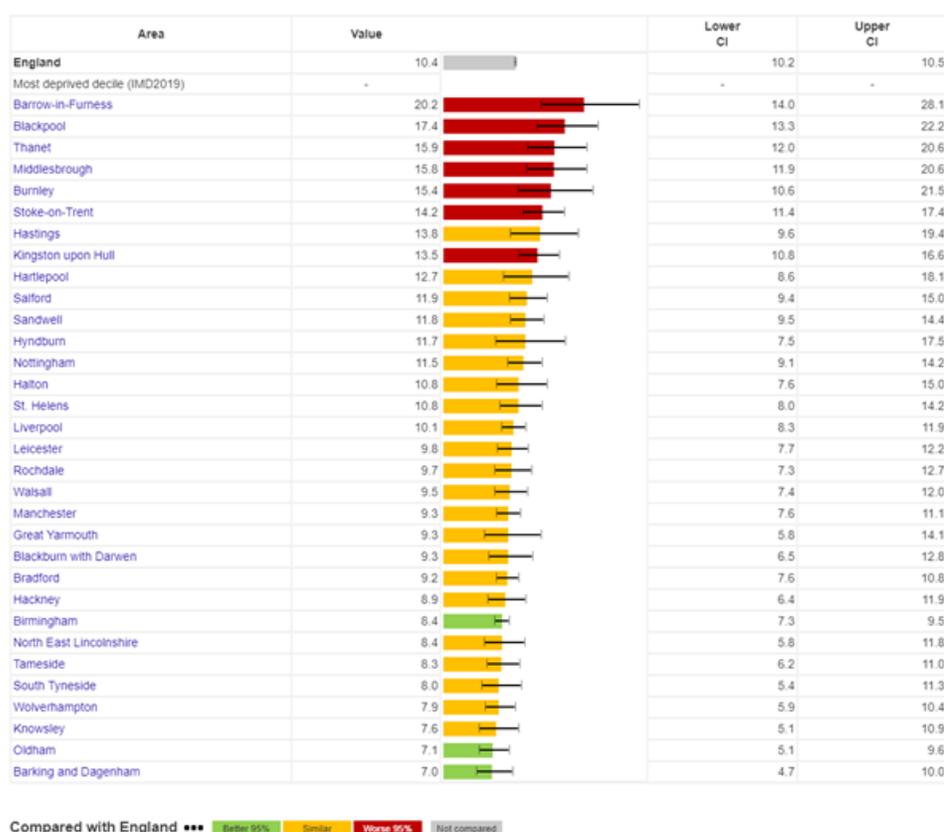
Figure 2: Suicide rate (Persons) for local authorities in Greater Manchester, 2018-20



- 8.9 Within Greater Manchester, only Wigan has a suicide rate that is statistically significantly higher than the England average. Trafford and Oldham have rates that are statistically significantly lower than the England average.
- 8.10 The chart below compares the suicide rate in Manchester with other similarly deprived local authorities in England (defined as local authorities that are in the most deprived decile (20%) of local authorities in England based on IMD 2019).

- 8.11 Once again, the chart shows that Manchester falls in the middle of this group of 'similar' local authorities. Of this group of local authorities, Barrow-in-Furness, Blackpool, Thanet, Middlesbrough, Burnley, Stoke-on-Trent and Kingston upon Hull have suicide rates that are statistically significantly higher than the England average. Only Birmingham, Oldham and Barking and Dagenham have a suicide rate that is statistically significantly lower than the England average.

Figure 3: Suicide rate (Persons) for local authorities in the most deprived decile (20%) of local authorities in England, 2018-20



9.0 Suicide and the COVID-19 pandemic; what the data shows

- 9.1 The precise impact of COVID-19 on suicides and suicidal ideation is still not yet clear. The often-lengthy delay between occurrence and death registration means that the impact of COVID-19 on suicides may not be fully apparent. However, the current evidence suggests that the COVID-19 pandemic has had profound and long-lasting psychological and social effects.
- 9.2 National data from the ONS Opinions and Lifestyle Survey shows that during the lockdown in early 2021 (27 January to 7 March), the proportion of adults experiencing some form of depression was more than double the rate seen

before the pandemic. Younger adults and people living with a child aged under 16 years had the largest increases in rates of depressive symptoms compared with pre-pandemic levels. Around 3 in 10 adults aged 16 to 39 years (29%) experienced some form of depression (indicated by moderate to severe depressive symptoms), compared with 11% in July 2019 to March 2020. Rates of depression also doubled among adults aged 70 years and over in the same period.

- 9.3 Social isolation, anxiety, fear of contagion, uncertainty, bereavement, chronic stress, rapid change in people's circumstances (particularly economic) may also lead to the development or exacerbation of depression, anxiety, substance use and other psychiatric disorders in vulnerable populations, including individuals with pre-existing psychiatric disorders and people who resided in high COVID-19 prevalence areas. Stress-related psychiatric conditions, including mood and substance-use disorders, are also associated with suicidal behaviour. In turn, all these factors may increase suicide rates during and after the pandemic.
- 9.4 The latest evidence from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) and the Centre for Mental Health and Safety at the University of Manchester did not find a rise in suicide rates in England in the 12 months following the first national lockdown in 2020, despite evidence of greater distress. However, several caveats apply. These are still early figures and may change. Any effect of the pandemic may vary by population group or geographical area. The use of Real Time Surveillance in this way is new and further development is needed before it can provide full national data.

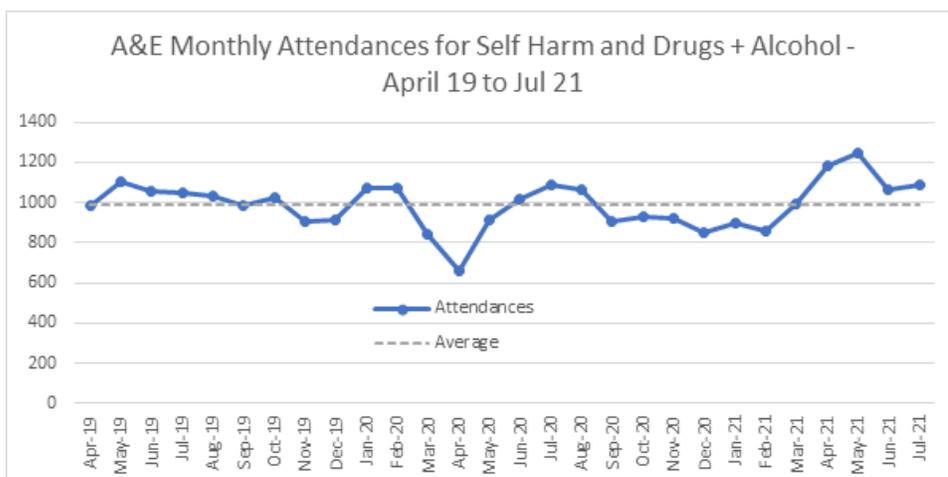
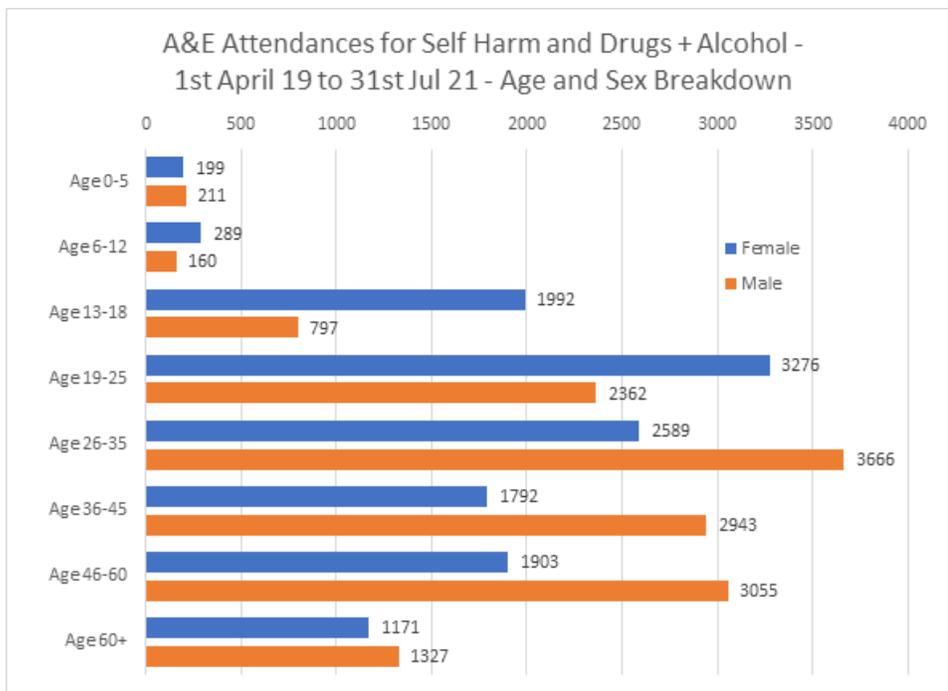
Reporting of Suicides

- 9.5 When the total number of suicides registered in 2018-2020 combined (129) is broken down into individual years, it is evident that there were fewer suicides registered in 2020 (38) than in 2019 (46) or 2018 (45).
- 9.6 The median registration delay (the difference between the date each death occurred and the date it was registered) for suicides in Manchester residents has increased to 432 days in 2020 compared with 420 days in 2019 and 350 days in 2018. Pressure on the civil registration and coroner's system linked to COVID-19 may mean that some deaths occurring in 2020 may not have been registered until 2021 and therefore will fall into next year's figures. This may account for some of the reduction in suicides registered in 2020 compared with previous years.

10.0 Monitoring self-harm as a proxy measure for suicide

- 10.1 Self-harm is when somebody intentionally damages or injures their body. There is evidence of a clear link between suicide or suicidal thoughts and people who have previously self-harmed. However not everyone who self-harms wishes to end their life. Some people describe their self-harm as a way of staying alive by responding to or coping with severe emotional distress.

10.2 The published data for suicides is not contemporaneous, however there is data in relation to admissions with self-harm that can be looked at as a proxy measure and monitor more closely over the next few months. The graphs below set out attendance at accident and emergency for self-harm and drugs and alcohol.



11.0 Greater Manchester Suicide Prevention

11.1 Greater Manchester (GM) Suicide Prevention Steering Group, overseen by the GM Suicide Prevention Programme Board, works to deliver the Suicide Prevention strategy, across GM around 6 key objectives:

- Reduce the risk of suicide in key high-risk groups

- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring.

11.2 Manchester is represented in the group and will continue to support the strategy both through the delivery of our local plan and leadership in project work at a Greater Manchester level.

12.0 Manchester Suicide Prevention Partnership

12.1 The Manchester Suicide Prevention Partnership continues to be chaired by Councillor Joanna Midgley, Mental Health Champion and Executive Member for Health and Care. The partnership steering group has continued to meet remotely during lockdown to share experiences and concerns and oversee the operational delivery of the Manchester Suicide Prevention plan (Appendix 1).

Manchester Suicide Prevention Plan

12.2 The plan has been developed in collaboration with our city's voluntary, statutory, and independent sectors working collaboratively with companies.

12.3 The refreshed plan for 202-2024 was approved by the Manchester Health and Wellbeing Board in January 2020 at the very start of the COVID-19 pandemic.

12.4 The refreshed plan was due to be launched at the start of the pandemic, but this was delayed due to the lockdown. The current (refreshed) plan was approved by Manchester Health and Wellbeing Board in January 2020 at the very start of the COVID-19 pandemic. Considering the recognised physical, psychological and economic impacts of the pandemic, the Manchester Suicide Prevention Partnership reviewed the priorities of the plan in August 2020 after the first wave. The Partnership agreed to maintain the original priority areas (Children and young people, middle aged men, and the LGBT community) whilst continuing to review national and local information as it emerges. Indeed, evidence from the National Confidential inquiry and the University of Manchester suggests that suicide rates during the first national lockdown in England did not increase significantly. However, it is still too early to assess the ongoing impact given that we have had three waves to contend with during the pandemic and Manchester has been under some sort of restrictions for extended periods. Furthermore, the winter of 2021/22 is likely to be one of the most challenging ever and despite the success of the vaccination programme COVID-19 is still circulating alongside flu and other respiratory viruses. It is also important to note that the backlog of health conditions both physical and mental that now require treatment has risen sharply

over the past two years. We will continue to monitor the data closely and identify any areas of concern quickly in relation to suicide and self-harm.

13.0 Current activity in Manchester

- 13.1 A summary of the range of activities taking place to reduce suicides in Manchester is outlined below. Some of this work is directly led by members of the suicide prevention steering group and other aspects are part of a broader system approach to suicide prevention in Manchester.

Work around the wider determinants

- 13.2 It is well recognised that suicidal behaviours are shaped by the social, economic, and physical environments in which we live, otherwise known as the wider determinants of health and wellbeing. So many of the factors evidenced suggest an increased risk of self-harm and suicide to socio-economic context. Local work around these factors is therefore critical to addressing needs before they escalate.
- 13.3 Manchester ranks as the sixth most deprived local authority area in England and is the most deprived local authority area in GM. 41.8% of children aged under 16 in Manchester are living in poverty (around 46,700 children), compared to 30% in England as a whole. COVID-19 has resulted in a significant rise in poverty, evident by a 90% rise in the number of unemployed people claiming benefits between March and May 2020.
- 13.4 The impacts of the prolonged economic shutdown experienced throughout 2020 and early 2021 are far-reaching and, as stated earlier in this paper have disproportionately affected specific sectors of our economy and resident groups.
- 13.5 Manchester has a diverse population, with around 30% of the population from Black, Asian and Minority Ethnic (BAME) groups, compared to around 15% in Greater Manchester and around 13% in England as a whole. The city also contains a diverse mix of religions and faith groups. Based on the best available research, it can be estimated that around 39,000 people in Manchester identify as Lesbian, Gay or Bisexual (LGBT) and 5,500 identify as Trans. According to the Health Survey for England 2016, around 9% of the population aged 16-64 in Manchester is estimated to have a “moderate or serious physical impairment”. The ONS annual population survey suggests that in the period April 2020 to March 2021, there were 21,700 people who were unable to work due to long term sickness - 22.7% of the working age population.

Manchester COVID-19 Recovery Framework

- 13.6 Tackling inequalities remains a priority, both in the context of COVID-19 risks and across all areas of suicide prevention. There is work to do on ensuring that all communities have equal opportunity to access services they need to support their

mental health, for example appropriate bereavement and suicide bereavement services, particularly relating to the pandemic.

- 13.7 The COVID-19 Recovery Framework being developed by Manchester's Population Health Team considers the underpinning reasons for poor health outcomes among different groups of people, whilst working alongside partners and stakeholders to address the wider determinants of health and deliver the Population Health Plan.
- 13.8 The recovery plan recognises the groups of people and communities may face additional multiple and compounding barriers, prejudice or discrimination owing to factors such as race, sexual orientation, disability and migrant status. Furthermore, some groups with protected characteristics can experience health inequalities over and above the general relationship between socio-economic status and health. People who are socially excluded also often experience multiple overlapping risk factors for poor health (e.g., socio-economic conditions, violence, adverse childhood experiences) and experience stigma and discrimination that impacts on their access to, and involvement with, health care. These are all factors that may contribute to suicide risk. It is recognised that people in 'inclusion health' groups can suffer from multiple physical and mental health issues which can lead to poor health outcomes and premature mortality.

Be Well Manchester

- 13.9 Be Well is Manchester's citywide health coaching, social prescribing and wellbeing service commissioned by the population health team. Big Life Group is the lead provider for the service, working in partnership with a range of other organisations (Pathways CIC, Northwards Housing/Yes, One Manchester, Southway Housing, Wythenshawe Community Housing Group, and Citizens Advice Manchester) who deliver aspects of the service. The service also partners with a range of community-based organisations to support delivery of Be Well services within community settings.
- 13.10 The Be Well service works closely with primary care services in Manchester. Practices have a named Be Well contact, and a range of primary care practitioners, including GPs, can make referrals to the service. Referrals can also be made by Integrated Neighbourhood Teams.
- 13.11 Social prescribing link workers provide 'lower intensity' support to build knowledge, skills and confidence and connect with community groups and networks. Health coaches provide this support alongside 'higher intensity' motivational interventions to support people to address more complex social, non-medical and lifestyle issues.

COVID-19 Health Equity Manchester

13.12 COVID-19 Health Equity Manchester (CHEM) was set up in July 2020 in response to the disproportionate impact that was increasingly evident in some of Manchester's communities. Whilst this work is currently COVID-19 focused, it is establishing links and pathways for helpful communications about sensitive and potentially stigmatising issues with our communities. Manchester Suicide Prevention Partnership is keen to build on these networks to garner local evidence of issues and work together around suicide prevention.

Manchester Local Care Organisation Long Term Conditions programme

13.13 Long term conditions have been shown to be associated with suicide risk. The Manchester Suicide Prevention Partnership has previously held a public facing forum around this issue. The Manchester Local Care Organisation (MLCO) Long Term Conditions (LTCs) programme aims to move care and support upstream into neighbourhoods and communities, and tackle and reduce the long-standing inequalities in LTC outcomes we see across Manchester.

Neighbourhood working

13.14 MLCO's Neighbourhood plan's, developed annually, 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. In recent months Manchester's Suicide Prevention partnership has begun to explore how best we can link into neighbourhood teams to identify issues of concern and work together to deliver suicide prevention initiatives at a local level.

Homelessness

13.15 Suicide is the second most common cause of death among people who are homeless in England and Wales. Manchester's Homelessness Strategy (2018-2023), launched in October 2018, is key to tackling the challenges for Manchester, and sets out three aims for reducing homelessness:

- Homelessness a rare occurrence: increasing prevention and earlier intervention at a neighbourhood level.
- Homelessness as brief as possible: improving temporary and supported accommodation to be a positive experience
- Experience of homelessness to be a one-off occurrence: increasing access to settled homes

14.0 Suicides by Children and Young People

14.1 Concern has grown for children and young people as the numbers of suicides have risen. This was a pre-pandemic concern. Suicide in people under the age of

25 is also rising. In 2019 there were 565 suicides registered nationally in this age group - one of the largest rises of the last decade. A study of suicide in children and young people in the UK by the National Confidential Preventing suicide in England: Fifth progress report Inquiry into Suicide and Safety in Mental Health (NCISH) identified antecedents such as bullying, internet use and bereavement.

- 14.2 During the first 56 days of lockdown, the National Child Mortality Data Team (NCMD) saw multiple deaths from suicide, but with small numbers and significant fluctuation, it was difficult to tell whether there was a significant difference from pre-pandemic times. NHSE/I alerted clinicians and services to this possible increase, including potential risks for those with Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD). In subsequent months, the incidence of suicide returned to pre-pandemic levels. Trends remain under regular review and the NCMD team are updating previous reviews of child suicides in 2021.

Manchester schools

- 14.3 Since schools welcomed all children back following the second lockdown in March 2021, attendance has been good, however the long-term impacts particularly for children who are living in poverty, and experiencing other disadvantages, are yet to be seen and will need to be considered in the plans for recovery.

Manchester Thrive

- 14.4 Manchester Thrive (MThrive) works across the proposed 3 community hubs in Manchester. The North Hub is fully operational based within Youth Factory Zone in Harpurhey, the South Hub is going live from January 22 based within the Lifestyle Centre in Wythenshawe and the Central Hub following soon after. The ethos of MThrive is to support and enhance communities' ability to thrive and ensure that if anyone/family requires mental health and wellbeing support that they know the offer and choice and are able to access the appropriate service to meet their needs. The hubs will hold a local directory of resources and provide mental health and wellbeing awareness resources to support early intervention and health promotion, including a digital front door launch in 2022.
- 14.5 In collaboration with MCC Education a clear pathway support offer is now in place and operational for schools and colleges following a suicide, enhanced by Team around the School process for schools that have concerns and need additional multi agency support led by Safeguarding in Education.
- 14.6 The MThrive in Education Team is now operational and continues to be embedded within schools and colleges. This is a new Child and Adolescent Mental Health Services (CAMHS) in reach offer. It holds a Directory of Resources that is regularly updated and shared with schools and partners. The MCC Anxiety pathway has been created as an early intervention model for schools and

colleges for multi-agency partners who work with children and young people, to assist when schools and colleges re-opened. The Team also provides direct interventions and consultations to our Manchester Schools and Colleges. Lessons learnt and positives from the Greater Manchester Combined Authority pilot around mental health in schools have been incorporated into the design and offer of this team.

- 14.7 In addition the Suicide Prevention Partnership has also secured some funding for Papyrus to undertake training for teachers across Manchester. This will be coordinated by the Manchester Healthy Schools team in 2022 and will complement MThrive described above

15.0 42nd Street

Chris Jacob - Head of service, will be attending the December Health Scrutiny Meeting.

- 15.1 Over lockdown, the service identified issues of concern relating to:

- Disruption in socialisation skills
- Disruption to education and academic achievement
- Lack of motivation
- Increased sense of isolation
- Decreased confidence in different aspects of development & levels of independence
- Increased risk of or actual domestic abuse/violence

- 15.2 Additionally, the service witnessed some potential positive Impact of COVID-19 lockdown on some young people including:

- Benefit from additional time with family
- Break from school (for those where school is a trigger or source of stress)
- Opportunity to learn other skills (non-academic based)
- Re-appraisal of benefits of school

- 15.3 The service saw a dramatic increase in the use of online & remote services. They have continued to offer both off and online and remote services throughout the pandemic period. It is now part of their core offer to offer a blended choice.

- 15.4 The service has increased the number of groups on offer online, which have been well attended. Services were customised to fit around the needs of young people, for example timing sessions to meet the needs of post school / college hours and offering 'walk and talk' sessions for young people who struggled to access support from inside their home. 42nd Street has continued to see high trends of LGBTQ+ and BAME communities accessing the platform.

16.0 Manchester Caribbean and African Health Network

Charles Kwaku-Odoi, Chief Officer, Manchester Caribbean and African Health Network (CAHN) will be attending the December Health Scrutiny Meeting.

- 16.1 CAHN works across the whole of Greater Manchester and is committed to improving holistic health and well-being for the Caribbean & African community.
- 16.2 Suicide happens in all communities; however, it can be taboo topic in the black community and therefore people may not talk about it openly.
- 16.3 During the pandemic, across Greater Manchester, there were suspected suicides in the black community. In response, CAHN took proactive action to raise awareness within their community in Greater Manchester and beyond with the support of professionals. This included:
- Suicide prevention workshops were held that helped the community to open up and understand more about this sensitive subject. There was a specific focus on Black men as they find it extremely difficult to talk about their feelings.
 - Staff training Suicide First Aid Workshop which provided insight and access to tools to recognise and support those at risk of suicide. Following this training, the trainer was able to support community leaders in providing basic advice on how to prevent suicide in our community.
 - A virtual SafeTALK Suicide Workshop delivered by Bishop Herbert McKenzie, a Black certified mental health trainer and Minister of Religion. About 70 people attended the session. Three trained CAHN counsellors were at this session as an active step for anyone that required help and support.
 - CAHN Suicide First Aid Lite Training for the community - This event, with approximately 65 attendees, was aimed at teaching the theory and practice of suicide intervention skills that can be applied in any professional or personal setting. This was followed up with 2 café style virtual sessions to further engage the community in an interactive manner with experts. These sessions were well attended by 40 people in total and provided insight into gaps in knowledge and access to services.
- 16.4 In November, CAHN in collaboration with Black Men for Change & Black Mental Health Wellness UK will be running two workshops. One workshop will take place in Manchester and one in London with the aim to Increase understanding and knowledge of practical suicide prevention techniques and to enable participants to confidently make appropriate and timely interventions if they think someone is feeling suicidal.

16.5 To continue their work, CAHN are seeking resources to employ a Suicide Prevention Officer to build on the work with the Black community in Manchester and beyond.

17.0 Bereavement Support

17.1 Greater Manchester Bereavement Information Service was launched in April 2019 with funding from the Greater Manchester Health and Social Care Partnership. This service aims to provide compassionate support and practical advice to those who are bereaved.

17.2 The service was originally set up for those bereaved specifically by suicide, however It was recognised when bereavement increased due to COVID-19 that the bereavement support offer should be widened as bereavement is a suicide risk factor in itself (though suicide bereavement is an increased risk).

17.3 Based in Salford, the service has a dedicated office hours phone line and signposts callers to local services that can help. Evaluation data has demonstrated that the service is already helping Manchester residents bereaved either recently or in the past.

17.4 The GM Bereavement Service also has a digital platform www.Greater-Manchester-Bereavement-Service.org.uk

17.5 Posters have been shared in community spaces and leaflets about the service shared with Coroners to pass on to bereaved families.

17.6 All coroners have agreed to share details with consent of bereaved family with the GM Bereavement Service for additional support.

17.7 Manchester links into the GM Bereavement Service, promoting its profile amongst our communities.

Bereavement support for communities of concern

17.8 It is recognised that bereavement (for any death) can be a risk for suicide of those affected. National data indicates that during the first wave of the pandemic (roughly defined as January to September 2020), the rate of death involving COVID-19 was highest in Black African, Bangladeshi, Black Caribbean and Pakistani ethnic groups. In the second wave of the pandemic (September 2020 onwards), most Black and South Asian ethnic groups remained at higher risk of death than White British people, even after adjusting for other risk factors, such as occupation, living arrangements and pre-existing health conditions.

17.9 Some groups of occupations have also continued to have high rates of death involving COVID-19 over the entire time period of the pandemic when compared with rates among those of the same age and sex in the population. These include

people working in routine, manual and service occupations (e.g. construction workers and cleaners), caring, leisure and other service occupations (e.g. nursing assistants, care workers, and ambulance drivers) and transport drivers (e.g. taxi or bus drivers). There are large numbers of people working in some of these occupations in Manchester, including a disproportionately high number from some Black, Asian and Minority Ethnic groups.

- 17.10 It is therefore key that culturally appropriate bereavement / support services are targeted, made visible and available in all communities and employment sectors.

Manchester Coroners Services

- 17.11 Upon receipt of a potential suicide, Coroner's office staff take extra time to gauge the family and understand any dynamics or cultural needs. Supportive literature and signposting to support services is sensitively shared with the family for them to make their own about accessing what might be helpful for them.
- 17.12 The availability of support is reinforced with the national booklet '*Help is at Hand: Support after someone may have died by suicide*' being sent out along with the coroners Certificate of Fact.

18.0 Suicide Surveillance, Research, and intelligence

- 18.1 Manchester is a national and international leader in suicide and self-harm research through the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) and the Manchester Self Harm Project (MaSH). Professor Nav Kapur has provided regular annual briefings to the Manchester Health Scrutiny Committee on the work of MaSH and will be attending the December 2021 meeting.
- 18.2 A pilot for the collection of key 'real time' data, co-ordinated by the Greater Manchester Suicide Prevention lead, is currently underway with a limited number of our Greater Manchester partners. In Manchester we have our own system in place but are investigating the potential of joining the GM pilot. Having oversight at a GM level of suspected suicides will aid in the identification of suicide clusters as well as joined up responses.
- 18.3 In Manchester, a nominated Population Health Team member is notified of **potential** suicides by the Manchester Coroner within 72 hours of the incident. A specific pathway is followed to flag whether there are incidents that may require a multi-agency response to reduce the risk of further suicides or to co-ordinate a support response in a specific area / community. Recent incidents included coordinating action with agencies such as Highways England, British Transport Police, Greater Manchester Police and MCC Neighbourhoods staff.

19.0 Training and awareness raising

- 19.1 Manchester is part of the Greater Manchester campaign 'Shining a Light on Suicide'
- 19.2 The campaign's digital platform aims to provide information for those experiencing suicidal thoughts, concerned for another or who are bereaved by suicide. It includes an opportunity to access free online suicide prevention training. To date approximately 28,000 people have completed the training. Further information can be found at www.shiningalightonsuicide.org.uk The site is regularly updated with additional resources but also new Stories of Hope films.
- 19.3 Manchester has been supplied with social media resources (posters, drink coasters, pull up banners) to help raise awareness of the campaign locally. The campaign has also recently had the support of the League Managers Association in a partnership.

Suicide Awareness Training

- 19.4 At the start of the pandemic, members of the Manchester Suicide Prevention Partnership with training skills delivered Suicide Awareness sessions to neighbourhood staff in the South of the City. This training will be picked up and shared further as staff capacity returns to a level to enable this.
- 19.5 Suicide First Aid Lite training has been delivered to 500 people, primarily from the advice sector across GM. In Manchester over 50 staff from Early Help, Homelessness services and MCC Contact Centre have completed this half day training

'Safe Talk' training course

- 19.6 A 'Safe Talk' training course (accredited suicide prevention training) was delivered prior to COVID-19 in Central Manchester aimed at barbers, hairdressers and tattooists. Feedback from the course was positive. However, it is recognised that it is a challenge for this profession to take time out from their working week to attend a face-to-face course and alternative methods of delivering messages and information will be explored. Virtual training was delivered this year with attendance by some Manchester barbers.
- 19.7 The City Council sees supporting the health and wellbeing of its employees as a priority. Mental health awareness training is available to all staff and managers. This training, delivered by the Manchester College, is a core part of the refreshed Leadership and Management development programme for all managers and specifically addresses mental health awareness, suicide prevention and managing mental health. There is also generic mental health awareness training for all staff. The City Council also has an Employee Assistance Programme (EAP)

which provides free, confidential, 24/7 advice, emotional support and counselling to all employees and their immediate family.

20.0 Manchester Mental Health & Social Care Trust

A paper providing further details on Greater Manchester Mental Health NHS Foundation Trust was taken to the July 2021 Health Scrutiny meeting.

Crisis Cafés

- 20.1 As a component of the GMMH Crisis and Urgent Care response in Manchester, GMMH established the first MH Crisis Café across GM. The GMMH North Crisis Cafe is an out of hours friendly and supportive space open to anyone experiencing a mental health crisis and was opened rapidly as part of the winter resilience planning in December last year. The aim of the service is to offer a practitioner led community facing alternative to A&E for those experiencing emotional or psychological distress. Using a recovery approach, the café offers support and advice from qualified Mental Health Practitioners and support staff in a relaxed and comfortable environment. The second Crisis Café in partnership with VCSE Turning point opened on the 2nd June 2021, and after a phased start, it is now open 7 nights per week, including afternoons at weekends as well. This new service is known as The Recovery Lounge, with the same aim being to have an alternative to A+E for those people experiencing a mental health crisis. This non-clinical service is staffed by a support team including peer support workers. The service manager for this café attended the most recent Suicide Prevention Partnership meeting where there was much information sharing and networking around this welcome service.

Helpline

- 20.2 GMMH has also expanded the 24/7 freephone helpline. This service is available to all people in a mental health crisis or requiring COVID 19 specific support recognising the increased prevalence of mental health problems across the population because of the pandemic. The helpline provides a directory of services, helping to signpost and connect people with the appropriate Voluntary, Community and Social Enterprise (VCSE) services that can offer support as well as enabling direct access to GMMH home based treatment services for Manchester residents experiencing a crisis where the level of need indicates. The Helpline provides beyond mental health crisis and also provides a response for people with substance misuse problems and children and young people.
- 20.3 The following suicide prevention interventions have been put in place in hospital settings during the past 12 months:
- Training ward staff in ligature risk assessment and ligature cutters use for staff on all wards (not just high risk).

- Mandatory eLearning training around suicide prevention being rolled out across the trust
- At all trust Emergency Departments anyone showing signs of suicidal or self-harm tendencies will be seen by a mental health liaison practitioner before they leave.

21.0 Domestic abuse

- 21.1 The pandemic brought challenges in Manchester for victims of domestic abuse, including children who are victims, and for the agencies and services working to protect and support them. In response, local agencies and services swiftly and effectively adapted their ways of working to maintain levels of contact and support for victims, developing innovative solutions and alternatives to their more traditional forms of delivery
- 21.2 The pandemic also acted as a catalyst for some innovative national responses, which were effectively amplified and locally promoted. Examples included:
- Rail to Refuge - this scheme, a partnership between the Rail Delivery Group and Women's Aid, was originally launched in lockdown 1, was highly successful through 2020-21
 - Safe Spaces - from an initial footprint in national pharmacy chains Boots and Superdrug, this was expanded to include other major retailers such as Morrisons and TSB Bank. In Manchester we worked with colleagues in the NHS to promote expansion of the scheme to over 50 independent pharmacies and to other major retailers with presence in our neighbourhood centres.

Review of the Domestic Abuse Strategy

- 21.3 A project team of officers carried out consultation with providers, stakeholders elected members and those with lived experience to create a partnership Domestic Abuse Strategy. The final version of the strategy is reflective of that engagement and will be launched on 26th November 2021. The new strategy has 3 main aims:
- Prevent abuse and promote healthy relationships.
 - Identify abuse and intervene as early as possible.
 - Support victims/ survivors' recovery

22.0 Adverse Childhood Experiences (ACEs)

- 22.1 It is well recognised that the accumulation of ACEs increases the odds of suicide ideation and attempts. Compared with those with no ACEs, the odds of seriously considering suicide or attempting suicide in adulthood increased more than threefold among those with three or more ACEs.

- 22.2 Training on ACEs and trauma informed practice is being delivered across the city. Much of the training is still virtual, though there are some face-to-face sessions. Follow up work is taking place to implement the learning into core practice, for example with health visitors, GPs and the newly established M-thrive hubs.
- 22.3 In other sectors the ACEs team are delivering a resilience project with Manchester Art Gallery targeting Key Stage 2 pupils and have developed a network of champions from education and housing who act as advocates in their organisation and help to share knowledge and good practice across the city. A key work strand is to support third sector colleagues to develop and deliver community-based trauma responsive interventions that promote social connectedness, support wellbeing, and mitigate the effects of trauma.

A case study – Manchester Early Help

The pandemic has provided many challenges to service delivery; however, Early Help staff have maintained the service throughout, the helpline has been consistently available to our partners and regular face to face contact via home visits following health and safety advice has meant that families were seen and offered appropriate support.

Information received through discussion and relevant presentations from the suicide prevention partnership meetings is shared service wide. Attendance at the regular meetings has linked Early Help to key partners/services and to relevant training such as the Zero Suicide Alliance Suicide Awareness Training which practitioners and their managers report has given them the confidence to help someone who may be considering suicide and the impact on family members who have been impacted by loss due to suicide. This awareness training is now mandatory for all Early Help staff and is offered at induction.

By engaging in the SP meeting the service has been able to identify themes, gaps, and alert to triggers for suicide such as the removal or loss of contact with a child, poor maternal mental health, bereavement by suicide and other past harm and trauma. These issues can be discussed in monthly case supervision.

Integrated Community Response workers are now located in all 3 Early Help hubs to provide 42nd Street support to young people open to Early Help and to guide/advice Early Help Practitioners. Future plans are to pilot Think Family in the Thriving Babies work with an adult's worker which will help Early Help to navigate adult mental health pathways. We have also recognised the emotional impact of exposure to suicide on our workforce and are working with Human Resources to offer good quality support such as counselling where this is needed.

23.1 Samaritans and the Rail Network

- 23.1 The Covid-19 pandemic presented challenges to the Samaritans rail programme, as restrictions meant that until July 2021, volunteers were unable to hold awareness raising outreach events at stations or offer in-person post-incident emotional support. A flexible approach, however, has meant that the service has still been able to engage with both the public and rail staff. For example, their Brew Monday campaign in January 2021 – normally a big ‘moment’ on the rail network - was delivered virtually. A bespoke virtual presentation was developed that branches were able to deliver, entitled ‘Learn to Listen’ which shared some of Samaritans listening tips, and many virtual gatherings were held for people to catch up over a cup of tea. Virtual events have also been delivered to Cross Country Trains in Manchester.
- 23.2 Other ways in which the Samaritans rail programme were able to make their presence felt in Manchester was through further partnership work with train operators. Northern Railway have been promoting their Real People Real Stories and Small Talk Saves Lives campaigns on their digital ticket machines, and they also offer commuters the opportunity to donate their Delay Repay refunds to Samaritans.
- 23.3 There have been fatalities on the rail network in Manchester City Council’s area over the course of 2021 to date. Following the lifting of COVID-19 restrictions support was able to be offered. This support involved the offer of specially trained Samaritans volunteers attending the station location to offer emotional support to both rail staff and the public who may have been affected.

24.0 Veterans

- 24.1 Walking With the Wounded is a member of the Manchester Suicide Prevention Partnership. This Military charity supports veterans whether ‘mentally wounded, socially wounded or physically wounded,’ recognising ‘that they deserve the care, support and means they and their families need to function in society, serving in the communities in which they live, reigniting their sense of purpose and making a positive contribution again’.
- 24.2 Manchester City Council's commitment to continue its support for the Manchester Armed Forces Covenant was outlined in a report to the Executive in June 2021, including its support for the Armed Forces Covenant, a long-standing promise by the nation that those who serve or who have served in the Armed Forces, and their families, will be treated fairly and will not be disadvantaged in accessing public and commercial goods and services as a result of their military service. It also allows for special provision for those who have sacrificed the most, such as the bereaved and injured.

24.3 There are other locally accessible services for Manchester Veterans to link into including The Military Veterans Service and The Transition, Intervention, and Liaison Service (TILS).

25.0 Primary care

25.1 A Manchester GP attends Manchester Suicide Prevention Partnership meetings. She has recently produced and shared suicide prevention training videos for clinical colleagues on social media.

26.0 Homelessness

26.1 Suicide is the second most common cause of death among people who are homeless or rough sleepers in England and Wales, with 13% of deaths among homeless people or rough sleepers in 2018 being due to suicide. The Manchester Homeless Charter has 3 strategic aims:

- Making homelessness a rare occurrence: Increasing prevention
- Making homelessness as brief as possible: Improving temporary and supported accommodation and making it as positive an experience as possible
- Making homelessness a one-off, and not repeated, experience: increasing access and support maintaining a settled home

26.2 The Homelessness Partnership and the City Council recognise that everyone has a part to play in working together to end homelessness in Manchester.

27.0 Substance Misuse

27.1 Substance misuse use is a risk factor for both fatal and nonfatal overdoses, suicide attempts, and death by suicide. Manchester has increasing numbers of residents engaged in treatment with Change Grow Live (CGL), identifying a mental health treatment need, often requiring greater liaison with mental health services. The Manchester Dual Diagnosis Liaison Service (MDDLS) is commissioned by Population Health and based within the Greater Manchester Mental Health NHS Foundation Trust (GMMH). The service offers mental health and substance misuse training and case management advice to services working with those Manchester residents who have a combination of mental health diagnosis and substance misuse problems (commonly referred to as a dual diagnosis). The service supports organisations in the development of and adherence to pathways for psychological therapies (IAPT), as well as providing advice on escalation processes for the more complex dual diagnosis cases seen by CGL and other practitioners. The MDDLS has recently established a bi-monthly forum between the trust and CGL to review and improve communication and joint working arrangements.

27.2 Over the last year, Manchester has successfully secured time limited funding from the Office for Health Improvement and Disparities (OHID) to invest in the treatment system in Manchester. This has included the creation of additional posts within CGL, GMMH and the local authority Substance Misuse Team to provide an enhanced service offer and wider wraparound support to priority workstreams. This has included investment in the following:

- Multi-disciplinary team response to supporting people who sleep rough in Manchester
- Criminal justice pathways, treatment and liaison
- Tier 4 Inpatient detox and rehab placements
- Needle and syringe programmes
- Recovery support (peer to peer and Naloxone)
- Greater Manchester Drug Related Death Surveillance Panel

28.0 Gambling Harms

28.1 There is growing evidence of a wide range of harms associated with gambling including severe personal and household debt, relationship difficulties and domestic abuse, crime, homelessness and family conflict which impacts on children who live with gamblers. These issues can be associated with health harms including higher mortality and more suicidal events.

28.2 A Population Health Team Programme Lead leads our activity in relation to gambling related harm. This includes being part of the city council's statutory Licensing Function, which regulates some types of gambling activity (e.g. Betting shops and casino's) and contributing to the GM Gambling Harm Reduction programme, which seeks to research, prevent and reduce gambling related harms in conjunction with the Gambling Commission and OHID. This programme includes activities to:

- Build understanding and the evidence base around gambling harms including improved collection and access to data
- To increase uptake of gambling harms treatment services, including proposals to have GM treatment provision located in Manchester city centre. Specialist services are currently provided by Beacon Counselling Trust and the NHS Northern Gambling Service, funded via a "polluter pays" model.
- Support, develop preventative interventions and engage with local individuals, families and communities who have lived experience to co-design change.

29.0 Recommendations

29.1 The Committee are asked to note the contents of the report, consider the multiple factors that impact on suicide rates and provide feedback and ideas to support the suicide prevention plan 2020-2024.

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A local suicide prevention plan for Manchester: 2020–2024



Foreword

Every death by suicide is one death too many, and we are committed to reducing the number of people who die by suicide in Manchester. We want to ensure that support is available for those experiencing mental distress and suicidal thoughts, and for those sadly bereaved by suicide.

We are very aware of the huge impact that the COVID-19 pandemic is having on our communities. The psychological impact of the pandemic is as significant as the physical and economic impacts and likely to last much longer. In addition, we know COVID-19 has exacerbated existing health inequalities, and the effects are being disproportionately felt by the most vulnerable in our city.

We therefore welcome Manchester's second local suicide prevention plan at this critical time as we gradually emerge from the pandemic. The plan has been developed in collaboration with our city's voluntary, statutory and independent sectors, which have worked collaboratively with companies, and we would like to acknowledge the efforts of all involved.

Councillor Joanna Midgley

Chair of Manchester Suicide Prevention Partnership

David Regan

Director of Public Health

About the plan

The plan was approved by the Manchester Health and Wellbeing Board at the very start of the COVID-19 pandemic in January 2020. In light of the recognised physical, psychological and economic impacts of the pandemic, the Manchester Suicide Prevention Partnership reviewed the priorities of the plan in August 2020 after the first wave. The Partnership agreed to maintain the original priority areas (children and young people, middle-aged men, and the LGBT community) while continuing to review national and local information as it emerges.

Indeed, evidence from the National Confidential Inquiry and The University of Manchester suggests that suicide rates during England's first national lockdown did not increase significantly. However, it is still too early to assess the ongoing impact, given we have had three waves to contend with during the pandemic and Manchester has been under some sort of restrictions for extended periods. Furthermore, the winter of 2021/22 is likely to be one of the most challenging ever, and despite the success of the vaccination programme, COVID-19 is still circulating alongside flu and other respiratory viruses. It is also important to note that the backlog of health conditions both physical and mental now requiring treatment has risen sharply over the past two years. We will continue to monitor the data closely and identify any areas of concern quickly in relation to suicide and self-harm.

Why suicide prevention is important

Suicide prevention is a key public health priority and a key action under the 'preventing early deaths' priority in the Manchester Population Health Plan 2018–27. Every suicide is both an individual tragedy and a loss to society. Each suicide is one too many and can have a devastating impact on those affected, including family, friends, colleagues, professionals, neighbours and the wider community. Those bereaved and affected by suicide are at greater risk of developing suicidal thoughts and behaviours themselves.

The economic costs of suicide and self-harm are immense – it is estimated that the cost of each suicide is £1.67million¹ borne across families, services and society. A significant proportion of this relates to the impact of bereavement on others through, for example, lost earnings and mental-health impacts.

It is estimated that the cost of each suicide is  **1.67million**

¹ McDaid, D and Kennelly, B (2009). An economic perspective on suicide across five continents. In D Wasserman and C Wasserman (Eds). Oxford textbook of suicidology and suicide prevention: A global perspective (pp. 359–367) Oxford, UK: OUP

Key facts about suicide

The causes of suicide are complex and are likely to be a combination of previous vulnerability and recent events. Three-quarters of deaths registered in 2018 were among males, which has been the case since the mid-1990s.² The UK male suicide rate increased significantly in the past year, whereas the female rate stayed consistent with rates over the past ten years. The highest rates for both males and females are seen in the 45–49 age group.

Despite having a low number of deaths overall, rates among under-25s have generally increased in recent years.

Different studies have shown that around a third to three-quarters of people who take their own lives are not in contact with mental-health services.

Research evidence shows that the following groups and associated factors increase risk of suicide:

- Males
- Middle age
- Previous self-harm
- Drug and alcohol use
- Mental ill health/depression
- Debt and unemployment
- Physical health conditions, including pain
- Relationship breakdown
- Those who have experienced domestic abuse, including sexual abuse
- Specific occupational groups, including doctors, nurses, farmers and construction workers
- Veterans
- Adverse childhood experiences
- Lesbian, gay, bisexual or transgender community
- People in the criminal justice system
- Bereavement by suicide
- Care leavers
- Some BAME groups, eg. South Asian women.

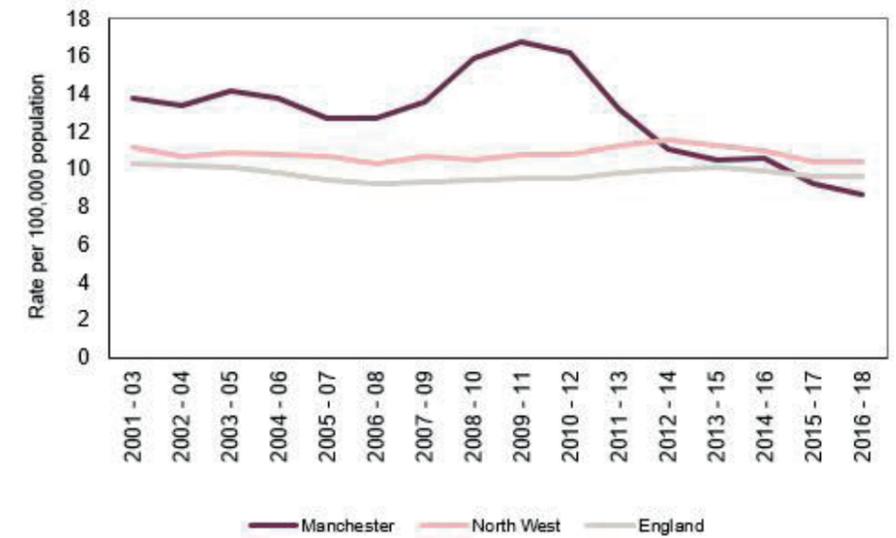


Key statistics in Manchester

In Manchester, the three-year all-age suicide rate has fallen from 9.28 per 100,000 in 2015–17 to 8.69 per 100,000 in 2016–18, and the Manchester rate is now below the England average (but the difference is not statistically significant).

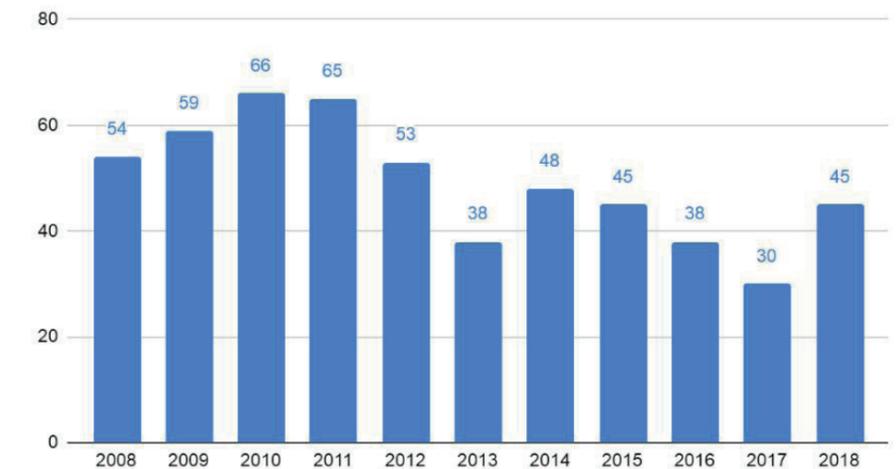
However, 2018 showed an increase in the number of suicides registered in Manchester during that year, and this is in line with UK rates that showed a single year increase – the first since 2013.

Deaths from suicide and injury undetermined



Source: Public Health England © Crown Copyright 2019

Number of suicides in Manchester by year of registration



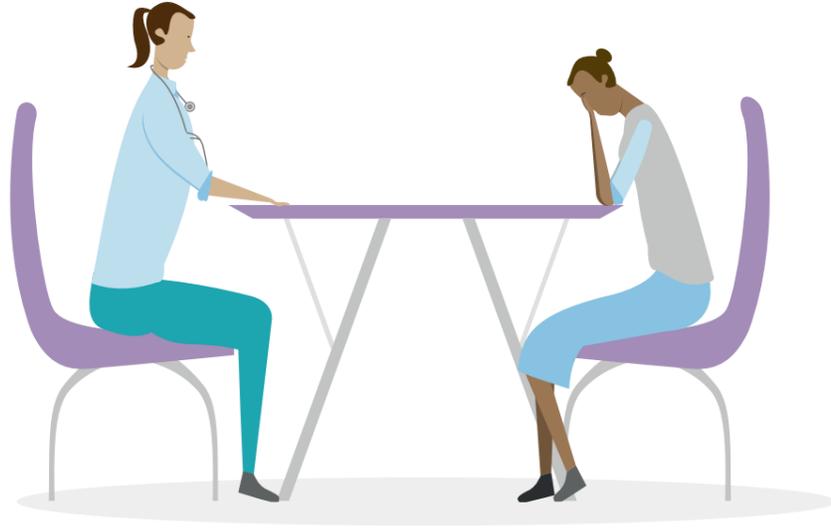
² Office for National Statistics. Suicides in the UK: 2018 registrations

Our aim

To prevent suicide, support people in emotional distress, and support those bereaved and affected by suicide.

Our approach and key principles

- Take a universal and targeted approach to suicide prevention, prioritising groups at high risk, as well as ensuring a broad reach
- Ensure suicide prevention is included in commissioning mental health and broader wellbeing services
- Deliver effective, high-quality services to support mental and physical wellbeing
- Align to national and regional priorities where appropriate and recognise local need
- Use data and evidence to inform our approach and be dynamic in our response to emerging risks and themes
- Work at a neighbourhood level to ensure that approaches are co-produced with communities, reflect local needs and concerns, and draw on local assets
- Disseminate and utilise learning from Child Death Overview Panels, serious case reviews, learning reviews, and safeguarding adult reviews
- Work to ensure suicide is reported and communicated sensitively
- Reduce access to the means of suicide
- Evaluate our work to measure impact.



Our priorities

The plan follows the structure of the internationally recognised model for Suicide Safer Communities, based on eight key pillars.

Pillar	Action area
Leadership	<p>Manchester Suicide Prevention Partnership will continue to meet, including:</p> <ul style="list-style-type: none"> • Steering group to oversee the delivery of the local plan • Scrutiny and accountability through health • scrutiny committee and health and wellbeing board • Subgroups and task and finish groups to support different aspects of the plan • Regular forums and network events to address key topics and encourage collaborative working
Evidence, data and intelligence	<ul style="list-style-type: none"> • Identify priority locations and co-ordinate a Public-health response • Research suicide risk in BAME communities in Manchester
Suicide Prevention campaigns and communications	<ul style="list-style-type: none"> • Promote the Shining a Light on Suicide campaign as widely as possible, and target those most at risk • Develop targeted campaigns and messages appropriate to priority groups and communities • Regular e-bulletin to share activities, learning, and opportunities for engagement and networking
Training the workforce	<ul style="list-style-type: none"> • Develop a comprehensive workforce development strategy to ensure training is embedded across organisations and communities informed by Health Education England competence frameworks • Continue to deliver suicide awareness sessions using a train the trainer model within the partnership.

Pillar	Action area
Suicide interventions and clinical services	<ul style="list-style-type: none"> • Ensure that clinical pathways are robust for primary and secondary care for people in crisis • Ensure that we have effective clinical services that meet the needs of people who may experience suicidal distress focusing on the following priorities: <ul style="list-style-type: none"> — Managing distressing thoughts — Long-term conditions and chronic pain — Self-harm — The leaving-prison population — Pharmacy • Include suicide prevention training in the Primary Care Standards
Suicide bereavement and postvention support	<ul style="list-style-type: none"> • Promote the Greater Manchester Suicide Bereavement Service to increase referrals and self-referrals for those who need support • Work with the Greater Manchester service to identify gaps in support for those bereaved by suicide and determine how needs can be met • Develop a robust offer and 'team around the school or college' in the event of a suspected suicide incident • Ensure that practitioners have the awareness and confidence to provide compassionate support for people bereaved by suicide
Evaluation	<ul style="list-style-type: none"> • Evaluate the impact of the plan in improving access to and delivery of effective suicide prevention in Manchester • Work with our wider partners (Public Health England/Greater Manchester Mental Health Foundation Trust) to develop a robust approach to evaluate the impact of the city's suicide prevention interventions on the rates of suicide in Manchester
Capacity building and sustainability	<ul style="list-style-type: none"> • Encourage and support all organisations to have a suicide prevention policy • Work to embed suicide prevention into strategies, plans and relevant commissioned services • Develop a suicide prevention delivery plan template to support organisations to capture their contribution to the local plan

Our action plan

In the first year, 2020/2021, we will target actions on children and young people, middle-aged men, and the LGBT+ community in line with evidence of increased risk in these groups. Specifically, we will take action to address the findings and recommendations from the recent learning circle on suicide in children and young people commissioned by Manchester Safeguarding Partnership and incorporate learning from national research³.

This action plan is set out below.

Ten action areas for children and young people:

Training for workers and young people: including suicide awareness and risk factors, mental-health first aid, online safety, resilience, adverse childhood experiences (ACEs), supporting young people with physical conditions

Social media: including online safety, learning from good practice, tackling cyber bullying, equipping young people to respond to communications from other young people

Support and resources: promoting resources and services available for professionals and young people from approved providers

Transition: considering suicide risk during transition and passing on relevant information from school to college that could increase risk, eg. bereavement by suicide

Robust postvention response to an incident: including 'team around the school', bereavement support, use of existing expert materials. and support provided by Samaritans and Papyrus

High-risk groups: including young people working long hours/on zero-hours contracts who may be under stress, LGBT young people, young people in the criminal justice system, young women who are self-harming, unaccompanied asylum-seeker children, young carers, and young care leavers

Clinical services and assessments: robust pathways for young people in crisis, effective management of self-harm, incorporating broader risk factors into assessments, eg. family mental illness

Awareness and campaigns: including targeting young people at festivals and events, promoting services and self-help resources, raising awareness of how to support friends, expressing distress and sharing concerns

Safeguarding and information-sharing: including Papyrus or Samaritans support pack in safeguarding materials for schools, multi-agency risk assessment, and safety planning

Colleges and universities: including strengthening health links to further education, ensuring that students sign up with a GP, partnership work with universities and student mental-health services to understand issues and share learning, including sixth form colleges in postvention response.

³ Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: The University of Manchester, 2017

Our key messages about suicide prevention

We all have a role to play in suicide prevention; it's everyone's business

Talking about suicide could be all it takes to prevent a tragedy, and it also helps to tackle stigma

One in five of us has thought about suicide at some point

Asking about suicide is the right thing to do if you are worried – it won't put the idea in a person's head

You don't need to be a health professional to help; you just need to be able to listen

If you are feeling suicidal and/or are struggling to cope, help is available in Manchester



Help in Manchester

In an emergency or crisis, support is available:

- **Samaritans**
116 123 (free to call)
Email us jo@samaritans.org

Samaritans offer emotional support
24 hours a day

- **Crisis Point**
0161 238 5149
<https://www.turning-point.co.uk/services/mental-health/crisis-support.html>

This is a short-term residential mental-health service for people suffering mental distress aged 18 and over and living in Manchester. Please contact the service on 0161 238 5149 for more information.

- **Papyrus Prevention of Young Suicide HOPEline UK**
Call: 0800 068 4141
Text: 07860 039967
Email: pat@papyrus-uk.org
<https://papyrus-uk.org/>

Opening hours:
9am–10pm weekdays; 2–10pm weekends; 2–10pm bank holidays

If you are having thoughts of suicide or are concerned for a young person who might be, you can contact HOPElineUK for confidential support and practical advice.

Useful links and resources

<http://www.shininglightonsuicide.org.uk/>
<http://supportaftersuicide.org.uk/#start>
<https://youngminds.org.uk/>
<http://42ndstreet.org.uk/>
<https://kooth.com/>
<https://hsm.manchester.gov.uk/>

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Appendix 2

Suicide deaths in Manchester 1997-2018

25th November 2021

Dr Isabelle Hunt, NCISH & University of Manchester

Summary

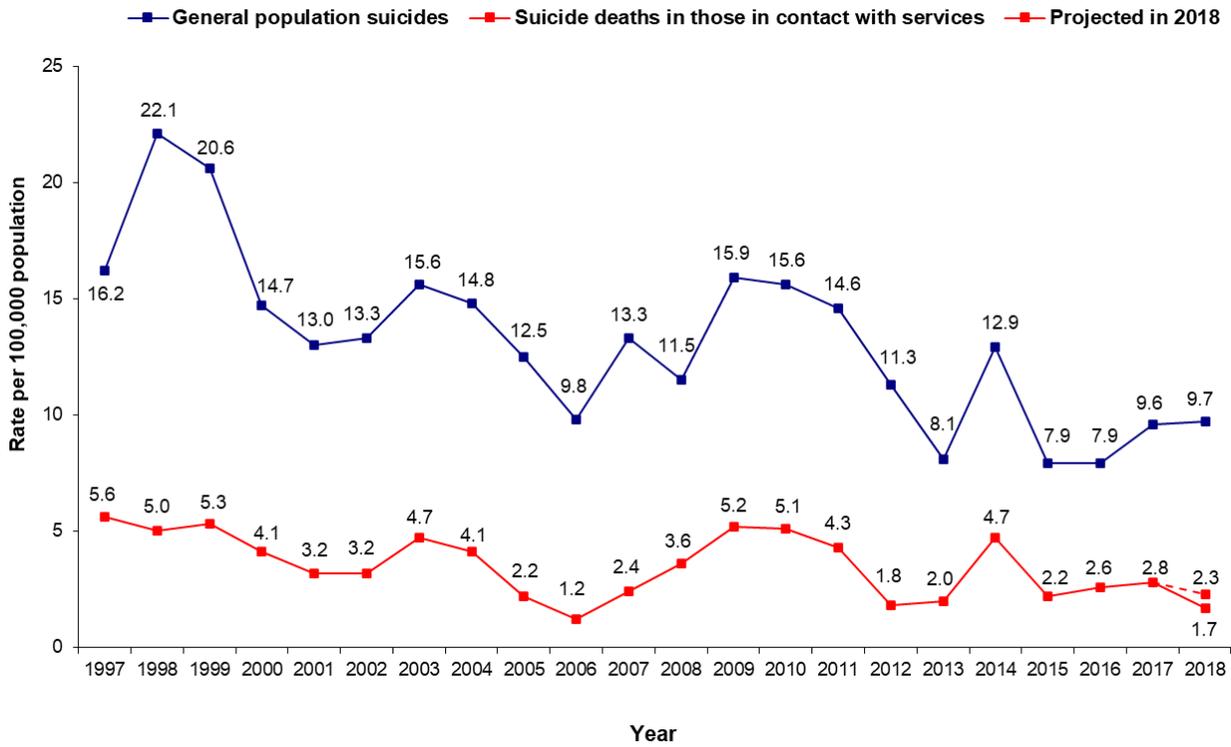
- Overall, suicide rates in the general population in Manchester appear to have fallen between 1997 and 2018 (table 1 and Figure 1). They are slightly lower than the England average and below the average for the North West (Figure 2).
- The proportion of people in contact with services before suicide has varied over this time period, but the average proportion in contact is similar to national figures.
- From 2006 to 2009 rates in both the general and clinical populations rose. It is possible that the general population increase was associated with socioeconomic factors. The increase in the patient figures is more difficult to interpret. It could simply reflect underlying trends but could also indicate better engagement of at risk individuals by services.
- Since 2009 rates of suicide have been generally falling
- The characteristics of Manchester residents who died by suicide are somewhat different to the characteristics of those who die by suicide in England as a whole. For example, Manchester residents have higher rates of death by self-poisoning; they are more often on long-term sick leave or from a black and minority ethnic group; and they are more likely to have a history of drug misuse and alcohol misuse. This is probably a reflection of differences in the socio-demographic characteristics of the underlying population as well as possible specific risk factors for suicide.
- All data are based on individuals with postcodes in the City of Manchester.
- Because the numbers are relatively small, trends will inevitably be influenced by random fluctuations
- The data pre-date the COVID 19 pandemic because of the time taken for inquests and to collect clinical information

Table 1: Suicide deaths in Manchester (1997-2018)

	General population England suicides % in contact N=1,180 N average)	Contact within 12 months ^A N=316 N	% in contact ^B (27% average)	Manchester (27%
1997	58	20	34%	24%
1998	79	18	23%	24%
1999	74	19	26%	25%
2000	54	15	28%	26%
2001	48	12	25%	27%
2002	50	12	24%	27%
2003	60	18	30%	27%
2004	58	16	28%	28%
2005	50	9	18%	29%
2006	40	5	13%	27%
2007	55	10	18%	27%
2008	48	15	31%	26%
2009	67	22	33%	27%
2010	67	22	33%	29%
2011	64	19	30%	30%
2012	50	8	16%	28%
2013	36	9	25%	28%
2014	58	21	36%	27%
2015	36	10	28%	27%
2016	37	12	32%	26%
2017	45	13	29%	24%
2018	46	11	24%	26%

^A Individuals who died by suicide within 12 months of mental health service contact (projected figure in 2018); ^B '% in contact' refers to the proportion of general population suicide deaths which occurred in individuals within 12 months of mental health service contact.

Figure 1: Rates of suicide per 100,000 population in Manchester, 1997-2018



Note: Significant fall between 1997-2017 in the general population and patient suicide rate

Figure 2: Age standardised suicide rates in the North West (average rate 2017-19, based on year of registration)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	14,788	10.1	9.9	10.3
North West region	–	2,025	10.6	10.2	11.1
Blackpool	–	58	15.8	12.0	20.5
St. Helens	–	65	13.9	10.7	17.8
Salford	–	90	13.8	11.0	17.0
Wigan	–	116	13.5	11.0	16.0
Lancashire	–	402	12.8	11.5	14.0
Cumbria	–	157	12.1	10.2	14.0
Halton	–	39	11.7	8.3	16.0
Bolton	–	82	11.2	8.9	13.9
Knowsley	–	40	10.4	7.4	14.3
Cheshire East	–	99	10.2	8.2	12.4
Sefton	–	71	10.0	7.8	12.7
Warrington	–	56	9.9	7.5	12.9
Rochdale	–	54	9.9	7.4	13.0
Liverpool	–	126	9.9	8.1	11.6
Tameside	–	55	9.4	7.1	12.3
Bury	–	45	9.3	6.7	12.4
Manchester	–	121	8.9	7.2	10.6
Stockport	–	68	8.8	6.8	11.2
Wirral	–	72	8.7	6.8	10.9
Oldham	–	50	8.5	6.3	11.3
Cheshire West and Chester	–	77	8.4	6.6	10.5
Blackburn with Darwen	–	33	8.3	5.7	11.7
Trafford	–	49	8.1	6.0	10.7

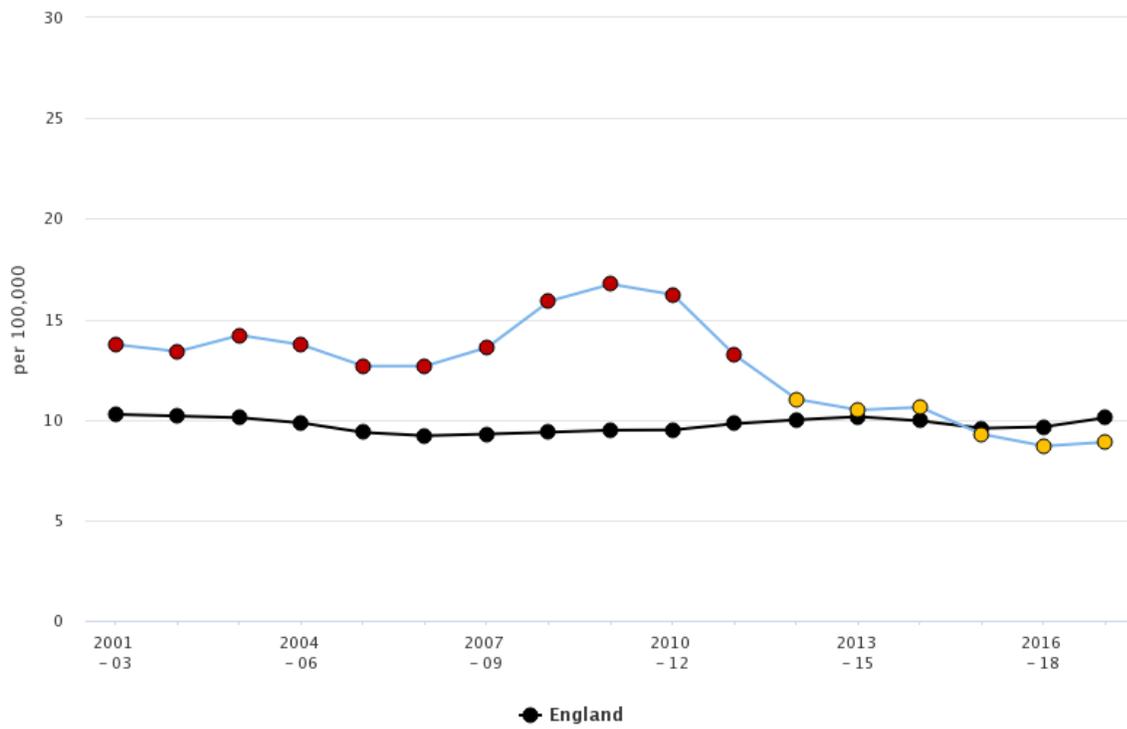
Source: Public Health England (based on ONS source data)

<https://fingertips.phe.org.uk>

Key

Red – worse 95%

Yellow – similar to England

Figure 3: Public Health England suicide rates in Manchester 2001-2018

Source: Public Health England (based on ONS source data)

<https://fingertips.phe.org.uk>

Recent trend:

Period	Manchester				North West region	England
	Count	Value	Lower CI	Upper CI		
2001-03	146	13.7	11.5	16.3	11.2	10.3
2002-04	141	13.4	11.2	15.9	10.7	10.2
2003-05	155	14.2	11.9	16.8	10.9	10.1
2004-06	151	13.7	11.5	16.2	10.8	9.8
2005-07	144	12.7	10.5	15.1	10.7	9.4
2006-08	137	12.7	10.4	15.1	10.3	9.2
2007-09	153	13.6	11.4	16.1	10.7	9.3
2008-10	179	15.9	13.5	18.6	10.5	9.4
2009-11	191	16.7	14.3	19.5	10.8	9.5
2010-12	185	16.2	13.8	18.9	10.8	9.5
2011-13	156	13.2	11.1	15.6	11.3	9.8
2012-14	138	11.0	9.1	13.2	11.5	10.0
2013-15	130	10.5	8.6	12.6	11.3	10.1
2014-16	131	10.6	8.7	12.8	11.0	9.9
2015-17	113	9.3	7.5	11.3	10.4	9.6
2016-18	113	8.7	7.0	10.4	10.4	9.6
2017-19	121	8.9	7.2	10.6	10.6	10.1

Source: Public Health England (based on ONS source data)

<https://fingertips.phe.org.uk>

Table 2: General population suicide deaths in Manchester (1997-2018)

sample	England	Manchester		Remaining	
		suicide deaths		suicide	
		N=1,180		N=102,117	
		N	%	N	%
Age and sex					
Age: median (range)		41 (13-96)		45 (10-104)	
**					
Male		899	76%	76,906	
75%					
Method					
Hanging/strangulation		505	43%	45,664	
45%					
Self-poisoning		352	30%	22,395	
22% **					
Jumping /multiple injuries		109	9%	10,236	
10%					
Gas inhalation		43	4%	5,675	
6% *					
Drowning		44	4%	4,775	5%
Other†		120	10%	12,459	
12%*					
Unknown/unascertainable		7	1%	800	1%

** p<0.001 * p<0.05

†includes firearms, suffocation, electrocution, burning, cutting & other specified

Table 3: Suicide in patients in contact with mental health services in the 12 months before death (1997-2018)

	GMMH patient England suicide deaths suicide sample N=311 N		Remaining patient N=26,879 N	
valid %		valid %		
Demographic features				
Age: median (range)		41 (15-95)		45 (10-100) **
Male	224	72%	17,747	66% *
Not currently married		238 81%	18,414	
71% **				
Living alone	148	50%	11,754	46%
Unemployed	146	49%	11,025	43% *
Long-term sick		68 23%	3,697	14%
**				
Black and minority ethnic group		42 14%	1,972	8% **
Method				
Hanging/strangulation		112 36%	11,042	
41%				
Self-poisoning		120 39%	6,878	26%
**				
Jumping/multiple injuries	35	11%	4,011	15%
Other†	42	14%	4,808	18%
Priority groups				
In-patient	22	7%	2,785	10%
Post-discharge patients		43 15%	4,636	
19%				
Under CRHT services		16 7%	2,749	
13% *				
Missed last appointment	75	28%	5,984	
25%				
Non-adherent with medication in last month		52 20%	3,600	
15%*				
Clinical features				
Primary diagnosis:				
Schizophrenia & other delusional disorders		81 26%	4,612	17%
**				

Affective disorders (bipolar or depression) 45% *	115	37%	11,813	
* Alcohol dependence	36	12%	2,059	8%
** Drug dependence	26	8%	1,091	4%
* Personality disorder	19	6%	2,520	10%
* Other primary diagnosis [‡]	28	9%	3,785	14%
Any secondary diagnosis 52%	176	58%	13,853	
* Duration of mental illness (under 12 months)	41	14%	5,408	22%

Behavioural features

History of self-harm	213	72%	17,133	66% *
** History of alcohol misuse	168	58%	11,378	44%
** History of drug misuse	134	46%	8,320	32%
History of violence	74	26%	5,290	21% *

Contact with services

Last contact within 7 days of death 49% *	122	40%	12,963	
Estimate of immediate risk: low or none 85%	214	84%	20,671	
Estimate of long-term risk: low or none 58% *	113	51%	12,730	

** p<0.001 * p<0.05

†includes gas inhalation, drowning, firearms, cutting, suffocation, burning, electrocution & other specified; ‡ includes drug-induced psychosis, anxiety disorders, eating disorders, adjustment disorders, dementia, organic disorders, conduct disorders, learning disability and other specified.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 December 2021

Subject: Our Manchester Carers Strategy Update

Report of: Executive Director of Adult Social Services

Summary

This report provides Members with an update on progress to further develop the Our Manchester Carers Strategy since the last update to Health Scrutiny in September 2019. This update will evidence how additional funding, secured in 2019, has been used to implement a new carer pathway, delivered through a strong partnership between Manchester Carers VCSE organisations, Adult Social Care Commissioners and Adult Social Care Carers Team, embracing carers across all age groups over 18 years and disability groups.

Effective support for unpaid, informal or family-based caring arrangements remains critical to the sustainability of our health and social care system and the success of our Better Outcomes, Better Lives programme as well as initiatives such as 'discharge to assess' designed to further shift the focus from acute interventions to care and support delivered closer to home.

Progress in some areas has been hindered through the impact of the Covid-19 pandemic, however, there are still many significant developments to update Members on which have transformed how carers are better supported to continue/maintain their caring role.

Recommendations

Members of the Health Scrutiny Committee are requested to comment on and note the report, together with forward plans subject to the identification of future funding considerations.

Wards Affected: All

<p>Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>
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<p>Early help and support for carers is now delivered through improved technological solutions and a helpline. Carers can now access the Carers Manchester website for initial advice and information or call the helpline: Carers Manchester Contact Point. These help to contribute in reducing the need for Carers to travel to access support. In addition, Carers can receive locality based support through three new locality partnerships operating in North/Central and South Manchester, and therefore reducing the need to travel.</p>

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	Carers come from all walks of life and many Carers often juggle caring responsibilities with their paid work commitments. This Strategy recognises the importance of supporting Carers in Paid Employment (often termed 'working carers') by enabling them to access timely information, advice and signposting support when they need it to balance their overall caring and work commitments. In addition, the Council (led by ASC) has recently renewed its membership of Carers UK Employers for Carers initiative to provide a platform to enable employers to better support carers in the workplace
A highly skilled city: world class and home grown talent sustaining the city's economic success	This strategy recognises that Carers often need appropriate advice and support to achieve a balanced life, where their caring responsibilities are managed alongside their personal and professional aspirations. Adult Social Care plays a pivotal role in supporting Carers through a Strengths-Based Approach, to reach their potential, whether it is through enhanced carer support or interventions to help the cared-for person e.g. through regular short breaks provision
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Carers face significant economic challenges due to limited employment options, and the impact on their health and wellbeing is severely compromised through many years of caring. This strategy aims to help carers earlier in their caring role, provide the necessary support they need to continue caring, and provide the necessary financial advice/support to mitigate the impact of poverty and deprivation. In doing so, carers health and wellbeing is improved, and they can lead happy, fulfilled lives – something we all aspire to
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):

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.

Report to Health Scrutiny – 3 September 2019

Report to Health Scrutiny July 2018

1.0 Introduction and Background

- 1.1 In July 2018 and September 2019 Health Scrutiny reports, the concept of the Our Manchester Carers Strategy (OMCS) was proposed, following an independent review of support services for unwaged/unpaid carers and wholly supported by Elected Members.
- 1.2 That review was necessary to build on the successful Manchester Carers Network, to strengthen the voice of Carers and bring forward radical proposals where Carers and the Voluntary, Community and Social Enterprise (VCSE) would assume greater responsibility for leading and delivering a range of services as expert partners. This approach was a tangible demonstration of the Our Manchester principles and behaviours in action and evidencing a co-production approach between Adult Social Care (ASC) Commissioners, driving change and benefits for Carers in the city.
- 1.3 The NHS is a key contributor to the OMCS, having funded a very successful Carers Learning and Development programme via Gaddum and partners to equip Carers with the necessary skills to be resilient, resourceful and know where to access advice and information around particular needs.
- 1.4 The purpose of this report is to set out what progress has been achieved since September 2019 when additional investment in the OMCS was realised through the Greater Manchester Transformation Fund (GMTF) and the Our Manchester Investment Fund (OMIF – MCC) over a two year period which comes to an end in March 2022.

Our Manchester Carer Support Development Programme - Funding Source	Value over 2 Years	Status
OMIF – Our Manchester Investment Fund	615,000	Non-recurrent
GMTF - Greater Manchester Transformation Fund	528,000	Non-recurrent
Re-positioning of existing MCC Revenue Re-positioning of existing NHS/MHCC Revenue	200,000 160,000	Recurrent (£180k per annum)
MHCC Support for Carers Development & Training Programme	200,000	Part of a 5-year Development Grant commenced 2017/18
Total Programme Resource	1,703,000	

- 1.5 It should be noted from the outset that the delivery of the strategy has been severely impacted by the Covid-19 pandemic. However, there remains much progress to share with Members. This report format will be via:

- A covering committee report which sets out the broad achievements, risks and challenges to delivery; and
- **Appendix 1** which details a full evaluation of what has been achieved through what is termed 'Carer Lines of Enquiry' (CLOE) through a strong collaborative approach between Manchester Carers Network and Adult Social Care and Health colleagues

2.0 Perspectives on Caring

- 2.1 A nationally-adopted definition is provided by the Carers Trust – *'a carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health need or addiction cannot cope without their support'*.

This visual from NHS Improvement accurately summarise the challenges facing carers:



- 2.2 The previous mid-Census population estimates on the numbers of Carers in Manchester suggested there could be around 65,000 carers in the city. Whilst an accurate figure is not currently known, the Census will provide more accurate figures when released from 2022 onwards. Of the 65,000 estimated carers, only about 20,000 carers are known to services across health (via GP registers), adult social carer statutory assessments and carers across the 19 Carers Network organisations. Accordingly, a key driver for the OMCS is to reach more unknown carers and help them access the information and advice they need to continue caring.
- 2.3 In order to provide an accurate picture of caring, the following examples are drawn from national reports and academic literature:

- The physical, emotional and psychological demands of caring can be demanding and stressful and often referred to by researchers collectively as ‘the burden of care’ (Social Care Institute for Excellence, 2021)
- Unpaid carers provide critical support for people with health and social care needs. The majority of recipients of unpaid carers are older parents or spouses and partners and changes in the make-up of our population indicate the number of dependent older people in the UK will increase by 113% by 2051. Supporting those who provide unpaid care to older people is therefore hugely important. The support provided by carers is often physically and emotionally demanding, with consequences for carers own health and wellbeing (Public Health England, 2021)
- Carers are 16% more likely than non-carers to live with 2 or more long-term health conditions, with arthritis and high blood pressure being most common. Overall, this suggests that carers have their own complex health needs that are likely to be exacerbated by the demands of caring. Findings from the analysis of the survey data also indicate that older carers and carers living in the most disadvantaged areas, are providing the most care, thus resulting in a greater risk of poor health and delays in meeting their own needs (Public Health England, 2021)
- LGBT Carers reported: On overcoming barriers, 40% said being able to talk to other carers who would understand the difficulties they faced was very important, and, furthermore, 40% said having services that listen and respect them as an expert in their own needs and the needs of the person they are caring for (LGBT Foundation and Gaddum, 2021)
- According to the Race Equality Foundation (2021), the experiences of Black, Asian and Minority Ethnic Carers are frequently different and may be more challenging than those of white Carers. Black, Asian and Minority Ethnic Carers are not only less likely to access services, but many also find services less satisfactory than white Carers. In a similar vein, Carers UK state that research shows that Black, Asian and Minority Ethnic Carers provide more care than white Carers. And, the National Black Carers Network report in 2008 suggest that Carers needs are universal, but may require different culturally-sensitive solutions to be effective.

2.4 In addition, the impact of the **Covid-19 pandemic**, has resulted in increased burden on Carers for a variety of reasons (not least due to national lockdown measures) and an increased challenge to the mental health of carers facing multiple demands on their personal resilience:

- In terms of gender, whilst women are still more likely than men to take on caring roles, there was a higher proportion of men providing more help and support, people aged 45-54 were most likely to be caring and, Carers, as opposed to non-Carers, were more likely to say there was a strain on their personal relationships, their mental health was worse, or they did not have anyone to talk to about their worries’ (ONS 2020)

- The ADASS Elected Member Commission report (2020) recommended: the need to maintain Carers centres switching to online or phone support and to reconsider the needs of Carers – many Carers had stepped in to fill gaps in services and found the strain of reorganising their lives, perhaps working from home plus having to manage gaps in support for their loved ones, really hard and were now exhausted.

Carers UK, in their report 'Breaks or Breakdown' (2021) found:

- Nearly two-thirds (63%) of Carers have not been able to look after their own health and wellbeing during the COVID-19 pandemic.
- Over two-thirds (69%) say that their mental health has worsened as a result of the lack of breaks and caring during the pandemic.
- With the vast majority of Carers (81%) providing more care during the pandemic, 65% felt lonelier and more isolated than before the pandemic.
- Carers report high levels of fatigue and stress with almost three quarters (74%) reporting feeling exhausted as a result of caring during the pandemic.
- 71% feel stressed and anxious as a result of caring.
- For carers in paid employment, Carers highlighted that it has felt non-stop during the pandemic with no breaks or space from either work or caring'.

2.5 The Strategic Lead (Commissioning) and report author has also recently completed a Masters Dissertation on Unpaid Carers accessing Carers Manchester Contact Point. This report is available upon request.

3.0 Adult Social Care Statutory duties under the Care Act 2014

3.1 Adult Social Care has a statutory duty to meet the needs of Carers who would appear to be in need for a statutory assessment, using a 3-part eligibility test:

- **Condition 1** – The carer's needs for support arise because they are providing necessary care to an adult.
- **Condition 2** – As a result of their caring responsibilities, the carer's physical or mental health is either deteriorating or is at risk of doing so or the carer is unable to achieve the outcomes specified in the regulations.
- **Condition 3** – As a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact on the carer's wellbeing.

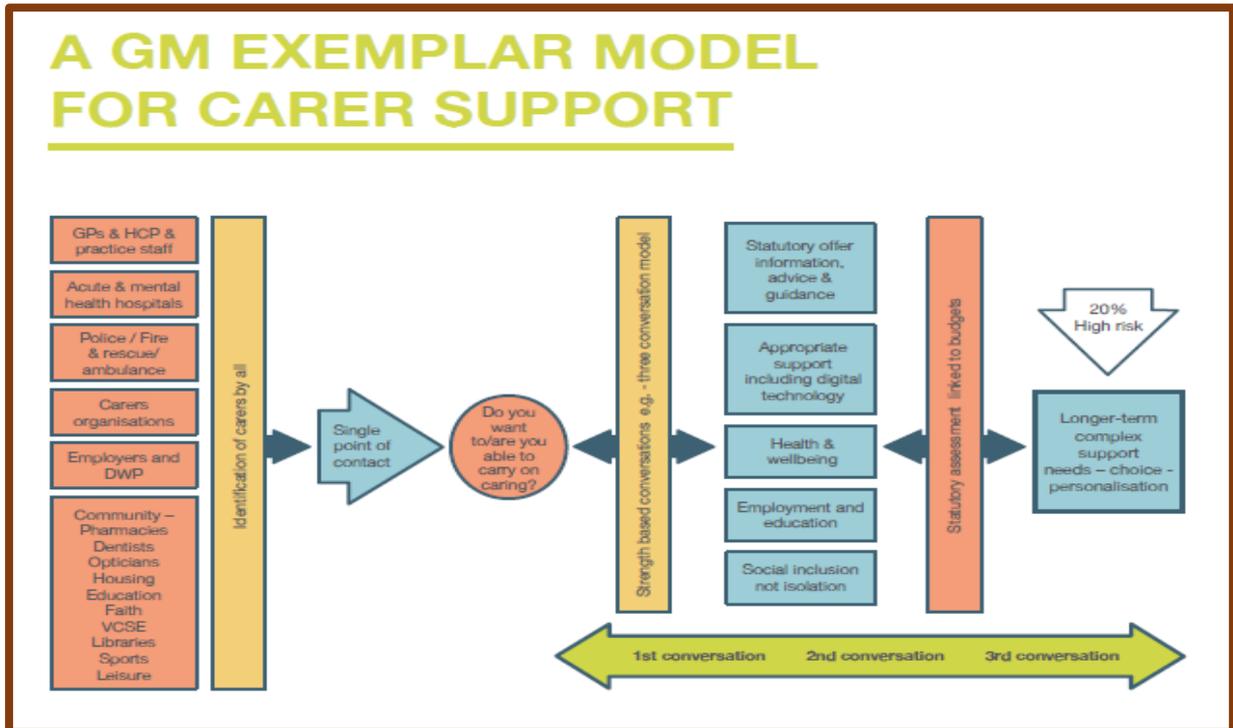
3.2 In addition, the Care Act sets out wider statutory expectations for local social care authorities including:

- The need for prevention strategies – to **prevent, reduce, delay** – the need for formal support and promote wellbeing
- Local Authorities (LAs) must consider the benefit of approaches which prevent or delay the development of need in individuals...this includes diverting people to support groups as necessary.

- Information and Advice is fundamental to enable people and Carers to take control of, and make well-informed decisions about, their care and support. Information and Advice is a vital component of exercising Choice and Control.
- LAs must establish and maintain an information and advice service for people in its area, either directly or working through its delivery partners, for example, making effective use of high quality VCSE resources within their area.
- For Carers information services, this may include:
 - Access to practical and emotional support for caring responsibilities
 - Breaks from caring
 - The health and wellbeing of Carers
 - Access to appropriate equipment and technology
 - Wider family relationships
 - Carers financial and legal issues
 - Caring and employment
 - Caring and education
 - Carers need for advocacy

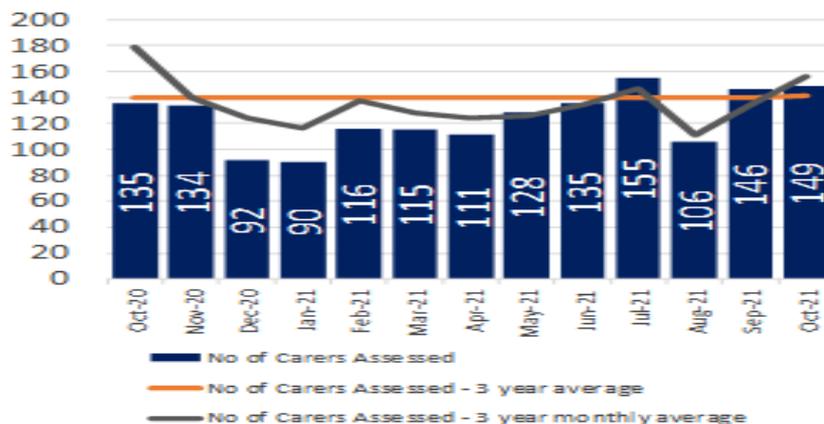
3.3 Since the last Scrutiny update, the Carers Team has now been centralised, bringing together all specialist Carers Social Care Assessors (formerly Carers Care Managers) together under a single line management arrangement. Since the introduction of the helpline (Carers Manchester Contact Point – explained in the next section) the ASC Carers Team have worked collaboratively with them to triage referrals. We now have a single gateway for carers to access support which ensures that basic requirements for information, advice and lower level needs are promptly addressed without the need for a statutory carers assessment initially. This avoids sending the Carer on a protracted route to receive the help they need. This proactive communication and partnership really benefits Carers who are unclear of the pathway to the support they need and so may ‘start’ their pathway with a Statutory Carers Assessment and miss out on being aware of the helpline that can support them on an ‘as and when’ required basis. In due course we would anticipate that the Contact Point will undertake a more active role within a more sequential assessment structure, releasing social work time to focus on those carers with more complex casework needs.

3.4 The pathway is set out in the Greater Manchester Exemplar Model which requires all 10 social care authorities to adopt and follow:



3.5 Since the centralisation of the ASC Carers Team, this has consolidated knowledge of the staff who also support the Integrated Neighbourhood Teams with direct carer assessments where necessary. The latest performance on Carer Assessments is shown on the right.

3.6 As it can be seen in the graph, there was heightened assessment activity between September 2020 to November 2020 when the Carers Team was centralised and immediately focused on clearing the backlog of outstanding Carer assessments. Since then, apart from dips in activity as a result of annual leave periods, assessment activity is consistent, with little waiting times for assessment. It should be further noted that Joint Carer and Cared-for Assessments – as supported in the Care Act 2014 – can still be carried out by Social Care Assessors within the Integrated Neighbourhood Teams; however, these numbers tend to be much lower with Carers opting for their own separate assessment.



- 3.7 Following a statutory Carer's assessment, where the eligibility threshold has been met, the level of need identified generally results in the award of an appropriate Carers' Personal budget. Members were previously concerned about the level of underspend from this budget when significant proposals to improve the lives of Carers were being promoted. The Executive Member for Adults, Health and Wellbeing provided reassurance to Members that this would be addressed. The Carers Personal Budget amounts to £714,000 per annum. The following table sets out the previous 5 years expenditure:

Year	Underspend £
2017/18	£231,380.23
2018/19	£217,926.49
2019/20	£158,757.46
2020/21	£99,711.96
2021/22 (forecast)	£14,345.00

- 3.8 Also included in the previous Scrutiny Report was a detailed overview of the Survey of Adult Carers in England (SACE) statutory survey that is carried out every two years (biennially). Since the last survey, the impact of the covid-19 pandemic has meant that it was not conducted in Winter 2020/21. It has now been rearranged for Winter 2021/22. Despite the last survey being three years ago, there is a pressing need to address some of the negative survey results that were reported:

- There was a noticeable decrease in key measures, such as the ease with which Carers find information about services
- 21% of Carers feel socially isolated
- 24% of Carers feel they neglect themselves
- 35% of Carers report they had no discussions about the support provided for the cared-for person
- 27% of Carers feel they never have enough time to care for anyone else, other than the cared-for person
- 81% of Carers say their caring role leaves them feeling tired and 60% feel stressed
- 61% of Carers say their caring role has caused some financial difficulties
- 19% of Carers say their GP does not know they are a Carer
- 24% of Carers are not confident their views will be acted upon
- Finally, overall, there has been a downward trend in carer satisfaction across the past 3 SACE surveys

- 3.9 The above findings present a stark picture of Carers known to ASC in Manchester and provide a key driver for the new pathway, enabled through significant additional investment, to better support Carers in the city and deliver wholesale change in how we both recognise and improve the lives of Carers. Furthermore, it is anticipated that the survey findings in Winter 21/22 start to show a positive improvement, given recent developments around the Carers Pathway and a defined information and advice offer.

4.0 The Vision for Carers in Our Manchester Carers Strategy

4.1 Whilst the definitive number of Carers in the city is inexact until the 2021 Census results are released, it is clear that many Carers are unknown to both statutory and VCSE sectors. The vision therefore is to reach more Carers and to improve the level of engagement with Carers at an appropriate early point in their caring journey to make a difference. One of the drivers behind this is to prevent a term called ‘carer crisis/breakdown’ when unsupported Carers withdraw from their unpaid role and the cared for person then generally needs adult social care interventions, with an associated cost.

4.2 In line with the Our Manchester principles, the vision and OMCS is built on the following objectives:

- Partnership and co-production with Carers.
- Recognising the individual strengths of the Carers Network Organisations (there are 18 in total dedicated to improving the lives of Carers) whilst also celebrating their collective expertise and strengths to collaborate around carer topics/needs.
- Increased engagement with Carers with a focus on promoting their health and wellbeing.
- Designing services and systems that reduce the burden on Carers and are easy to access.
- Generating ‘a social movement in support of carers’ with increased Carer Awareness across the wider population, the business community and the city’s cultural, leisure opportunities, progressively building a Carer-Friendly city.

4.3 It was envisaged that the above objectives could be achieved by a new delivery model centred on:

- Further development and strengthening of Manchester Carers Network – this is where 18 Carers VCSE come together around Carers to deliver more together. The strengthening of the Network focuses on enhanced governance, training, communications, marketing and administrative capacity, as well as dedicated funding of a Programme Pathway Manager to ensure oversight and cohesion of the pathway. This Network oversight was and continues to be led by Gaddum until March 2022.
- Network members include:
 1. African Caribbean Mental Health Service
 2. African Caribbean Care Group
 3. Alzheimer’s
 4. Connect Support
 5. Gaddum
 6. Himmat
 7. Indian Senior Citizens Centre
 8. Lifted
 9. LMCP

10. Manchester Carers Centre
11. Manchester Carers Forum
12. Moodswings
13. Hopewell (formerly North Manchester Black Health Forum)
14. Talbot House
15. The Federation
16. Together Dementia Support
17. Stroke Association
18. Wai Yin

- Development of a Single Point of Contact (SPoC) – essentially a helpdesk for Carers so they can access information and advice whenever they need it.
- Development of a Locality Lead Provider model of delivery – to work closely with the SPoC but also drive up activities around Carer Awareness and Engagement and also work to create local networks across health and social care e.g. links with GPs in Primary Care and the Integrated Neighbourhood Teams in MLCO.
- A centralised statutory Carers Team in adult social care – bringing together specialist Carers together to build good practice under central management oversight.
- Communications and Marketing – specialist expertise in this field to generate campaign material to raise awareness amongst Carers and encourage them to come forward for information and advice, or even just a friendly chat.

5.0 Delivery of the new vision and strategy – March 2020 onwards

- 5.1 As a result of the approval at the last Scrutiny in September 2019, the additional funding enabled ASC commissioners to co-design the grant programme with all the Carers Network Organisations. One of the first tasks was to agree a suitable name for the relaunch of carer services in the city and [Carers Manchester](#) was suggested and agreed by all.

Carers Manchester Network Coordination

- 5.2 Network coordination was already funded and delivered through mainstream funding and was working very well. It was decided to continue with the current commission where Gaddum act as Lead Provider for this element of the pathway. Essentially, Network Coordination is concerned with:
- Acting as the infrastructure provider to the other 18 Carers Organisations and facilitating monthly Carers Manchester Network Meetings (to develop knowledge about particular topics, improve collaboration and coordination e.g. National Carers' Week celebrations or Carers' Rights Day)
 - Hosting a number of specialist roles that work for Carers Manchester in its entirety and support the overall network e.g. Communication and Marketing, Senior Administrator and Carers Programme Pathway Manager
 - Development of centralised 'Our Manchester Carers' Register and an inter-linked communication strategy which keeps all Carers, via a regular

newsletter, updated in respect of support resources and opportunities to improve carer health & wellbeing across the City.

- 5.3 Network coordination has continued to be very effective during the past 2 years, especially during the pandemic, when increased communication and coordination of the new Carers Pathway was critical. Further details of the success of Network Coordination is considered within the Carer Lines of Enquiry in **Appendix 1**.

Carers Manchester Contact Point

- 5.4 Commissioners led two key grant competition rounds to ensure fairness and transparency. As this investment was to develop essentially a Test of Change to measure what works, the grant competition was ring-fenced to VCSE Carers Organisations within the Carers Network. The first grant round was to secure a suitable provider for the Single Point of Contact (SPoC), and the successful provider was a 4-way partnership bid from:
- Gaddum (as lead provider)
 - Manchester Carers Forum
 - Wai Yin Society (supporting the Chinese population)
 - LMCP (supporting the South Asian population)
- 5.5 The successful bid also proposed a new name for the SPoC: **Carers Manchester Contact Point (CMCP)**. Whilst the grant was commissioned and agreed prior to the Covid-19 pandemic, the national lockdown in March 2020 severely impacted on the progress to recruit staff to work at CMCP and order the necessary telephony. However, eventually those challenges were addressed and the CMCP went live on 17 August 2020. The Contact Point has provided an excellent framework for a range of initiatives, including the issue of carer identification (to support access to essential goods and services during lockdown), the introduction of the hardship fund, initiatives to connect carers to digital technology/services and support to for the carers to access the priority vaccination programme.
- 5.6 The Carer Lines of Enquiry (CLOE) in **Appendix 1** provide an array of evidence of call activity, key themes emerging and outcomes.
- 5.7 It should be noted that CMCP has been wholly delivered by the 4 partner agencies above through a home-working arrangement. The funding includes overall management from Gaddum as well as the host organisation and has worked very well. Clearly, as the Covid-19 pandemic risks are easing, there will be a future CMCP where staff are co-located and working in a face to face environment. From a commissioning perspective, the launch of CMCP and continued sustainability within this challenging context can only be praised.

Locality Partnerships

5.8 A central plank of the pathway after CMCP implementation was the appointment of 3 Locality Lead Providers from within Carers Manchester Network via a grant competition and the three appointed providers are:

- Manchester Carers Centre – North Manchester
- African Caribbean Care Group – Central Manchester
- Manchester Carers Forum – South Manchester

5.9 Each of the above providers were expected to identify further Network Organisations in a partnership approach (to recognise the unique and different needs of Carers e.g. Carers from a Black, Asian and Minority Ethnic community, Carers supporting people with Dementia, Carers supporting people with Mental Health needs, Parent Carers, Carers supporting people with a learning disability. The partnerships by locality are set out below:

Lead Carer Organisation	Partnered with
Manchester Carers Centre	Alzheimer's, Moodswings, Talbot House, The Federation, Hopewell
African Caribbean Care Group	African Caribbean Mental Health Services, LMCP, Himmat, Alzheimer's, Stroke Association
Manchester Carers Forum	Lifted, Together Dementia Support, Connect Support, Wai Yin

5.10 One of the main aims of the locality carer provision is to engage with Carers in their locality and offer targeted support. During the pandemic, much of the support has been via targeted telephone support (not a replica of CMCP), online training and support sessions and, more recently, Carer awareness sessions in places where Carers may frequent such as Shopping Centres, Markets and Libraries etc.

5.11 Whilst the achievements over the past 12-18 months are significant and have certainly benefited Carers, undoubtedly the pandemic has hindered progress somewhat in reaching Carers, not only via a helpline offer, but also supporting Carers face to face and identifying the wider range of care and support that Carers need. One such example is accessing a break from caring and typical examples could be taking part in an activity led by Carers Manchester, through to more formal arrangements such as the cared-for accessing overnight care settings e.g. residential care to provide the carer with a longer break for recharging. All forms of respite/short breaks have been curtailed during the pandemic and there is now a clear need to develop a strategy going forward to improve short breaks when Covid-19 measures allow.

6.0 Health Contribution to the Carers Strategy Developments

6.1 Whilst the majority of statutory duties for Carers fall within Adult Social Care's responsibilities, the [NHS Long Term Plan](#) is also important and sets out the obligations for Carers:

- 6.2 Carers will benefit from greater recognition and support (ref: s1.19)
- We will improve how we identify unpaid Carers
 - We will introduce Quality Markers for primary care that highlight best practice in Carer identification and support
- 6.3 Improve upstream prevention (ref: s2.2)
- Better support for patients, Carers and volunteers to enhance ‘supported self-management’ of particularly long term conditions
- 6.4 We will continue to identify and support Carers, particularly those from vulnerable communities (ref: s2.33)
- Introduction of quality marks for carer-friendly GP practices
 - Encourage national adoption of Carer Passports
 - Developments in electronic records that allow people to share their caring status with healthcare professionals wherever they present
- 6.5 Carers should not have to deal with emergencies on their own (ref: s2.34)
- Up to 100,000 Carers will benefit from ‘contingency planning’ conversations so professionals know when and how to call those plans into action
- 6.6 ASC Commissioners have actively engaged with NHS Improvement around Carers in Manchester and brokered a three way discussion between ASC, MHCC and NHSI. There is a particular emphasis around Carer identification in primary care and the Deputy Medical Director, MHCC, has supported introductions for commissioners and the Carers Programme Pathway Manager within Primary Care and encourage wider recognition of the new carer pathway and how GP practices can be involved in improving carer recognition across the system, screening of carer health needs and effective signposting to support e.g. to CMCP.
- 6.7 MHCC has, for the past 4 years, funded Gaddum to design and deliver a Carer Learning and Development Programme. This funding comes to an end in Spring 2022 and has been a huge success. When a carer approaches a Carers Network organisation with a range of needs, they are referred to the Learning and Development programme, notably the ‘Being a Carer’ training course which covers a range of topics including:
- Diet and Nutrition
 - Moving and Handling
 - Financial Advice and Support
 - Managing stress
- 6.8 The topic most welcomed by Carers who attend the course is Financial Advice and Support – the programme hosts a part-time Welfare Benefits Advisor who also takes on substantial case work. Reflections on this role amply

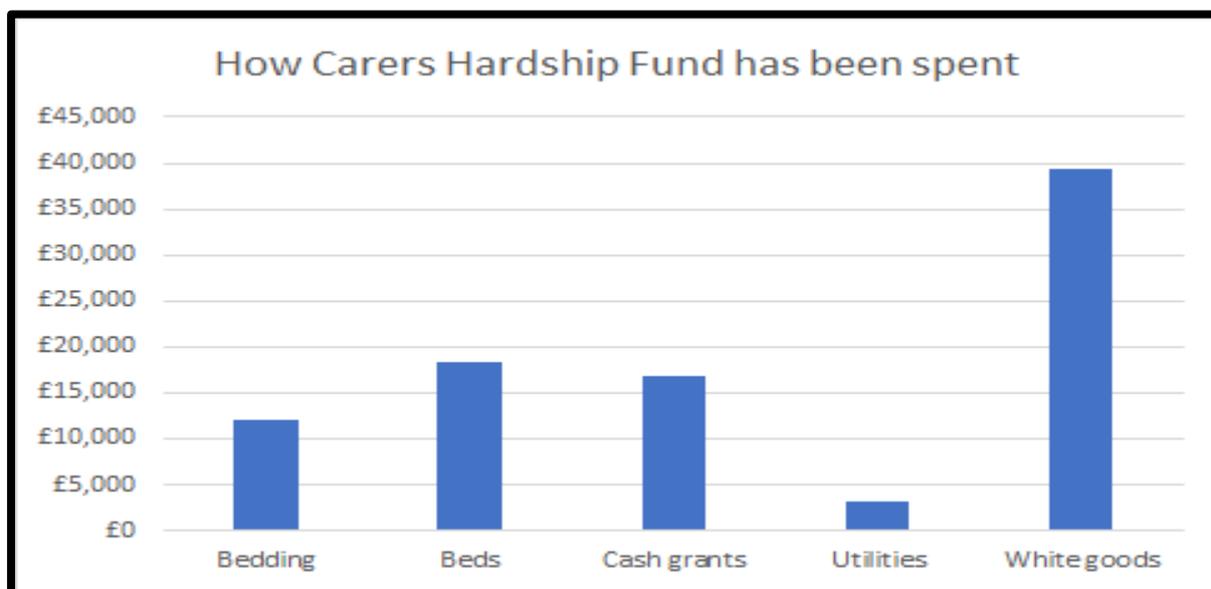
demonstrate that Carers experience severe financial hardship as a result of their caring role and need help to access the financial support they may be entitled to e.g. Carer's Allowance.

6.9 With the development of Integrated Care Systems nationally, the links between ASC (MLCO) and MHCC colleagues is uncertain, particularly as it relates to health's contribution to funding of health-related elements of the Carer's pathway or continuation of the Learning and Development programme for future years, given its huge success and Carer outcomes. Discussions with MHCC colleagues are underway in relation to future funding.

7.0 MCC Carers Emergency Fund – launched under Covid-19 circumstances

7.1 Many carers live with long-term poverty as a consequence of their responsibilities or have limited financial resilience. Discussions with the City Treasurer in July 2020 about Carers experiencing severe hardship as a result of the pandemic resulted positively with a new £100k Carers Emergency Fund being available, delivered by the Revenues and Benefits Team under the Welfare Provision Scheme.

7.2 At the time, it was unclear what level of demand there would be from Carers, however, it soon became clear from the newly-launched Carers Manchester Contact Point (CMCP) that calls from Carers identified a wide-ranging set of needs that could be resolved. It should also be noted that Carers can receive expert financial advice from Carers Manchester website or through a 1-2-1 session with the Welfare Benefits Advisor. The Carers Emergency Fund was limited to the following areas with expenditure between July 2020 and March 2021.



7.3 Carers Hardship Fund breakdown July 2020 to March 2021 (source: Revenues and Benefits Team)

Feedback from Carers:

“I just wanted to give some feedback regarding CMCP and how grateful I am for the service and the much needed help I received”

“The CMCP helpline advisor was so very helpful, caring and demonstrated much empathy for my situation. I was very fortunate and grateful to be granted a reward for a washing machine, set of double bedding and a small financial grant which will be used for new towels”

“Thanks to CMCP who phoned me and patiently explained the support I could access. She was very kind”

“I have received everything from the Carers Emergency Fund that I requested. I cannot tell you how happy this makes me. A working fridge/freezer will mean that my cooked food will last longer, and I will be able to buy cheaper by buying frozen food”

“You have made me so happy and I had a good feeling all day after receiving the grant news”

“I cannot thank you enough for the bed, this has made a huge difference not only to my health, but my ability to care for my mum”

“I feel like Christmas has come early. I’m so excited to receive my new dryer this week. I was struggling to manage without one, it makes things a little easier”

7.4 Feedback from one of the CMCP helpline advisors: *“Customer was amazed the application was dealt within 1 day and emailed in to thank us for the prompt response and award of goods, and said how much this had helped the family during this period”*

7.5 As it can be demonstrated from the above Carer voices, the impact of the Carers Emergency Fund has made a real difference to Carers, and, it is often the small things that can make a difference. In terms of how eligibility is determined, the following criteria has been agreed with the Revenues and Benefits Team:

- The Carers Emergency Fund is not widely promoted but seen as a discretionary application for the CMCP and the Carers Assessment Team to access where significant need is identified
- There is a cap on spend around £200 with senior manager approval for slightly higher cost requests
- The cash grant limit is £60
- Carer must be in some form of financial hardship
- The household should have no substantial savings they can access
- There is evidence of a recent change in financial circumstances e.g. recent unemployment, changes to benefits etc.
- Carer is in need of grant/good immediately to continue caring and promote their wellbeing

7.6 As a result of the significant benefits to Carers through this Fund between July 2020 and March 2021, the City Treasurer agreed to continue the Fund throughout 2021/22 at the same budget of £100k. Spend to date is £40,000. A small steering group made up of Revenues and Benefits staff, CMCP and the Lead Commissioner meet monthly to review spend and progress, and to explore how the reach of the scheme may be extended to ensure that the full impact of the available budget is realised.

7.7 Although future funding is as yet unknown, the impact on Carer's outcomes demonstrate it has been a very positive intervention which commissioners would like to see extended recurrently.

8.0 Masters Research Findings

8.1 As referenced earlier in the report, a small academic survey has been undertaken of Carers in Summer 2021. Detailed findings of the research are available to Members on request. Below is a short summary:

- 35 (qualifying) Carers responded to the e-survey
- Good to see responses from male Carers, given the much higher levels of female carers
- 6 respondents were from the LGBT community
- A good cross-section of ethnicities were reported, showing the diversity of Manchester Carers
- The modal age of the cared-for was 65 years of age
- $\frac{3}{4}$ of Carers live with the person they care for
- Carers from all parts of Manchester participated in the survey
- The cared-for citizens presented with a wide range of health conditions
- More than half stated being a Carer evoked negative feelings
- Qualitative feedback from carers highlight that being a Carer is not a positive experience for some
- Nearly half of Carers do their role out of both love and duty
- Carers undertake their role for years, not months, and often for more hours a week than a full-time job
- The majority of Carers report their health as Fair
- The pandemic has seen Carer's self-reported health as worse than pre-pandemic
- Similarly, the pandemic has also impacted on Carer's finance to some degree and qualitative feedback provides some useful insight examples
- Being a Working Carer adds a further level of difficulty in terms of accessing support
- Carers calling CMCP wanted to find out about a range of information, advice and their rights
- More than half of Carers got the help they needed after a call to CMCP
- 97% of carers reported positive views on the Helpline Advisor
- Nearly $\frac{3}{4}$ received the information CMCP promised to send
- More than $\frac{3}{4}$ said CMCP helped them 'a lot'
- 82% would recommend CMCP to other carers

- 51% of Carers gave a satisfaction rating score of 10/10
- 88% of respondents feel CMCP should continue

9.0 Other Developments that benefit Carers

9.1 There are a number of key developments that have benefited Carers:

9.2 Work on the Covid-19 Vaccine uptake for Carers

9.3 At the start of 2021, there was increased anxiety from many people and Carers about receiving the Covid-19 vaccine. Due to the CMCP and the strong collaborative approach already in place, Carers were able to benefit from early access to the vaccination programme. If a Carer approached a Network Member or GP, they were able to direct all people to CMCP for the most up to date information and support. Overall, Manchester sent details of nearly 3,000 carers details to NHS Digital, with nearly 500 of those provided through this partnership approach. We also saw a significant spike in helpline enquiries, which more than doubled from January to February, and an additional 25% percent increase in both March and April. Website hits increased by more than half over March and April, and we saw an 35% percent increase in people registering for our Newsletter/Carer database.

9.4 Partnership working with Manchester Libraries

9.5 We have developed a partnership with Manchester Libraries to maximise the number of carers benefiting from library services. For example the 'BooksToGo' service and digital inclusion services. The 'BooksToGo' service has recently been widely promoted to carers. Residents who are housebound or struggle to get to a library, receive four-weekly deliveries of books – carers are eligible to receive this free service. Libraries have started two initiatives since the start of the pandemic to assist digitally excluded residents. Callers to the Manchester Carers Contact Point are signposted to both of these services, if call handlers can tell they would benefit. Manchester residents who have Internet access at home, but don't have the skills or confidence to use it affectively can receive free telephone support from the service managed by Manchester Libraries. Moreover, for people without Internet access at home, the library service have been running device donation schemes over the last 12 months. Over 700 devices with Internet access have been donated. Since the partnership started a few months ago 46 referrals for devices have come via Manchester Carers. The latest device scheme has so far donated 320 Chromebooks, 70 of which have gone to carers. We will be developing the partnership further over the next 12 months

9.6 Partnership with cultural, leisure and sport outlets

9.7 Local cultural organisations have responded positively to appeals to open up events at nil cost for carers and the cared for person and negotiations are in progress with Leisure & Sport to open up reduced membership cost and activities which support the wellbeing of carers.

9.8 Developing a Carer Break option, building on the Liverpool City Council developments

9.9 Plans are also developing to build on the Liverpool based “[My Time](#)” initiative which connects with the goodwill of the business community to extend retail benefits and the resources of the commercial leisure industry (hotels, theatres, restaurants, etc) to support carer respite needs and carer quality of life.

10.0 Future Finance Proposals

10.1 As part of budget setting for 2021/22 we are working actively with finance colleagues as well colleagues in City Policy with responsibility for OM Manchester VCSE funding and colleagues from MHCC (Manchester CCG) to plan for appropriate budgets to be aligned and made available to ensure that the positive outcomes we have been able to evidence are able to continue. These outcomes align closely to the delivery of our Better Outcomes, Better Lives programme which has a key role in supporting the delivery of sustainable savings going forward.

10.2 An update on this work will be included as part of the next update on the budget to the health Scrutiny meeting in February.

11.0 Key Findings from Appendix 1 – the Carer Lines of Enquiry evidence

Carer Line of Enquiry	Strengths	Weaknesses	Opportunities
How have we enabled carers voices, from across all communities and equalities themes, to be heard in the development and service delivery of the key aspects of the pathway?	Co-design and Co-production with carers and partners from the beginning of pathway development	Need for more diverse carer groups going forward	Developing a Carers Focus Group, with carers representing our diverse and multicultural communities
How have all partners worked together effectively, in the design and delivery of the pathway?	Strong Governance in place and effective partnership working across VCS and Local Authority teams	Developing a common understanding and consistent approach to Locality Partnerships delivery	Co-producing revised pathway, taking key learning into account, from April 2022
How have we communicated effectively with all carers, and relevant organisations across Manchester?	Developed citywide Carer Awareness Campaign and have good links with NHS, MLCO and MCC/ASC teams	Need to connect with more unknown and ‘hidden’ carers and ensure awareness raising is appropriate to different cultures	Update Communications Plan and strategy, working more closely with Central Locality Partnership on cultural awareness
Following implementation of the Single Point of Contact, can we measure the effectiveness of	Excellent feedback and satisfaction scores from carers on professionalism, ease of use and information provided	Lack of joined up data between Carers Pathway and ASC, to show true impact of the single point of	Use first year data to evaluate the single point of contact. Possibility to widen remit and strengthen ties with Assessment teams

Carer Line of Enquiry	Strengths	Weaknesses	Opportunities
Carers Manchester Contact Point for the benefit of carers?		contact and pathway (in development)	
How have we provided carers with the opportunity to access effective interventions via the pathway, which supports their health and wellbeing during the pandemic?	One single point of contact for support, offering advice and information and referring to relevant local and statutory services, all adapted to support virtually, or phone based	Due to the pandemic, there has been a lack of face to face and respite options for carers. Increasing social isolation for some	Requesting for Hardship fund monies to be made available as a permanent part of the pathway, due to positive results for carers and potentially avoiding feelings of crisis on top of caring role
What financial benefits, and added Social Value, has the introduction of the Carers Pathway brought to carers, partners and the Health & Social Care economy in Manchester?	Strong partnerships and relationships developed, along with investment into the VCS, allowing for growth and innovation	Uncertainty of continued and permanent investment in the pathway until next year. Makes it difficult for VCS organisations to recruit and retain staff	Joined up approach on data with ASC will allow for improved evidence on the impact of the pathway across Health & Social Care in Manchester

12.0 Challenges and Risks

12.1 Despite this Scrutiny report being positive in terms of progress and achievements, there are a few priority areas that need to be carried forward to the Work Programme in 2022:

- The need to develop a more comprehensive Workforce Carer Engagement Strategy so that all areas of health and social care are aware of the CMCP and know how to signpost effectively for Carers they encounter as part of their roles.
- Create more definition of how the Carer Pathway works from the Contract Point to Localities and the ASC Carers Team to ensure it is seamless.
- As referenced earlier, the need to develop a strong Carer Respite/Short Breaks offer that provides a range of options from 1 hour breaks to more formalised overnight care for the cared-for, or the work to replicate the Liverpool 'My Time' initiative.
- Closer working with Primary Care to ensure that all GP Practice recognise carers and add them to the GP carers register, whilst also fulfilling the expectations of the NHS Long Term Plan.
- Securing appropriate levels of funding across ASC and Health to effectively maintain the great progress on OMCS and the ongoing Carer Pathway.
- Consider VCSE funding volatility in order to minimise any disruption to the significant achievements made to date.

13.0 Conclusions

13.1 This is a substantial Committee update for Health Scrutiny Members. With the need to share the progress of the Carers Pathway, the launch of new services for Carers, together with research findings and national perspectives, this will

hopefully demonstrate the importance of services for Carers that work for them, whatever their presenting need.

13.2 The following conclusions are reached from the wealth of evidence:

- Coproduction and strong partnerships is evidenced between Carers Manchester Network Organisations, Commissioners and the ASC Carers Team.
- The various Perspectives on Caring amply demonstrate the challenge for Carers and the impact of caring has on a carer's health and wellbeing.
- Carers arise from all sections of Manchester's diverse population and the Carers Network Organisations includes 3 VCSE who support Black, Asian and Minority Ethnic Carers to deliver culturally-sensitive support.
- ASC has a key role to play in supporting Carers under the Care Act 2014 and can discharge some of its statutory duties via VCSE organisations e.g. information and advice.
- ASC Carers Team has been centralised to continue to develop expertise around Carers' needs. It has also formed a strong partnership with CMCP, working together to improve the lives of Carers.
- The Carers Personal Budget is now fully utilised to meet Carers' needs.
- The OMCS aligns very well to the GM Carers Charter and GM directives to collectively improve the lives of Carers across the combined authority.
- The previous Survey of Adult Carers in England (SACE) provides the foundation to measure improvements in Carer viewpoints going forward.
- Carers Manchester Network is going from strength to strength, working dynamically across all the Carers Organisations and delivering an excellent coordination function.
- CMCP – despite being launched during a pandemic – has demonstrated the value to Carers borne out of the evaluation process and also the Masters research project.
- Locality Partnerships are becoming well known in their areas, driving up carer engagement and awareness, connecting with a range of health and social care professionals and beyond.
- The NHS Long Term Plan will enable ASC Commissioners to work proactively with health commissioners (via ICS post April 22) around delivery, notably increasing GP awareness of Carers and the CMCP for signposting and also contingency planning.
- The Carers Emergency Fund (£200k over 21 months) funded by MCC has made a significant difference to Carers – meeting practical needs for Carers and avoiding crisis situations.

14.0 Recommendations

14.1 Members are requested to comment and note the report on the Our Manchester Carers Strategy.

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Our Manchester Carers Pathway Evaluation Report

Appendix A to Health Scrutiny Committee Report

December 2021

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MANCHESTER LOCAL CARE ORGANISATION / MANCHESTER CITY COUNCIL**



**Manchester Local
Care Organisation**



**MANCHESTER
CITY COUNCIL**

CONTENTS

1. Background

2. Carer Lines of Enquiry

- How have we enabled carers voices, from all communities and across equalities themes, to be heard in the development and service delivery of the key aspects of the pathway?
- How have all partners worked together effectively, in the design and delivery of the pathway?
- How have we communicated effectively with all carers, and relevant organisations across Manchester?
- Following implementation of the Single Point of Contact, can we measure the effectiveness of Carers Manchester Contact Point for the benefit of carers?
- How have we provided carers with the opportunity to access effective interventions via the pathway, which supports their health and wellbeing during the pandemic?
- What financial benefit, and added Social Value, has the introduction of the Carers Pathway brought to carers, partners and the health and social care economy in Manchester?

3. Survey results

- Carers
- Professionals
- Network Members

4. Conclusion

BACKGROUND

The Our Manchester Carers Pathway began implementation in March 2020, after securing a 2-year £1.5m investment for Carers in Manchester. This report is an evaluation of the last 18 months of delivery, where Adult Social Care (ASC) Commissioners have adopted a strong collaborative and partnership approach to working with the Carers Manchester Network and Health colleagues, in the development of 'Carers Manchester'.

The pathway is made up of 5 primary functions – Carers Manchester Contact Point (CMCP), Enhanced Network Co-ordination, Communications & Marketing, Locality Partnerships and Learning & development.

Carers Manchester Contact Point – A first point of contact for Carers in Manchester. CMCP delivers a multi-channel helpdesk support service, providing information, advice & guidance, linking carers seamlessly to local services in the community, statutory assessments and building a centralised database of Manchester carers whilst promoting a quarterly newsletter.

Enhanced Network Co-ordination - Further development and strengthening of the Carers Manchester Network. Providing co-ordination across the network and localities, facilitating monthly network meetings, developing knowledge, awareness and improving links. Within network co-ordination sits a Pathway Programme Manager, Data/Senior Admin, Network and Locality Coordinator roles.

Communications & Marketing – Carers Manchester has a vibrant and far-reaching carer awareness and communications strategy, to promote and celebrate the work across the pathway. The Communications group work in partnership with Communications colleagues in Manchester City Council (MCC), Manchester Local Care Organisation (MLCO), Integrated Neighbourhood Teams (INTs) and Mental Health (GMMH), to align expertise and reach, agreeing campaigns and materials with the ultimate aim of promoting the pathway and finding ways to reach 'hidden' and unknown carers, informing of the gateway to support.

Neighbourhood Locality Partnerships – Within the 3 localities (North, Central and South) lead providers in their partnerships work towards providing/linking in with localised specialist support that can't be provided by CMCP, raising awareness, engaging with carers and local services (INT's, GP's), recognising 'unmet need' and developing new services and routes to into the pathway for support. Partnerships are made up of a lead provider, funded partners and associate partners:

Locality	Lead Provider	Funded Partners	Associates
Carers Manchester North	Manchester Carers Centre	Alzheimer's Society Moodswings	Talbot House The Fed Hopewell (Formally Black Health Forum)

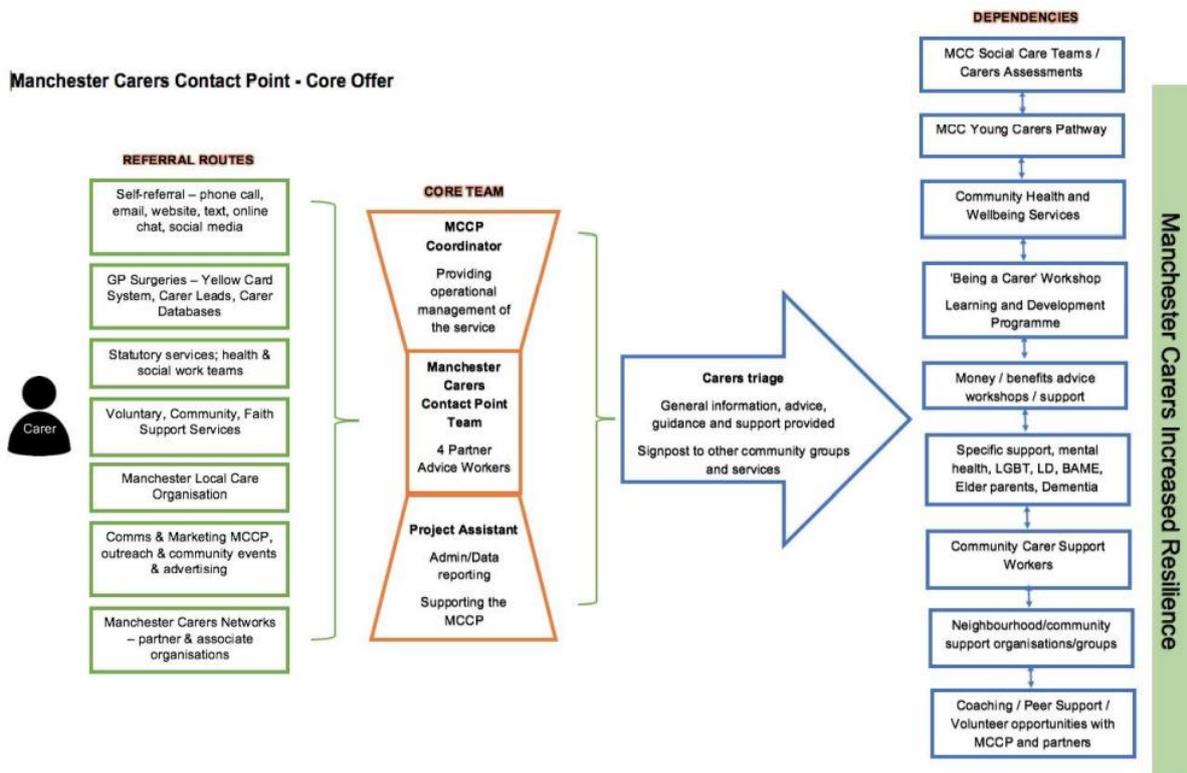
Carers Manchester Central	African Caribbean Care Group (ACCG)	African Caribbean Mental Health Services LMCP	Himmat Alzheimer's Society Stroke Association
Carers Manchester South	Manchester Carers Forum	Lifted Together Dementia Support Connect Support	Wai Yin Society

Learning and development - The Carers Learning & Development Programme (NHS funded) provides training, workshops and 1:1 courses for carers in areas such as being a carer in Manchester and welfare benefits advice. The overall aims of the programme are to enable carers to feel more confident in their caring role and build their resilience and develop skills and knowledge to improve their health and wellbeing.

Additional to the 5 primary pathway functions, there are workstreams in Data/Performance Management, Assessments, Carers in employment and Equality. This is a developmental stage of the pathway, and it is recognised there is scope to develop it further, starting with a strong respite offer and more, highlighted throughout this report.

The impact of Covid-19 cannot be underestimated and has meant some areas of the pathway have not yet been fully realised, which will be rectified as we move out of the pandemic.

Manchester Carers Contact Point - Core Offer



CARER LINES OF ENQUIRY

This evaluation has been split into 6 themes - Carer lines of enquiry (CLOE), to evidence if Commissioners and partners have achieved what we committed to from the Greater Manchester Carers Charter and Our Manchester Carers Strategy.

How have we enabled carers voices, from all communities and across equalities themes, to be heard in the development and service delivery of the key aspects of the Pathway?

How have all partners worked together effectively, in the design and delivery of the Pathway?

How have we communicated effectively with all carers, and relevant Organisations across Manchester?

Following implementation of the Single Point of Contact, can we measure the effectiveness of Carers Manchester Contact Point for the benefit of carers?

How have we provided carers with the opportunity to access effective interventions via the pathway, which supports their health and wellbeing during the pandemic?

What financial benefit, and added Social Value, has the introduction of the Carers Pathway brought to carers, partners and the health and social care economy in Manchester?

CARER LINES OF ENQUIRY

How have we enabled carers voices, from all communities and across equalities themes, to be heard in the development and service delivery of the key aspects of the Pathway?

Commissioners know it is vital to listen to carers, Voluntary Community Sector (VCS) colleagues and professionals and involve people in service design in line with strengths based and practice-led commissioning practice. This has always been our approach when designing and implementing the pathway. We need to understand carers needs and ensure support available to them will have a positive impact on their wellbeing and caring role. Carers have been involved in service design from the start. Examples include:

- Board meetings
- Contact Point Delivery Group
- Locality meetings
- Selection panels (when choosing providers who have bid to provide services)
- Awareness campaigns (design and in the campaign itself)
- Carers Panels (online launch of pathway included a discussion with 3 carers and then executive member, Bev Craig)
- LGBT Carer research
- Post evaluation surveys on the quality of CMCP
- Customer satisfaction surveys post statutory assessments

We also work in partnership with Children's Services colleagues to ensure the voice of Young Carers and Young Adult Carers are heard and included.

Carers Manchester South (Locality Partnership) conducted a 'gap analysis' report for their locality, proactively reaching out and speaking to 116 carers, with a variety of questions to establish the priority of need as well as analysing what is currently available in the locality.

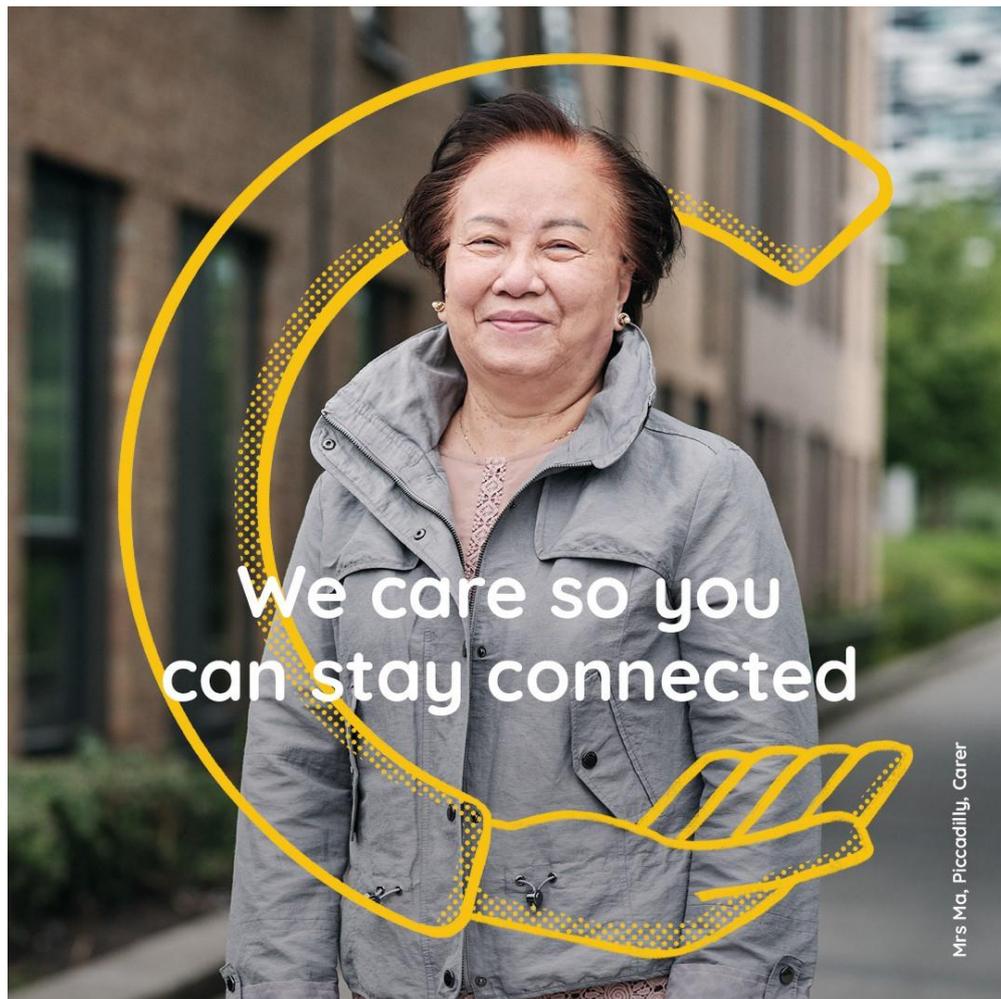
This in-depth analysis has provided a rich evidence base to plan for future services and has led to 2 new carers support services being designed with and for carers, as well as further highlighting the need for an improved respite/carer break offer.

Key learning for the future

Whilst Carers Manchester and Commissioners have tried to include carers in all we do, and advisors ask anyone getting touch with the Contact Point if they would like to be involved in future discussions (where appropriate), there is work to do to ensure as many equality groups and demographics are included. For example, we know most identified carers are women, and men are less likely to be forthcoming in asking for help (South gap analysis report). We could approach support for men differently, but we need to understand their needs better first. To support this, we are developing a Carer Focus Group, which will evolve and give us a network of Carers who can give us

valuable insight and intelligence when designing services or developing future commissioning intentions.

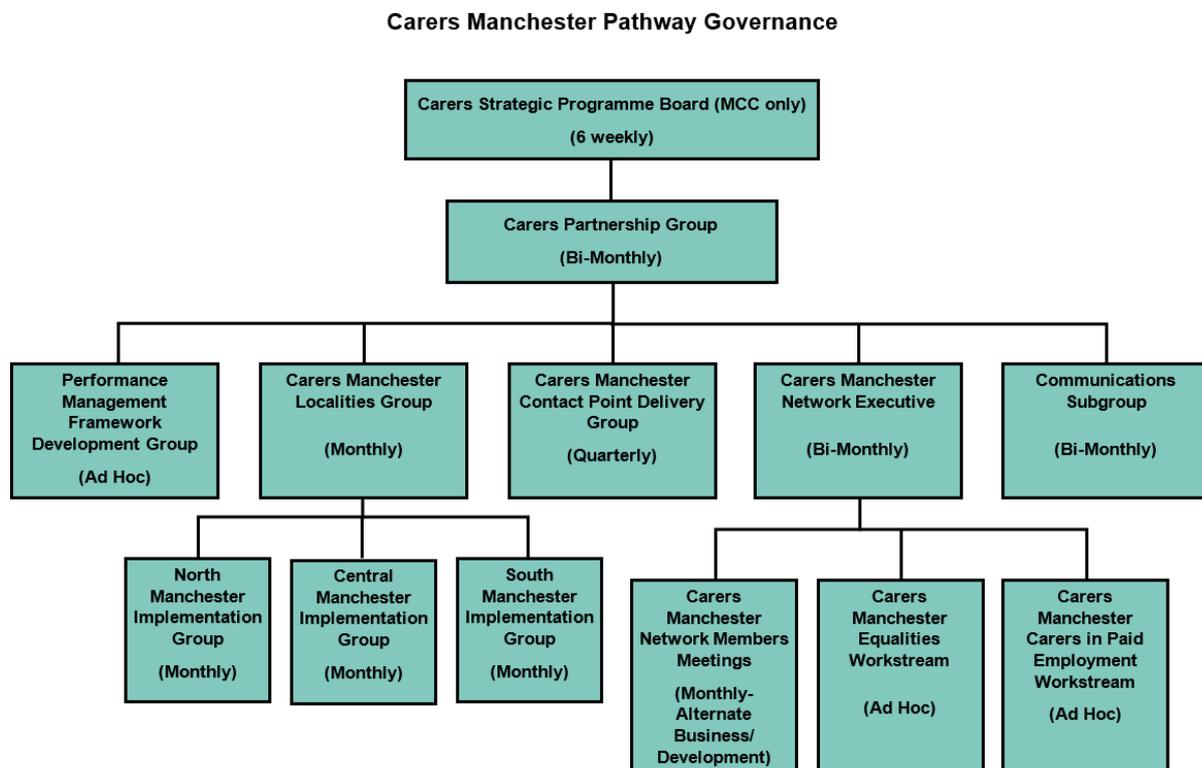
However, we need to know the full picture and run the same research in North and Central first, knowing there are big differences between each locality. For example, in Central we can work with one of our partners, African Caribbean Care Group (ACCG) to understand the needs of Black, Minority Ethnic carers better, and provide culturally appropriate information and services.



CARER LINES OF ENQUIRY

How have all partners worked together effectively, in the design and delivery of the Pathway?

ASC commissioning have worked in partnership with VCS, Mental Health, Children's Services and Assessment colleagues from the beginning of the pathway development. The Carers Partnership Group (CPG) was formed in November 2019 and is made up of key people from all those areas and continues to oversee Governance and developments. A strategic programme board sits above, with multiple boards and sub-groups all working together on different aspects of the pathway. Any developments are signed off through the CPG and Network Executive.



Our Carers Assessment team have been working closely with CMCP to ensure a smooth flow of referrals. The Carers Assessors have been very supportive in the development of processes and had regular contact and input to ensure issues were addressed straight away, whilst supporting the CMCP team to learn about carer needs and our statutory duties as a Local Authority.

In the localities, the partnerships formed have brought about strong relationships on both an organisational and individual level. Partners have been enabled to share skills, knowledge and experience from the host organisations and share across their area to build a strengthened team, with the structures in place for that to be shared citywide.

All of this is managed through enhanced Network Co-ordination, with Programme management, Network and Locality Co-Ordinator's ensuring everything is running smoothly, working alongside ASC colleagues. The Carer Manchester Network meets on a monthly basis, with alternate workshops on any relevant topics and gives everyone a chance to discuss and collaborate.

Key learning for the future

Working in partnership on such a large pathway can be challenging, with so many organisations, areas and voices, but ultimately it means we can provide relevant and meaningful support to carers in Manchester.

It has been a challenge to get a common understanding of the Locality Partnership Offer and trying to ensure everyone is working to the same processes whilst allowing for innovation and local developments. Data gathering in one consistent way has been a particular challenge, and going forward, this will all be agreed and made clear in advance of developing the next stages of the pathway due to the importance of data allowing us to evidence the effectiveness and impact of the work.

Whilst Carers Manchester have made some progress in engaging and working with MLCO Primary Care and INT colleagues, it has to be recognised that the pandemic has been their priority. However, the amount of new people caring due to Covid-19 and the extra strain on existing carers means it is even more important that we continue to work in partnership and 'think carer' has to be engrained in everything our health and social care colleagues do. Carers are a main priority for ASC and we will continue to work alongside MLCO to ensure the message is coming from the top down as well as ensuring the front line are aware and promoting the pathway as standard.

CARER LINES OF ENQUIRY

How have we communicated effectively with all carers, and relevant Organisations across Manchester?

As Commissioners are part of the MLCO, it puts us in a strong position by having links to a variety of areas in the Local Authority, Mental Health, Children's Services and Primary care which are all relevant to carers. This allows us to work in partnership with representatives and ensure that any work we are doing is positively communicated across all areas. We have had mixed success with some GP's and areas of health, but this is expected with priorities being on the pandemic and vaccinations. Ultimately, we are working towards GP's having a process to directly refer carers into the pathway.

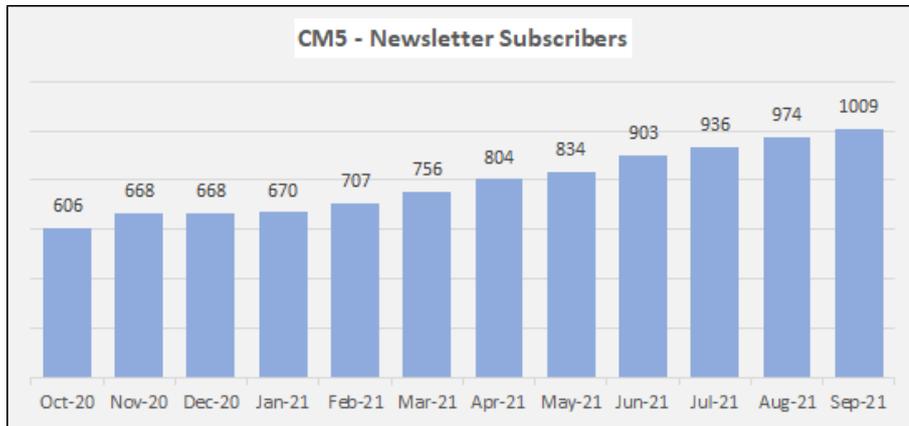
Work to date includes:

- Attending local, Greater Manchester and National carers groups, promoting our work at all levels
- Carer and Cultural Awareness sessions run through the Locality Partnerships
- Carers Awareness Campaign (on public transport, online and around the city)
- Attending GP Forums
- Carers Manchester Contact Point
- Briefing MLCO Executives
- Attending Social Worker/Assessor Team Meetings
- LGBT 'Can you see us' report
- Pharmacy newsletter and in-store promotional materials
- Social Media presence
- Employer carer awareness (Manchester University and NatWest initially)
- Integrated Neighbourhood Team meetings
- Manchester City Council internal communications
- Carer 'Roadshows' in the localities

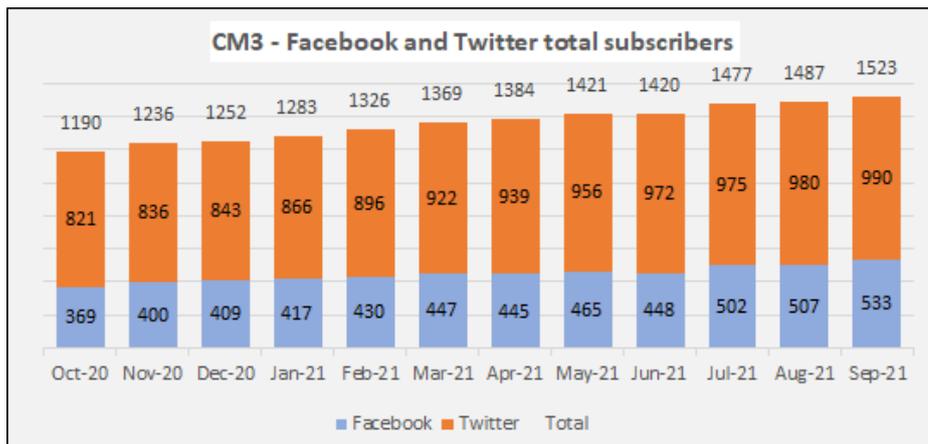
In my local #Chorlton @BootsPharmNews and genuinely thrilled to see a small pile of these on the counter.. Super clear large print leaflet and pre paid envelope.. This is how you reach out to people! 🙌👏🥳
Thanks to @CarersMcr @zoer320 @mcrlico 🙌👏



Carers Manchester produce a quarterly newsletter, outlining all the work that has been taking place. It is emailed to carers and printed copies are posted to those carers not currently online or able to use a computer.



As more people are online, particularly now, Carers Manchester have worked on building a strong online social media presence, to reach known and unknown carers (people who may not recognise their role as a carer) with targeted advertising.



In February 21, due to the strength of the partnership that has developed; Commissioners, Heath Colleagues and the Carers Manchester Network worked together to ensure as many carers could be offered their vaccination, in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance at the time. Over 3,000 carers were offered this due to our combined work, and enquiries to CMCP more than doubled from January to February, with an additional 25% percent increase in both March and April. Website hits increased by more than half over March and April, and we saw an 35% percent increase in people registering for our Newsletter/Carer database. This could not have been achieved if it wasn't for the processes developed and links within the organisations.

Carers Manchester and Commissioners will continue to work with employers, with the overall aim of becoming a 'Carer friendly city', engaging with carers earlier in their journey, recognising that people don't always see themselves that way or realise the effect it could have on their own wellbeing.

Key learning for the future

Whilst we are all very proud of the amount of awareness raised, there is more work to ensure we are reaching carers across all areas of Manchester's diverse communities and identifying new and 'hidden' carers. Carers Manchester must build on the relationships formed over the past 18 months, ensuring all MLCO, Health and Mental Health colleagues are fully aware of and actively promoting the offer.

This has always been a priority and we will continue to promote initiatives such as the LGBT working group and Libraries schemes through the communications campaign work and Locality Partnerships. Commissioners must work to understand cultural differences and always include a wide range of views and allow our partners to produce campaign materials that are relevant to their service users, whilst still having the overall Carers Manchester branding and contact details.



CARER LINES OF ENQUIRY

Following implementation of the Single Point of Contact, can we measure the effectiveness of Carers Manchester Contact Point for the benefit of carers?

The Our Manchester Carers Pathway centres around the single point of contact - Carers Manchester Contact Point. As a group and partnership, we have worked hard developing processes to ensure that any carer who becomes known to either a statutory service or local specialist service in the community can be referred seamlessly for information and advice and be informed of further support if required.

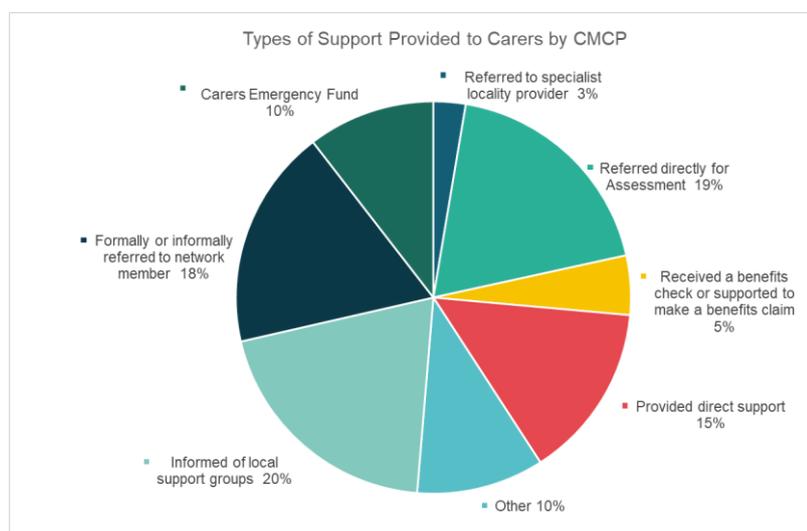
Since launching in August 2020, CMCP has handled 4,923 enquiries (as of end October 21), with a further breakdown –

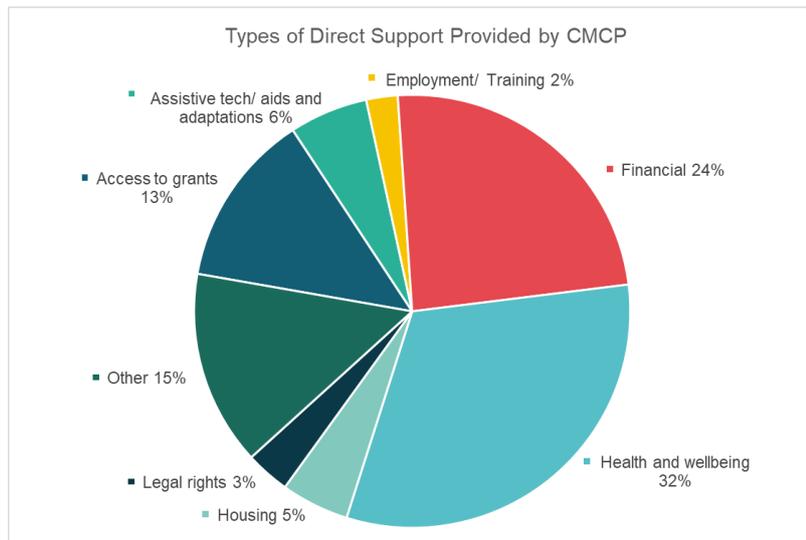
1302 unique carers have been supported
373 of the those supported were new carers
650 carers were referred for a Carers Assessment
348 carers were supported to make a Carers Emergency Fund application
496 carers received direct support from CMCP (support regarding a specific topic)

A random selection of carers are contacted 3 and then 6 months after their initial enquiry, to check in and ensure the support offered was effective. Of those who have responded, the average score on questions about how easy or difficult it was to get in touch, how welcoming and approachable the staff member was and how useful the information received was, is **4.8 out of 5**, which shows the professionalism of the team and how effective the support for carers can be.

“We talked about a Carers Assessment, but what struck me is how Contact Point can help in other matters – even matters I didn’t think they could help with”

You can see from the below graphs the reasons carers are calling and how they have been supported on a wide range of matters -





Due to the pandemic, the CMCP team have only met in person once, with everything being set up and delivered remotely, which is a brilliant achievement. The team meet virtually regularly and invite other services and key people to exchange information on what they do, whilst continuing to learn about statutory services and carer issues.

Key learning for the future

The original remit of CMCP was to provide advice, information, and signposting, but it is now clear that the calls can be very emotional for carers and can require more of a case work approach, with multiple follow ups. Commissioners will consider this in future design of the services. We are exploring options as to whether there would be increased benefits of more closer working arrangements, for example, the Carers Assessment Team having more alignments to CMCP.

"I found the advisor to be professional and courteous. I have dealt with scores of individuals in similar roles and her excellence was immediately evident."

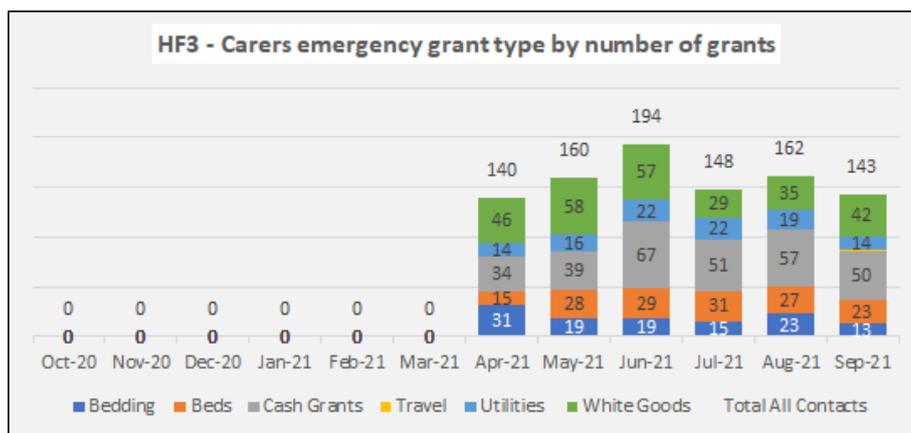
Whilst there is data which shows the information provided was helpful, Commissioners must be able to show the impact the pathway is having, such as a reduction in ASC services like Homecare and Residential care due to the interventions. The aim of our commissioning practice is to prevent and reduce health decline, and we know carers help significantly towards that. Further work is being developed on this with our Performance, Research and Intelligence (PRI) colleagues within Manchester City Council.

CARER LINES OF ENQUIRY

How have we provided carers with the opportunity to access effective interventions via the pathway, which supports their health and wellbeing during the pandemic?

Before the Pathway was implemented, there were various ways people could access information and support, but this could depend what locality you live in or who you contacted, depending on your needs. If you contacted Manchester City Council's Contact Centre, you would be referred for a carers assessment which generally leads to a Personal Budget. We know that is not always the answer, and information and advice/signposting can be just as valuable to a carer.

During the beginning of the pandemic, a £100k hardship fund was made available to carers, to support in cases of financial crisis, for small cash grants or items like bedding and white goods. Through partnership lobbying, Commissioners and Carers Manchester secured the same amount the following year and this process is now managed through CMCP, making it easy to identify and refer carers who meet the criteria.



Network members adapted well during the pandemic and provided online and telephone support as well as virtual coffee mornings and signposting to potential digital support, free devices and internet access through Manchester City Council's Digital Inclusion scheme, where carers are recognised as an eligible group.

As the economy continues to reopen, free activities for carers are being introduced again, such as monthly tickets for Hallé concerts, trips to the National Football museum and face to face coffee mornings.



"Being a carer and working full-time, it can be a struggle, but I am now aware of a safety net, that being Carers Manchester Contact Point. It has given me such peace of mind to know I have somewhere to go to for advice and I am so happy that I am now on their list to receive a newsletter informing me of other useful and much-needed information"

The NHS funded Learning & Development programme continued to be delivered during the pandemic, with online workshops and 1:1 support in areas such as moving and handling, managing stress and Worry vs Problem Solving. Attendance was understandably lower than pre-pandemic, but the outcomes of those that attend continue to be overwhelmingly positive -

- **77%** reported an improvement in their stress levels and ability to cope
- **76%** reported an improvement in self-care
- 81% of participants reported feeling socially isolated prior to the course with **92%** reporting an improvement afterwards
- **76%** reported improved Mental Health & Wellbeing

Key learning for the future

Due to the pandemic, it is estimated 1 in 4 UK adults provide some form of unpaid caring (Carers UK state of caring 2021 report). Carers Manchester know a lot of people won't recognise themselves that way. Now more than ever, we must ensure people are aware of and have access to quick accessible information, advice and support in a variety of ways.

It has been identified carers need time away from their caring role, with or without the person they care for, to maintain their own health and wellbeing and reduce feelings of social isolation.

Commissioners are in the process of developing a respite service, which will have a variety of offers, to allow for multiple situations. There needs to be quick and flexible access to a service, such as daycare, temporary residential care or homecare.

One model we are looking at, is 'MyTime' in Liverpool, which connects carers to businesses and organisations, offering complimentary leisure, cultural and educational activities. We will develop this with the Carers Manchester Network to ensure we are not repeating what is already out there and complimenting the existing offers.

There is a good opportunity to build on the outcomes of the Learning & Development programme now that face to face workshops can be delivered alongside a newly introduced online digital platform and e-learning modules. Direct referrals will be made through CMCP, Carers Manchester Network Members and via the Carers Manchester website. The digital platform is hosted by Carers UK but there are plans to incorporate it into the Carers Manchester website, improving the user experience and making it more visible whilst reducing costs.



"I think if it hadn't come along [Covid], then my sister would have been carrying on and managing on her own. It was because of the pressures of Covid and lockdown, she was forced to ask her family for help. So that's how I became involved..."

"...I'm trying to balance working full time and having a life of my own. It is very pressurised for everyone"

CARER LINES OF ENQUIRY

What financial benefit, and added Social Value, has the introduction of the Carers Pathway brought to carers, partners and the health and social care economy in Manchester?

The introduction of the pathway, and investment in carers, has also meant investment in our Voluntary Community Sector; not only in jobs created for the network partners, but in developing strong partnerships and relationships where we can learn from each other for the benefit of carers.

The hardship fund has brought some financial benefit to carers, along with improved links to additional support through the pathway and CMCP, such as welfare benefits advice and a Personal Budget.

Through improved Network Co-ordination, Network members can access more information on additional funding/grant opportunities and receive support in applying. The members have been enabled to work in partnership to strengthen applications and additional funding has been brought into the pathway, which demonstrates sustainability outside of Manchester City Council and NHS funding.

By continuing to support carers to access Covid-19 vaccinations and boosters, it is hoped people start to feel more confident getting out and about where possible, generally and through our improved respite offer, bringing Social Value to the city.

Key learning for the future

As Commissioners and Carers Manchester continue to grow the pathway and make more people aware through engagement and awareness campaigns, we must ensure the Carers Manchester Network and VCS sector has the capacity to deal with any extra demands, with extra support and ongoing long-term investment, whilst also supporting carers to stay in employment, developing skills where appropriate.

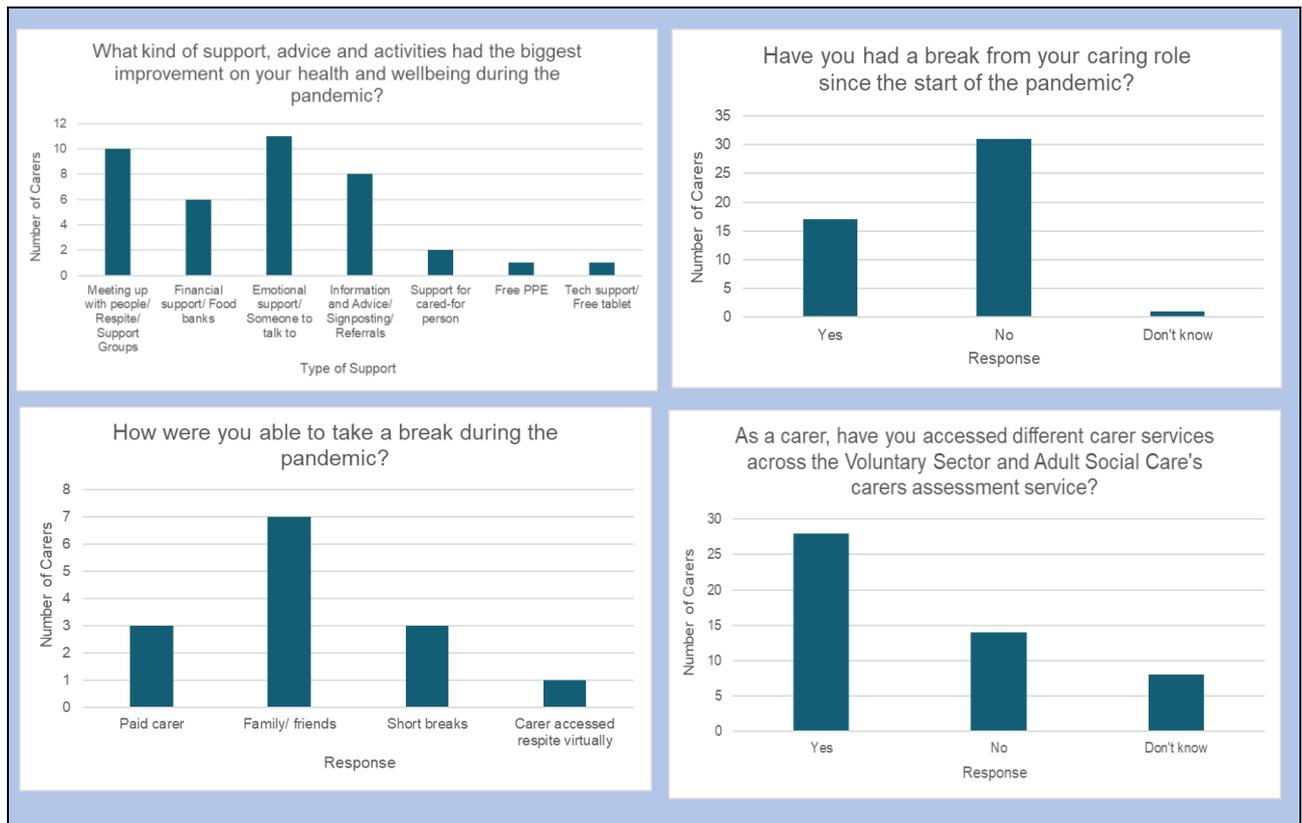
Data has been an ongoing challenge within the pathway; not in the collection of it but doing so in a consistent way across the Network and pathway, to be able to link up with ASC data and outcomes so Commissioners can measure the true impact the work is having on other statutory and health services. This is one of our main priorities as we move to develop the pathway's next stage.

SURVEY RESULTS

A survey was developed between Commissioners and Carers Manchester, to ask carers, professionals who work with carers (from VCS organisations and Social Workers/Assessment teams) and our Network Members their experience of the Our Manchester Carers Pathway. Questions are based around the 6 themes of this evaluation -

Carers (50 responses)





Carers Survey Results Summary

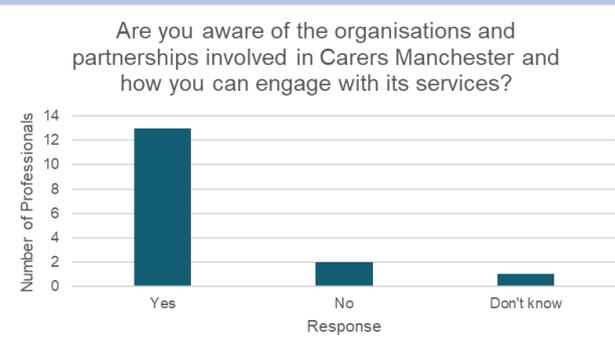
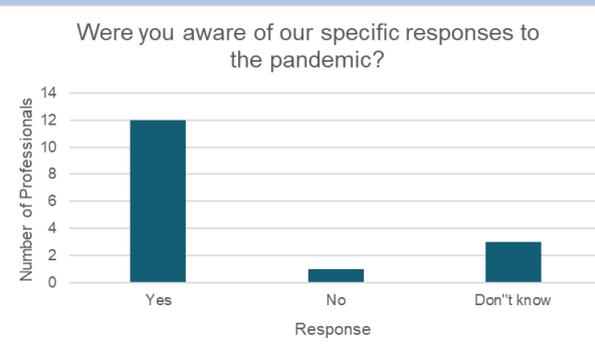
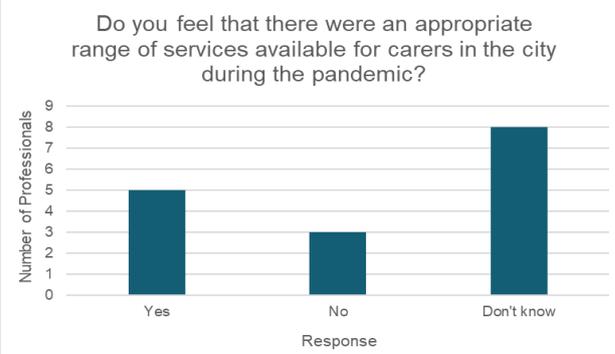
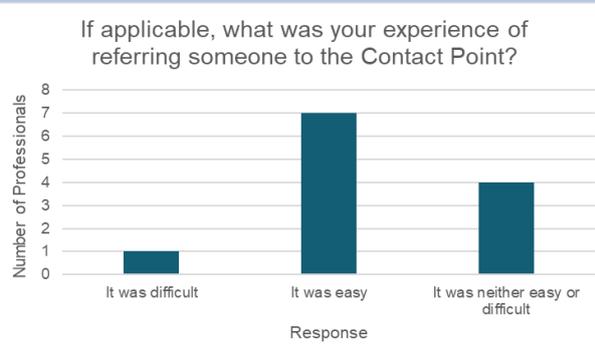
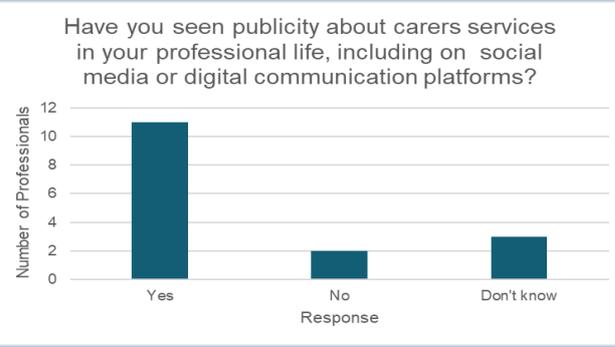
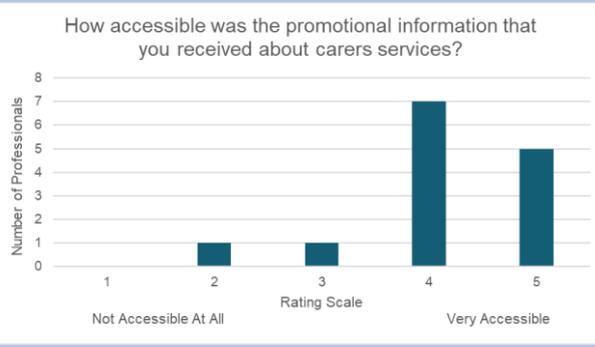
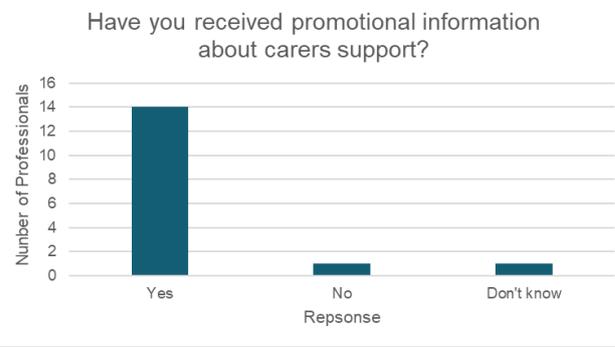
The results from the carers survey are promising and show the work Carers Manchester are producing is supporting the caring role. About half of carers knew to contact CMCP for Information & Advice, and those who used it generally found the information relevant to their needs.

General feedback we received included the need for practical support towards caring as opposed to signposting and long waiting times between services, which we can investigate and address. Carers known to services generally go direct to that service for local specialist support. Carers Manchester are introducing a system that gives those carers the option of signing up to our centralised register of carers, to be informed of the ongoing work and developments of Carers Manchester.

The survey results show that seeing and talking to other people is beneficial to carers and Commissioners will work to develop a respite/breaks offer which does not always mean relying on friends and family members, as it is acknowledged not everyone will have that kind of support.

SURVEY RESULTS

Professionals (16 responses)



Professionals Survey Results Summary

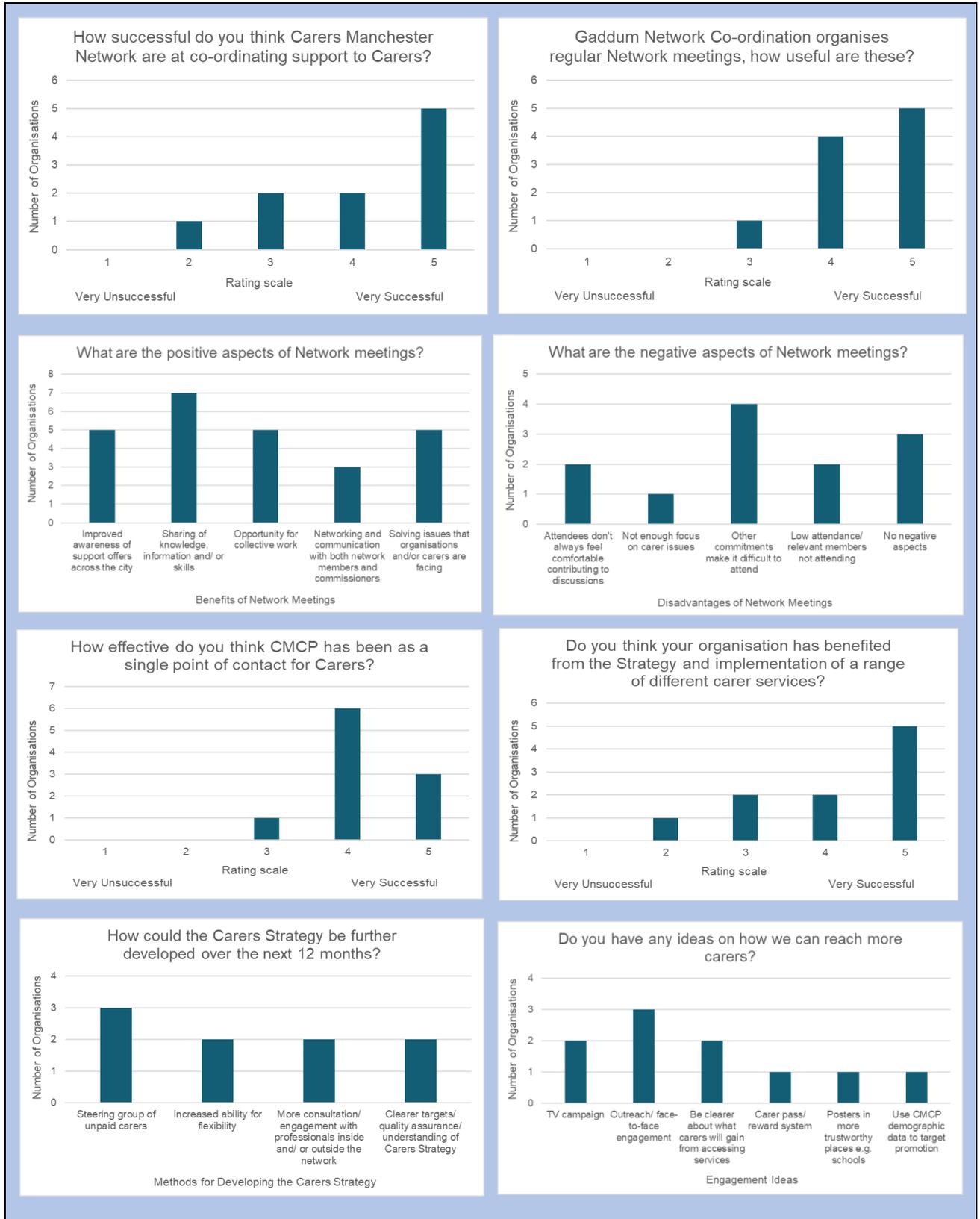
From the professionals surveyed, it is clear they are aware of CMCP and the promotional materials produced have been received well. General awareness of the Carers Pathway and support on offer is high, but we will continue to develop ways to engage with more professionals and services across the city as we grow.

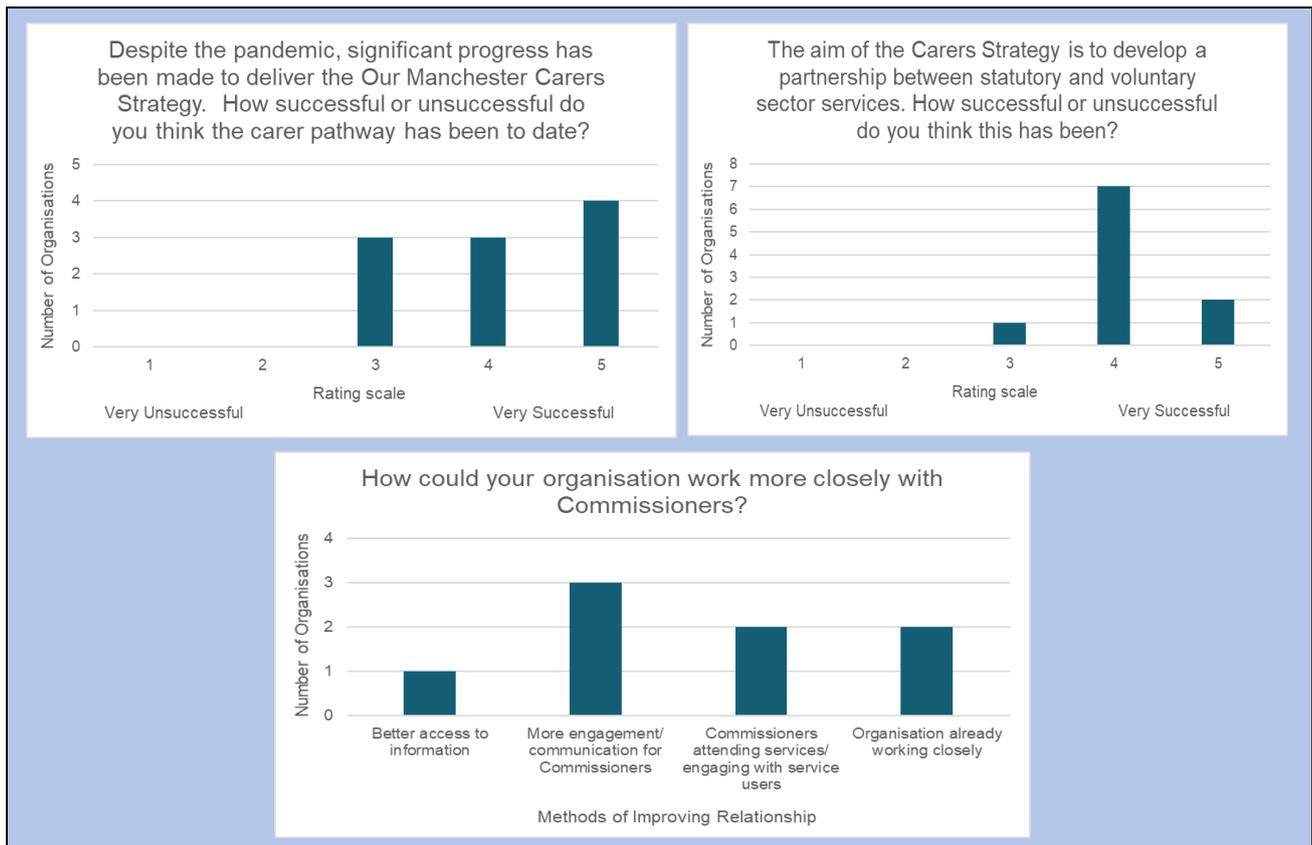
Suggested improvements for the future included a professional's newsletter, more briefing sessions (including face to face), developing respite services, support for carers with long Covid and more accessible information (less words, more pictures for example).

Feedback from carers accessing the professional's service is generally complimentary towards CMCP and professionals felt confident referring carers for support, noting an efficient process and feeling reassured the carer would receive a quality and timely response.

SURVEY RESULTS

Network Members (10 responses)





Network Survey Results Summary

The results show network members appreciate regular networking opportunities, and how empowering it can be, allowing for partnership working, giving people a chance to meet and share their experiences and learning.

There is general support towards CMCP and the Carers Pathway. Network members provided a wealth of feedback on Network Co-ordination and suggestions on how we can improve as we move forward, such as Commissioners and other services spending time at each other's workplaces and bringing a 'partner spotlight' to the meetings, as well as inviting service managers from statutory services to give insight into their roles.

Commissioners will take all of the feedback on board in the future design of the pathway and network co-ordination, working with our VCS partners.

CONCLUSION

The development of the pathway has been encouraging over the past 18 months, implemented entirely remotely - a huge achievement. However, this also means in some areas it is not as fully developed as Commissioners would like to be. In some respects, the natural energy of the VCS sector has been repressed due to the pandemic, meaning some outcomes have been restricted, mainly around engagement.

As Manchester continues to come out of the pandemic, Carers Manchester will drive a strong, independent community movement in support of Manchester's carers which captures community goodwill and broadens recognition and responsibility for carer support beyond the health and social care system to engage all citizens, communities, businesses and organisations that form part of "Our Manchester" - a carer-friendly City.

Key priorities for the next 12-24 months (post April 22):

- Revisit scope of CMCP role
- Strategy to identify new and hidden carers
- Grow the Carers Manchester Network
- Further develop a centralised Carer Register
- Improved and consistent data – linked to ASC outcomes
- Improved engagement (including GP's when time allows)
- Clearer, streamlined offer in the Localities
- Face to face opportunities for carers
- New flexible respite/carers breaks offer
- Develop Carers Manchester website and directory (including online self-assessments)
- Introduce Carer Focus Group
- Continuation of a strong Communications campaign
- Closer links between CMCP and Social Care Assessors
- Improve links with Mental Health (potential carer counselling service)

The amount of growing enquiries shows there is a clear need for carer support, and without continued investment Commissioners wonder what impact it could have, on carers and ASC statutory services. As we develop, we expect demand to continue to grow, and we must ensure we join up ASC and Carer Pathway data to evidence the impact we are making more effectively, and that the VCS sector is encouraged to develop in innovative ways and able to cope with extra demand.

A system will be developed to strengthen co-production with more direct carer representation through the focus group, co-producing a revised pathway which will engage more carers at a much earlier point in their caring journey to ensure that as a minimum, they are aware of the support they are entitled to and how it can be accessed, to strengthen the resilience of informal support and prevent carer breakdown.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 December 2021

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

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

Recommendation

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

Wards Affected: All

Contact Officers:

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

Background document (available for public inspection):

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

None

1. Monitoring Previous Recommendations

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

Date	Item	Recommendation	Response	Contact Officer
10 November 2021	HSC/21/47 The Manchester Local Care Organisation	The Committee recommend that the MLCO Operating Plan 2021-22 be circulated for information.	This information was provided and circulated to the members of the Committee via email 12 November 2021.	Lee Walker Scrutiny Support Officer

2. Key Decisions

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

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

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

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

An extract of the most recent Register of Key Decisions, published on **29 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
Dr Mohammed Haque	Didsbury Family Dental Care 121 School Lane, Didsbury Manchester M20 6HS	https://www.cqc.org.uk/location/1-202649281	12 November 2021	Dentist	No Action Required
Premier Care Ltd	Premier Care - Manchester Extra Care Services Hibiscus Court 16 Sedgeborough Road Manchester M16 7HU	https://www.cqc.org.uk/location/1-7734387902	20 November 2021	Homecare Agency / Supported Housing	Overall: Good Safe: Good Effective: Good Caring: Outstanding Responsive: Good Well-led: Good

Unity Homes Ltd	Oakbank Care Home Oakbank off Rochdale Road Manchester M9 5YA	https://www.cqc.org.uk/location/1-123881207/contact	19 November 2021	Nursing Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Bupa Occupational Health Ltd	Bupa Centre - Manchester 4 Marble Street Spring Gardens Manchester M2 1FB	https://www.cqc.org.uk/location/1-7416311499	15 November 2021	Doctors / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

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

Wednesday 8 December 2021, 10am (Report deadline Friday 26 November 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	
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 Member for Health and Care	Bernadette Enright Zoe Robertson	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and	-	Lee Walker	

	items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.			
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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
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	
North Manchester General Hospital	To receive an update report that describes recent developments in North Manchester, including but not restricted to the New Park House Development proposals to create an entirely new adult mental health inpatient unit to replace the existing Park House.	Councillor Midgley, Executive Member for Health and Care	Ed Dyson Angela Harrington Stephen Gardiner Andrew Maloney	
Alcohol, Drugs and Tobacco Control services	To receive a report on Alcohol, Drugs and Tobacco Control services in Manchester.	Councillor Midgley, Executive Member for Health and Care	David Regan	

Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	
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Wednesday 9 February 2022, 10am (Report deadline Friday 28 January 2022)

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	
Climate Change and Health	This report will discuss : - Climate change in Manchester and the impact of climate change on health; - Extreme weather events; - Air quality; - Food; - Mental Health; and - Health Care Systems and Services.	Councillor Midgley Cllr Rawlins	David Regan	Invitation to be sent to the Chair of the Environment and Climate Change Scrutiny Committee

The Greater Manchester Integrated Care Board	This report will describe the Greater Manchester Integrated Care Board and its implications for Manchester.	Councillor Midgley	David Regan	
Overview Report		-	Lee Walker	

Wednesday 9 March 2022, 10am (Report deadline Friday 25 February 2022)

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	
Social Prescribing	To receive a report on the future delivery of Social Prescribing. The Committee have also requested that this item provides an overview of social prescribing, how this is delivered in both Manchester and across Greater Manchester; information on how GPs are engaging in this programme and examples of good practice and case studies to be included.	Councillor Midgley, Executive Member for Health and Care	David Regan	
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	
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	Previously considered at the October 2021 meeting.
Gorton Health and	To receive a report on Manchester's first multi-service health	Councillor	Chris	

Community Hub	and community hub in Gorton.	Midgley	Gaffey	
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